

National Evaluation of SAMHSA's Homeless Programs

## Cooperative Agreements to Benefit Homeless Individuals (CABHI)

*Portraits from  
the National Cross-  
Program Evaluation*



The Substance Abuse and Mental Health Services Administration (SAMHSA) funds programs and initiatives addressing the treatment and support needs of people experiencing homelessness who have substance use, mental health, or co-occurring disorders. SAMHSA's four major homeless initiatives are Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), Projects for Assistance in Transition from Homelessness (PATH), and Cooperative Agreements to Benefit Homeless Individuals (CABHI). Each program has varying requirements and objectives, but all share the goal of reducing homelessness for this population.

This Program Portrait is a product of the National Evaluation of SAMHSA's Homeless Programs and focuses on a selected grantee under the CABHI initiative. The purpose of CABHI is to develop or expand the community infrastructure that integrates treatment and services with permanent housing for persons who are chronically homeless and have substance use, mental health, or co-occurring disorders. CABHI programs must enroll clients in Medicaid and other mainstream programs and provide treatment and recovery supports for those not Medicaid eligible.

The National Evaluation of SAMHSA's Homeless Programs is a comprehensive, 5-year project that will examine the structural, process, outcome, and cost components associated with SAMHSA's Homeless Programs portfolio. This Program Portrait is based on site visit findings and is current as of the site visit date.

## Albuquerque Heading Home— Albuquerque, NM

The grantee agency for the Albuquerque Heading Home (AHH) project is the City of Albuquerque's Department of Family and Community Services (DFCS). DFCS' homeless services include prevention, outreach, shelter and housing programs, and supportive services. DFCS also administers the city's affordable housing programs, including HUD vouchers and Continuum of Care funds. DFCS also funds three Assertive Community Treatment (ACT) teams that provide ACT services to homeless persons with serious mental illness. The agency serves approximately 89 clients annually. DFCS operates the CABHI grant, AHH, within its Health and Human Services Division. AHH is a multi-agency collaboration led by Heading Home, and DFCS serves as the contracting and fiscal agent for the project. AHH was designed to expand dedicated treatment and supportive services capacity to house chronically homeless and medically vulnerable people who have mental health and/or substance use disorders. The geographic service area for AHH is the municipal limits of the City of Albuquerque. Prior SAMHSA funding includes a grant on opiate use and a jail re-entry grant. DFCS is part of the Continuum of Care and the city's and state's Plan(s) to End Homelessness.

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### **CABHI Program: Albuquerque Heading Home**

AHH was funded in 2011 under SAMHSA's CABHI grant program. AHH is a multi-agency collaboration that includes DFCS, Heading Home, Albuquerque Health Care for the Homeless (AHCH), St. Martin's Hospitality Center (SMHC), New Mexico Solutions, Albuquerque Police Department's Crisis Outreach and Support Team (COAST), First Nations, University of New Mexico Project ECHO (Extension for Community Healthcare Outcomes), New Mexico Coalition to End Homelessness, and the Supportive Housing Coalition of New Mexico (SHCNM). These partners have been working together for several years on a larger homelessness initiative (Heading Home) that began before receipt of the CABHI grant. CABHI funding allows Albuquerque to hire case managers, SSI/SSDI Outreach, Access, and Recovery (SOAR) and housing specialists, and staff to oversee the initiative's infrastructure.

The goal of this project is to house the most vulnerable homeless individuals and create system changes to make homelessness rare, short-lived, and non-recurring. To that end, AHH seeks to expand treatment and supportive services capacity to house chronically homeless and medically vulnerable people who have mental health and/or substance use disorders. In its first 3 years, the program has served 267 individuals (approximately 89 people per year). AHH uses Housing First and collaborative case management to provide services to clients "where they're at." This case management model allows the Care Team (grant-funded case managers at AHCH and SMHC and a COAST crisis outreach specialist) to link clients to a wide range of resources and services across organizations.

