

**Supportive Housing and Managed Care Pilot:
Changes in Participants' Lives Between Baseline and Nine-
Month Outcome Interviews**

Nov. 22, 2004

Introduction

The Supportive Housing and Managed Care pilot is a demonstration project funded by the State of Minnesota and administered by Hearth Connection to test an intensive, flexible, and housing-based response to long-term homelessness. Five teams of caseworkers are involved in the pilot, two in Blue Earth County and three in Ramsey County. Two of the teams in Ramsey County serve homeless single individuals, one serves homeless families. In Blue Earth one team serves families and one team serves single adults.

The pilot includes an independent evaluation conducted by the National Center on Family Homelessness. The evaluation assesses an array of participants' outcomes, documents the pilot's costs, and provides an annual qualitative description of the project's implementation and impacts.

Early in the evaluation design process, project stakeholders collaboratively developed a logic model -- a graphical summary of the project's components and intended outcomes. The logic model outlines five primary outcomes and three secondary outcomes that stakeholders expected the pilot to have for adult participants:

Primary Outcomes

- Increased housing stability
- Improved physical and behavioral health
- Improved safety
- Better quality of life
- High satisfaction with services

Secondary Outcomes

- Increased community involvement
- Increased self-reliance
- Attainment of self-determined goals

In this report we assess changes in participants' lives and well-being over a period of nine-months from their first enrollment in the program (though see *How to Interpret these Results* below) to their first follow-up assessment. We examine the primary outcomes listed above, noting for each domain whether the data shows improvement, decline, or stability over time.

The report thus provides an overview of changes in participants' lives in the major domains that the pilot hopes to impact. The report does not provide in-depth and detailed analysis of all the study data. A second, follow-on report will provide more detailed analyses examining issues such as:

- Differences in outcomes for single adults vs. family members
- Differences in outcomes by county
- Differences between those who disenrolled from the program and those who remained enrolled during the nine month period
- Identifying subgroups that show improvements versus subgroups remaining more constant

- Examining “dosage” of the program, and its components, to see whether there is any apparent relationship between engagement in services and outcomes.

We anticipate that the more in-depth report examining these and other issues will be available in the next few months.

Study Methodology

These findings are based on interviews with 134 adult pilot participants. The outcome study design calls for interviewing participants when they first enroll in the program, and nine, and eighteen months thereafter. This document presents comparisons of participants' baseline status with their status at their nine-month interviews. The interviews were conducted by experienced research interviewers using standardized quantitative research instruments and lasted approximately one to one and one-half hours. Participants were paid \$20 for completing the baseline interview and \$25 for completing the nine-month interview.

How To Interpret These Results

These analyses compare respondents' baseline status with their status at the nine-month follow-up interviews. Each respondent thus acts as their own control, and the analysis focuses on change from baseline to follow-up. In interpreting these results, three important factors should be kept in mind.

First, this analysis only includes participants whom we were able to interview at baseline and at their nine month follow-up; it does not include any information about participants whom we were unable to contact at nine months. It is likely that the participants we were unable to contact differ systematically from those whom we could not reach. The second, more detailed report on these findings will examine this issue in detail by comparing the baseline profiles of these two groups.

Second, because the pilot started serving participants 18 months before the evaluation was developed and funded, we were unable to conduct timely baseline interviews with approximately half of the participants. While we interviewed these individuals as quickly as possible, many had been enrolled in the program for many months before their “baseline” interview was conducted. A total of 134 participants have completed baseline and nine month interviews. We were able to conduct baseline interviews with 65 of these individuals within 60 days after their enrollment in the program. Therefore, the sample is about equally split between those who had timely baselines and those whose “baseline” interviews do not constitute a true picture of their status upon enrollment into the program. Therefore, we present results below for the entire sample and separately for the group of new enrollees. Because the pilot started serving families before single adults, a preponderance of the new enrollee group are single adults while the preponderance of those who had late baseline interviews are families.

