



**CABHI &
Clark County Social Services Vivo Program
Evaluation Report
2015 & 2016
Client Data Summary**

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Nevada Division of Public and Behavioral Health
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CABHI & Clark County Social Services Vivo Program Evaluation Report Client Data Summary

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CABHI and Clark County Social Services Vivo Program Six Month Evaluation Report Client Data Summary

Executive Summary

In 2013, the State of Nevada received a Cooperative Agreement to Benefit Homeless Individuals (CABHI) from the US Substance Abuse and Mental Health Services Administration (SAMSA), Center for Mental Health Services (CMHS). The funds are administered in Nevada by the Substance Abuse Prevention and Treatment Agency (SAPTA). The aim of these funds is to provide permanent housing, evidence-based treatment, and critical supportive services to a growing number of chronically homeless who have co-occurring mental health and substance use disorders.

SAPTA passed the CABHI funds to three service providers in Nevada: (1) HELP of Southern Nevada, which serves the metropolitan Las Vegas area; (2) Volunteers of America - Restart, which serves the Reno area; and (3) New Frontier Treatment Center, which serves Fallon and surrounding rural areas. In 2014, SAPTA received a Supplemental CABHI grant to fund a fourth provider, Clark County Social Services, which serves all of Clark County, including Las Vegas.

Demographics

In FY 2014, there were 117 new clients served by the three initial CABHI sites, just below the target of 120. In FY 2015, the sites served 102 new clients, again somewhat short of the annual targets. Thus far in FY 2016, there have been a total of 19 new clients served among the three initial CABHI sites, far fewer than would be expected half way through the Fiscal Year. Clark County Social Services has served 34 new clients so far in FY 2016 and are on track to meet the target. (Table 2)

In 2015, 66.6% of clients were male and 33.4% were female. Females have made up a higher percent of clients in 2016 across the three initial CABHI sites at 42.1%. Clark County Social Services clients were nearly all males (97.1%), which is not unexpected given its focus on serving veterans. (Table 2)

Across the three initial CABHI sites, among those for whom race data is available, the majority of the 2015 clients were white (78.7%), followed by African Americans (15.7%). For the 2016 clients to date, the percentage of whites was (89.5%) and none were African American. Among Clark County Social Services Vivo clients in 2016, 64% are white and 28% are African-American. (Table 2)

In 2015, for clients served by the three initial CABHI sites, those aged 45-54 made up the largest percent (41.1%), followed by 25-34 year olds (16.7%). The 2016 population thus far is similar with the largest percent again in the 45-54 age group (36.8%), followed by those aged 55-64 (21.1%), and those aged 18-24 (21.0%). Clark County Social Services, with its emphasis on veterans, is serving an older population, with 44.1% of their clients in the 55-64 age range and 23.5% 45-54 years old. (Table 2)

Household Composition

Half of the 2015 CABHI program clients had children, with most of those having more than one child. Based on these numbers, the program served a total of 123 children. None of the clients in either grant reported being pregnant. Two clients among the three initial CABHI sites had children in state custody. (Table 4)

Housing Status at Entry into the Program

In 2015, 35.3% were in a shelter, 43.1% on the street, and 21.6% were housed. Of those who were housed, the largest percentage (45.5%) were living in what was characterized as 'other housed'. In 2016, only 26.3% were living in the street or out-of-doors and 47.4% were housed.

The Clark County Social Services Vivo program, with its emphasis on taking the program to the streets reported 73.5% of clients living on the street and only 8.8% were housed at the time of intake into the program. (Table 5)

Drug Use at Intake

For all three years, the highest rates of use among clients of the initial CABHI sites were alcohol, marijuana, methamphetamines, and cocaine. The percent of heroin users rose sharply in 2015 to 10.8%. Clark County Social Services Vivo clients exhibited similar patterns in drug use with alcohol being the most widely used at 52.9% followed by marijuana, methamphetamines, and cocaine. (Table 6)

Client Outcomes

Of the 102 new clients participating in 2015, 47 completed six month follow-up interviews. The follow-up rate was thus about half the mandated requirement. Some emphasis should be placed on obtaining follow-up interviews to bring the current follow-up rate to the 80% requirement. (Table 7)

The greatest positive gain was made in housing, where no clients reported having a permanent place to live at intake but 36.2% did at the time of their six month follow-up. Employment/education status, lack of consequences for behaviors, and abstinence from substance use also showed healthy increases. (Table 7)

Feedback from Clark County Social Services Clients

A focus group was conducted with Clark County Social Services Vivo clients during the spring of 2016. All clients were extremely satisfied with the services of the program and their case workers. They were especially appreciative of the individualized manner their treatment program was being handled by their case workers. They felt respected and were particularly happy that their unique circumstances and needs were recognized and catered to by a very attentive and caring staff. The intake process was perceived as perfectly seamless. The housing they were provided was favorably regarded. Medical needs were especially important among this group and those needs were also carefully attended to. Strong and sensible coordination with their veterans and other health care benefits and government programs was likewise lauded as exemplary.

