UNITY OF GREATER NEW ORLEANS

NEW DAY PROGRAM

COOPERATIVE AGREEMENT TO BENEFIT HOMELESS INDIVIDUALS (CABHI)

QUALITATIVE REPORT

YEAR 3

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INTRODUCTION

The UNITY *New Day Program*, operated by UNITY of Greater New Orleans, aimed to reduce chronic homelessness in New Orleans by providing permanent housing and supportive services to chronically homeless individuals.[1] The program was funded through a three-year grant (October 2011 through September 2014) from the *Substance Abuse and Mental Health Services Administration's* (SAMHSA) *Cooperative Agreement to Benefit Homeless Individuals* (CABHI).

UNITY contracted with The Policy & Research Group (PRG) to conduct the evaluation of the program. This report provides analysis of qualitative data collected in interviews with ten members of the *New Day* staff and three external Steering Committee members. The findings of this report provide context to the *Final Evaluation Report.*

Overall, findings in the *Final Evaluation Report* suggest that the *New Day Program* was largely effective in placing and keeping clients in permanent housing and providing some related services but had mixed success in achieving targets specified by program staff in the *Evaluation Plan*. Data also show that while the program made substantive progress in the provision of permanent housing, it struggled with some of its component objectives – such as connecting individuals to mainstream benefits and housing coordination services, and in connecting clients to substance use treatment services.

This report aims to better understand these findings by exploring them in context of the perceptions of those who implemented the *New Day Program*. In consultation with UNITY staff, PRG conducted a set of interviews to better understand program staff experiences in delivering the program and to investigate their perspectives on their trials and achievements. Specifically, five research questions guided this analysis:

- What challenges were experienced in providing program services to clients?
- What successes were experienced in providing program services to clients?
- What lessons have been learned in implementing this program that can be applied in the future?
- To what degree do program staff feel the successes experienced by the program are sustainable?
- How useful was and what was gained from the Steering Committee?

Overall, program staff believed that the *New Day Program* was successful in placing clients in permanent housing and helping them remain there. Though staff identified external challenges to finding housing for clients that they believe delayed housing placements during the first year of the program, they said they usually overcame these challenges. Obstacles identified by program staff include the *Housing Authority of New Orleans* (HANO) policies and procedures and reluctant landlords. Case managers reported that they were able to surmount these initial barriers by building relationships between HANO

[1] As per the request for proposals, "'Chronic homelessness' as characterized under the *McKinney-Vento Homeless Assistance Act*, as amended by S. 896 of the '*Homeless Emergency Assistance and Rapid Transition to Housing* (HEARTH) *Act* of 2009 means, with respect to an individual or family, that the individual or family— (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.' In addition, a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility."

and *New Day* staff and by negotiating with landlords. While staff felt that external challenges were usually at issue in connecting clients to housing, keeping them there was often jeopardized by client behaviors related to mental illness and/or substance abuse. Case managers said that such barriers could be overcome when clients were motivated to reduce problematic behaviors. Case managers also helped clients by consistently intervening to mediate with landlords or with the housing authority. Nearly all respondents said that Intensive Case Management (ICM) enabled clients to remain in housing. This, they said, was vital to helping clients learn to communicate with landlords, remain in compliance with HANO, and connect to recovery support services. Despite the challenges evidenced in the *Final Evaluation Report,* program staff were usually sanguine about their efforts to connect clients to mainstream benefits. Case managers believed that the program's inclusion of supportive legal services helped connect clients to government benefits, and the attorneys said they were pleased with their success rate, given the many identified challenges – onerous bureaucratic processes, narrow eligibility criteria, and increasingly stringent systemic requirements. Case managers offered mixed assessments of their ability to connect clients to mental health and substance abuse treatment. Though they felt that clients were often receptive to mental health treatment, they said that client denial and an inadequate local substance abuse treatment infrastructure kept many clients from receiving substance abuse treatment. Case managers said that once they established rapport with clients, they often used that trust to initiate conversations about reducing substance use, with some success. They also said that for many clients, housing itself was motivation to change, and sometimes treat, substance abuse.

Program staff and external members of the Steering Committee offered positive assessments of the *New Day* program, especially *ICM and the inclusion of legal services. Those who served on the Steering Committee also felt it was a useful component of the program, especially in the first year and a half as staff were developing relationships with other organizations, like HANO and Disability Determination Services (DDS).* Suggestions offered by respondents for how to improve a program like *New Day* centered on tighter client screening, expanded legal services, more flexible funding, and a longer grant period. Overall, program staff believe that most *New Day* clients will maintain stable housing and their connections to benefits and other supportive services, although they acknowledged that a minority of clients – especially those struggling with severe mental illness or addiction – would likely not remain in permanent housing.

METHODOLOGY

PRG conducted interviews with ten *New Day* staff and three Steering Committee members. Interviews were conducted as the project was preparing to end, so respondents were able to reflect on the course of the program.

All *New Day* project staff were contacted by a PRG Research Analyst and asked to participate in an interview. One person declined, and one failed to respond to multiple requests by e-mail and phone. In total, ten staff members were interviewed by either a PRG Research Analyst or a Senior Research Analyst. Staff members included the contracts manager, one supervisor, two attorneys, and six case managers. After these interviews were complete, PRG worked with the contracts manager at UNITY to identify Steering Committee participants who might offer useful insight. PRG contacted four Steering Committee members, and all but one agreed to an interview.

Interviews were conducted either in-person or over the phone. All interviews were audio recorded except one (respondent declined). Interviews with project staff occurred between June 30 and July 10, 2014, and those with Steering Committee members took place between August 27 and September 11,

2014. Interviews lasted between thirty minutes to just over an hour. Audio recordings were transcribed. In one case where the respondent did not agree to recording, the interviewer took notes during the phone interview and expanded upon the notes immediately afterward.

Two separate interview protocols were developed for project staff and external steering committee members (See Appendices A and B). The protocol for project staff was developed by PRG and based on the five research questions developed in consultation with UNITY staff. The Steering Committee protocol was developed after interviews with project staff were complete. Questions focused on the respondent's work and their service on the Steering Committee.

Transcripts from interviews with project staff were analyzed by senior research analysts at PRG. Through multiple readings of and discussions about the data, they identified themes, or "implicit and explicit sets of ideas within the data."[2] First, analysts read through the transcripts to identify the range of respondents' answers to the original five questions, as well as emergent themes. They discussed these answers and themes to begin to construct a list of descriptive categories. After reading through the transcripts again, an analyst grouped whole responses by staff members into descriptive categories (i.e. getting into housing, relationships with clients, value of intensive case management, working with landlords). Finally, after a third reading of the transcripts, an analyst merged these broad descriptive categories into emergent thematic categories. These identified thematic categories capture meaningful and patterned ideas in the data.

In the findings section, direct quotations are used to substantiate our interpretations and express the ideas in the words of the individuals who were interviewed. We also aim to present these ideas in context in terms of the level of agreement, disagreement, or emphasis that surrounds the articulation of these ideas. We do not identify respondents by name, but we do often attribute respondents' general positions in the program to their comments for contextualization.

THE *NEW DAY PROGRAM* AND HOUSING FIRST

The *New Day Program's* clients were chronically homeless individuals who suffered from substance addiction, mental illness, poor physical health, and weak connection with mainstream resources. The program provided the following services to enrolled clients: behavioral health care; housing; access to integrated community systems that provide supportive services; and engagement and enrollment in mainstream benefit programs.

As the local lead agency, UNITY managed the program and ensured that grant requirements were fulfilled. UNITY also identified the chronically homeless individuals to be enrolled in the program and referred them to the *New Orleans AIDS Task Force* (NO/AIDS) and the *National Alliance for the Mentally Ill of New Orleans* (NAMI NO), which provided case management and housing coordination services.[3] The NO/AIDS and NAMI NO case managers connected clients with staff attorneys at *Southeast Louisiana Legal Services* (SLLS) to receive assistance with enrollment into mainstream benefit services. Case

[2] Guest, G., MacQueen, K.M, and Namey, E.E. 2012. *Applied thematic analysis*. Sage Publications: Los Angeles, CA.

[3] UNITY uses a *Vulnerability Index* to identify homeless individuals most in need of services. The *Vulnerability Index* is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. For individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality: end-stage renal disease; history of cold weather injuries; liver disease or cirrhosis; HIV/AIDS; over 60 years old; three or more emergency room visits in the prior three months; three or more emergency room hospitalizations in the prior year; and tri-morbidity (i.e., mental illness + substance abuse + medical problem). Retrieved November 10, 2014, from http://unitygno.org/wp-content/uploads/2010/08/UNITY_AB-Report_August2010.pdf

managers were also responsible for providing additional recovery support services, which included independent living skills training, transportation, crisis intervention, and employment services. If the client indicated a need or desire for treatment, the case manager could also refer the client to appropriate mental health and/or substance abuse treatment services.

