



# HARVEST COMMONS

Final Implementation and  
Outcome Evaluation Report

March 2016



**SOCIAL IMPACT  
RESEARCH CENTER**  
A HEARTLAND ALLIANCE PROGRAM

# Report Information

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**Report Author:** Lindy Carrow

**Research Team:** Lindy Carrow, Amy Terpstra, Cristina Pérez, Suniya Farooqui, Katherine Fohrman, Kathleen Mahoney, Margaret Schultz Patel, Katharine Sidelnik, Katherine Stuehrk, Clem Taylor, Katie Buitrago

**Graphics:** Lindy Carrow, Suniya Farooqui, Clem Taylor, and Zane Scheuerlein

**Suggested Citation:** Carrow, L. (2016, March). *Harvest Commons: Final Implementation and Outcome Evaluation Report*. Chicago: Social IMPACT Research Center.

IMPACT would like to thank all of the Heartland Housing, Heartland Health Outreach, Heartland Human Care Services, and St. Leonard's Ministries staff who helped with this evaluation.

The Harvest Commons evaluation is generously supported by Enterprise Community Partners, Inc. and Hillshire Brands Foundation.

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# EXECUTIVE SUMMARY

Harvest Commons is a Heartland Alliance supportive housing program on the near west side of Chicago that offers an enhanced, health-focused model of supportive services. The program is housed in a Chicago Historic Landmark building that Heartland Housing rehabbed to be its greenest property to date when it opened. Along with typical services such as case management and employment support services, residents of Harvest Commons—virtually all of whom had been homeless—have the opportunity to participate in on-site urban farming, nutritional counseling, and cooking classes.

This report details the results of an evaluation of how this enhanced model has been carried out and how it has impacted residents. The findings and recommendations are driven by what we learned from resident surveys, interviews with staff and residents, and analysis of program data.

## KEY FINDINGS

Harvest Commons has had a positive impact in many different areas of residents' lives. The enhanced, health-focused model appears to have led to more positive health outcomes, and the collaborative model of service provision has created both special opportunities and challenges in creating cohesive, seamless, and impactful programming for residents.

- **Residents reported positive impacts.** Most residents reported that since living at Harvest Commons, their outlook for the future was more positive, their quality of life was better, and they felt safer. Many residents spoke to the fact that the program was giving them the solid base they needed to build from and the supports to allow them to focus on the future.
  - **Some impacts were related to living at Harvest Commons for a longer time.** Residents who had lived there longer were slightly more likely to report eating more vegetables, being less physically active, and being more satisfied with their life.
  - **They got health insurance.** Health insurance coverage rates increased dramatically from 68% to 98%. Strong case management and support likely helped lead to this important outcome.
  - **They used health care differently.** Residents went to the emergency room less frequently, especially for non-emergencies. They also received preventive care less frequently but received outpatient substance use treatments more frequently.
  - **Their incomes increased.** Average resident monthly income increased by \$165. This may not be a notable increase for people with middle to upper incomes, but for many residents, this represents a sizable percentage increase.
  - **Their income supports changed.** More respondents started receiving Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Medicaid. SNAP receipt decreased, perhaps as a result of income increasing from other sources.

- **Participation in certain services increased specific outcomes.**
  - **Higher engagement in supportive housing services (general case management) was related to:**
    - better nutritional knowledge
    - eating more healthfully
    - having better finances
    - better quality of life
    - less debt
    - being less social
  - **Receiving food from the on-site farm and engagement in farm activities were related to:**
    - better nutritional knowledge
    - better understanding of green living
    - better quality of life
    - eating more vegetables
  - **Engagement in dietitian services was related to:**
    - better nutritional knowledge
    - eating more vegetables
- **Harvest Commons' unique health-focused and collaborative model creates both opportunities and challenges.**
  - **Opportunities Realized:**
    - Formerly homeless residents can stabilize in their new home and focus on more than survival—things like improving their health, furthering their education, finding a job, and giving back to their community.
    - Residents have the ability to access diverse supports to reach their goals and have demonstrated success, especially related to their health.
    - The many staff who work at Harvest Commons—each offering a unique basket of services—are able to work together to become more than the sum of their individual parts thereby increasing their impact, and there is potential to collaborate more.
  - **Challenges Encountered:**
    - The uniqueness of the building—both its age and some of its green features—has made it challenging to maintain at times. Other maintenance issues (unrelated to the building's age or green features) have also led residents to feel frustrated when there are problems in their units, and they have hindered potential community-building since the lobby—the primary community space—was closed for some time.
    - Staff turnover, some due to funding instability related to the state budget crisis, has made consistent coordination among service provider staff more difficult.
    - Barriers to communication among staff have made service provision and resident engagement in services more difficult.

## RECOMMENDATIONS

Harvest Commons is poised to reflect on the lessons learned from its first few years of operation and to consider how to recalibrate to better affect positive resident outcomes. The following recommendations are rooted in the experiences and ideas of Harvest Commons residents, staff, and leadership. As such, in many ways the recommendations are quite specific to this program, but the three themes of strengthening partnerships and program infrastructure, continuing and expanding services, and conducting ongoing evaluation are applicable to many supportive housing providers looking to help residents achieve their maximum potential.

- **Strengthen partnerships and program infrastructure.**

Staff should be able to provide a united front, regardless of what service they provide or which of the several companies at Harvest Commons they work for, to seamlessly provide participants the services they need or to guide them to the necessary person who can help them. This will require behind-the-scenes collaboration and planning beyond what is currently happening. Some ideas for operationalizing this at Harvest Commons include:

- **Align program goals and expectations among program leadership, and communicate them clearly to frontline staff.** For instance, the expected level of staff and resident engagement should be agreed upon by both housing and supportive service leadership staff. This high level coordination will help guide the work of staff who are on site providing services.
- **Outline clear expectations and protocols for staff for specific issues like rent- or housing-related problems and for initial service introductions and orientation when new residents move in.** Without these clear protocols, it is very challenging for staff to be on the same page about what the preferred resolution to a rent-related problem is, for example, and therefore they are not always able to address issues appropriately or to everyone's satisfaction.
- **Ensure that all documents or protocols are saved and catalogued in a central and widely accessible location to prevent loss of knowledge when there is staff turnover.** This level of sharing will also help staff to be able to refer to the information as needed to help further ensure protocols are followed.
- **Create and use consistent vehicles for communication and coordination among staff, such as regular meetings, an email listserv, and shared calendars.** As needed, explore technological supports for bringing staff together and sharing information. Many staff are eager to communicate and coordinate with their colleagues more effectively, but lack the tools needed to do so.
- **As communication among staff increases, reserve time and space for staff to come together and brainstorm new opportunities to connect services and to collaborate on ways to incorporate resident input.** Staff at every level have ideas to contribute to the innovation of the program and improvement of service delivery, but need the venue to hash out these ideas and create a plan of action. Since staff cycle in and out of the building at different hours, consider using video conferencing platforms.
- **Create a process to gather and use resident feedback on services and community building, such as consistent resident meetings or surveys.** Though staff already gather resident input as they are able, guidelines and support from leadership staff and from one another in doing so may increase the impact of their efforts.



- **Step up outreach to residents and create consistent vehicles for communication between staff and residents.** There are some residents who are not aware of all of the services available to them—they may benefit from different methods of outreach and information sharing. While services are voluntary, residents may be inclined to participate more with a bit of encouragement.
- **Create a central coordinator position to be responsible for implementing these and other coordination and infrastructure initiatives.** It is likely that none of these recommendations will come to fruition if no one is responsible for seeing them through and doing some of the legwork involved. In a program with such a complex braiding of service offerings, coordination is absolutely key. Unfortunately, much has slipped between the cracks because it is not any one person's job to oversee and manage all of the moving pieces.

Breaking down service provider silos is no small task. This is a lofty set of recommendations, but improving how service providers at Harvest Commons collaborate to put the resident at the center could serve as a model for the supportive housing field.

- **Continue or expand supportive services.**

Based on residents' histories with homelessness and their self-reported needs and goals, the services at Harvest Commons are certainly needed, and our findings show that they are making an impact on people's lives. Resident feedback suggests that additional support in some areas, like employment services, would be beneficial. However, due to funding constraints, those services were instead cut. Those cuts are hurting residents. They need stability and support, not to have critical services taken away. The stronger health impacts found in this evaluation only support this claim further—if all supportive services received the same investment that health services have at Harvest Commons, there would likely be more positive impacts.

Additionally, residents require both some level of consistency and some flexibility in when and how services are offered. Staff can only do this if they have enough leeway to find what works. With that flexibility, they can work to increase engagement by being a bit more assertive in marketing their services.

- **Expand services, especially in employment support.** Residents spoke to the need for additional and more varied support in employment services, and they reported low goal achievement in this area.
- **Allow staff the leeway to offer some level of consistency in when services are provided and some flexibility in how they're provided.** Consistency in on-site presence will help raise awareness of services, while a degree of flexibility will allow providers to reach more residents and experiment a bit with what works best in terms of outreach, times group events are offered, and the like.
- **Shape services to resident needs and provide additional supports when possible.** Though residents were not funneled to live at Harvest Commons due to their specific service needs and interests, many do in fact have chronic health issues that could be improved with the specialized services offered. Small supports or incentives could help to engage new participants, and continued outreach and dialogue with current participants could help keep them engaged. Harvest Commons could benefit from creating mechanisms for regularly soliciting resident input, weighing that input, selecting recommendations to implement, and communicating back to residents about the outcomes of this process. Where services are already being catered to residents' needs and interests, like in health and nutrition, there have been more positive outcomes. This should become the norm in service provision.

- **Conduct ongoing, strategic evaluation.**

The evidence base for the model has established—and this Harvest Commons evaluation has substantiated—that supportive housing is effective at ending homelessness and stabilizing the lives of people who have experienced chronic homelessness. This evaluation begins to tease out the potentially unique outcomes of a supportive housing model that is enhanced with specialized—in this case health- and nutrition-related—services.