Introduction

In 2013, the State of Nevada received a Cooperative Agreement to Benefit Homeless Individuals (CABHI) from the US Substance Abuse and Mental Health Services Administration (SAMSA), Center for Mental Health Services (CMHS). The funds are administered in Nevada by the Substance Abuse Prevention and Treatment Agency (SAPTA). The aim of these funds is to provide permanent housing, evidence-based treatment, and critical supportive services to a growing number of chronically homeless who have co-occurring mental health and substance use disorders.

SAPTA passed the CABHI funds to three service providers in Nevada: (1) HELP of Southern Nevada, which serves the metropolitan Las Vegas area; (2) Volunteers of America - Restart, which serves the Reno area; and (3) New Frontier Treatment Center, which serves Fallon and surrounding rural areas. In 2014, SAPTA received a Supplemental CABHI grant to fund a fourth provider, Clark County Social Services, which serves all of Clark County, including Las Vegas.

The initial three providers are expected to serve 120 homeless persons per grant year (HELP = 70, Restart = 30, and New Frontier = 20), for a total of 360 enrollees by the end of the three-year grant period. Clark County Social Services is expected to serve 50 homeless persons for each of two years, for a total of 100 persons. The grant specifically aims to serve chronically homeless persons with co-occurring disorders, including veterans.

The program adheres to the “Housing First” model, which aims to provide secure housing for homeless persons first and foremost, and then to use the housing as a foundation for recovery and enrollment in Medicaid, Medicare, and other mainstream benefit programs to stabilize tenancy and increase self-sufficiency. The program is geared to provide each client with effective mental health and substance use disorder treatment, medication management, primary medical care, psychosocial rehabilitation (including life skills training), work readiness and employment assistance, and a wide array of recovery support services designed to stabilize tenancy and maintain treatment gains.

Data Source Notes

Information for this report was derived solely from SAMHSA’s Substance Abuse Information System/Government Performance and Results Act (SAIS/GPRA) reporting system. Some figures and tables were calculated from the data downloads and others were drawn directly from the on-demand reports provided by the system.

The information was generated the evening of March 31, 2016 and reflects information as of that date and time. Because this is a live system, numbers will vary from day to day. The sites collaborated with the evaluator to ensure that all data would be entered as of that day and, as a result, the information is believed to be current and complete.

This report includes data from grant Fiscal Years 2014, 2015, and 2016 to date where there are sufficient numbers to allow meaningful interpretation.¹ Due to the differing start dates of the programs, the small numbers of client cases in FY 2016 and low follow-up rates, the time

¹ The Fiscal Year dates from October 1 to September 30.

frame and the unit of analysis of the data presented in this report varies. For example, data from FY 2015 are generally aggregated across the three initial CABHI sites. For FY 2016, the data is reported for all three CABHI sites because of limited number of clients during this current year. For Clark County Social Services, the data is provided for 2016 instead of 2015 since the program was in its initial phase of implementation in 2015.

Clients Served and Follow-Up Rates Fiscal Year 2016 As of March 31, 2016

Enrollment in CABHI-State. The final 2015 client numbers show that the state project met 85% of its new headcount targets despite limitations of staffing and housing availability. It appears based on the 2016 year-to-date numbers, the statewide program goals for new clients will be met by two sites, Restart and New Frontier, but will fall short statewide.

Follow-Up. On-time follow-up rates were low in 2015 as a result of a number of factors. Due to the downtime of the GPRA and instability and then shut down of the CDP system, follow-ups could not always be entered into the system in a timely manner. In addition, according to the GPRA help desk, apparently not all CDP data have yet been migrated into the existing GPRA system as of this date. There are 11 known follow-ups in the CDP according to the GPRA help desk. In addition, this population is difficult to retain and, naturally, to locate once they drop out of the program.

In 2016, only 3 follow-ups were counted toward the mandated 80% requirement. However, 32 were shown as being completed based on the GPRA download. Nevertheless, even counting those done outside the time parameters, the follow-up rate is low. Special efforts will need to focus on this issue going forward.

