Beth Israel Deaconess Medical Center Community-based Health Initiative

Boston Cohort 1

Final Evaluation Report

March 5, 2024

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

This report was prepared by:

Health Resources in Action
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EXECUTIVE SUMMARY

Community-Based Health Initiative Overview

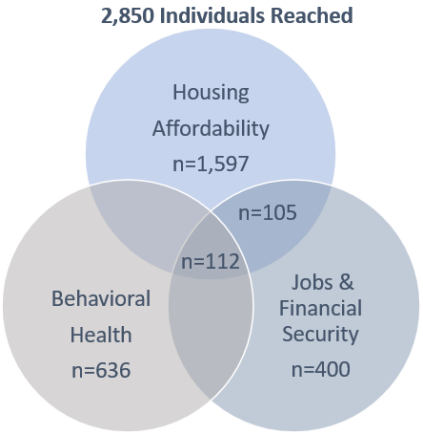
Through a competitive funding process in 2020, **the Beth Israel Deaconess Medical Center (BIDMC) Community-based Health Initiative (CHI) awarded approximately $6.6 million to 16 community-based organizations in Boston (Boston Cohort 1) over three years (2021-2023)** to plan and implement evidence-based and/or evidence-informed strategies to address three priority areas: **housing affordability, jobs and financial security, and behavioral health**.

An independent overarching evaluation of the CHI was conducted. The purpose was to learn: 1) To what extent have the priority populations been reached? and 2) To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change? This report presents the overarching evaluation findings for the Boston Cohort 1 grantees.

Participants Reached and Services Delivered

The Boston Cohort 1 grantees:

- reached a total of **2,850 individuals**. As shown here, some individuals received services from grantees addressing multiple priority areas.
- hired 84 staff and trained 588 staff and volunteers.
- delivered over 300 housing or jobs and financial security workshops and courses.
- delivered over 1,600 behavioral health counseling sessions.



The CHI grant funded programs reached the BIDMC CHI priority populations. The aim of the BIDMC CHI was to reach the neighborhoods and populations identified as having the greatest health needs within BIDMC's priority neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury.

Description of reached participants:

82.8%	90.7%	37.3%	79.0%	29.3%	12.1%
associated with a BIDMC priority neighborhood	identified as racially and ethnically diverse	primarily spoke a language other than English	low resourced individuals	youth (under 25 years old)	older adults (65 years and older)

Notes: Sociodemographic data was collected for n=1,919 participants

Grantee Impact

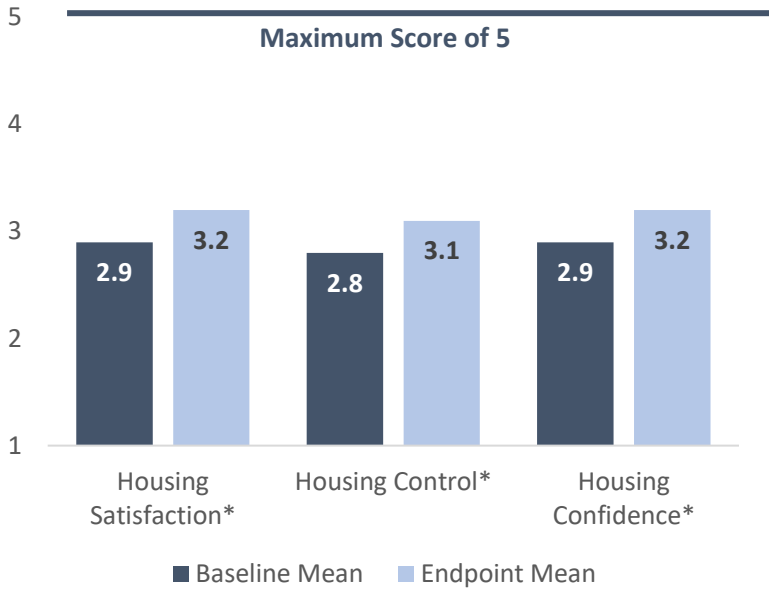
The evaluation sample used to measure impact is a subset of individuals reached (184 participants in housing affordability; 334 participants in jobs and financial security; and 383 participants in behavioral health). Participants with complete baseline and endpoint data were included in the analysis of each indicator.

