Harm Reduction Evaluation

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Agenda

- Housing First Harm Reduction Housing
- Evaluation Background and Scope
- Walk Through Evaluation Tools
- Initial Results
- Engaging Foundations
- Discussion
Housing First Harm Reduction Housing
Service Philosophies

- Three main service philosophies integrated into permanent supportive housing
  - Housing First, with Voluntary Services
  - Consumer-Driven Program Design
  - Harm Reduction
Based on the philosophy that tenants of supportive housing have a right to safe, affordable housing with the same rights and obligations as any other leaseholder.

Participation in services is not be a condition of tenancy, and services are designed to help tenants maintain housing stability and maximize their independence.
People have a right to safe, affordable housing

Housing is a choice, not a placement

Housing is a person’s home, not a residential treatment program

All tenants hold leases and have the full rights and obligations of tenancy
Housing First, Voluntary Services

- Participation in services is voluntary and not a condition of tenancy
- Staff must work to build relationships with tenants
- Emphasis should be on user-friendly services driven by tenant needs and individual goals
Consumer-Driven Program Design

- Consumers are active community members

- Tenants are involved in planning and program design, services implementation, evaluation and policy development

- Tenants are encouraged to make their own life choices even though they may conflict with the provider’s preferences
Harm Reduction

- People deserve safe, affordable housing regardless of their special needs
- Help people reduce the harm caused by their special needs
- In helping people to achieve goals they set for themselves, a trusting relationship is established with the provider
Harm Reduction

- Services focus on helping tenants stay housed by assisting with the management of problems that interfere with their ability to meet the obligations of tenancy, such as paying rent.

- Open, non-judgmental atmosphere.

- Participation in services is not condition of tenancy.
Harm Reduction

Harm reduction housing is designed to:

- Maximize access to housing
- Provide the support necessary to minimize the loss of housing for people who use substances and/or engage in other high-risk behaviors
What Has Research Shown Us?

- ‘Low demand’ housing leads to better housing outcomes, particularly among those who have experienced homeless for long periods of time
Harm Reduction
Housing Evaluation
Background
Midwest Harm Reduction Institute

Background

- MHRI is a collaboration between Chicago’s Heartland Health Outreach and numerous research, policy and service organizations with the following goals:
  - Increase understanding of the harm reduction philosophy throughout the Midwest
  - Build the skills necessary to implement harm reduction strategies in diverse settings
  - Strengthen harm reduction leadership across disciplines and communities
  - Develop an awareness of the attitudes that contribute to discrimination against drug users and other marginalized groups
MHRI members brainstormed ways to begin to measure positive outcomes in harm reduction housing

Data would be used to engage foundations

MHRI researched, developed and implemented tools for the Samaritan Housing Program partnership in Chicago

Voluntary involvement
Samaritan Supportive Housing Program

Background

- AFC received the HUD-SHP grant in the 2009 NOFA competition
- First client housed: November 1, 2009
- HUD chronically homeless
- Chronic illness
- 195 units of permanent supportive housing (170 scattered site; 25 project-based)
Samaritan Supportive Housing Program

Background

- Samaritan is a partnership of:
  - 1 coordinating agency
  - 3 hospitals
  - 1 outreach team
  - 8 supportive housing provider agencies
- Systems Integration Team (SIT)
- Housing First model
- Harm Reduction principles
Harm Reduction Housing Evaluation

Background

- Samaritan case managers were trained by MHRI members on how to engage housed program participants and administer the tools.
- Tools are administered “at housing” and at every six month interval up to 24 months of housing.
- Cohorts would be measured at each interval.
Evaluation Tools
Evaluation Tools

Tools Include:

- Harm Reduction Housing Data Submission Form
- Decisional Balance Drinking and Drug Use
- SOCRATES Drinking and Drug Use
- Stage of Treatment
Evaluation Tools
Data Submission Form

Data Submission Form

- This form is used to record the case manager name, participant’s program, age, assessment point, and to tally up all scores from the five questionnaires

- NA should be checked when a participant states a particular problem does not apply

- The comment box should be used when you have checked NA, but believe the problem area does apply to this individual
It is imperative that participants understand that this evaluation is voluntary.

Case managers review the purpose of the evaluation, procedures, possible benefits, possible discomforts and risks, and the confidentiality policy with each participant.
Decisional Balance Scale

- The following statements may play a part in making a decision about using alcohol

- We would like to know how important each statement is to you at the present time in relation to making a decision about your using alcohol

- Rate the level of importance for each statement
Evaluation Tools
Decisional Balance Scale

Decisional Balance Scale - Alcohol – Examples

- My drinking causes problems with others
- Drinking helps me to have fun and socialize
- I could accidentally hurt someone because of my drinking
- I am more sure of myself when I am drinking
Decisional Balance Scale Scores

- Use the numbers recorded from your interview to add up the pros and cons by filling the numbers into the chart just below the questionnaire

- If the pros outweigh the cons, the individual is not highly committed to change at the present time

- If the cons outweigh the pros, the individual is somewhat to very committed to change at this time

- If the pros and cons are about equal, the individual is dealing with ambivalence
SOCRATES is an acronym for Stages of Change Readiness and Treatment Eagerness Scale.

