Perinatal Housing Grant Project

EVALUATION REPORT

clarus research

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Abbreviations

FCS	Foundational Community Supports
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
MSS	maternal support services
N/A	not applicable
NFP	Nurse-Family Partnership
NICU	neonatal intensive care unit
PHG	Perinatal Housing Grant
RHY	Runaway and Homeless Youth Program
RRH	Rapid Re-Housing
SD	standard deviation
VASH	Veterans Affairs Supportive Housing (HUD program)

Introduction

The Perinatal Housing Grant (PHG) in Pierce County (Tacoma metro area), Washington, was a pilot project of Building Changes that enlisted a new field within the health sector in the fight against family homelessness: maternal support services (MSS). Building Changes operates under the philosophy that cross-sector collaboration is critical if we are to solve homelessness in our communities.

Funded through the Family Homelessness Initiative, a project of Building Changes and the Bill & Melinda Gates Foundation, the three-year PHG program expanded the use of Diversion, an approach Building Changes helped to pioneer. The goal of Diversion is to empower people to resolve their housing crises quickly and cost-effectively. The approach showed promise in previous Building Changes–supported pilot projects in Pierce and King Counties, leading to housing for half the families who pursued Diversion.[1] Diversion is offered as an intervention to anyone in Pierce County who seeks services from the homeless system and meets basic eligibility requirements.

Working with Pierce County Human Services, Building Changes developed the PHG program to increase access to Diversion for people at risk of or experiencing homelessness. The project specifically targeted pregnant women and postpartum mothers who met income eligibility requirements to receive maternal support services. The majority of PHG participants were unstably housed rather than experiencing homelessness, allowing Building Changes to evaluate Diversion as an approach for preventing family homelessness.

The goal of the PHG project was to improve housing outcomes for participants while simultaneously supporting positive health outcomes. The interrelationship between housing stability and maternal and child health is well established in the research. For example, pregnant women in homeless shelters are known to have a higher risk of complications during childbirth compared to women who are stably housed. Some of these complications include preterm birth (prior to the 37th week of pregnancy) and low infant birthweight.[2]

In October 2019, the Washington State Maternal Mortality Review Panel reported that the maternal mortality rate for 2014-2016 was 11.2 pregnancy-related deaths per 100,000 live births, and classified 60% of them as preventable, and further, that "among some of the pregnancy-related deaths, basic needs like housing, were not being met."[3] The panel

[1] Building Changes. (2018). *Homelessness to housed in a hurry: Extending the use of Diversion to help families exit homelessness, Pierce County Case Study*. Seattle, WA: Building Changes. https://buildingchanges.org/library-type/best-practice-reports/item/1006-homeless-to-housed-in-a-hurry-extending-the-use-of-diversion-to-help-families-exit-homelessness.

[2] Clark, R.E., Weinreb, L., Flahive, J.M., & Seifert, R.W. (2019). Homelessness contributes to pregnancy complications. *Health Affairs, 38*(1), 139–146. https://doi.org/10.1377/hlthaff.2018.05156.

[3] Andino, V., Bates, A., Buck, T., & Lazariu, V., on behalf of the Washington State Maternal Mortality Review Panel. (2019). *Washington State Maternal Mortality Review Panel: Maternal deaths 2014-2016* [Report to the legislature]. Olympia, WA: Washington State Department of Health. https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf.

recommended addressing social determinants of health as a means to prevent pregnancy-related deaths. Strategies included prioritizing funding for housing to ensure women and children have access to a safe, affordable, and stable place to live during and after pregnancy.

Building Changes also supported the PHG project as a way to address the racial disproportionality that exists in family homelessness. About half of program participants were women of color, and more than one-third of all participants identified as Black/African American.

Families of color experience disproportionately poor maternal and child health outcomes. According to the 2019 March of Dimes report card, non-Hispanic Black/African American women in the United States had the highest rate of preterm births—49% higher than the rate among all other women.[4] In the state of Washington, Black/African American women had the second highest rate of preterm birth at 10% (second only to American Indian/Alaska Native at 11.7%). In Pierce County, Black/African American women had the highest rate of preterm births (11.8%) compared to every other race. Black/African American infants had the highest rate of low birthweight in the United States (13%), in the state of Washington (9.6%), and in Pierce County (11.3%) compared to all other races.[5]

[4] 2019 March of Dimes report card. https://www.marchofdimes.org/materials/US_REPORTCARD_FINAL.pdf.
[5] March of Dimes. Peristats, all data: Washington. https://www.marchofdimes.org/peristats/ViewSubtopic.aspx?reg=53&top=4&stop=46&lev=1&slev=4&obj=1.

Program overview

Building Changes provided funding and oversight for the PHG project in Pierce County, including for a data entry staff position at MSS provider and grantee Step By Step to support this evaluation.

The PHG project tested Diversion within the maternal and child health sector, which among other activities, serves families who are unstably housed or experiencing homelessness. The program also allowed Building Changes to evaluate the effectiveness of Diversion as an approach for preventing homelessness. Working with PHG project grantees, Building Changes adapted the Diversion model for use in a maternal and child health setting.

MSS and Nurse-Family Partnership (NFP) staff trained in the techniques of Diversion initiate a brainstorming conversation with their clients to help them identify realistic prospects for becoming stably housed quickly and safely. The potential housing solution they identify is within their existing universe of resources. For example, stable housing may be secured by mediating a conflict with a current or prior landlord, or through connecting with a relative or friend who can offer a safe place to live.

To help a family become stably housed, staff may request one-time, short-term financial assistance from a flexible fund ("flex funds") to cover a variety of expenses, such as a rent payment, security deposit, other move-in costs, payment on previous housing/rental debt, or relevant transportation costs.

MSS nurses, community health workers, and other staff provide preventive health and education services to low-income pregnant and postpartum women.[6] MSS caseworkers and, to a lesser extent, NFP providers, were trained in Diversion to help families experiencing housing instability or homelessness[7] quickly secure stable housing.

The PHG program allowed MSS providers to bill additional time to specifically discuss and address housing needs with participants—women already receiving maternal support or NFP services, and who self-identified as experiencing housing instability or homelessness. Participation in the program was voluntary. Providers believed it was helpful—more efficient and effective—for their clients to be able to pursue Diversion with caseworkers with whom they already had engaged and built a rapport.

[6] Washington State Health Care Authority. Health care services and supports: First Steps (maternity and infant care). https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care#maternity-support-services.

[7] Families were identified using the MSS Prenatal Screening Guide, which is used by all MSS providers during client intake and includes a question about living situation and whether clients want additional resources. To determine the housing stability of PHG program participants, caseworkers were trained to use the U.S. Department of Housing and Urban Development (HUD) definition of "housing instability": the individual is within 14 days of losing housing. This guideline was followed loosely and clients self-identified that they were at risk of losing their housing or housing was unsafe/untenable. Families experiencing homelessness were identified based on HUD's definition of homeless (see https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf).

A total of 680 women participated in the three-year PHG program—roughly one out of seven women receiving maternal support services in Pierce County during that time. In 2018, for example, 2,626 pregnant and postpartum women received maternal support services in Pierce County.[8] Of those, 360 were enrolled in the PHG program, or 13.7%.

The goals of offering Diversion in a maternal and child health setting were to:

1. Secure stable housing for families experiencing housing instability or homelessness.
2. Support positive health outcomes for pregnant and postpartum women and their children.

This report provides an evaluation of the outcomes related to stable housing and descriptive information about maternal and child health. The timing of the service delivery and other limitations precluded the measuring of program impacts on health outcomes.

[8] DSHS Research and Data Analysis. (2020). *Characteristics of Pierce County ACH women who gave birth*. https://www.hca.wa.gov/assets/program/characteristics-pierce-county-ach.pdf.

Evaluation design

This evaluation is formative; the findings can guide improvements to the program in the future, should it continue. A formative evaluation is appropriate given that PHG was a pilot project.

Multiple methods were used to collect, analyze, and synthesize both quantitative and qualitative data. The design is non-experimental and descriptively tracks participant outcomes. For purposes of the evaluation, PHG program participants were considered heads of household.

Evaluation questions

The research questions employed for this evaluation were developed to help in determining and measuring the activities and outcomes of the PHG program. The questions helped to clarify who received Diversion via PHG, what those services looked like, and whether PHG program participants were able to successfully secure stable housing.

One of the evaluation questions specifically focused on the amount of billed time that MSS providers spent on Diversion conversations, follow-up housing support to program participants, and data collection. This question had two policy objectives. First, in an effort to create a sustainable funding source for the PHG program, two of the participating agencies (Step By Step and Answers Counseling) are pursuing becoming Foundational Community Supports (FCS) providers.[9] FCS is a benefit under the Medicaid waiver that pays for case management services for qualified households experiencing homelessness. MSS providers, using the FCS benefit, can be reimbursed for the staff time they devote to helping clients resolve their housing crises through Diversion. Second, Building Changes was interested in learning how much additional time, on average, MSS staff spent on addressing housing issues with clients. Such information may be shared with state legislators to advocate for an expanded investment in the state's First Steps program and the inclusion of homelessness as a prioritizing factor for allocating additional MSS resources to clients.

The six questions for the evaluation were:

1. What were the demographic characteristics of program participants and birth information of their infants?
2. How much time was billed to discussing housing needs and services?
3. What amount of flex funds was spent to assist program participants, and for what purposes were the funds used?
4. Did program participants secure stable housing through Diversion?
5. How much time did program participants remain enrolled in the program, and did time enrolled vary by outcome?
6. What were the strengths and challenges of implementing the program?

[9] Washington State Health Care Authority. (2017). *FAQs: Foundational Community Supports*. https://www.hca.wa.gov/assets/program/foundation-community-supports-faq.pdf.

Data sources

Data sources included the Homeless Management Information System (HMIS), flex fund accounting, billed hours discussing Diversion, and interviews with key staff involved with the project. For privacy of program participants, where the number of program participants were five or less, counts and percentages were suppressed. In cases where the count or percentage could be inferred from totals, the next lowest category was suppressed.

Homeless Management Information System data

Maternal support services provider agencies used the Priority/Diversion Data Collection Sheet to record data on participants at program entry. The lead agency, Step By Step, gathered the paper forms from all participating MSS providers and entered the relevant data into HMIS. Pierce County extracted the data from HMIS for this evaluation.

Diversion data

Additional data on time spent on discussing Diversion (i.e., billed hours) and use of flex funds at the individual household level were recorded in a separate Microsoft Excel spreadsheet by Step By Step. Quantitative data were analyzed using SPSS version 25, a statistical software.

Learning Circles

Building Changes conducted 20 90-minute Learning Circles during the three-year project. Learning Circles are regular, formal meetings between project funders, grantees, and other stakeholders to support the implementation of a new project. They are an opportunity for grantees to receive guidance on the intent and design of the project, and for program officers to learn how implementation is going on the ground. Learning Circles are intended to foster a learning environment in which practitioners can support each other in working through challenges, share resources, and generally strengthen service delivery. The group often looks at data together to understand the scope and impact of the project and make course corrections. The purpose of the Learning Circles for PHG was to discuss successes, strengths, and challenges of the program. In addition, Learning Circle participants practiced Diversion conversations using client vignettes, and spent time troubleshooting issues encountered while implementing the program. Representatives from Step By Step, Answers Counseling, Black Infant Health, Community Health Care, Catholic Community Services, Pierce County Human Services, and the Tacoma-Pierce County Health Department attended the Learning Circles. Specific learning questions for this evaluation were discussed during eight Learning Circles (March, April, June, and August 2018, and January, April, July, and September 2019), and notes from these meetings were analyzed for this evaluation report.

Interviews

Building Changes conducted four 1-hour, in-depth interviews with key personnel involved with the project (i.e., staff from MSS provider agencies and Pierce County Human Services). Interview respondents were asked about their perspectives regarding program implementation,

and strengths and challenges of the program, and were asked to review and help interpret preliminary quantitative data results.

Content and thematic analyses were used to identify common themes of the qualitative data from Learning Circles and the interview data.

Limitations

This evaluation used a post-only design and did not include a comparison group to assess how the PHG program resulted in changes in outcomes. Therefore, this study can only describe outcomes following program participation, with no contrast to what outcomes would have been without the program. Another limitation was the high number of participants who did not complete an exit interview, leaving their housing status at exit unknown. Additionally, participants entered the program at different stages of pregnancy. Particularly for those in the later stages of pregnancy or postpartum, Diversion is unlikely to directly impact infant health, especially when births occur prior to Diversion. Birth information data were not always recorded at program entry; therefore, following up and tracking this information was a challenge, resulting in missing data for health-related variables.

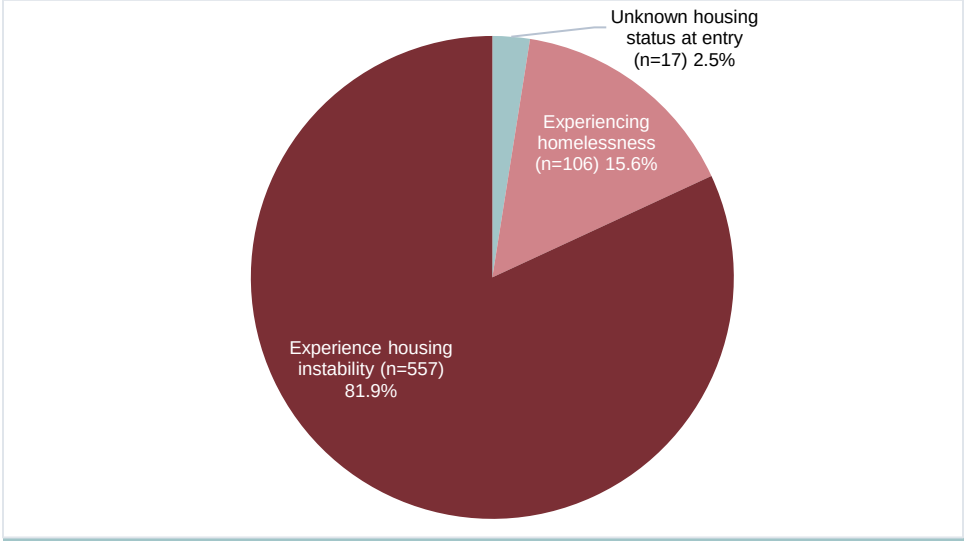
Characteristics of program participants

This section presents data on the characteristics of the 680 PHG program participants.[10]

Housing status and living situation at program entry

As shown in Figure 1, the vast majority of participants were experiencing housing instability as opposed to homelessness (81.9% versus 15.6%, respectively). The status of a small percentage (2.5%) was unknown.

Figure 1. Housing status at program entry (N=680).



The most common living situation prior to program entry was a rental (44.7%), followed by doubled-up (34.5%) and place not meant for habitation (7.9%; see Table 1.)

Table 1. Living situation at entry (N=680).

Living situation	Frequency	Percentage
Experiencing housing instability at entry	**557**	**81.9%**
Rental by client	304	44.7%
No ongoing housing subsidy, 278 (40.9% of 680 total participants)		
With ongoing housing subsidy, 26 (3.8% of 680 total participants)		
Doubled-up with family/friends (temporary tenure)	235	34.5%
Hotel or motel (no voucher)	*	*
Owned by client	*	*
Other	*	*
Experiencing homelessness at entry	**106**	**15.6%**
Place not meant for habitation	54	7.9%
Emergency shelter, including hotel/motel paid for with voucher	25	3.7%

[10] Participants who returned and received services through the PHG program after a significant length of time since exiting (N=26) were considered new cases.

Living situation	Frequency	Percentage
Substance use treatment facility or detox center	20	2.9%
Safe haven	*	*
Transitional housing	*	*
Hospital or other residential non-psychiatric medical facility	*	*
Jail, prison, or juvenile detention facility	*	*
Unknown housing status at entry (data not collected/client did not know/client refused)	**17**	**2.5%**
Overall total	**680**	**100%**

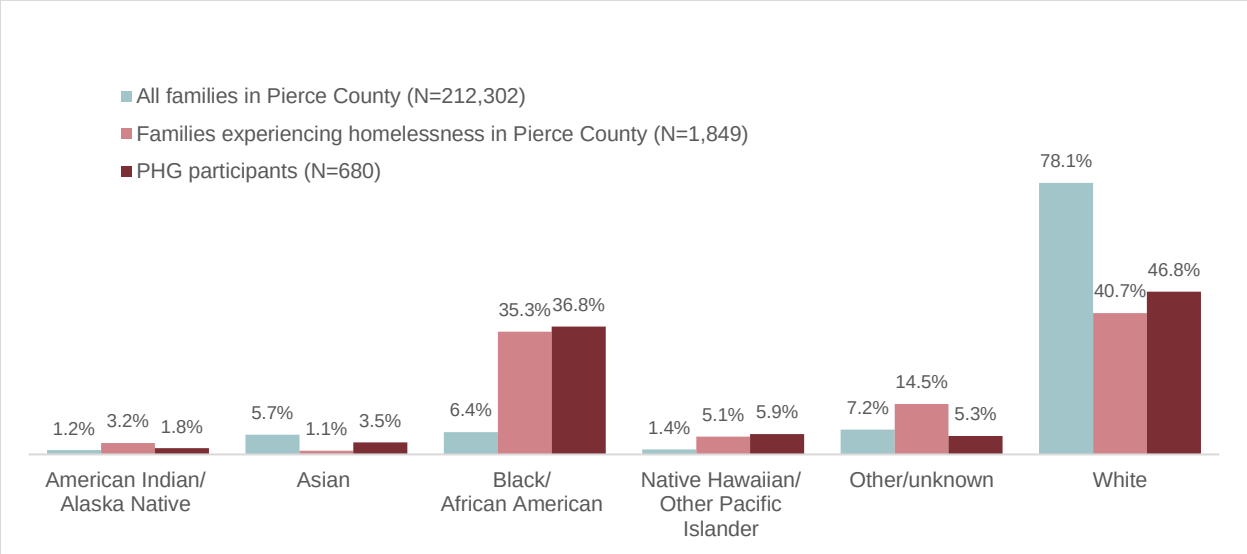
*The number and percentage of program participants were suppressed to ensure privacy.

Demographic characteristics

Race

The over-representation of households of color in the PHG program reflects the racial disproportionality that exists more broadly among families experiencing homelessness in Pierce County.[11] Of the 680 program participants, most were either White (46.8%) or Black/African American (36.8%). In comparison, according to 2018 U.S. Census data, 78.1% of all Pierce County families were White and 6.4% were Black/African American. Native Hawaiian/Other Pacific Islander households also were over-represented in the PHG program: 5.9% of participants compared with 1.4% of all Pierce County families. (See Figure 2.)

Figure 2. Race (N=680).



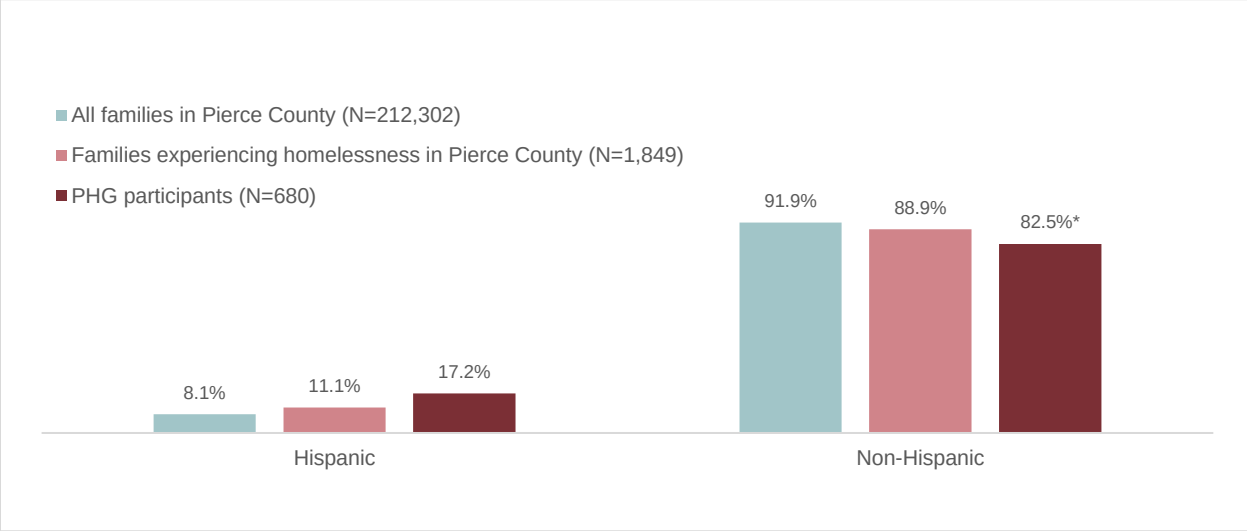
Racial demographics were similar across both housing status subgroups (participants experiencing housing instability and those experiencing homelessness). This is a descriptive similarity, since it could not be tested statistically (See Appendix A, Figure A1).

[11] Pierce County Coordinated Entry and HMIS data, 2018.

Ethnicity

Among PHG program participants, 17.2% were Hispanic/Latino. In comparison, 11.1% of all Pierce County families experiencing homelessness were Hispanic/Latino,[12] and 8.1% of the entire Pierce County family population was Hispanic/Latino.[13] (See Figure 3.) This means Hispanic/Latino families were over-represented in the PHG program.

Figure 3. Ethnicity (N=680).



*Ethnicity data was not reported for 0.3% of PHG participants.