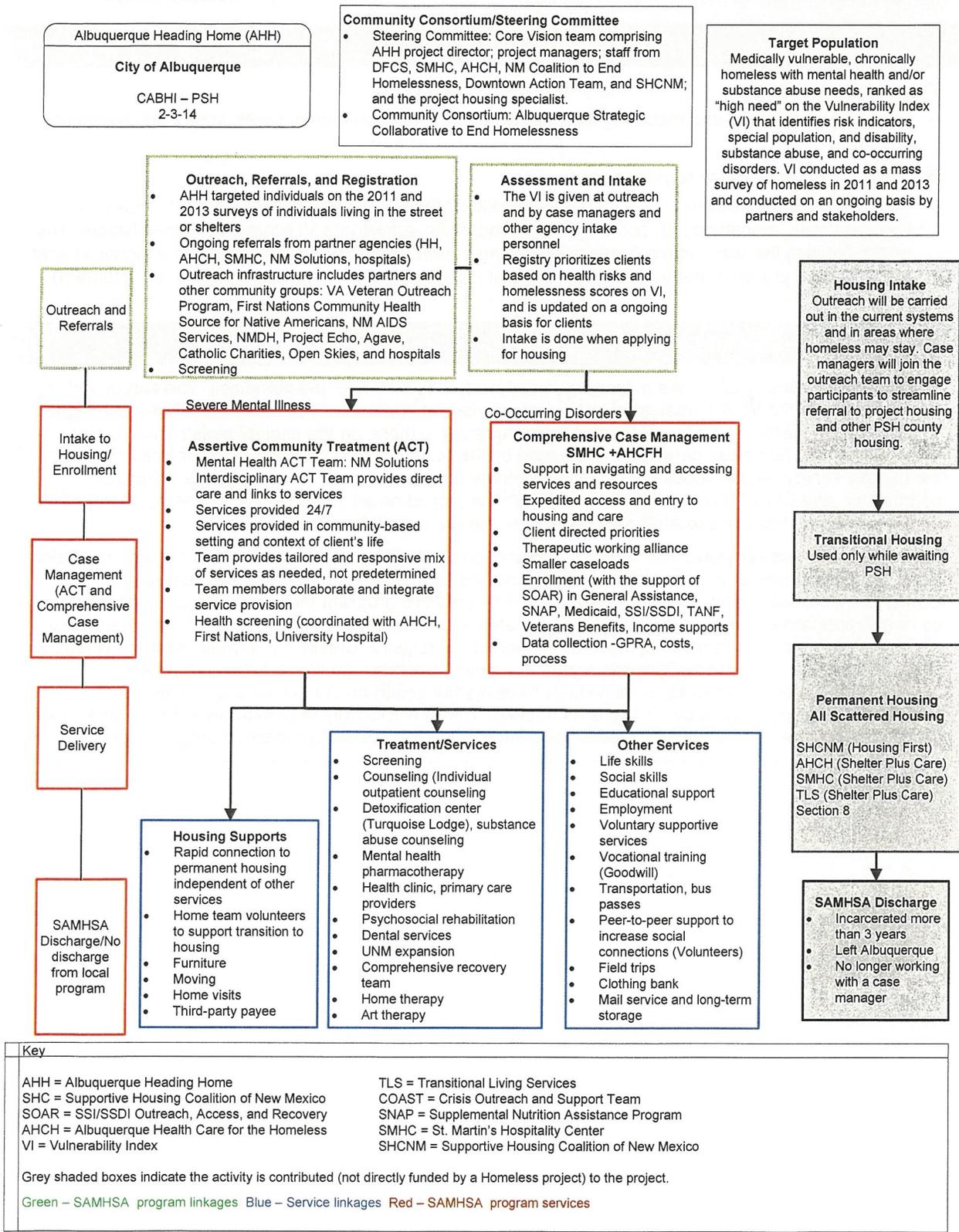
Key features of AHH are summarized in the Schematic Overview (page 3), which illustrates the core program features and how clients are enrolled in and obtain services through the grant program. All programs include some aspects of outreach and referral, intake and assessment, case management, service delivery and housing, and discharge. This structure is common to all GBHI, SSH, and CABHI grant programs; the client flowchart shows how common elements have been adapted and integrated to fit local context and client needs.

### **Community Context and Stakeholder Coordination**

AHH's service system is fairly resource rich. Key service partners include AHCH, SMHC, COAST, New Mexico Solutions, Project ECHO, First Nations, and SHCNM. In addition to grant-funded services, such as case management, housing supports, and medical and behavioral health care, AHH clients have access to a wide variety of services at each of these partner agencies. All AHCFH and SMHC services are available to AHH clients. These services include intensive addiction treatment, individual therapy, job training, art therapy and dental care. Similarly, AHH clients can access culturally competent services, such as medicine men, sweat lodges, and traditional food at First Nations. The housing environment is resource rich, with a good supply of fair market rate apartments and housing vouchers, allowing AHH to house clients quickly. With the exception of high rent districts, AHH clients are housed in scattered site apartments throughout Albuquerque. SHCNM oversees housing, working with landlords and tenants (AHH clients). The project has strong political and community support.

