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Evaluating Programs and Policies
Final Paper: Outcome Evaluation Proposal
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Funding Proposal: Community First

2/2 Specific Aims

This study will evaluate Community First, a homelessness services outreach program in Times Square, New York City. According to the Coalition for the Homeless, New York City has seen the highest rates of homelessness in recent years than have occurred since the Great Depression.

¹ This critical issue has been at the forefront of the policy debate not just in New York, but nationwide. Focusing on an untested program with several partner organizations, this evaluation serves to inform program staff, funders, policymakers, and the public of the efficacy of the program and its two major components—meeting the immediate needs of homeless individuals and building trusting relationships that may lead to sustainable engagement with services. It will contribute to the literature of urban homelessness outreach programs in New York City, the largest city in the United States. ² Specifically, it will contribute to the literature on person-first outreach programs, which is lacking in the New York context.

The evaluation will employ a 2x2 pre-post quasi-experimental design with the treatment group in Times Square, Manhattan and a comparison group in East New York, Brooklyn—an area approximately one hour away by train with a comparable homeless population. This evaluation will address the following research questions: 1) Do homeless people who received outreach from Community Navigators report a greater increase in the proportion of their **immediate needs met**, compared to non-program participants, after two weeks of implementation? and 2) Do program participants **stay engaged with substantial services** longer than those who did not participate in the program, six months after implementation? Substantial services are defined as either mental health treatment, substance abuse treatment, and/or supportive housing services.

¹ “Basic Facts about Homelessness: New York City.” *Coalition For The Homeless*, www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/.

² “The 200 Largest Cities in the United States by Population 2022.” *World Population Review*, worldpopulationreview.com/us-cities.

Through outreach by Community Navigators, the study will enroll participants on a rolling basis from May-August 2023.

4/4 Background and Significance

Rates of homelessness in New York City are the highest they have been since the Great Depression³. In a 2022 estimate, about 50,000 people were housed in the main municipal shelter system on any given night and at least 2,400 slept unsheltered.^{4 5} In considering all types of homelessness, it is estimated that one in every 106 people in New York City is currently experiencing homelessness.⁶ Attempts to decrease homelessness and improve quality of life include prevention efforts (legal aid, tax credits, rental assistance), crisis intervention and outreach once a person becomes homeless (transitional assistance, rapid re-housing), and wraparound services (supportive housing, mental health services, etc.) that may support an individual over time in multiple situations.⁷

Community First is unique in that it is a homelessness outreach program with a person-first approach, aiming to meet this vulnerable population where they are, in Times Square. Via outreach workers (“Community Navigators”), it provides those experiencing homelessness with a menu of options and allows them to drive the direction of services. It recognizes the complex layers of needs from immediate (water, food, clothing, restroom and shower facilities) to interim (haircut, laundry) and long term (housing, mental health treatment, substance use treatment).⁸ The program theory suggests that repeated interaction with Community Navigators will serve to create trusting relationships with program participants. These stable, trusting relationships will encourage the take-up of substantial services and lead to sustained use of such services. Community First is also unique in that it overlays a prison diversion lens through partnership

³ “Basic Facts about Homelessness: New York City.” *Coalition For The Homeless*, www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/.

⁴ Ibid.

⁵ “Homelessness & Poverty in New York City.” *The Bowery Mission*, www.bowery.org/homelessness/.

⁶ Ibid.

⁷ “Reducing and Preventing Homelessness: Lessons from Randomized Evaluations.” *Abdul Latif Jameel Poverty Action Lab (J-PAL)*, www.povertyactionlab.org/publication/reducing-and-preventing-homelessness-lessons-randomized-evaluations.

⁸ “Community First: A Pilot Project in Midtown Manhattan.” *Center for Court Innovation*, www.courtinnovation.org/community-first.

with the Midtown Community Court—a “problem-solving court” that provides alternatives to fines and jail time for low-level offenses.⁹ By employing a dual person-first and prison diversion approach with a menu of services, Community First simultaneously recognizes both the multiple root causes of homelessness and the expertise of the individual person. We didn’t find any past practices of this novel approach in the New York City context. There has notably been little rigorous evaluation in New York City of outreach-based programs that provide a menu of services. Past rigorous evaluations of homelessness programs in New York City have focused on: housing vouchers, critical time intervention, legal services in eviction court, and other prevention efforts for those at-risk of losing housing.¹⁰ Housing First interventions in New York City^{11,12,13}, are perhaps the most analogous to Community First. However, the majority of these evaluations were conducted fifteen to twenty years ago prior to the 2008/09 financial crisis and the COVID-19 pandemic. They also all compare the Housing First intervention to an intervention with a sobriety requirement. Community First aims to test the place-based person first approach mechanism rather than the sobriety requirement mechanism.