Table 1. Fiscal Year 2015-2016 Clients Served and Follow-Up Rates by Site

Agency	No. New Clients FY 2015	No. New Clients 2016 Year-To-Date	Annual Target	No. of 2016 6-Month Follow Ups Completed Per GPRA Report*	All 2016 6-Month Follow Ups Completed Per Download*
Restart	34	7	30	2	12
Help	49	2	70	1	10
New Frontier	19	10	20	0	10
STATEWIDE TOTALS	102	19	120	3	32
Clark County-Vivo	7	34	50	2	5

** The numbers in these two columns represent (1) the number of six-month follow-ups counted as conducted within the allowed timeframe (FLWP=11) based on the GPRA generated follow-up report; and (2) the numbers of follow-ups appearing in the 2016 download of clients from the GPRA system. NB: The CDP data has evidently not yet been migrated over, so these numbers are subject to update when the migration occurs. .*

Enrollment in CABHI-States Supplemental. Clark County Social Services clients have been identified and enrolled in the Vivo project beginning in late July 2015. As of March 31,

2016 a total of 34 new clients for Fiscal Year 2016 have been enrolled. The project is on track to meet its annual goal of 50 clients.

Follow-Up. The Vivo Project completed two follow-ups of the six that were due according to the GPRA on-demand report. However, 5 were actually completed based on the 2016 raw download file from GPRA for a total of 83%.

Client Demographics

In FY 2014, there were 117 new clients served by the three initial CABHI sites, just below the target of 120. In FY 2015, the sites served 102 new clients, again somewhat short of the annual targets. Thus far in FY 2016, there have been a total of 19 new clients served among the three initial CABHI sites, far fewer than would be expected half way through the Fiscal Year. The Clark County Vivo program has served 34 new clients so far in FY 2016. Data on client demographics in FY 2015 and FY 2016 to date is provided in Table 1.

Gender Identification

In 2015, 66.6% were male clients and 33.4% female. Women made up a higher percent of clients in 2016 statewide at 42.1%.

Clark County with its focus on serving veterans were 97% male and 67.7% were veterans compared to 5.3% in the state program. Thus, the Clark County Vivo program is clearly meeting its mandate to serve homeless veterans.

Race and Ethnic Identification

Across the three initial CABHI sites, among those for whom there is race data, the majority of the 2015 clients were white (78.7%), followed by African Americans (15.7%). For the 2016 clients to date, the percentage of whites was (89.5%) and none were African American. This shift appears to be a result of the lack of new enrollees in HELP in 2016.

Latinos made up 11.8% (n=12) of the 2015 clients and 10.5% (n=2) in 2016.

Among 2016 Clark County Social Services clients, 64% are white and 28% are African-American.

Age

In 2015, for clients in the three initial CABHI sites, those aged 45-54 made up the largest percent (41.1%), followed by 25-34 year olds (16.7%). The 2016 population thus far is similar with the largest percent again in the 45-54 age group (36.8%), followed by those aged 55-64 (21.1%), and those aged 18-24 (21.0%).

Clark County Social Services, with its emphasis on veterans, is serving an older population, with 44.1% of their clients in the 55-64 age range and 23.5% 45-54 years old.

Demographics Across Sites

As shown in Table 1, there was little variation across the three statewide sites in 2015. The exception is that New Frontier reported no African American clients and Help had a large percentage of people whose ethnic identification was not recorded.

The numbers of clients with veterans status was low across all sites with only 3 reported clients in 2014, 5 in 2015 and 1 in 2016. However, the Clark County Vivo program served a total of 23 veterans in 2016.