AHH has a Steering Committee and a Community Consortium. The Core Vision Team—comprising the AHH project director; project managers; a housing specialist; and representatives from DFCS, AHCH, SMHC, New Mexico Coalition to End Homelessness, SHCNM, and the Downtown Action Team (business development organizations)—essentially serves as the project's Steering Committee. Brought together by the current mayor prior to CABHI funding, the Core Vision Team is charged with implementing the city's Plan to End Homelessness. It meets weekly to develop and implement strategies to end long-term homelessness and resolve AHH challenges related to multi-agency collaborations and systems change. The Albuquerque Strategic Collaborative to End Homelessness—comprising representatives from homeless services and advocacy agencies, foundations, DFCS, and consumers—serves as the CABHI-required Community Consortium. This large group (32 members) seeks to improve the system of care that exists in Albuquerque for people experiencing homelessness through collaborative, proactive planning. Many of the same stakeholders serve on both the Core Vision Team and the Strategic Collaborative and have been working together for several years in strategic ways to end homelessness. The success of AHH is instrumental to the Community Consortium's mission: through AHH, the Consortium can demonstrate that their model of Housing First and collaborative case management effectively reduces homelessness for the most chronically homeless, medically vulnerable individuals.

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### WHO receives services

- **Target population**
  - Chronically homeless and medically vulnerable people who have mental health and/or substance use disorders
- **Exclusion criteria or other requirements**
  - Vulnerability is determined by the Vulnerability Index (VI); this instrument assesses individuals' health, homelessness, mental health, and drug use histories. An individual's VI score determines his/her rank on the housing list, with the most vulnerable taking precedence (i.e., an individual with a higher VI score will always be placed at the top of the housing list regardless of when he/she enrolls in the program).

### HOW are they recruited and enrolled?

- **Outreach:** In February 2011, the mayor organized a citywide survey of the homeless. The survey included administration of the VI. A homeless registry was created ranked-ordered by VI scores (those with higher VI scores were placed at the top of the registry). Outreach to those on the original registry and to newly identified chronic homeless persons is conducted by the range of AHH partners (most of which were part of the original survey) and includes grant-funded partners (case managers, Heading Home volunteer coordinator, and COAST) and those who work with the project on an in-kind basis (shelter workers, clinic staff, volunteers). Referrals to AHH also come from the jail, hospitals, and courts.
- **Screening and assessment:** The VI is administered to prospective clients by the AHH housing specialist, Care Team members, and other direct service providers as they encounter homeless individuals. Completed VI assessments are sent to and scored by the AHH program manager. She updates the registry as new scores come in and immediately informs referral sources and potential clients of their place on the registry. Housing priority is given to those on the top of the registry. Clients are formally enrolled when they apply for housing. They are assigned to a partner agency that does additional behavioral health assessments to determine whether individuals have mental health and/or substance use disorders. Additional screening is done by clinicians as needed. The VI is routinely re-administered to clients to make decisions about the level of support needed and informs the step-down approach to program services.

## WHAT services do clients receive?

### TREATMENT AND WRAPAROUND SERVICES

AHH provides services through an integrated service model with partners funded through the grant; in-kind partner contributions; and other established funding streams, such as Medicaid and HUD housing programs. The primary CABHI-funded services are case management, housing applications and supports, benefit application support, outreach, and crisis intervention.