As a highly visible social issue that has drawn increasing attention, study findings will have policy relevance for a variety of stakeholders including: New York City and State government, funders, homelessness service providers, other major U.S. cities with large homeless populations, and the public at large. Positive findings will strongly suggest a correlation between satisfaction of immediate needs, trusting relationships, and sustained connection with long term supportive services. In the short run, this study will also serve as a model for whether Community First

⁹ Watkins, Matt. “Midtown Community Court.” *Center for Court Innovation*, 2 Apr. 2022, www.courtinnovation.org/programs/midtown-community-court.

¹⁰ “Reducing and Preventing Homelessness: Lessons from Randomized Evaluations.” *Abdul Latif Jameel Poverty Action Lab (J-PAL)*, www.povertyactionlab.org/publication/reducing-and-preventing-homelessness-lessons-randomized-evaluations.

¹¹ Tsemberis, Sam, et al. “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis.” *American Journal of Public Health*, © American Journal of Public Health 2004, Apr. 2004, www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/.

¹² Gulcur, Leyla, et al. *Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes*. Community and Applied Social Psychology, Apr. 2003, onlinelibrary.wiley.com/doi/abs/10.1002/casp.723.

¹³ Padgett, Deborah K, et al. “Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse.” *Sage Journals*, Research on Social Work Practice, Jan. 2006, journals.sagepub.com/doi/full/10.1177/1049731505282593.

should scale this program to other areas of New York City and whether New York City's Department of Homeless Services should allocate more funding to the program.

This evaluation will address the following research questions: 1) Do homeless people who received outreach from Community Navigators report a greater increase in the proportion of their **immediate needs met**, compared to non-program participants, after two weeks of implementation? and 2) Do program participants **stay engaged with substantial services** longer than those who did not participate in the program, six months after implementation? Substantial services are defined as either mental health treatment, substance abuse treatment, and/or supportive housing services.

Research Design and Methods

a) 2.75/3 Process evaluation/Implementation Analysis

We will need to conduct a process evaluation to assess to what extent the program activities have been implemented as intended and resulted in certain outputs. The process evaluation will lay a foundation for the impact evaluation.

The process evaluation will consist of three components. First, we will verify the logic model and understand the program context by reviewing existing documents. These documents include the grant proposal to New York City's Department of Homeless Services (the program's original funder), which will help us understand the program's target population, intervention delivery, organizational structure, and resources. To understand the context of program implementation, we will investigate documents such as program monitoring and progress reports from the pilot project, program materials, and Community Navigator guidelines.

Second, following the document review, evaluators will conduct a site visit and observation. This site visit will include shadowing Community Navigators. Evaluators will observe how they interact with the target population and the responses and reactions of people they approach. This data collection method will ensure that our understanding of the program based on the document review aligns with the actual implementation of day-to-day activities. Third, we will use key

informant interviews and focus groups to gain qualitative insights. We will interview program managers and Community Navigators separately to gain information about the challenges they may face in implementing the program and how they are solving such problems. We will also interview staff at partner organizations to gain their perspective as they are collaborating directly with Community First program staff and engaging with our target participants.

b) 5.75/6 Design

The evaluation design will be quasi-experimental, with a treatment group of homeless people who will regularly receive outreach from Community Navigators in Times Square and a comparison group in East New York, Brooklyn with no community outreach program. Although it is ideal, we cannot conduct a true experiment because it is impossible by the nature of the program to randomize the target population within certain geographies.

The comparison group area shares similarities with Times Square regarding the target population density and distance to substantial services where no entities have applied community outreach. By matching the intervention and comparison groups on these factors, we will improve **internal validity**, reducing the possibility that factors other than the program caused the observed effects. In addition, to answer two research questions and establish comparability at the baseline, we will use two different measures pre- and post-the survey to collect primary data. We will administer pre-tests for both research questions in the same single interaction. The first survey will test the study sample's immediate needs met within two weeks. The second survey seeks to understand their consumption behavior of substantial services within a six-month timeframe.