Currently, very little data collected by service providers track outcomes, and the data are housed in different data systems that do not talk to each other. This makes it very challenging to use program data to drive decisions and planning. Looking toward the future, Harvest Commons has the opportunity to institutionalize ongoing data collection, evaluation, and data-informed learning beyond this one-off evaluation.

There is also a broader opportunity for Heartland Alliance to capitalize on the fact that it runs multiple supportive housing programs, each serving a different population with a different mix of services. Comparing outcomes on an agreed upon set of indicators across these different programs could yield rich insights for Heartland and for the supportive housing field.

- Develop an outcomes or results framework for Harvest Commons (and ideally all of Heartland Alliance supportive housing programs) that is rooted in the literature and clearly states what resident outcomes the program aims to affect.
- Charge all staff serving Harvest Commons residents with collecting the resident outcome data related to their service area.
- Implement data collection and data management solutions that help facilitate the collection of standard data and that establish mechanisms for sharing data among staff who are all working with the same residents.
- Encourage staff from across companies and departments who all provide different supportive services to the same residents to discuss the outcomes together and make real-time program adjustments and improvements.
- Analyze data from across different Heartland Alliance supportive housing programs to understand how specialized service provision may lead to different outcomes for different populations.



# INTRODUCTION

In 2013, Heartland Housing opened Harvest Commons, a permanent supportive housing program on the near west side of Chicago. It offers an enhanced model of service provision, as well as unique physical features and amenities. Since its inception, Harvest Commons took on a strong health focus—both for program participants and for the community. For participants, it offers special services such as nutritional counseling, cooking classes, and the opportunity to grow food in the on-site urban farm. For the health of the community, the building was rehabbed to be Heartland’s greenest to date, and it was transformed from an unsafe, unsanitary old hotel into a well-maintained apartment building with supportive services.

This report details the results of an evaluation of how this enhanced model has been carried out and how it has impacted residents. The evaluation utilizes a variety of research methods including a resident survey that was administered every 6 months (3 times total), program data analysis, interviews with residents, and interviews with program staff.

# EVALUATION METHODOLOGY

In July 2014, Heartland Housing commissioned the Social IMPACT Research Center to conduct an implementation and outcomes evaluation of Harvest Commons. To best evaluate the impact of the program on residents, we (IMPACT) utilized multiple data sources and analysis methodologies. With approval from Heartland Alliance's Institutional Review Board, we developed and administered a resident survey, interviewed staff and residents, and looked at data collected by program staff. We put different methods of analysis to use as appropriate for the type of data and research question.

## RESEARCH QUESTIONS

In the evaluation, we endeavored to answer the following questions:

1. What changes for people once they are housed in Harvest Commons? What changes happen more quickly and which take longer to manifest?
2. How does engagement in services impact resident outcomes?
3. How does Harvest Commons' model create opportunities and facilitate positive outcomes, and how does it present challenges?

## DATA SOURCES

### *Surveys*

In order to understand Harvest Commons' impact, we created and administered a resident survey that asked about their history, current situation, impacts of the program, and thoughts about the future. The survey is 35 questions long and touches on things like health, employment and income, service needs, and service utilization. Surveys were administered in an interview-style format either with one of the supportive housing services specialists or with a researcher. On average, surveys took about 45 minutes to complete.

Surveys were collected every 6 months, on three occasions—first, in November/December 2014 (36 surveys collected), then May/June 2015 (48 surveys collected), and finally November/December 2015 (37 surveys collected)—allowing us to make some comparisons over time. Follow-up surveys, or surveys for people who had already taken the survey previously, were edited to skip questions about residents' history, and were tailored to ask follow-up questions about progress toward goals stated in their previous survey. In total, 52 residents completed at least one survey; 27 took the survey on 3 occasions, 14 took it on 2 occasions, and 11 took it only once.

Outreach was conducted via letters from supportive housing services specialists alerting residents of the opportunity to participate. Follow-up outreach was conducted via phone. Incentives (gift cards) were provided for agreeing to take the survey.

### *Interviews*

IMPACT also conducted interviews throughout 2015 with 7 front-line supportive service staff at Harvest Commons, 8 leadership staff, and 8 residents. Residents were randomly selected from the research participant pool (those who had already consented to participate). Resident outreach was conducted via phone, and incentives (gift cards) were provided for agreeing to be interviewed. Staff interviews took an average of 45 minutes to complete. Resident interviews took from 30 minutes to 3 hours to complete. Interviews focused on program implementation and impacts, especially related to the research questions.

### *Program Data*

Where possible, we used data collected by service providers to further assess the impact of different services on resident outcomes. Due to differences in data collection and storage methods, we were only able to analyze some

of the program data in aggregate. In other instances, we were able to align research participants' survey data with program data in order to make comparisons between groups and assess relationships between specific services and resident outcomes. We were able to collect at least some program data from nearly all service providers at Harvest Commons.

## **ANALYSIS METHODOLOGY**

Through our various methods of data collection, we gathered both quantitative and qualitative data. Quantitative data came from resident surveys and from program data. Qualitative data came from resident surveys and interviews with residents and staff. We conducted analysis using statistical and qualitative analysis softwares, PSPP and ATLAS.ti.

### *Quantitative Data*

Quantitative data gathered from surveys and from service providers were analyzed in a few ways. First, we ran basic frequencies to understand things like demographics, service utilization, and self-reported impacts. Then, we ran statistical tests to understand relationships between variables such as length of residence and resident impacts or service utilization rates and resident impacts. We also ran statistical tests to understand changes in things like income or health care visits prior to and since moving into Harvest Commons. In our write-up of the findings, we note when these relationships and changes are statistically significant (95% confidence interval).

### *Qualitative Data*

We also collected qualitative data via interviews and open-ended responses on the resident surveys. We utilized a framework approach to analysis, using the survey and interview questions to guide our coding process. We then assessed the codes for themes and relationships that would help to answer the research questions.

## **LIMITATIONS**

There are limitations both in our data collection and analysis methods. In our survey data collection, we are limited by the fact that we only have approximately a 50% response rate. Though this is a relatively good response rate, we do not know if there is a particular, significant reason that some residents did not respond. For example, the majority of surveys were administered on-site during business hours. There were options for residents to make arrangements at other times, but it still may have felt more inconvenient for residents who work 9:00 to 5:00 every day to make an appointment. Additionally, residents with lower incomes may have been more strongly influenced by the offering of an incentive and thus been more likely to participate. Another possibility is that residents with more limiting disabilities may not have felt up to completing the survey and decided not to participate. These differences in who did, or did not, respond may result in biased data. However, when we compare demographic data collected by service providers with survey data, we find that our sample appears to be roughly representative—our survey sample is slightly older and receives a slightly lower housing subsidy than the full Harvest Commons population. Since our sample is fairly representative, we use 'respondent' and 'resident' somewhat interchangeably throughout the report when referring to program participants.

Considering the program data shared with us by service providers, we are limited by the fact that the different staff providing different services collect different data, in different formats. Most collect only service provision data, not outcome data, so analysis of impacts must mostly come from self-reported impact data from surveys.

In our analysis, we are of course limited by the type of data we were able to collect. Consistent with norms in the social sciences, we use statistical tests that are intended for normally distributed data, though ours are generally not.

# PROGRAM DESIGN AND IMPLEMENTATION

## **HARVEST COMMONS AN ENHANCED SUPPORTIVE HOUSING MODEL**

Most supportive housing programs provide basic services like case management and referrals to other providers for needed services. Harvest Commons provides this basic support and more. Unique physical features of the building, such as an urban farm with a garden plot, chicken coop, and fruit trees, and a commercial-grade teaching kitchen provide opportunities to offer specialized services and activities. Staff such as a dietitian and urban agriculture coordinator are not typical in supportive housing programs, but are on-site at Harvest Commons to provide health-focused services.

Harvest Commons is a permanent supportive housing building owned and operated by Heartland Housing, with supportive services provided to residents by Heartland Human Care Services, St. Leonard's Ministries, and Heartland Health Outreach. It is located on the near west side of Chicago, near multiple train and bus lines (within walking distance to a green/pink line El station and multiple bus stops). Union Park, a 13-acre Chicago Park District park, is across the street from the building, and on an adjoining corner is First Baptist Congregational Church, a Chicago Historic Landmark building and important fixture in the community.

### **HISTORIC PRESERVATION, COMMUNITY DEVELOPMENT, AND GREEN LIVING**

Harvest Commons is also a Chicago Historic Landmark building and can be seen as an embodiment of the changing neighborhood over the years. Originally opened in 1930 as the 175-room Union Park Hotel, its long history in the community is significant. At that time, the large art deco building brought color and new life to an aging neighborhood, but over the years it changed ownership and fell into disrepair, eventually becoming a blemish on the community. As the Viceroy Hotel since 1963, it had turned into a dangerous and unsanitary transient hotel until it finally closed in 2004 and was taken over by the city. First Baptist Church had witnessed the building deteriorate and become an eyesore and trouble spot in the community, so they had advocated for the city to take over the property and do something with the building. The city ultimately agreed to do so and put out an RFP for redevelopment. In 2009, Heartland Housing and First Baptist Congregational Church were awarded the contract through a competitive bid process and began the hard work of rehabbing that was necessary to make it the beautiful living space it is today.

The acquisition of this property was very exciting for Heartland Housing—this was not an opportunity afforded every day. Typically, development of affordable housing ends up happening in areas with a weaker housing market, where buildings and land are more affordable. Those areas tend to be in worse areas economically, so residents may end up isolated in areas without great access to transportation, jobs, grocery stores, and the other things that make communities desirable and allow residents to thrive. Harvest Commons was not only in an accessible, desirable location, but the building still had good bones, despite years of deterioration. The historical features, such as the colorful terra cotta on the façade and the detailed plaster work in the first floor lobby and common room, had survived the decades of wear and were carefully preserved in the rehabilitation process. Its history as a hotel and SRO housing made the structure suitable for studio apartments and thus supportive housing for single adults.