- **Substance abuse treatment:** Outpatient counseling is provided by AHCFH and SMHC. SMHC provides intensive support through the Comprehensive Recovery Team, although most clients receive services through a 2-year self-sufficiency program. Referrals are made to residential and detoxification treatment programs as needed, such as Casa del Phoenix and Turquoise Lodge (supported by First Nations).
- **Mental health treatment:** One ACT team from New Mexico Solutions handles severe mental health issues, and the other ACT team (Project ECHO) handles persons with three or more co-morbidity indicators. Services are also provided through the SMHC behavioral health clinic as needed, such as screening, individual or group counseling, mental health pharmacotherapy, psychosocial rehabilitation, and home therapy.
- **Integrated substance abuse and mental health services:** These services are provided by licensed counselors through individual and group treatment sessions. Medication prescriptions and monitoring are handled by psychiatrists and nurses working with case managers in each agency.
- **Trauma services:** The case management model incorporates a trauma-informed care approach in delivering services from mental health and substance abuse treatments to housing, vocational and job development supports, victim assistance, and peer support. Both SMHC and AHCFH are trauma-informed care agencies. This approach involves understanding the clients, providing quick and consistent follow-up, and respecting the client and his/her culture.
- **Evidence-based practices (EBPs):** AHH incorporates three primary EBPs: ACT, SOAR, and Permanent Supportive Housing (PSH). The New Mexico Solutions ACT team is assigned clients who have the most severe mental health symptoms) and clients with three or more co-morbidity indicators are assigned to the Project Echo ACT team. The local evaluation is collecting fidelity data on the ACT teams via the Dartmouth ACT fidelity scale, and early findings suggest that ACT is being implemented with fidelity and with little modification.

The SOAR specialist and trainer, funded through CABHI, serves on the SOAR Steering Committee. Members of the committee stated that the SOAR specialist has been able to develop a level of trust with AHH clientele due to her efficient, effective, and respectful approach. The SOAR specialist provides training in Albuquerque and other New Mexico locations. Training and mentoring are provided to all SOAR trainees. SOAR has been well-implemented and with fidelity.

PSH has been effectively implemented through AHH. The AHH Housing Specialist has extensive experience in Albuquerque housing and is extremely knowledgeable about housing and related systems, and how to help clients effectively, by identifying landlords appropriate for each client and helping the client through the application process. AHH partners with SHCNM and the Albuquerque Housing Department, which has extensive experience handling a variety of housing vouchers, including Housing First vouchers. AHH is implementing PSH with fidelity. Clients are offered a choice of housing, with recommendations based on AHH experiences with landlords, client mobility, and transportation needs. An estimated 90% of clients receive their first choice. All of the housing units meet HUD standards.

- **Case management model:** The case management model incorporates approaches from Housing First, Harm Reduction Therapy, and Trauma Informed Care. The two ACT teams handle the most fragile AHH clients. The majority of clients receive case management through the five Care Team case managers at SMHC (n=3) and AHCH (n=2). If a client already has a relationship with a case manager in one of the partner agencies, the client will keep his/her own case manager. All case managers (paid and not paid by CABHI funds) attend the Care Team meetings. This approach has resulted in a well-integrated service model that permits access to the portfolio of services across all partners. The Care Team coordinates services on an ongoing basis and meets weekly to discuss clients. While the clients are not the shared responsibility of the Care Team, as they are in ACT, team members often share responsibility across

clients as needed. All case managers are supervised within their agency. Also, the AHH Care Team meets every other week with the AHH Deputy Director to discuss participants and link them to appropriate resources. A representative from the grant-funded ACT teams and other direct service partners (e.g., the AHH Housing Specialist) also attend Care Team meetings. The AHH Deputy Director meets monthly with each of the Care Team case managers' supervisors to ensure that the case managers and agency goals are consistent with the Care Team plans for helping clients (i.e., that a strategy decided upon at a Care Team meeting to help a client can be and is put into place). While AHH uses a Housing First philosophy, case managers stay with clients and promote services as needed.

- **Other wraparound services:** Housing support includes provision of furniture, help with moving, food and hygiene product baskets, and home visits to ensure that clients and their families are acclimating to their new environments. Additionally, community volunteers from Home Team program are assigned to clients to help them transition to housing and provide information about being a good neighbor. These volunteers also help reduce the isolation newly housed clients experience. Other services include life and social skills training, education support, vocational training and employment, clothing and food banks, mail service and long-term storage, peer-to-peer supports to increase social connectedness, and field trips to introduce clients to different aspects of the community.
- **Timing of case management or wraparound services:** Case management officially begins with the housing application (when clients are accepted for housing). However, because AHH targets clients on a registry at outreach, short-term case management can begin at outreach and initial contact.

### CHOICE

- Clients are authors of their own service plans and can choose which services they use. Case managers or other service providers may make suggestions and provide tools and options, but clients decide whether to participate and under what conditions.