Highlights of Impact Achieved by the Boston Cohort 1 Grantees:

	Improvements in participants' levels of housing satisfaction, control over their housing situation, and confidence in their ability to improve their housing situation. Progress towards housing affordability policy change, including budget increase and administrative changes to Massachusetts Rental Voucher Program.
	Improvements in participants' positive financial habits and behaviors, such as currently having a personal budget, spending plan, or financial plan.
	Improved or stabilized mental health symptoms and increased likelihood of seeking help for mental health symptoms.

Housing Affordability

Housing affordability grantee programs ranged from tenants' rights education and legal assistance to prevent evictions, to homebuyer education and financial coaching, to studying the impact of additional income on a family's ability to maintain safe, affordable housing. As shown in the figure to the right, **statistically significant improvements were achieved in** participants' levels of **housing satisfaction, control over their housing situations**, and **confidence in their ability to improve their housing situations**. It is important to note that the lack of affordable housing in the area and the rise in inflation during the grant period may have limited the grantees' ability to impact participants' housing situations. Given this context, improvements in housing satisfaction, control, and confidence are especially noteworthy.



Notes: n=171 for housing satisfaction, n=176 for housing control, n=172 for housing confidence; *denotes statistical significance.

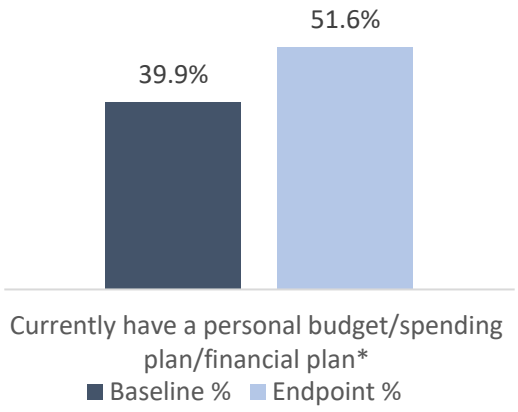
Housing Affordability – Policy Initiatives

Housing affordability policy change efforts focused on nine policies across state, municipal, and organizational levels.

- Grantees conducted **2,689 activities to advocate for policy change** including education, legal analyses, bill drafting, meetings, advocacy activities and legislative hearings.
- Key **policy milestones** were achieved including committee hearings on all three state level policies; a budgetary increase and administrative change for the Massachusetts Rental Voucher Program; and mayoral ratification of two new city-wide regulations.
- With this funding, grantees were able to **build coalitions and strengthen grassroots organizing** which will sustain these movements given the long time horizon required to achieve policy change.

> *[Voucher holders now] "have more money to pay for the other stuff that they couldn't before, whether food, clothing, medicine, or just a nice meal sometimes."* - Policy Grantee Interviewee

Jobs and Financial Security



Notes: n=318; *denotes statistical significance.

Jobs and financial security grantee programs included paid job training, workforce development for youth, and English language and entrepreneurial skills for immigrants. The overarching evaluation findings demonstrated **statistically significant improvements in participants' financial capability and goal-planning scores**. Participants' positive financial habits and behaviors improved from baseline to endpoint, as shown in the figure to the left. Grantee staff shared how financial education fit into their programming and long-term outcomes for participants, *"[We are] giving them skills on how do you use that money responsibly … so when you enter [the] workforce, you have some type of context and skills."*

Notes: n=346 for mental health symptoms, n=316 for personal or emotional problem, n=220-338 for likelihood of seeking help from a list of individuals; *denotes statistical significance.