A strong comparison group is necessary to control for **outside effects** that will impact neighborhoods; thus, the target population over time. These outside effects include employment and inflation rates, public health crises/pandemics, housing prices, and other relevant governmental policies. Nevertheless, our experimental design will not control for any outside effects local to one of the two neighborhoods. In addition, the comparison group also helps control **regression to the mean** as long as the pre-test's p-value is more than .05, indicating both groups share any extreme behavior equally.

We are not concerned with **maturation** since the study period is less than one year. That is, it is unlikely that the homelessness situation would have a positive development without intervention or outside effects. If this were the case we would expect the chronic issue of homelessness to have gotten better over time already. If there is any maturation that we cannot think of, the comparison group will help control it. In addition, there is no concern over **instrumentation** since we will collect the primary data ourselves. We will discuss how we ensure our test reliability and validity in the Measure section.

There might be **selection bias and testing effects**, especially on our treatment group, since we provide immediate assistance and discuss potential connections to future services early on. Those who connect with Community Navigators and reply to the survey might be more motivated to participate in the program. Providing the comparison group with an incentive to connect with the evaluator and complete the survey will help minimize the testing effect and selection bias. Both treatment and comparison groups will receive a \$25 incentive for completing each survey. Another option is to screen the comparison group by asking the homeless if they would engage with a community navigator if offered one. We will also rely on the pre-test to establish comparability at baseline on the outcome variables

We were concerned about **attrition**, especially in the comparison group for the second research question that considers a six-month period. Fortunately, according to experts and the media, many homeless people have cell phones.¹⁴ Our evaluators will require participants to fill out contact information on both surveys. Together with the \$25 incentive for completing each survey, and especially for treatment groups that will have repeated contact with Community Navigators, we expect a follow-up rate of at least 60% from both groups.

Since our evaluation has a comparison group within New York City, there might be **contamination and compensation**. To minimize contamination, we have selected a comparison area that is far enough away from the treatment group (over one hour via public transport) that

¹⁴ Aleckson, Savannah. *Why so Many Homeless People Have Smartphones*. Foundation for Economic Education, 11 July 2021, fee.org/articles/why-so-many-homeless-people-have-smartphones-and-how-theyre-making-social-isolation-worse/.

they are unlikely to get the intervention. In addition, the comparison group will fill out the survey without being informed that there is a treatment group in Times Square. This should eliminate the compensation threat. We did not contemplate selecting a comparison group from a different city, because New York City has a very unique socioeconomic and demographic composition that makes other cities (even big cities) not comparable.

When considering **external validity**, the effect of this program could vary by season, for example, more homeless people may seek more substantial services (especially supportive housing) in winter than in summer. The generalizability of this program evaluation is limited to a specific season when we collect the data. We were considering collecting the data separately and disconnectedly throughout the year, covering all seasons.

It is essential to note that this evaluation looks at the unique community outreach program within the context of NYC, the largest city in the country with one of the tightest housing markets. We do not expect the findings from this evaluation of this Community First in Times Square to be universally applicable. However, they may be particularly valuable to the Greater New York City area and other coastal cities with low vacancy rates, similar economic disparity, and where housing supply is a primary issue.

c) **2.75/3 Sample**

This study's target population is homeless people in Times Square and East New York, Brooklyn who are willing to engage in programs like Community First. We will train Community Navigators on how to conduct the pre and post surveys, so they will be both intervention conductors and the surveyors to recruit the homeless population in Times Square; we will hire an additional group of outreach workers and equip them with the same survey capacities as the Community Navigators', accompanied by a few evaluators for administrative accuracy, they will recruit the homeless population in the comparison area of East New York, Brooklyn. Altogether, the survey team consists of Community Navigators, additional outreach staff, and evaluators. We will train all surveyors with the same standards and help them to perform consistently during the entire survey process.

In research question one, to measure immediate needs met, we will use a **rolling convenience sampling** method. Surveyors will recruit homeless people consistently for four months. During the four months, surveyors will conduct pre and post-tests for every new program and comparison participants based on their unique two-week period. Though a convenience sample, our methodology will produce a relatively representative sample of homeless individuals. Given our sampling frame covers all homeless individuals in the target areas, surveyors will not select homeless individuals based on any demographic characteristics. We will also train the surveyors to use consistent phrasing and offer the \$25 cash incentive to reduce attrition.