A third point to remember is that we cannot determine from our data the extent to which the pilot *caused* changes in participants' lives. Because people tend to come into programs like the pilot when they are at particularly difficult periods in their lives, they tend to *naturally* show some recovery over time. Unfortunately, the evaluation's resource constraints precluded our interviewing a comparison group, which would have enabled us to disentangle

these two effects somewhat. Although we cannot strictly determine the extent to which participant improvements are due to the pilot versus due to this natural recovery process, we believe it likely that the pilot played an important role in helping participants improve their lives, especially in the housing domain (see below) where changes were of such a dramatic nature as to make it unlikely that only natural recovery processes were at work.

Summary of Findings

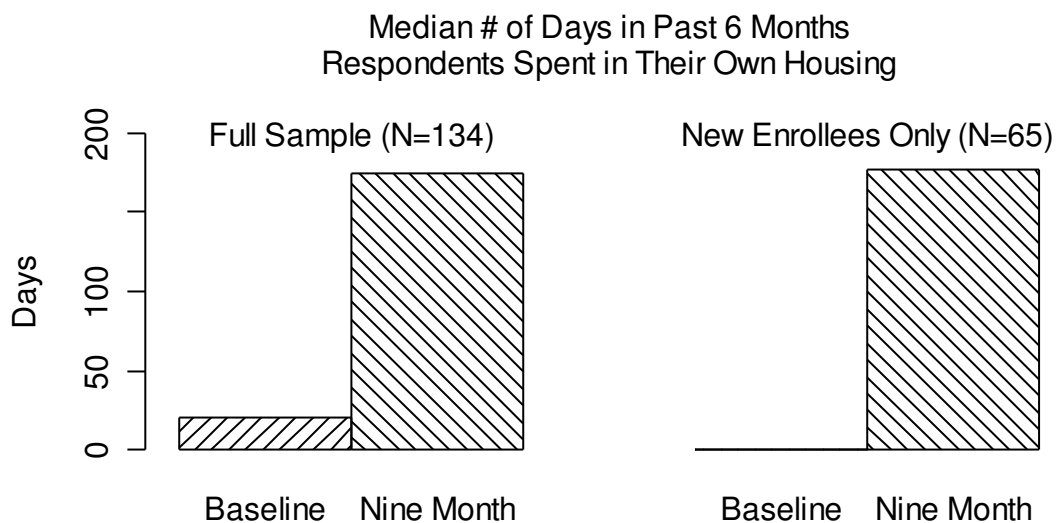
In the rest of this report we examine each of the primary outcomes from the logic model in turn, providing a graphical summary of changes in key outcome variables within each domain. As the graphics throughout the document make clear, participants have shown improvements in multiple domains. Our findings, in brief, are listed below:

- **Housing Stability:** The housing situation of participants improved dramatically; respondents spent much more time living in their own home and less time in shelters and institutions. Respondents were also more stable at follow-up, having fewer residential moves.
- **Physical and Behavioral Health:** Respondents' mental health symptoms decreased and their use of illegal drugs declined; alcohol use to intoxication and health-related functioning (how your health impacts your life) remained constant.
- **Safety:** Participants reported statistically significant improvement in their sense of being safe in their communities.
- **Quality of Life:** The enrollees who we were able to conduct timely baseline interviews with showed statistically significant improvement in their overall perceived quality of life.
- **Satisfaction with Services:** Satisfaction with services was high at baseline and remained high at follow-up; participants' satisfaction with their housing arrangements was lower at baseline and improved significantly over time.