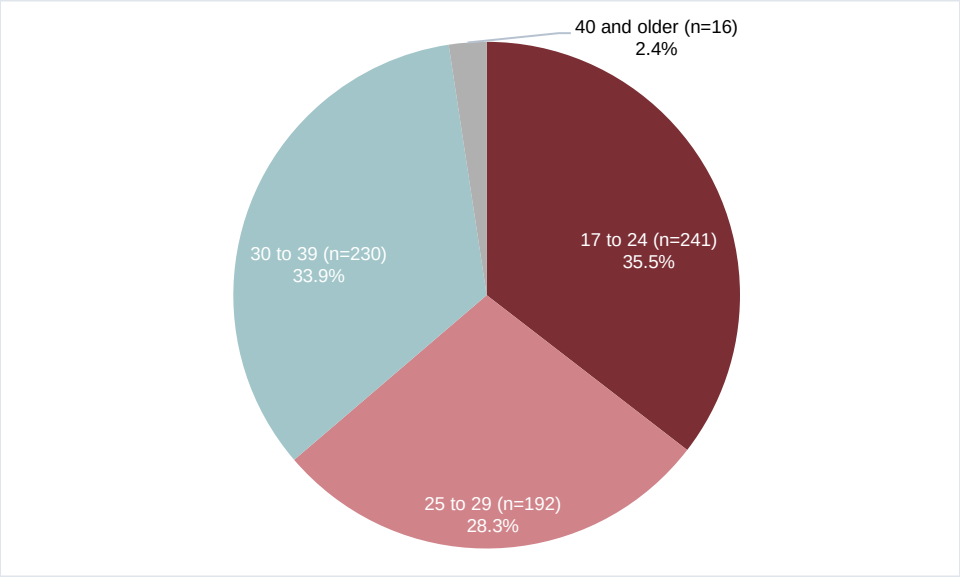
There was no statistically significant difference in ethnicity between the two housing status subgroups (see Appendix A, Figure A2).

Age

As shown in Figure 4, approximately one-third of all PHG program participants were between 17 and 24 years old (35.5%), approximately one-third were between 25 and 29 years (28.3%), and approximately one-third were between 30 and 39 years (33.9%) at program entry. A small number of program participants were 40 years or older (2.4%). The mean age at program entry was 27.6 years (standard deviation 6.0; median 27.0), ranging from 17 to 45 years.

[12] Pierce County Coordinated Entry and HMIS data, 2018.
[13] U.S. Census data, 2018.

Figure 4. Age (N=680).

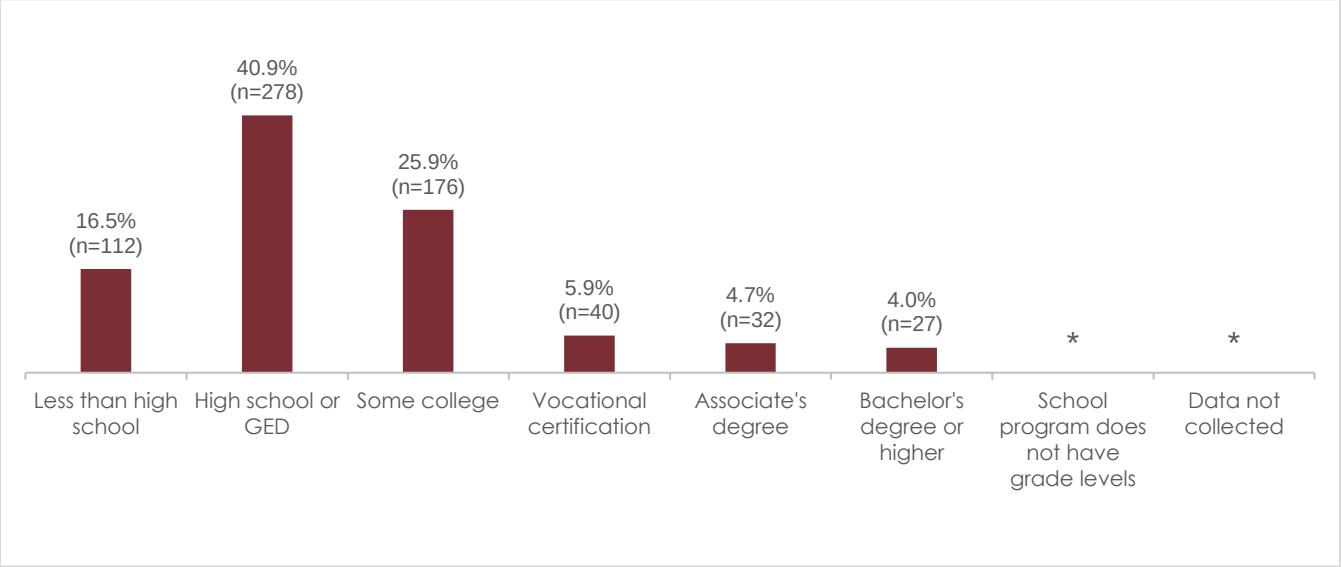


Between the two housing status subgroups (those experiencing housing instability versus homelessness), there was no statistically significant difference in the age of program participants (see Appendix A, Figure A3).

Highest level of education

The most common highest level of education among program participants was high school/GED (40.9%), followed by some college (25.9%) and less than high school (16.5%), as shown in Figure 5. A small number of participants had completed a bachelor's degree or higher (4%).

Figure 5. Highest grade completed as of program entry (N=680).



*The number and percentage of program participants were suppressed to ensure privacy.

Program participants experiencing housing instability had a slightly higher rate of completing high school or higher education than those experiencing homelessness (82.4% versus 76.4%; see Appendix A, Figure A4). This is a descriptive difference since it could not be tested statistically.

Employment and income

Nearly half of all 680 program participants were employed at program entry (46.5%) (Table 2).

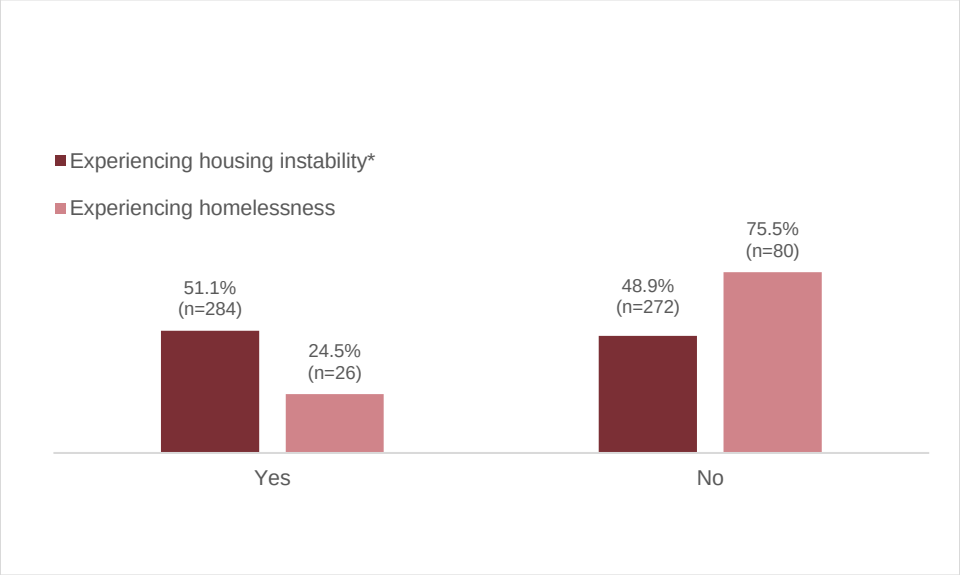
Table 2. Employment at program entry, categorized by housing status (N=679).*

Housing status at entry	Employed	Not employed
Experiencing housing instability (N=556)	284 (51.1%)	272 (48.9%)
Experiencing homelessness (N=106)	26 (24.5%)	80 (75.5%)
Unknown (N=17)	6 (35.3%)	11 (64.7%)
Total (N=679)	**316 (46.5%)**	**363 (53.5%)**

*Employment data was not collected for one participant.

Statistical analysis revealed a significant association between employment and housing status at entry.[14] A greater proportion of program participants experiencing housing instability were employed compared to those experiencing homelessness (51.1% versus 24.5%; Figure 6).

Figure 6. Employment by housing status at entry (N=662).



*Employment data was not collected for one participant.

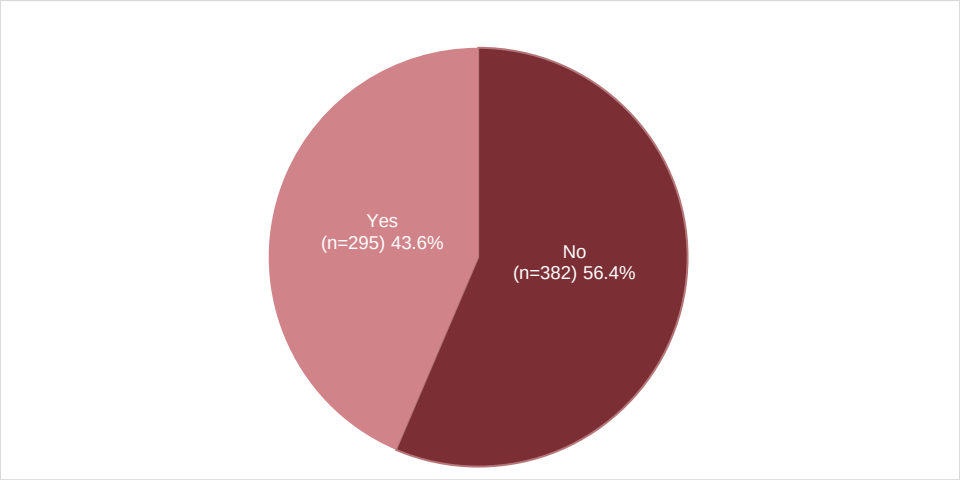
A total of 196 program participants reported earned income at program entry (data were missing for 71.2% of participants): on average, $1,480 per month.

[14] A chi-square test of independence was conducted: X^2 (1, N=662) = 25.2, p <0.01; see Appendix A, Table A1.

Disabling conditions

Nearly half of all program participants reported having a disabling condition (43.6%) (Figure 7).[15]

Figure 7. Disabling conditions (N=677).*



*Data on disabling conditions weas not collected for three participants.

Statistical analysis revealed a significant association between disabling conditions and housing status at entry.[16] A greater proportion of program participants experiencing homelessness reported having disabling conditions compared to program participants experiencing housing instability (60.4% versus 40%; see Appendix A, Figure A6 and Table A2). The most commonly reported type of disabling condition was mental health condition (31%), followed by substance use disorder (15.3%) and chronic health condition (14.1%) (Table 3).

Table 3. Disabling conditions (N=680).

Disabling condition	Frequency	Percentage
Mental health condition	211	31.0%
Substance use disorder	104	15.3%
Drug use only, 70 (10.3%)		
Alcohol use only, 11 (1.6%)		
Both, 23 (3.4%)		
Chronic health condition	96	14.1%
Physical disability	43	6.3%
Developmental disability	19	2.8%
Hearing	*	*
Other physical/medical	*	*

*The number and percentage of program participants were suppressed to ensure privacy.

[15] Defined as "a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: is expected to be long-continuing or of indefinite duration; substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions." https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf.
[16] A chi-square test of independence was conducted: X^2 (1, N=660) = 14.7, p <0.05; see Appendix A, Table A2.

Statistical analysis revealed a significant association between three disabling conditions (substance use disorder, mental health condition, physical disability) and housing status at entry. Program participants experiencing homelessness were more likely than those experiencing housing instability to have at least one of these three disabling conditions: 26.4% versus 7.7% for substance use disorder; 44.3% versus 28.9% for mental health condition; 12.3% versus 5.2% for physical disability (see Appendix A, Figure A7 and Tables A3 and A4).[17]

Household size and composition

Household type

About three-quarters of participating households were headed by a single, female adult (72.5%) (Table 4).

Table 4. Household type (N=679).*

Type	Frequency	Percentage
One adult, female, no children	95	14.0%
One adult, female, with children	397	58.5%
Two adults, no children	13	1.9%
Two adults, with children	174	25.6%

*One participant had a household type of "other".

More households experiencing homelessness were headed by single females with no children at program entry (23.6% versus 12.6% for those experiencing housing instability), and more households experiencing housing instability included two adults with children (27.0% versus 17.9% for those experiencing homelessness) (see Appendix A, Figure A8). This is a descriptive difference since it could not be tested statistically.

Household size

The mean household size at entry was 2.7 (standard deviation 1.5; median 2.0). Table 5 provides more detail on household size.

Table 5. Number in household (N=680).

Number in household	Frequency	Percentage
1	152	22.4%
2	212	31.2%
3	140	20.6%
4	86	12.6%
5 or more	90	13.2%

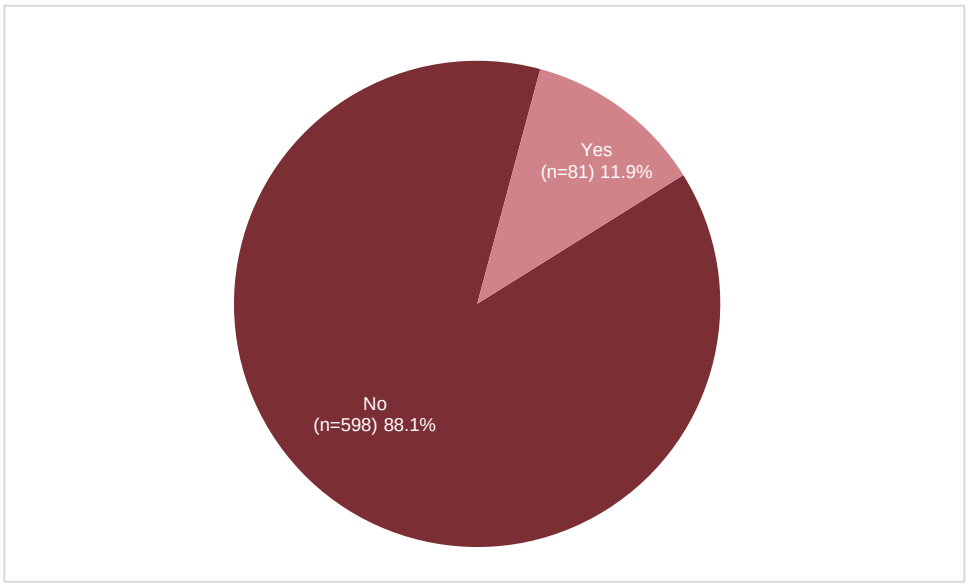
[17] Chi-square tests of independence were conducted: drug abuse X^2 (1, N=663) = 32.6, p <0.05; mental health problem X^2 (1, N=663) = 9.9, p <0.05; physical condition X^2 (1, N=663) = 7.5, p <0.05 (see Appendix A, Table A5).

PHG program households experiencing homelessness tended to be smaller in size than those experiencing housing instability. More households of one or two were experiencing homelessness (71.7% versus 50.1% for households experiencing instability), while more households of three or more were experiencing housing instability (49.9% versus 28.3% for households experiencing homelessness) (see Appendix A, Figure A9). This is a descriptive difference since it could not be tested statistically.

Children in out-of-home placements

The majority of program participants did not have children in out-of-home placements (foster or relative care) (87.9%), while 11.9% did (Figure 8).

Figure 8. Children in out-of-home placements (N=679).*



*Data on out-of-home placements was not collected for one participant.

Statistical analysis revealed a significant association between children in out-of-home placements and housing status at entry.[18] More than a quarter of program participants experiencing homelessness had children in out-of-home placements (26.4%), compared to participants experiencing housing instability, at 8.6% (see Appendix A, Figure A10 and Table A6).

[18] A chi-square test of independence was conducted: X^2 (1, N=662) = 27.7, p <0.05; see Appendix A, Table A6.

Safety

Perceived safety

As shown in Table 6, the majority of program participants with housing and perceived safety data answered, "I usually feel safe," when asked about their housing situation at program entry (83.1%). Statistical analysis revealed a significant association between perceived safety and housing status at entry.[19] A greater proportion of participants experiencing homelessness reported, "I don't often feel safe," compared to those experiencing housing instability (22.9% versus 3.6%).

Table 6. Perceived safety based on housing status at program entry (N=662).*

Housing status at entry	"I don't often feel safe."	"I sometimes feel safe."	"I usually feel safe."
Experiencing housing instability (N=557)	20 (3.6%)	50 (9.0%)	487 (87.4%)
Experiencing homelessness (N=105)	24 (22.9%)	18 (17.1%)	63 (60.0%)
Total	**44 (6.6%)**	**68 (10.3%)**	**550 (83.1%)**

*18 participants had unknown housing status or did not have perceived safety data.

Use of crisis services

The majority of program participants said they had not used crisis services in the past year (90%), such as the Pierce County Crisis Line or the Pierce County Mobile Outreach Crisis Team (Table 7).

Table 7. Use of crisis services in the past year (N=680).

Number of times	Number of participants	Percentage
0	612	90.0%
1	55	8.1%
2	7	1.0%
3 or more	6	0.9%
Total	**680**	**100%**

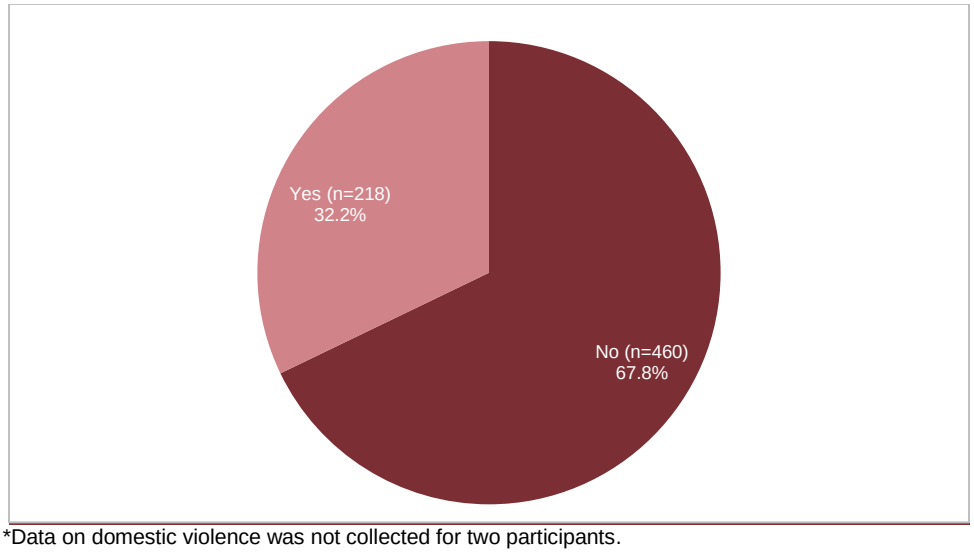
Program participants experiencing homelessness reported the use of crisis services more often than those experiencing housing instability (17.0% versus 8.7%; see Appendix A, Figure A11). This is a descriptive difference, since it could not be tested statistically.

[19] A chi-square test of independence was conducted: X^2 (2, N=662) = 63.1, p <0.05; see Appendix A, Table A7.

Domestic violence

As shown in Figure 9, among all program participants, approximately one in three reported being a victim/survivor of domestic violence in the present or anytime in the past (32.2%).

Figure 9. Domestic violence victims/survivors (N=678).*

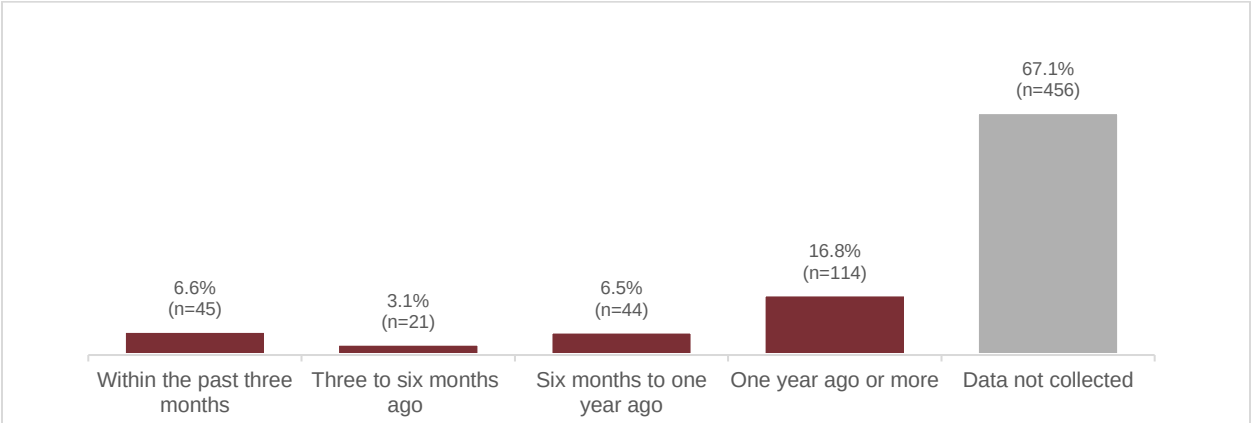


*Data on domestic violence was not collected for two participants.

Statistical analysis revealed a significant association between domestic violence and housing status at entry.[20] A greater proportion of program participants experiencing homelessness reported a history of domestic violence at entry or in the past compared to program participants experiencing housing instability (55.7% versus 27.0%; see Appendix A, Figure A12 and Table A8).

Of the 680 program participants, 16.8% reported that the most recent occurrence of domestic violence happened one year ago or more, and 6.6% reported domestic violence within the past three months (Figure 10).