Heartland Housing also incorporated many elements to make the building its greenest property to date at that point, earning an Enterprise Green Community certification. Some of the green features include a green roof, toilets and faucets that conserve water, a geothermal system for heating and cooling, and solar thermal panels for domestic hot water. Environmentally-friendly materials were used in rehab and construction as well. The program also provides the opportunity for resident to compost food waste. This notion of green living ties directly to the program's goal of healthy living.

## **HEALTH FOCUS**

The supportive housing model has been Heartland's primary permanent housing approach for some time. At Harvest Commons, additional features and service elements represent an evolving understanding of the kind of supportive services a participant may need to be stably housed, healthy, and self-sufficient. At the point in time when the program was being developed, the national conversation around combating homelessness put health and health care in focus as going hand-in-hand with housing stability. Affordable, stable housing is a crucial social determinant of health, and for individuals who are homeless or at risk of homelessness and who may need additional supports, supportive housing can make a world of difference in their health and well-being. Suitable housing and access to necessary services can help prevent and alleviate physical ailments and mental health issues.<sup>1,2</sup>

This overall context helped to influence some of the decisions around how to shape the programming at this location. In all of their supportive housing properties, Heartland Housing strives to incorporate community space—typically community rooms—to foster community-building within and hopefully beyond the building itself. This objective, in conjunction with the intention to focus on health, sprouted the idea to incorporate elements such as the teaching kitchen and garden; the property happened to have an irregularly shaped triangle of land that lent itself to just that purpose. Since many of Heartland Housing's participants in their other buildings had come from food deserts and have many health problems that could be related to diet, it was intended that these additional offerings would bring greater health impacts.

## **COMMUNITY PARTNERSHIP**

The partnership with St. Leonard's Ministries developed through the establishment of Gracie's Café on the first floor of the building. St. Leonard's is an organization that "provides comprehensive residential, case management, and employment services for those released from prison without resources needed to rebuild their lives." St. Leonard's main campus is near Harvest Commons, and they had been seeking a location for a social enterprise café where they could provide job training to participants. In its years as a hotel, Harvest Commons (then Union Park/Viceroy Hotel) had a tavern in the northeast corner of the first floor, so with the infrastructure in place, it appeared to be a good opportunity for the organizations to collaborate. The city brought the organizations together and the partnership developed from there. Along

1. Krieger, J., Higgins, D. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92(5): 758–768.

2. CSH.org. (2014). *Housing is the best medicine: Supportive housing and the social determinants of Health*. [Available here](#).



with running Gracie's, St. Leonard's also manages a residential program on one floor at Harvest Commons where their participants live and receive services from their on-site staff.

### OPEN DOORS

The building opened to new residents in 2013 with 89 furnished studio apartments. The first and second floors have community rooms for residents. The first floor also hosts office space for supportive staff and a small conference room, as well as laundry facilities, bike storage, and a computer lab with internet access. It also has a commercial-grade teaching kitchen, and right outside is the urban garden, with fruit trees, chicken coop, and compost bins.



### SUPPORTIVE SERVICES

On-site services are available to all residents in Harvest Commons. Housing-related services are provided to all residents by Heartland Housing (HH). Supportive services are provided by Heartland Human Care Services (HHCS), Heartland Health Outreach (HHO), and St. Leonard's Ministries. Every resident is eligible to enroll in services provided by HHO staff and to participate in the urban farm programming. For other supportive services, there is a distinction by floor of residence: residents on the second floor of Harvest Commons are all participants of St. Leonard's Ministries programming and receive most of their supportive services through that program; residents on all other floors are eligible to enroll in services provided by HHCS staff.

#### *Housing Services*

While housing staff do not provide typical 'supportive services,' they do help facilitate the provision of those services and help to support the residents in other ways.

Staff:

Property manager (HH): 1 staff person, on-site ~20 hours per week  
Manages on-site Heartland Housing staff and building administrative issues.

Front desk staff (HH): Daily 3pm-7am coverage  
Monitors building entry and directs visitors.

Maintenance staff (HH): M-F, 9am-5pm coverage  
Manages building and janitorial issues.

### *Supportive services*

The majority of supportive services are offered on-site at least once a week. Typically, when a resident expresses interest in receiving services, a supportive housing services specialist or case manager conducts an intake with the participant and makes referrals when appropriate and available to meet the participant's needs. Participation in services is not a requirement for most residents living at Harvest Commons (with the exception of 2nd floor residents, as part of St. Leonard's programming), though the supportive housing services specialists conduct outreach and attempt to enroll all residents.

Residents of the second floor of Harvest Commons receive supportive services from St. Leonard's Ministries. St. Leonard's has a very different program model than HHCS's supportive service model. Residents are required to meet with their case managers (on-site) regularly. Case managers make any needed referrals to supportive services and programs. Most 2nd floor residents come to Harvest Commons from a St. Leonard's transitional housing program and are moving toward living more independently at Harvest Commons.

Most of these services are typical of supportive housing and are also offered at other Heartland supportive housing buildings. The opportunity to be involved in urban agriculture, nutritional counseling, and cooking classes is an exception and is unique to Harvest Commons.

Staff:

Supportive housing services specialists (HHCS): 2 staff people, on-site ~30 hours/week (combined)

Provides case management and other supportive services. (For service definitions, see the Appendix.)

Employment specialist (HHCS): 1 staff person, on-site ~4 hours/week  
Provides or arranges services for participants engaged in job preparation, job placement, or vocational services to secure employment.



Urban agriculture coordinator, farm program manager (HHCS): 1-2 staff people, on-site ~20-30 hours/week (combined)  
Provides workshops related to gardening and green living; manages urban farm and resident volunteers.

Asset development coordinator (HHCS): 1 staff person, on-site ~8 hours/month  
Provides financial literacy curriculum/workshops and access to a matched savings program.

Clinical case manager (HHCS): 1 staff person, on-site ~4 hours/week  
Provides mental health assessments to all residents, counseling when needed.

Community nurse (HHCS): 1 staff person, on-site ~8 hours/month  
Provides or arranges needed medical and dental services for participants.

Community dietitian (HHO): 1 staff person, on-site ~20 hours/week  
Provides nutrition and cooking classes and nutritional counseling.

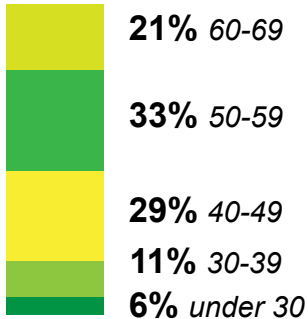
Program manager, case manager (St. Leonard's): 1-2 staff people, M-F, 9am-5pm coverage  
Provides intensive case management and support.

Other:

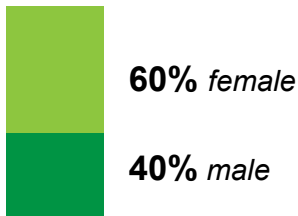
*Gracie's Café*: St. Leonard's runs a transitional jobs program in a café on the first floor of the building, staffed by St. Leonard's participants.

# RESIDENTS

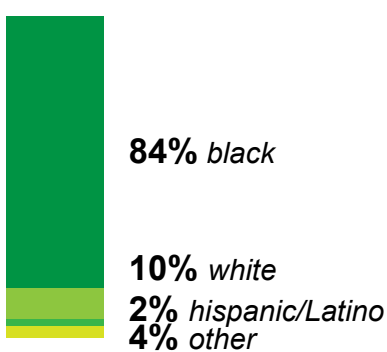
## age



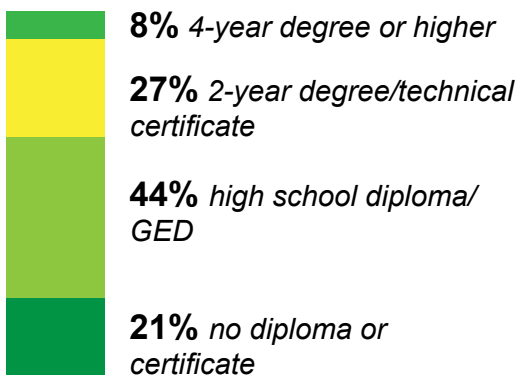
## gender



## race



## education

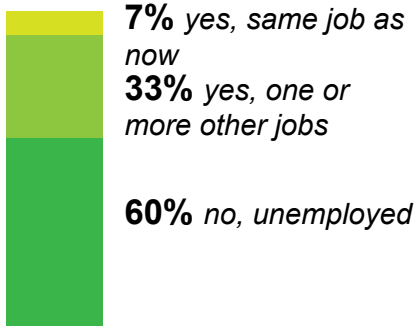


Though there are 89 units in Harvest Commons, not all apartments are occupied at any given point in time. Like any apartment building, there is some turnover—in November of 2015, there were 12 vacant units. The selection and placement process for new residents takes a bit of time, so filling empty units does not happen instantly. Residents are referred to Harvest Commons from the Chicago Housing Authority’s project-based voucher waitlist. They then go through an initial, brief intake with Heartland Housing staff, then an intake process with CHA to determine their voucher subsidy, and then a longer intake with Housing staff at Harvest Commons. Most residents receive a partial subsidy from the CHA and pay the remaining monthly rent. On average, residents pay \$161 in rent and receive a \$524 subsidy, but this ranges from residents paying \$0 to full market price, \$685. Because residents benefit from a project-based housing voucher to live at Harvest Commons, they cannot use the voucher anywhere else. However, due to Heartland’s participation in the PRA (Property Rental Assistance) program at the CHA, after living there 2 years and staying compliant with CHA program regulations, residents are eligible for a housing choice voucher, which can be used to move on to market rate housing.