Behavioral Health

Behavioral health grantee programs ranged from assessment and program development work, to increasing referrals to behavioral health specialists and providing counseling, to implementing education and campaigns to reduce stigma, particularly among certain population groups. The overarching evaluation findings demonstrated an i**mprovement in mental health symptoms for a majority of participants**, a statistically significant decrease in the proportion of participants with scores of moderate to severe depression, and statistically significant improvements in participants' confidence and self-efficacy in managing stressors and mental health. Grantees attributed their success to staff, their trauma-informed approach, and their commitment to cultural competency.

Grantee Capacity and Infrastructure Building

Another key impact of this funding for many grantees was the **development of capacity and infrastructure**. Grantees built staff and evaluation capacity, developed partner referral networks, integrated programming into broader systems and processes, secured additional financial resources and laid a foundation for future expansion of work related to the CHI priority areas. Grantee staff specified the importance of staff capacity that meets participants' needs: "*[We are] dedicated to having staff [that] culturally understand their needs, background, and can speak the language they're comfortable speaking in."* It is important to note that during this funding period, grantees and the participants grappled with the ongoing impact of the COVID-19 pandemic on mental health and basic needs, rising inflation, and limited affordable housing stock. The impact of the pandemic on grantees also exacerbated their challenges with staff turnover and hiring. Given this context, grantees' accomplishments and impact achieved were substantial.

> *"We may not get change this grant period, but because of increased organizing and outreach, you're building more power*." - Policy Grantee Interviewee

Evaluation Approach and Methods

Through a competitive funding process, BIDMC hired Health Resources in Action (HRiA), a non-profit public health organization, to conduct an independent overarching evaluation of the CHI. The overarching evaluation findings for the Boston Cohort 1 grantees are described above. The overarching evaluation of the BIDMC CHI was comprised of **shared** quantitative and qualitative **measures data from the grantees**. **Quantitative measures** included: **process measures** (e.g., service delivery, staffing, sociodemographics of participants reached, etc.) and **outcome measures** for each priority area. Quantitative data was collected using standard questions and validated tools by each grantee at a **baseline** time point, when participants began receiving services, and at an **endpoint** time point, after service delivery. **Qualitative data** were collected through annual interviews and small group discussions with grantees to gather information on perceptions of impact, as well as successes and challenges implementing grants.

Acknowledgements

BIDMC would like to thank the following Boston Cohort 1 grantees for their work and collaboration in reaching the priority populations and addressing the health needs of the community in the areas of housing affordability, jobs and financial security, and behavioral health. In addition to their work implementing programs and initiatives, BIDMC and HRiA would like to thank the grantees for engaging with the overarching evaluation of the CHI to be able to show the impact of this work on the community.

- African Community Economic Development of New England (ACEDONE)
- Asian Community Development Corporation
- Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth (BAGLY)
- Boston Chinatown Neighborhood Center
- Bridge Over Troubled Waters
- Charles River Community Health
- City Life/Vida Urbana
- Community Servings
- English for New Bostonians
- Greater Boston Chinese Golden Age Center
- Fathers' UpLift
- Fenway Community Development Corporation
- Metro Housing|Boston
- Opportunity Communities
- Sociedad Latina
- The Family Van

BIDMC would also like to thank their Community Benefits Advisory Committee (CBAC), Allocation Committee, and BIDMC Board of Trustees and senior leadership team for their guidance, commitment, and support of the CHI.

BACKGROUND AND PURPOSE

BIDMC Community-based Health Initiative (CHI) Overview

In 2019, Beth Israel Deaconess Medical Center (BIDMC) launched a Community-based Health Initiative (CHI) as part of the construction process of a new inpatient building. The CHI will invest approximately $18 million in direct grant funding to address important community health needs. It is a multi-phase process informed and driven by the community BIDMC serves:

- Phase 1 (2019) – Identify community health priorities
- Phase 2 (2020) – Develop a funding strategy
- Phase 3 (2021-2026) – Plan and implement local grant-making initiatives in support of the health priorities and funding strategies

After a robust and transparent community engagement effort that drew upon information collected from community meetings and community health needs assessments, BIDMC's Community Benefits Advisory Committee (CBAC) identified four health priority areas to invest in:

- Housing Affordability
- Jobs and Financial Security
- Behavioral Health
- Healthy Neighborhoods

Through a competitive funding process in 2020, the BIDMC CHI awarded approximately $6.6 million to 16 community-based organizations in Boston (Boston Cohort 1) over three years (2021-2023) to plan and implement evidence-based and/or evidence-informed strategies to address three of the priority areas: housing affordability, jobs and financial security, and behavioral health (see Table 3 for a description of grantees).

