

Permanent Supportive Housing Evaluation Report

Community Rebuilders

March 2021





**PUBLIC SECTOR
CONSULTANTS**

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Executive Summary

Community Rebuilders is a housing services provider in Kent County, where it offers a wide variety of programs with an overarching goal of making homelessness rare, brief, and nonrecurring. Because Community Rebuilders believes that housing is the solution to homelessness, many of its housing programs are based on the permanent supportive housing (PSH) model, which offers long-term rental assistance and support services. In addition, Community Rebuilders' PSH programs are delivered using a Housing First approach, meaning customers do not have to address other problems, such as mental health issues, or participate in certain treatment services prior to being housed.

Community Rebuilders received funding from Invest Health to evaluate the impact of its PSH programs on households in the Spectrum Health Healthier Communities Neighborhoods of Focus (NOF). Community Rebuilders engaged Public Sector Consultants (PSC) to evaluate the impact of its PSH programs on its current customers in the NOF area, comprising 35 households, as well as 12 households receiving PSH services through Community Rebuilders' Long-Term Opportunities for Tenancy (LOFT) program. PSC analyzed data from several sources, including the Homeless Management Information System (HMIS), the Gather Resources and Align Community Efforts (G.R.A.C.E.) Network, the HUD Exchange, and Community Rebuilders' customer satisfaction surveys.

The Population Served by Community Rebuilders

The heads of household in the 47 families included in the evaluation are disproportionately Black or African American, majority female, and generally middle-aged. About 70 percent of the evaluation population is Black or African American compared to 10 percent of the Kent County population and 36 percent of the census tracts that encompass the NOFs. The median age of the heads of household is 51, and just over 50 percent are female.

The families in the evaluation population are also especially vulnerable, with a history of homelessness, very limited incomes, and multiple physical and mental disabilities. More than half of the households had experienced four or more episodes of homelessness prior to receiving services from Community Rebuilders. The median monthly income at program entry was \$783, compared to \$5,254 among households in Kent County, and one-third of the heads of household had three or more physical or mental disabilities.

Community Rebuilders' Permanent Supportive Housing Solutions

Through PSH programs, Community Rebuilders aims to help families transition into housing quickly, promote housing stability, provide safe and affordable housing, and connect families to supportive services. The median length of time between entry into a Community Rebuilders PSH program and obtaining permanent housing for the evaluation population was 34 days. Across all Community Rebuilders PSH programs, 97.6 percent of households have remained in PSH or exited from the PSH program into permanent housing. With subsidies provided by Community Rebuilders, program participants are able to obtain private market housing at a dramatically reduced monthly rent. The median gross monthly rent for the program participants' housing is \$817, but the median tenant portion of that rent is only \$88.

Nearly 80 percent of the families in the evaluation population accessed at least one other community-based service. Almost all of these families accessed food assistance and about a quarter accessed case management. Among the other services accessed by these families are mental healthcare, dental care, and healthcare.

Improvements in Family Well-being

The evaluation population experienced improvements in several aspects of their well-being after they obtained permanent housing, including increased income, improved health and access to healthcare, and increased access to food and transportation. These improvements are primarily demonstrated through changes in LifeWorks survey domain scores, which are displayed below (Exhibit 1).

EXHIBIT 1. Average NOF and LOFT Household LifeWorks Domain Scores at Program Entry and after Being Housed or Experiencing Another Significant Life Change

Domain	Program Entry	Housed or Another Significant Life Change	Average Change
Disabilities and physical health	3.06	3.68	0.62
Employment	1.48	2.03	0.55
Mental health	3.94	4.08	0.14
Substance use	4.74	4.87	0.13
Healthcare coverage	4.22	4.86	0.64
Food	2.46	3.22	0.76
Transportation	3.12	3.85	0.73

N = 37

Source: PSC analysis of G.R.A.C.E. Network Signify Platform data.

The greatest average improvement is seen in the food domain at 0.76 points. The smallest average improvement is in the substance use domain, but the score at program entry was quite high. Average improvements in the transportation, healthcare coverage, and disabilities and physical health domains ranged from 0.62 points to 0.73 points.

Increased Income

Community Rebuilders aims to increase customer income by ensuring that families are receiving all of the benefit income for which they are eligible, along with assisting consumers with obtaining employment when appropriate. Customers had an average income of \$743 at program entry and \$836 at an interim review, an average increase in income of \$93 per month. Most of the increased income came from participants obtaining Social Security Income (SSI) or Social Security Disability Income (SSDI).

Greater Overall Well-being and High Levels of Customer Satisfaction

All LifeWorks survey domain scores are added together and averaged to obtain an overall score of family well-being. The average LifeWorks score upon program entry was 3.51 and the average after the family

was housed or experienced another significant life change was 4.09. On average, program participants' scores increased by 0.58.

In addition, participants expressed overall satisfaction with Community Rebuilders' PSH programs and services, with 95 percent agreeing they were satisfied with the services they received in the customer satisfaction survey. Nearly all survey respondents also agreed that Community Rebuilders staff helped them identify ways to deal with their situation (98 percent) or identify available community resources (96 percent). And 95 percent said they had met one or more personal goals.

Conclusion

As a result of Community Rebuilders' PSH programs, fewer households in the NOF area and LOFT expansion population are experiencing housing crises and all have remained housed while in the program. Additionally, these families have increased income among heads of household; increased access to healthcare, food, and transportation; and greater overall well-being. Community Rebuilders staff help build connections and support families, ensuring they have access to resources and know how to access those supports. Customers feel respected by staff and are satisfied overall with their service experience.

Introduction

Community Rebuilders is a housing services provider in Kent County, where it has provided scattered-site permanent supportive housing (PSH) programs funded by HUD for more than 20 years. The National Alliance to End Homelessness defines PSH as “an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services” (National Alliance to End Homelessness 2020).

To bolster the effectiveness of its PSH programs, Community Rebuilders employs a Housing First approach, which prioritizes placing people in permanent housing as a platform for improving their quality of life. In a Housing First approach, people experiencing homelessness are not required to address other problems, such as substance use, before receiving housing (National Alliance to End Homelessness 2016). Once a person is housed, PSH programs offer supportive services to maximize housing stability and prevent returns to homelessness. Permanent supportive housing models that use a Housing First approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs (U.S. Department of Housing and Urban Development 2007).

In 2020, Community Rebuilders expanded its capacity to meet the needs of families experiencing homelessness by establishing the Gather Resources and Align Community Efforts (G.R.A.C.E.) Network, which comprises 18 healthcare and social services organizations across Kent County. Collaboration among partner organizations is supported by an online platform developed by Signify Health. The Signify Health platform enables partner organizations to share information about, and coordinate service delivery for, individuals and families with complex needs, which aligns well with the PSH model.

Evaluation of Households Receiving Permanent Supportive Housing Services

Community Rebuilders engaged Public Sector Consultants (PSC) to conduct an evaluation of its work to provide permanent supportive housing (PSH) for, and improve the health and well-being of, 47 families with complex health and social needs in Kent County. Thirty-five of these families are residing in Spectrum Health Healthier Communities’ Invest Health Neighborhoods of Focus (NOF). The other 12 are receiving services through a recent expansion of the Community Rebuilders’ Long-Term Opportunities for Tenancy (LOFT) program. All of these households are receiving PSH services from Community Rebuilders. Households in the NOF entered services and were housed by Community Rebuilders between June 2000 and July 2020. The LOFT expansion households began entering services in August 2020, so they have just recently been housed.

This report includes a description of the evaluation population, including demographics and vulnerabilities as well as an assessment of participants’ housing stability, affordability, quality, and safety; changes in income; disabilities; health insurance status; and access to services and resources.

Data Sources and Methodology

Data for the evaluation come from four primary sources: the Homeless Management Information System (HMIS); the G.R.A.C.E. Network Signify Health platform; Community Rebuilders’ customer satisfaction

survey; and the HUD Homelessness Data Exchange. PSC also accessed data from the U.S. Census Bureau to compare the evaluation population's demographic composition with that of surrounding areas.

Homeless Management Information System

A local Homeless Management Information System (HMIS) database is required by the U.S. Department of Housing and Urban Development (HUD) for all of their Continuum of Care (CoC) sites, which includes Community Rebuilders' Permanent Supportive Housing programs. HMIS is used to collect client-level data and data on the provision of housing and other services to homeless individuals and families and persons at risk of homelessness (HUD Exchange 2021). Community Rebuilders provided demographic data from HMIS for each of the 47 households as well as customer-level data to assess changes in income, non-cash benefits, disabilities, and health insurance status.

G.R.A.C.E. Network Signify Health Platform

The G.R.A.C.E. Network Signify Health platform offers a sophisticated data collection and reporting system that allows Community Rebuilders and its partners to monitor success and guide programming. Data collected and stored in the G.R.A.C.E. Network Signify Health platform includes LifeWorks survey data and information about community services accessed by families receiving PSH services.

Community Rebuilders uses the LifeWorks survey to measure indicators of well-being over time among the people it serves. The survey is conducted upon program entry and again after the customer is housed or experiences another significant life change (e.g., change in income/benefits, change in household composition). The LifeWorks survey uses a five-point scale, with one being "in crisis" and five being "empowered," to measure a person's well-being in 14 different domains.¹

Because the G.R.A.C.E. Network Signify Health platform contains data from multiple organizations, Community Rebuilders is able to identify the extent to which its customers' needs other than housing are being met in the community. PSC used this data to ascertain how many and which services Community Rebuilders' customers access once they are enrolled in one of its housing programs.

Community Rebuilders' Customer Satisfaction Survey

Community Rebuilders collects customer satisfaction information through routine surveys conducted with program participants. Because these surveys are anonymous, the data and information from these surveys described in this evaluation are not limited to and may not include all program participants who are part of the analysis. The customer satisfaction survey information presented throughout this report combines data collected between January and December 2020.

HUD Exchange

The HUD Exchange provides data, resources, trainings, and technical assistance support for HUD's community partners. It includes public access to aggregated HMIS data on HUD's CoC programs in areas including rates of first-time homelessness, income, and housing stability, as well as others (HUD Exchange October 2020a). PSC used housing stability data from the HUD Exchange to identify the percentage of customers who have remained in PSH or exited from the PSH program into permanent

¹ LifeWorks survey domains include housing, employment, benefit income, food, healthcare coverage, adult education, language/literacy, transportation, disabilities and physical health, mental health, substance use, safety, intimate relationships, childcare, and education of customer's children.

housing. The data is available as a national average, and for each CoC-funded site (HUD Exchange October 2020b).