Housing and Residential Stability

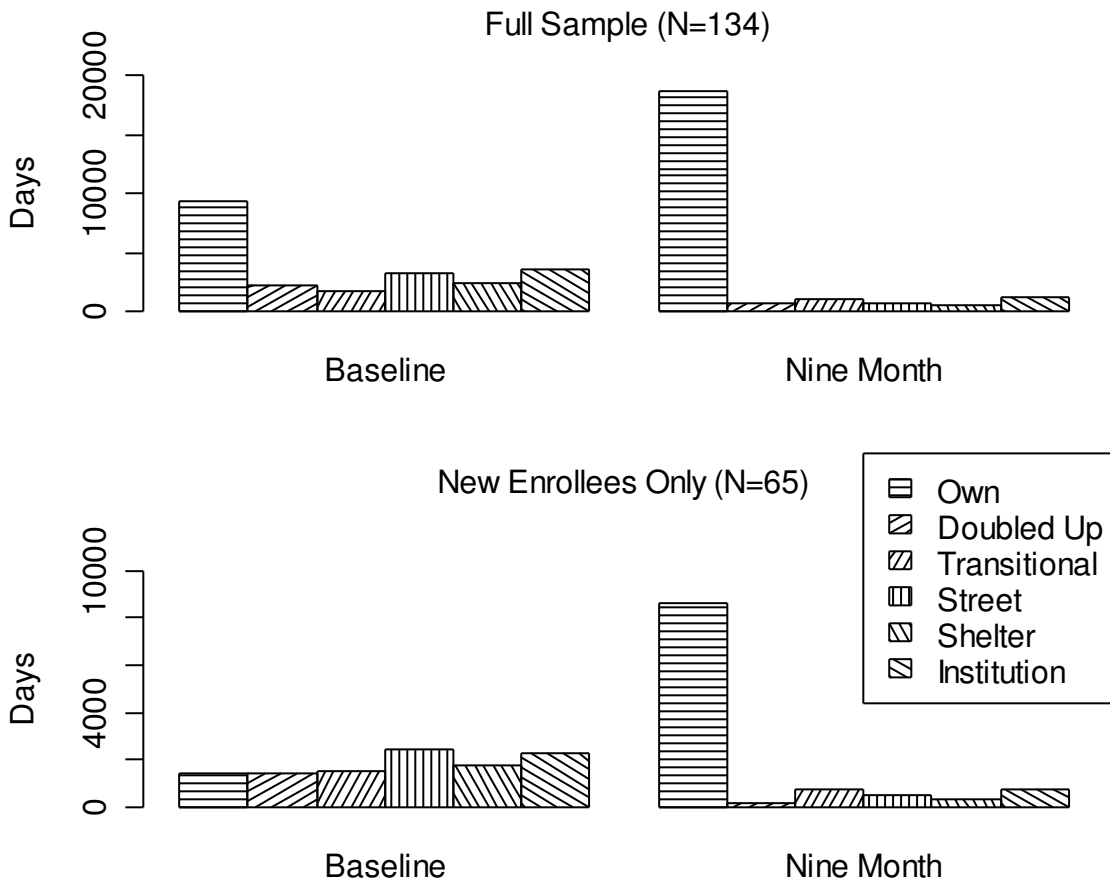
One of the pilot's most central intentions is to help chronically homeless adults and families achieve stable housing in the community. The data suggests that the pilot is successful in this primary goal. Over the nine months between their baseline and follow-up interviews, most participants' housing situations improved dramatically. The follow-up data shows a profoundly different picture than the baseline data, especially for the sample of new enrollees.

At the follow-up interview participants had spent a dramatically higher proportion of the previous six months in their own housing than they had at the baseline interview.