This first Boston cohort of the BIDMC CHI included three funding tracks; the size of the grants and grant requirements differed across tracks (Table 1).

Table 1. CHI Funding Tracks, Boston Cohort 1

	Funding Amount per Grantee (3-year grant)	Number of Grantees
Track 1: Cross-sector partnership for systems change Cross-sector projects conducted by two or more organizations that intentionally partnered to achieve systems-level impact.	$1M	2
Track 2: Focused investment One or more organizations conducted projects in one primary priority area.	$500K	8
Track 3: Capacity-building for change Smaller scale projects in one specific priority area conducted by local organizations to build their implementation and evaluation capacity.	$100K	6

Across tracks, some grantees expanded or redesigned existing initiatives while others launched new programs; some Track 3 grantees focused on building infrastructure to support future evidence-based programs. The amount of funding that was invested in each priority area and the number of grantees focused on each priority area is listed in Table 2.

Table 2. CHI Funding Amount, Boston Cohort 1, by Priority Area

		Funding Amount	Primary Focus Number of Grantees	Secondary Focus Number of Grantees
Total Investment		**$6,600,000**	**16**	**3***
	Housing Affordability	$2,933,333	7	0
	Jobs and Financial Security	$1,933,333	3	3
	Behavioral Health	$1,733,333	6	2

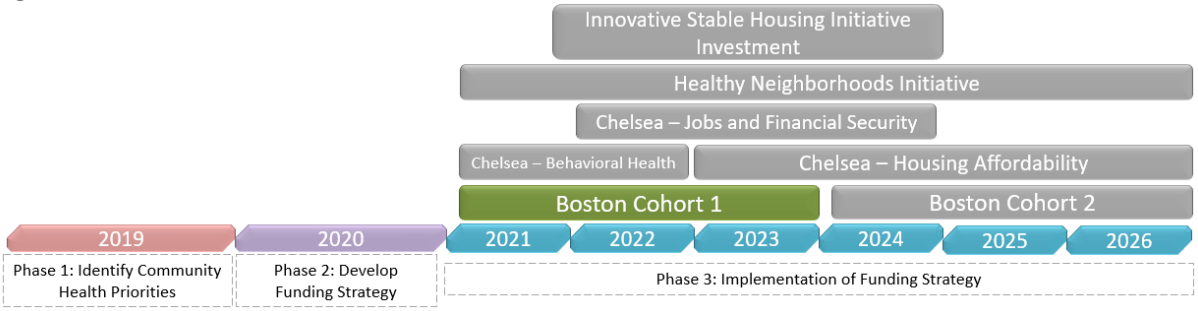
Note: For grantees that were working across priority areas their grant award was split across areas of focus. Only grantees in Track 1 were required to have a secondary focus area, grantees in Track 2 had the option to work across multiple priority areas.
*Two of the three grantees worked across all three priority areas; one of the three grantees worked across two priority areas.

In addition to the focus areas, the BIDMC CHI aimed to concentrate its efforts on the neighborhoods and populations identified as having the greatest health needs within BIDMC's Community Benefits Service Area (CBSA). As a result, the CHI grantees served individuals from the following populations:

- BIDMC CHI priority neighborhoods: Allston/Brighton; Bowdoin/Geneva; Chinatown; Fenway/Kenmore; Mission Hill; and Roxbury
- Youth and adolescents
- Older adults
- Low-resourced individuals and families
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals
- Racially and ethnically diverse populations
- Families and individuals affected by incarceration and/or violence