We anticipate a response rate of no less than 60% for both program and comparison groups given the brevity of the survey, in-person administration, and the incentive that we offer. Nevertheless, we anticipate a higher response rate for the program group than for the comparison group, because Community Navigators will provide the homeless individuals in Times Square with products or services to meet their immediate needs. Surveyors will recruit a sample size of 180 surveys for the intervention and comparison groups or 360 surveys in total at baseline. With no less than a 60% follow-up rate, we expect a sample of no less than 216 individuals whose pre test and post-test results are both available. Our survey results will have external validity to places that share a similar density of homeless population, economic conditions, social policies, and offerings of services organizations. However, we will interpret our results with caution because we are using non-random sampling. One factor we will keep in mind is that the four month enrollment period may affect the outcomes due to seasonal differences.

In research question two, to measure the time length of engagement with substantial services, we will employ **the same sampling method** as question one as we are using the same sample. Surveyors will reach out to the program and comparison groups six months after their enrollment in the study. During this period, Community Navigators in Times Square will continue to reach out to homeless individuals and connect them with partner organizations, while conducting no intervention for the comparison group.

As with question one, to incentivize the completion of the survey, we will also offer \$25 cash as an incentive. Similarly, we anticipate a relatively lower drop-out rate for homeless individuals in

the intervention group. Our evaluation team will limit the evaluation time frame to six months from the end of the four-month enrollment period to reduce the chance of attrition. We anticipate a response rate of no less than 57% for the treatment and comparison groups. Using the same sample from research question one, we expect a 57% follow-up rate to have a sample size of no less than 205 after the post-test, but this follow-up could fall in reality. Again, our survey results will have external validity to places that share a similar density of homeless population, economic conditions, social policies, and offerings of services. However, we will interpret our results with caution for we are using non-random sampling. One factor we will keep in mind is that the selected six months may affect the outcomes due to seasonal differences.

d) **5/5 Measures**

Research Question One

The first research question reads as follows: Do homeless people who received outreach from Community Navigators report a greater increase in the proportion of their **immediate needs met**, compared to non-program participants, after two weeks of implementation?”

This research question involves both a pre and post testing design and a comparison group. This ensures the strongest counterfactual possible.

Measure: We will use a **self-report measure** to get the primary data we need to form our outcome variable: the **proportion of their numbers of immediate needs met**. We will be using a **test for the mean** as the type of analysis. The unit of analysis is homeless individuals, and the level of measurement is interval/ratio.

In the treatment group, Community Navigators will ask homeless individuals to check off their needs being met (or not) right at their first contact. Right after the survey at their first contact, Navigators will offer products (clothing, food) or services (shower access, laundry services) that satisfy immediate needs. Community Navigators may contact the individuals repeatedly in the two-week period.

After two weeks, Community Navigators will reach out to the homeless individuals in the treatment group again and provide the same needs list for the homeless individuals to fill out.

As previously mentioned, we have identified the comparison group from a district with similar conditions inside New York City (East New York, Brooklyn). Both areas have a similar density of homeless people, economic and social policies, and similar offerings of social service organizations. It is far enough away from Times Square to reasonably avoid contamination.

We will conduct the same “tick-on immediate needs” assessment for the comparison group of homeless people during the same intervention period. Once we get both groups’ proportions by calculating the needs met over the total needs in the list, we will be able to compare the change in the means of the proportions we get from the intervention group and the comparison group.

We believe that the “tick-on immediate needs” assessment can remove some of the reliability concerns that we will explain later in the Reliability sub-section.

Reliability: Reliability is the degree to which a measure yields the same result every time it is used. Reliability is important because unreliable measures lead to misestimating the impacts of the program.

We must note that applying self-reported measures among the homeless population could raise some questions on reliability. Especially considering that some of these people may have severe mental illness, substance abuse issues or otherwise be in crisis. Therefore, the reliability of the information provided by program participants may report inaccurate information, meaning that the self-report measure could not necessarily lead to the same result every time.

However, we believe that even though it is a self-reported measure, it is a quite reliable one because we designed the questions to strictly refer to whether the homeless individuals receive services within the two weeks. The answers should not be dramatically affected by mental state. To mitigate these concerns, we propose **a test-retest technique** to confirm the reliability of the measure.