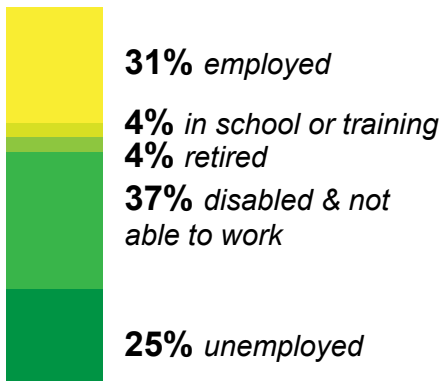
### DEMOGRAPHICS & BACKGROUND

Residents who completed a survey ranged in age from 24 to 68 years old, with an average age of 49. Over half (60%) of survey respondents were female, and the majority were Black or African American (84%). Nearly half had a high school diploma or GED, and one fifth had no diploma, degree, or certificate. The remaining 35% had post-secondary education, ranging from technical certificates to graduate degrees. Over half (56%) of respondents had a criminal record.

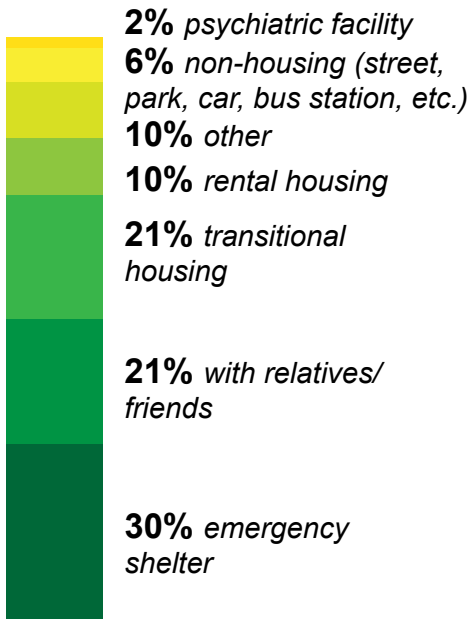
## job prior



## employment status\*



## living week prior



Prior to moving in to Harvest Commons, over half (60%) of respondents were unemployed. Two thirds of respondents had at some point held a job for 3 or more years, 15% had held a job for more than 1 year (but less than 3 years), and 16% had held a job for less than a year. At the time of survey collection, 37% of respondents were disabled and unable to work, 25% were unemployed, 4% were in school, 4% were retired, and 31% were employed. On average, those who were employed worked 31 hours per week. Of those who were employed, 63% felt stable in their job, 25% felt somewhat stable, and 13% did not feel stable.

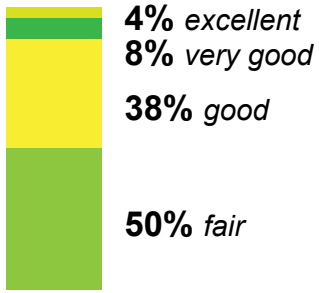
Nearly all respondents had experienced homelessness in their adult lives; 77% had lived on the street or in a shelter, 60% had stayed with friends or family, and only 6% had not been homeless. In the week prior to moving in to Harvest Commons, 30% were in emergency shelters, 21% were living with friends or relatives, and 21% were in transitional housing. On average, respondents had been living at Harvest Commons for a little over 2 years at the end of 2015.

### CHALLENGES AND SERVICE NEEDS

Coming from various unsafe or unstable housing (or non-housing) situations, residents faced a wide range of challenges and had many service needs. Many had chronic physical health issues like high blood pressure, obesity, or asthma. Mental health issues such as depression and anxiety were also prevalent. Respondents faced many other challenges related to having low incomes as well.

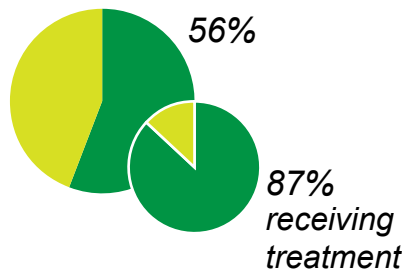
\* percentages do not total 100% due to rounding.

## health

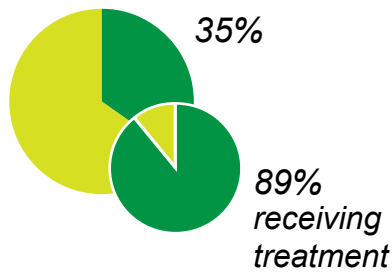


Respondents are dealing with a number of health challenges. Nearly all have some form of health insurance (13% private insurance, 85% public, 2% in process of getting covered), and the vast majority (90%) have a usual place that they go to receive medical care. Half of respondents report fair health and nearly 40% report good health. Many also report a variety of chronic health issues, such as high blood pressure (56%), obesity (33%), high cholesterol (29%), asthma (27%), and diabetes (19%). They are also managing a number of mental health issues like depression (35%), anxiety (13%), bipolar (13%), PTSD (10%), and schizophrenia (10%). Generally, most are receiving all of the help and treatment that they need. Some have histories of substance use issues (17% with alcohol, 34% with drugs), though very few report still having issues (2% and 4%, respectively), and most report getting all the help they need (58% and 82%, respectively).

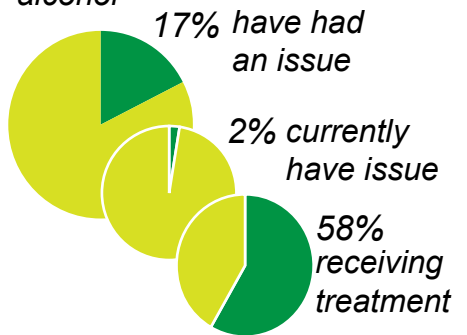
high blood pressure/  
hypertension



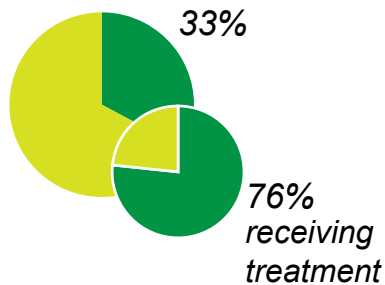
depression



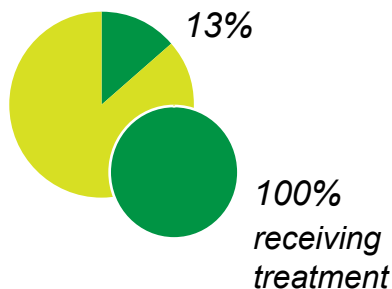
alcohol



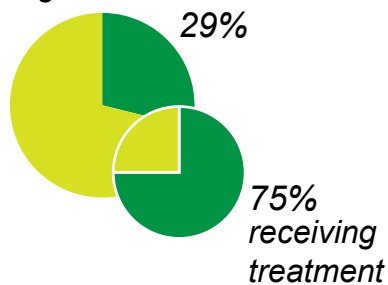
obesity



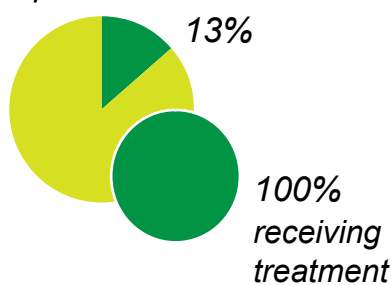
generalized anxiety



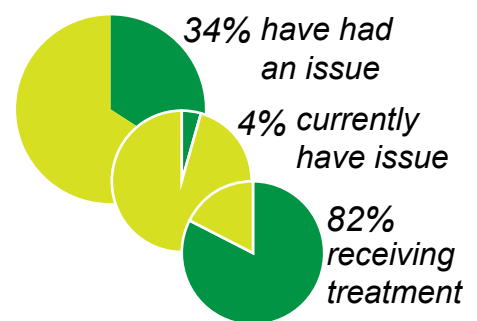
high cholesterol



bipolar

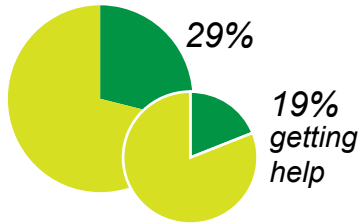


drugs

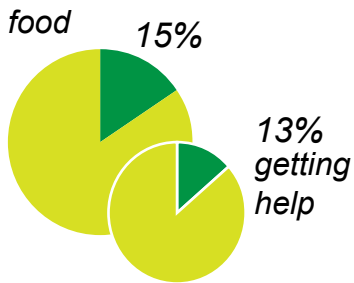


## *service needs*

### *budgeting/credit*



### *food*



Respondents report additional service and support needs, as well. For instance, 29% report having difficulty budgeting their money or improving their credit history, of whom only 19% report getting help. Fifteen percent report having problems getting food, groceries, or meals on a regular basis, and only 13% of them report getting help. Other issues include difficulty getting training or education (12%), getting public benefits (10%), legal problems (10%), and difficulty getting regular and reliable transportation (10%).

# SERVICE UTILIZATION

## UTILIZATION OF SUPPORTIVE HOUSING, EMPLOYMENT, AND COMMUNITY NURSE SERVICES

Residents utilize supportive services at different rates for a number of reasons. Each resident has unique challenges and service needs, and services provided at Harvest Commons are all voluntary (with the exception of St. Leonard’s residents, as explained earlier). Since the staff who provide the services are not on-site all of the time, many services are only offered at certain and limited times, which directly impacts their utilization potential.

### SUPPORTIVE HOUSING, EMPLOYMENT, AND COMMUNITY NURSE SERVICES

Since residents first moved in to Harvest Commons and were given the opportunity to enroll in HHCS supportive services, supportive housing services specialists, the employment specialist, and the community nurse have provided services on 5,245 occasions. This averages to over 194 services provided each month. The monthly average number of services provided was highest in Harvest Commons’ first year, at 280 services per month, and has declined since then, with an average of 190 per month in 2014 and 141 per month in 2015. This averages to about 90 services per resident over the 27 months for which we have data, or a bit over 3 services per month per resident.