While this evaluation report is focused on the first cohort of Boston grantees, it is important to note the other investments BIDMC has made to date and has committed to as part of their CHI (Figure 1). Three grantees in the City of Chelsea have been awarded $1.45M;[1] seven community collectives focused on the Healthy Neighborhoods priority area were awarded $2.8M ($400K per grantee); and $500K has been invested in the Innovative Stable Housing Initiative (ISHI). BIDMC is also funding a second cohort of Boston-based grantees ($7.25M) focused on the three priority areas of housing affordability, jobs and financial security, and behavioral health. HRiA's final overarching evaluation report (to be submitted in 2027) will summarize outcomes for each CHI funding stream as well as CHI contributions to ISHI.

Figure 1. Timeline of BIDMC CHI



Note: This Evaluation Report is focused on "Boston Cohort 1"; a final report at the culmination of all funding will include findings from all funding cycles and initiatives.

[1] This included $250k awarded to a behavioral health grantee (2021-2022); $500k awarded to a jobs and financial security grantee (2022-2024); and $700k to a housing affordability grantee (2023-2026).

Table 3. Description of Boston Cohort 1 Grantees

Bridge Over Troubled Waters	Expanded outreach to homeless youth and young adults and provided housing, jobs/employment, and behavioral health interventions to those reached.
Metro Housing|Boston	A rigorous study of a novel approach to the problem of "cliff effects" in the Housing Choice Voucher Program, Moving to Work program. The program sought to determine if modifying the rent calculation had an impact on reducing cliff effects for working families.
Asian CDC	Helped low-income immigrants achieve housing stability and reduce displacement by providing home buying and financial literacy education, eviction prevention, and free legal assistance. Also conducted legislative advocacy.
BAGLY	Supported unstably-housed and homeless LGBTQ+ youth between the ages of 18-24 with a short-term intervention and other support services.
City Life/Vida Urbana	Stabilized low-income Boston families through outreach, rights training, casework, building organizing, and legal advocacy to stop current and expected no-fault evictions caused by rapid development.
Community Servings	Re-designed and launched the Teaching Kitchen culinary training program to combine subsidized employment with training and support services.
English for New Bostonians	The English for Immigrant Entrepreneurs program was provided to immigrants of all statuses to improve English, expand customer markets, access business assistance, and support recovering local economies.
The Family Van	Community Health Workers delivered a series of one-on-one sessions with people experiencing mild to moderate depression and anxiety. A culturally and linguistically responsive campaign with local artists was implemented at the community level to combat mental health stigma.
Fathers' UpLift	Provided a combination of mental health, coaching, and therapy support for fathers struggling with substance abuse, trauma, racism, a history of incarceration, and/or systemic barriers.
Fenway CDC	Organized, educated, and engaged residents to encourage housing justice in the City of Boston through coalition-based tenant and resident organizing.
ACEDONE	Enhanced ACEDONE's current capacity to use peer specialists to serve the mental health needs of the African immigrant community in Roxbury through culturally informed approaches.
Boston Chinatown Neighborhood Center	Increased staff capacity as Mental Health First Aid trainers to facilitate trainings for youth, adults, and families. Also provided culturally and linguistically appropriate mental health services.
Charles River Community Health	Launched a bi-lingual/bi-cultural post degree candidate program to build capacity and increase access to high quality, culturally and linguistically appropriate behavioral health services.
Greater Boston Chinese Golden Age Center	Implemented a depression self-management program designed to detect and reduce the severity of depressive symptoms in older adults with chronic conditions and functional limitations.
Opportunity Communities	Conducted research and policy advocacy and designed a pilot program to build equity through homeownership (focused on African-American households harmed by historic discriminatory lending, development, and housing policies).
Sociedad Latina	Supported Latine, English Learner, and immigrant youth in year-round internship program.

Housing Affordability Overview

The goals of the housing affordability priority area are to reduce homelessness, reduce displacement, and increase home ownership by low-income individuals and families by investing in the strategic focus areas of (i) homelessness, (ii) home ownership, (iii) rental assistance, and (iv) community organizing and advocacy efforts.