We will conduct a test-retest in the comparison group. This is important because as the program is going to start generating effects very fast, this allows us to ensure that the construct itself does not change. We will conduct a test-retest within a one week time frame in order to get two answers from each person. Then we will run regressions score of test one on score of test two

(pre and post the week). We will recruit a relatively small sample, containing 20 to 30 homeless individuals for the test-retest, and we expect high correlation.

Conducting a test-retest to confirm the reliability of our measure is viable also because the homeless population in East New York, Brooklyn is not very mobile and it will be easy to approach them twice within a week's time frame.

Validity: The aim of validity is to test the extent to which the measure adequately reflects the real meaning of the construction under consideration. That is, confirming the measure is indeed measuring what it is supposed to measure. In this case, the self-report measure described can be validated through face validity because it is a commonsense measure. However, to strengthen the validity of the measure we will compare responses to records of materials distributed by Community Navigators to establish criterion validity.

Research Question Two

The second research question is as follows: *“Do program participants stay engaged with substantial services longer than those who did not participate in the program, six months after implementation?”*

Measure: for this question we propose a self-report measure about involvement with long-term services which we modified an existing measure.¹⁵ Homeless individuals will be approached by Community Navigators who will provide a list of likely agencies classified by types of service (e.g., mental health treatment, substance use treatment, supportive housing). The list will also contain blank spaces for “other” services. The list will also ask homeless individuals for information about how long they have been getting services from each agency. We will take this approach at pre-test and repeat the approach six months after that.

With this measure we are looking for differential data (differences between the treatment group and the comparison group). The level of analysis is at the individual level. The level of

¹⁵ The existing measure consists of an interview where homeless people are asked whether they needed and received any services in the last six months. This is complemented with a six month-follow-up. (Samhsa's four homelessness programs and resources. Human Services Research Institute (HSRI). (n.d.). Retrieved April 20, 2022, from <https://www.hsri.org/project/evaluating-samhsas-four-homelessness-programs-and-resources>)

measurement is interval/ratio. We will use a test of means for analysis, comparing mean time connected for the treatment versus comparison group.

Reliability: Reliability for this measure is almost identical to that of Research Question One. As it is also a self-reported measure, we will also conduct a test-retest measurement to test its reliability. In this case, we will only conduct the test-retest in the treatment group. Considering that this question refers to more medium-long term effects of the program, it is not necessary to have the test-retest in the comparison groups as well, as opposed to research question one where the fast pace of effects make it necessary. Test-retest will occur one week apart from each other. A small sample (20-30 people) will be enough for the test-retest, because we expect high correlation.

Validity: We will validate the measure through face validity because this is a commonsense measure. However, to strengthen the assessment on the validity of the measure, we will compare responses to records of partner organizations. This represents criterion validity.

Additionally, to further bolster the strength of the assessment on this measure's validity, we may also consider content validity. Specifically, we will address this by consulting experts on the homeless population in New York City, such as Robert Hayes.¹⁶ Even though this is a subjective assessment, we believe it is strong in this context. Given the particularities of New York City, having an expert who has been focusing his career in this city's homeless population can strengthen the evaluation. Additionally, it may be possible to do a literature review of publications about the homeless population and how they engage with organizations. It is important to note that New York City is a very particular city with unique demographic characteristics, so case studies in cities very different from New York City may not be an appropriate validity test. Finally, it is important to mention that any city policy is going to affect both the comparison and treatment.

e) **2/2 Procedures**

¹⁶ Robert Hayes '77 works to ensure access to healthcare and other services for vulnerable populations. NYU School of Law. (n.d.). Retrieved April 20, 2022, from <https://www.law.nyu.edu/news/robert-hayes-community-healthcare-alumni-homelessness>

The proposed duration of this study is approximately twenty months, from January 2023 to August 2024. Prior to proceeding with the evaluation activities, we have selected the comparison group with the characteristics defined in the Measurement section (East New York, Brooklyn). We will contact the partner service organizations, and the NYC Department of Homeless Services to get consent to implement the study, guarantee improved access to homeless individuals in Times Square and the comparison group, and secure the incentives for surveyors and our target population. We will continue to verify the logic model before, during, and after our outcome evaluation, including reviewing the existing documents, interviewing program managers and Community Navigators for feedback and adjustments, and keeping up with the latest news to better understand the contexts.