## WHERE do clients live?

### HOUSING

- **Grantee role in housing:** The AHH Housing Specialist works with AHH clients throughout the housing process, from administering initial assessments to helping them fill out housing applications, assisting with housing searches, and signing their lease. SHCNM administers housing vouchers, educates clients about the rights of tenancy and how to be a good tenant, conducts housing inspections, and is a liaison between the landlord and AHH client.
- **Housing model(s)/scenarios:** The program's housing model is PSH. Clients are homeless at the time of referral to AHH. Clients are assigned to an AHH case manager after the AHH Housing Specialist begins the housing process described above. During this waiting period, clients may be placed in a motel, or they may stay at a shelter or on the streets. Where clients stay while waiting for housing is determined by their needs and stability and by available resources. AHH case managers provide housing supports, visiting clients at their homes at least twice per month, depending on their individual needs. Clients hold their own leases, can choose where they live, and their apartments are permanently theirs; they do not lose their apartment when CAHBI funding ends and/or if they choose to stop receiving AHH services.
- **Criterion for housing:** Individuals' VI scores determine their place on the housing waitlist. Those who are most vulnerable (highest VI scores) are placed at the top of the list. In accordance with the Housing First model, housing is not contingent on treatment receipt and/or compliance.
- **Housing legal status:** Clients hold their own lease, housing is permanent (time unlimited), and the tenant portion of rent is up to 30% for those with income.

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### WHERE do clients receive services?

- AHH serves clients “where they are at”: in the community, in clients’ homes, and in program partner offices and clinics. For example, case managers meet and work with clients in the community, on the street, and/or in their apartments. AHCH provides medical services at its clinic. Substance use and mental health treatment is provided at AHCH and SMHC offices. Housing supports and assistance are provided to clients in their apartments.

### WHEN do clients receive services?

- Services start at referral, as client needs are identified. Clients may start receiving services as they wait to move into their apartments. AHH clients receive priority on all housing lists. They receive their housing voucher at their housing briefing with SHCNM, and generally are housed within 2 weeks after their voucher has been issued.
- Service provision and housing are not conditional on one another. Clients may begin receiving services as soon as they are enrolled in the program and waiting to find and move into their apartment(s). AHH clients can be housed and refuse services.
- There are no time limits on housing or services. AHH uses a step-down approach, moving clients to less intensive services as they become more stable and independent. Clients are discharged if they (1) move out of Albuquerque, (2) are incarcerated for 90 days or more, or (3) are no longer working with an AHH case manager.

### HOW are services and housing funded?

- **Outreach** (funded by CABHI grant and in-kind by community partners): AHH case managers and COAST do targeted outreach to individuals on the homeless registry and identify additional chronic homeless individuals. First responders, shelter workers, and volunteers also support outreach efforts for the AHH program.
- **Screening and assessment** (funded by CABHI and in-kind by community partners): As part of the City’s initial homeless outreach, individuals were trained on the VI. The VI is administered during outreach and is repeated by the housing coordinator, case managers, and clinicians to fully assess the needs of the individual.
- **Treatment** (funded by Medicaid, State funds, private insurance and in-kind by community partners): AHH primarily provides non-clinical case management, although some clinical case management services are provided by AHCH. Medical treatment, primarily in the form of medication monitoring, and recovery support services are provided by SMHC and Project ECHO. Other treatment is coordinated by case managers but provided through the above sources at clinics run by community partners. Other treatment services not paid for by CABHI but available to participants include dental services, detoxification, and substance abuse counseling.
- **Case management—ACT teams** (funded by CABHI grant): The ACT team provides intensive case management to severe mentally ill and medically fragile clients through an integrated ACT team approach, involving regular meetings with clients in the clinic or in the home.
- **Case management** (funded by CABHI grant, Medicaid, State funds, and in-kind by community partners): The majority of clients receive case management through the case managers at SMHC and AHCFH. Case managers provide ongoing support to clients in the home, in agency offices, or locations specified by the client. They arrange (or provide) transportation for client treatment and other services. Case managers provide counseling to keep the client housed, arrange peer support visits, ensure that clients have food and clothing, and continually attempt to engage the more reluctant clients. They participate in Care Team meetings and arrange for other case managers to provide support if they are not available.