Evaluation Findings

By analyzing data from the sources described above, PSC was able to describe the population served by Community Rebuilders, including their demographic characteristics as well as the vulnerabilities that Community Rebuilders works to address through its PSH programs. PSC also described Community Rebuilders' overall approach and level of success in helping these households obtain safe, affordable housing and connecting them to helpful supports and services. The effects of these services are demonstrated in the changes the population experienced in overall well-being, housing status, income, and health.

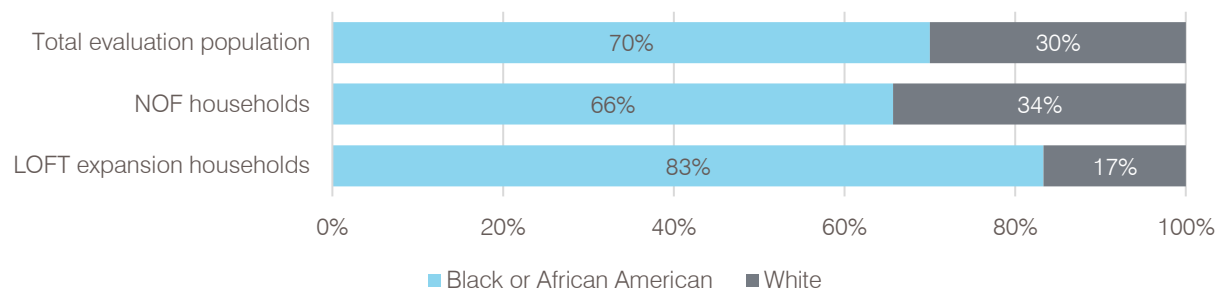
The People Community Rebuilders Serves

Heads of household in the evaluation population varied by race, age, and gender. However, they were predominantly Black or African American, mostly age 50 or older, and just over half were female. These households also have a history of homelessness, very limited incomes, and at least one serious physical or mental disability.

Disproportionately Black or African American

Seventy percent of heads of household in the evaluation population were Black or African American, with the other 30 percent being white (Exhibit 2). No heads of household reported being any other race or ethnicity. A larger percentage of LOFT expansion heads of household were Black or African American than NOF heads of household, 83 percent compared to 66 percent.

EXHIBIT 2. Evaluation Population Race

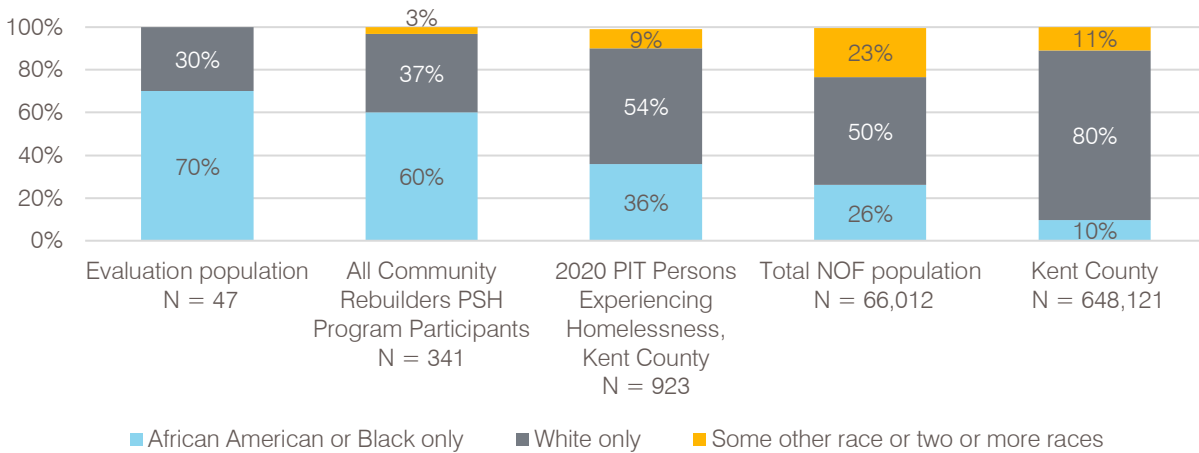


Note: N = 47 (total evaluation population); N = 35 (NOF households); N = 12 (LOFT expansion households).

One way to assess whether housing programs are reaching the most vulnerable populations is comparing the racial composition of people receiving services to estimates of homeless households by race. According to a 2020 Point in Time (PIT) count of people experiencing homelessness across Kent County, more than one-third (36 percent) are Black or African American. Given that only 10 percent of the Kent County population identify as Black or African American, it is clear that homelessness affects people of color disproportionately. While a PIT count is not available for smaller sub-geographies in the county, census

data show that 26 percent of people in the NOF area identify as Black or African American—more than twice the percentage across the county. This may explain why the percentage of people in the evaluation population who identify as Black or African American (70 percent) is nearly twice that of the PIT count in Kent County (36 percent) (Exhibit 3).

EXHIBIT 3. Race Comparison

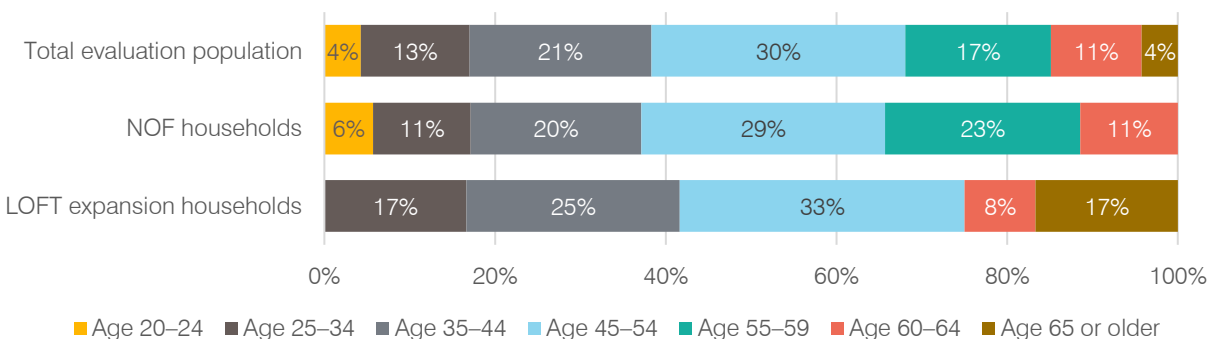


Source: PSC analysis HMIS data; Grand Rapids Coalition to End Homelessness n.d.; U.S. Census Bureau 2019a.

Predominantly Middle-aged and Female

Heads of household ranged in age from 22 to 72 years old at program entry, with an average age of 47 and a median age of 51. Almost half (47 percent) were between the ages of 45 and 59, with 21 percent aged 35 to 44 years (Exhibit 4). While only 4 percent of the total evaluation population was 65 years or older, 17 percent of the LOFT expansion households fell into this age range.

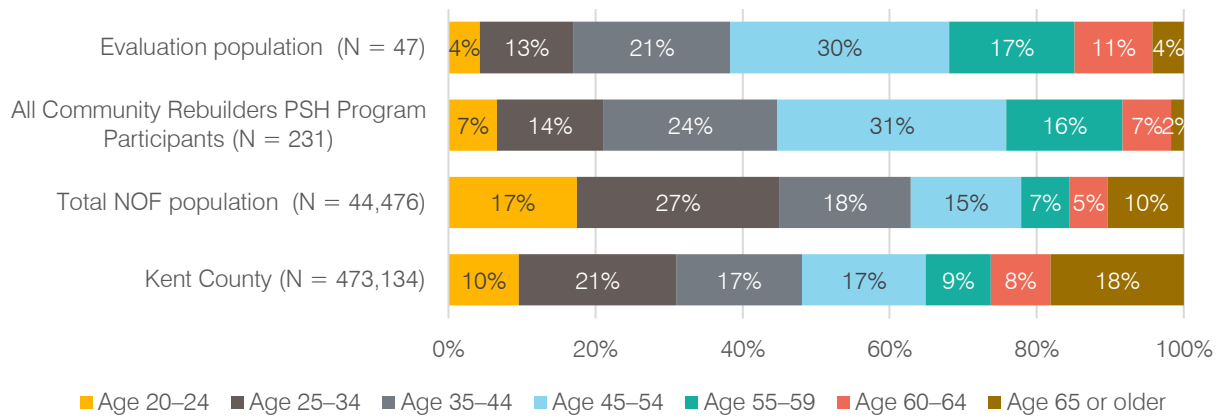
EXHIBIT 4. Evaluation Population Age at Program Entry



Note: N = 47 (total evaluation population); N = 35 (NOF households); N = 12 (LOFT expansion households).

More than two-thirds (68 percent) of the evaluation population were between the ages of 35 and 59 compared to 40 percent NOF census tracts population and 43 percent of Kent County’s population. Fewer heads of household in the evaluation population were under 35 years of age and 60 or older (Exhibit 5). The age breakdown of the evaluation population was similar to that of the entire PSH program population.

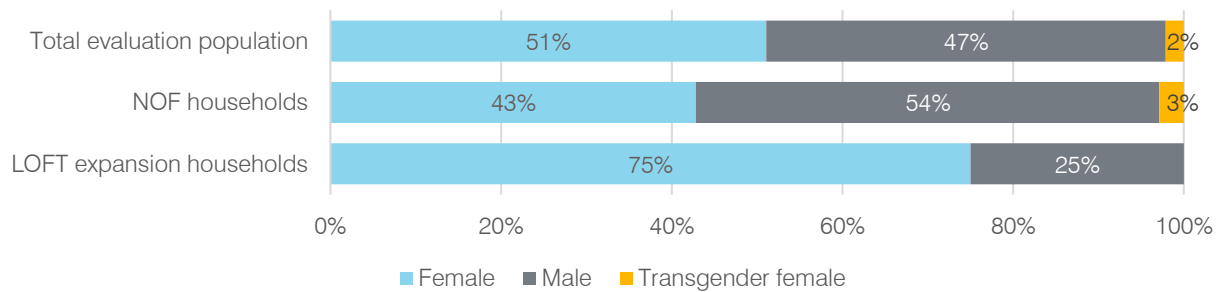
EXHIBIT 5. Age Comparison



Source: PSC analysis of HMIS data; U.S. Census Bureau 2019a
 Note: Census percentages are out of those age 20 or older.

Over half (51 percent) of the heads of household were female and 47 percent were male (Exhibit 6). A larger percentage of LOFT expansion heads of household than NOF heads of household were female, 75 percent compared to 43 percent.

