

Title: Project H.O.M.E. Evaluation

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I. EXECUTIVE SUMMARY

This evaluation report is an assessment of the effectiveness of Project H.O.M.E. (Housing, Opportunities, Medical Care and Education) to prevent relapse into homelessness among chronically homeless persons with mental illness and/or substance use disorders. Project H.O.M.E. is a non-profit organization in Philadelphia, Pennsylvania, co-founded by Sister Mary Scullion and Joan Dawson McConnon in 1989. Project H.O.M.E.'s homelessness prevention activities are based on the principles of working in partnership with residents, respecting the dignity of each individual, building a community, and fostering personal development and a sense of empowerment.

The components of Project H.O.M.E.'s continuum of care include: street outreach, a housing continuum of ten facilities, case management, on-site health care, addictions counseling, recovery groups, and referrals to medical and psychiatric care. Project H.O.M.E. also provides an array of educational and employment programs designed to build self-esteem and promote independence. Educational programs offered include: GED (General Equivalency Diploma) preparation, literacy, art and computer classes and job preparation. Residents work in Project H.O.M.E.'s three businesses: the Back Home Café, the Cornerstone Book & Art Center, and Our Daily Threads Thrift Store as well as in other jobs in Project H.O.M.E. and elsewhere.

Project H.O.M.E.'s outreach coordination center dispatches outreach teams of professionals and peers to engage homeless persons on the street. Individuals are encouraged to consider entering appropriate housing at Project H.O.M.E or other available housing. Homeless individuals with severe mental illness or substance use problems, may enter one of the safe havens or low-demand, highly supportive residences that comprise Project H.O.M.E.'s entry level facilities. Residents who have been clean and sober for a minimum of six months or persons without a diagnosis of a substance use disorder may enter moderate-demand, supportive housing. Individuals who have stabilized their mental health or substance using problems, may enter one of five high-demand, minimally supportive housing facilities.

The evaluation of the Project H.O.M.E. intervention consists of a process and an outcome evaluation. The process evaluation focuses on an assessment of the fidelity of the Project H.O.M.E. program as it is implemented with that which is described in the Project H.O.M.E. mission statement. Among other things, the mission statement describes Project H.O.M.E.'s continuum of care, services and their philosophy. Both qualitative and quantitative data are used in the process evaluation. Quantitative data were gathered through structured personal interviews conducted by the research staff and Daily Contact Logs completed by the residence coordinators. Quantitative data are drawn from participant observations and case studies.

The outcome evaluation is based on a quasi-experimental design. The study sample was drawn from the Hall Mercer Community Mental Health Center, Homeless Outreach Services population. All individuals in the sample were in some form of housing at the time of the sample selection. Individuals who were housed at Project H.O.M.E. were assigned to the intervention group. A matched group of individuals who were housed but not living at Project H.O.M.E. were assigned to the comparison group. Individuals in the comparison group lived in a variety of housing situations including, board and care facilities, independent apartments, Section 8 housing or other housing programs designed for formerly homeless individuals. One strength of this sample selection is that all participants receive the same mental health treatment.

The findings of the process evaluation indicate that, generally, Project H.O.M.E. caseworkers provide services to all of their residents beyond that of intensive case management (ICM) as defined by the Office of Mental Health and Mental Retardation (OMHMR). According to OMHMR, ICM includes contact with a caseworker at least once every two weeks. In an average month, the residents at the low demand sites (entry level sites where expectation for independent living skills are low) see their caseworkers approximately six times. At moderate-demand sites caseworkers see the residents about five times a month while, at high-demand housing sites (independent living with supports) they meet with the residents an average of three times a month.

The services to residents at the three different housing levels not only vary in intensity but in content. At the low-demand entry level sites, the services are varied and focus on connecting residents to services, stabilizing their physical and mental health status and addressing issues of drug and alcohol abuse. As the level of housing-demand increases, the focus of services moves toward basic skills for self-sufficiency, personal issues, and education and employment, but health care services are always prominent.

The process evaluation also demonstrates a commitment at Project H.O.M.E. to the building of community, respect for the dignity of the individual residents and strong involvement in advocacy efforts for homeless individuals. During the course of the study, these latter efforts lead directly to an increase in funding for outreach services and shelters for the homeless.

The findings of the Project H.O.M.E. outcome evaluation are based on a logistic regression analysis. Data were gathered through structured personal interviews at three

points in time, an initial interview and a six and 12-month follow-up interview. The focus of the outcome evaluation is three dependent housing outcome variables – non-stable housing, literal homelessness and functional homelessness- and a set of predictor variables developed to examine the relationship of selected predictors to the outcome housing measures. The dependent housing variables were defined by the Steering Committee of the CSAT/CMHS Collaborative Program to Prevent Homelessness.

The findings of the outcome evaluation indicate that, controlling for other significant variables, the Project H.O.M.E. residents are significantly more likely than the comparison group participants to have maintained stable housing. Stability of housing for Project H.O.M.E. residents is not significantly related to the amount of time an individual has been living at one of the sites but is related to engagement in educational/enrichment classes, social interaction and lifetime homelessness. Through the analysis, a profile of individuals who are at-risk for relapsing into homelessness emerged.

In summary, the findings of this evaluation suggest the following:

- This study confirms the positive effects of Project H.O.M.E on preventing relapse into homelessness among residents with serious mental illness.
- All Project H.O.M.E. residents receive caseworker services that exceed the level of intensive case management.
- The levels of care provided for Project H.O.M.E. residents are directly related to housing levels and the needs of the residents.
- People who reside at Project H.O.M.E. are significantly more likely to maintain stable housing and avoid homelessness than people in the comparison group.
- During the 12-month study period, 64.6 percent of Project H.O.M.E residents and 52.1 percent of the comparison group retained totally stable residences.
- During the 12-month study period, 15 percent of Project H.O.M.E. residents lived “on the street” compared to 21 percent of the people in the comparison group.
- Project H.O.M.E. has more residents who are at high-risk for homelessness than the comparison group.
- Individuals in the study most at-risk to relapse into homelessness are those:
 - 1) assigned to intensive case management at the Community Mental Health Center,
 - 2) with a long history of homelessness,
 - 3) with a drug or alcohol problem, and/or
 - 4) who have been housed less than 18 months.
- Residents who are stably housed at Project H.O.M.E. are significantly more likely to participate in educational/enhancement classes and have a support network than those who do not remain in stable housing.
- Being stably housed at Project H.O.M.E. is not related to the amount of time a resident has lived at Project H.O.M.E. but is related to the number of adult years they were homeless.
- Social support is also related to stable housing for seriously mentally ill individuals living in housing other than Project H.O.M.E.
- Eighteen months appears to be a critical time within which seriously mentally ill individuals attain the ability to remain stably housed.

- Demographic variables such as gender, age, race and education are not significantly related to stability of housing in this study.
- The social milieu at Project H.O.M.E., rooted in the respect for the dignity of each individual, contributes to the success of Project H.O.M.E. to prevent relapse into homelessness among their mentally ill residents.

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