



# **Program Evaluation**

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October 31, 2011



# Goals of Safe Haven Evaluation

- To determine if Safe Havens reach chronically homeless Veterans diagnosed with co-occurring disorders
- To determine program-related changes in Veterans' well-being
  - Increase in housing stability
  - Improvement in outcomes related to alcohol, drug, mental health, medical, social/vocational, and family problems
  - Increase in income and benefits



## Data Collection

- Transition from the Online Data Collection (ODC) System to HOMES in April 2011
- Safe Havens required to complete 3 forms in HOMES:
  - HOMES Assessment Form (formerly Form-X)
  - HOMES Residential Treatment Entry Form
  - HOMES Residential Treatment Exit Form (formerly Form-D)



# Data Collection

## Assessment

- Veteran identification
- Pre-engagement screening
- Assessment interview
- Military history
- Living situation
- Employment and income
- Clinical status
- Clinician's diagnostic impressions
- Referral plans
- Interviewer information

## Residential Treatment Exit

- Veteran information
- Residential treatment stay
- Status at program exit
- Followup arrangements



# Outcomes

- Length of stay
- Living situation
- Housing stability
- Employment
- Benefits
- Income
- Followup treatment
- Changes in alcohol, drug, mental health, medical, social, vocational, family problems



## Initial Findings (FY 2011)

	<b>Bay Pines</b>	<b>Bronx</b>	<b>Total</b>
<b>Admissions</b>	58	81	139
<b>Discharges</b>	43	44	87
<b>Length of stay Mean (SD)</b>	110 (67)	121 (81)	115 (74)

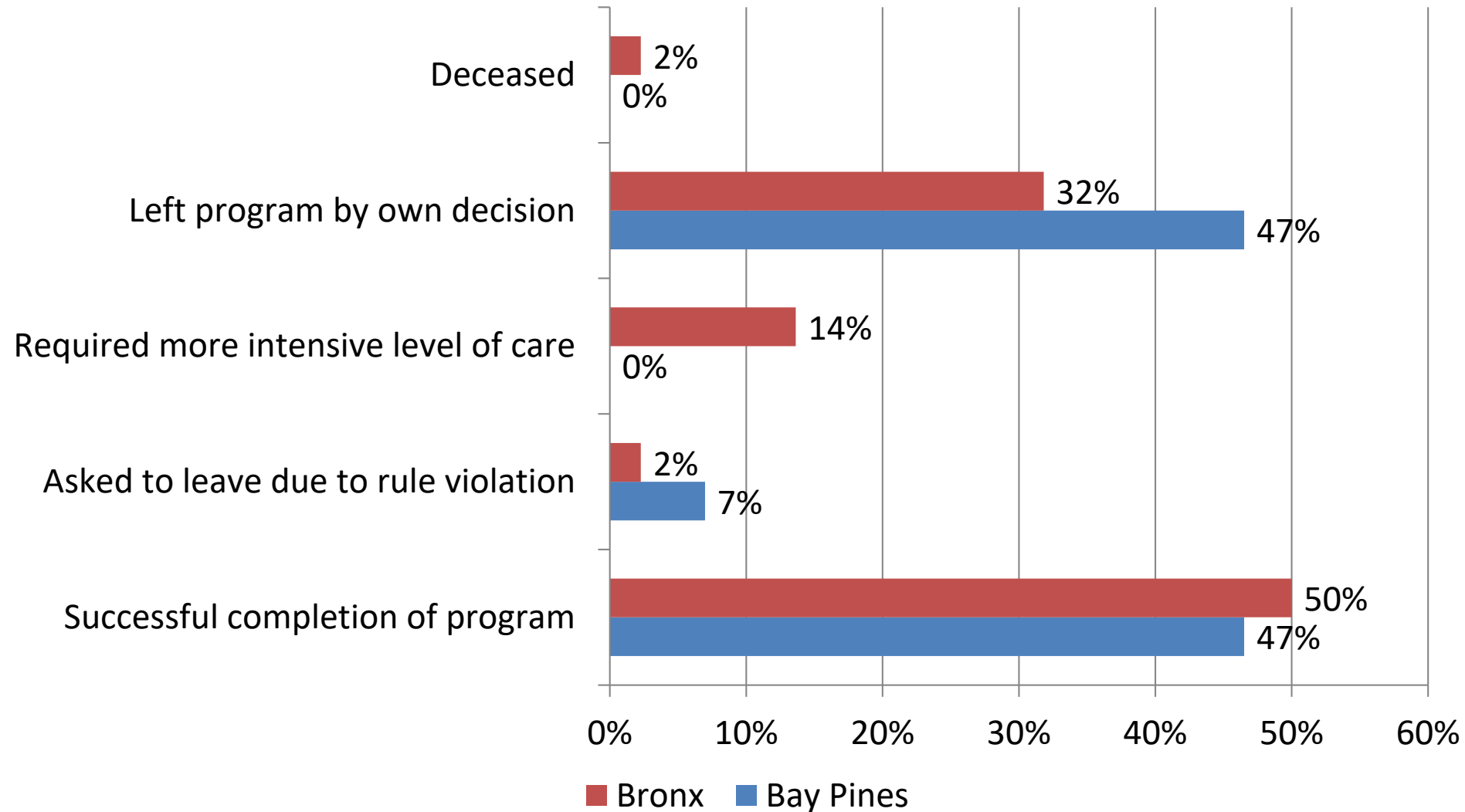
Veteran demographics and outcomes are for discharged Veterans only during FY 2011