- **Other wraparound services** (funded by CABHI, Medicaid, private donations, volunteers, and in-kind community partners): AHH integrated partner programs provide a broad spectrum of services. The CABHI program funds moving services. CABHI also partially funds transportation and bus passes, field trips, mail service, long-term storage, and peer-to-peer support groups. Furniture, clothing, and food are provided through donation. Home Team volunteers work with clients to support transition to housing. In-kind programs provide support for life and social skill building, education, and vocational training.
- **Housing** (funded by HUD Continuum of Care and Emergency Solutions Grants and the City General Funds): Transitional and permanent housing and Shelter-plus-Care housing is primarily funded through HUD Continuum of Care funding. Emergency shelter and permanent housing is funded through HUD Emergency Solutions Grant and the City's General Fund. There is no sober transitional or permanent housing.
- **Staffing** (funded by CABHI): Staffing for the project is maximized through in-kind support from the five partner agencies, each contributing key staff. The City of Albuquerque provides the project director, the crisis outreach specialist, contracts management staff, and the housing specialist. AHCH provides two case managers, a nurse, supervisor, and program coordinator. SMHC staff include three case managers, supervisor, and two nurses to monitor medication. Heading Home provides the program manager, SOAR specialist, volunteer coordinator, data managers, and development director. This staffing represents 10 full-time staff; approximately one-third of their time is paid through in-kind contributions from the agency or city. CABHI supports services for AHH clients through an ACT team. Project funding also is provided to research evaluators from the University of New Mexico Institute for Social Research for a local evaluation.
- **Primary service model:** AHH provides intensive case management services to clients and also supports client applications for housing (through the housing specialist) and benefits (through the SOAR specialist). Treatment services are provided through linkages with both grant partners (AHCFH and SMHC) and community partners (NM Solutions, First Nations, and others). However, treatment services for the most fragile are provided through the two ACT teams paid through the CABHI grant. AHH also provides housing supports and coordinates volunteers who work directly with clients. Other services include vocational training by Goodwill.
- **Partner contributions and roles:** The roles of the AHH collaboration include the following: City of Albuquerque DFCS (lead agency and contractual and fiscal agent), Heading Home (project coordination and support services), AHCH (case management, health screening, primary care, behavioral health treatment, medication management, dental care, art therapy), SMHC (case management, behavioral health treatment, housing, housing supports, employment services, food, clothing, medication management), New Mexico Solutions (ACT), COAST (crisis intervention, outreach), Project ECHO (medical ACT), First Nations (outreach, nursing services, empowerment groups, culturally competent services, including medicine men, sweat lodges, and traditional food), New Mexico Coalition to End Homelessness, SHCNM (housing vouchers, housing supports, liaisons with landlords), and the University of New Mexico Institute for Social Research (local evaluation).
- **Leveraging of resources:** AHH addresses clients' needs by leveraging resources throughout Albuquerque. The City of Albuquerque provides funds for outreach, non-clinical case management, and trauma services. Heading Home serves as the backbone organization for the collaborative and facilitates leveraging resources across members for case management, co-occurring disorders and medical treatment, testing, counseling, and trauma services. Heading Home, AHCH, and SMHC have been the most active partners. Even though AHH pays for case management, the partnerships they have developed result in non-grant case managers working with clients. Often, these case managers had an existing relationship with the client or have a particular expertise.
- **What is funded by CABHI, what is contributed, and what is referred into the general services system?** The main services not directly funded or leveraged as a result of CABHI funding are inpatient treatment for mental health and substance abuse and pharmacotherapy. Medical treatment and testing is leveraged with AHCH and in some cases referred to UNM Cares, the Health Department, and New Mexico AIDS Services.
- **What does it cost?** In fiscal year (FY) 2013, total funding for the program was approximately \$1,063,542; \$491,959 was through CABHI funding and the remaining came from city and county grants (\$232,653), and private grants and contributions (\$338,922).

### Client Perceptions of the Program

- “(Because of AHH) my life turned a complete 180. I’m off the booze, getting my insurance, seeing doctors, talking to my brothers again.”
- “At AHH, they welcome you like family and really care about you. They ask you what you need and help you get it (services, furnishings, clothing, etc.).”
- “I got my health problems taken care of. I’m getting the health care I wanted and needed.”
- “I’m glad I stuck with it. I’m not depressed anymore and can think about helping someone else.”