It is likely that the highest rates of utilization in the first year of operation were due to the fact that all residents were new residents. The majority were coming directly to the program from unstable or temporary housing situations. In the first year, many were likely focused on stabilizing in their new home, in a new neighborhood, and with new supports. Supportive housing service specialists were likely conducting extra outreach to enroll as many of the new residents as possible into services and to make any needed referrals to help them settle in and adjust to the new environment. In the following years, engagement in these services probably declined naturally as people did in fact stabilize and did not need as much case management and assistance. Residents’ focus could then shift to other areas and offerings at Harvest Commons, such as the urban farm, where participation increased over time (data explored in a later section). However, another reason for a decline in utilization could be related to a reduction in services offered. Due to program funding cuts in 2015, the employment specialist was no longer able to offer on-site services and the position of community nurse at Harvest Commons was never refilled after the staff person resigned.

The most frequently utilized service has been general case management, followed by housing-related case management, and finally employment services. As shown in the table to the left, these 3 services make up over half of all services provided by the supportive housing services specialists, the

SERVICE TYPE	% of all services*
Case Management	45%
Case Management: Housing	10%
Employment Services: General	7%
Other - Resident Education and Outreach	6%
Health/Dental Services	5%
Transportation	4%
Counseling - Financial	4%
Advocacy/Intervention	3%
Counseling - Other	3%
Education	2%
Mental Health Services	2%
Housing-Connect social support/ community resources	2%
Counseling - Life Skills	2%
Outreach	1%
Housing-Health & Wellness service	1%
Substance Use Services	1%
Alcohol Use Services	1%

\* additional service types make up less than 1% of all services provided.

## UTILIZATION OF COUNSELING SERVICES

SERVICE TYPE	% of all services
Mental Health Contact - Phone Call	51%
Mental Health Individual Session	18%
Drug Use Contact - Phone Call	12%
Assessment	10%
Drug Use Individual Session	3%
Drug Use Contact - Letter	2%
Mental Health Contact - Letter	2%

*“I’m glad that she’s there, someone there that can help me with just about basically anything, so I’m really grateful. And I don’t utilize it a lot and often, but if something comes up, ... I can go right downstairs to [case manager] and let her know and she’ll help me, so it’s really good... and without their help, sometimes tasks would be more difficult, so I’m very appreciative for them to be here to help me.”*  
- resident

employment specialist, and the community nurse. Many other services were utilized, but at lower rates. Since Harvest Commons opened, they provided services to 76 residents as of September 2015.

### CLINICAL COUNSELING

Forty-three residents utilized services provided by the clinical counselor since the program opened in 2013. In total, the counselor provided services 287 times, with an average of almost 7 times per resident who participated in this service. The number of times that participants utilized counseling ranged from once to 52 times. Most commonly, residents received phone calls from the counselor, followed by individual sessions. Six residents appeared to be the most engaged in services, receiving 2 to 26 individual sessions, while others received mostly phone contact or just a mental health assessment.

### ASSET DEVELOPMENT SERVICES

Ten residents utilized asset development services. They attended workshops under the Meet Your Match curriculum and contributed to the matched savings aspect of the program. On average, they participated in some way (including contributing to their savings accounts) 28 times each. Included in those 28 services, they participated in 5 individual consultation sessions on average. They also each completed an asset development plan and completed assessments to track their progress in improving their credit, saving money, and paying off debt.

Internal assessment data show some positive participant outcomes, but they are not very consistent. For example, over 6 months in the program, one participant was able to reduce their debt by more than \$12,000—completely paying off their credit card debt and paying off a portion of their student loan debt—and increase their savings by over \$100. Another was able to reduce their debt by over \$200 and open a savings account. However, another participant had over \$20,000 more debt after participating for 6 months and had reduced their savings, and another increased their debt by \$500. Each participant’s circumstances appeared to be very different, so a clear evaluation of the program is very challenging. For example, one participant’s debt increased significantly during the program, but some of that debt was student loan debt. This kind of debt can be viewed as an investment. Further, debt is not always bad—handled correctly, it can be used to build a credit history and credit score.

Additionally, half of the participants have only taken one assessment so far, so determining any change over time is not yet possible. With such a small number of participants with multiple assessments, it is challenging to gauge any trends in participant outcomes. Residents have unique financial situations, so without a large sample to analyze and/or detailed contextual information about what’s going on in participants’ lives, the data cannot tell us much about the asset development program’s overall impact.



***“I love the garden and I’ve been trying to get involved with that more because I want to learn more about growing my own vegetables. So, the garden is really a great thing, and the chickens and the bees with the honey, it’s always really lovely, I love it. And then you get the eggs from the chickens, so I think it’s really nice.”***  
***- resident***

## **URBAN AGRICULTURE SERVICES**

The urban agriculture programming has grown quite a bit since Harvest Commons opened. As the garden became more established and produced more food and the chickens got more comfortable in their coop and outdoor run, more residents began getting involved as well. In the garden, residents help choose, plant, tend, and harvest produce such as sweet potatoes, tomatoes, herbs, and apples. Participants also help tend to the resident chickens and bees, which produce eggs and honey to be harvested. The urban agriculture program also keeps compost bins for residents’ use.

In 2014, the garden produced 865 pounds, or 3,481 servings, of food. In 2015, that increased by over 1,500 pounds (and over 5,700 servings) to 2,409 pounds, or 9,206 servings. All food grown at Harvest Commons is distributed to residents. Nearly two thirds of residents received food from the farm. The number of residents involved in workshops and volunteering also increased over time: in 2014, 12 residents volunteered for a total of 284 hours; in 2015, this increased to 50 residents volunteering for 328 total hours. Increased engagement may also be due to the fact that the program began paying residents a stipend for helping to care for the chickens. Engagement in workshops and events also increased from 34 in 2014 to 92 in 2015.

This increase in production and participation over time is most likely due to the fact that the farm literally took a bit of time to take root and was able to produce more food after its first year, but also because of the effort put in by on-site staff to reach out to residents, work together, and shape the programming to participants’ needs and interests. Residents had a say in what would be planted and they took part in every step of the work to maintain the farm, taking on a fair amount of ownership in certain aspects, such as chicken care. The positive outcomes related to health and nutrition, and likely some related to increased community participation and engagement, came out of the coordination and outreach of many on-site staff.

## **COMMUNITY DIETITIAN SERVICES**

Approximately one third of survey respondents participated in one-on-one consultations and over half attended cooking classes with the registered dietitian. Participants who had one-on-one consultations with the dietitian took health assessments to evaluate their progress, but at the point of data collection, too few participants had completed follow-up assessment for us to conduct meaningful analyses.

# OUTCOME EVALUATION FINDINGS

## RESEARCH QUESTIONS:

1. What changes for people once they are housed in Harvest Commons? What changes happen more quickly and which take longer to manifest?
2. How does engagement in services impact resident outcomes?
3. How does Harvest Commons' model create opportunities and facilitate positive outcomes, and how does it present challenges?

*“When you have your own [home], you’re able to move around like you really need to and want to. And [it] gives you more freedom and [you] feel like you can make plans and you can do better. When you can’t move around and have that freedom like that, it’s just really harder for you, and then you have to really bounce by the tune of where you lay your head, so you can’t really make too many decisions.”*  
- resident

Harvest Commons has had a positive impact on residents in many different areas of their lives. Higher levels of engagement in specialized services were related to more positive impacts in corresponding life areas (e.g., health and nutrition). The program created opportunities for residents to stabilize and reach health goals and for staff to work together to increase their impact. The program model also presented some challenges in coordination and communication, as well as in building maintenance. There are many ways that Harvest Commons can continue to evolve and improve, particularly in the areas of communication and coordination among staff.

### **1. What changes for people once they are housed in Harvest Commons? What changes happen more quickly and which take longer to manifest?**

- **Participants reported positive impacts.** Most participants reported that their outlook for the future was more positive, their quality of life was better, and they felt safer.
- **Some impacts were related to living at Harvest Commons for a longer time.** Residents who had lived there longer were slightly more likely to report eating more vegetables, and reported being more satisfied with their life, though they also reported being less physically active.
- **They got health insurance.** Health insurance coverage rates increased dramatically from 68% to 98%.
- **They used health care differently.** They went to the emergency room less frequently, especially for non-emergencies. They also received preventative care less frequently, but received outpatient substance use treatments more frequently.
- **Their incomes increased.** Average income increased by \$165.
- **Their income supports changed.** More respondents started receiving SSI, SSDI, and Medicaid. SNAP receipt decreased.

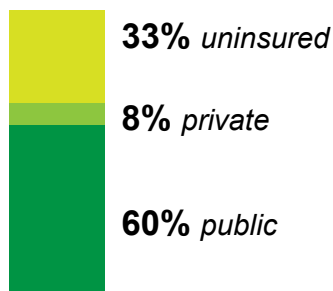
### **SELF-REPORTED IMPACTS**

Respondents reported a number of changes since moving in to Harvest Commons—most notably, over 85% reported that their outlook for the future was more positive, 83% said their quality of life was better, and 81% felt safer.

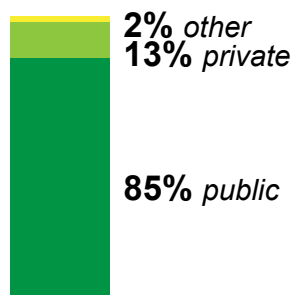
Overall, little to no statistically significant correlation was found between length of residence and impacts on residents. Weak relationships were found with eating vegetables, being physically active, and life satisfaction. This means that longer residence at Harvest Commons is related to eating more vegetables, being less physically active, and being more satisfied with their

# health insurance

prior



now



life. Anecdotally, we know that for some residents, they became less physically active merely because they are now able to settle in one place, rather than live with the forced mobility of homelessness.

## HEALTH INSURANCE

Prior to moving in, 8% of residents had private health insurance, 60% had public insurance, and 33% were uninsured. Since moving in, nearly all have health insurance coverage—13% had private insurance, 85% had public insurance, and 2% were in the process of getting coverage. The expansion of Medicaid eligibility around this same time period may have contributed to this increase. This major jump in insurance coverage is incredibly important and exactly what one would hope to see happen, especially in a health-focused supportive housing program. Many residents are fighting chronic illnesses and now face one less barrier to getting proper health care.