The *New Day Program* was managed by a project director and contracts manager at UNITY. Six case managers, three at NAMI NO and three at NO/AIDS, provided services to enrolled clients and referred them to additional resources. Two staff attorneys at SLLS provided *New Day Program* clients with legal services. UNITY also organized a Steering Committee, which met quarterly, to provide guidance and recommendations for the implementation of the program. The committee included representatives from the *Louisiana Department of Health and Hospitals*, *U.S. Department of Housing and Urban Development*, *Social Security Administration Regional Office*, *Social Security Disability Determinations Office*, *Medicaid* state office, HANO, *Metropolitan Human Services District* (mental health and substance use treatment provider), *City of New Orleans Health Care for the Homeless* (primary care provider), NO/AIDS, NAMI NO, and SLLS.

The *New Day Program* employed a Housing First model in which chronically homeless individuals from the streets are placed directly in permanent housing units and provided with a number of supportive services with no requirement for being "housing ready."[4] The Housing First model stands in contrast to a traditional model which posits that clients need to be prepared before they enter housing, often through a linear route of emergency shelter to transitional housing to permanent housing. 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.[5] Clients are under no obligation to use provided services unless they choose to do so. Housing First honors client choice, beginning with the choice of housing, and it values respect as the basis of the relationship between clients and their case managers. It was developed for clients with serious psychological problems who often have co-occurring substance abuse disorders.[6]

FINDINGS

HELPING CLIENTS FIND AND MAINTAIN HOUSING

In our interviews with them, *New Day Program* staff said that they faced an array of early, external challenges that initially inhibited their ability to place clients into permanent housing. In the first year, HANO policies and procedures themselves hindered case managers' ability to place clients into housing as quickly as they wanted to do so. Case managers viewed these policies and procedures as inflexible and burdensome, which they felt thwarted clients' ability to secure housing in a timely manner. Landlords, they said, were also reluctant to work with HANO, given the agency's requirements and history. Some landlords were initially disinclined to rent to *New Day* clients because of concerns about whether recently homeless clients would be good tenants. Although case managers felt that they ultimately overcame these barriers by developing relationships with HANO staff and assuring landlords of their availability to support clients, they also felt that this initial resistance delayed their ability to get

[4] Unlike the *Housing First* model used by the *New Day Program*, a "housing ready" model requires clients to first attend substance or mental health disorder treatment and progress through a series of increasingly less service-intensive options with the promise of permanent-supported housing as people become "ready." The housing options provided in a "housing ready" model are transitional and services are high demand (generally some form of residential treatment), where the receipt of some package of services is a condition of participation in the program. Retrieved November 10, 2014, from http://www.urban.org/uploadedPDF/411314_housingmentalillness.pdf

[5] Retrieved November 10, 2014, from http://homeless.samhsa.gov/channel/housing-first-447.aspx

[6] Bassuk, E.L. and Geller, S. 2006. "The role of housing and services in ending family homelessness." *Housing Policy Debate* 17(4): 781-806.

all clients into housing within the program's targeted time frame. While they believed bureaucratic policies hindered clients' abilities to obtain housing, case managers identified clients' personal challenges as the most significant barrier to keeping them housed. Struggles with mental health and/or substance abuse led a number of clients to engage in behaviors or develop associations that jeopardized their housing status. While case managers' intensive support and mediation with landlords often helped mitigate against eviction, respondents also said clients became motivated by the housing itself to curb problematic behaviors.

BARRIERS - FINDING HOUSING

New Day case managers said that getting clients into housing – and doing it expeditiously – was difficult, time consuming work – especially early on in the project. According to one case manager, doing it within the targeted six-month timeframe "was like making the impossible happen." Many of the program staff we talked to described HANO's policies as time-consuming and burdensome and implied that its structure was inflexible. Some case managers also mentioned challenges created by landlords apprehensive about renting to *New Day* clients and uneasy with HANO's history and certification process. As a consequence of these factors, they said, the program often faced delays in getting clients into housing, especially during its first year.

Many of the respondents identified HANO as the principal reason why clients could not be expeditiously housed in the early months of the program. A program leader at UNITY noted that though the organization had partnered with HANO for past programs, new projects came with a period of "working out kinks." People we spoke with identified those "kinks" as some of HANO's rules and procedures in the awarding of housing vouchers. A UNITY program leader noted that HANO has "their way of having to do things," and the *New Day* case managers had to "[mold] it to fit our clients who might not be able to go through the process." Case managers identified the housing authority's requirements for vouchers and the sometimes lengthy processes of housing certification and contract signing as burdensome for clients. One case manager felt her clients could not have "walked through the red tape with HANO and jump[ed] through the hoops" on their own. This case manager and others intimated that HANO's policies were inflexible to the particular needs of *New Day* clients. One case manager said it was "really hard" for HANO workers to "see people with disabilities and really understand what the disability is." Another referred to "building bridges with HANO to try to get them to understand the population and really be able to offer reasonable accommodations." Taken together, participants' concerns suggest that HANO's bureaucratic rigidity resulted in a system that, without assistance and perseverance could hinder and even deprive homeless individuals like *New Day* clients from obtaining permanent housing.[7]

Some interviewees identified the housing authority's policy that voucher recipients pay $50 a month for minimum rent as a serious impediment in the efficient placement of clients. The requirement posed a problem because most *New Day* clients had no source of regular income, and the program had to locate funds from other programs to help clients meet this demand. One person said she suspected that this was a key factor that inhibited *New Day's* ability to meet its target of housing people within six months early in the program.

A representative from HANO expressed a very different opinion. I*n contrast to the description offered by New Day staff – that HANO's bureaucratic structure and specifically the initial voucher requirements*

[7] A program attorney called HANO's reasonable accommodations policy "confused and broken," elaborating that "when you have a disabled client who's up for termination of their voucher and you make a reasonable accommodations request, the hearing just kind of stops and the request vanishes into the ether."

*inhibited the efficient placement of clients into permanent housing – the individual from HANO recalled that the voucher process was a smooth one from the start. Citing HANO's history of working with similar programs she said, "*I can't say it took us awhile to get there, because we were already running. We already have worked with the most vulnerable people that there are in the city."

Several case managers also believed that landlords presented another – albeit lesser – barrier in the early days of the program. In some cases, landlords were concerned that recently homeless individuals would not make good tenants, and in others, they were uneasy about HANO's policies and procedures. One case manager said that that the process of identifying landlords willing to rent to her clients was like "pulling teeth." Another said getting clients into housing could be "difficult . . . [because] a lot of people don't understand homelessness . . . it's a stigma behind it." More frequently, case managers said that some landlords were unwilling to rent to *New Day* clients through HANO vouchers because the required procedures were too onerous. One case manager said that sometimes, "landlords wouldn't want to wait for the whole process at HANO." (In addition to the delays in obtaining vouchers mentioned above, HANO rules also require that clients have Social Security numbers and documentation.)[8] According to a few respondents, some landlords were also resistant to accepting voucher amounts identified through HANO's rent reasonableness policy, because the amounts were below what they wanted to charge. One respondent elaborated on another issue related to rent payments, saying that landlords who had worked with HANO in the past were "not keen to work with them" until the organization's history of dysfunction and inconsistent rent payments was repaired.[9]

FACILITATORS - FINDING HOUSING

Nearly all program staff who identified HANO as a barrier said that after the program's first six to twelve months, the relationship between *New Day* and HANO improved. One respondent said, "they [HANO] are both the pro and the con of the program." A variety of factors helped smooth out the "kinks" in the initial relationship with HANO, including: the building of relationships between *New Day* and HANO case managers, the formation of the Steering Committee, and the application of funds from other programs to bridge rent assistance when necessary. To convince reluctant landlords that renting to *New Day* clients would not be a bad decision, case managers say they often reassured landlords that they would provide continuous support to the lessees and intervene when any problems arose.

A program leader said that once case managers "under[stood] how to work the system [at] HANO…and once they forged relationships, things went a lot better." One case manager noted that she and other case managers "had to spend a lot of time over there making our faces familiar and we had to be kind… because a lot of the people were under fear of losing their job, they were overworked, underpaid, undertrained often." She went on to say that once HANO case workers realized they could ask *New Day* case managers for help, "individuals in different departments really got on board." Comments like these

[8] Case managers explained that some *New Day* clients did not have a Social Security Number, but more typically would not have easy access to the cards or other evidence. This would necessitate a time-consuming process of locating documents or ordering new cards before a voucher could be issued.