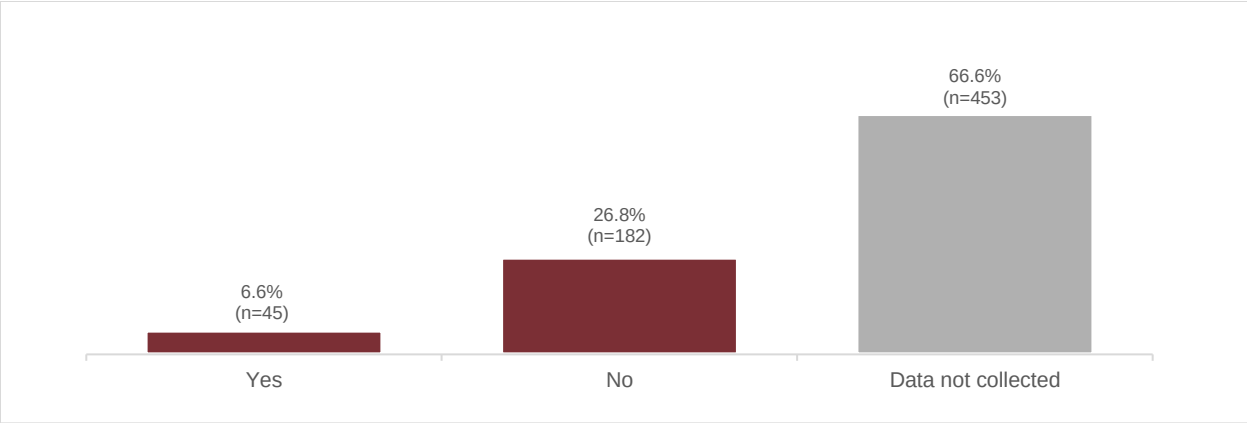
Figure 10. When domestic violence occurred (N=680).



[20] A chi-square test of independence was conducted: X^2 (1, N=661) = 33.7, p <0.05; see Appendix A, Table A8.

Of the 680 participants, 6.6% were fleeing domestic violence at program entry (Figure 11).

Figure 11. Fleeing domestic violence at program entry (N=680).



Maternal and infant health

Gestational weeks at the time of program entry

Program participants represented all stages of pregnancy or were postpartum. In total, 40 (5.8%) were in their first trimester, 118 (17.3%) were in their second trimester, 211 (31%) were in their third trimester, and 191 (28.1%) were postpartum at the time of program enrollment (Table 8). Providers who were interviewed shared that program participants who took time off as their due date approached often experienced a loss of wages due to unpaid medical leave. Other program participants had medical complications following giving birth that delayed their return to work. In both cases, participants were consequently in need of short-term assistance to maintain stable housing.

Table 8. Gestational weeks at program entry (N=680).

Gestational weeks at entry	Frequency	Percentage
First trimester	40	5.8%
Second trimester	118	17.3%
Third trimester	211	31.0%
Postpartum	191	28.1%
Data not collected	120	17.6%
Overall total	**680**	**100%**

Statistical analysis revealed a significant association between gestational weeks at entry and housing status at entry.[21] A greater proportion of program participants experiencing homelessness than housing instability were in their first trimester (16.7% versus 5.7%; see Appendix A, Figure A13 and Table A9).

[21] A chi-square test of independence was conducted: X^2 (1, N=551) = 13.0, p <0.05; see Appendix A, Table A9.

Infant birth information

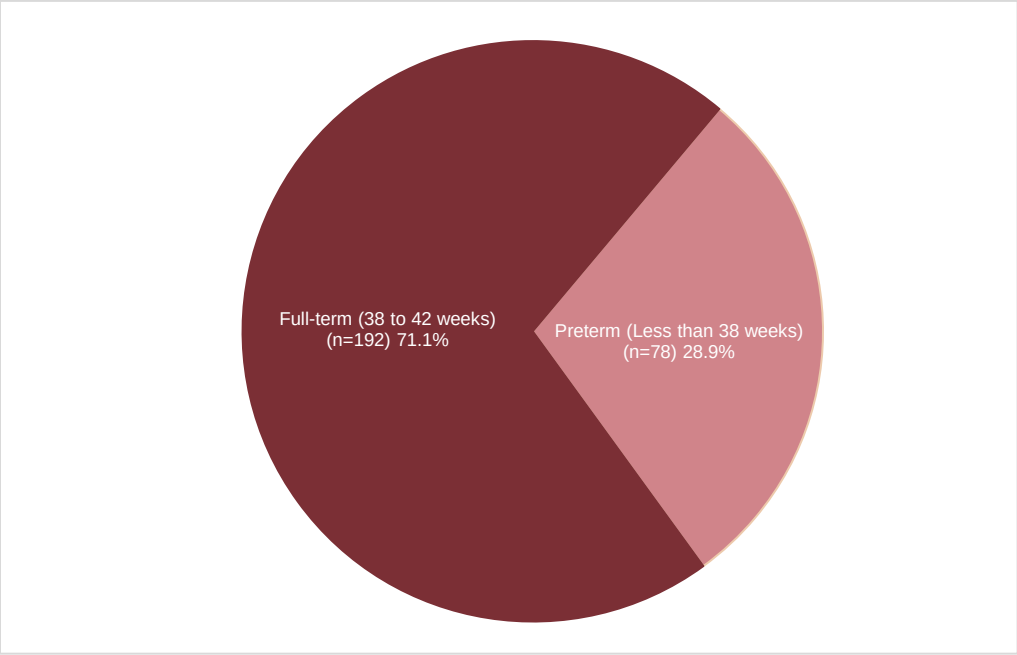
Infant birth information—including number of weeks at delivery, birthweight, and hospital visits—originally was considered an outcome of PHG to be evaluated. However, birth information was removed from the evaluation because most participants were in a later stage of pregnancy or postpartum when they entered the program; therefore, a direct correlation between birth information and PHG participation could not be made. Data on birth information are included in this evaluation for descriptive purposes only.

For program participants who were postpartum, birth information was entered at program entry; for pregnant women, birth information was entered post-birth if data were available. It should be noted that infant birth information was a challenge to track due to program participants being in different stages of pregnancy at program entry. Consequently, the amount of data available per program participant varies for this section of the report.

Number of weeks at delivery

Data on the number of weeks at delivery were available for 270 program participants. Number of weeks at delivery ranged less than 22 weeks to 38-42 weeks. In total, 28.9% of infants born were preterm (37 weeks or less) (Figure 12). In comparison, the rate of preterm births in Pierce County for 2017 was 9.2% (this statistic does not represent the target population for PHG).[22]

Figure 12. Number of weeks at delivery (N=270).



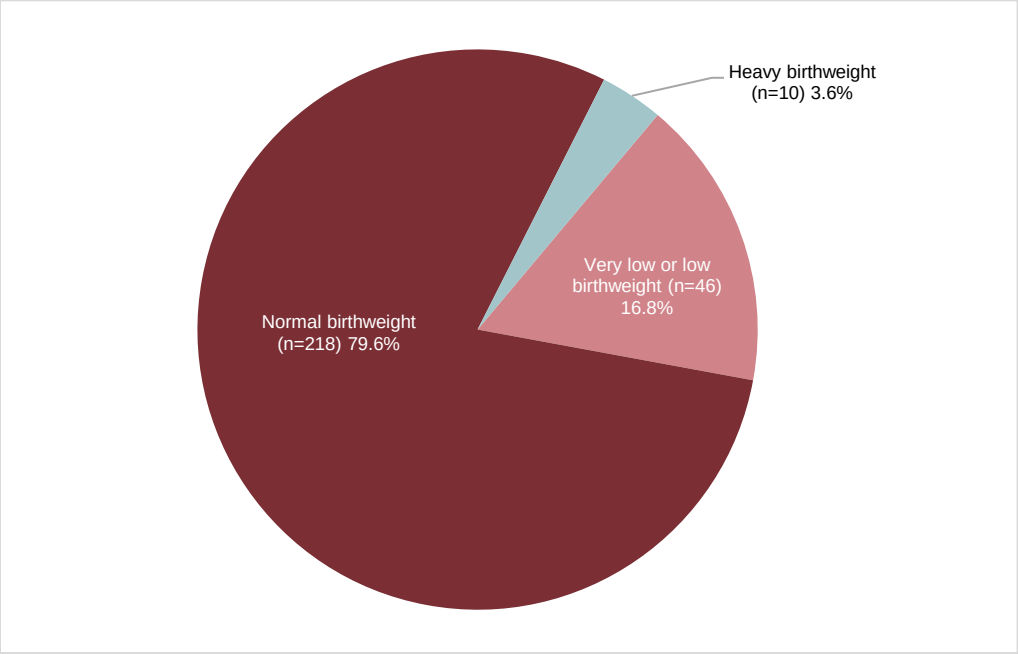
[22] March of Dimes. Peristats, preterm births: Washington, Pierce. https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=53053&top=3&stop=60&lev=1&obj=1&cmp=&slev=6&sty=2017&eny=2017&chy=.

Between the two housing status subgroups (program participants experiencing housing instability versus homelessness), there was no difference in the number of weeks at delivery (see Appendix A, Figure A14). This is descriptive, since it could not be tested statistically.

Infant birthweight

Infant birthweight data were available for 274 program participants.[23] As shown in Figure 13, the majority gave birth to infants who were normal birthweight (79.6%), and 46 gave birth to infants who were very low or low birthweight (16.8%). In comparison, the rate of infants born at low birthweight in Pierce County in 2016 was 6.5%.[24]

Figure 13. Infant birthweight (N=274).



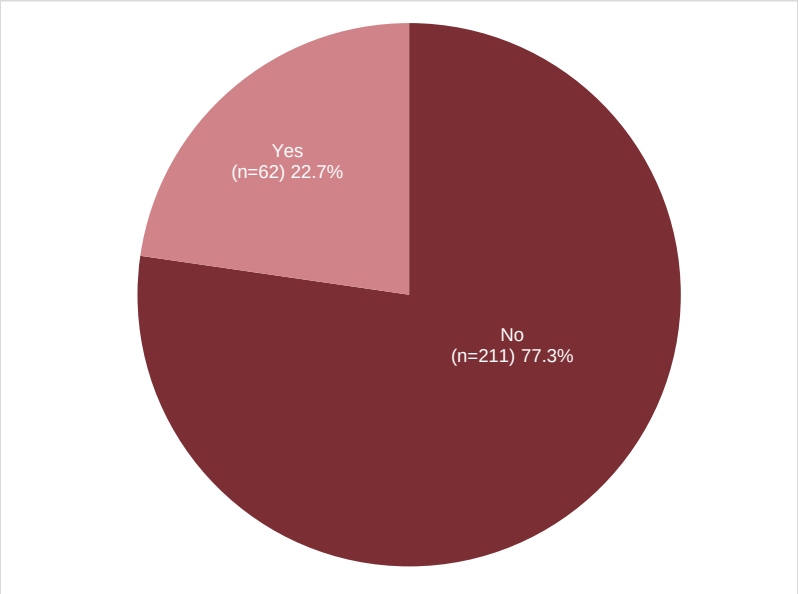
There was no difference in infant birthweight across the two housing status subgroups (see Appendix A, Figure A15). This is descriptive, since it could not be tested statistically.

Neonatal intensive care unit utilization

Data were available for 273 infants regarding admittance to a neonatal intensive care unit (NICU). In all, three in four did not require a NICU stay (77.3%) (Figure 14).

[23] Very low birthweight was defined as less than 3 pounds, 5 ounces. Low birthweight was defined as 3 pounds, 5 ounces to 5 pounds, 7 ounces. Normal birthweight was defined as 5 pounds, 8 ounces to 9 pounds, 4 ounces. Heavy birthweight was defined as 9 pounds, 5 ounces or more.
[24] March of Dimes. Peristats, birthweight: Washington, Pierce. Retrieved from https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=53053&top=4&stop=43&lev=1&slev=6&obj=1.

Figure 14. Neonatal intensive care unit stays (N=273).

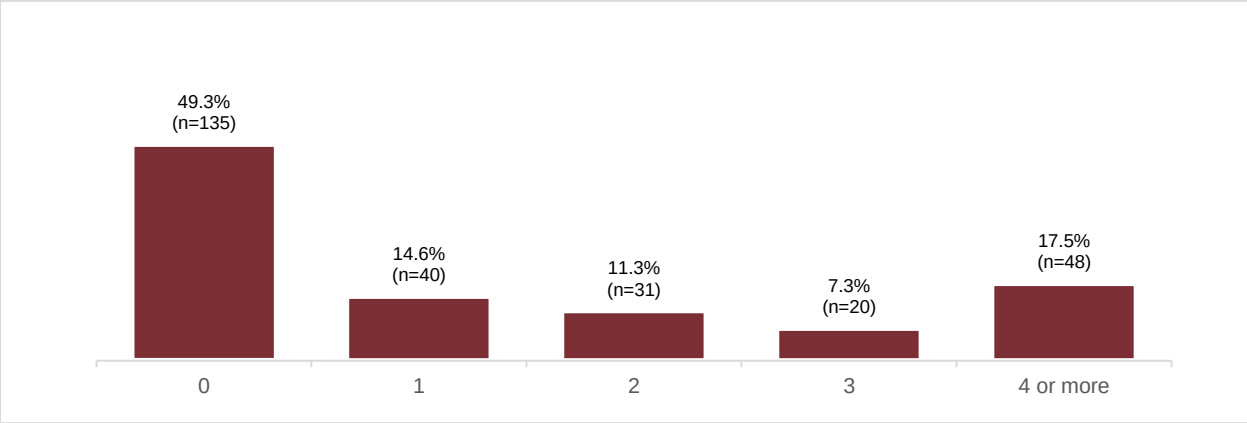


Between the two housing status subgroups (program participants experiencing housing instability versus homelessness), there was no difference in infant stays in the NICU (see Appendix A, Figure A16). This is descriptive, since it could not be tested statistically.

Emergency room visits

As shown in Figure 15, of the 274 cases on which emergency room visits were reported, approximately half reported no emergency room visits during pregnancy (49.3%). The remaining 50.7% of program participants reported at least one emergency room visit during pregnancy.

Figure 15. Emergency room visits during pregnanacy (N=274).



There was no difference in the number of emergency room visits during pregnancy between the two housing status subgroups (see Appendix A, Figure A17). This is descriptive, since it could not be tested statistically.

Diversion implementation

Time billed

This evaluation measured the amount of time that MSS providers billed for the Diversion conversations and follow-up housing support they gave to program participants.

Data regarding total hours billed to Diversion were available for 575 program participants (Table 9).[25] For most clients, case managers billed 1 to less than 3 hours for discussing housing needs and services (62.6%). The mean number of hours billed for discussing housing needs and services was 2 (standard deviation 1.4; median 1.5).

Table 9. Time billed for discussing housing needs and services (N=575).

Time billed	Frequency	Percentage
Less than 1 hour	92	16.0%
1 to less than 3 hours	360	62.6%
3 to less than 5 hours	92	16.0%
5 or more hours	31	5.4%

It is possible that some MSS providers and clients spent more time discussing housing needs and services than what is represented in Table 9. Some caseworkers who were interviewed said they found the average of 2 hours, and the prevailing range of 1 to 3 hours, surprisingly low; in their experience, it took as long as 4 to 6 hours. One caseworker noted that some discussions regarding Diversion may have been billed under other areas of maternal support services, such as counseling.

Regardless of housing status at entry, between 1 and 3 hours were billed for discussing housing needs and services with the majority of program participants. A total of 3-plus hours were billed for a higher percentage of participants experiencing homelessness than for those experiencing housing instability (33.7% versus 20.3%; see Appendix A, Figure A18 and Table A10).

Flex funds

To help stabilize a client's housing situation, staff may offer flex funds as a form of one-time financial assistance to cover different types of expenses.

A total of 494 PHG program participants used flex funds. The average flex fund disbursement per program participant was $894 (standard deviation $465; median $750). The average amount of flex fund dollars spent per participant across all 680 participants was $649 (standard deviation $562; median $600), ranging from $0 to $3,670. The average amount of flex fund

[25] HMIS data were not available for 70 of the 575 program participants on which data on time billed were available. More than 20 hours each were billed for five program participants, who were considered outliers and removed from this analysis.

dollars spent among program participants experiencing housing instability at entry was higher compared to those experiencing homelessness at entry ($921 versus $744). (See Table 10.)

A total of $441,210 in flex funds was spent to assist program participants over the duration of the three-year pilot, comprising 65% of the total project budget of $681,810.

Table 10. Flex funds used.

Participant type	Mean	Median	Minimum	Maximum
All program participants (N=680)[26]	$649 (SD $562)	$600	$0	$3,670
Program participants who used flex funds (N=494)	$894 (SD $465)	$750	$35	$3,670
Program participants experiencing housing instability who used flex funds (N=392)	$921 (SD $476)	$800	$35	$3,670
Program participants experiencing homelessness who used flex funds (N=66)	$744 (SD $370)	$600	$145	$1,869

Abbreviation: SD, standard deviation.

Learning Circle and interview respondents reported that flex funds were used to pay for rent, security deposits, and other move-in costs. Some program participants were able to afford rent but could not afford deposits or other move-in costs associated with obtaining stable housing. In other cases, participants benefitted from one or two months of rent to tide them over; caseworkers interviewed suggested this likely was because these participants could only cover a portion of their costs or did not receive paid maternity leave. Staff reported that in some cases, flex funds were used to cover transportation costs so the participant either could get to work or relocate to another city or state where they had identified an option to secure housing. Flex funds were also used to make a current affordable living situation that was prone to conflict, such as shared housing with another household, more sustainable and appropriate. This included buying storage-efficient furniture to create more living space in a home and equipping a mobile home with utility hook-ups so a new mother could live on her parents' property but in her own place.

[26] HMIS data were not available for 70 of the 494 participants who received flex funds.

Housing outcomes

Exit types and destinations

Among the 680 PHG program participants, 474 (69.7%) secured permanent housing and thus had successful exits from the program (Table 11).

A total of 557 program participants were experiencing housing instability at program entry. Of these, the majority exited successfully (72.4%). A total of 106 participants were experiencing homelessness at program entry. Of these, more than half exited successfully (57.5%).

A high number of program participants (194, or 28.5%) did not complete an exit interview; therefore, it is not known whether these households secured housing. Some may have, so the number of successful exits (474) could be an undercount, and the corresponding rate (69.7%) would also be low. Similarly, some may not have secured stable housing, so the number of unsuccessful exits (12) could be an undercount, and the corresponding rate (1.8%) low.

In interviews, MSS staff shared that within the MSS program itself, it is exceedingly common for MSS participants generally (even those who are not experiencing housing instability or homelessness) to lose contact with or disengage from the program without completing a formal exit interview. The lack of follow-up of these participants limits the conclusions that can be drawn about program effectiveness. As a result, this section focuses on known successful exits.

Table 11. Exit type by housing status at entry (N=680).

Housing status at entry	Successful exit	Unsuccessful exit	No exit interview completed	Total
Experiencing housing instability	403 (72.4%)	*	*	557 (100%)
Experiencing homelessness	61 (57.5%)	*	*	106 (100%)
Unknown	10 (58.8%)	*	*	17 (100%)
Total	**474 (69.7%)**	**12 (1.8%)**	**194 (28.5%)**	**680 (100%)**

*The number and percentage of program participants were suppressed to ensure privacy.

The majority of the 680 program participants achieved a successful exit by securing a rental without an ongoing housing subsidy (63.4%; see Table 12). Additional exit rates by client characteristics are included in Appendix B.

Table 12. Program participant exit destinations (N=680).

Exit destination	Frequency	Percentage
Successful exits (permanent housing secured)	**474**	**69.7%**
Rental by client	464	68.3%
No ongoing housing subsidy, 431 (63.4% of 680 total participants)		
With ongoing housing subsidy, 33 (4.9% of 680 total participants)		

Exit destination	Frequency	Percentage
Staying or living with family or friends, permanent tenure (with lease agreement or other permanent arrangement)	*	*
Owned by client, no ongoing housing subsidy	*	*
Hotel or motel paid for without emergency shelter voucher	*	*
Unsuccessful exits	**12**	**1.8%**
Staying or living with family or friends, temporary tenure	*	*
Place not meant for habitation	*	*
Substance use treatment facility or detox center	*	*
Transitional housing (adult or youth)	*	*
Safe haven	*	*
No interview completed	**194**	**28.5%**
Total	**680**	**100%**

*The number and percentage of program participants were suppressed to ensure privacy.

Time billed for successful exits

Time billed to Diversion as well as HMIS data on exit type were available for 523 program participants. Of these participants, 354 exited successfully (67.7%). Similar to the time billed to Diversion for all PHG participants, 1 to less than 3 hours were billed for the majority who exited the program successfully (65.0%; Table 13). For successful exits, the mean number of hours billed for discussing housing needs and services was 2.1 hours (standard deviation 1.4; median 1.8).

Table 13. Time billed in hours for program participants who exited successfully (N=354).

Time billed	Frequency	Percentage
Less than 1 hour	43	12.1%
1 to less than 3 hours	230	65.0%
3 to less than 5 hours	59	16.7%
5 or more hours	22	6.2%
Total	**354**	**100%**

For both housing status subgroups (experiencing housing instability and experiencing homelessness), 1 to less than 3 hours were billed for most successful exits. There was no consistent pattern in outcomes by time billed (Appendix B, Figure B14).