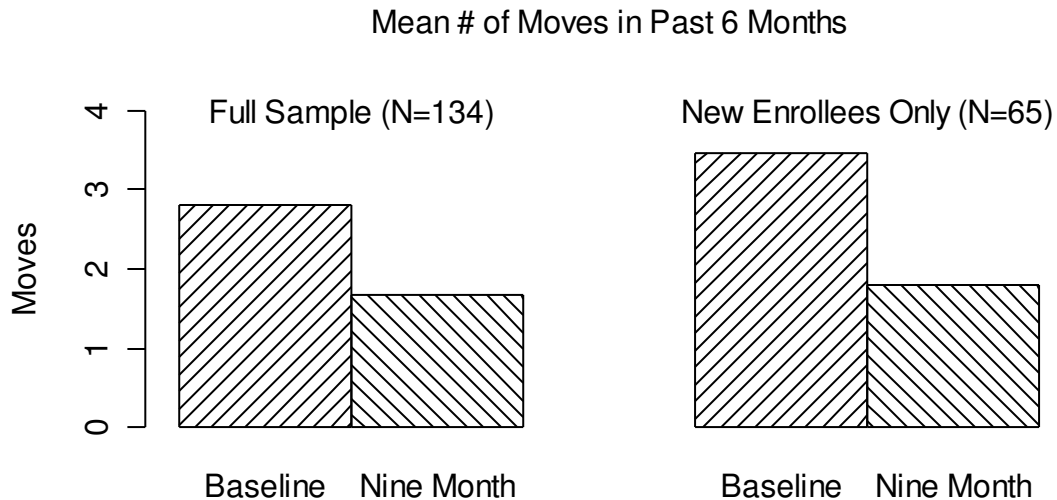


While the number of days participants spent in their own housing dramatically increased, the number of days participants spent on the streets, in shelter, doubled up, and in housing programs and institutions all declined.

Sum of Days For All Participants Spent in Different Housing Types



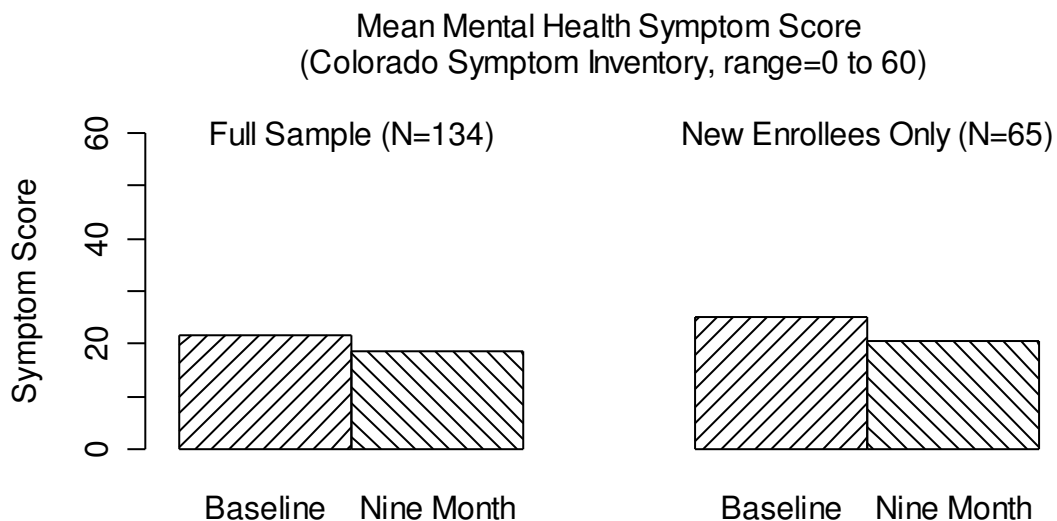
Participants showed increased residential stability, moving fewer times in the period preceding the nine-month interview than in the period before the baseline interview.