## Veteran Characteristics (FY 2011)

	<b>Bay Pines</b>	<b>Bronx</b>	<b>Total</b>
<b>Male</b>	100%	100%	100%
<b>Race</b>			
Hispanic	5%	30%	17%
Black	12%	45%	29%
White	77%	20%	48%
<b>Chronically homeless</b>	60%	75%	68%
<b>Medical problems</b>	3.2	2.4	2.8

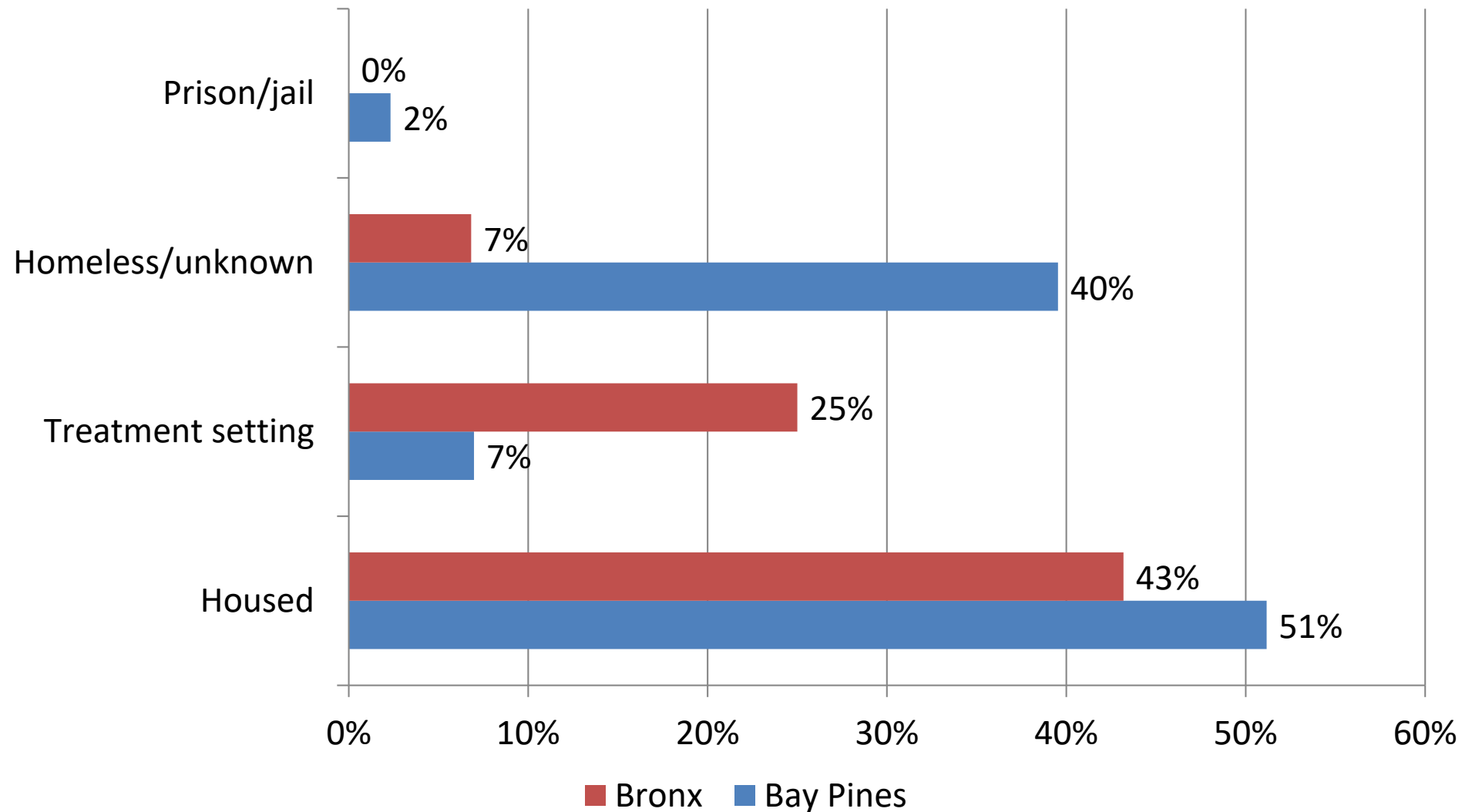
# Reason for Discharge (FY 2011)