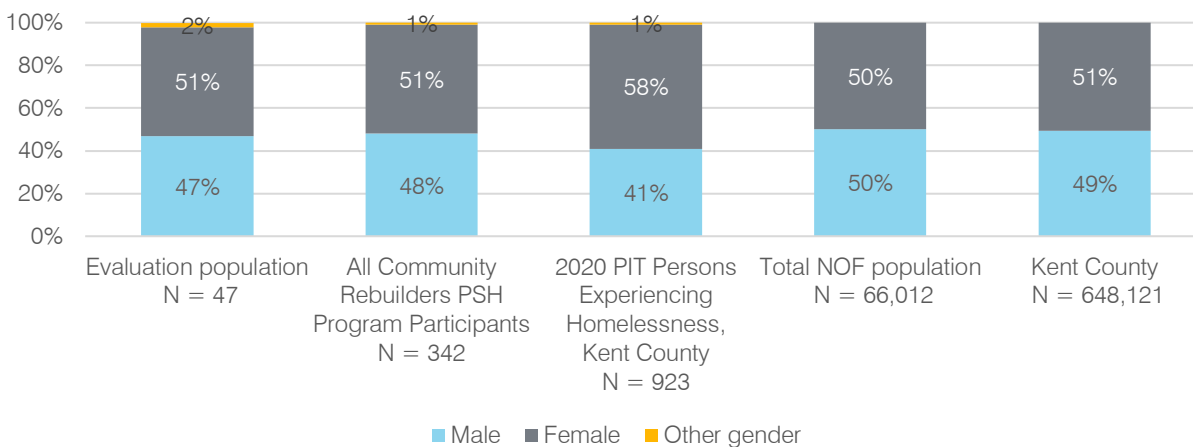
EXHIBIT 6. Evaluation Population Gender



Note: N = 47 (total evaluation population); N = 35 (NOF households); N = 12 (LOFT expansion households).

The gender breakdown of the evaluation population was fairly consistent with the population of all Community Rebuilders’ PSH programs, the NOF census tracts, and Kent County (Exhibit 7). Females made up a slightly disproportionate percentage (58 percent) of individuals experiencing homelessness in Kent County compared to these other populations (approximately 50 percent).

EXHIBIT 7. Gender Comparison

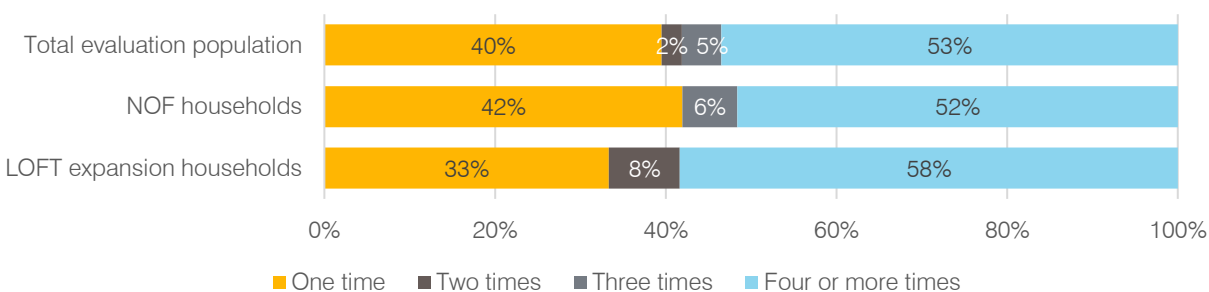


Source: PSC analysis of HMIS data; Grand Rapids Coalition to End Homelessness n.d.; U.S. Census Bureau 2019a
 Note: Census gender data options only include male and female.

A History of Homelessness

More than half (53 percent) of households in the evaluation population had experienced four or more episodes of homelessness before entering Community Rebuilders’ programs, and 40 percent had experienced one episode (Exhibit 8). The remaining 7 percent had experienced between two and three episodes of homelessness.

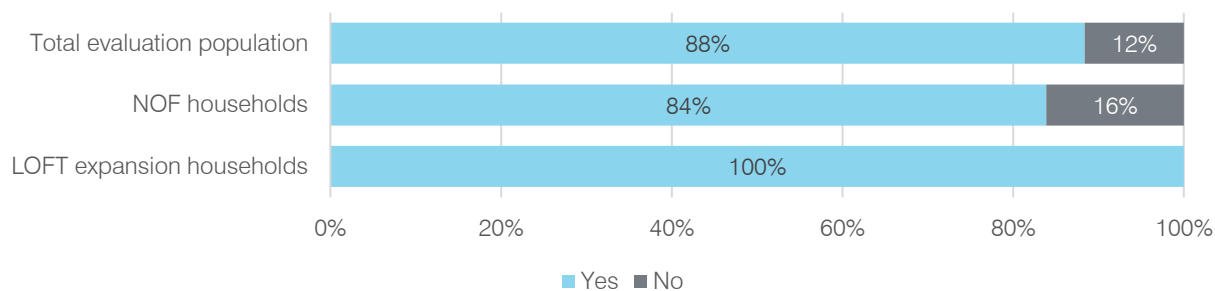
EXHIBIT 8. Number of Homelessness Episodes



Note: N = 43 (total evaluation population); N = 31 (NOF households); N = 12 (LOFT expansion households). Data missing for four evaluation households. Percentages may not total 100 due to rounding.

The vast majority of households in the evaluation population (88 percent), including 100 percent of the LOFT households, were chronically homeless at program entry, meaning the head of household had at least one disabling condition and either one episode of homelessness totaling 12 months or more or four episodes of homelessness totaling 12 months or more over the last three years (Exhibit 9).

EXHIBIT 9. Participants Experiencing Chronic Homelessness at Program Entry



Note: N = 43 (total evaluation population); N = 31 (NOF households); N = 12 (LOFT expansion households). Data missing for four evaluation households.

Limited Income

At program entry, monthly income across all evaluation households ranged from \$0 to \$3,945 with an average monthly income of \$743 and a median of \$733 (Exhibit 10). Average income of the LOFT expansion households was slightly higher than that of the NOF households, \$858 compared to \$704.

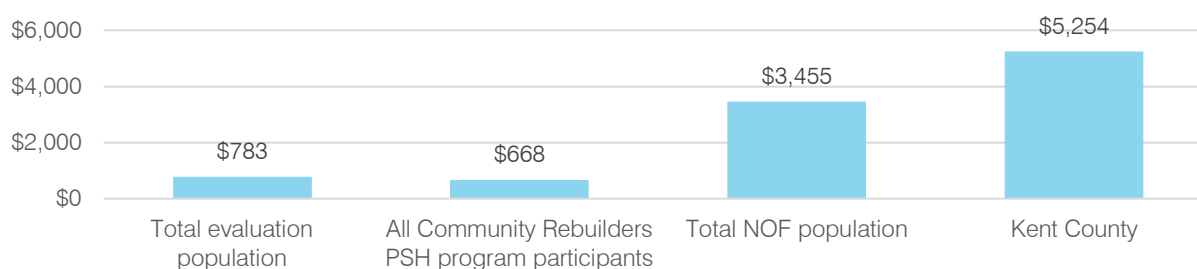
EXHIBIT 10. Monthly Income

	Range	Average	Median
Total evaluation population	\$0–\$3,945	\$743	\$733
NOF households	\$0–\$3,945	\$704	\$710
LOFT expansion households	\$0–\$1,699	\$858	\$830

Note: N = 47 (total evaluation population); N = 35 (NOF households); N = 12 (LOFT expansion households).

The average of median monthly incomes for the total NOF census tracts population is much higher than the evaluation population, \$3,455 compared to \$783. Median monthly income in Kent County is even higher at \$5,254 (Exhibit 11).

EXHIBIT 11. Median Income Comparison

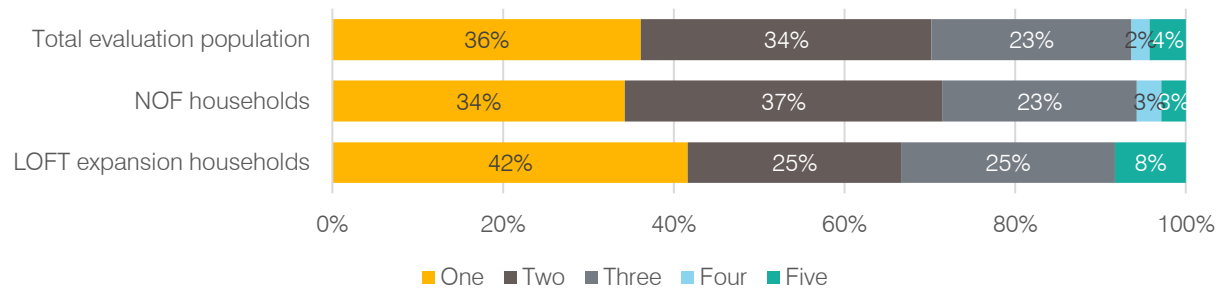


Source: PSC analysis of HMIS data; U.S. Census Bureau 2019b

Physical and Mental Disabilities

To be eligible to participate in a PSH program, heads of household must have at least one qualifying disability, which includes developmental disabilities; mental health, physical/medical health or chronic health conditions; substance use disorders; or HIV/AIDS. Around one-third of participating heads of household had one (36 percent) qualifying disability, another third (34 percent) had two disabilities, and the remaining third (29 percent) had three or more disabilities (Exhibit 12).

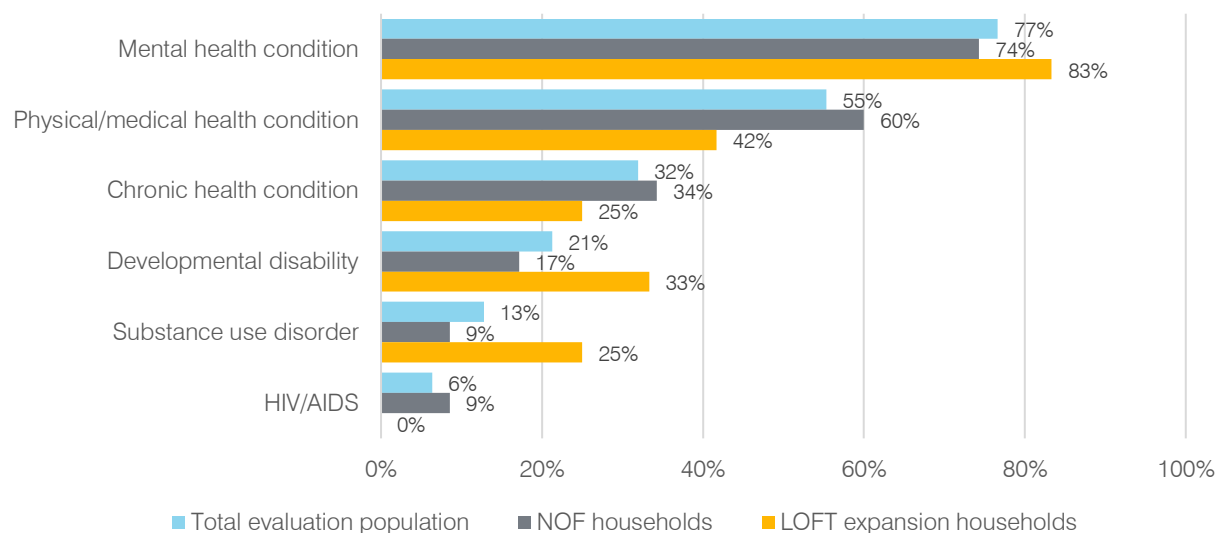
EXHIBIT 12. Number of Disabilities



Note: N = 47 (total evaluation population); N = 35 (NOF households); N = 12 (LOFT expansion households). Percentages may not total 100 due to rounding.