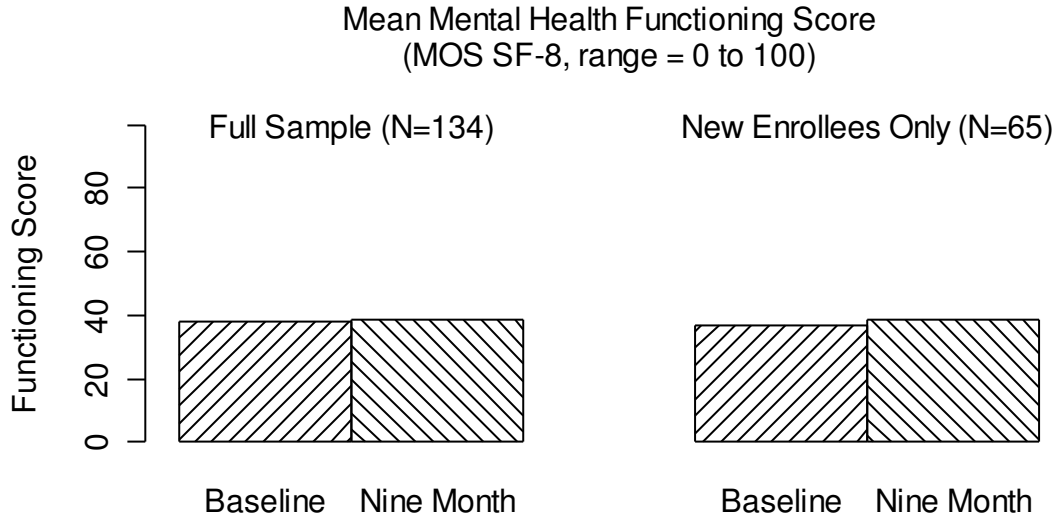
Behavioral Health

Besides improved residential stability, pilot stakeholders designated improved behavioral health as a central outcome for the program. The interviews conducted with participants contained several standardized measures of mental health and substance abuse status.

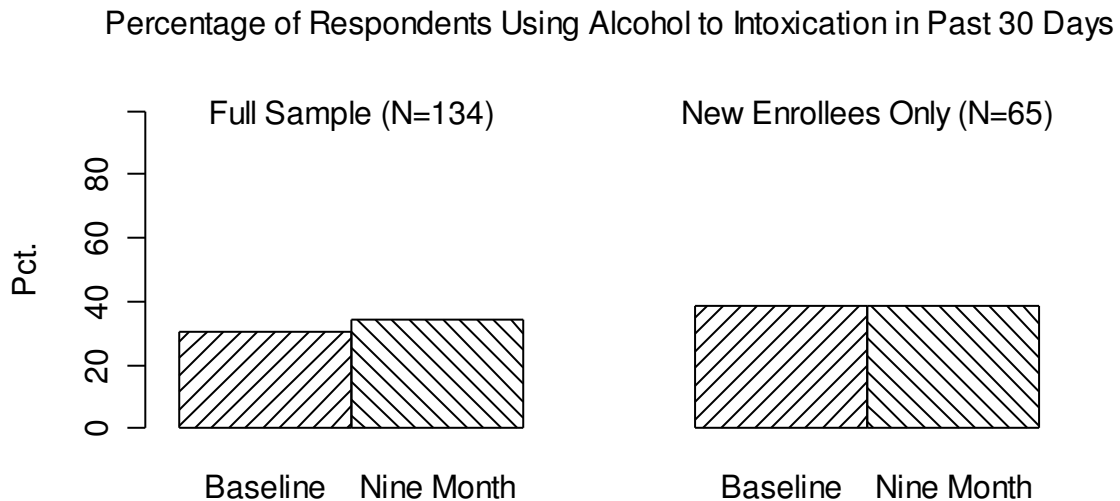
Participants' mental health symptoms improved slightly, though significantly, over the nine months between baseline and follow-up.



Participants' mental health functional status, the extent to which they feel they are healthy and their mental health does not limit their life, was relatively low at the time of the baseline interview and did not show significant improvement over time.