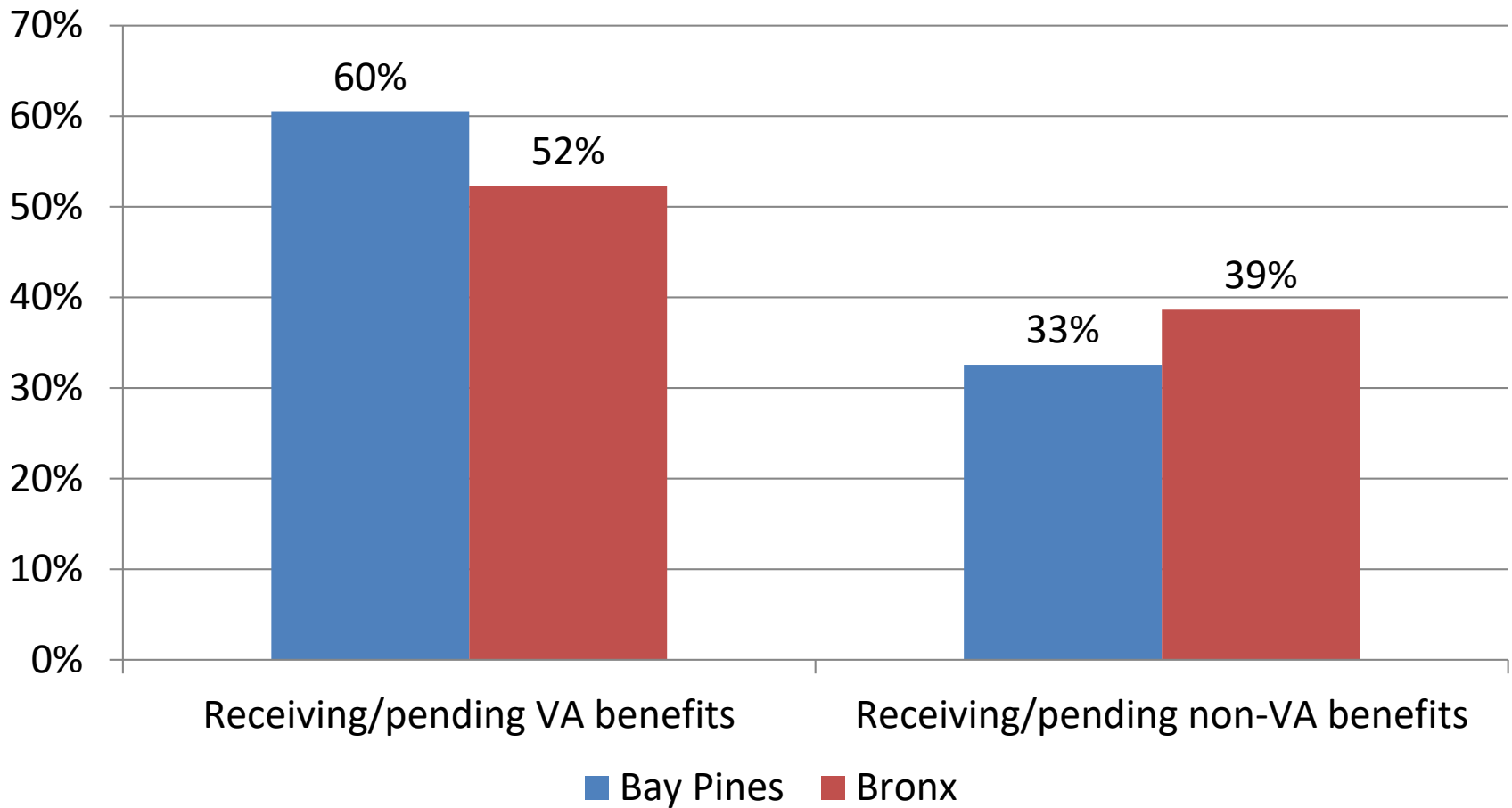


# Destination at Discharge (FY 2011)





# Benefits at Discharge (FY 2011)





# Missing Data

- Ethnicity
- Education
- Military branch, rank, era, years in service
- Housing stability at program entry and exit
- Incarceration history
- Income
- General and dental health status
- History of substance abuse treatment and psychiatric hospitalization
- Psychiatric, substance abuse, and medical treatment needs and willingness to participate
- Case management needs and willingness to participate