Over three-quarters of heads of households had a mental health condition, over half had a physical/medical health condition, and nearly one-third (32 percent) had a chronic health condition (Exhibit 13). Fewer had a developmental disability, substance use disorder, or HIV/AIDS.

EXHIBIT 13. Types of Disabilities



Note: N = 47 (total evaluation population); N = 35 (NOF households); N = 12 (LOFT expansion households). Percentages total more than 100 because participants could have more than one disability.

Permanent Supportive Housing Solutions

The goal of Community Rebuilders is to find permanent housing for families and keep them housed long-term. Ensuring a family is housed allows them to focus on other important areas of life, such as employment and medical care. PSC analyzed data from the HMIS, G.R.A.C.E. Network Signify Health platform, HUD, and customer satisfaction surveys to describe how Community Rebuilders helps families obtain safe, affordable housing and connects them with other supportive services.

Promoting Housing Stability

When a family is referred for services, Community Rebuilders works to secure safe and permanent housing as quickly as possible. All HUD CoC Program-funded PSH beds dedicated to chronically homeless households are required to be used to house persons experiencing chronic homelessness unless no one within the CoC meets the criteria for chronic homelessness. Households experiencing chronic homelessness are identified through a coordinated entry process that ensures that households with the greatest level of need are given priority access to available CoC Program-funded beds.

The households included in the evaluation are all current Community Rebuilders' customers, so they represent households that have remained housed since they entered the program. The length of time these families have remained stably housed ranged from 21 days to nearly 21 years (7,552 days), with an average length of time of more than three years (1,226 days) (Exhibit 14).

Across all Community Rebuilders' PSH programs, 97.6 percent of households have remained in PSH or exited from the PSH program into permanent housing. This is slightly higher than Kent County's average for those who remain housed in PSH or exited to permanent housing (96.8 percent) and is also higher than the national average (95.8 percent) (HUD Exchange October 2020b).

EXHIBIT 14. Number of Days in Permanent Housing

	Range	Average	Median
Total evaluation population	21–7,552	1,226	1,099
NOF households	209–7,552	1,562	1,622
LOFT expansion households	21–173	95	98

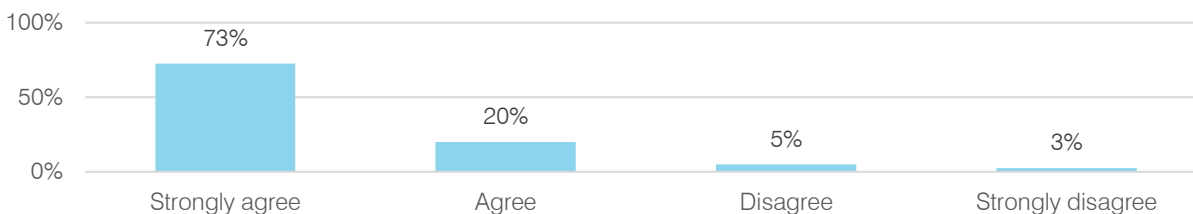
Note: N = 46 (total evaluation population); N = 35 (NOF households); N = 11 (LOFT expansion households). The length of time families remained housed from their move-in date was calculated as of February 10, 2021.

Focusing on Housing Quality, Safety, and Affordability

Housing Quality and Safety

Housing quality and safety are important to a family's health and well-being. HUD has established criteria for safe, decent, and sanitary housing, including assessment of lead hazards. Every occupied housing unit must meet these criteria prior to a family moving in and upon annual reinspection of the unit. If deficiencies are found, Community Rebuilders works with the landlord to address them to ensure the family is able to continue occupancy. Nearly all customer satisfaction survey respondents (93 percent) strongly agreed or agreed that the PSH program helped them obtain such housing of their choosing (Exhibit 15).

EXHIBIT 15. PSH Program Helped Client Obtain Decent Housing



Note: N = 40

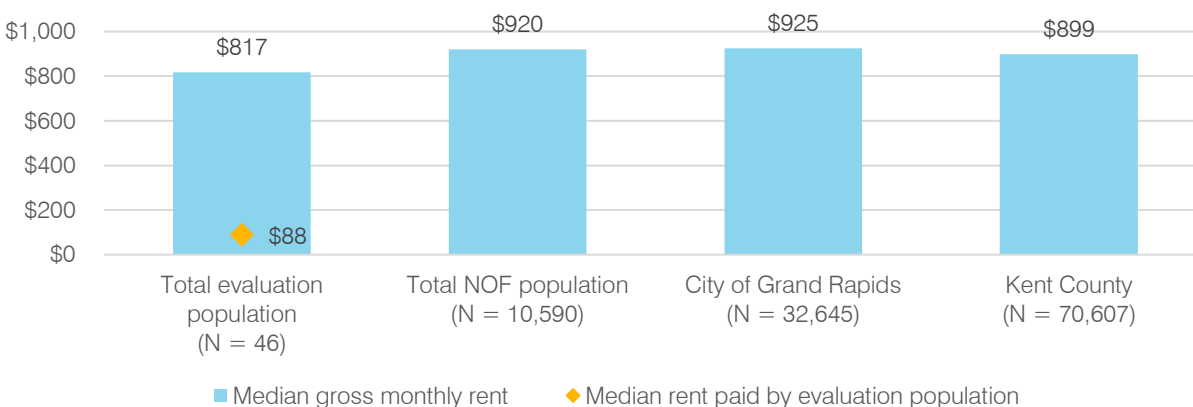
Housing Affordability

Housing affordability is determined by the percentage of a family's income that is spent on housing. Housing is considered affordable when a family spends no more than 30 percent of their income on housing (HUD User n.d.). Keeping housing costs below 30 percent of income is intended to ensure that households have enough money to pay for other nondiscretionary costs. PSH programs provide rental assistance to participants that results in much lower monthly payments for consumers to ensure that families in their PSH programs pay no more than 30 percent of their income toward their housing. This is reevaluated on an annual basis to ensure ongoing affordability and stable housing for all consumers.

Gross monthly rent for the housing units leased by families in the evaluation population ranged from \$623 to \$1,462 with a median of \$817. With rental subsidies, the tenant portion of the rent ranged from \$0 to \$448 per month, with a median of \$88 per month (Exhibit 16). In comparison, the average median monthly rent in the 17 census tracts included in the NOF area is \$920, in Grand Rapids median monthly rent is \$925, and in Kent County median rent is \$899 per month.

The fact that the gross monthly rent figures for the families in the evaluation population are in line with gross monthly rents in the surrounding areas is also an indicator that the housing units leased to the evaluation population are not of substandard quality.

EXHIBIT 16. Median Monthly Gross Rents and Tenant Portion

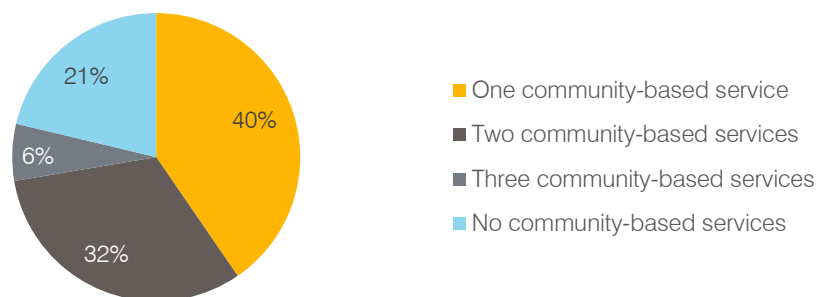


Source: U.S. Census Bureau 2019c

Connecting Families to Supportive Services

In addition to helping consumers find stable permanent housing, Community Rebuilders' PSH programs help connect participants to other needed resources, including healthcare, food assistance, and employment. Supportive services are voluntary; families are not required to access these services to obtain housing. However, most (78 percent) of the families included in the evaluation received at least one community-based supportive service. Of those, more than half accessed one service, 41 percent accessed two different services, and the remaining 8 percent accessed three different community-based services (Exhibit 17).

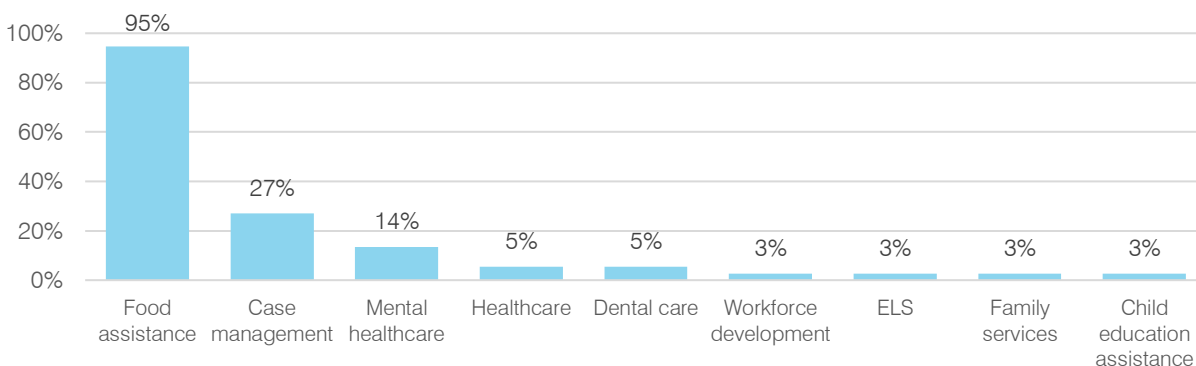
EXHIBIT 17. Number of Additional Community-based Services Accessed



Note: N = 47 (total evaluation population). Percentages may not total 100 due to rounding.

Of families that accessed any additional services, nearly all (95 percent) accessed food assistance (Exhibit 18). This was followed by case management (27 percent) and mental healthcare (14 percent). Community Rebuilders housing resource specialists provide ongoing case management services to all families for the duration of their participation in the program; the chart below reflects additional case management services provided by other agencies. Recent research shows that the COVID-19 pandemic has made it more difficult for people experiencing homelessness to meet their basic needs, such as getting enough food to eat, accessing case management services, and obtaining mental health and substance use services (Tucker 2020).

