

Permanent Supportive Housing Program Annual Evaluation 2024

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Problem Statement

The IDHS SUPR Permanent Supportive Housing (PSH) program adopts a Housing First Model (HFM) to provide permanent housing and support services to individuals who have behavioral health challenges (e.g., mental health, substance use disorder, or co-occurring disorders) and are at risk of being homeless due to barriers to employment and financial stability. The PSH program includes: 1) receipt of a permanent supportive housing subsidy, and 2) access to intensive case management and support services to address family needs necessary to maintain housing stability.

Six organizations receive funding from IDHS SUPR to implement the PSH program with a target goal of providing PSH units and services for 30 households per year for a total of 180 households annually.

This report documents PSH program activities occurring during 11 months of year two of implementation (Fiscal Year 2024; July 1, 2023 to May 31, 2024). The primary PSH program evaluative

aims included assessing the following questions: 1) who does the PSH program serve?, 2) does the PSH program increase housing stability among program participants?, 3) does the PSH program increase access to recovery capital?, 4) is the PSH program implemented with fidelity to the Housing First model?, and 5) what are the successes, challenges, and lessons learned in terms of PSH program implementation?

Main Findings

Who Has the Program Served?

The program is intended to serve individuals with behavioral health challenges including mental health, substance use, and co-occurring disorders. Since the start of funding, 542 clients have received PSH program services and support. Table 1 provides client descriptive demographics for the population served.

Table 1: PSH Program Participant Demographic Characteristics Since the Start of Funding

	Mean	Standard Deviation/ Range
Age	45.02	12.3/ 20-78
Gender	Frequency	Percent
Male	280	51.8
Female	257	47.5
Transgender, Nonbinary, Other Gender Identity	1	0.2
Missing	4	0.7
Race/Ethnicity		
White or Caucasian	260	48.1
Black or African American	244	45.1
American Indian or Alaskan Native	4	0.7
Two or More Races	13	2.4
Hispanic or Latino	17	3.1
Entered with Children<18		
Yes	119	22.0
No	419	77.5
Missing	3	0.6

Does the PSH Program Increase Housing Stability Among Program Participants?

All six agencies (100%) exceeded their goals to house 30 households. PSH program providers reported providing permanent supportive housing to 605 individuals within 450 households across the six implementation agencies.

PSH program participants were housed in a PSH unit (n=461, 85.21%), 41 were in temporary housing (7.58%), and 33 were homeless (6.10%).

The PSH program was successful at increasing housing stability by reducing hospitalizations (n=19, 3.51%) and incarceration (n=28, 5.18%). A small number of PSH program participants reported exiting the housing that the program placed them in (n=51, 9.43%). Common reasons for housing exits included eviction, incarceration, death, increasing household income, moving out of state, moving in with family or friends, abandoning the housing unit, moving into long-term care, no longer needing services, and unknown reasons.

Does the PSH Program Increase Access to Recovery Capital?

Recovery capital is the internal and external resources an individual accrues to sustain recovery from alcohol or substance use, such as personal capital, social capital, community capital, emotional support, commitment to sobriety, and well-being.

The Brief Assessment of Recovery Capital (BARC10) was used to assess the extent to which the programs increased access to recovery capital. The BARC10 survey measures psychological, physical, social, and environmental resources deemed to mitigate high-stress burden among people recovering from alcohol and other drug use disorders. The BARC10 was collected from each agency at 3 time points: December 2022, December 2023, and June 2023.

Scores on the BARC10 can range from 0-60. Scores of 47 or higher on the BARC10 indicate that an individual is likely to reach or sustain a year or longer of recovery from substance use disorder. In aggregate, BARC10 scores increased at each time point (i.e., 45.5, 46.6, and 48.4), suggesting the PSH program has successfully increased access to recovery capital (Table 2).

Table 2: Brief Assessment of Recovery Capital (BARC10)

Item	Dec 2022		June 2023		Dec 2023	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
1. There are more important things to me in life than using substances.	5.5	1.1	5.4	1.1	5.4	1.2
2. In general, I am happy with my life.	4.0	1.5	4.4	1.4	4.2	1.4
3. I have enough energy to complete the tasks I set myself.	4.4	1.5	4.5	1.2	4.6	1.4
4. I am proud of the community I live in and feel part of it.	3.8	1.7	4.3	1.4	4.0	1.6
5. I get lots of support from friends.	3.7	1.9	3.8	1.7	3.7	1.8
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol.	4.6	1.6	4.6	1.3	4.8	1.4
7. My living space has helped to drive my recovery journey.	4.2	1.9	4.7	1.5	4.3	1.8
8. I take full responsibility for my actions.	5.6	0.9	5.4	1.0	5.8	0.8
9. I am happy dealing with a range of professional people.	5.5	0.9	5.1	1.2	5.4	1.0
10. I am making good progress on my recovery journey.	4.8	1.5	4.8	1.4	5.0	1.3
Total BARC10 Score	45.5	4.2	46.6	0.7	48.4	3.8

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Is the PSH Program Implemented with Fidelity to the Housing First Model?

The Housing First Fidelity Index (HFFI) was administered to each PSH program grantee. The HFFI is a multi-item survey to assess implementation fidelity to the Housing First Model (HFM). Scores

can range from 24 to 120, with higher HFFI scores indicating stronger implementation fidelity.

As depicted in Table 3, the PSH program provider organizations implemented the Housing First model with high fidelity (Mean=98.67, Standard Deviation=8.06).

Table 3: Housing First Fidelity Index

HFFI Dimension	Definition	Mean	Standard Deviation	Possible Range	Actual Range
Human Resources Structure and Composition (HRSC)	Composition and structure of the staffing at an organization implementing PSH.	13.7	0.9	3 to 15	13 to 15
Program Boundaries (PB)	Limits placed on who the program will serve and the responsibilities of key staff members.	12.0	2.2	3 to 15	8 to 15
Flexible Program Policies (FPP)	Extent that policies and rules are written to appropriately serve consumers with the greatest need/vulnerability and to allow them maximum choice in terms of substance use and housing.	44.5	4.2	10 to 50	38 to 50
Nature of Social Services (NSS)	Structure, policies, and practices related to social services offered by the organization.	19.2	2.5	5 to 25	16 to 24
Nature of Housing and Housing Services (NHHS)	Structure of the housing and housing services offered by the program.	9.3	2.0	3 to 15	7 to 13
HFFI Total	Total HFFI score.	98.7	8.1	24 to 120	89 to 109

Continuing Challenges

Maintaining communication, building rapport, and developing a therapeutic relationship with PSH program participants following program enrollment was identified as essential but challenging for many programs. Program staff expressed concern that participant contact and communication challenges could reduce their awareness about participants' well-being and unmet needs, which might place participants at risk for eviction.

Finding and retaining housing for PSH program participants was a challenge frequently identified by PSH program staff. This was particularly true for securing affordable PSH units in

buildings and neighborhoods conducive to recovery. Proactive landlord engagement and working with PSH program participants to ensure program and lease compliance, including on-time rent payments, were critical to maintaining strong landlord relationships and establishing a network of housing providers amenable to accepting PSH subsidies. Landlord engagement was identified as an ongoing challenge and recommendation for ongoing development.

Fostering strong community partnerships ensured that PSH program providers could connect program participants to various programs and services to meet household needs.