Flex fund assistance and outcomes

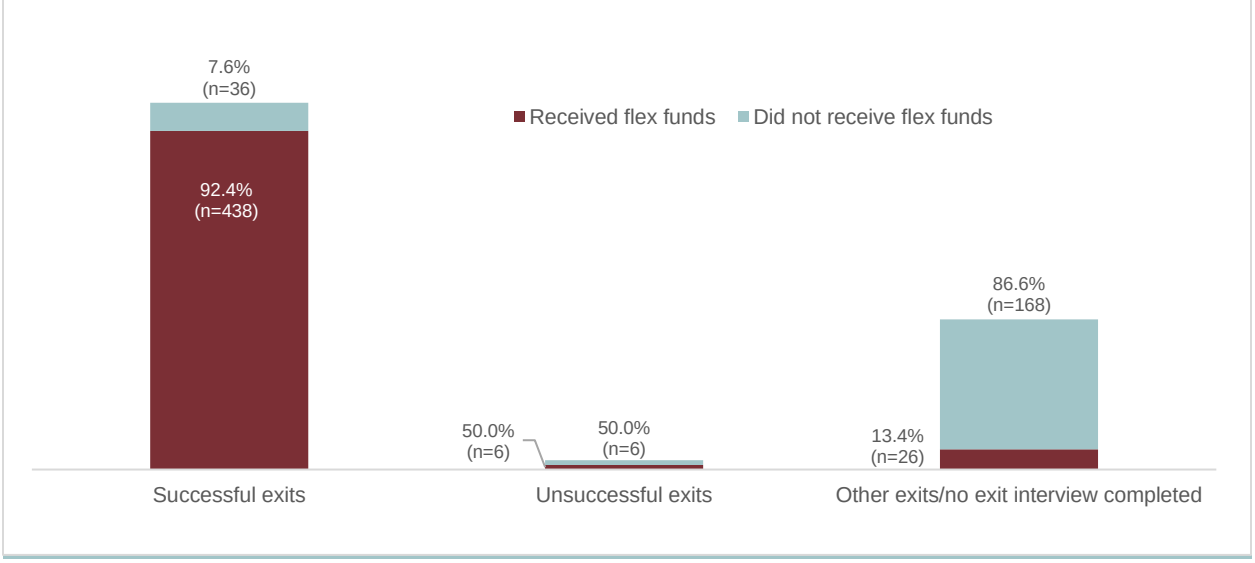
Of the 474 program participants who successfully exited the program, the vast majority received flex funds to assist in the transition out of their housing crisis (92.4%) (Figure 16). This high rate is not surprising, as MSS providers emphasized that flex fund checks were provided only after the program participants identified a realistic housing solution through Diversion. MSS caseworkers said they and the families often looked for opportunities to leverage other funds available in the community before tapping into the PHG flex funds.

While the vast majority of successful exits involved flex funds, 7.6% of program participants were able to exit the program successfully without these dollars, demonstrating that successful exits do not always have to rely on the provision of flex funds. Interview respondents cited examples of how this occurred: mediating with a prior landlord; finding someone to provide childcare so the participant could devote more income to housing; and moving in with family or a friend.

The data also show that six program participants with unsuccessful exits received flex funds, demonstrating that not all clients who receive flex funds will exit the program successfully.

Of the 194 program participants who did not complete an exit interview, 13.4% received flex funds.[27]

Figure 16. Flex funds by exit type (N=680).



The mean amount of flex funds used for a program participant who exited successfully was $895 (Table 14).

Table 14. Flex funds used.

Participant type	Mean	Median	Minimum	Maximum
Program participants who used flex funds and exited successfully (N=438)	$895 (SD $450)	$755	$35	$2,900
All program participants (N=680)[28]	$649 (SD $562)	$600	$0	$3,670

Abbreviation: SD, standard deviation.

[27] These data do not include 24 program participants who received flex funds but on whom no HMIS data regarding exit type were available.
[28] HMIS data were not available for 70 participants who received flex funds.

Length of enrollment and outcomes

Participants were enrolled in the PHG pilot for an average of 33.1 days. Among those with known exits, the average number of days enrolled was 20.5. Participants who exited successfully were enrolled fewer days on average than people who exited unsuccessfully (20.2 versus 29.6 days). (See Table 15.)

Table 15. Length of enrollment in days (N=680).

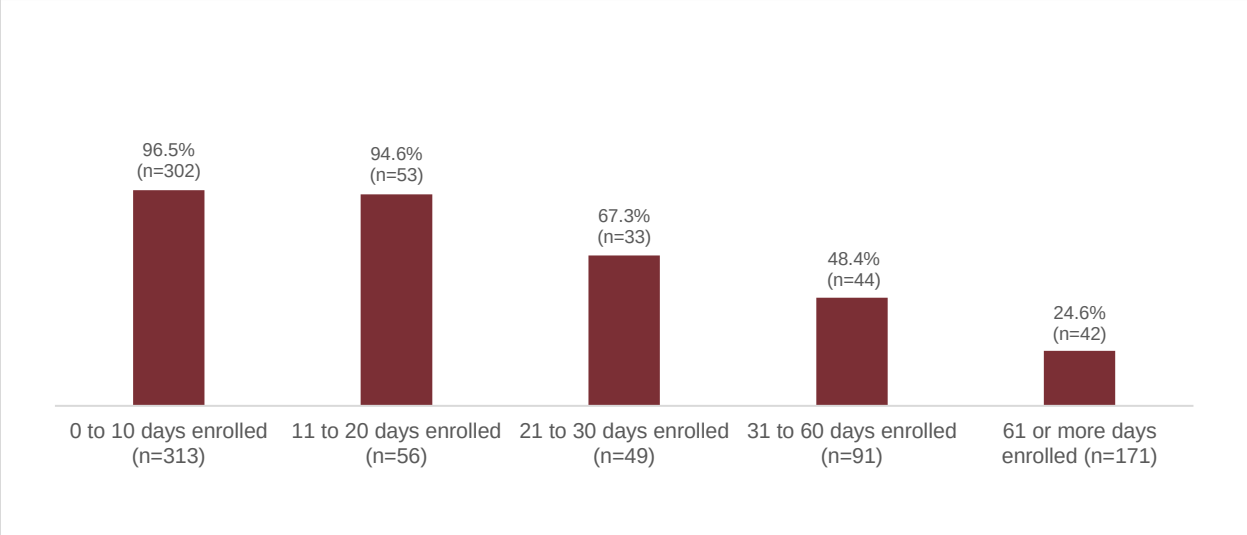
Participant type	Mean	Median	Minimum	Maximum
Days enrolled for all program participants (N=680)	33.1 (SD 42.4)	14.0	0	381
Days enrolled for program participants with known exits (N=486)	20.5 (SD 36.6)	6.0	0	239
Days enrolled for program participants with successful exits (N=474)	20.2 (SD 36.6)	6.0	0	239
Days enrolled for program participants with unsuccessful exits (N=12)	29.6 (SD 39.9)	13.5	1	140
Days enrolled for program participants who did not complete an exit interview (N=194)	64.7 (SD 39.5)	61.0	0	381

Abbreviation: SD, standard deviation.

As shown in Figure 17, among the 680 program participants, 313 were enrolled zero to 10 days, the vast majority of whom exited successfully (96.5%). A similar rate of successful exits occurred among the 56 participants enrolled 11 to 20 days (94.6%).

Statistical analysis revealed a significant association between length of enrollment and exit success. The longer a program participant was enrolled in the program, the lower the likelihood of a successful exit.[29] Figure 17 illustrates this association.

Figure 17. Successful exits by length of enrollment.



[29] A chi-square test of independence was conducted: X^2 (8, N=680) = 328.9, p <0.01; see Appendix B, Table B3.

A higher proportion of program participants experiencing homelessness were enrolled zero to 10 days and sucessfully exited the program, as compared to those experiencing housing instability (73.8% versus 61.8%; see Appendix B, Figure B6). This is a descriptive difference, since it could not be tested statistically.

According to conversations in the Learning Circles, solutions for participants who stayed in the program a shorter length of time before successfully exiting often were relatively straightforward, such as a gap in pay due to childbirth that a month's rent coverage could help to solve. Providers were encouraged to work with a sense of urgency, hence the target of a 30-day window of service; however, they could work with families for as long as it took to find a housing solution. Generally, providers shared that the more complicated situations took more time and did not always result in securing stable housing despite the caseworker's and client's efforts.

Housing successes

Learning Circle attendees shared several examples of Diversion successes. PHG program participants identified a variety of different options for improving their unstable housing situation, including shared housing, relocating to live with a relative, renting with a friend, and finding rentals through Coordinated Entry. They also cited flex funds as helpful in their efforts to transition to stable housing. Other program participants said Diversion conversations with a caseworker helped them to identify creative solutions for securing stable housing, such as using a tax refund to pay off rental debt that led to an eviction or getting financial assistance from relatives or friends to pay rent. Some participants said the program staff helped them to get job interviews or jobs, and some said the program motivated them to make a greater effort in finding stable housing. One participant said the program motivated her to attend her eviction hearing so she could keep the eviction off her record, thereby increasing her chances of securing stable housing in the future.

Program strengths and challenges

Strengths

Learning Circles and interviews with staff revealed several strengths of the PHG program. Providers reported that the training and time provided through the program gave them the ability and flexibility to work with participants in a client-centered way, tailored to each client's needs. Since participants were concurrently enrolled in maternal support services, staff reported that it was helpful for clients to be able to speak with caseworkers with whom they already had engaged and built a rapport.

Staff reported that another strength of the PHG pilot was the ability to empower their clients. Through Diversion conversations, caseworkers coached program participants to advocate for themselves. As one caseworker put it, PHG was "a little less traditional case management and a little more resourcing and business-focused reality testing. Not hand-holding."

Caseworkers described the training they received and the Learning Circles they attended as helpful in preparing them to have Diversion conversations with clients. Provider staff said they valued connecting and working with other organizations to help their clients work toward securing stable housing. Several said that prior to PHG, MSS workers may not have seen themselves as instrumental in helping to solve their clients' housing crises.

Staff also said they found value in being able to work directly with clients in identifying housing solutions, accessing services, and utilizing flex funds, rather than having to refer clients elsewhere. One Learning Circle attendee pointed out there were fewer hoops for their clients to jump through to access homeless services because MSS caseworkers were able to enter their information directly into Coordinated Entry instead of making a referral.

Helping clients with their housing needs is allowed under the MSS contract, but it is not allotted additional units of time or prioritized. MSS caseworkers ordinarily have little time or expertise to assist clients with housing, and any time they do spend on housing issues takes time away from other issues that need to be addressed with clients. Therefore, it is important to note that MSS staff identified that as a result of the additional time allotted through the PHG program to address housing needs, they were able to gain skills and become aware of resources that made them more adept at helping clients secure stable housing—an outcome inextricably tied to improved maternal and child health.

Learning Circle attendees also highlighted prevention as a major strength of the program; services were accessible to families who were unstably housed, not just those already experiencing homelessness.

Staff said they thought having flex funds available to help clients worked well and made a difference in truly being able to help clients with their housing needs. The PHG program helped to motivate program participants in other ways, too. One caseworker reported that the option of

Diversion—the opportunity to receive assistance in securing stable housing as part of maternal support services—motivated some program participants to enroll who otherwise would not have.

Challenges

Learning Circle attendees also shared challenges with program implementation. One major challenge discussed among caseworkers was workload. As one caseworker shared early in the program, the addition of the housing aspect to maternal support services "feels like another job on top of the regular job." Some caseworkers found it burdensome to be available to address housing crises. Other challenges shared at Learning Circles and in interviews included working and negotiating with landlords on behalf of their clients; frustration over the lack of affordable housing; program participants' fear of Child Protective Services involvement if they sought help in resolving their housing crisis; helping program participants secure stable housing when they had no prior rental history or a poor rental history; and confusion regarding how to both interface with Coordinated Entry and collect the additional data elements required by the PHG program.

Another major challenge of implementing the PHG program occurred when Diversion fell short of meeting a client's housing needs. While Diversion is an effective approach to securing stable housing for some families, it is not a panacea for every family experiencing a housing crisis. One caseworker shared that the program is "positive when clients need the program just to get over a hump. [But it is] negative when clients have bigger expectations than what the program can provide."

Summary

Over the three years of the PHG pilot, 680 pregnant and postpartum women enrolled in the program. Most families (81.9%) who enrolled were experiencing housing instability, and 15.6% were experiencing homelessness. Of those experiencing housing instability, 72.4% successfully exited the program to stable housing. Of those experiencing homelessness, 57.5% successfully exited.

A high number of program participants (194, or 28.5%) did not complete an exit interview, thus no data regarding housing at program exit were available. Therefore, conclusions that can be drawn from this evaluation regarding program effectiveness are limited.

The majority of program participants achieved a successful exit by securing a rental without an ongoing housing subsidy (63.4%). The availability of flex funds played a key role in the providers' abilities to assist clients in securing stable housing. Flex funds most often were used to help pay rent, security deposits, other move-in costs, and transportation expenses. The vast majority of program participants with successful exits received flex funds (92.4%).

Based on Learning Circles and provider/staff interviews, Diversion conversations motivated program participants to become more engaged in the effort to secure stable housing.

Some strengths of implementing the program included flexibility and training to help program participants come up with client-centered solutions for securing stable housing, the accessibility of flex funds, and the satisfaction of helping participants become stably housed and/or prevent homelessness.

Some challenges of implementing the program included the burden of the additional workload for MSS caseworkers, the lack of affordable housing, and having to work with landlords.

Next steps

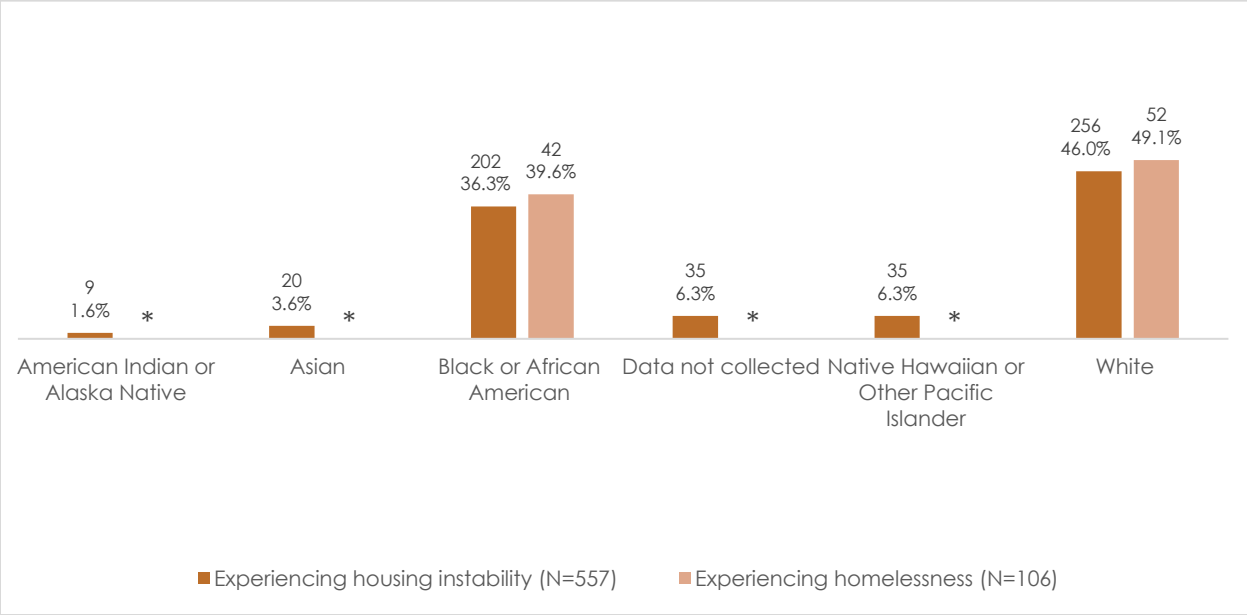
At program completion, MSS providers said they would be pursuing the FCS Medicaid waiver as a way to be reimbursed for some caseworker time spent on helping clients with their housing needs. This is an important strategy for creating a partial source of sustainable funding for the program—but it is just one strategy. The pursuit of the FCS benefit does not preclude government and philanthropic funders from investing in the program, and it does not provide the flex funds that are integral to the success of the program

At the same time providers are pursuing FCS, Building Changes intends to pursue a legislative strategy to include homelessness and housing instability as “vulnerability factors” within the First Steps/MSS needs assessment. If this change is made, housing instability or homelessness would qualify as a reason for an MSS client to receive additional time with a caseworker.

Appendix A. Participant characteristics by housing status at entry

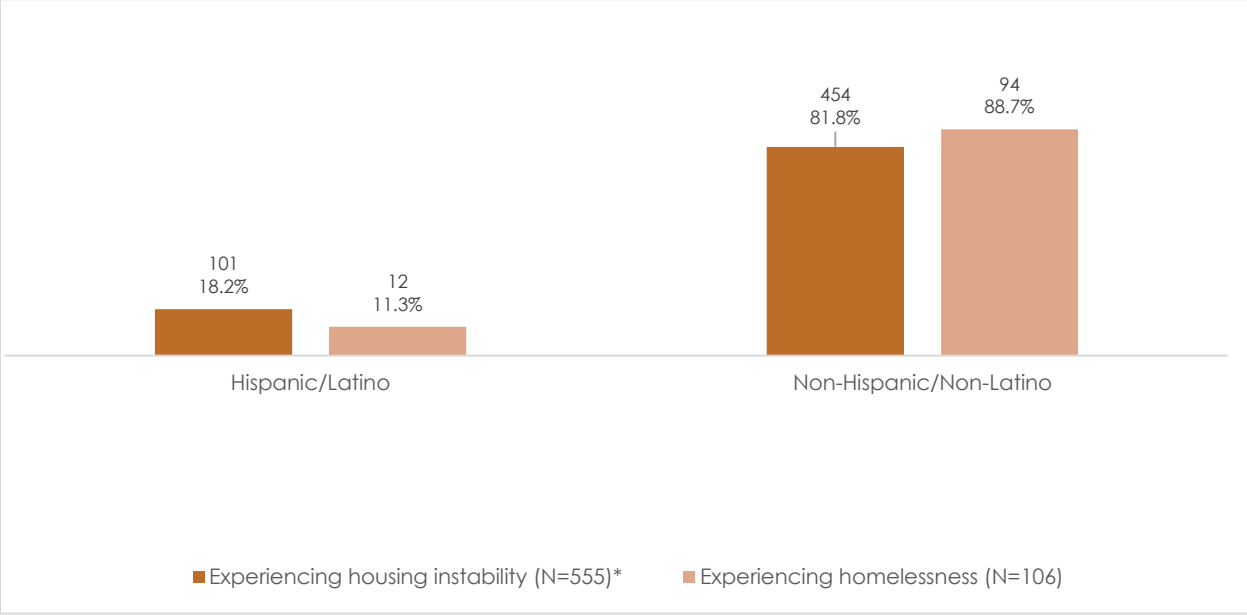
Housing status subgroups: experiencing housing instability; experiencing homelessness. There were 17 participants that had an unknown housing status and are not shown below.

Figure A1. Race by housing status at entry.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure A2. Ethnicity by housing status at entry.

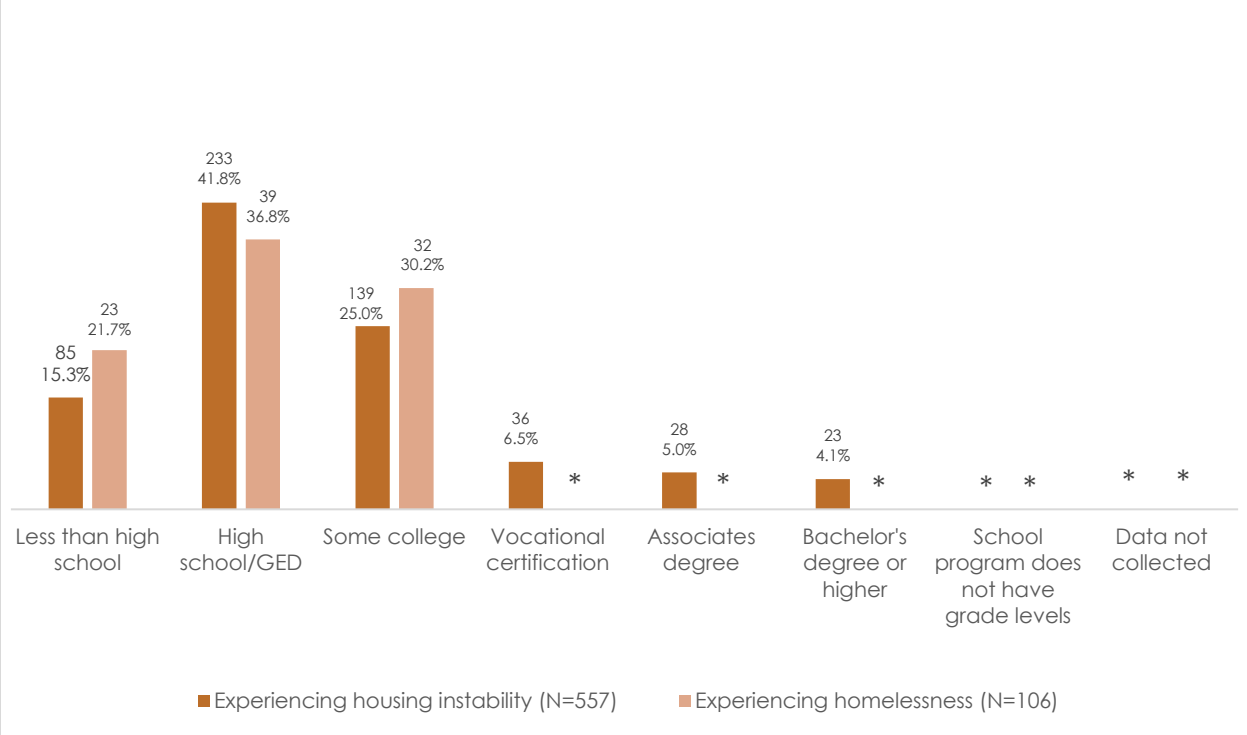


*Data were unavailable for two participants.

Figure A3. Age by housing status at entry.