**Table 2. Demographics Overall and by Site²
2015 and 2016 Year-to-Date**

	2015								2016			
	Restart		HELP		New Frontier		Three Sites Combined		Clark County Vivo		Three Sites Combined	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Annual Targets	30		70		20		120		50		120	
Actual Numbers	34		49		19		102		34		19	
Gender												
Male	20	58.8	36	73.4	12	63.2	68	66.6	33	97.1	11	57.9
Female	14	41.2	13	26.6	7	36.8	34	33.4	1	2.9	8	42.1
Veteran												
Yes	0	0.0	5	10.2	0	0.0	5	4.9	23	67.7	1	5.3
No	34	100.0	44	89.8	19	100.0	97	95.1	11	32.3	18	94.7
Race												
African American	4	11.8	10	27.8			14	15.7	7	28.0	0	0.0
Asian			1	2.8			1	1.1				0.0
White	28	82.3	23	63.9	19	100.0	70	78.7	16	64.0	17	89.5
Native American	2	5.9	1	2.8			3	3.4	2	8.0	1	5.3
Multi-Racial			1	2.8			1	1.1			1	5.3
Total	34	100.0	36	100.0	19	100.0	89	100.0	25	100.0	19	100.0
Hispanic/Latino?												
Yes	4	11.8	7	14.3	1	5.3	12	11.8	5	14.7	2	10.5
Age Group												
18-24	0	0.0	4	8.2	5	26.3	9	8.9	2	5.9	4	21.0
25-34	1	3.0	8	16.4	8	42.1	17	16.7	3	8.8	3	15.8
35-44	5	14.7	11	22.4	2	10.5	16	15.7	6	17.7	1	5.3
45-54	22	64.6	17	34.6	3	15.8	42	41.1	8	23.5	7	36.8
55-64	5	14.7	9	18.4	1	5.3	15	14.7	15	44.1	4	21.1
65+	1	3.0					3	2.9				

² Missing data is excluded from the calculations.

Comparison of Demographics With Disparities Goals and Point-In-Time Homeless Census

The demographics of clients served in 2014 and 2015 were compared to the demographic goals set out in the December 2013 Health Disparities Impact Statement submitted to SAMSHA. The proposed numbers of clients were converted to percentages to allow for comparisons of progress to date.

Table 3 provides a comparison of the CABHI Disparities Statement targets, the actual clients served for 2014 and 2015. In addition, statistics from the Southern Nevada Homeless Point-in-Time Census report are also provided as a point of reference for the southern part of the state. The rural Nevada census for 2014 for the northern region of the state is also provided.

By comparing the disparity goals, the actual clients, and the estimated homeless population in Nevada, the extent to which disparity goals are being met and the extent to which the goals themselves are realistic can be assessed.

Age

One goal set was that 23% of program clients would be 65 years of age or older. In 2014, no persons 65 or older were served and in 2015 only 2.9% of clients were in this age group. According to the Southern Nevada Point-in-Time Census, only 8.2% of homeless persons were over the age of 60. Similarly, the rural Nevada Census estimated that only 6.7% of homeless persons were over the age of 60. National statistics indicate about 3.5% of sheltered homeless are over the age of 62.³

Thus, the program did not meet its goal of serving a high percentage of elderly homeless persons, but it may be the case that the goal is not attainable, given the relatively low rate of elderly among the homeless population. It is suggested that the targets be re-considered for the elderly population.

Race and Ethnicity

Comparisons of race and ethnicity goals with the clients served and the point-in-time census data are problematic because the disparity targets included Latino as a race category rather than as a separate ethnicity category.

The goal that 10% of program clients would be African-American. This goal was exceeded by the three initial CABHI sites collectively in 2014 and 2015, as well as Clark County Social Services in 2016. A 9% goal was set for Asian clients; this goal was not met and may not be attainable. Virtually no clients identified as Asian and the Southern Nevada Census indicated that only 1.4% of homeless persons were Asian. As with the elderly population, it is suggested that this goal be revisited.

³ 2013. U.S. Department of Housing & Urban Development. HMIS. The 2013 Annual Homeless Assessment Report to Congress. Characteristics of Sheltered Homelessness. p. 1-8.

CABHI stakeholders set a goal that more than a quarter of clients would be Latino—a goal that was not met by the three initial CABHI sites collectively in 2014 or 2015, or by Clark County in 2016. The closest to achieving that goal was Clark County with 14.7% of its client population identifying as Latino.

Veterans served by the CABHI programs totaled 3 in 2014 (2.6%) and 5 (4.9%) in 2015. In 2013, the national HUD point in time homeless assessment found that 12% of the homeless, sheltered and unsheltered, were veterans.⁴

As discussed previously, Clark County Social Services program served 23 veterans, or 67.7% of their clientele thus far in 2016.