## HEALTH CARE RECEIPT

There were many notable changes when comparing health care receipt prior to moving in to Harvest Commons with more recent receipt. For example, in the 6 months prior to moving in, respondents had gone to the emergency room 1.04 times on average and only 0.62 times on average in the last 6 months. Similarly, respondents had gone to the emergency room for a non-emergency an average of 0.81 times before moving in and only 0.08 times more recently. Additionally, the average number of outpatient substance use treatments increased from 1.25 to 2.46. However, the only statistically significant change was a decrease in preventive outpatient care visits, from 4.54 prior to moving in to 1.85 more recently. While on face value, this does not seem like a positive change, it could be related to the increase in other health care receipt, such as substance use treatment. All other health care types did not have a statistically significant change.

## RECEIPT OF INCOME SUPPORTS

## INCOME AND INCOME SUPPORTS

Respondents' income appeared to change quite a bit since moving in to Harvest Commons. Prior to moving in, average monthly income was \$597; in the month prior to the survey administration, average monthly income was \$762. This was not, however, a statistically significant change, likely due to the high number of residents with no income, which skews the analysis. There was also no statistically significant change in income for residents who had an income greater than \$0 when they moved in.

Receipt of different income supports changed somewhat since respondents moved in to Harvest Commons as well, but the change in total number of income supports received was not statistically significant. Notably, SSI and SSDI receipt increased by 7 and 5 percentage points respectively. Medicaid receipt increased from 51% to 62% since residents have been living at Harvest Commons. Receipt of SNAP actually decreased from 82% to 71%. Respondents who report having a checking account increased from 37% to 43%.

SUPPORT TYPE	% of residents with support PRIOR TO MOVING IN	% of residents with support NOW
SSI	20%	27%
SSDI	20%	25%
Social Security	8%	10%
Employment income/earnings	33%	31%
Unemployment benefits	6%	2%
Medicare	21%	20%
Medicaid	51%	62%
Food Stamps/LINK Card/SNAP/EBT	82%	71%
Have a checking account	37%	43%
Have a savings account	22%	21%

*“It’s like when you interact with other people, some people give you more drive than others. If they’re being negative towards you, of course you won’t have the drive you’ve got towards someone who was being compassionate and wanting to help you. So that’s where [case managers] come in, and they’re great. They help you the best way, they find something for you. They won’t let you just sit in your house wondering if they’re going to come.”*  
- resident

## 2. How does engagement in services impact resident outcomes?

- **Higher engagement in supportive housing services was related to:**
  - better nutritional knowledge
  - eating more healthfully
  - having better finances
  - better quality of life
  - less debt
  - being less social
- **Farm food receipt and engagement in farm activities were related to:**
  - better nutritional knowledge
  - better understanding of green living
  - better quality of life
  - eating more vegetables
- **Engagement in dietitian services was related to:**
  - better nutritional knowledge
  - eating more vegetables

After testing for relationships between service utilization and self-reported impacts, we generally only found weak (but still significant) relationships. For instance, there were small positive relationships between meetings with supportive service specialists and having better nutritional knowledge, eating more healthfully, having better finances, better quality of life, and less debt. Interestingly, there was a negative relationship between meetings with supportive service specialists and being more social. While this does not necessarily signify a causal relationship, we can speculate on the reason for the associations. It is likely that many of the reported positive impacts were due to residents’ engagement in services—being more engaged leads to more positive outcomes. It is possible the negative relationship between meetings with supportive service specialists and being social occurred because residents who are naturally social and previously had many social connections in their old neighborhoods now have a more limited network within which to socialize (including building staff). It’s also possible that if residents become isolated or less social for whatever reason (new physical disability, worsening mental health issue, loss of a friend or family member), they need more supports and case management.

We also tested relationships between resident impacts and participation in other aspects of the program. There were statistically significant relationships between receiving food from the farm and having better nutritional knowledge, better understanding of green living, and better quality of life. There was also a statistically significant relationship between participating in farm activities (volunteering and/or workshops) and eating more vegetables. There were relationships between meetings with the dietitian and better nutritional knowledge, as well as between attendance at cooking classes and better nutritional knowledge and eating more vegetables.

***“I participate a lot with the garden, for example. I widened it out this year, we got more produce this year than we did last year. And when you’re out there, it just makes you feel, with the fresh air and a little peace of mind, and it just makes you feel good, that’s all. I take care of the chickens. Like, in a couple of minutes, I’ll go out and get me some herbs from the garden. You know, we have everything out here available for us, so take advantage of it, you know, in a city. The program is good.”***  
***- resident***

***“I’m really interested in trying to get a house, but I like it here. I like the building. I like going into my little space and I’m in there, and it’s just me and my space...”***  
***- resident***

We were unable to conduct tests with reliable results with much of the program data because only very small subsets of the resident population utilized the services at high enough rates. For example, as noted previously, only 6 residents regularly met with the clinical case manager and only 10 residents participated in asset development programming.

### ***3. How does Harvest Commons’ model create opportunities and facilitate positive outcomes, and how does it present challenges?***

- **Opportunities realized:**
  - Residents can stabilize and focus on more than survival.
  - Residents have supports to reach their goals and have demonstrated success, especially related to their health.
  - Staff are able to work together to increase their impact, and there is potential to do this more.
- **Challenges encountered:**
  - The building has had a number of maintenance issues, causing frustration among staff and residents alike.
  - Staff turnover has made coordination among service providers more difficult.
  - Barriers to communication among staff have made service provision and resident engagement in services more difficult.

### **OPPORTUNITIES**

Residents and staff identified many ways that Harvest Commons’ service model and implementation have presented both opportunities and challenges. The first and most frequently described opportunities presented by Harvest Commons are all of the services and supports. Residents point out that just having subsidized housing has been an important opportunity. It has given them a chance to stabilize, recover from mental and physical health issues, and to actually expend energy on other goals and aspirations. Residents noted that having a place to call home has allowed them to focus on more than their basic survival. It gave them the solid ground to build from and made them feel supported enough to consider things like furthering their educations, improving their health, becoming more self-sufficient, and giving back to the community.

#### *Goals*

Nearly all survey respondents had personal goals in the areas of housing, health, education and employment, and their community life. The most frequently mentioned housing goal was to move out, especially to a larger space. Many wanted to obtain a tenant-based housing voucher and move into a space where they could live independently. Many hoped to find an affordable one-bedroom apartment in a good area, while others were hoping to work toward buying a home. Other respondents hoped to stay at Harvest Commons and had goals focused on improving their unit, like getting more or better furniture. Upon taking follow-up surveys, 12% had achieved their housing goals, 58% had made some progress, and 30% had not yet made any progress.



***“Because I was able to focus more on my health, with me being in my own place, and doctors are able to contact you and everything much better if they need to. So by me having my own [home], it makes it easier for me to become healthier, which is important too.”  
- resident***

***“...my experience with the program is, I really don't look at it as a program. I look at being a part of a community that's growing. And what they've put together, people can come together to participate and help the community grow.”  
- resident***

Most residents also had goals around improving their health. Most often, respondents wanted to try to eat more healthfully. They also had goals to exercise more and to go to the doctor or keep up with appointments. Many also wanted to lose weight. Others hoped to focus on their recovery—some were dealing with health issues like a stroke, others with aftermath of surgery, and others with chronic mental and physical health problems. Still other respondents endeavored to keep up with their medications. Some also had the goal of consulting with the dietitian. Of respondents who took follow-up surveys and had set health goals, 32% had achieved them, 59% had made some progress, and 8% had not yet made progress.

In employment and education, residents also had many goals. The most frequently noted employment and education goals focused on taking classes, getting a job or getting a better job than what they currently had, getting a degree, volunteering, getting certifications, and keeping a job. Of those who had set goals, 13% had achieved them, 53% had made some progress, and 33% had not yet made any progress. This could point to a need for more intensive employment services at Harvest Commons, but unfortunately, that service was cut in 2015 due to state budget constraints.

Residents also had goals for their social and community lives. Most often, these revolved around giving back or getting more involved in their community. Volunteering was the most frequent goal, followed by socializing more, doing some form of activism, attending meetings (usually NA/AA meetings), to work on family relationships, and to go or get more involved in church. Of those who set goals, 34% had achieved them, 41% had made some progress, and 24% had not yet made any progress.

#### *Connections and Innovation*

Staff and residents also recognized that Harvest Common's unique physical space and its enhanced supportive service model afforded them opportunities beyond just stability and safety—it allowed them to grow. Staff greatly appreciated the opportunity to refer to one another's services, but also to work together to best serve participants. Especially since many residents have chronic health issues, additional service opportunities around health and nutrition were viewed as very important. The farmer and dietitian appreciated the opportunity to partner in planning and provide coordinated services: the dietitian would regularly plan cooking classes around recently harvested produce from the garden. Residents also felt that this connection between growing and preparing their food was beneficial to their health and in building their nutritional knowledge. Staff and residents also felt that programming like gardening and cooking classes created opportunities for community-building. Rather than having to struggle through paperwork as their main opportunity to interact, service providers and residents could chat while weeding or chopping vegetables.

Staff noted many other opportunities to work together with one another and

with residents even more and to be more innovative about services provided in the future. The physical space provides more opportunities than many other supportive housing programs. The garden has additional outdoor space where they could host a farmers market. The community area inside the building could host more activities or events. The computer lab could be used for additional education and skill-building activities. The teaching kitchen could be used for additional programming, such as job skills training or in partnership with Gracie's Café. Though these ideas have not yet been brought to fruition, there is a shared vision that Harvest Commons can serve as a pilot to test these innovations so other programs can learn from the model about how these enhancements impact outcomes.