[9] HANO was only recently returned to local control after 14 years of operating under federal receivership. HUD's long history of intervention in HANO's operations began in 1996. Then, a 2001 audit found that HANO had not revitalized a single one of its ten public housing sites, despite receiving over $440 million in federal funding, and the agency was placed under federal control in 2002. As late as 2009, corruption still plagued the agency, and the federal government brought David Gilmore in to clean it up. Gilmore instituted significant change, but the city wasn't quite ready to relinquish federal control by the planned transition year of 2013. In June 2014, Mayor Mitch Landrieu appointed a seven-member advisory board, and a new director, Gregg Fortner, assumed the position of Executive Director in July. See: Reckdahl, K. May 28, 2013. HANO will remain under HUD control past July as city grapples with other oversight issues. *The Lens*. http://thelensnola.org/2013/05/28/hano-will-remain-under-hud-control-past-july-as-city-grapples-with-other-oversight-issues/. Retrieved September 2, 2014; Webster, R.A. "New HANO chief talks Section 8, regaining public trust." *The Times-Picayune*. July 23, 2014. http://www.nola.com/politics/index.ssf/2014/07/new_hano_chief_talks_section_8.html. Retrieved September 2, 2014.

suggest that by building relationships with HANO staff, *New Day* staff were able to better navigate HANO policies and procedures. Eventually, *New Day* case managers said they could "just call . . . or walk in and see somebody [at HANO], which maybe somebody with a regular tenant-based voucher wouldn't be able to do."

People we spoke with also said that the Steering Committee seemed to help address early challenges by facilitating communication and by removing barriers from the top down. In particular, respondents believed that having a HANO representative participate in the committee was useful. One member of the Steering Committee said, "in the beginning when they [HANO] had some of the people coming … some of the problems that we had … they were able to push through some stuff." A program leader said that a U.S. Department of Housing and Urban Development (HUD) representative who briefly participated in Steering Committee meetings convinced HANO to allow *New Day* clients with no income to apply for a hardship exemption that would waive the $50 payment.

When no other solution was forthcoming, or clients just needed a financial bridge, discussants said that UNITY staff could sometimes solve the problem themselves. A leader at UNITY said that when *New Day* was faced with significant delays in getting homeless clients into housing as paperwork or identification documents were processed, they drew funding from other HUD programs to "get folks off the street faster."

Finally, case managers reported that they were able to overcome landlord resistance by simply assembling a list of receptive landlords and by assuring landlords of their continued monitoring of *New Day* clients. Many case managers said that they assembled and shared a list of landlords who were cooperative or supportive. One respondent said that "we really had to build a base of landlords from which we could all share open units that were coming into town, or open units that they were working on." Another said that at monthly meetings, case managers would "discuss and share good landlords with each other." Case managers who came aboard midway through the grant praised the legwork of their colleagues in compiling this information. One said that her colleagues "did the majority of pounding the pavements to find out who was among the landlords to go and do business with," producing an "established list" she could use when she joined the program for its second half. To counter landlords' hesitancy to rent to chronically homeless individuals with mental health or substance abuse problems, case managers said they promised landlords they would consistently check on clients and intervene when problems occurred. One case manager guaranteed landlords she would visit regularly to check on her client and then made sure to do so. Another said that such promises of intervention were a "selling point;" she told landlords that they could "call me at any time."

BARRIERS - KEEPING CLIENTS HOUSED

According to case managers and other program staff, helping a client to maintain housing had its own challenges, but these complications were often instigated by the clients themselves. Though case managers described HANO's recertification process as unpredictable and burdensome for clients, they generally explained a client's ability to maintain housing as a function of a client's mental health, functional capacity, extent of substance use, and associates. Case managers said that as a result of one or combination of these factors, clients might fail to pay the rent, destroy or damage the apartment or its contents, or forfeit the dwelling entirely. Conduct of this sort could of course result in an eviction,

which case managers say they tried to prevent.[10] Some respondents, including the program attorneys, felt that better screening of potential clients might have filtered out those who could not yet handle independent living due to severe mental illness. For those clients who were ready, however, discussants felt that the experience of having the protection and responsibility of a stable and private dwelling could motivate improvements in substance use, health, social connectivity, and even employment.

New Day staff often identified clients' mental health as a principal factor influencing their ability to maintain housing. While Housing First proponents argue that the approach works "for most, if not all, homeless persons,"[11] a few case managers were concerned that for the most severely ill clients, the approach was actually setting them up to fail. They felt that clients with severe mental illness or substance abuse disorders would not be able to successfully navigate housing recertification or the rules of their lease after the program ended. One case manager said that some clients "needed a whole different level of care than the program could really provide," imposing a level of "burden and stress on some of the staff . . . [that] wasn't really appropriate." Clients who were managing mental illness with medication often forgot to pay rent or show up for appointments when they failed to take prescribed medication. Another case manager described a client who lost one apartment due to behaviors that resulted from her mental illness. "It's just that she was so sick," the case manager said, "and she wasn't taking her medication . . . she tortured the neighbors." A third said, "We have some very ill people that will just up and destroy an apartment, tear heaters out of the wall, punch holes in the place and leave it a disaster." She worried that without the mediation of a case manager, such clients would "be evicted," which would "[trigger] a termination from Section 8." Though she said an eviction for a mentally ill client might be avoided by a reasonable accommodation claim, such a claim would be "cut off at the knees if you're a threat to the property or safety of anyone else in the city or the landlord's property." In short, several case managers felt that the program could not always support or sustain support indefinitely for those who struggled with severe mental illness and suggested that future programs might screen out those individuals who were unable to navigate independent living.

Case managers also said that clients' continued entanglement with substance use – alone or in combination with other mental health disorders – could directly or otherwise precipitate behavior that was disruptive to maintaining housing. One person recounted a story of a drug-addicted client who sold the stove and refrigerator from his unit. Case managers also recalled rehousing clients who had lost housing due to behaviors stemming from substance abuse. One said, "I had a woman [client] burn through a landlord from her substance abuse, both alcohol and crack, and bringing men in, because that was the way she got income." It was also, apparently, enough in some cases for the client to be proximate to those engaged in the trade. One case manager said "one of the biggest challenges [for maintaining housing] is when drug dealers move in, literally, to our clients' apartments and start dealing from there." She noted that situations like this tended to happen with clients "who are the most developmentally delayed with mental health issues and substance abuse." Another respondent described a mentally ill client who fled his apartment in fear after drug dealers "took advantage of him and kind of moved into the unit." One case manager explained the difficulty of competing with drug dealers for the consideration of a client. "I was a voice in one ear," she said, "and [in] the other ear was someone saying, 'What do you need? A hot plate of food? We got it. You need a TV, you need cable

[10] One case manager held "eviction preventions" when clients engaged in behaviors that jeopardized their housing. She says she would draw up an agreement between the client and landlord that the behavior would stop and have both parties sign; she believed the "piece of paper help[ed] to keep the client in line."

[11] "What is Housing First?" *National Alliance to End Homelessness*. Revised November 9, 2006. http://b.3cdn.net/naeh/b974efab62feb2b36c_pzm6bn4ct.pdf, Retrieved September 8, 2014.

service? We got it. You need women? We've got it. Whiskey? We've got that. Crack? Yeah. Just let us do these two things in your house.'"

Case managers felt that the transition to being housed after being homeless for a long time was a difficult one for some clients to make. This might mean that a client left trash around an apartment or engaged in hoarding, or other such behaviors that violated a lease. Case managers said that for many clients, these tendencies could be mitigated by simply instilling in them the need to follow the rules of the lease. One recalled teaching clients about "taking out the trash or locking your door or cleaning up." She also noted that she had to teach clients to not leave doors or windows open, especially if utilities were included in the rent and the landlord was monitoring usage. A number of case managers said they had honest and respectful conversations about housekeeping with clients. One case manager spoke about a client who had to be rehoused because the client was "putting out cigarettes on the floor in his unit because he was so used to living in a warehouse that it just became a habit." While the case manager empathized with the client in this situation, she identified the client's behavior as the instrumental factor in what made it difficult to keep him housed.[12] And this, she believed, was not an easy fix, "'Cause it takes a little while to unpack and to get people to deal with some of those issues."