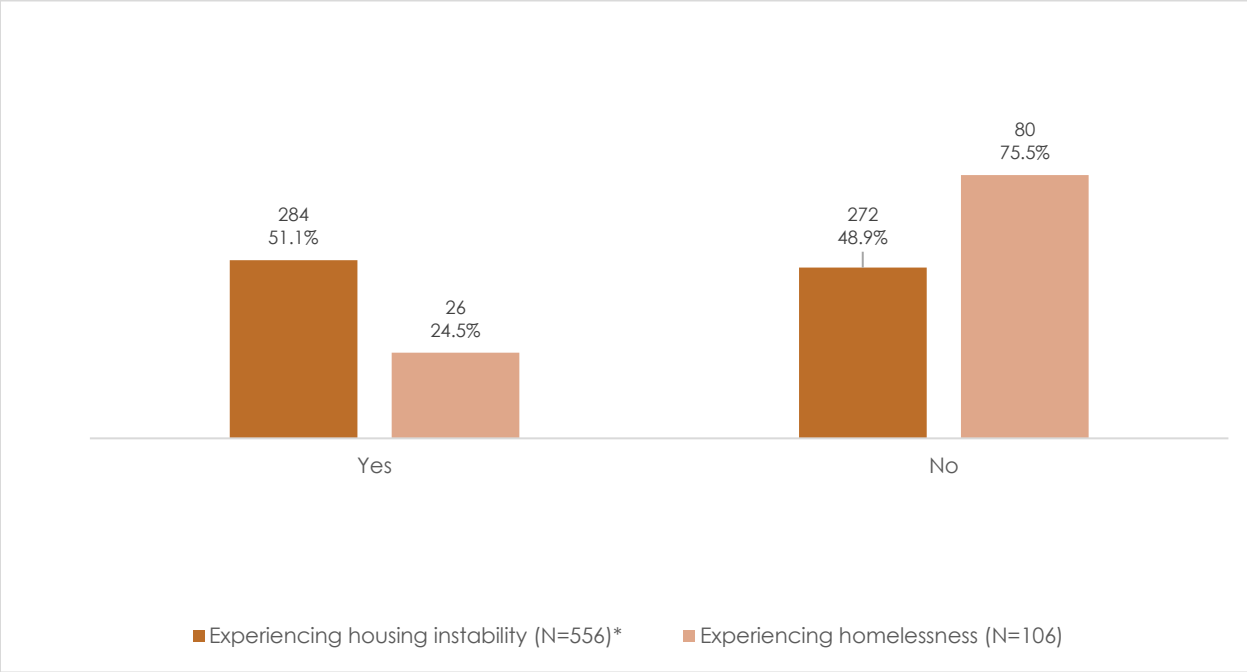
*Data was not collected for one participant.

Figure A4. Highest level of education by housing status at entry.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure A5. Employment by housing status at entry.



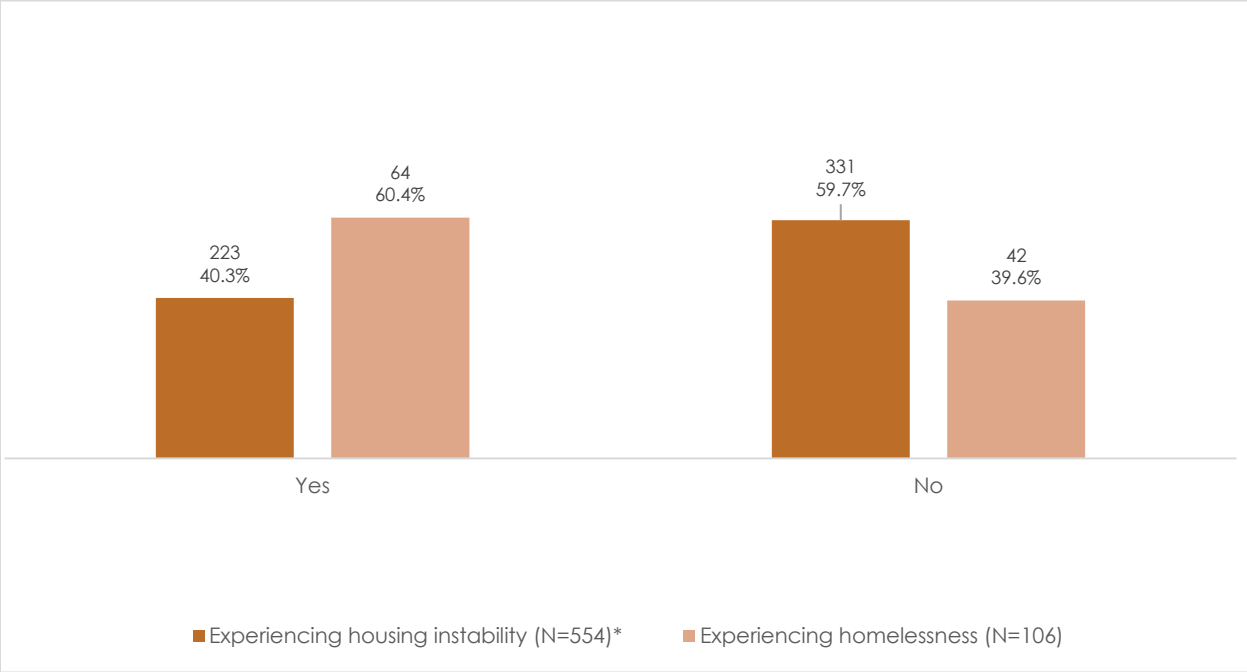
*Data was not collected for one participant.

Table A1. Employment by housing status at entry for comparison (N=662).

Employment	Experiencing housing instability	Experiencing homelessness	Total
Yes	284 (51.1%)	26 (24.5%)	310
No	272 (48.9%)	80 (75.5%)	352
Total	556	106	662

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	25.205	1	0.000

Figure A6. Disabling conditions by housing status at entry.



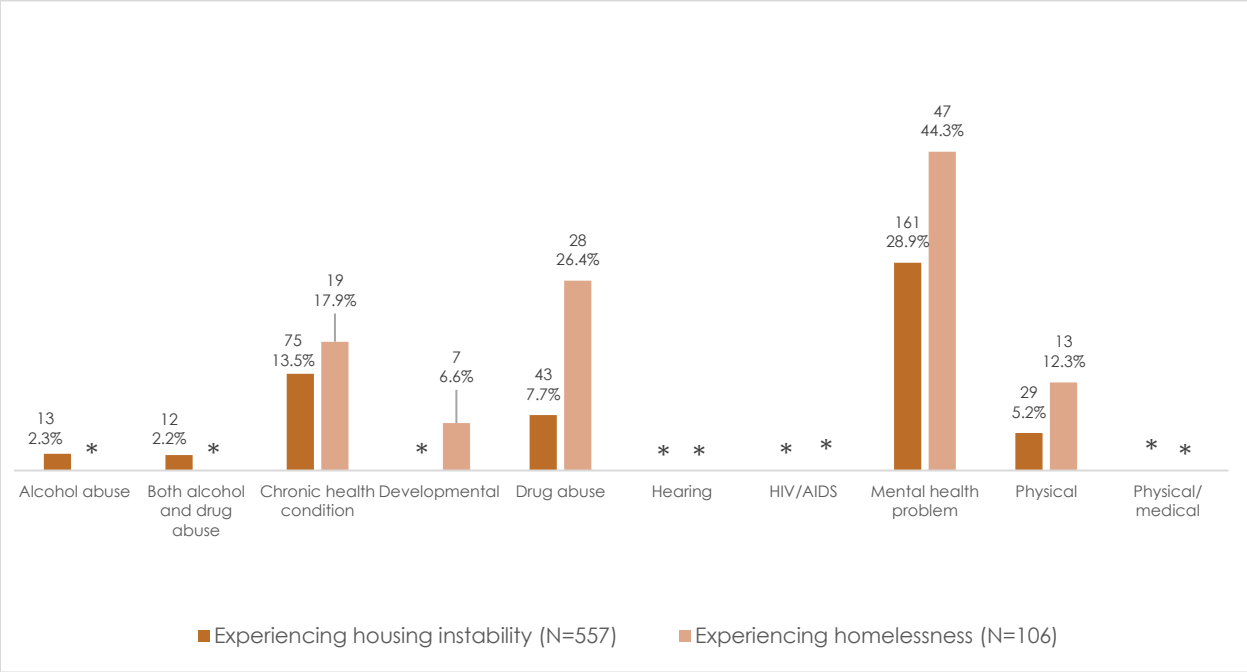
*Data was not collected for three participants.

Table A2. Disabling conditions by housing status at entry for comparison (N=660).

Disabling condition	Experiencing housing instability	Experiencing homelessness	Total
Yes	223 (40.3%)	64 (60.4%)	287
No	331 (59.7%)	42 (39.6%)	373
Total	554	106	660

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	14.663	1	0.000

Figure A7. Disabilities by housing status at entry.



*The number and percentage of program participants were suppressed to ensure privacy.

Table A3. Drug abuse by housing status at entry for comparison (N=663).

Drug abuse	Experiencing housing instability	Experiencing homelessness	Total
Yes	43 (7.7%)	28 (26.4%)	71
No/not reported	514 (92.3%)	78 (73.6%)	592
Total	557	106	663

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson **chi-square**	32.550	1	0.000

Table A4. Mental health problems by housing status at entry for comparison (N=663).

Mental health problem	Experiencing housing instability	Experiencing homelessness	Total
Yes	161 (28.9%)	47 (44.3%)	208
No/not reported	396 (71.1%)	59 (55.7%)	455
Total	557	106	663

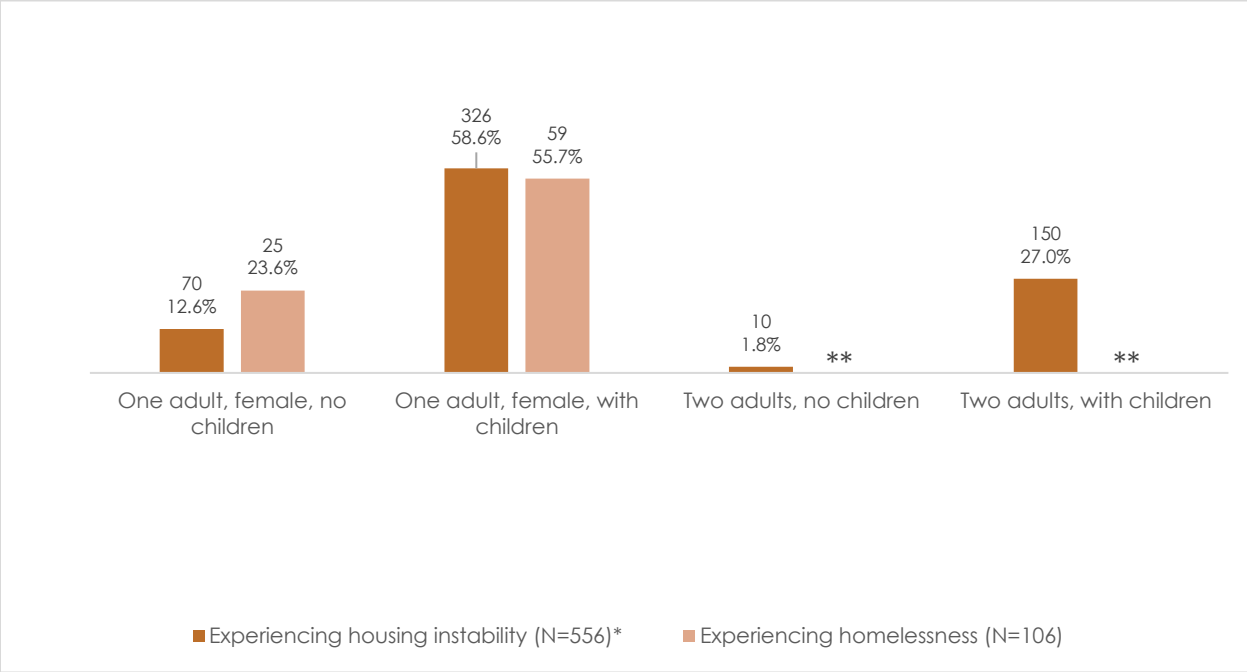
Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	9.854	1	0.002

Table A5. Physical disability by housing status at entry for comparison (N=663).

Physical disability	Experiencing housing instability	Experiencing homelessness	Total
Yes	29 (5.2%)	13 (12.3%)	42
No/not reported	528 (94.8%)	93 (87.7%)	621
Total	557	106	663

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	7.476	1	0.006

Figure A8. Household type by housing status at entry.



*One participant had a household type of "other".
**The number and percentage of program participants were suppressed to ensure privacy.

Figure A9. Number in household by housing status at entry.

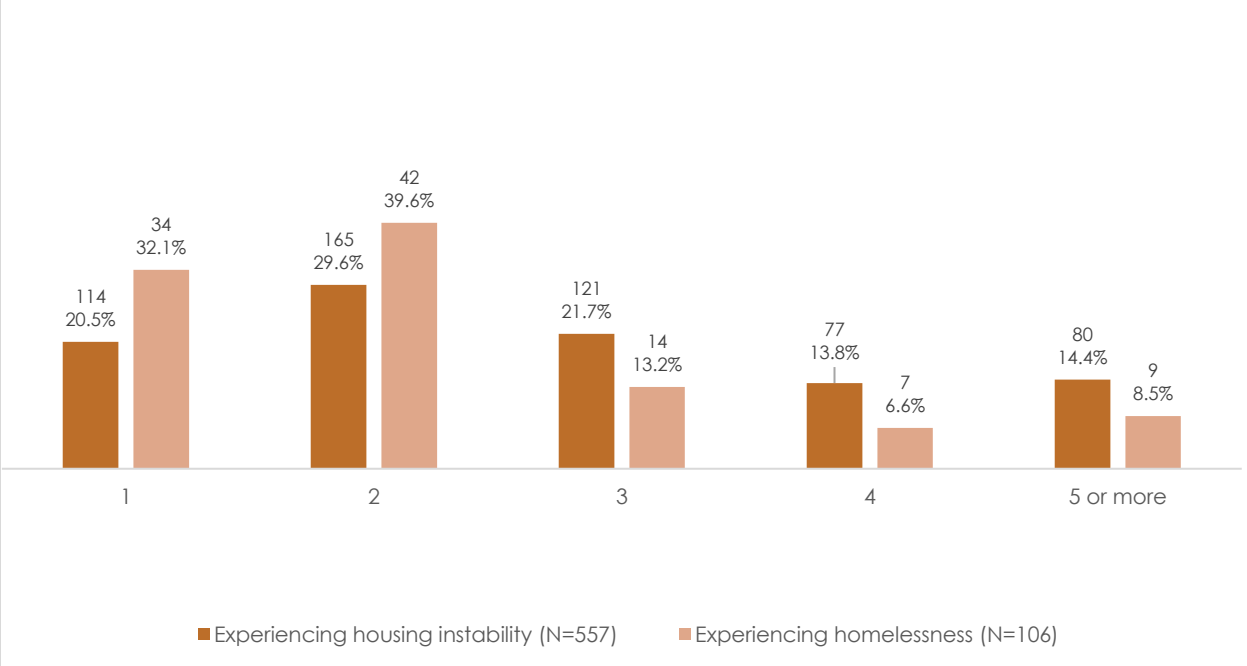
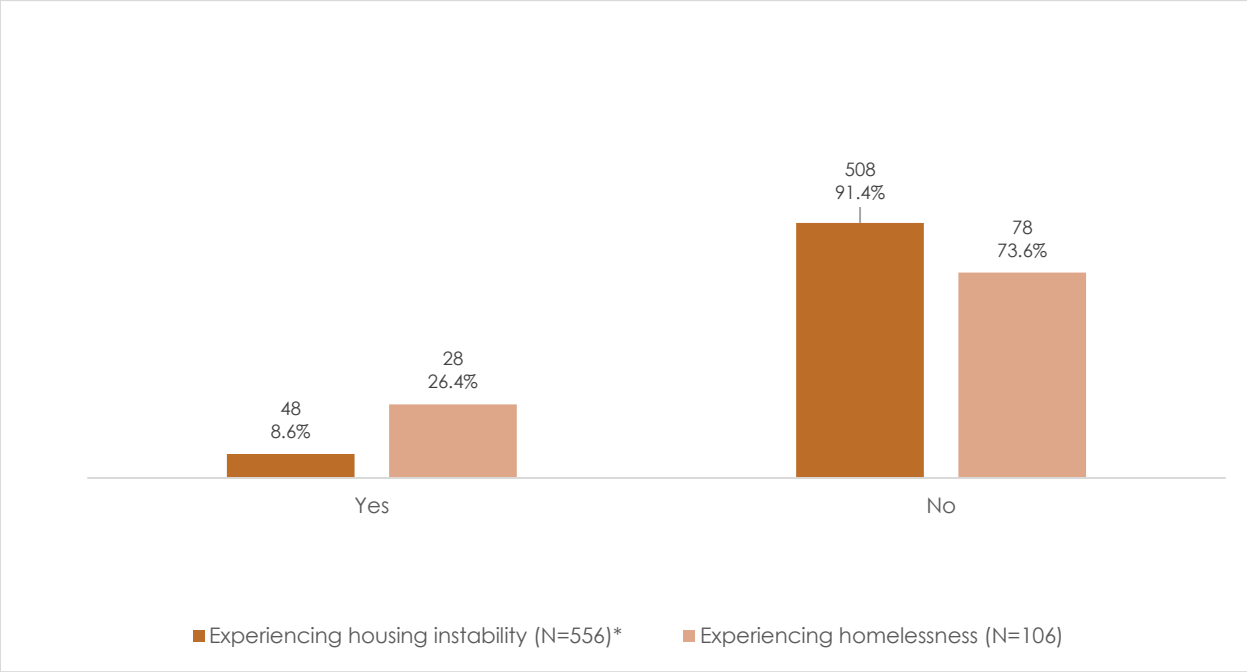


Figure A10. Children in out-of-home placements by housing status at entry.



*Data was not collected for one participant.

Table A6. Children in out-of-home placements by housing status at entry for comparison (N=662).

Children in out-of-home placement	Experiencing housing instability	Experiencing homelessness	Total
Yes	48 (8.6%)	28 (26.4%)	76
No	508 (91.4%)	78 (73.6%)	586
Total	556	106	662

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	27.701	1	0.000

Figure A11. Use of crisis services by housing status at entry.

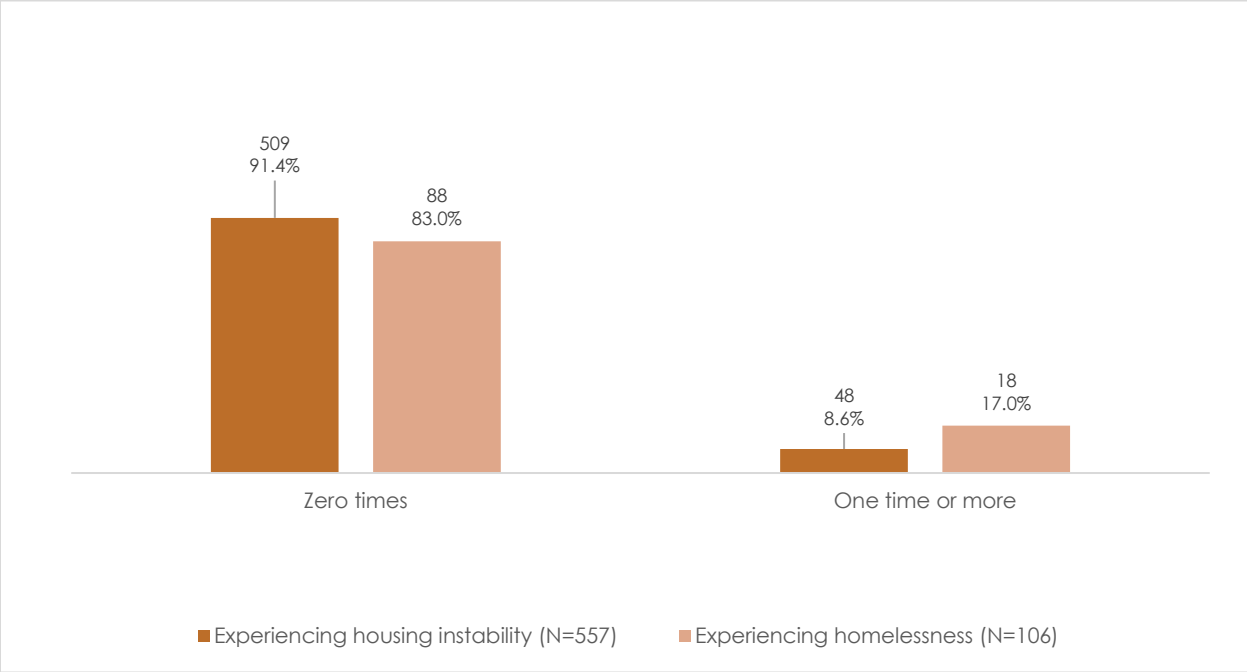
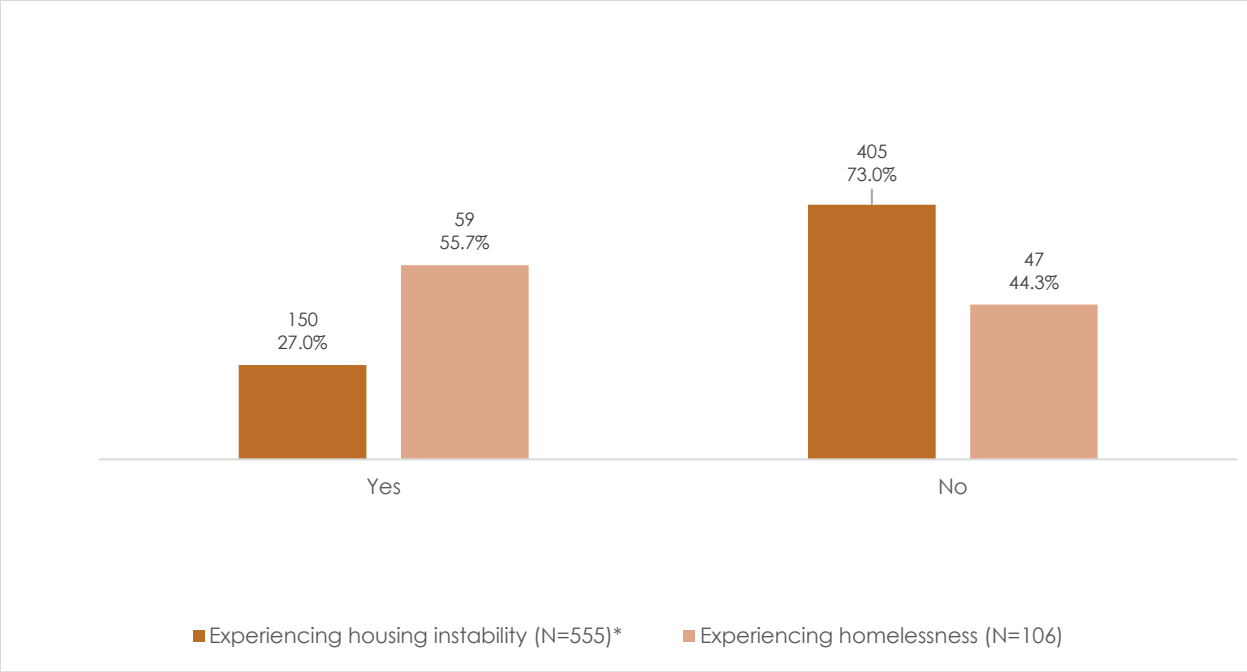


Table A7. Perceived safety by housing status at entry for comparison (N=662).