## CHALLENGES

Many of the unique aspects of Harvest Commons that provide opportunities also create challenges. Perhaps in part due to it being a new program, there have been kinks to work out and some bumps in the road along the way. The physical space is an important asset for the program, but it has not always been the easiest property to maintain. The building is simultaneously very old and very new—both of which can create problems. Many of the modern, green features have made maintenance more challenging. Staff must be trained to maintain a building that runs differently than how they are accustomed to. If things break or are just due for replacement, parts can be more expensive or take longer to order—everything takes more planning and there is a learning curve in figuring out how to run it all smoothly.

This would all be challenging enough with a thorough transfer of knowledge, but that hasn't always happened at Harvest Commons. From the beginning, this has been a barrier as building management took over from the development staff. Since then, there has been a fair amount of turnover in housing staff, particularly property managers, that has made things more difficult. This has made building maintenance more challenging, but has also made it harder for supportive staff to provide seamless services. While the property manager is not responsible for coordinating services, consistency would help keep programming running smoothly—they would be able to build familiarity with the services available and with residents, which could help foster participation and community. Certainly this happened with various managers, but every time someone leaves, the process of relationship building has to start over, which is a setback.

Additionally, though having a variety of services on-site has created great opportunities and facilitated positive outcomes, there have been challenges in executing this enhanced service model. Staff people come from different companies with slightly different objectives and methods of operation. More importantly, though, they have not always had clear paths of communication and coordination, since no one person sits at the center of Harvest Commons programming, managing the process of providing services from multiple providers. Staff are not always on-site at the same time, so at times they can

***“And that’s one of the issues that seems to be a problem—is, everything seems to work together, except for the front office. That seems to work autonomously. Independent and of itself. And even though it is part of the program and everything else, it works completely different. It works really not in conjunction with anything else, and a lot of times, when speaking with like you know, the social services caseworkers, so forth and so on, they can only help to a point.”***  
***- resident***



***“So you never really know what you can do, what’s going on, whatever else, so it’s just kinda one of those things that people just get to the point where they just kinda back off, it’s like—I don’t even, I won’t even ask. I’m not even gonna ask. Cuz it’s—skip it. Just skip it.”***  
**- resident**

***“...see, it doesn’t do any good to have all of these things if people don’t know what they have. And then to just put it in an office, and then leaving it up to that person who is used to not going places and not having any help, to then say, ‘well it’s all right there ... and you didn’t go get it,’ well, I didn’t know it was there. You didn’t tell me. So then how do you bridge that gap?”***  
**- resident**

feel like ships passing in the night. Staff have also felt challenges in conducting effective outreach to residents, especially when they cannot offer any level of consistency. This has been a barrier to further innovation, and even to effective service delivery. This challenge does not seem completely unique to Harvest Commons, but has limited meeting some of the high expectations for the uniquely enhanced model.

This misalignment of expectations and reality and the challenges in communication are symptoms of a larger hurdle that Harvest Commons is not alone in facing. Housing and supportive services operate in silos, even in the seemingly integrated supportive housing field. Even with three of the participating companies falling under the same parent organization of Heartland Alliance, and with shared goals of improving people’s lives and moving them out of poverty and toward stability, the housing perspective and the supportive service perspective on the best way to accomplish those goals do not always line up perfectly. Harvest Commons is, in a way, a microcosm of all the challenges inherent to the field of supportive housing and all of the opportunities that come with the model. Staff at every level are working toward a solution to these problems. If Heartland companies can establish a model of effective coordination, it can be replicated in the field and make an even larger impact.

#### *Engagement*

These challenges in staff communication and coordination may also be impacting resident engagement in services. Many staff perceive engagement in services at Harvest Commons as low and recognize that there is room for improvement. However, there do not appear to be clear goals or expectations for engagement levels. Regardless, as staff work to communicate, coordinate, and work more effectively together, resident engagement in services at Harvest Commons will likely increase.

However, as long as these challenges in communication exist, it is likely negatively affecting residents. Any discord or challenges in communication among staff or companies is only amplified when residents have a disagreement or issue with staff. If residents have disputes with housing staff—or even with the CHA, when that translates into a dispute with housing staff—it could have a negative impact on their future involvement in services. They may feel distrustful of Heartland in general, making them not want to take part in any activities offered. They may also be too stressed about securing their housing to focus on any other aspects of personal growth, eschewing other opportunities no matter how helpful they may be. For someone who has been homeless, the possibility of losing their housing can be traumatic and bring them back to a mental and emotional square one in their stabilization and recovery. In surveys and interviews, it was somewhat common for residents to bring up challenges they had had with housing staff or with the CHA that bled into their interactions with housing staff. Supportive service staff would frequently play mediator or advocate between residents and housing

staff. Ideally, these issues would be addressed by housing and supportive staff as one team, but it did not appear to always play out that way. Though on-site housing and supportive staff hold frequent meetings to discuss such issues, gaps in communication due to turnover or other priorities can have lasting impacts on resident trust and service engagement.

Budgetary restrictions also pose a challenge for engaging participants. For community-building events and activities like game nights or dinners, resources available for prizes and refreshments are helpful. These types of events could also help increase participation in services as residents gain more familiarity with staff and build community among one another, but without small incentives like snacks or small prizes, residents may not make the effort to come downstairs. Other resources like additional transportation assistance could help residents participate in special events that are off-site, or in their employment and education efforts. Unfortunately, these resources are not consistently available for staff to put to use.

***“Most of this stuff that they’re offering, it’s like, I’ve already got that covered, so...”  
- resident***

An imperfect match between resident needs and services available is another potential reason for low engagement. Residents come to Harvest Commons via the CHA waitlist and are screened for appropriateness for supportive housing, but beyond that are not assessed for fit with the specific services offered on-site. The most frequently mentioned reasons for non-engagement in certain services were that the individual was simply not interested in the specific service, didn’t feel that they needed the specific service, or they were unable to participate because of schedule conflicts.

***“I don’t really too much look at it as a program, I just look at it as a place of residence.”  
- resident***

Residents also did not participate because they did not know certain services were offered, indicating that outreach could be increased or done differently. Others weren’t engaged because they didn’t have time to participate. Still others planned to participate in the future but hadn’t done so yet. And, some residents could not participate in certain activities because of health issues or physical disabilities. With additional staff discussion or meetings to coordinate services and with increased consistency in communication with residents, participation may increase.

Residents had additional suggestions for programmatic improvements. They felt that having more stability and consistency in staffing could make the program run more smoothly. They also wished for more service offerings and more flexibility in scheduling. For residents who work, the timing of services is not always convenient. They also suggested that certain services be more catered to residents’ needs—particularly employment support services. Residents’ needs in this area vary quite a bit and resources for this service are very limited—the one employment specialist providing on-site services had to be cut.

***“Basically, I just like the building, period. I like the program and what it has to offer, so most of the things that it offers I don’t really participate in, I just am glad that they have them because at some point [in] time, I do find myself needing those programs, so yes, I’m glad that I was able to be a part in moving [in].”  
- resident***

Beyond additional services, residents also wished the program could provide additional supports such as more consistent transportation assistance and free or reduced price laundry for residents without any income. They also had some issues with the physical space. Some had specific issues with their units, especially due to flooding and related damage that had occurred in the building due to fires and subsequent water damage from sprinklers. Other residents had issues with the lack of parking in the area, despite efforts to advocate for making spaces available to residents.

# LESSONS LEARNED AND RECOMMENDATIONS

## KEY FINDINGS

Harvest Commons has had a positive impact in many different areas of residents' lives. The enhanced, health-focused model appears to have led to more positive health outcomes, and the collaborative model of service provision has created both special opportunities and challenges in creating cohesive, seamless, and impactful programming for residents.

*“I mean, a person that doesn't have stress, worry about where they're going to sleep at, how they're going to eat, is going to be safe where they sleep at, things of that nature, I mean, it's less stressful because you have a place to stay...your surroundings are safe, neighborhood is safe, I mean come on, it's got to be helpful and less stressful for you mentally and physically. ... I don't have to worry about those things anymore by Heartland taking the opportunity to come together to put this package together and, you know, it's been a blessing for me. No stress, nothing.”  
- resident*

- **Residents reported positive impacts.** Most residents reported that since living at Harvest Commons, their outlook for the future was more positive, their quality of life was better, and they felt safer. Many residents spoke to the fact that the program was giving them the solid base they needed to build from and the supports to allow them to focus on the future.
  - **Some impacts were related to living at Harvest Commons for a longer time.** Residents who had lived there longer were slightly more likely to report eating more vegetables, being less physically active, and being more satisfied with their life.
  - **They got health insurance.** Health insurance coverage rates increased dramatically from 68% to 98%. Strong case management and support likely helped lead to this important outcome.
  - **They used health care differently.** Residents went to the emergency room less frequently, especially for non-emergencies. They also received preventive care less frequently but received outpatient substance use treatments more frequently.
  - **Their incomes increased.** Average resident monthly income increased by \$165. This may not be a notable increase for people with middle to upper incomes, but for many residents, this represents a sizable percentage increase.
  - **Their income supports changed.** More respondents started receiving Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Medicaid. SNAP receipt decreased, perhaps as a result of income increasing from other sources.
- **Participation in certain services increased specific outcomes.**
  - **Higher engagement in supportive housing services (general case management) was related to:**
    - better nutritional knowledge
    - eating more healthfully

- having better finances
- better quality of life
- less debt
- being less social
- **Receiving food from the on-site farm and engagement in farm activities were related to:**
  - better nutritional knowledge
  - better understanding of green living
  - better quality of life
  - eating more vegetables
- **Engagement in dietitian services was related to:**
  - better nutritional knowledge
  - eating more vegetables
- **Harvest Commons' unique health-focused and collaborative model creates both opportunities and challenges.**
  - **Opportunities Realized:**
    - Formerly homeless residents can stabilize in their new home and focus on more than survival—things like improving their health, furthering their education, finding a job, and giving back to their community.
    - Residents have the ability to access diverse supports to reach their goals and have demonstrated success, especially related to their health.
    - The many staff who work at Harvest Commons—each offering a unique basket of services—are able to work together to become more than the sum of their individual parts thereby increasing their impact, and there is potential to collaborate more.
  - **Challenges Encountered:**
    - The uniqueness of the building—both its age and some of its green features—has made it challenging to maintain at times. Other maintenance issues (unrelated to the building's age or green features) have also led residents to feel frustrated when there are problems in their units, and they have hindered potential community-building since the lobby—the primary community space—was closed for some time.
    - Staff turnover, some due to funding instability related to the state budget crisis, has made consistent coordination among service provider staff more difficult.
    - Barriers to communication among staff have made service provision and resident engagement in services more difficult.