Case managers reported that non-payment of rent was another obstacle to keeping clients in housing. Ironically, when some clients finally got an income through government benefits, they risked eviction by failing to pay their portion of the rent.[13] One case manager identified non-payment as "the biggest issue of all" in helping clients maintain housing. She said that clients "spend all their money before they pay rent." When case managers or clients could not successfully convince a landlord to allow the tenant to "catch up on that," clients were evicted and had to be re-housed.

Although case managers mostly identified client-level concerns, several case managers also pointed to HANO's recertification process as something that could disrupt the ability to remain housed. Some noted that some clients had difficulty following HANO's procedures, while others believed it was HANO's practices themselves that were unnecessarily unpredictable and confusing – especially for this population. Case managers said that many of their clients did not regularly check mail or show up for meetings, either because of mental illness or because they were unaccustomed to such routines. As a consequence, case managers said that HANO's recertification procedures virtually ensured that some of their clients would not remain housed. One case manager said she had to monitor clients who "don't check their mail," because if clients missed recertification appointments, HANO could set voucher termination in motion. Moreover, notwithstanding the rigidity that the housing authority imposed on clients for recertification, case managers said that HANO itself was unreliable in how it inspected apartments. HANO, they said, would hold inspections between the eight and twelve month window for annual recertification. One case manager said of this process, "nothing was . . . routine, so with every client it was different."

[12] Some case managers presented information about clients losing housing in a way that suggested they did not agree with the landlords' decisions. In such cases, respondents felt the landlords did not understand or adjust to their clients' personalities, mental health problems, or disabilities.

[13] Most *New Day* clients received hardship exemptions and did not have to pay the $50 minimum rent required by HANO. However, once they began to receive an income, that exemption no longer applied. See HANO policy for information on paying rent and declaring income: https://www.hano.org/home/agency_plans/ACOP%205-21-13%20FINAL.pdf, retrieved October 22, 2014.

FACILITATORS – KEEPING CLIENTS HOUSED

New Day staff and partners with whom we spoke all identified Intensive Case Management (ICM) as the primary means by which the program was able to help clients maintain housing. Given the importance that respondents ascribed to ICM we discuss the component more thoroughly in the next section, but in brief, they saw case managers' consistent and persistent support as vital for mediating problems between landlords and clients, as well as for teaching clients how to become self-sufficient and to communicate on their own behalf. Other factors that case managers identified as contributing to the maintenance of stable housing included: motivation instilled by the Housing First approach to change behaviors, automated rent payments, mediation with landlords, and life skills classes.

Case managers credited the Housing First approach as instrumental in impelling clients themselves to remain housed. The Housing First philosophy is premised on the idea that immediate housing provides the stability that motivates chronically homeless individuals to take care of themselves, earn an income, and reconnect with family members and friends. Many of the people we spoke with expressed the belief that this theory was realized for many *New Day* clients. Nearly all respondents felt that getting clients housed motivated them to remain housed and take better care of themselves, which for some meant reduced substance use. One case manager said that housing gave clients the stability to help them "focus on other things like trying to get [an] income or complete their disability application." Another said, "I have seen some of the individuals that we have gone to see underneath the bridge and you see them six months later in housing, and you be like housing is the key."

One case manager described how she believed housing diminished clients' sense of vulnerability and gave them motivation to maintain that housing, "The motivation was the roof over their head. They don't have to feel as vulnerable . . . And even the ones who are the most sick and the most paranoid they want their house. They still want their house." Another shared observations of the effects of housing on her clients, including changed motivations to retain housing:

> I have you know one client that was able to get sober and then he was able to get a job and now he's back in touch with his family and he's doing well. He keeps his apartment up, you know, and that's also having kind of a small support network. And then a lot of the ladies, the women that I work with do a good job of getting to their appointments, paying their rent and they seem to be less apt to want to go back to the street. Like once they get to their house they want to keep it. They don't want to lose the voucher.

Some case managers also said that they believe that the basic opportunity for choice that is built-into Housing First created a strong motivational incentive for clients. As one case manager said, "…we always show three units to every client. We let them pick the area, you know, because we've found the best successes were those that wanted to live where they were."

In addition to the intrinsic incentives of the Housing First approach, *New Day* staff said that they were able to improve their clients' propensity to maintain housing by automating rent payments and folding utilities into rent. Although not all landlords agreed to the inclusion of utilities in rent, many case managers believed that clients would be more likely to retain housing if utilities were included in the rent. Most clients had little to no income and were unable to afford electricity. According to HANO's policy, residents can be evicted for a failure to pay utilities.[14] One of the program attorneys said she was "impressed with the caseworkers' ability to convince the landlords to roll electricity into rent for some

[14] https://www.hano.org/home/agency_plans/ACOP%205-21-13%20FINAL.pdf, Retrieved October 22, 2014.

of our extremely low income clients . . . the little utility allowance that sometimes comes with the voucher is not enough to cover summer A/C bills in Louisiana." Case managers also believed that by getting clients to sign up for automatic rent payments with the landlord they could ensure that clients paid rent before giving into the temptation to spend their income on other things first. They sometimes attributed a client's failure to pay their rent to substance abuse. One case manager said, "they have income, [and are] so addicted to drugs, they just spend all the money, instead of paying the rent."

To help clients maintain housing, case managers said they frequently intervened to mediate between clients and landlords when problems were reported. A case manager described this as "putting out fires," which she said was "an ongoing thing . . . sometimes you'll put out this fire, then something else will start." These "fires" included the kinds of behaviors discussed in the above section on barriers to keeping clients housed, like putting out cigarettes on an apartment floor or selling an appliance. To placate landlords and keep their clients in housing, case managers said they were responsive and communicative. For some, this meant being available at all hours. One case manager said that a landlord called her at "10:00 at night, 7:00 in the morning." Another said that "thorough and reliable" communication with landlords was "key" to helping clients maintain housing.

Finally, case managers and other project staff also pointed to life skills classes taught at both participating organizations as valuable in helping clients overcome personal challenges that sometimes inhibited housing retention. These classes dealt with topics ranging from mental illness to hygiene to sleep, and one case manager said they were about teaching clients "that there can be a difference." Several respondents mentioned that the life skills classes taught not only basic skills, but they also brought clients together to positively influence one another. One case manager believed that the classes helped clients "start becoming natural peer advocates to each other." Accordingly, case managers said, clients began to believe they could overcome barriers when they saw others doing the same.

INTENSIVE CASE MANAGEMENT: SUPPORT, PERSISTENCE, AND CLIENT SELF-SUFFICIENCY

All project staff and external Steering Committee members interviewed said the efforts of case managers via intensive case management (ICM) was the primary reason that the program was able to keep clients in housing. [15] Through intensive support and persistent, individualized troubleshooting, case managers say they helped clients understand that they could ask for and receive help and that they could ultimately become self-sufficient. A defining feature of ICM is a low client to case manager ratio, and program staff agreed that *New Day*'s ratio of 20:1 helped them to provide the kind of support their vulnerable clients needed to remain stably housed. One caseworker contrasted the program's caseload with that of caseworkers at HANO: "They have caseloads of over 500 so they don't have the ability nor the time [to engage in one-on-one support with clients]."

Case managers reported that by making themselves available to provide continuous support for clients and being persistent with problem-solving, they often helped clients maintain housing, despite the barriers mentioned above. Several respondents said that the support and persistence of case managers also helped clients see that they could ask for and receive help, which they viewed as important for clients' housing maintenance after the program ended.

[15] ICM is intended "to meet the needs of high service users and defined by low staff to client ratio, outreach, services brought to the client, practical assistance in a variety of areas." See Guarino, K. 2001. "Step-by-step: A comprehensive approach to case management." http://homeless.samhsa.gov/resource/step-by-step-a-comprehensive-approach-to-case-management-52282.aspx

For many case managers, ICM meant spending a lot of time with clients and offering continuous support to help them overcome the personal challenges that kept them disconnected from housing and other supportive services. One case manager described the strain of making herself available to all 20 of her clients as follows: "It's sometimes almost meeting with them or talking to them almost on a daily basis, even if it's just by phone . . . you have to spread your time among everybody to get them where they need to be." Discussing a client who struggled with mental illness, another case manager recalled that she accompanied the client to treatment and other appointments, and "one day she [the client] just got comfortable and she was like, 'I'm going to go into the bank by myself.' But I had gone with her for about five months prior to that."

Availability and continuous support also helped case managers get to know clients so well they could individualize solutions to clients' personal struggles. One case manager recalled the "individualized" attention she used to help troubleshoot clients' problems. A client of hers who "kept losing his key . . . "was starting to get up under the landlord's skin. So we got him a ring [to hold the key around his neck] and it's like, 'You don't even take it off when you get into the tub.'" The same case manager also told of helping clients use important dates from their own lives to memorize passwords to access their Supplemental Nutrition Assistance Program (SNAP) account.