Table 3. Comparison of Disparity Goals to Program Demographics and 2014 PIT Census 2014-2016

	Goal	Actual			Census Data			
		Cross-Site 2014 (n=117)	Cross-Site 2015 (n=102)	Clark Vivo 2016 (n=34)	SoNV 2014 Homeless P-I-T Census		Rural NV 2014 Homeless Census	
	%	%	%	%		%		%
Age								
0 - 18	0.0				0 - 18	4.5	0 - 18	1.0
18 - 24	13.3	7.7	8.9	5.9	18 - 21	9.6	18 - 24	6.7
25 - 44	33.3	32.5	32.4	26.5	22 - 40	24.2	25 - 59	85.6
45 - 64	30.0	59.8	55.8	67.6	41 - 60	53.3		
65 - 74	12.5	0.0	2.9	0	61+	8.2	60+	6.7
75+	10.8	0.0	0.0	0				
	100.0	100.0	100.0	100.0		99.8		100.0
Race								
African American	10.2	17.3	15.7	28.0		39.4		
Native American	1.1	6.2	3.4	8.0		1.6		
Asian	9.1	0.0	1.1	0.0		1.4		
White	71.6	75.3	78.7	64.0		47.3		93.8
Native/Pacific	1.1	1.2	0.0	0.0		1.1		
Multi-Racial	6.8	0.0	1.1	0.0		9.2		
None of Above								
	100.0	100.0	100.0	100.0		100.0		
Hispanic?								
Hispanic/Latino	26.7	10.3	11.8	14.7		30.0		6.0
Gender								
Male	53.3	53.0	66.6	97.1		71.4		83.0
Female	46.7	47.0	33.4	2.9		27.8		17.0
Transgender						0.8		0.0
	100.0	100.0	100.0	100.0		100.0		100.0
Veterans		2.6	4.9	67.7		17.0		5.7

⁴ 2013. U.S. Department of Housing & Urban Development. The 2013 Annual Homeless Assessment Report to congress, p. 38.

Client and Family Characteristics at Intake

Household Composition

Half of the 2015 CABHI program clients had children, most with more than one child. Based on these numbers, the program served a total of 123 children. None of the clients in either grant reported being pregnant. Two clients among the three initial state CABHI sites had children in state custody; none of the Clark County Vivo clients had children in custody.

Table 4. Family Composition: Children in the Household - 2014 and 2015

Do You Have Children?	2014		2015	
	No.	%	No.	%
Yes	55	47.0	51	50.0
No	42	35.9	38	37.3
Refused	2	1.7	2	2.0
Missing Data	18	15.4	11	10.8
Total	117	100.0	102	100.0
How Many Children?				
1	20	36.4	17	33.3
2	15	27.3	6	11.8
3	10	18.2	19	37.3
4	1	1.8	5	9.8
5	2	3.6	2	3.9
6	2	3.6		0.0
7	1	1.8	1	2.0
8	1	1.8		0.0
Missing Data	3	5.5	1	2.0
Total	55	100.0	51	100.0

Housing Status At Entry into the Program

Table 5 shows the housing status of clients in the program from 2014 to 2016 year-to-date for the 30 days prior to entering the program. In 2015, 35.3% were in a shelter and 43.1% on the street. Of those who were housed, the largest percentage (45.5%) were living in what was characterized as 'other housed'.

In 2016, the statewide program appears to be drawing a different population from earlier years. This year only 26.3% were living in the street or out-of-doors and 47.4% were housed.

Clark County, with its emphasis on taking the program to the streets reported 73.5% of clients living on the street and only 8.8% were housed at the time of intake into the program.

Table 5. Prior Housing Status of 2014-2016 Clients

Living Arrangement	2014		2015		2016 State	2016 Clark County
	No.	%	No.	%	N=19 %	N=34 %
Shelter	35	29.9	18	35.3	10.5	17.6
Street/Outdoors	58	49.6	22	43.1	26.3	73.5
Institution	2	1.7	0	0.0	15.8	0
Housed	21	17.9	11	21.6	47.4	8.8
Total	117	100.0	51	100.0	100.0	100.00
Prior Housing Arrangements (Among those Housed)	No.	%	No.	%	%	%
Own, rent apartment, room or home	1	4.8	1	9.1		33.3
Someone else's apartment	3	14.3	1	9.1	11.1	33.3
Halfway House	1	4.8	0	0.0		
Residential treatment	14	66.7	4	36.4	33.3	
Other housed	2	9.5	5	45.5	55.5	33.3
Total	21	100.0	11	100.0	100.0	100.0

Drug Use at Intake

Table 6 provides the incidence of drug use among 2014 to 2016 year-to-date clients upon entry into the program among those reporting any substance use. For example, in 2015, substance use at intake was reported by 51 of the 102 total clients.

For all three years, the highest rates of use were alcohol, marijuana, methamphetamines, and cocaine. Their drugs of choice are broken down in Table 6. The percent of heroin users rose sharply to 10.8%, possibly reflecting a slightly younger population.