EXHIBIT 18. Community-based Services Used by Housing Program Participants



Note: N = 37 (total evaluation population). Percentages total more than 100 because participants could have accessed more than one community-based service.

Improvements in Family Well-being

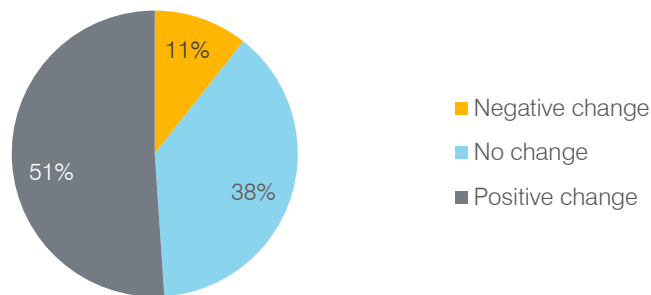
The impact of the services provided by Community Rebuilders on the households in the evaluation population is demonstrated through changes in LifeWorks survey scores, HMIS data, and customer satisfaction survey responses. PSC’s analysis of these data sources found increased income among heads of household; increased access to healthcare, food, and transportation; and greater overall well-being.

Increased Income

Community Rebuilders aims to increase consumer income by ensuring that families are receiving all of the benefit income for which they are eligible, along with assisting customers with obtaining employment when appropriate.

Customers had an average income of \$743 at program entry and \$836 at an interim review, an average increase in income of \$93 per month. Over half (51 percent) had a positive change in monthly income, 38 percent had monthly income that remained unchanged, and 11 percent experienced a reduction in income (Exhibit 19).

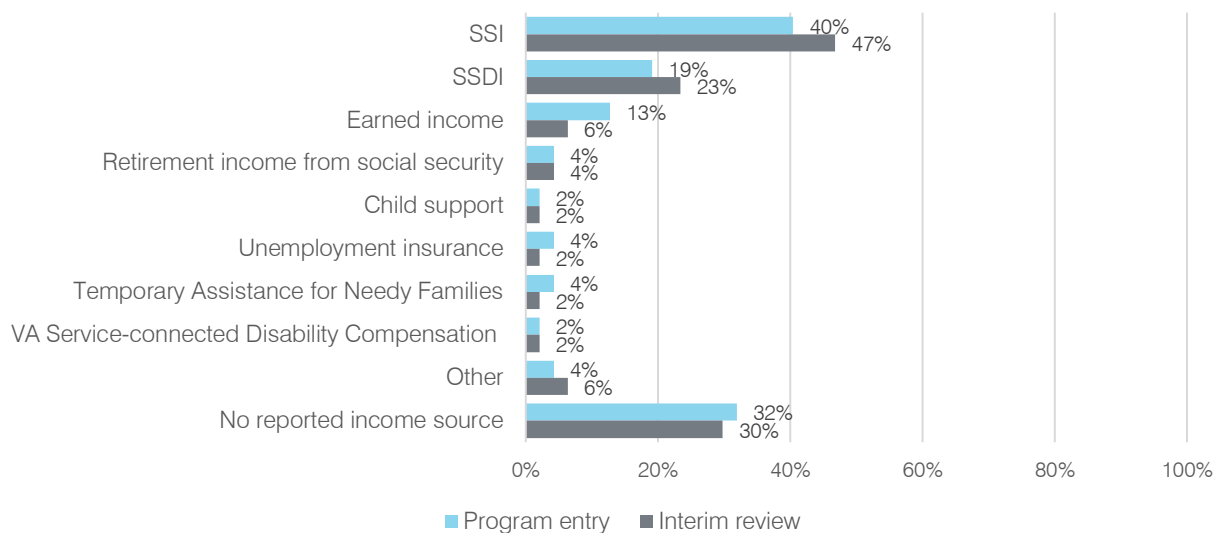
EXHIBIT 19. Individual Change in Monthly Income



Note: N = 47

Consumers were more likely to be receiving income from SSI/SSDI at the interim review than at program entry, 47 percent compared to 40 percent for SSI and 23 percent compared to 19 percent for SSDI. Fewer evaluation households were receiving earned income at the interim review, 6 percent compared to 13 percent (Exhibit 20). Around one third of clients reported no income source at either program entry or interim review.

EXHIBIT 20. Change in Income Source

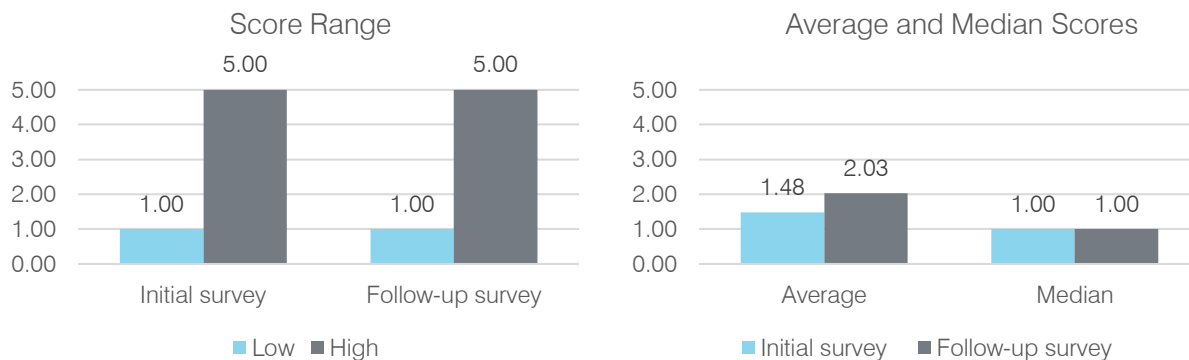


Note: N = 47

Employment

As measured on the LifeWorks survey, program participants’ employment status is rated on a scale of one to five. Those who are considered in crisis (a score of one) have no job and those considered empowered (a score of five) maintain permanent full-time employment with adequate pay and benefits. Among the evaluation population, the average employment domain score was 1.48 at program entry and increased to 2.03 after the family was housed or experienced another significant life change, an average increase in score of 0.55 (Exhibit 21). While Community Rebuilders aims to help program participants obtain employment whenever possible, this is not a primary focus given participants’ disabilities. Thus, average scores for this domain were on the low side; however, scores did range from one to five, with some participants going from a score of one to a score of five between their initial and follow-up surveys.

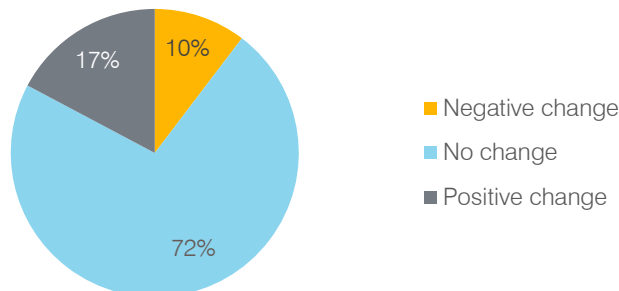
EXHIBIT 21. LifeWorks Employment Domain Scores



Note: N = 29

Nearly three-quarters of participants did not experience a change in employment status between their initial and follow-up surveys. Seventeen percent saw an increase in their employment domain score and 10 percent experienced a decrease (Exhibit 22).

EXHIBIT 22. Individual Change in LifeWorks Employment Domain Score

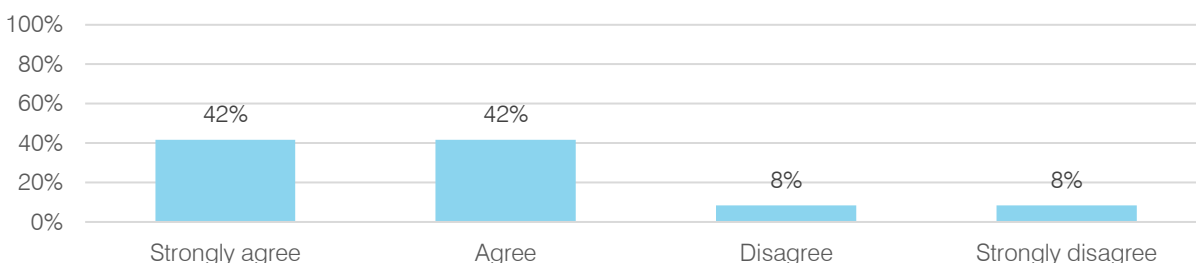


Note: N = 29

Customer Satisfaction

Most customer satisfaction survey respondents (84 percent) either strongly agreed or agreed that the PSH program helped them obtain employment or other income (Exhibit 23).

EXHIBIT 23. PSH Program Helped Customer Obtain Employment or Other Income



Note: N = 24

Improved Health and Access to Healthcare

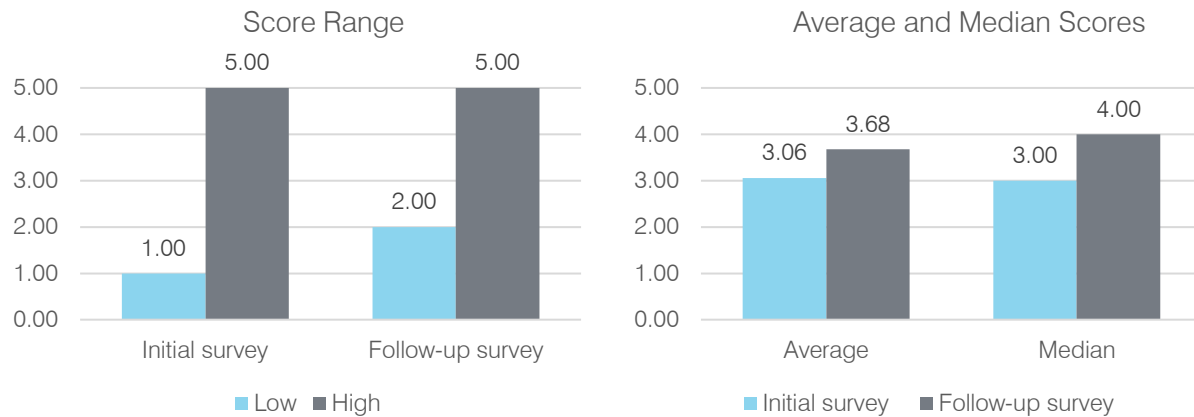
Housing stability, safety, quality, and affordability can effect health outcomes. Having a place to live that is safe and affordable promotes good physical and mental health, whereas poor quality housing or chronic homelessness contributes to health problems like chronic conditions and can exacerbate disabilities (Taylor 2018). The LifeWorks survey measures changes in disabilities and physical health, mental health, substance use, and health insurance. PSC used this data to assess changes in health and access to healthcare among the evaluation population.