**Program Fidelity Assessment  
of the Low Demand / Safe Haven  
Programs**

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October 31, 2011



# What is Fidelity

- Degree to which a program and/or intervention is administered as it was intended
- Monitor programs over their development
  - Critical at startup
- Offers an objective way to provide feedback concerning program development
  - Strengths and weaknesses
- Use of a structured, standardized fidelity scale allows comparisons between programs



## **Program Variations are Anticipated**

- Though all sites share a common target population, it is anticipated that they will vary in how they implement the Safe Haven model
- We want to capture this variability



# Fidelity Assessment Activities

- Review program materials
- Interview program staff
- Interview VA staff involved with the program
- Review of available administrative data
- Observation of program meetings and/or activities



## Logistics for Fidelity Assessment

- Conducted annually
- 1<sup>st</sup> visit scheduled approximately 6months after program start date
- Scheduled approximately 1month in advance
- In-person visit from 2 Center evaluators
- 1 day visit





## Timeline

To date, we have completed two fidelity assessments,  
Bronx NY and Tampa Bay, FL;

Boston, MA will be completed next April

Program	Start Date	Anticipated Date for 1 <sup>st</sup> Site Visit
Bedford/Boston	October 2011	April 2012
Bronx	December 2010	June 2011
Tampa/Bay Pines	November 2010	May 2011



## Results of Fidelity Assessment

- Findings indicate that both Bay Pines and Bronx Safe Havens demonstrated a very high degree of fidelity to the Safe Haven model of care
- Key similarities and differences in how the two sites implemented the model are summarized in the following slides



## Similarities: Physical Facility

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
Buzzed in for entry to building	Buzzed in for entry to building
Separate locked staff office space	Staff offices lock individually
Shared kitchen and common living areas	Shared kitchen and common living areas



## Differences: Physical Facility

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
Facility includes 40 Veteran beds and 40 non-Veteran beds	All 20 beds are for Veterans
3 floors with locked access to each other	1 floor
Large area with partitions between bedrooms (2 rooms are private, others are shared); each bedroom has locking wardrobe	Individual bedrooms and bathrooms except for two shared rooms that have two beds; no locks on doors



## Similarities: Staffing

<p><b>Bronx, NY: Volunteers of America (VOA)</b></p>	<p><b>Bay Pines, FL: Boley</b></p>
<p>24-hour staffing, at least 4 staff per shift</p>	<p>24-hour staffing</p>



## Similarities: Approach to Substance Use

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
No sobriety requirement	No sobriety requirement
“Sober lounge” on 1 <sup>st</sup> floor where Veterans must stay while intoxicated; idea came from community meeting	“Safe room” where Veterans must stay while intoxicated



# Differences: Approach to Substance Use

Bronx, NY: Volunteers of America (VOA)	Bay Pines, FL: Boley
No alcohol or drug testing	Breathalyzers and drug screens
No formal substance abuse policy agreement	Intake involves signing a “Substance Abuse Policy Agreement” agreeing to alcohol and drug testing
No “Substance Use Acknowledgment Form” if caught under the influence	If caught under the influence, sign “Substance Use Acknowledgement Form” and update Relapse Prevention Plan



## Similarities: Services

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
Services optional but encouraged; case management encouraged	Services optional but encouraged; participation in social activities encouraged; Friday house meetings strongly encouraged
Variety of services provided on-site and linked to at VA and in the community	Variety of services provided on-site and linked to at VA and in the community





## Similarities: Services (cont.)

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
Shuttle for rides to service appointments	Shuttle for rides to service appointments
Majority see counselors daily	Majority see counselors daily
Fiduciary not required	Fiduciary not required
Develop initial “Independent Living Plan”; update quarterly	Develop treatment plan; have monthly progress reports



## Differences: Services

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
No medication management unless clinically indicated, then nurses can help with it	Medication management at locked nurse's station
No separate "Relapse Prevention Plan"	Develop separate "Relapse Prevention Plan" and update it with each relapse



## Similarities: Program Rules

Bronx, NY: Volunteers of America (VOA)	Bay Pines, FL: Boley
Intent to ensure safety	Intent to ensure safety



## Differences: Program Rules

<b>Bronx, NY: Volunteers of America (VOA)</b>	<b>Bay Pines, FL: Boley</b>
Curfew	No curfew
Designated visitation hours	Visitation only for clinical purposes approved by Case Manager
Chores assigned on monthly basis (e.g., maintain residence and grounds); chore checker earns \$40 per month	No chores except encouraged to make their beds
Unit checks are arranged with Veteran in advance	Unannounced unit checks



## Summary of Fidelity Assessment

- Safe Have staff in both sites reported they have adapted and changed their approach to implementing some aspects over time
- Safe Haves differ and change over time, so we will be re-examining the fidelity of these Safe Haven programs next year
- Important to share both similarities and differences with Safe Haven program staff so we can learn from each other's experiences