Before implementing the outcome evaluation, we will spend two months developing survey questions for research questions one and two. In March 2023, we will conduct site visits and sample some targeted homeless individuals to conduct a process evaluation for research questions one and two. In April 2023, we will hire and train the surveyors to ask the homeless individuals for their consent to avoid any ethical violations and train them to standardize the survey process to guarantee more accurate results.

From May through August 2023, we will recruit our sample in the treatment and comparison areas for research questions one and two. During this process, we will ask people a screening question about their interest in and willingness to connect to long term services and to answer more surveys in the future. This screening process will help us establish the reliability of the self-reported measure and anticipate future completion rates (More details are in the Reliability Section).

Research question one requires surveyors to reach out to the homeless individuals every two weeks to gather post-test data (for intervention purposes, the navigators may reach out to the homeless individuals more than once a week) for four months. Thus, we expect to have the whole post-test data set for research question one by the end of August 2023. Research question two requires surveyors to reach out to homeless individuals six months after the pre-test. Therefore, we will get the whole post-test data set for research question two by the beginning of

March 2024. Once the post-test data of both the intervention group and comparison group for each research question is collected, we will spend time establishing the validity of both measures (via cross checking data with service providers) and spend the next several months analyzing them separately and comparing the outcomes to determine the observed program effect. We will write summary reports to present to Community First, partner service organizations, the NYC Department of Homeless Services, and relevant stakeholders by August 2024.

f) 1/1 Analysis Plan

For research question one, our evaluation team will examine the self-report measure of the proportion of the number of immediate needs met. These measures will be at the interval/ratio level. We will collect data on the proportion of their numbers of immediate needs met for four groups: the intervention group at baseline, the intervention group two weeks after baseline, the comparison group at baseline, and the comparison group two weeks after baseline.

It is worthwhile to mention that the pre and post test period is not the selected four months but rather every two weeks as individuals join the sample within the four months. Each group is composed of individual-level primary data obtained in Times Square and East New York, Brooklyn. Our sample size will be no less than 216, coming from homeless individuals whose pre-test and post-test results are both available. Table 1 in the Appendix summarizes the statistical methods we will use to analyze research question one. We will use 2*2 ANOVA test to compare the difference in the mean proportion of homeless individuals' numbers of immediate needs met for the intervention group and comparison group.

For research question two, our evaluation team will examine the self-report measure of the duration of connection to the substantial service. This measure is at the interval/ratio level. We will collect data on the duration of connection to the service for four groups: the intervention group at baseline, the intervention group six months after baseline, the comparison group at baseline, and the comparison group six months after baseline. Each group is composed of individual-level primary data obtained at Times Square or East New York, Brooklyn. Our sample size will be no less than 205 coming from homeless individuals whose pre-test and post-test results are both available. Table 2 in the Appendix summarizes the statistical methods we

will use for research question two. We will use 2*2 ANOVA tests to compare the difference in the mean duration of connection to the service for the intervention group and comparison group.

2/2 Conclusion

Positive findings may lead to program replication and scale up in New York City and other major cities with large homeless populations. Such findings will be of interest to policymakers, funders, and public and private homelessness service providers. Negative or no effect findings may lead to a scale down or retooling of the program by program staff and partners. Funders and governments may instead turn to invest in other types of homelessness services. Positive findings may increase program demand by intended beneficiaries. The study's main limitation is the lack of randomization. Additionally, program activities and findings may be less relevant to suburban and rural areas. In any case, this unique person first evaluation will represent the first of its kind in New York City and further studies should be conducted to determine long-term effects of the program.

Writing, style & organization: 2/2 Despite a few typos, well written and little passive voice.

29.25/30 = 98% Excellent proposal!!