Disabilities and Physical Health

For the disabilities and physical health domain score on the LifeWorks survey, a score of one indicates that acute or chronic symptoms are currently affecting the household's housing, employment, social interactions, etc., and a score of five indicates no identified disability or health concerns. Among the evaluation population, the average disabilities and physical health domain score was 3.06 at program

entry and increased to 3.68 after the family was housed or experienced another significant life change, with an average increase of 0.62. The median score increased from three to four (Exhibit 24).

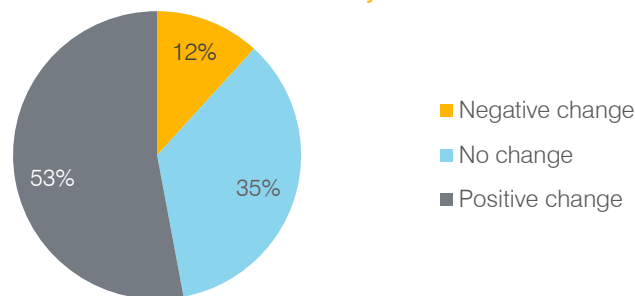
EXHIBIT 24. LifeWorks Disabilities and Physical Health Domain Scores



Note: N = 34

Over half (53 percent) of the households experienced an improvement in their disabilities and physical health domain score, while over one third (35 percent) had scores that remained the same and 12 percent experienced a negative change in their score (Exhibit 25).

EXHIBIT 25. Individual Change in LifeWorks Disabilities and Physical Health Domain Score

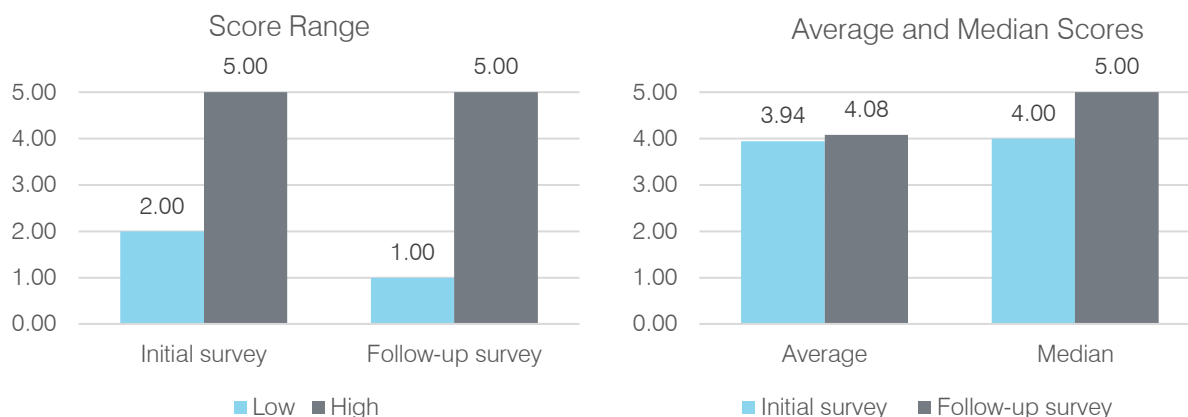


Note: N = 34

Mental Health

For the LifeWorks mental health domain score, a score of one signifies the person is a danger to themselves or others or is experiencing severe difficulties in life due to psychological issues, and a score of five means that mental health symptoms are absent or rare. Among the evaluation population, the average mental health domain score was 3.94 at program entry and increased to 4.08 after the family was housed or experienced another significant life change, with an average increase of 0.14. The median score increased from four to five (Exhibit 26).

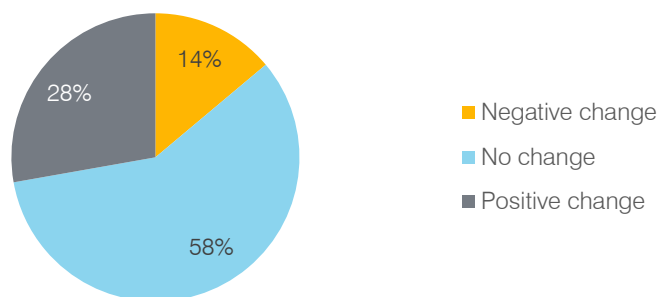
EXHIBIT 26. LifeWorks Mental Health Domain Scores



Note: N = 36

Nearly 60 percent of the households experienced no change in their mental health domain score, while 28 percent had an increase in their score and 14 percent experienced a negative change (Exhibit 27). Domain scores were fairly high on both the initial and follow-up surveys, which may explain the large number who did not experience a score change.

EXHIBIT 27. Individual Change in LifeWorks Mental Health Domain Score

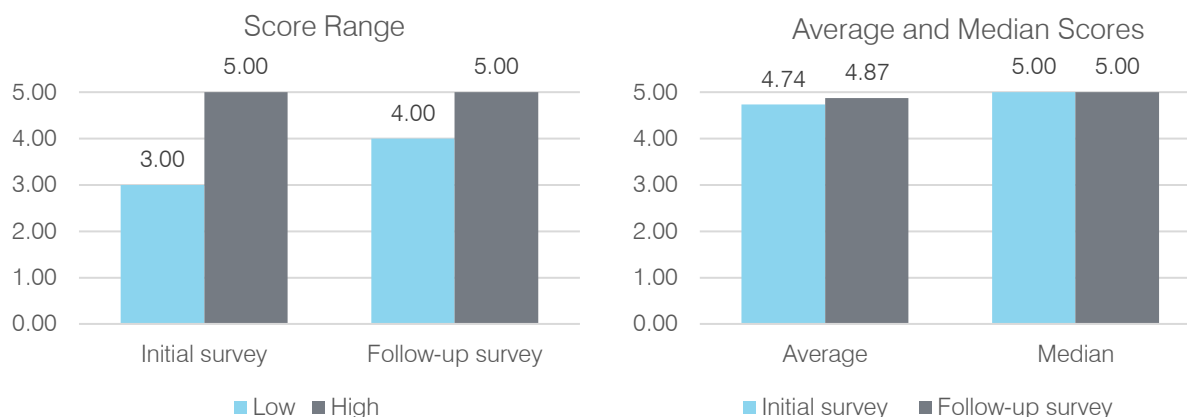


Note: N = 36

Substance Use

For the LifeWorks substance use domain score, a score of one indicates that the criteria for severe abuse/dependence is met, and a score of five indicates no drug use or alcohol abuse in the past six months. High scores on both the initial and follow-up survey may suggest that substance use is not a considerable issue among the evaluation population. The average substance use domain score was 4.74 at program entry and increased to 4.87 after the family was housed or experienced another significant life change, with an average increase of 0.13. The median score was five on both the initial and follow-up survey (Exhibit 28).

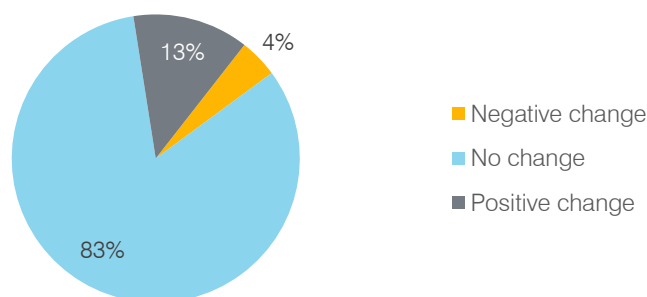
EXHIBIT 28. LifeWorks Substance Use Domain Scores



Note: N = 23

About 80 percent of the households experienced no change in their substance use domain score (83 percent), while 13 percent had a higher score at follow-up and 4 percent experienced a negative change in this domain (Exhibit 29).

EXHIBIT 29. Individual Change in LifeWorks Substance Use Domain Score

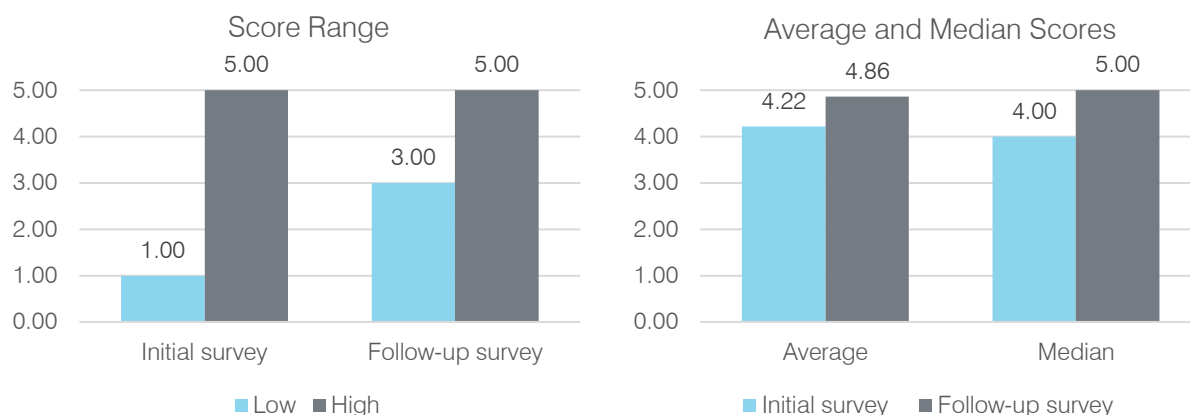


Note: N = 23

Health Insurance

For the LifeWorks healthcare coverage domain score, a score of one signifies that at least one household member is in immediate need of care and has no health insurance and a score of five indicates that all household members are covered by adequate, affordable health insurance. The average healthcare coverage domain score was 4.22 at program entry and increased to 4.86 after the family was housed or experienced another significant life change, with an average increase of 0.64. The median score was four on the initial survey and five on the follow-up survey (Exhibit 30).

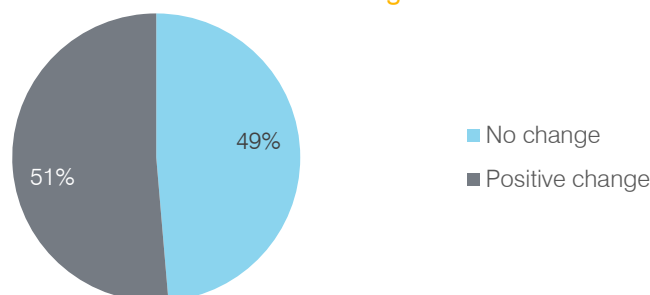
EXHIBIT 30. LifeWorks Healthcare Coverage Domain Scores



Note: N = 37

Over half (51 percent) of the households experienced an increase in their healthcare coverage domain score, while the remainder had no change in their score (Exhibit 31). No households experienced a decreased score.