Perceived safety	Experiencing housing instability	Experiencing homelessness	Total
I usually feel safe	487 (87.4%)	63 (60.0%)	550
I sometimes feel safe	50 (9.0%)	18 (17.1%)	68
I don't often feel safe	20 (3.6%)	24 (22.9%)	44
Total	557	105	662

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	63.078	2	0.000

Figure A12. Domestic violence history by housing status at entry.



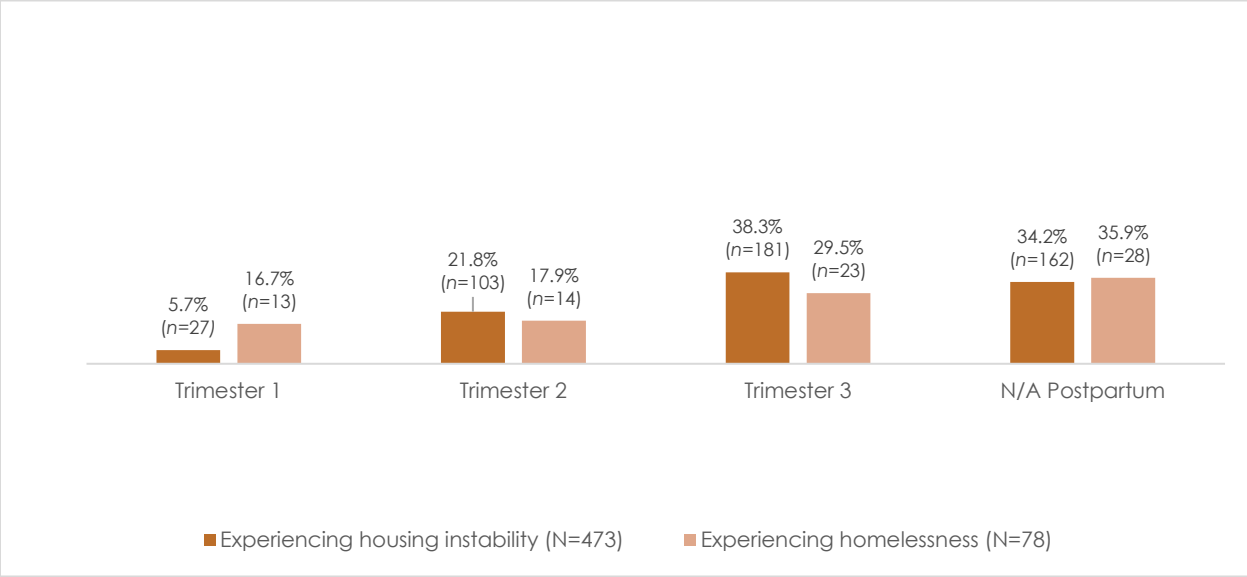
*Data was not collected for two participants.

Table A8. Domestic violence victims/survivors by housing status at entry for comparison (N=661).

Domestic violence victim/survivor	Experiencing housing instability	Experiencing homelessness	Total
Yes	150 (27.0%)	59 (55.7%)	209
No	405 (73.0%)	47 (44.3%)	452
Total	555	106	661

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	33.749	1	0.000

Figure A13. Gestational weeks at entry by housing status at entry (N=551).



Abbreviation: N/A, not applicable.

Table A9. Gestational weeks at entry by housing status at entry for comparison (N=551).

Gestational weeks	Experiencing housing instability	Experiencing homelessness	Total
Trimester 1	27 (5.7%)	13 (16.7%)	40
Trimester 2	103 (21.8%)	14 (17.9%)	117
Trimester 3	181 (38.3%)	23 (29.5%)	204
Not applicable (postpartum)	162 (34.2%)	28 (35.9%)	190
Total	473	78	551

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	12.985	1	0.005

Figure A14. Weeks at delivery by housing status at entry.

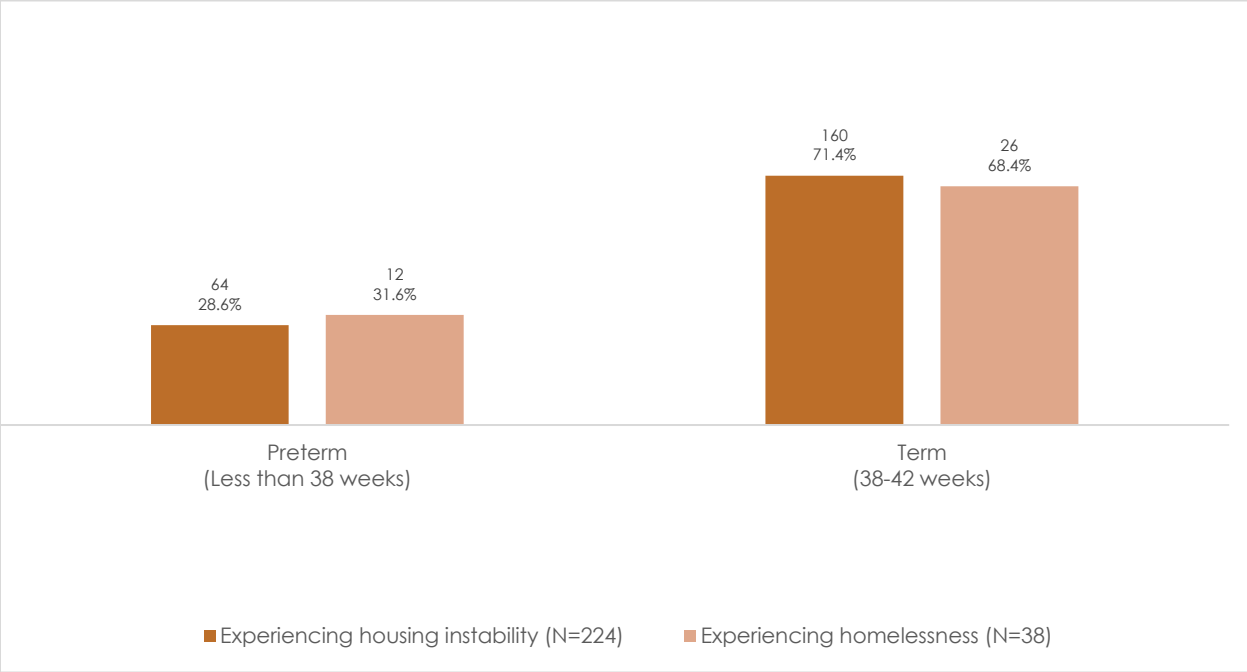
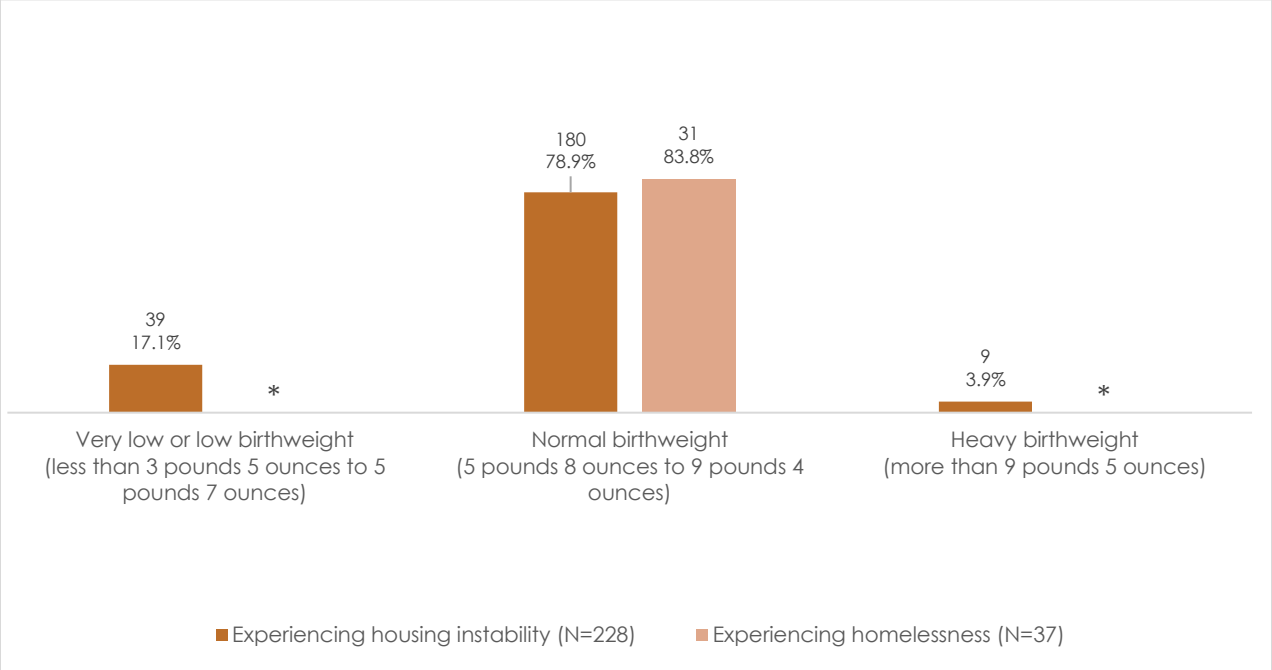


Figure A15. Infant birthweight by housing status at entry.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure A16. Neonatal intensive care unit visits by housing status at entry.

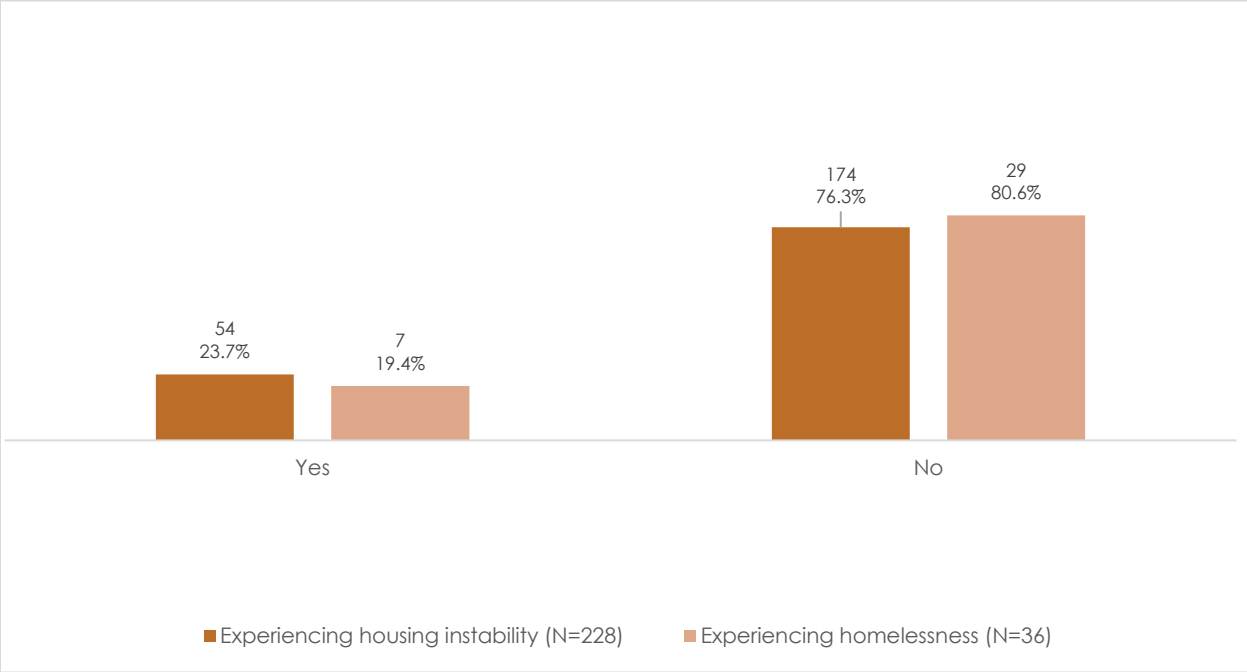
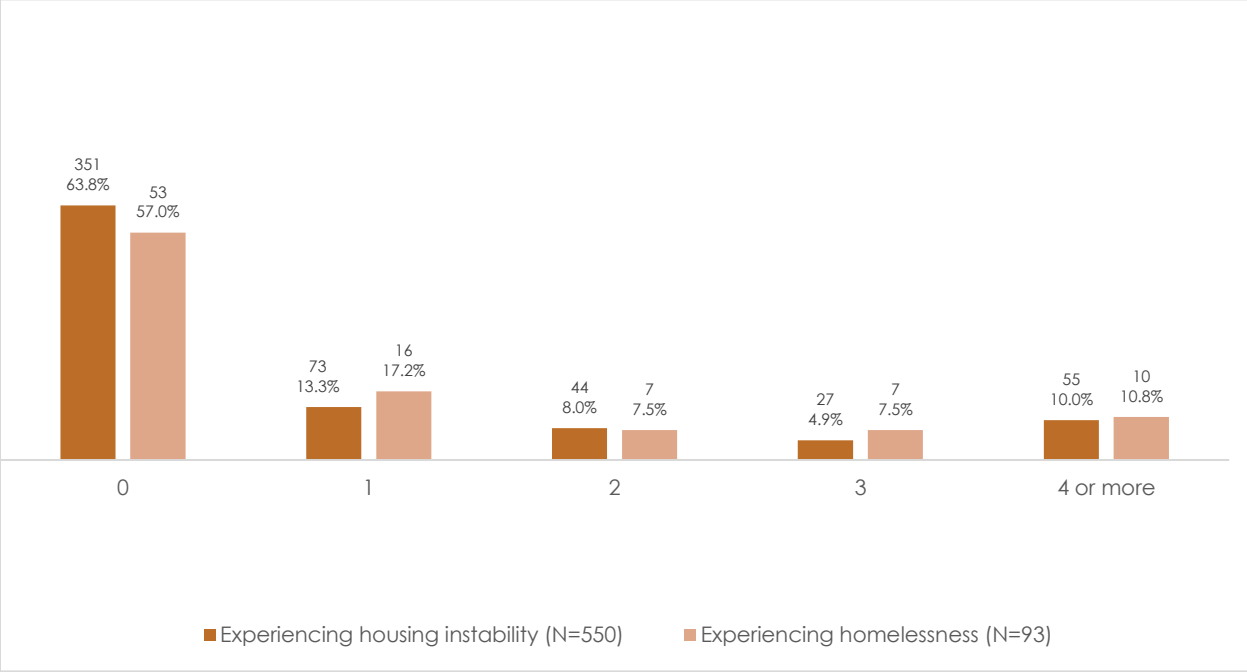


Figure A17. Emergency room visits by housing status at entry.



Diversion services by housing status at entry

Housing status subgroups: experiencing housing instability; experiencing homelessness.

Figure A18. Time billed by housing status at entry.

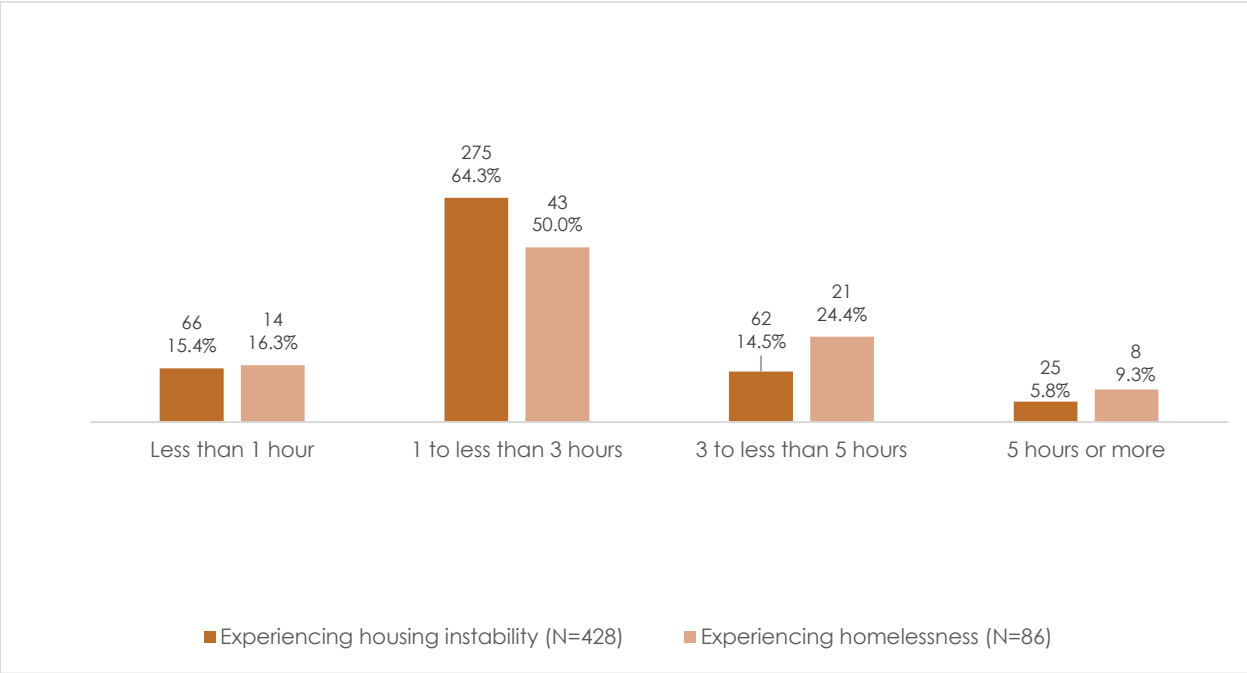


Table A10. Time billed by housing status at entry for comparison (N=514).

Time billed	Experiencing housing instability	Experiencing homelessness	Total
Less than 1 hour	66 (15.4%)	14 (16.3%)	80
1 to less than 3 hours	275 (64.3%)	43 (50.0%)	318
3 to less than 5 hours	62 (14.5%)	21 (24.4%)	83
5 or more hours	25 (5.8%)	8 (9.3%)	33
Total	428	86	514

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	8.096	3	0.044

Figure A19. Flex funds amount by housing status at entry.