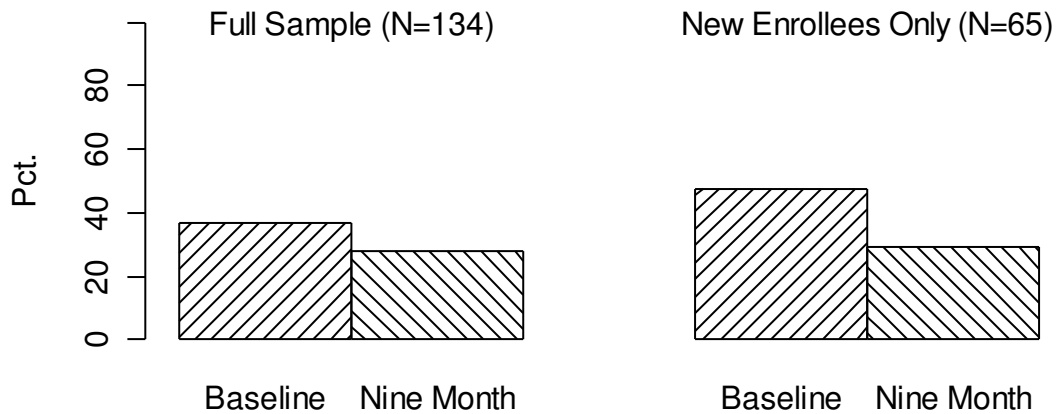


The percentage of respondents who reported using alcohol to intoxication during the previous 30 days was comparable from the baseline to the follow-up interviews.



The percentage of respondents who reported using illegal drugs in the 30 days before the follow-up interview was significantly lower than the baseline percentage. This change was especially pronounced for the new program enrollees.

Percentage of Respondents Using Illegal Drugs in Past 30 Days

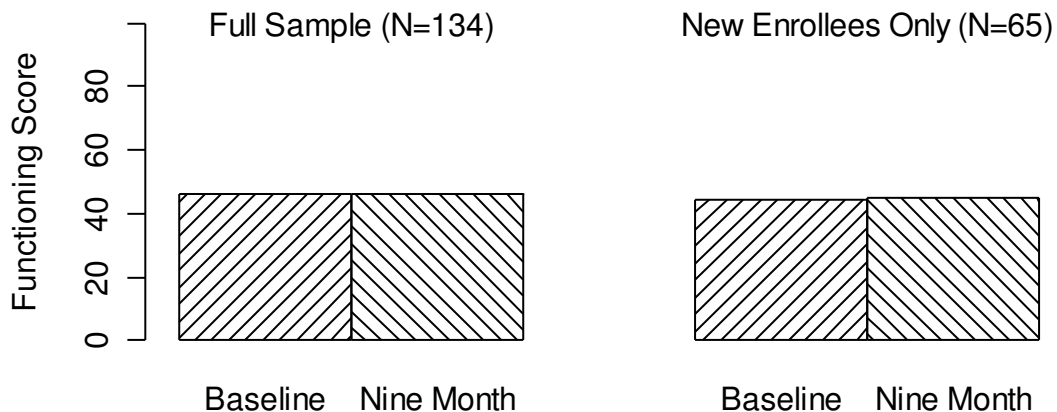


Physical Health

Earlier outcome study analyses have documented a range of physical illnesses and fairly impaired physical functioning in the pilot population.

Physical health status, the extent to which participants feel they are healthy and that their physical health does not limit their functioning, did not show significant improvement over the nine month period.

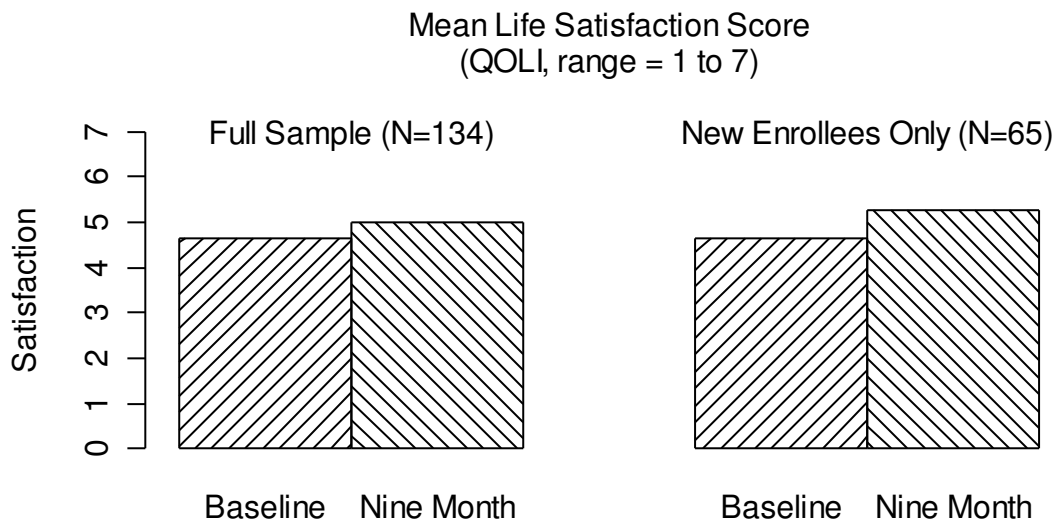
Mean Physical Health Functioning Score
(MOS SF-8, range = 0 to 100)