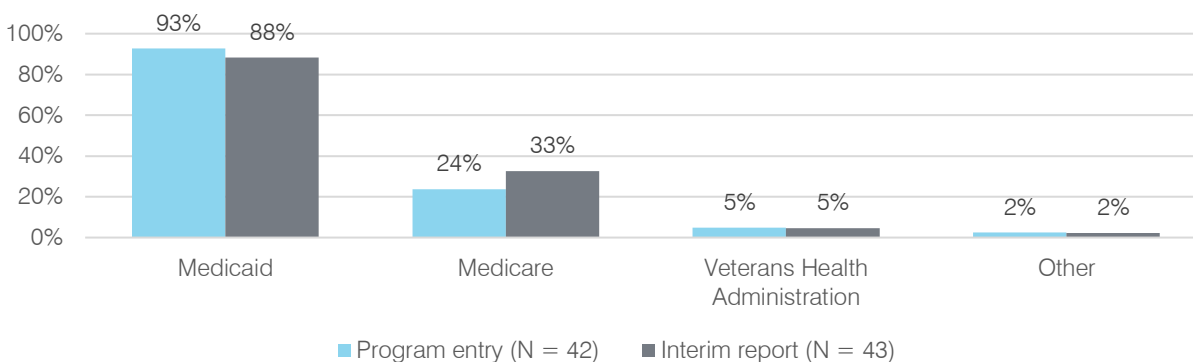
EXHIBIT 31. Individual Change in LifeWorks Healthcare Coverage Domain Score



Note: N = 37

In addition to the LifeWorks healthcare coverage domain score, Community Rebuilders collects data on the specific types of health insurance their program participants have at program entry and at interim reviews. Of the 46 consumers for whom health insurance data was available at program entry, 42 had healthcare coverage, and 43 of the 45 consumers for whom health insurance data was available in an interim review had healthcare coverage. Two consumers who reported no health insurance at program entry had insurance at the time of an interim review. Participants' healthcare coverage included Medicaid, Medicare, and the Veterans Health Administration (VA) (Exhibit 32).

EXHIBIT 32. Types of Healthcare Coverage



Note: N varied between program entry and interim reporting.

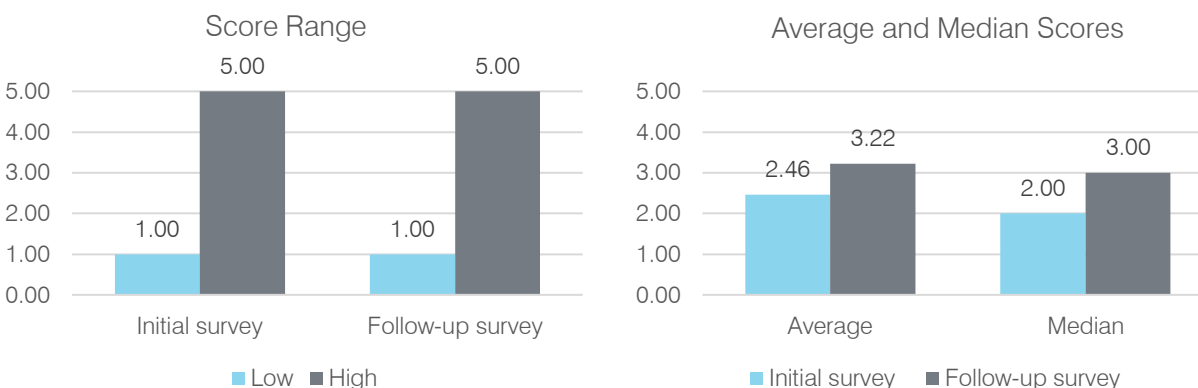
Increased Access to Food and Transportation

Food

Access to food is a key social determinant of health that has a direct impact on a patient’s well-being. Individuals who cannot afford or obtain quality food are more likely to develop chronic illnesses or exacerbate illnesses they already have. Limited access to food can also affect other social determinants, including stunting educational attainment among children who are food insecure (Heath 2019).

For the LifeWorks food domain score, a score of one indicates the household has no food or means to prepare it and that they rely on sources of free or low-cost food, and a score of five indicates that the household is able to purchase any food they desire. The average food domain score was 2.46 at program entry and increased to 3.22 after the family was housed or experienced another significant life change, with an average increase of 0.76. The median score was two on the initial survey and three on the follow-up survey (Exhibit 33).

EXHIBIT 33. LifeWorks Food Domain Scores



Note: N = 37

Over half (51 percent) of the households experienced a positive change in their food domain score, while 38 percent had no change and 11 percent had a negative change in their score (Exhibit 34).

EXHIBIT 34. Individual Change in LifeWorks Food Domain Score

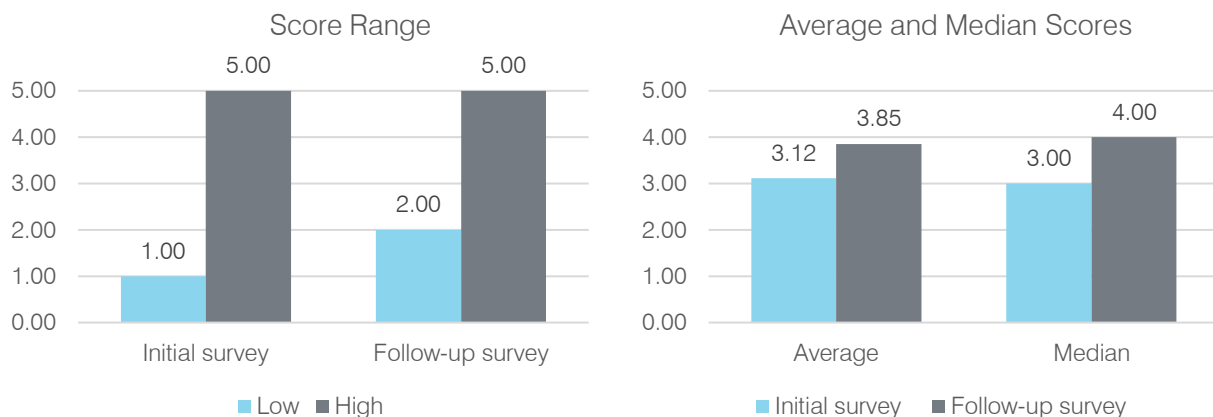


Note: N = 37

Transportation

Not only is access to transportation a determinant of health in itself, but it is also a barrier to addressing other health-related social needs, such as access to healthy food and social connections. For the LifeWorks transportation domain score, a score of one signifies that the household has no access to any public or private transportation, and a score of five indicates that transportation is readily available, affordable, and satisfactory. The average transportation domain score was 3.12 at program entry and increased to 3.85 after the family was housed or experienced another significant life change, with an average increase of 0.73. The median score was three on the initial survey and four on the follow-up survey (Exhibit 35).

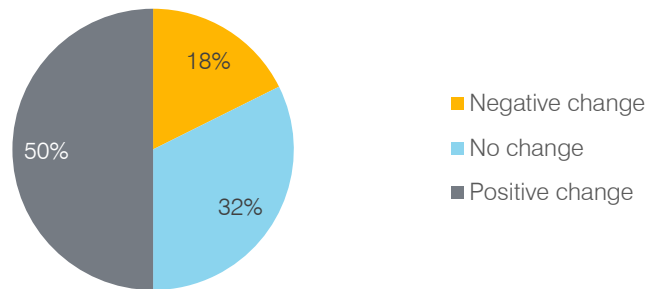
EXHIBIT 35. LifeWorks Transportation Domain Scores



Note: N = 34

Half of the households experienced an increase in their transportation domain score, while one-third had no change in their score and nearly one-fifth experienced a negative change (Exhibit 36).

EXHIBIT 36. Individual Change in LifeWorks Transportation Domain Score

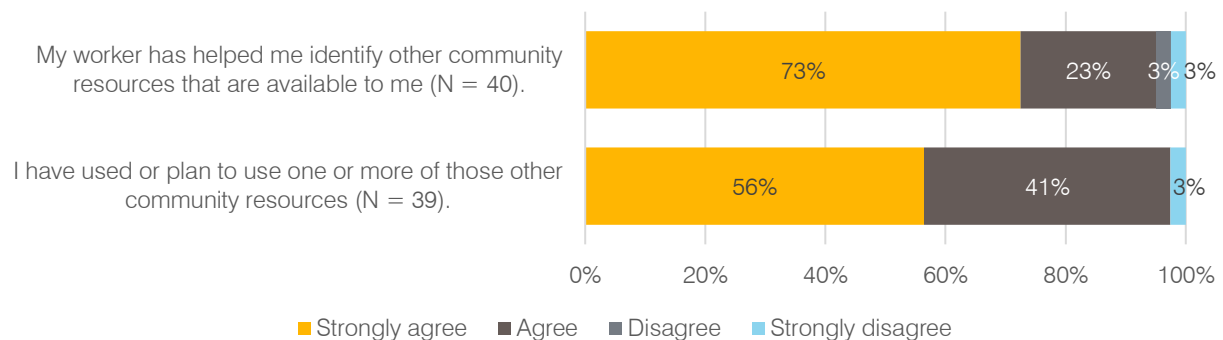


Note: N = 34

Customer Satisfaction

Almost all customer satisfaction survey respondents agreed that the PSH program staff helped them identify available community resources, with nearly three-quarters of program participants strongly agreeing that their Community Rebuilders worker helped them identify these resources. Additionally, over half strongly agreed that they planned to use at least one of these resources (Exhibit 37).

EXHIBIT 37. PSH Program Helped Identify Community Resources



Note: N varied by response.

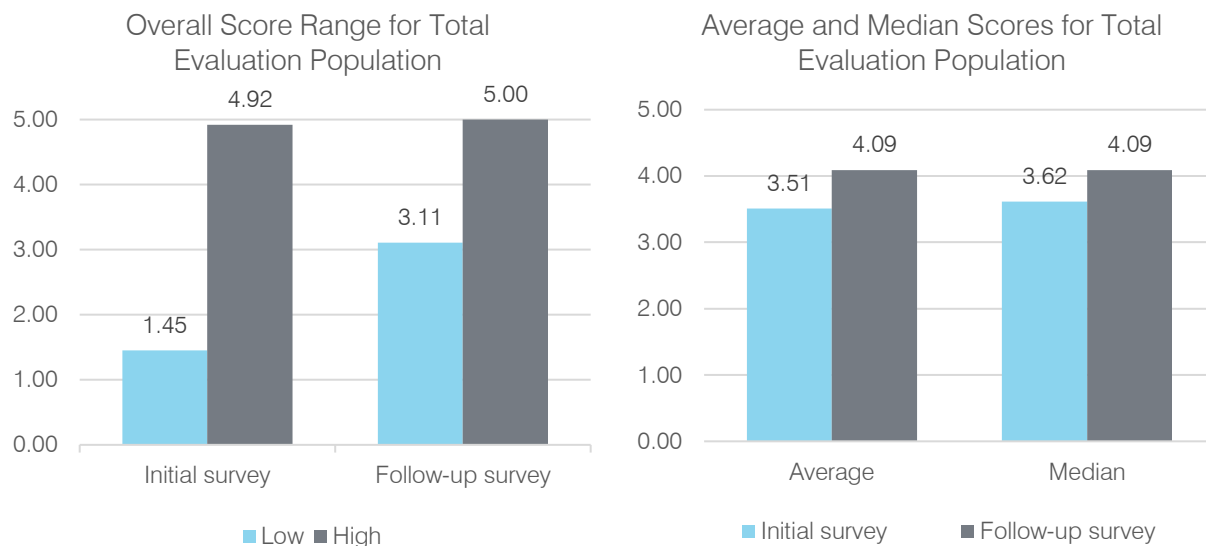
Greater Overall Well-being and High Levels of Customer Satisfaction

All LifeWorks survey domain scores are added together and averaged to obtain an overall score of family well-being.² The average LifeWorks score upon program entry was 3.51 and the average after the family was housed or experienced another significant life change was 4.09. On average, program participants' scores increased by 0.58 (Exhibit 38).³

² See Appendix A for LifeWorks scoring rubric.