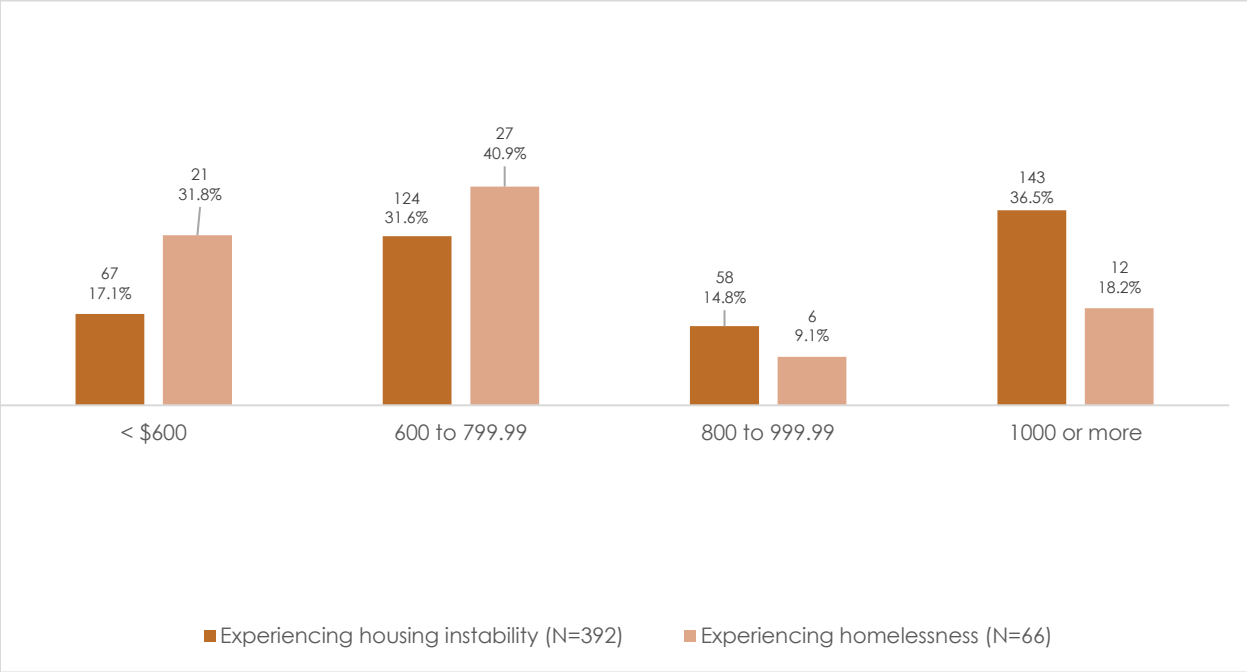
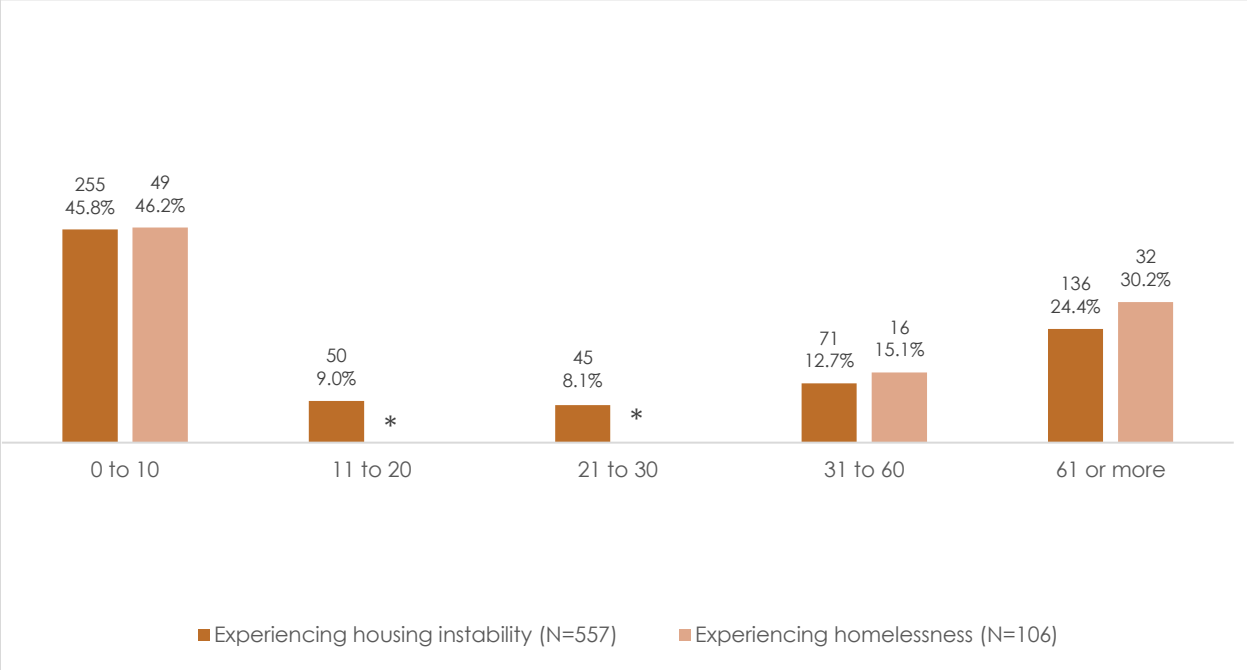


Figure A20. Days enrolled by housing status at entry.



*The number and percentage of program participants were suppressed to ensure privacy.

Appendix B. Participant exit destinations by housing status at entry

Housing status subgroups: experiencing housing instability; experiencing homelessness.

Table B1. Program participant exit destinations by housing status at entry (N=680).

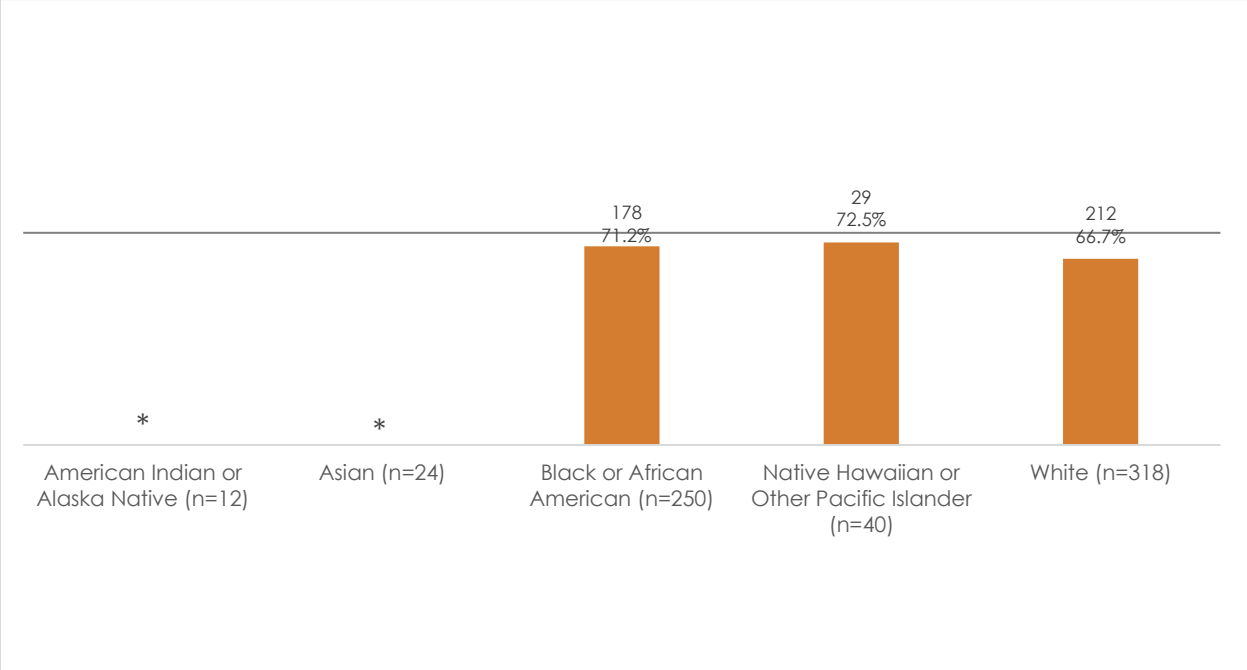
Exit destination		Experiencing housing instability	Experiencing homelessness	Unknown
Successful exits		**403 (72.4%)**	**61 (57.5%)**	**10 (58.8%)**
Rental by client	• No ongoing housing subsidy	375 (67.3%)	49 (46.2%)	*
	• With ongoing housing subsidy (including RRH and other subsidy)	21 (3.8%)	*	*
Staying or living with family or friends, permanent tenure		*	*	*
Owned by client, no ongoing housing subsidy		*	*	*
Hotel or motel paid for without emergency shelter voucher		*	*	*
Unsuccessful exits		*	*	*
Staying or living with family or friends, temporary tenure (e.g., room, apartment, or house)		*	*	*
Place not meant for habitation		*	*	*
Substance abuse treatment facility or detox center		*	*	*
Transitional housing for homeless persons (including homeless youth)		*	*	*
Safe haven		*	*	*
Other exits/No interview completed		**145 (26.1%)**	*	*
Overall total		**557**	**106**	**17**

Abbreviation: RRH, Rapid Re-Housing.

*The number and percentage of program participants were suppressed to ensure privacy.

Successful exits by characteristics

Figure B1. Successful exits by race.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure B2. Successful exits by ethnicity.

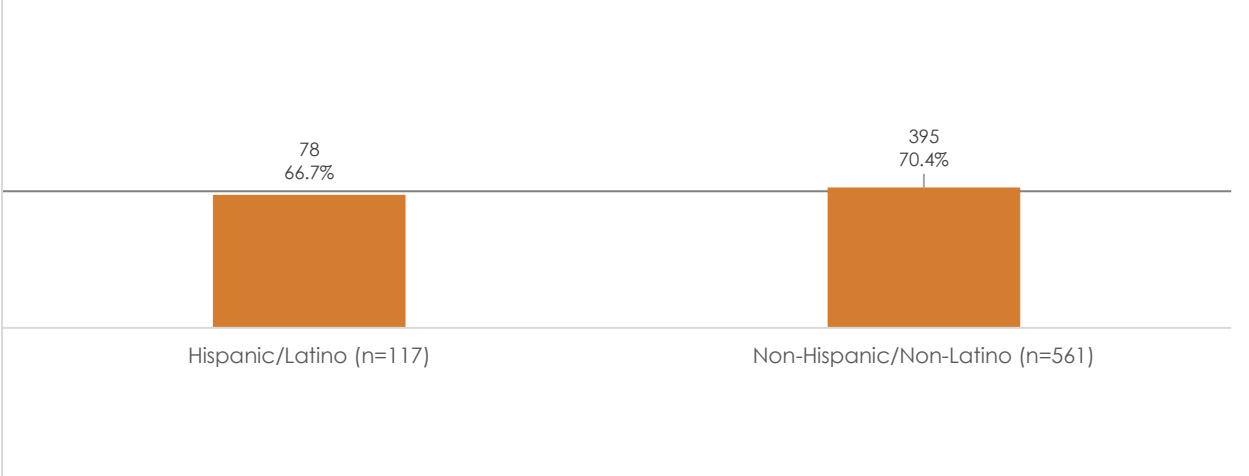
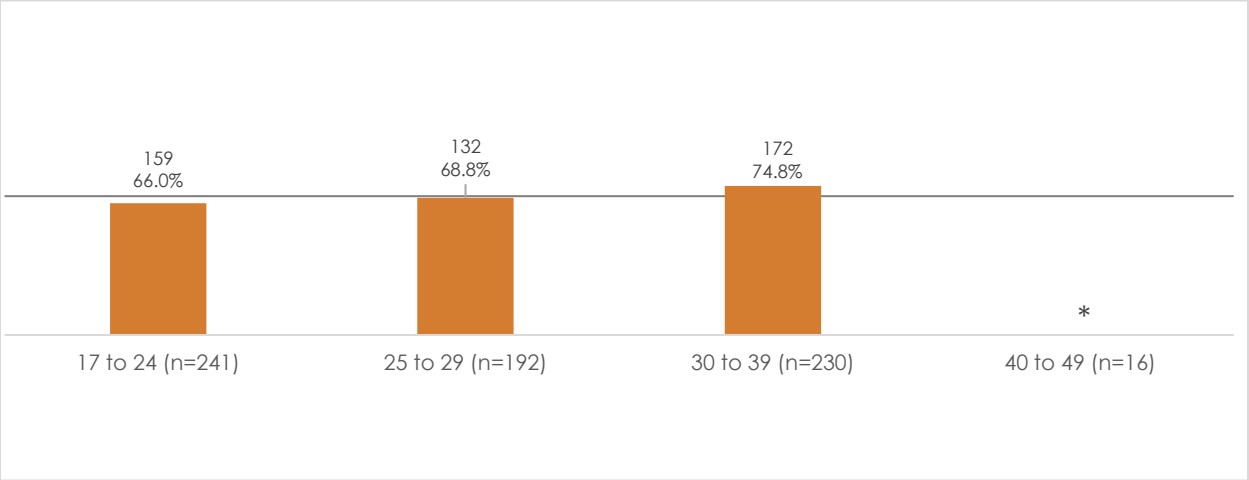
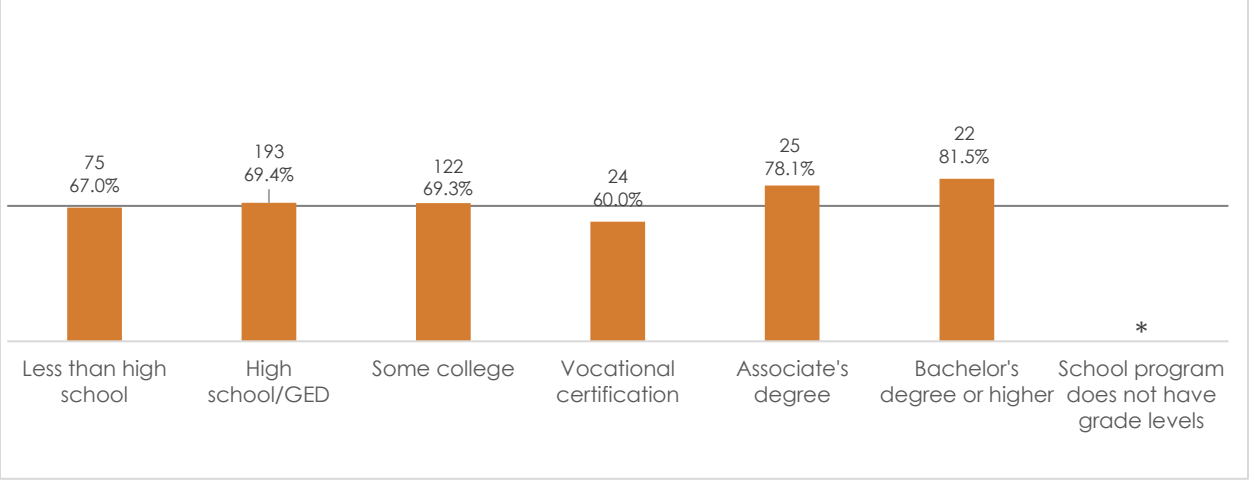


Figure B3. Successful exits by age.



**The number and percentage of program participants were suppressed to ensure privacy.*

Figure B4. Successful exits by highest level of education.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure B5. Successful exits by employment status.

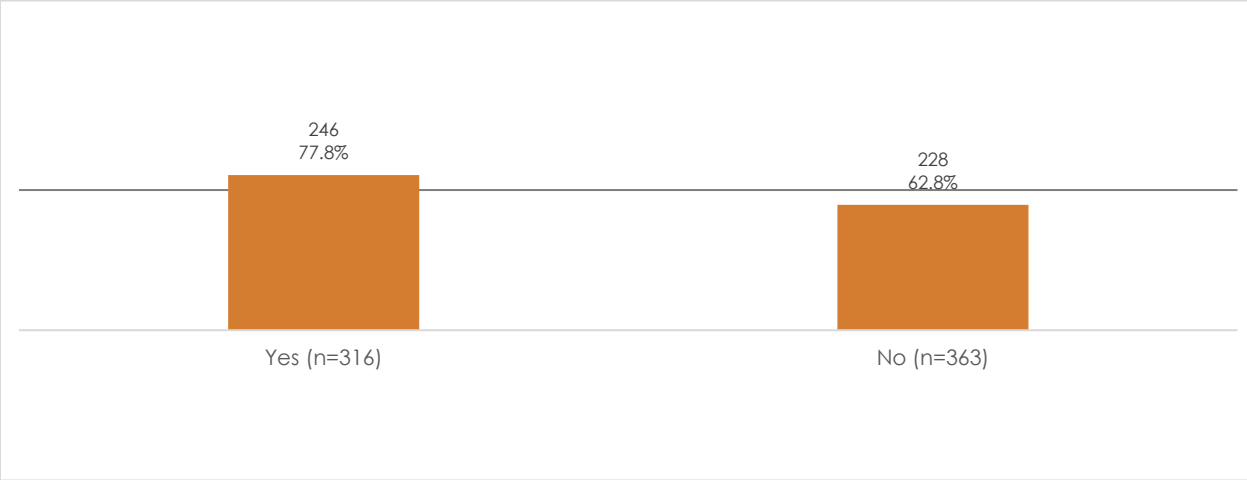
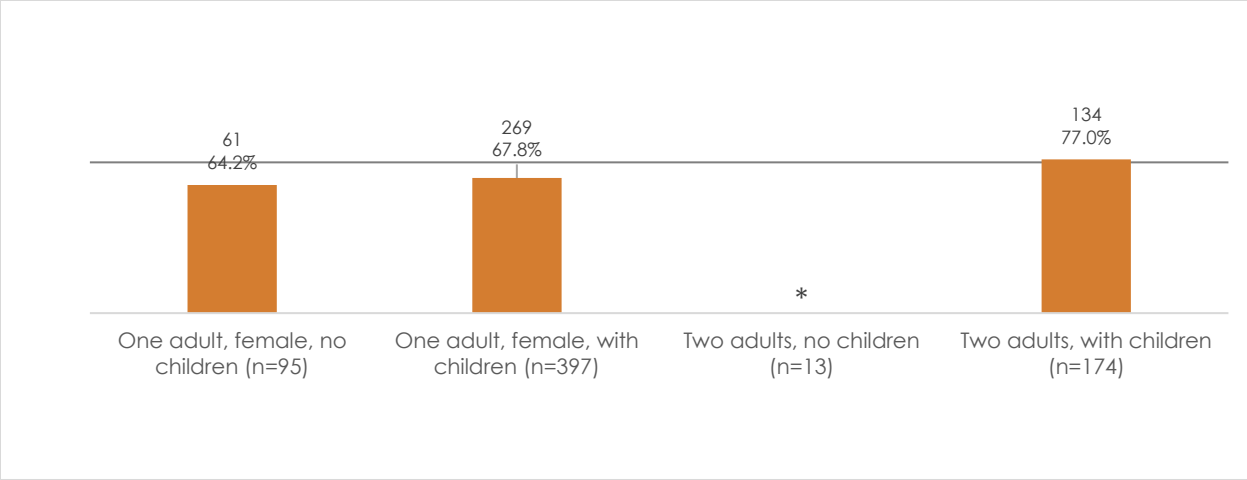


Figure B6. Successful exits by household type.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure B7. Successful exits by children in out-of-home placements.

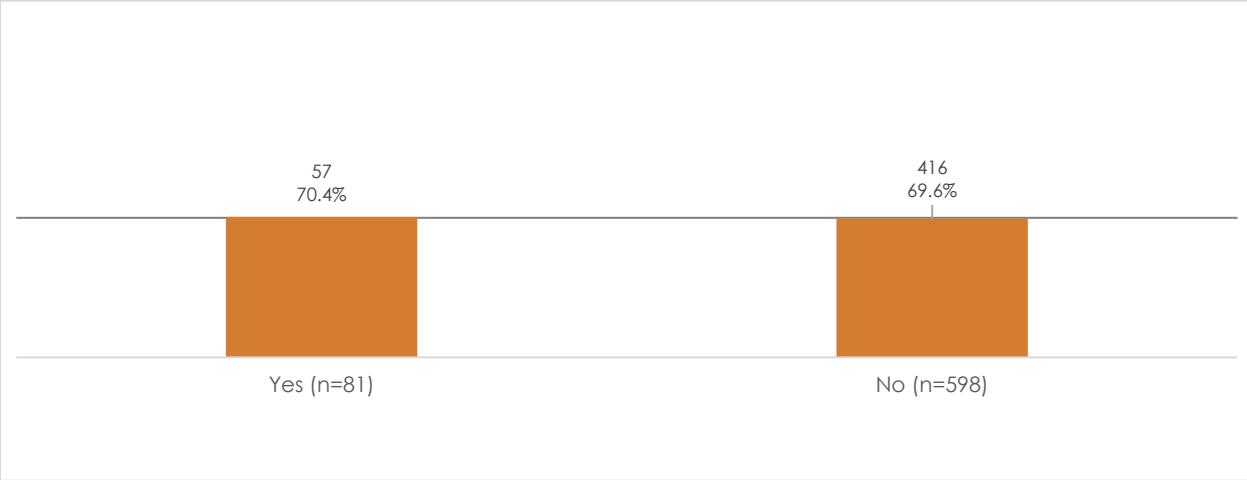


Figure B8. Successful exits by disabling conditions.