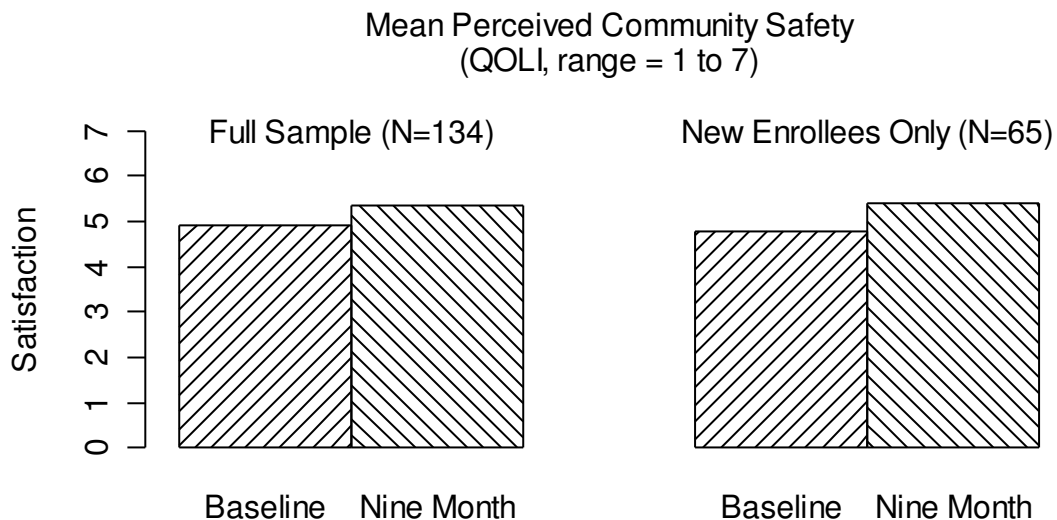
Quality of Life and Safety

Improving participants' quality of life was set out as a central outcome for the pilot. The outcome study interview included a survey instrument that has been used in previous research to assess, "subjective" quality of life, the extent to which the respondent is satisfied with different aspects of their situation and life. This scale also included a subscale to assesses perceived safety. Increasing participants' sense of security was identified as a primary pilot outcome.

New enrollees showed a small, though statistically significant, improvement in their overall quality of life over the period studied. In the full sample there was no significant change over time.