³ Statistical significance was determined based on a paired samples t-test. The LOFT and NOF populations' change in scores was statistically significant (p = 0.01). The total population's change in scores was statistically significant (p = 0.00).

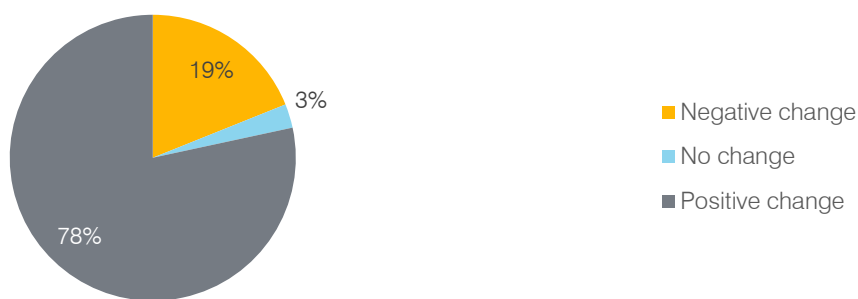
EXHIBIT 38. LifeWorks Survey Scores



Note: N = 37

Over three-quarters (78 percent) of program participants had a positive change in their score after their household was housed or experienced another significant life change, while 3 percent had no change and nearly one-fifth experienced a negative change in their overall score (Exhibit 39).

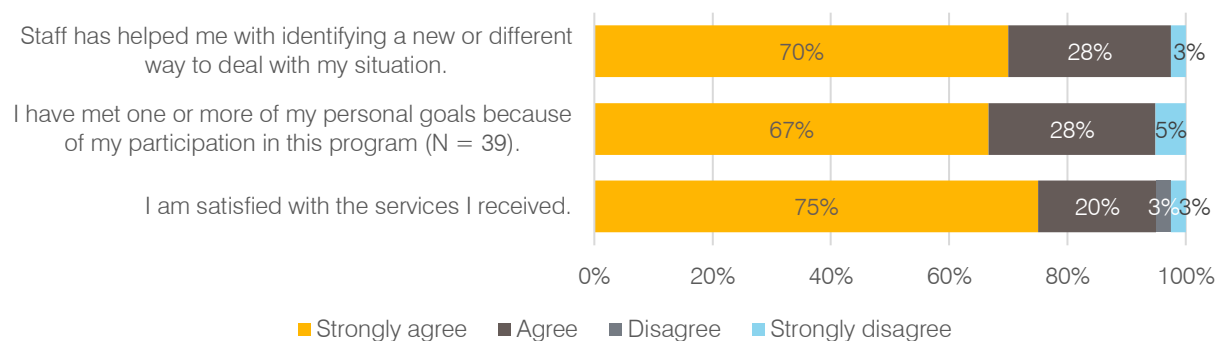
EXHIBIT 39. Individual Change in LifeWorks Survey Score



Note: N = 37

Participants expressed an overall satisfaction with PSH programs and services. Nearly all survey respondents either strongly agreed or agreed that staff helped identify ways to deal with their situation (98 percent), they had met one or more personal goals (95 percent), and they were satisfied with the services they received (95 percent) (Exhibit 40).

EXHIBIT 40. PSH Program Satisfaction



Note: N = 40 unless otherwise noted. Percentages may not equal 100 due to rounding.

Additionally, consumers said that their situations had improved because of participation in the program. Most mentioned improvement in their housing status. Beyond housing, many also mentioned increased stability in their lives in aspects like income, food, and healthcare.

I have stability! I feel better about myself and have more self-esteem. I didn't have much self-esteem when I was homeless and being in the program has lifted my esteem.

—

I am secure in my housing. I know that I can call and get resources. I can communicate better and can share my thoughts when I want to. I am a lot better mentally and I am more settled.

—

It is night and day! I am stable! I am in a stable home. I have a stable income and a stable food source. I have everything that I need to live a comfortable life.

Conclusion

The 35 households in the Spectrum Health Healthier Communities Neighborhoods of Focus and the 12 households in the LOFT expansion population included in the evaluation presented with multiple vulnerabilities when they entered Community Rebuilders' PSH programs. They had a history of homelessness, very low incomes, and, in many cases, multiple physical and mental disabilities. Since accessing Community Rebuilders' services, however, all of these households have obtained stable, safe, affordable housing and many have experienced increases in income along with increased access to healthcare, food and transportation, and greater overall well-being. Through its PSH programs, Community Rebuilders ensures families have a foundation for increasing their well-being by placing them in permanent housing and helping them access additional services and resources. Based on responses to the customer satisfaction survey, program participants are very happy with the impact these services have had on their lives.

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Appendix A: LifeWorks Scoring Rubric

	A	B	C	D	E	F
	Domain	1 (In Crisis)	2 (Vulnerable)	3 (Safe)	4 (Building Capacity)	5 (Empowered)
1	Housing*	Homeless or threatened with eviction.	In transitional, temporary, or substandard housing OR current rent/mortgage payment is unaffordable (over 30% of income)	In stable housing that is only marginally adequate.	Household is in adequate, subsidized housing.	Household is in adequate, unsubsidized housing.
2	Employment	No job.	Temporary, part-time, or seasonal job; inadequate pay and no benefits.	Employed full-time; inadequate pay; few or no benefits.	Employed full-time with adequate pay and benefits.	Maintains permanent full-time employment with adequate pay and benefits.
3	Benefit Income	No Income/high debt levels (credit card/education loan/payday)	No Income	Inadequate or spontaneous income; few or no benefits	Household is receiving all available benefits for which it is eligible.	Household is receiving all available benefits for which it is eligible. Can choose to save for the future.
4	Food*	No food or means to prepare it. Relies significantly on other sources of free or low- cost food.	Household is on SNAP or relies on some other type of assistance.	Can meet basic food needs but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food the household desires.
5	Healthcare Coverage*	At least one household member has immediate need for medical care or attention and has no medical coverage.	No immediate need, but at least one household member has no medical coverage and great difficulty accessing medical care when needed.	At least one household member has no immediate need and no medical coverage, but is able to access medical care when needed.	All household members have some type of medical coverage, but it may strain budget or is less than adequate.	All household members are covered by affordable, adequate health insurance.
6	Adult Education	No HS diploma/GED and is not enrolled in high school or a GED program.	No HS diploma/GED, but the client is enrolled in high school or a GED program.	Client has HS diploma/GED but is not seeking additional education/training to benefit employment.	Client has HS diploma/GED and is seeking additional education/training to benefit employment.	Client has completed additional education/training beyond HS diploma/GED (and is in a position where he/she is employable).
7	Language/Literacy	Literacy or language problems are serious, unaddressed barriers to employment or accomplishing basic day-to-day tasks.	Client has serious language or literacy issues but is enrolled in a literacy or language program.	Client has a sufficient command of English to where language or literacy is not a barrier to employment or accomplishing basic day-to-day tasks.	Client has sufficient command of English but is seeking additional education to resolve remaining language or literacy problems.	Client has no language or literacy problems.
8	Transportation	No access to transportation (public or private).	Transportation is available but unreliable, unpredictable, or unaffordable.	Transportation is available and reliable, but inconvenient.	Transportation is readily available and convenient but not preferred; if client owns a car, lacks either a driver's license or insurance.	Transportation is readily available, affordable, and satisfactory; if client owns a car, has driver's license and a car that is adequately insured.
9	Disabilities & Physical Health	Acute or chronic symptoms are currently affecting housing, employment, social interactions, etc.	Sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Asymptomatic; condition is controlled by services or medication.	No identified disability or health concerns.
10	Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulties in day-to-day life due to psychological issues.	Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent issues with functioning due to mental health	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health issues.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems and concerns.
11	Substance Use	Meets criteria for severe abuse/dependence; (i.e., 6+ criteria); problems so severe that institutionalized living or	Meets criteria for dependence (i.e., 4-5 criteria).	Client has used within the last 6 mo; meets 2-3 criteria for dependence	Client has used during the last 6 mo; meets 0-1 criteria for dependence.	No drug use/alcohol abuse in the last six months.
12	Safety	Environment is not safe; immediate level of lethality is extremely high; possible CPS or police involvement.	Safety is threatened, but temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, but future safety is uncertain; safety planning is important.	Environment is apparently safe and stable.
13	Intimate Relationship(s)	Abuse is present, or all relations have been severed.	Partners do not relate well with one another; potential for abuse or relations being severed.	Partners acknowledge and seek to change negative behaviors; are learning to communicate and support.	Partners support each other's efforts.	Relationship is stable and communication is consistently open.
14	Childcare	Needs childcare but none is available or accessible (including family members or friends).	Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available (including family members or friends).	Affordable, subsidized childcare is available but limited (if family members or friends: availability or interest is limited).	Reliable, affordable childcare is available (could be family members or friends); no need for subsidies.	Able to select quality childcare of choice (could be from among family members or friends).
15	Education of Consumer's Child(ren)	One or more school-aged children are not enrolled in school.	All school-aged children are enrolled in school, but one or more are not attending or only occasionally attending classes OR have unmet educational needs.	School-aged children are enrolled in school, but one or more only attend classes most of the time OR are struggling in at least 3, but not all, of their classes.	All school-aged children are enrolled in school and attend classes on a regular basis, but one or more are struggling in 1-2 classes.	All school-aged children enrolled, attend classes on a regular basis, and are performing well in school.
16	*Domains marked with an asterisk should reflect the level of self-sufficiency of the household (i.e., family members or romantic partners that share an address) and not merely the client's self-sufficiency.					
17						



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