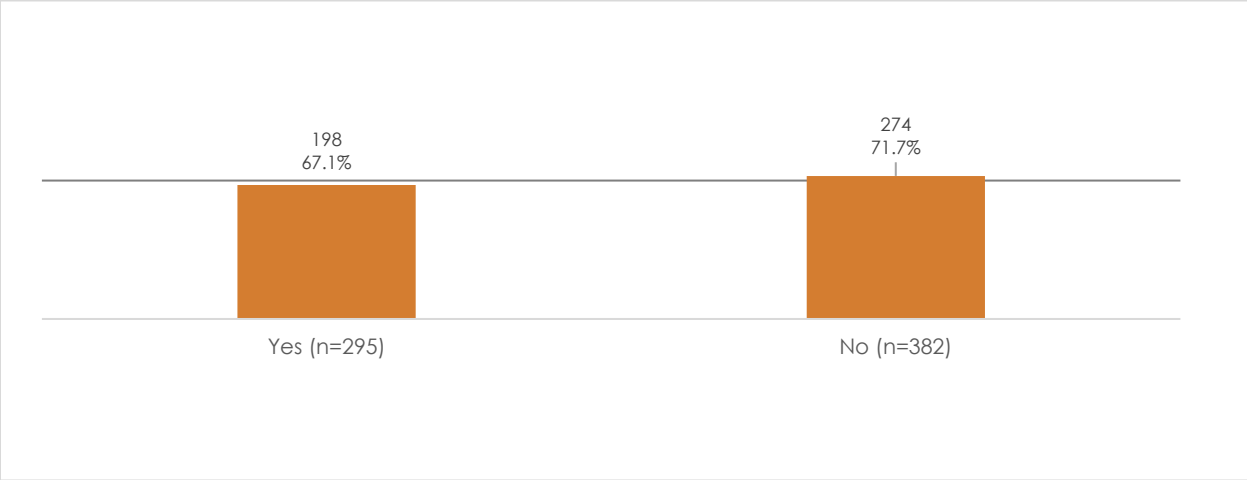
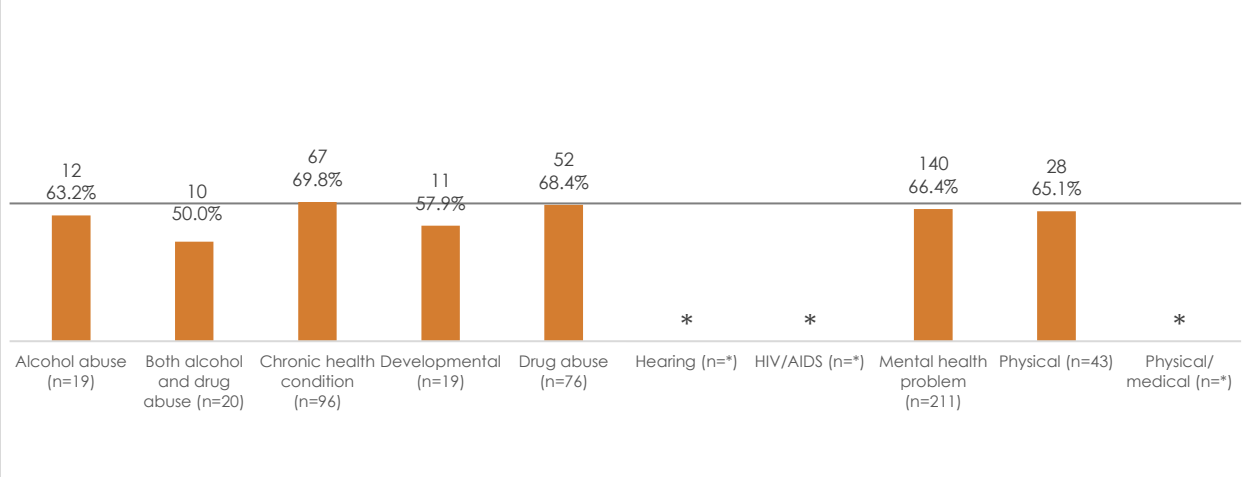
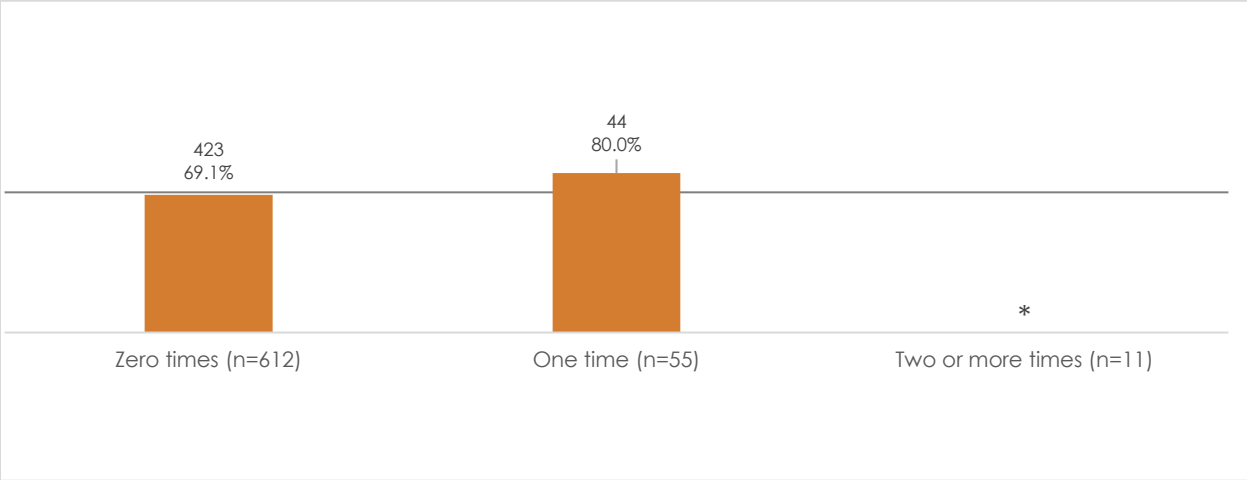


Figure B9. Successful exits by disabling condition categories.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure B10. Successful exits by use of crisis services.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure B11. Successful exits by domestic violence history.

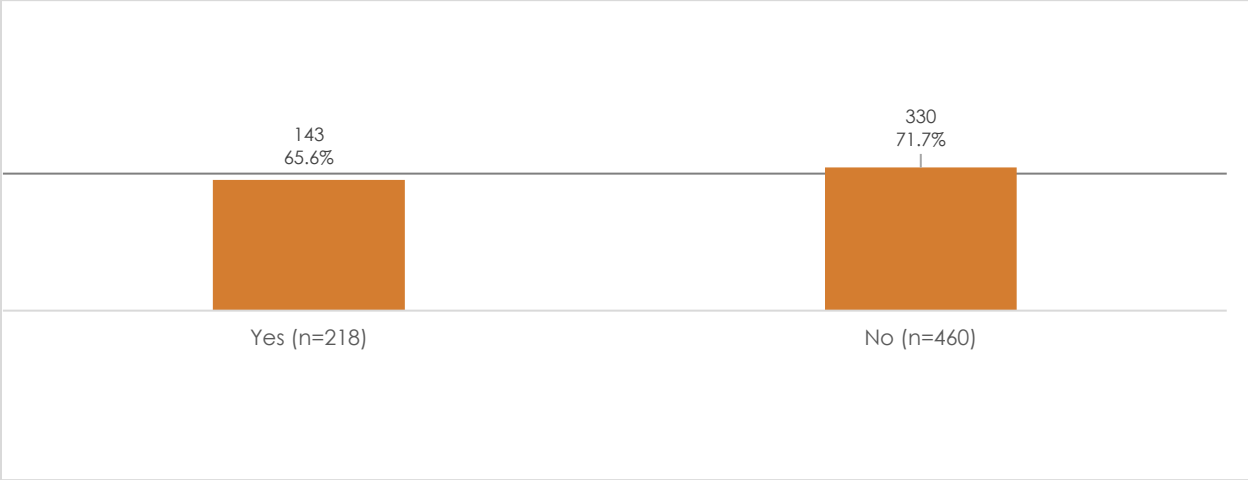


Table B2. Program participant exit destinations by living situations at program entry (N=680).

Exit type by living situation at program entry	Successful exit	Unsuccessful exit	Unknown	Total
Experiencing housing instability at entry	**403 (72.4%)**	*	*	**557**
Rental by client, no ongoing housing subsidy	240 (86.3%)	*	*	278
Rental by client, with housing subsidy (including RRH and VASH subsidy)	*	*	*	26
Staying or living in a family member's room, apartment, or house	91 (54.8%)	*	*	166
Staying or living in a friend's room, apartment, or house	41 (59.4%)	*	*	69
Hotel or motel paid for without emergency shelter voucher	*	*	7 (53.8%)	13
Owned by client, no ongoing housing subsidy	*	*	*	*
Permanent housing for formerly homeless persons	*	*	*	*
Owned by client, with ongoing housing subsidy	*	*	*	*
Experiencing homelessness at entry	**61 (57.5%)**	*	*	**106 (100%)**
Place not meant for habitation	27 (50.0%)	*	*	54
Emergency shelter, including hotel/motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter	17 (68.0%)	*	*	25
Substance abuse treatment facility or detox center	14 (70.0%)	*	*	20
Safe haven	*	*	*	*
Transitional housing for homeless persons	*	*	*	*
Jail, prison, or juvenile detention facility	*	*	*	*
Hospital or other residential non-psychiatric medical facility	*	*	*	*
Unknown status at entry	**10 (58.8%)**	*	*	**17 (100%)**
Overall total	**474 (63.2%)**	**12 (1.6%)**	**194 (25.9%)**	**680 (100%)**

Abbreviations: RRH, Rapid Re-Housing; VASH, Veterans Affairs Supportive Housing (U.S. Department of Housing and Urban Development program).

*The number and percentage of program participants were suppressed to ensure privacy.

Program services for successful exits

Figure B12. Successful exits by time billed.

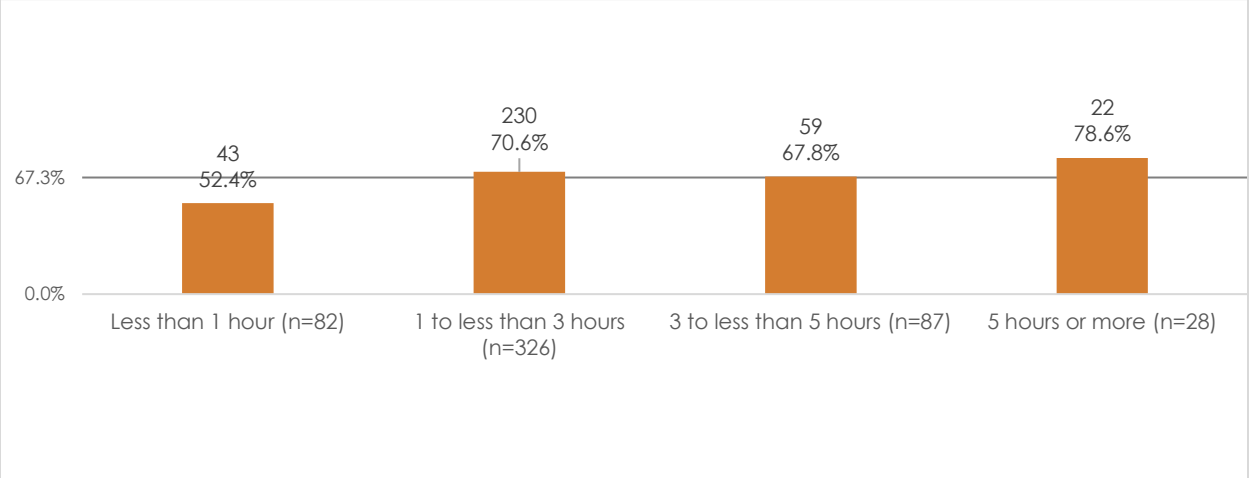


Figure B13. Mean number of days enrolled for successful exits.

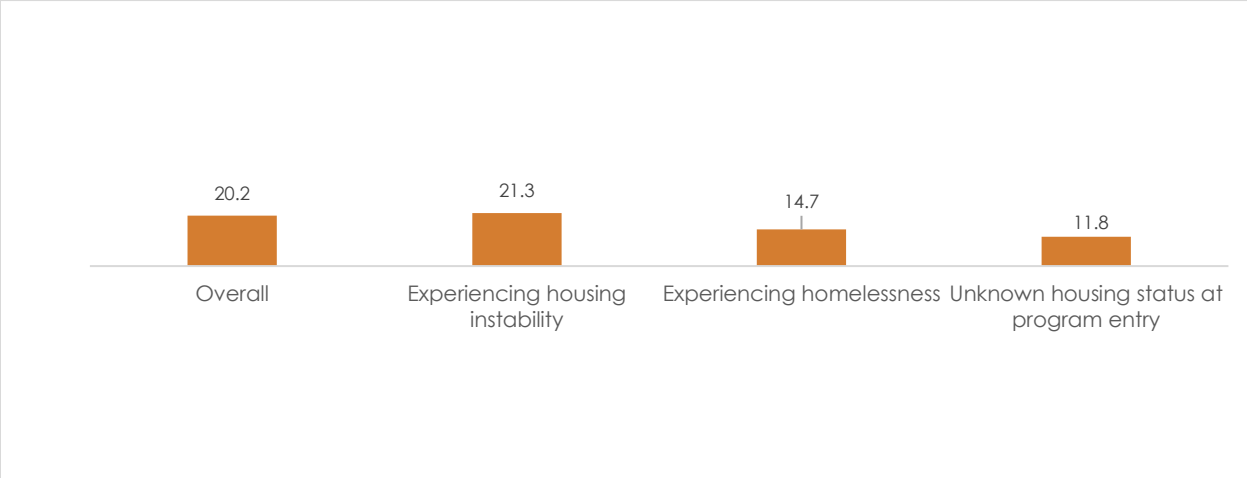


Table B3. Length of enrollment by exit type for all program participants (N=680).

Days enrolled	Successful exit	Unsuccessful exit	No exit interview completed	Total
0 to 10 days enrolled	302 (96.5%)	**	**	313*
11 to 20 days enrolled	53 (94.6%)	**	**	56
21 to 30 days enrolled	33 (67.3%)	**	**	49
31 to 60 days enrolled	44 (48.4%)	**	**	91
61 or more days enrolled	42 (24.6%)	**	**	171
Total	**474 (69.7%)**	**12 (1.8%)**	**194 (28.5%)**	**680 (100.0%)**

*Some participants were enrolled 0 days (N=39).

**The number and percentage of program participants were suppressed to ensure privacy.

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	328.937	8	0.000

Table B4. Length of enrollment in days by exit type based on housing status at entry.

Days enrolled	Successful exit	Unsuccessful exit	Other exit/No exit interview completed	Total
Experiencing housing instability at program entry (N=557)				
0 to 10 days enrolled	249 (44.7%)	*	*	255 (45.8%)
11 to 20 days enrolled	*	*	*	50 (9.0%)
21 to 30 days enrolled	31 (5.6%)	*	*	45 (8.1%)
31 to 60 days enrolled	37 (6.6%)	*	*	71 (12.7%)
61 or more days enrolled	*	*	96 (17.2%)	136 (24.4%)
Total	**383 (68.8%)**	*****	**164 (29.4%)**	**557 (100%)**
Experiencing homelessness at program entry (N=106)				
0 to 10 days enrolled	*	*	*	49 (46.2%)
11 to 20 days enrolled	*	*	*	*
21 to 30 days enrolled	*	*	*	*
31 to 60 days enrolled	*	*	*	16 (15.1%)
61 or more days enrolled	*	*	*	32 (30.2%)
Total	**61 (57.5%)**	*****	*****	**106 (100%)**
Unknown housing status at program entry (N=17)				
0 to 10 days enrolled	*	*	*	*
11 to 20 days enrolled	*	*	*	*
21 to 30 days enrolled	*	*	*	*
31 to 60 days enrolled	*	*	*	*
61 or more days enrolled	*	*	*	*
Total	*	*	*	**17 (100.0%)**

*The number and percentage of program participants were suppressed to ensure privacy.

Program services by housing status at entry, for successful exits only

Figure B14. Time billed by housing status at entry for successful exits.

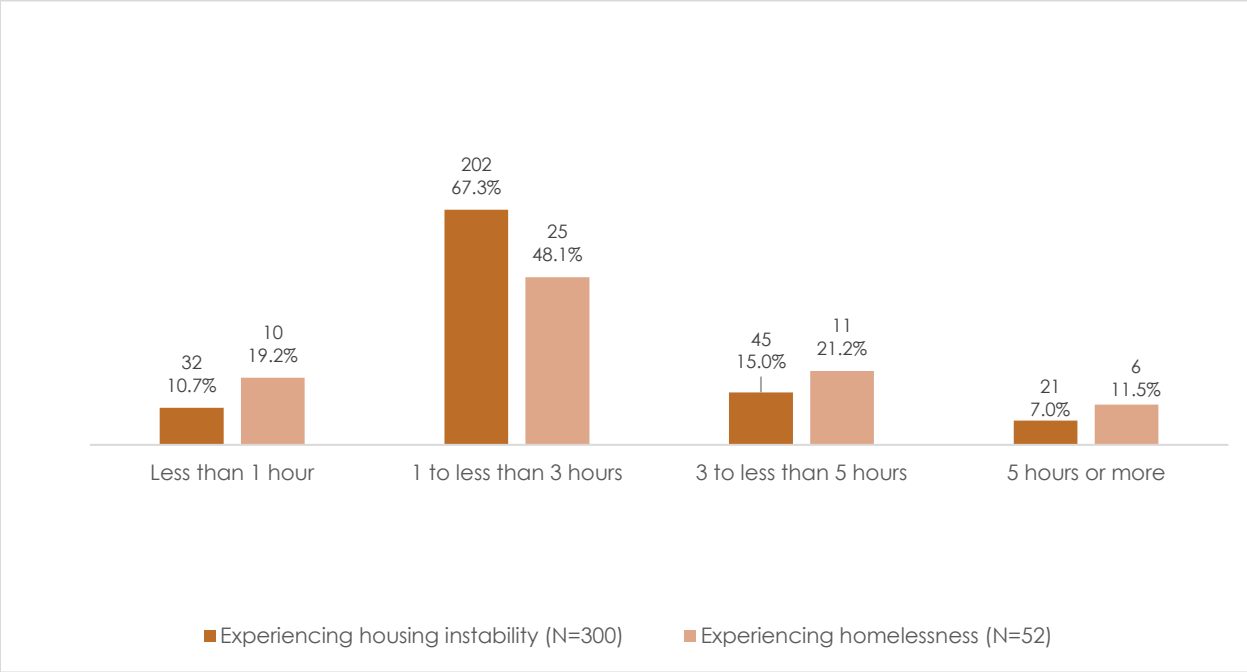
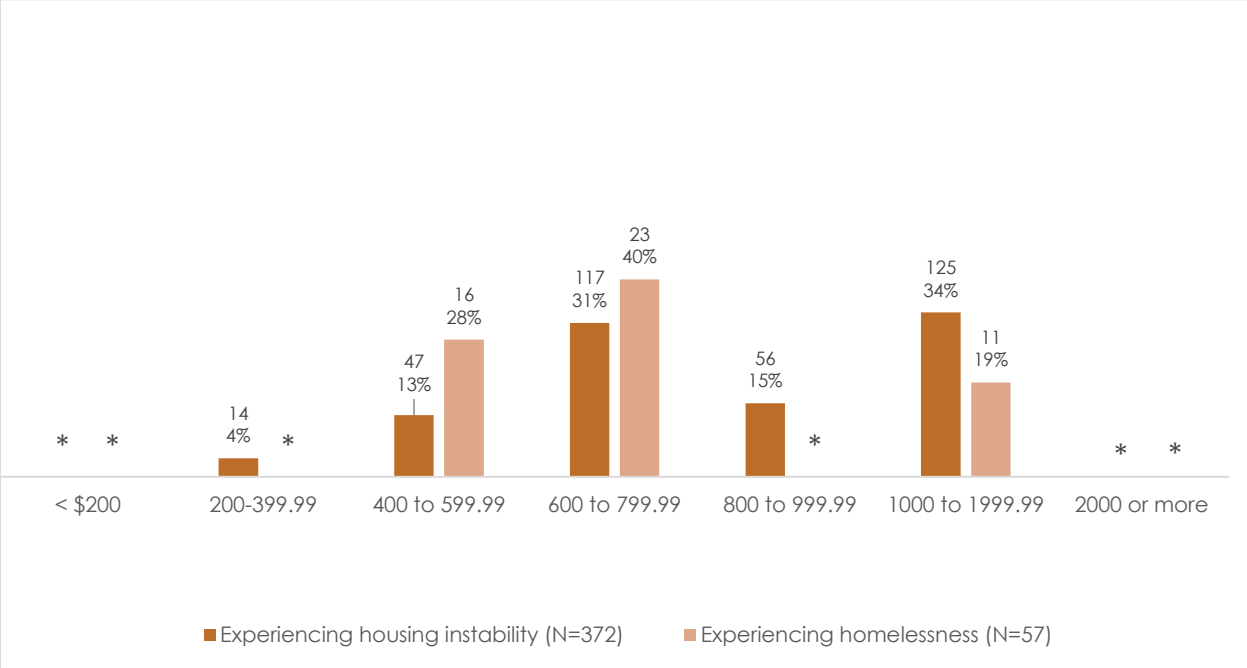
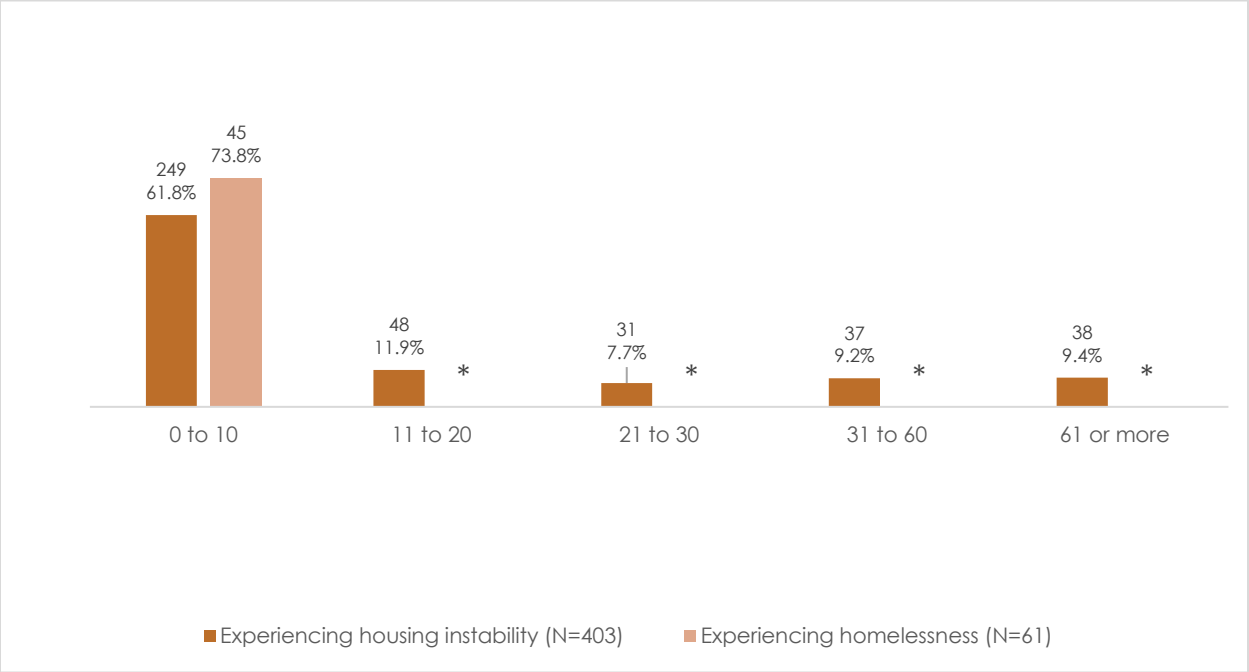


Figure B15. Flex funds by housing status at entry for successful exits.



*The number and percentage of program participants were suppressed to ensure privacy.

Figure B16. Days enrolled by housing status at entry for successful exits.



*The number and percentage of program participants were suppressed to ensure privacy.