According to case managers, persisting with clients had the added benefit of communicating to clients that they could ask for and receive help. They said that making this perseverance evident helped build rapport and trust with clients. Even when clients were "running from you," one case manager said she would document her efforts to help. For example, she said she took pictures of her business card sticking out of clients' closed doors each time she showed up for a visit and no one answered, so that clients would "believe" she had been there. In her words, it "[worked] just being there for them . . . the support [made] a huge difference." Reflecting on her clients, another case manager said that for clients accustomed to living on the streets and being treated as "less than human," realizing they could ask for help was important in getting clients to a point where they could navigate a stable life on their own. One respondent felt this realization, combined with stable housing, helped clients become "more emotionally stable . . . because they perhaps were encouraged to get treatment … and their caseworker worked with them and made them feel like their lives were important enough that they could pursue physical and mental health."

Teaching clients that others would help them – and that they could ask for that help – was seen by case managers as vital to helping clients communicate with landlords on their own when the program ended. Case managers said they emphasized client communication with landlords across multiple components of the program, including in their one-on-one interactions with clients and in meetings held with groups of clients to prepare for the program's end. Most case managers reported spending a lot of time coaching their clients on how to reach out and talk to their landlords. As one case manager said, she wanted her clients to realize "oh, I can call the landlord, and I can leave a message if I don't reach the landlord right away . . . and I can have a relationship with the landlord." Case managers also engaged in role-play with clients to help them practice speaking with the landlord. One case manager said, "We always try to get our client . . . to communicate with the landlord after having the conversation with us." Case managers felt this practice was important for building client self-sufficiency. Many respondents expressed concern about how clients would fare once case managers were no longer there to consistently intervene with landlords. Thus, at a meeting held with clients from both NOAIDS and NAMI to prepare for the program's end, clients were told: "'Remember all those conversation we had with the landlords? You're going to have to have those conversations with the landlord.'" From the perspective of program staff, it was ICM that helped resolve problems with housing maintenance and facilitate

communication between clients and landlords. One case manager felt that without continued ICM, those who "get off their medication or move in some family and neighbors" would lose the "patience and the tolerance of the landlords."

Relatedly, some case managers conveyed a concern that ICM may have inadvertently created dependencies that would jeopardize clients' abilities to maintain housing on their own. This concern was expressed by a few case managers when they recounted clients' praise of their work. One case manager said, "clients like to say oh, you're my angel. And so my comeback is always I'm very human. Both my feet are on the ground." Another said that when her clients looked at her like she was "their savior," she would say, "'No, I'm not your savior, I'm helping you get off the streets.'" Yet another told her clients, "'I'm human, you're human, we're together, we're here to put our heads together and come up with a solid conclusion as to how we can address these situations.'" Case managers said they took such praise in stride, reminding clients that successes were built on teamwork. In other instances, case managers shared more pointed concerns about clients' self-motivation. One case manager said that "a lot of it's on the client if they want to keep their housing or not . . . some of them have become dependent on us to try to, like, save them from being evicted every time it happens. And like when we're not here to help them, they need to be able to do that on their own." Finally, one case manager who was critical of the Housing First approach said that clients were "given a little bit too much . . . you just can't give people everything. You gotta kind of make 'em work for things. . .". She concluded that "whether they're gonna keep it [the housing] or not . . . it goes back to the individual."

CONNECTING CLIENTS TO MAINSTREAM BENEFITS AND RECOVERY SUPPORT SERVICES

New Day staff said that bureaucratic impenetrability and impersonality, as well as narrow qualifying criteria and statewide changes in Medicaid programs, thwarted efforts to connect clients to government benefits, although they said that *Southeast Louisiana Legal Services* (SLLS) attorneys were instrumental in helping clients navigate these barriers. Connecting clients to mental health and substance abuse care was also challenging for program staff. Most applauded the Housing First approach of allowing clients to decide whether to seek treatment. However, case managers said they were more successful in connecting clients to mental health services than to substance abuse treatment. Most project staff believed that denial was the principal reason clients did not seek substance abuse treatment. However staff also reported that inadequate treatment infrastructure also stymied efforts. Case managers felt that clients were more receptive to conversations about treatment once they had developed rapport with the case manager, and they reported observing reduced substance use among clients who were motivated to maintain housing or inspired by other clients' examples.

MAINSTREAM BENEFITS – UNEXPECTED SYSTEMIC CHANGES AND BUREAUCRATIC OBSTACLES

Program staff detailed the ways in which statewide changes in insurance programs, stringent eligibility criteria for Supplemental Security Income (SSI), and bureaucratic obstruction and indifference – especially in the form of long wait times – hindered clients' abilities to receive benefits like Medicaid and SSI.

Given that "the main goal" of the *New Day Program*, according to one UNITY leader, was to connect clients to Medicaid so that case management services could be billed to the government program once SAMSHA funding ended, statewide changes to Medicaid provision and the state's failure to sign on to the *Affordable Care Act* created unexpected impediments to connecting clients to benefits. *As of January 1, 2014, individuals under the age of 65 in Louisiana could qualify for the Disability Medicaid*

*Program if they met all SSI eligibility requirements and were receiving SSI cash assistance. This change meant that any individuals who were not receiving SSI – something not mandated under old requirements – had to enroll in SSI by January 1, 2014. A program attorney said, "*The failure to expand Medicaid under the ACA and the Louisiana Department of Health and Hospital decision to eliminate the 'disability Medicaid' category had a horrible effect on the system, which we're still wading through." Another person said *New Day* clients were "suffering" because of the state's refusal to accept the Medicaid expansion: *"There are the billboards that say, you know, however many people have lost their benefits . . . That's them [New Day clients]."*

Attorneys we spoke with believed that "better triage" at the beginning of the program might have ensured that more clients would have qualified for SSI. To qualify for SSI, individuals must pass a five-step disability determination process. Program attorneys and the *Disability Determination Service*s (DDS) representative on the Steering Committee said the SSI eligibility criteria are narrow and require rigorous documentation. One attorney remarked that "better screening," with the involvement of attorneys knowledgeable about disability determination, would have more accurately predicated "who is gonna be disabled under the definition that Social Security uses," because SAMHSA's disability designation for program eligibility is broader than that of DDS. He elaborated that getting some *New Day* clients to meet eligibility criteria was like "trying to fit a square peg into a round hole in some of the Social Security cases." Another attorney said, "the people who were most in need of the housing services and the wrap-around services for SAMSHA, are not necessarily the same people that will get benefits. The choosing criteria is [*sic*] different."

From the perspective of case managers, the impersonal nature of government agencies sometimes hindered clients in the application for mainstream benefits. Bureaucratic procedures can often be frustrating for individuals seeking services or benefits of government; for the chronically homeless with co-occurring disorders, case managers said that they could be debilitating. One case manager described the "hardest part" of the program as "interacting with other government agencies . . . just because it's . . . a lot of paperwork, and sometimes the employees at other agencies don't understand how sick our clients are." In this case manager's opinion, the impersonal nature of government agencies means they do not allow for patience with or accommodation for severely ill individuals. As a consequence, clients could be denied benefits that could improve their quality of life – and which they are eligible to receive.

While clients may not have been denied benefits outright, delays could often be interminable. The participating SLLS attorney noted that long waiting times for a decision about benefit reception was difficult for clients. "A lot of clients," he said, "become very discouraged with the amount of time it takes them to get a decision." Further, over the course of the program, cuts in DDS staffing meant additional paperwork backlog and further delayed wait times. The attorney said, "it's hard to keep them [clients] motivated to continue coming back and providing more documentation and to maintain compliance with their treatment." Some cases involved a year and a half wait between the application and notification of benefits.