Clark County clients have similar patterns of drug use with alcohol being the most frequently used at 52.9% followed by marijuana, methamphetamines, and cocaine.

Table 6. Drug Use at Intake among 2014-2016 Clients⁵

	2014 State	2015 State	2016 State	2016 Clark County
	% Used	% Used	% Used	% Used
Any Alcohol	48.7	51.0	42.1	52.9
Marijuana/Hashish	21.4	14.7	21.1	20.6
Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	13.7	10.8	26.3	11.8
Cocaine/Crank	12.8	5.9	5.3	5.9
Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol-also known as Roofies, Roche and Cope)	4.3	3.9	5.3	
Heroin (Smack, H, Junk, Skag)	1.7	10.8	5.3	2.9
Morphine	1.7	2.0		
Percocet	1.7	1.0		
Other Illegal Drugs	1.7	2.0		2.9
Codeine	0.9	1.0	5.3	
Tylenol 2,3,4	0.9		5.3	
Oxycontin/Oxycodone	0.9	1.0		
Non-prescription methadone	0.9			
Hallucinogens/psychedelics, PCP etc.	0.9	1		
Other tranquilizers, downers, sedatives or hypnotics	0.9	1		

⁵ Percentages are calculated based on the total number of new clients in the fiscal year showed in parentheses.

Client Outcomes

Key GPRA outcome measures for the clients in the statewide program are shown in Table 7 below. Of the 102 new clients participating in 2015, typically 42 to 47 clients answered the questions in their six month follow-up interviews and are thus included in this table. Due to this low follow-up rate, the outcomes table may not be reflective of the impact upon all clients and likely reflects a bias toward continuing, and thus more successful, clients.

Due to the newness of the program, Clark County did not have sufficient clients with follow-ups due to allow assessment of impacts at this time.

Results for the 2016 Fiscal Year will be available until the fall. Currently, there are only three follow-ups in the GPRA system since the follow-ups are just now coming due.

Table 7. GPRA Outcomes - Intake to Six Month Follow-up - 2014 & 2015

GPRA Outcomes Measures	2014 Difference	2015 No. Valid Cases	2015 % at Intake	2015 % at 6 Month Follow-up	2015 Difference
Employed/Education: were currently employed or attending school	23.1	47	10.6	27.7	17.1
Stability in Housing: had a permanent place to live in the community.	64.1	47	0	36.2	36.2
Crime & Criminal Justice: had no past 30 day arrests	2.6	45	100.0	91.1	-8.9
Health/Behavioral/Social Consequences: experienced no social consequences	23.7	42	64.3	78.6	14.3
Abstinence: did not use alcohol or illegal drugs	23.7	45	33.3	48.9	15.6
Social Connectedness: were socially connected	-2.6	45	75.6	68.9	6.7

The greatest positive gain was made in housing, where no clients reported having a permanent place to live at intake but 36.2% did at the time of their six month follow-up.

Employment/education status, lack of consequences for behaviors and abstinence also showed healthy increases. Involvement with the criminal justice system showed a decline of 8.9% during participation in the program.

The impact of the CABHI program on SAMHSA's risky behavior outcomes was also examined. The outcomes include: injection drug use, unprotected sexual contact, unprotected sexual contact with a person with HIV/AIDS, unprotected sexual contact with an injected drug user, unprotected sexual contact with an individual high on some substance. Unfortunately, the only variable that had a sufficient number of responses was injection of illegal drug use (n = 47). At intake, 14.9% of clients who responded had injected illegal drugs. At 6-month follow up, the percentage dropped to 6.4%.

Feedback from Clients of the Grant for the Benefit of Homeless Individuals Clark County Clients

An special focus group was conducted during this period for the Clark County Social Services Vivo program operated by Westcare. The group was conducted during the spring of 2016 to ensure inclusion of Clark County clients' feedback into the evaluation report.

The focus group was conducted with a number of recent participants in the program. Each client was extremely satisfied with the services of the program and their case workers. They were especially appreciative of the individualized manner their treatment program was being handled by their West Care case workers. They felt respected and were particularly pleased that their unique circumstances and needs were recognized and catered to by a very attentive and caring staff.

The intake process was perceived as perfectly seamless. The clients recounted literally being picked up from their existing encampment and being whisked away into a bus and into their single unit lodging. The housing they were provided was favorably regarded. Medical needs were especially important among this group and those needs were also carefully attended to. Strong and sensible coordination with their veterans and other health care benefits and government programs was likewise lauded as exemplary.