These questionnaires rate recognition of a problem, ambivalence, and whether the individual is currently taking steps toward making changes.
Recognition

- **High scorers** acknowledge that they are having problems related to their drinking or drug use, tending to express a desire for change and to perceive that harm will continue without change.

- **Low scorers** deny that alcohol or drug use is causing serious problems, reject diagnostic labels and do not express a desire to change.
High scorers say that they sometimes *wonder* if they are in control of their drinking or drug use, are drinking or using drugs too much, or are hurting other people. A high score reflects some openness to reflection, as might be particularly expected in the contemplation stage of change.
Ambivalence

- **Low scorers** say that they *do not wonder* whether they drink or use drugs too much, are in control, or are hurting others.

- A person may score low on ambivalence *either* because he “knows” his drinking or drug use is causing problems (high Recognition), *or* because he “knows” that he does not have a drinking or drug problem (low Recognition).
Taking Steps

- **High scorers** report that they are already doing things to make a positive change.
- **Low scorers** report that they are not currently doing things to change their drinking or drug use.

“if we don't change our direction we are likely to end up where we are going”
Evaluation Tools
Stages of Treatment

- Stages of Treatment
- Medical Condition
- Mental Illness
- Alcohol Use
- Substance Use
- Housing Stability
Evaluation Tools
Stages of Treatment

- **0** Pre-engagement
- **1** Engagement
- **2** Early Persuasion
- **3** Late Persuasion
- **4** Early Active Treatment
- **5** Late Active Treatment
- **6** Relapse Prevention
Harm Reduction Evaluation Initial Results
Evaluation Initial Results

- Are people in housing first, harm reduction housing in Chicago moving in the direction of change?
## Evaluation Initial Results

### Decisional Balance

<table>
<thead>
<tr>
<th>Decisional Balance</th>
<th>Admission</th>
<th>6 Months</th>
<th>12 Months</th>
<th>18 Months</th>
<th>24 Months</th>
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<tbody>
<tr>
<td>Alcohol Pro</td>
<td>1.96</td>
<td>2.19</td>
<td>1.81</td>
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<td>Alcohol Con</td>
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<td>Drug Pro</td>
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<td>1.67</td>
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<td>Drug Con</td>
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<td>2.7</td>
<td>4.13</td>
<td>2.24</td>
<td>2.18</td>
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</tbody>
</table>
Evaluation Initial Results
Decisional Balance

- Alcohol Pro
- Alcohol Con
- Drug Pro
- Drug Con
Questions

- In all cases, numbers rose between the point of admission and the six month mark, begging the question of when the actual baseline occurs.

- How important is it for the numbers to go down as it relates to pros for alcohol and drug use?
Evaluation Initial Results
SOCRATES – Admission Alcohol

- Recognition: 19
- Ambivalence: 10
- Taking Steps: 26
Evaluation Initial Results SOCRATES – Admission Drug Use

Drug Use

- Recognition: 21
- Ambivalence: 11
- Taking Steps: 28
## Evaluation Initial Results

### SOCRATES

<table>
<thead>
<tr>
<th></th>
<th>Recognition</th>
<th>Ambivalence</th>
<th>Taking Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>18.5</td>
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<td>26.08</td>
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<tr>
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<td>29.07</td>
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<td>28.34</td>
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<tr>
<td>18 Months</td>
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<td>11.42</td>
<td>28.33</td>
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<td>24 Months</td>
<td>17.3</td>
<td>9.23</td>
<td>21.85</td>
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Questions

- Does an increase in ambivalence relate to an increase in taking steps? Is this a causal relationship?

- Does ambivalence mediate the relationship between recognition and taking steps?
Stages of Treatment

- 0  Pre-Engagement
- 1  Engagement
- 2  Early Persuasion
- 3  Persuasion
- 4  Early Active Treatment
- 5  Late Active Treatment
- 6  Relapse Prevention
# Evaluation Initial Results

<table>
<thead>
<tr>
<th>Point in Time</th>
<th>Medical</th>
<th>Mental Illness</th>
<th>Alcohol Use</th>
<th>Drug Use</th>
<th>Housing</th>
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<tbody>
<tr>
<td>Admission</td>
<td>4.7</td>
<td>3</td>
<td>2.3</td>
<td>3.1</td>
<td>3.2</td>
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<td>6 Months</td>
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<td>2.7</td>
<td>1.5</td>
<td>2.6</td>
<td>4.6</td>
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<tr>
<td>12 Months</td>
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<td>3.3</td>
<td>2.4</td>
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<tr>
<td>18 Months</td>
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<td>3</td>
<td>2</td>
<td>2.4</td>
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<tr>
<td>24 Months</td>
<td>5.3</td>
<td>3</td>
<td>2.2</td>
<td>2.7</td>
<td>5</td>
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</table>
Engaging Foundations
AFC received funding from the Polk Brothers Foundation in 2012 to commit funds towards further evaluation.

This funding will improve our surveying process by dedicating a staff member to conducting surveys with tenants.

Various Chicago-based foundations are a part of the Continuum of Care structure.

Outcomes data is key.
Don’t Be A Missed Connection

You: The super bright professional who thought about asking a question or stating something brilliant during the session but decided against it, thinking that perhaps later would be better.

Us: The nerdy, well meaning speakers who wished you would have either offered your comments during the session or called (or written) with that great thought - but you never did.

LETS NOT LET THIS HAPPEN!
Contact Information

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