MAINSTREAM BENEFITS - LEGAL ASSISTANCE, ICM, AND THE STEERING COMMITTEE

Despite the challenges, one case manager recalled, "we were able to sort of get through what's very difficult to negotiate even for social workers and professionals, and what's impossible for the clients to negotiate." All case managers spoke positively about the ability of the SLLS attorneys to help their clients get benefits. The attorneys were often called on to locate identification documents and to petition for an official determination of a disability. One respondent said, "I think having . . . SLLS on – in the grant was brilliant . . . I think the barriers had more to do with just the systems and how difficult

they are to navigate, and how slow they can be." She went on to describe one of her sickest clients who had no documentation and struggled to make appointments with the attorney. Assessing the client's vulnerability, the case manager said, "I mean it's the kind of person who … Social Security was designed for. But she has no income and so that just takes a lot of time and a lot of work." The time, work, and expertise required to navigate the application for government benefits – and even issues with HANO or landlords – were provided by the SLLS attorneys. By all accounts, their inclusion was an effective way to connect clients to benefits. More than one case manager expressed a hope that similar programs would always include attorneys, saying, "as you know we're social workers. We're not lawyers. We can assist the client as far as with completing paperwork but we can't give them a full comprehensive explanation of everything." The primary attorney for the program admitted that even though he believed better screening might have meant a higher success rate of getting clients signed up for SSI benefits, the program's success rate was "way beyond my expectations."

The attorney attributed this success rate to the intensive case management practiced by case managers. Given case managers' close relationships with their clients, he said, they were able to "[help] quite a lot . . . in providing the narrative of that person's functional capacity…Were it not for them, we would not have had the results that we had in obtaining benefits for folks." He also noted that his colleagues were "jealous of the amount of assistance I get from the caseworkers here, whether it be just getting people to and from appointments . . . [or] writing up three, four, five-page letters on their behalf and documenting in great detail what their [needs] are. That makes all the difference in some of these cases." Because case managers knew their clients so well, they could provide valuable assistance in efforts to qualify them for government benefits. The attorney said, "When we do these [applications for disability benefits] outside of the *New Day* program, it's much more difficult because those case workers aren't as dedicated and as involved in their client's lives."[16]

Program leaders also believed that having representatives from DDS and the Social Security Administration serve on the Steering Committee helped them get clients connected to SSI. Both program staff and the DDS representative saw discussions about the criteria for and process of disability determination as useful for connecting clients to benefits. For his part, the DDS representative recalled sharing information about specific DDS requirements for how various illnesses meet the eligibility criteria and about DDS expectations for communication and paperwork. The program attorney felt the DDS representative was useful in providing updates about "what was going on with DDS."

Mental Health and Substance Abuse Treatment – Denial and Limited Options

Case managers generally concurred that the *New Day Program* was more effective at connecting clients to mental health treatment than substance abuse treatment, but they also said that compliance was often difficult for clients to maintain. Case managers identified client denial and a dearth of quality services as the primary factors that usually prevented clients from connecting to substance abuse treatment. However, case managers felt they experienced some success in convincing clients to reduce their use of substances by using Harm Reduction. Though Harm Reduction is controversial for some, SAMHSA views it as an alternative approach to abstinence for those who are not yet willing or able to

[16] Most program staff participated in **SSI/SSDI Outreach, Access, and Recovery** (SOAR), a national project funded by SAMHSA to teach those who work with homeless, mentally ill clients, strategies for connecting their clients to SSA disability programs. Though they did not elaborate on the experience in their interviews, they generally all mentioned it as a helpful component of the program. http://www.prainc.com/soar/cms-assets/documents/74698-354068.backgroundandcosts081512.pdf. Retrieved September 4, 2014. Also see http://www.prainc.com/soar/about/.

pursue treatment. Premised on the belief that individuals must choose treatment for themselves, the approach resonates with that of Housing First.[17]

Though case managers reported more success in connecting clients to mental health treatment, they felt that some clients did not always adhere to their treatment regimen, which jeopardized their ability to maintain housing. While one case manager thought it might be easier to get a client to go to a first mental health appointment than a substance abuse clinic, she said, "to keep someone enrolled in mental health is like just as hard as keeping someone enrolled in substance abuse." When asked to explain, she said "just a lot of people in denial . . . saying they aren't sick, and that they shouldn't have ever been diagnosed with that, and they don't want to take meds, and the meds make them crazier, or too tired or sick or whatever." Finally, one case manager simply responded that some clients "just don't want treatment. I mean, I've had them flat out tell me no."

Case managers could not always explain why clients did not seek substance abuse treatment, but they often indicated that clients were simply in denial that they had a problem. One person who was critical of the Housing First method in general said that the approach did not work, because "so many of 'em was in denial." She described one client in particular whom she felt needed both mental health and substance abuse treatment but resisted all of her efforts to connect him to treatment. She said, "I could do all this, but if they don't want to do it . . . the whole thing is a lot of 'em are in denial."

Finally, the people we interviewed also said that the lack of quality programs and readily available spaces for treatment in New Orleans posed significant problems for connecting clients to substance abuse treatment. Assessing the options in the New Orleans area, a case manager said, "We don't have a lot of Harm Reduction options . . . A lot of them are old-school, twelve-step, faith-based, punitive, not Housing First, and militaristic in some cases, boot camp style in some cases. They are not appealing to the clients." *Another remarked how difficult it was to find a spot for a client who desired treatment. She described the challenge as follows: "If somebody says I'm ready for treatment, there's not always necessarily an opening . . . you present the options there, but when you're ready to go, there's got to be an opening or else you've missed your window."* A program leader agreed that "there's not sufficient services in the community to really address the need." She also said that given that substance abuse is a chronic illness, "you don't just send somebody away for 30 days and expect them to kick a habit that's rewired their brains."

CLIENTS' REDUCED SUBSTANCE USE

Several case managers said that connecting clients to mental health or substance abuse treatment was among their best experiences in the *New Day Program*. One referred to a client "from a substance abuse background" who stabilized and began "sharing his story and . . . taking his art to a whole new level." Case managers believed that developing rapport with clients allowed them to build trust, which sometimes was enough to get them to admit problems and either seek treatment or reduce substance use. Several case managers said they used motivational interviewing to try to talk clients into seeking treatment. [18] However, case managers' responses generally indicated that clients were more responsive

[17] http://homeless.samhsa.gov/Channel/Harm-Reduction-273.aspx. Retrieved October 30, 2014.

[18] One case manager said that once her clients who were addicted to substances had housing, she made "a push to do what's called a motivational interviewing, where you're constantly, you know, trying to reeducate about different things." She recalled one example: "I think my statement was 'Where do you see yourself in five years? Do you still want to be doing this in five years?' And . . . he thought about it, and it took about three months after that, that he finally went into treatment. " See, for e.g.,http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing. Retrieved October 30, 2014. For more on motivational interviewing, see http://store.samhsa.gov/shin/content/SMA13-4212/SMA13-4212.pdf. Retrieved October 30, 2014.

to Harm Reduction counseling. Clients, they reported, were more likely to reduce substance use than to enter a program that would require abstinence. Others said that the stability of housing enabled clients to reduce substance use; with housing, they said, clients experienced decreased stress and a need to anesthetize themselves. Finally, a few respondents believed that clients were positively influenced to reduce substance use by other clients who had overcome similar problems.

Some case managers felt that over time their clients grew more receptive to conversations about substance abuse due to the development of trust and rapport. A program leader said that when clients were first admitted, "they don't admit to anything, pretty much, and then after six months, after they've developed a level and trusting relationship with the staff they reveal a bit more." One case manager recalled working on the development of her relationships with clients to help them see she would not be judgmental about substance use. She said, ". . . you'll have some at intake tell you, say, that they wasn't abusing substances or alcohol at all even though it was present to you, but six months, like I say, of building that rapport and just letting them know that I'm not here to judge." Those six months of relationship-building, she believed, helped clients admit to substance abuse and become more receptive to conversations about changing their behaviors.

Case managers said those conversations often invoked Harm Reduction to convince clients to reduce their use of alcohol and/or drugs. Program staff felt that reduced substance use meant clients were less likely to violate their lease and thus more likely to succeed in maintaining stable housing. One case manager recounted that when trust "[got her] in the door," she eventually began talking about Harm Reduction. Some respondents related specific examples of how they worked with clients on harm reduction. One case manager said she asked one client addicted to crack how many rocks he smoked over two days. When he answered "five," she asked, "Can we minimize that to three?" Another of her clients "like[d] to drink the Heavenly Hill [bourbon] from the bottle." To convince the client to reduce her substance use, the case manager said, "I was like, 'Ladies don't drink out of the bottle, go get a cup, go get a glass.' So she went over and brought back this small glass. I was like, 'Could you just drink maybe half of that glass in two hours and maybe two hours later [drink a little more]' . . . because she was knocking back like three pints a day."

Most case managers said they saw changes in the substance use behavior of many of their clients with housing stability. As discussed above, a cornerstone of the Housing First philosophy is that housing is not contingent upon a person seeking treatment for mental health or substance use disorders. The premise of this approach is that once an individual has permanent housing, he or she will have the stability needed to reduce substance use or even seek treatment. In keeping with this philosophy, most case managers agreed that treatment could not be forced. One explained her position as follows: "You let the client arrive at that decision themselves, and eventually I believe they will be more successful once it's your [*sic*] decision."