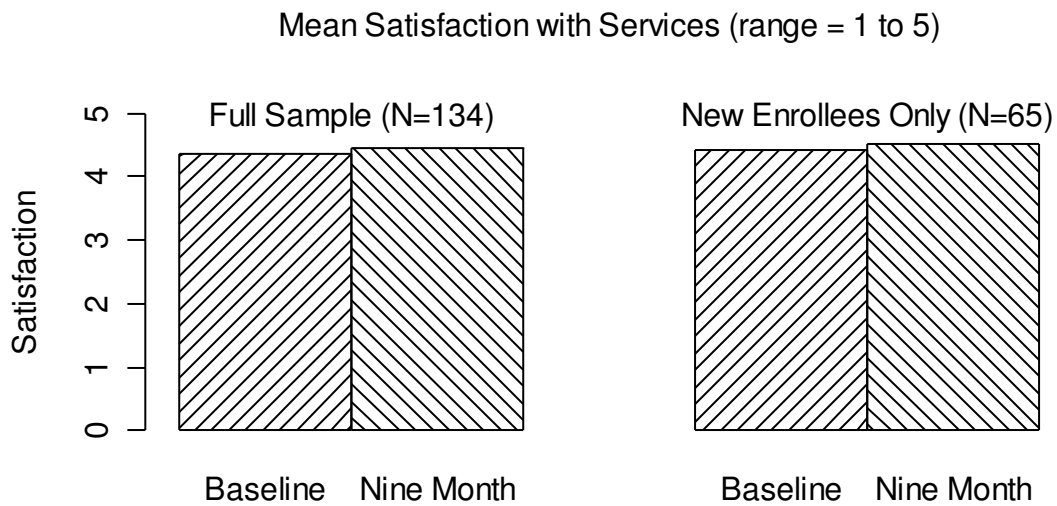
Participants' sense of safety improved significantly from baseline to follow-up.



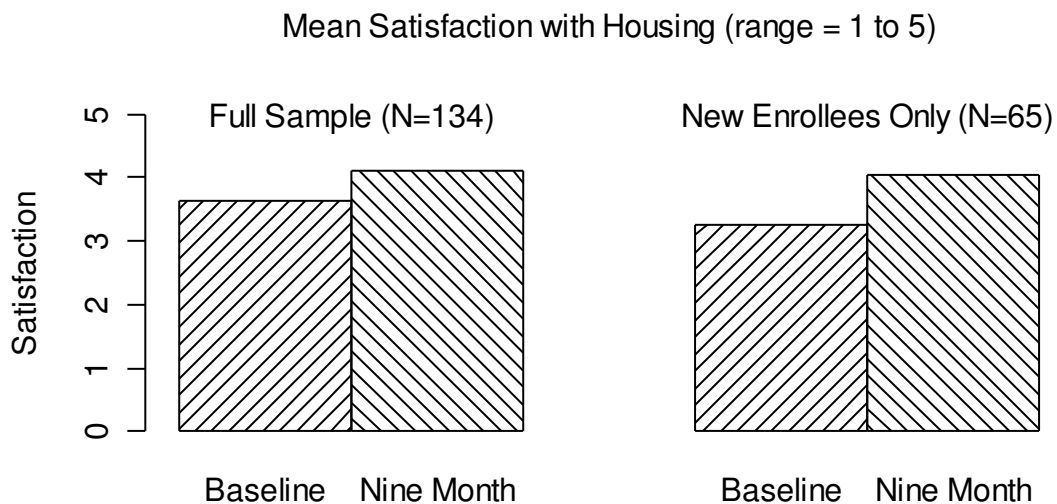
Satisfaction with Services

The final outcome identified as central in the logic model is satisfaction with services. Earlier analyses of the baseline data showed relatively high levels of participant satisfaction. The interviews included scales to assess participant satisfaction with housing and with supportive services.

Participant satisfaction with services was high at baseline and remained high at follow-up.



Satisfaction with housing was lower at baseline than satisfaction with services but improved significantly over time. At the follow-up interviews respondents reported high levels of satisfaction with their housing situations.



Conclusion

Pilot participants showed improvement in multiple domains over time. The results in the housing domain show that participants have largely achieved stable housing, and the improvement in participants' satisfaction with their housing situation underscores this change. Besides the dramatic changes in housing, participants showed other statistically significant, though relatively modest, improvements in other domains. Mental health, drug use, quality of life, and perceived safety all showed some improvements. Alcohol use and self-perceived physical and behavioral health status did not change. Participants' satisfaction with services started out high and remained high, and satisfaction with housing started lower but increased significantly over time.

These analyses present a brief overview of findings from the outcome study. Further analyses will examine the trends reported here in more depth, examining whether the findings hold up for different sub-groups and for participants with different levels of interaction with the pilot. These analyses will be presented in a second, follow-on report.