Appendix

Logic Model

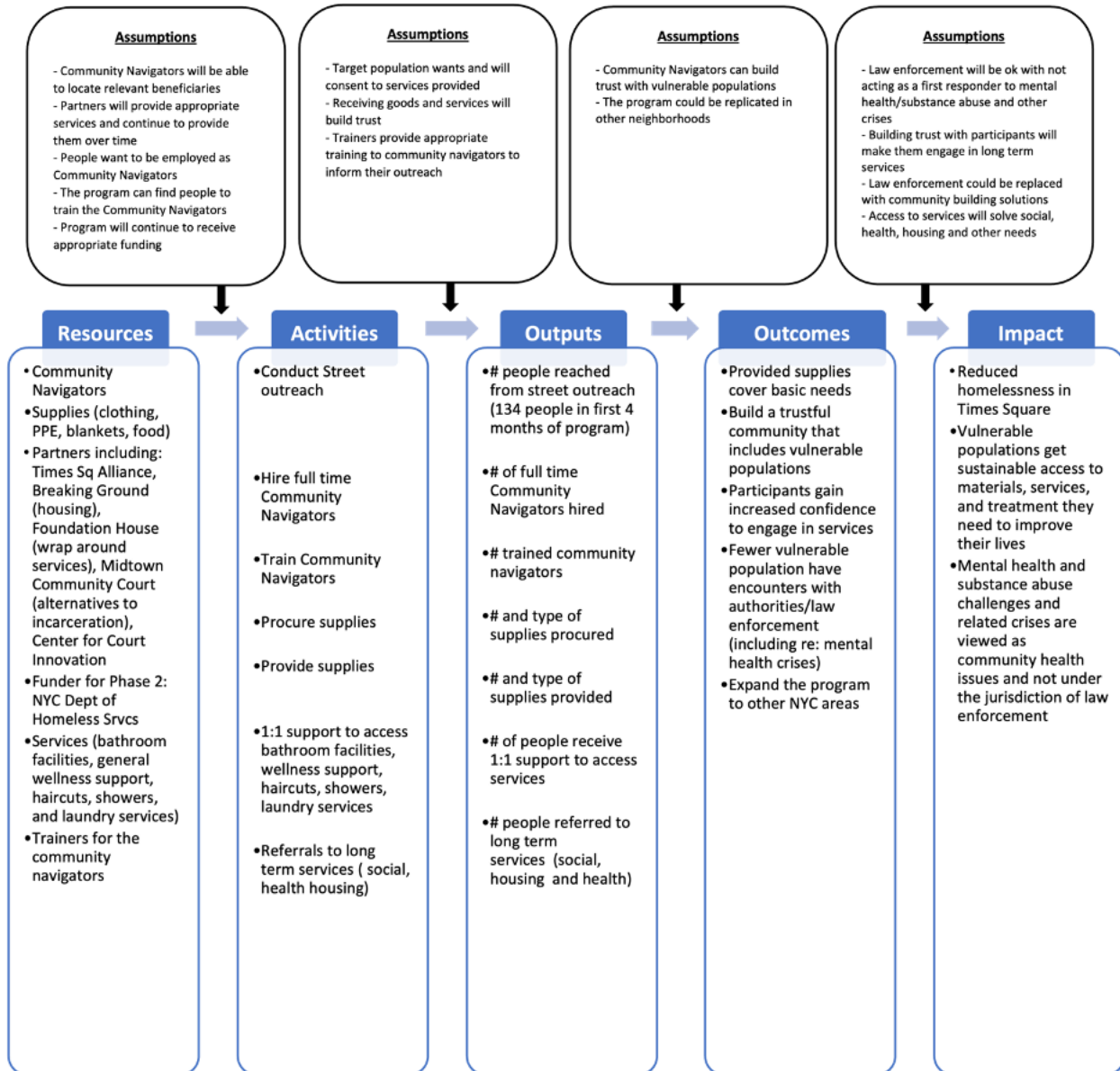


Table 1. Summary of Statistical Analyses for Research Question One

	Intervention Group	Comparison Group	Statistical Analysis
At baseline (pre-test results)	Mean proportion of their numbers of immediate needs met	Mean proportion of their numbers of immediate needs met.	
Two weeks after baseline (post-test results)	Mean proportion of their numbers of immediate needs met	Mean proportion of their numbers of immediate needs met	
Difference in post-test and pre-test results	Difference in the mean proportion of their numbers of immediate needs met	Difference in the mean proportion of their numbers of immediate needs met	2*2 ANOVA: Is the difference in the mean proportion of their numbers of immediate needs met statistically larger in the intervention group larger than the comparison group?

Table 2. Summary of Statistical Analyses for Research Question Two

	Intervention Group	Comparison Group	Statistical Analysis
At baseline (pre-test results)	Mean duration of connection to the service	Mean duration of connection to the service	
Six months after baseline (post-test results)	Mean duration of connection to the service	Mean duration of connection to the service	
Difference in post-test and pre-test results	Difference in the mean duration of connection to the service	Difference in the mean duration of connection to the service	2*2 ANOVA: Is the difference in the mean duration of connection to the service in the intervention group larger than the one from comparison the group?