



Evaluation of a Specialized Team Approach to Homeless Services

Molly Brown, Saidah Chambers, Jarrett Lewis, and Martina Mihelicova

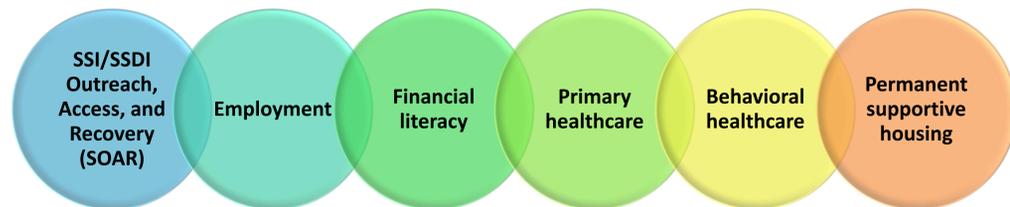
Introduction

Background

Harm reduction-oriented permanent supportive housing is considered the gold standard method of ending chronic homelessness in the U.S.^{1,2} However, the availability of this resource remains limited due to the high costs of rental subsidies and support services. Recently, there has been increased attention aimed at enhancing economic stability. Frameworks for mental health outreach, integrated systems of care, permanent housing, and income support are currently available, but few direct service models address the wide range of needs of people who experience homelessness.³ The SAMHSA-funded Pathways to Independence (PTI) program was implemented through a consortium of service providers in New Haven, CT to address existing gaps in services for individuals experiencing chronic homelessness.

Pathways to Independence

- Integration of housing, financial, and healthcare services for individuals experiencing chronic homelessness
- Team consisted of specialists (e.g., housing specialist, employment specialist)
- Co-located or centrally located services to increase ease of access
- Allows providers to coordinate care



Methods

Participants

Individuals who met the federal definition of chronic homelessness (i.e., a diagnosed disabling condition, and either one consecutive year of literal homelessness or four or more episodes of homelessness in a three-year period) were eligible for PTI. See Table 1 for sample demographics.

- Of 275, program participants, N = 218 completed baseline and follow-up assessments
- A subsample of participants also completed supplemental measures at baseline and follow-up (N = 54)

Measures

- Government Performance and Results Act (GPRA)

Supplemental measures:

- Citizenship Outcome Measure (CM):⁴ Items = 1-5 scale, higher numbers indicate greater perceived citizenship (e.g., “you can influence your community or local government”)
- Money Mismanagement Measure (MMM):⁵ Items measure frequency (i.e., 0 = No; 1 = Yes, once; 2 = Yes, more than once) of negative financial experiences (e.g. “Has someone taken anything from you without your permission?”)

Procedures

- Participants completed measures at intake to PTI and at 6-8 month follow-up
- Provided a range of PTI services depending upon their person-centered goals

Methods

Table 1:

| Sample Demographics | GPRA Sample | Survey Subsample |
|------------------------|-------------|------------------|
| | N = 218 | N = 54 |
| Age M (SD) | 48.8 (10.2) | 48.1 (10.2) |
| Gender n (%) | | |
| Male | 169 (77.5) | 37 (68.5) |
| Female | 49 (22.5) | 17 (31.5) |
| Race/Ethnicity n (%) | | |
| White/Caucasian | 92 (42.2) | 20 (37.0) |
| Black/African American | 90 (41.3) | 28 (51.9) |
| Latino/a | 31 (14.2) | 6 (11.1) |
| Other | 5 (2.3) | 0 (0.0) |

Results

Table 2:

Rate of Service Referral and Outcomes Achieved During 3-year PTI Grant Period (includes subsample)

| | N = 218 |
|---|------------|
| Housing n (%) | |
| Housed | 174 (79.8) |
| Not Housed | 44 (20.2) |
| Employment n (%) | |
| Referred for Employment | 115 (52.8) |
| Not Referred for Employment | 103 (47.2) |
| Full-time | 26 (11.9) |
| Part-time or Temporary | 18 (8.3) |
| Not Employed | 174 (79.8) |
| SOAR 5SSI/SSDI Entitlement Status n (%) | |
| Not Referred to SOAR | 117 (53.6) |
| Referred to SOAR | 101 (46.3) |
| Approved | 39 (17.9) |
| Discharged or Screened Out | 38 (17.4) |
| In Process | 21 (9.6) |
| Denied | 3 (1.4) |

Table 3:

Comparison of Baseline to Follow-up for 54 Individuals

| Measure | Baseline | | Follow-up | |
|---------------------|----------|------|-----------|------|
| | M | SD | M | SD |
| Citizenship | 3.66 | 0.68 | 3.99*** | 0.60 |
| Money Mismanagement | 5.44 | 5.91 | 2.66*** | 3.50 |

*** significant at the p=.001 level

Table 4:

Comparison of Baseline to Follow-up for 218 Individuals

| Measure | Baseline | | Follow-up | |
|------------------------|----------|-------|-----------|-------|
| | M | SD | M | SD |
| Overall health status | 3.43 | 1.49 | 3.21* | 1.35 |
| Depression | 11.26 | 11.98 | 7.06*** | 10.51 |
| Anxiety | 11.72 | 12.73 | 7.96*** | 11.02 |
| Hallucinations | 1.78 | 6.36 | .75* | 3.77 |
| Cognitive difficulties | 10 | 12.79 | 6.61*** | 10.51 |
| Violent Behavior | 1.28 | 5.23 | .52* | 3.20 |

*significant at the p< .05 level, *** significant at the p<.001 level

Discussion

- Preliminary suggests PTI's comprehensive and integrated services for individuals experiencing chronic homelessness is associated with a range of positive outcomes.
- The specialized team approach shows promise in achieving housing and employment goals within a 6-8 month timeframe.
 - 38% of those referred to employment obtained part-time or full-time employment.
 - 80% exited chronic homelessness into permanent housing.

Future Research

- Conclusions regarding intervention effects are limited in the present study due to the lack of control group. Future controlled studies are needed to examine the effectiveness of PTI.
- Additional studies with longer follow-up periods are needed to determine long-term program effects.
- Further analysis of the effects of individual program components, and interactions among components, is needed to gain a more holistic understanding of the PTI program's impact.

References available upon request