## RECOMMENDATIONS

Harvest Commons is poised to reflect on the lessons learned from its first few years of operation and to consider how to recalibrate to better affect positive resident outcomes. The following recommendations are rooted in the experiences and ideas of Harvest Commons residents, staff, and leadership. As such, in many ways the recommendations are quite specific to this program, but the three themes of strengthening partnerships and program infrastructure, continuing and expanding services, and conducting ongoing evaluation are applicable to many supportive housing providers looking to help residents achieve their maximum potential.

- **Strengthen partnerships and program infrastructure.** Staff should be able to provide a united front, regardless of what the service they provide or which of the several companies at Harvest Commons they work for, to seamlessly provide participants the services they need or to guide them to the necessary person who can help them. This will require behind-the-scenes collaboration and planning beyond what is currently happening. Some ideas for operationalizing this at Harvest Commons include:
  - **Align program goals and expectations among program leadership, and communicate them clearly to frontline staff.** For instance, the expected level of staff and resident engagement should be agreed upon by both housing and supportive service leadership staff. This high level coordination will help guide the work of staff who are on site providing services.
  - **Outline clear expectations and protocols for staff for specific issues like rent- or housing-related problems and for initial service introductions and orientation when new residents move in.** Without these clear protocols, it is very challenging for staff to be on the same page about what the preferred resolution to a rent-related problem is, for example, and therefore they are not always able to address issues appropriately or to everyone's satisfaction.
  - **Ensure that all documents or protocols are saved and catalogued in a central and widely accessible location to prevent loss of knowledge when there is staff turnover.** This level of sharing will also help staff to be able to refer to the information as needed to help further ensure protocols are followed.
  - **Create and use consistent vehicles for communication and coordination among staff, such as regular meetings, an email listserv, and shared calendars.** As needed, explore technological supports for bringing staff together and sharing information. Many staff are eager to communicate and coordinate with their colleagues more effectively, but lack the tools needed to do so.

- **As communication among staff increases, reserve time and space for staff to come together and brainstorm new opportunities to connect services and to collaborate on ways to incorporate resident input.** Staff at every level have ideas to contribute to the innovation of the program and improvement of service delivery, but need the venue to hash out these ideas and create a plan of action. Since staff cycle in and out of the building at different hours, consider using video conferencing platforms.
- **Create a process to gather and use resident feedback on services and community building, such as consistent resident meetings or surveys.** Though staff already gather resident input as they are able, guidelines and support from leadership staff and from one another in doing so may increase the impact of their efforts.
- **Step up outreach to residents and create consistent vehicles for communication between staff and residents.** There are some residents who are not aware of all of the services available to them—they may benefit from different methods of outreach and information sharing. While services are voluntary, residents may be inclined to participate more with a bit of encouragement.
- **Create a central coordinator position to be responsible for implementing these and other coordination and infrastructure initiatives.** It is likely that none of these recommendations will come to fruition if no one is responsible for seeing them through and doing some of the legwork involved. In a program with such a complex braiding of service offerings, coordination is absolutely key. Unfortunately, much has slipped between the cracks because it is not any one person's job to oversee and manage all of the moving pieces.

Breaking down service provider silos is no small task. This is a lofty set of recommendations, but improving how service providers at Harvest Commons collaborate to put the resident at the center could serve as a model for the supportive housing field.

- **Continue or expand supportive services.** Based on residents' histories with homelessness and their self-reported needs and goals, the services at Harvest Commons are certainly needed, and our findings show that they are making an impact on people's lives. Resident feedback suggests that additional support in some areas, like employment services, would be beneficial. However, due to funding constraints, those services were actually cut. Those cuts are hurting residents. They need stability and support, not to have critical services taken away. The stronger health impacts found in this evaluation only support this claim further—if all supportive services received the same investment that health services have at Harvest Commons, there would likely be more positive impacts.



Additionally, residents require both some level of consistency and some flexibility in when and how services are offered. Staff can only do this if they have enough leeway to find what works. With that flexibility, they can work to increase engagement by being a bit more assertive in marketing their services.

- **Expand services, especially in employment support.** Residents spoke to the need for additional and more varied support in employment services, and they reported low goal achievement in this area.
- **Allow staff the leeway to offer some level of consistency in when services are provided and some flexibility in how they're provided.** Consistency in on-site presence will help raise awareness of services, while a degree of flexibility will allow providers to reach more residents and experiment a bit with what works best in terms of outreach, times group events are offered, and the like.
- **Shape services to resident needs and provide additional supports when possible.** Though residents were not funneled to live at Harvest Commons due to their specific service needs and interests, many do in fact have chronic health issues that could be improved with the specialized services offered. Small supports or incentives could help to engage new participants, and continued outreach and dialogue with current participants could help keep them engaged. Harvest Commons could benefit from creating mechanisms for regularly soliciting resident input, weighing that input, selecting recommendations to implement, and communicating back to residents about the outcomes of this process. Where services are already being catered to residents' needs and interests, like in health and nutrition, there have been more positive outcomes. This should become the norm in service provision.
- **Conduct ongoing, strategic evaluation.**  
The evidence base for the model has established—and this Harvest Commons evaluation has substantiated—that supportive housing is effective at ending homelessness and stabilizing the lives of people who have experienced chronic homelessness. This evaluation begins to tease out the potentially unique outcomes of a supportive housing model that is enhanced with specialized—in this case health- and nutrition-related—services.

Currently, very little data collected by service providers track outcomes, and the data are housed in different data systems that do not talk to each other. This makes it very challenging to use program data to drive decisions and planning. Looking toward the future, Harvest Commons has the opportunity to institutionalize ongoing data collection, evaluation, and data-informed learning beyond this one-off evaluation.

There is also a broader opportunity for Heartland Alliance to capitalize on the fact that it runs multiple supportive housing programs, each serving a different population with a different mix of services. Comparing outcomes on an agreed upon set of indicators across these different programs could yield rich insights for Heartland and for the supportive housing field.

- Develop an outcomes or results framework for Harvest Commons (and ideally all of Heartland Alliance supportive housing programs) that is rooted in the literature and clearly states what resident outcomes the program aims to affect.
- Charge all staff serving Harvest Commons residents with collecting the resident outcome data related to their service area.
- Implement data collection and data management solutions that help facilitate the collection of standard data and that establish mechanisms for sharing data among staff who are all working with the same residents.
- Encourage staff from across companies and departments who all provide different supportive services to the same residents to discuss the outcomes together and make real-time program adjustments and improvements.
- Analyze data from across different Heartland Alliance supportive housing programs to understand how specialized service provision may lead to different outcomes for different populations.

# APPENDIX A.

## HHCS SUPPORTIVE HOUSING SERVICE DEFINITIONS

### **Advocacy**

Intervening on behalf of participants to assist in the receipt and use of services.

### **Case Management**

Coordinating the acquisition, delivery, and use of supportive services. Case management must include individual assessments that are used to develop individual service plans.

### **Counseling (Family, Financial, Life Skills, Psychological, Domestic Violence)**

Providing or arranging for individual or group counseling to alleviate physical, mental, substance use, skill and domestic obstacles to self-sufficiency.

### **Alcohol Use Services**

Providing or arranging services for participants to attend AA or other programs to address alcohol use.

### **Child Care**

Providing or arranging child care services (benefiting the parent).

### **Children's Services**

Providing or arranging services for child-specific services such as child abuse counseling or preschool programs (benefiting the child).

### **Domestic Violence Services**

Providing or arranging services for survivors of domestic violence.

### **Education (Adult Basic Education, GED)**

Providing or arranging services for participants to complete a course of study leading to a diploma or specific skill certificate.

### **Employment Services (Job Preparation, Vocational Training, Job Placement )**

Providing or arranging services for participants engaged in job preparation, job placement or vocational services to secure employment. This would also include acquiring special tools or clothing to perform the job in which the participant is placed or working toward.

### **English as a Second Language**

English language services available to persons who seek to improve their English language skills.

### **Follow-up Services**

Assessing the need for additional services upon completion of program components and after discharge/relocation to permanent housing.

### **Health/Dental Services**

Providing or arranging services for participants and assuring use of needed medical and dental services.

### **HIV/AIDS Related Services**

Providing or arranging services to program participants to assure the use of needed HIV/AIDS related services.

### **Housing Location/Inspection-Initial and Annual (NOT Property Management)**

Locating and/or initial (and annual) inspection of rental property on behalf of participants to assure that the housing is decent and adequate for the household and meets general health and safety standards prior to tenant occupancy.

### **Mental Health Services**

Providing or arranging services that address serious mental disabilities that cannot be solved through regular counseling sessions.

### **Legal Service Referrals**

Referrals to any legal services which may be needed by participants.

### **Outreach**

Locating and contacting people experiencing homelessness in the community and informing them of the services available.

### **Substance Use Services**

Providing or arranging services for participants to attend NA or other programs to address substance use.

### **Transportation**

Transporting or purchasing transportation services, such as bus tokens or taxi fares, for participants to acquire medical care, public assistance, education, training and other services not provided on-site.

33 West Grand Avenue, Suite 500 • Chicago, Illinois 60654  
socialimpactresearchcenter.org • ilpovertyreport.org • research@heartlandalliance.org  
312.870.4949