### WHAT barriers or challenges were faced, and how were they addressed?

- AHH has encountered very few barriers. As described below, this is due in part to the long-standing partnerships and collaborations that were in place prior to SAMHSA funding, as well as fairly rich housing and service resources. The current challenges reported by AHH staff and program partners include limitations in sharing client data across agencies; need for more transitional housing, particularly for people moving out of nursing homes; and loneliness clients experience when they first move in.
- Challenges are addressed in weekly Core Vision Team meetings. These meetings have been instrumental in allowing the project to build trust among partners, breaking down barriers, and resolving immediate and long-term issues. Similarly, AHH case managers discuss and resolve issues related to client service needs in weekly Care Team meetings, coordinating care and utilizing resources across agencies. Because this cooperative, collaborative approach to problem-solving occurs at both system and client levels, AHH is able to quickly resolve issues and provide expanded, coordinated, integrated care. Responses to the challenges listed above include creating and maintaining an AHH client database that can be shared among partner agencies, conducting ongoing searches for transitional housing, having Home Team volunteers spend time with newly housed clients and introducing them to their neighborhoods, and hosting social events for clients.
- Several stakeholders and clients stated that as a result of AHH’s focus on medically vulnerable individuals—the majority of whom are men—homeless women and families are not getting the services they need. As some members of the Albuquerque Strategic Collaborative to End Homelessness noted, they would like to see AHH “spread the love” (resources) to other homeless populations. The Core Vision Team acknowledges this concern, and their goal is to create new resources for other homeless populations by demonstrating how the AHH model can reduce homelessness and improve outcomes for this most chronic, medically vulnerable population.
- Collaboration at the system and service levels is key to program success. While existing structures, such as the Core Vision Team, were in place before SAMHSA funding, AHH has built on and further developed strong working relationships between and across partners. As a result, resources and services are available and coordinated across agencies, allowing AHH to address the needs of its target population.

### HOW is the program innovative?

- Perhaps the greatest innovation and strength of AHH is the political will and support it has from the Mayor and the business community. The Mayor publicly supports AHH. A local business leader is a member of the Core Vision Team, and community volunteer teams—Home Teams—do street outreach, provide furniture and clothing, and visit newly housed AHH clients.
- Heading Home is the backbone organization for AHH and is thus responsible for oversight and ensuring that project activities, include the services provided by the Care Team, take place. By organizing the project in this way under one entity, AHH has been able to integrate the services of several organizations and thus access resources across service partners to ensure that clients' needs are met.
- As noted above, AHH builds on existing collaborative structures, most notably the Core Vision Team led by Heading Home. This long-standing partnership enables the project to address immediate issues and long-term challenges. Many CAHBI projects are focused only the short-term project objectives. AHH, via the Core Vision Team, is able to address not only grant-required activities but underlying system needs that will continue to exist after funding ends. It also brings to the table city staff who can immediately address communication or "bureaucratic glitches" that can interrupt program progress (e.g., priority placement on voucher or city housing lists).
- In addition to positive political will, AHH uses evaluation results to promote project successes and sustainability. For example, recent reports have highlighted service cost savings (including reduced shelter, jail, and emergency room costs), helping generate positive project reputation and community support.

# Background Information on the National Cross-Program Evaluation

The National Evaluation of SAMHSA's Homeless Programs broadly aims to identify commonalities and differences across SAMHSA's Homeless Programs by examining which service models are delivered, with what outcomes, for which populations, and with what resulting comparative effectiveness and cost-effectiveness. To compare programs, the evaluation will identify service models based on service approach (e.g., direct vs. referral), services delivered (type of service and adherence to practice), housing types and models, type of partnerships, and factors leading to program sustainability. The resulting models will

facilitate interpretation of client- and program-level outcomes and comparative effectiveness and cost-effectiveness analyses.

The study uses a pre/post design to evaluate SAMHSA's Homeless Programs portfolio, combining qualitative and quantitative data to address evaluation goals and objectives. The design includes a structure/process evaluation, outcome study, and cost component and addresses questions at the client, grantee, treatment system, community, and SAMHSA levels.

## The evaluation includes the following data sources:

- **Project Director telephone interviews** to collect information on key program characteristics, including target population, partnerships, services, housing models, and sustainability;
- **Web-based surveys of grantee stakeholders** to gather information on stakeholder characteristics and experiences with the program;
- **site visits and related guides**, including staff, client, and other stakeholder interviews, focus groups, and observations;
- **Web-based evidence-based practice (EBP) and Permanent Supportive Housing (PSH) self-assessments**, for information on EBP and PSH implementation and fidelity to practice;
- **client-level baseline and 6-month follow-up Government Performance and Results Act (GPRA) and National Outcome Measures (NOMs) interviews** administered by grantees; and
- **supplemental client interviews** administered by a subset of grantees in conjunction with the baseline and 6-month GPRA/NOMs interviews.

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