Though housing stability seemed to propel some clients toward substance abuse treatment, for others, housing stability was motivation to reduce substance use, as well as protection from the temptations of the street. Recounting the effect of housing stability on substance use, another case manager said:

> Some clients just kind of naturally stop doing stuff. I mean, I could see that they would drink less and less. I would get less phone calls from drunk people, you know, saying "I'm going to jump off of a bridge," or "Don't get in that van. I put explosives in there." You know, 'cause they were drunk, so they were leaving me weird messages. And those [messages] would stop as the months went on.

A program leader said that their general message to clients who were placed in housing was, "'*you can drink and you can use and that's fine as long as you maintain that peaceful enjoyment for your neighborhood and you don't violate the lease.'" Case managers saw this approach play out in clients' behaviors, who were motivated to keep their house.* One said, "I had clients that would lessen their drinking once they were housed and not on the street." Another observed her clients "drink[ing] less and less."

Finally, a few case managers felt that clients themselves could positively influence one another to seek treatment or reduce substance use. One case manager said she saw the life skills class help some clients to think, "'You know what? I can kind of get clean.' … And we had a couple . . . that wanted to finally do something with their lives and make a difference and make a change and stop using drugs and then considered treatment." Another case manager described a client who was "trying to get clean . . . he came to this . . . life skills group, and he told me, 'If they could do it, I could do it.' And he went cold turkey and took himself off everything."

LESSONS LEARNED

Everyone we spoke with, from program staff to external members of the Steering Committee, offered positive assessments of the *New Day Program*. They saw the program as having provided most clients with stable housing and supportive services, and they primarily attributed these successes to ICM by case managers and to the support of legal services. Offering overall praise of the program, one respondent noted simply, "It gave a lot of clients . . . a second chance as far as having housing and having the support needed to get their life back on track." Another said the program was "a really good example of what wrap-around services can do for chronically homeless people. It's just exciting to see somebody go from street homeless to having an income, medical care, and a house." Nearly all those interviewed also intimated that communication between and among program staff and participating organizations was valuable for building relationships and connecting clients to housing and other services. Suggestions for how to improve such a program center on stricter client screening, the inclusion of criminal legal services, the use of flexible funding, and the length of the grant. Program staff believed that most clients will remain in permanent housing, although they also acknowledged that a group of clients will likely not be able to do so without ICM.

Respondents offered suggestions for how similar programs might be improved. Some felt that a different screening process might have identified clients who were either too ill to live independently or who would not meet the criteria for disability determination. The attorneys and other program staff also believed that given the degree to which the chronically homeless become entangled with the courts or other criminal matters, such a program should fund regular participation by criminal attorneys. Though many respondents appreciated the flexibility of grant funding, others expressed *frustration with not having money for things like transportation, additional staff support, and security deposits. One case manager said: "*We need more in the way of transportation assistance. A lot of us went out right after crime scenes. We went into drug infested neighborhoods. We took a lot of risks that not everyone's going to want to take." Another case manager suggested that it would have been nice to have a second person with her on risky calls. One supervisor explained frustration with a lack of funding for security deposits and other small things as primarily due to inconsistencies in funding availability. She *said, "sometimes* we have the money because, you know, we would find a pocket of money and then sometimes we didn't. So I know that's caused a lot of frustration from the staff." Finally, while some thought the three-year grant period was adequate, most felt it was not enough. One case manager

replied that due to program start-up, like staffing and client recruitment, most clients did not receive a full three years of ICM. She also said, "it's silly *[laughter]* to think that you can take somebody who's living on the street, who's got the level and complexity of problems that our clients have, and in that amount of time expect them to be self-sufficient and functional."

Concerns about the length of the grant period aside, respondents believed most *New Day* clients would be able to maintain permanent housing. Without being asked to offer an estimate of how many clients would remain in housing once the program ended, nearly all project staff did so; their collective proposed range was 60-80%. Respondents anticipated that most clients would be able to follow through with housing re-certifications and benefit renewals, even as they recognized that a minority would probably not be able to maintain housing without ICM.[19] At the end of one interview, a case manager offered the following assessment of *New Day* which summed up the generally positive assessments of the program:

> So many, many times I thought if I were homeless what kind of program would I want? And I would want this type of program. I would want the SAMSHA *New Day* program, because it's just a lot more dignity and how people are treated as autonomous beings able to make their own decisions and set their own goals.

[19] Program staff said that clients who graduated from the program would likely still be able to access case management if necessary – albeit not to the same degree as supported by the *New Day Program*. Others who qualified for Medicaid will continue to receive some form of case management, and still others will likely be eligible to receive services through the Greater New Orleans Community Health Connection (GNOCHC).

APPENDIX A. INTERVIEW PROTOCOL NEW DAY PROGRAM STAFF

[There are four primary research questions of interest, which are:

- What challenges were experienced in providing program services to clients?
- What successes were experienced in providing program services to clients?
- What lessons have been learned in implementing this program that can be applied in the future?
- To what degree do program staff feel the successes experienced by the program are sustainable?

There is also one focused topic area of interest to the program implementers:

- How useful was and what was gained from the Steering Committee?

The protocol is loosely organized around these research questions -- interview questions, probes, and follow-ups are designed to directly and indirectly elicit answers to these questions.

- **Probes are to help engage the participant and to help narrow the discussion to the question topic/purpose.**
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Probes are optional. If the interviewer believes the respondent has not fully engaged or answered the main or follow-up questions, s/he may use one or more of the "probes" to further investigate and engage the respondent. For the convenience of the interviewer, these optional probes will be listed below the main question stem.]

Once you feel a question is adequately answered, you can move on to the next question.]

[Begin by reading the introduction script:]

[Part 1: <u>Program Background</u>]

[The first few questions are "warm-up"; you don't have to go into detail on these. We would like to get some information on the interviewee's involvement in the project. These questions may elicit conversation on our research questions – if that is the case, follow it. If not, we can then use this information to direct questions further on in the protocol about successes, challenges, lessons learned, and the way forward.]

Thank you for taking part in this interview. We want to hear about your work with the New Day program. We are recording this interview, but your answers will remain confidential. You are welcome to stop the interview at any point if you become uncomfortable. Your answers will not be used in a way that can identify you. To maintain confidentiality, please don't use any client names when we talk about your experiences with the program.

- ***Question:*** *First, please tell me a bit about your role with the New Day program.*
    - ***Probe:*** *Which organization do you represent?*
    - ***Probe:*** *What is your specific role? What do you do?*

    - ***Follow-up****: Have you always had the same role with the New Day program? [If no…] tell me how your role has changed?*

    - ***Follow-up:*** *Can you describe the type of interactions you typically have with New Day Program clients?*

- ***Question:*** *What do you think about your work with the New Day Program?*

    - ***Follow-up:*** *Can you share one of the best experiences you've had in working with the New Day program?*

    - ***Follow-up:*** *Can you share one of the more difficult or challenging experiences you've had in working with the New Day program?*

[Part 2: Housing Coordination Services and Permanent Housing]

One of the objectives of this program is to provide clients with housing coordination services (which include helping them to complete the HANO application, coordinating housing inspections, negotiating leases, etc.) with the goal of getting them into permanent housing within the first six months.

- ***Question****: Can you tell me about the role you played in providing housing coordination services to clients and/or helping get them into permanent housing?*

    - ***Follow-up:*** *I'm interested about some of the particular aspects of providing housing coordination services that we've heard mentioned in the past. Could you tell me about your experiences in:*
        - *Identifying landlords willing to rent units to your clients?*
        - *Coordinating the inspection of housing units?*
        - *Negotiating contracts with landlords?*
        - *Working with clients to ensure they follow building regulations and are able to remain in their housing?*

- ***Question:*** *What have been some of the challenges you've encountered in providing these services?*

  - ***Follow-up:*** *I understand that when this project first began, there were some initial difficulties in accessing housing vouchers from HANO. Could you tell me a bit about this?*
    - ***Probe:*** *What did you learn from this experience?*
    - ***Probe:*** *Any ideas about what could have been done differently?*

- ***Question:*** *What have been some of your biggest successes in providing these services?*

- ***Question:*** *What are some of the lessons you've learned in working to obtain permanent housing for clients that you think will help you in the future?*

- ***Question:*** *Do you think that clients will be able to maintain their permanent housing once the grant ends?*
    - ***Probe:*** *If yes, why do you think this? What components of the program will facilitate this sustainability?*
    - ***Probe:*** *If no, why do you think this? What barriers do you think clients will encounter in trying to maintain their housing?*

Another objective of the program is to ensure clients remain stably housed once in permanent housing.

- ***Question****: What have been your experiences in helping clients to remain stably housed?*

  - ***Follow-up:*** *What are some of the biggest challenges you've encountered in trying to keep clients stably housed?*

  - ***Follow-up****: What have been some of your biggest successes?*

- ***Question:*** *What have you learned over the course of this program about helping clients maintain their housing?*

- ***Question:*** *What types of transition plans have you developed with clients that will help to ensure they remain in stable housing once the grant has ended?*

  - ***Follow-up:*** *Do you think that most of the clients enrolled in this program will be able to remain stably housed once the grant has ended?*
    - ***Probe:*** *If yes, why do you think this? What components of the program will facilitate this sustainability?*
    - ***Probe:*** *If no, why do you think this? What barriers do you think clients will encounter in trying to remain stably housed?*

[Part 3: <u>Government Benefit Programs</u>]

- ***Question:*** *A third goal of the New Day Program is to help clients apply and maintain enrollment in government benefit programs. In your opinion, how did this go?*

  - ***Follow-up****: What are some of the difficulties you've encountered in helping clients apply or maintain enrollment?*

  - ***Follow-up:*** *What types of successes have you experienced?*

- ***Question:*** *Were there any components of the program or any particular group or person who helped to facilitate this process? Or any groups that hindered this process?*

- ***Question:*** *Did this grant provide you with any new skills or help you learn different ways to link clients to government benefit programs?*

- ***Question:*** *What types of plans have you or others developed with the clients to help them maintain enrollment in benefit programs once the grant ends?*
  - ***Follow-up****: Do you think that the clients have the skills necessary and are aware of the resources available to help them navigate the enrollment process for government benefit programs?*

    - ***Probe:*** *As an example, we understand that SNAP recipients have to reapply for these benefits every six months; are your clients who are receiving these benefits prepared to reapply on their own?*

- ***Question:*** *Do you think the benefits received from these government programs will help clients to remain stably housed in the long-term?*

[Part 4: <u>Mental Health and Substance Use Treatment</u>]

- ***Question:*** *The next thing we'd like to talk to you about is your experiences in encouraging clients to access mental health and/or substance use treatment services. What was it like trying to do this? Were clients open to the idea of treatment?*

  - ***Follow-up:*** *With this program, your role was to encourage clients to seek treatment, but it was up to them to do so. How well do you feel this approach worked?*

  - ***Follow-up:*** *What were some of the difficulties you faced when talking to your clients about treatment?*

  - ***Follow-up:*** *What were some of your biggest client success stories when it came to them accessing treatment?*

- ***Question:*** *Have you learned anything over the course of this program about helping clients get into treatment that will help you in the future?*

- ***Question:*** *Do you have clients who haven't yet initiated treatment?*

  - ***Follow-up:*** *Do you think that this program has provided them with tools they need to seek treatment on their own once the grant has ended?*
    - ***Probe:*** *Do you think clients who haven't yet initiated treatment will eventually do so?*

[Part 5: Steering Committee]

Did you attend any Steering Committee meetings? If yes, ask the following questions; if no, skip to "Final Questions" section.

- ***Question:*** *Do you think the Steering Committee was useful for this project?*
    - ***Follow-up:*** *Did it facilitate smoother enrollment of your clients into government benefit programs or into mental health or substance use treatment?*
    - ***Follow-up:*** *Did you build any relationships with other Steering Committee members that were particularly helpful in getting services to clients more quickly?*

[Part 6: Final Questions]

- ***Question:*** *Do you think the grant provided enough time and resources to achieve the goals of the program, mainly to ensure clients are in a position to maintain stable permanent housing on their own?*
    - ***Probe:*** *If not, how much more time do you think is needed to encourage sustainability?*
    - ***Probe:*** *What other components do you think should have been included to achieve program goals?*
- ***Question:*** *What is your sense about whether the successes achieved during this program will endure once the grant ends?*
- ***Question:*** *In closing, is there anything else you'd like to share?*

Thank you very much for participating in this interview!

APPENDIX B. INTERVIEW PROTOCOL EXTERNAL STEERING COMMITTEE MEMBERS

[There are four primary research questions of interest, which are:

- What challenges were experienced in providing program services to clients?
- What successes were experienced in providing program services to clients?
- What lessons have been learned in implementing this program that can be applied in the future?
- To what degree do program staff feel the successes experienced by the program are sustainable?

There is also one focused topic area of interest to the program implementers:

- How useful was and what was gained from the Steering Committee?

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[Begin by reading the introduction script:]

[Part 1: <u>Program Background</u>]

[The first few questions are "warm-up"; you don't have to go into detail on these. We would like to get some information on the interviewee's involvement in the project. These questions may elicit

conversation on our research questions – if that is the case, follow it. If not, we can then use this information to direct questions further on in the protocol about successes, challenges, lessons learned, and the way forward.]

Thank you for taking part in this interview. We want to hear about your work with the New Day program's Steering Committee and about your perspective on the New Day program. I will be recording this interview. You are welcome to stop the interview at any point if you become uncomfortable.

- ***Question:*** *First, please tell me about your work with the [fill in name of organization by which respondent is employed]?*
    - ***Probe:*** *What is your title? What do you do?*
- ***Question****: Please tell me how you came to serve on the New Day program's Steering Committee.*
- ***Question:*** *Can you describe what Steering Committee meetings were like?*
- ***Question:*** *What did you see as your role on the Steering Committee? Can you describe your involvement and participation?*
    - ***Probe:*** *Did you communicate with New Day program staff outside of the Steering Committee? If so, what kinds of things did you communicate about?*

    - ***Follow-up [FOR HANO REP]:*** *Can you describe what it was like for HANO and the New Day Program to work together at the beginning of the project period? How did the relationship of HANO and the New Day program evolve over the course of the grant period?*
        - ***Probe*****:** *[if not mentioned] I understand that there were some challenges in getting the vouchers to the clients early on in the program. What are your thoughts on this?*
    - ***Follow-up [FOR SS REP]:*** *I understand that changes in Medicaid and the SSI program affected the homeless population served by the New Day Program. First, can you clarify whether these changes were state-only or also federal? Second, can you tell me how these changes affect the chronically homeless in Louisiana? Did you address these changes in your work with the New Day program? How should those who serve this population best manage these changes?*
    - ***Follow-up [For HH REP]:*** *I understand that Healthcare for the Homeless primarily provides primary care services to the homeless, but that you also make behavioral health assessments and referrals. Given this, what is your assessment of the options for substance abuse and mental health treatment for the homeless in New Orleans? What is your opinion of how well the New Day program connected its clients to these resources? Finally, what is your opinion about this program's Housing First approach – that clients have to decide for themselves to enter treatment, that it cannot be required?*

- ***Question:*** *What are your thoughts on how useful it was for your organization to be involved in the Steering Committee?*

    - ***Follow-up:*** *Do you think it facilitated smoother enrollment of the program's clients into stable housing, government benefit programs, or mental health or substance use treatment?*

    - ***Follow-up:*** *Did you build any relationships with other Steering Committee members that were particularly helpful in getting services to clients more quickly? Or that were helpful in other ways?*

- ***Question:*** *What is your opinion about the New Day program?*

    - ***Follow-up:*** *What do you think worked well?*

    - ***Follow-up:*** *What do you think might have been done better?*

- ***Question:*** *Had you ever worked with the chronically homeless before you came to serve on the New Day Steering Committee? If so, how was this experience similar and/or different?*

    - ***Follow-up [FOR HANO REP]:*** *Given what you know about housing, what are your thoughts about strategies or policies that would work best to get the chronically homeless into housing and keep them stably housed?*

    - ***Follow-up [FOR SS REP]:*** *What are your thoughts about what strategies would work best to connect the chronically homeless to government benefits?*

    - ***Follow-up [For HH REP]:*** *What are your thoughts about what strategies or policies would work best to connect the chronically homeless to behavioral health care treatment? To primary care treatment?*

- ***Question:*** *What is your sense about whether New Day program clients will be able to navigate housing recertification/benefits re-enrollment/healthcare (primary and behavioral)?*

- ***Question****: Do you have suggestions for how similar types of programs may be improved?*

    - ***Follow-up:*** *What about the use of a Steering Committee like this one? How might it work more effectively?*

- ***Question:*** *In closing, is there anything else you'd like to share?*

Thank you very much for participating in this interview!