Seven grantees implemented programs or initiatives with a primary focus on housing affordability. Five of these grantees delivered programs that served individuals, and four grantees worked on policy change initiatives related to housing, with two grantees exclusively working on policy change and advocacy campaigns.

Jobs & Financial Security Overview

The goals of the jobs and financial security priority area are to increase employment and earnings and increase financial security by focusing on (i) education and workforce development, (ii) creating employment opportunities, and (iii) income/financial supports aimed at enhancing economic security and wealth accumulation.

Three grantees implemented programs with a primary focus on jobs and financial security. Three additional grantees, all primarily working on housing affordability, had a secondary focus on jobs and financial security.

Behavioral Health Overview

The goal of the behavioral health priority area is to improve mental health and substance use outcomes by (i) building provider and community capacity to provide trauma-informed and culturally and linguistically appropriate behavioral health care and (ii) reducing stigma surrounding mental health and substance use.

Six grantees had a primary focus on behavioral health. Two additional grantees, both primarily working on housing affordability had a secondary focus on behavioral health.

Evaluation Approach

Through a competitive funding process, BIDMC engaged Health Resources in Action (HRiA), a non-profit public health organization, to conduct an independent overarching evaluation of the CHI. The purpose of the overarching BIDMC CHI Evaluation is to learn:

- To what extent have the priority populations been reached?
- To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change?

HRiA worked with the Boston Cohort 1 grantees to evaluate the collective impact of this funding stream. Grantees participated in evaluation capacity-building activities with HRiA including logic model and evaluation plan development, evaluation learning collaborative webinars, and ongoing individual technical assistance related to data collection, data cleaning and transfer, and interpretation of results. Each Boston Cohort 1 grantee also submitted program-specific data to BIDMC to demonstrate their individual program-specific impact and reach.[2]

[2] Select interim findings from grantees' program-specific data were presented in June 2023 and may be found here: https://www.bidmc.org/-/media/files/beth-israel-org/about-bidmc/helping-our-community/community-initiatives/community-benefits/bidmc-community-benefits-grantee-posters.pdf

Final Evaluation Report Aims

This report presents the final overarching evaluation findings for the first round (Cohort 1) of BIDMC CHI-funded grantees in Boston. This work represents the culmination of over two years of active data collection, data exploration, and data analysis. This report describes key findings related to reach, participant outcomes, and policy change as well as grantee perceptions of implementation and impact.

METHODS

Evaluation Design

During a 6-month planning phase (January – June 2021), HRiA worked with the Boston Cohort 1 grantees to develop individual evaluation plans and priority area logic models (Appendix A – Logic Models) and to collaboratively identify a required set of shared process measures and shared outcome measures for each of the three priority areas to capture changes over time (Appendix B –Required Shared Measures).

- **To identify shared process measures**, HRiA first developed a Data Inventory Checklist, completed by all grantees, to understand the breadth of sociodemographic and program delivery data collection already occurring within grantee organizations. Based on a review of this Inventory in relation to the BIDMC CHI priority populations and discussion with grantees and BIDMC, HRiA finalized a set of required shared process measures to capture reach and program delivery.
- **To identify shared outcome measures**, HRiA reviewed the evidence-based and/or evidence-informed strategies each grantee aimed to implement to identify potential areas of alignment in outcomes. HRiA then reviewed existing measures used by grantees and the literature to identify options for measuring outcomes. Through facilitated discussion with grantees, consensus on shared outcome measures was reached. For the shared outcome measures, standardized and validated tools were selected or adapted when available and appropriate.

Beginning in July 2021 for Track 1 and 2 grantees and in January 2022 for Track 3 grantees, the shared process measures and the appropriate outcome measures (depending on grantees' primary and secondary priority area focus)[3] were collected by each grantee from participants who received ongoing services and had enrolled in the evaluation. These shared measures were collected at a baseline time point, when participants began receiving services, and at an endpoint time point, after service delivery. HRiA worked with each grantee to determine their appropriate baseline and endpoint time points. Because the time interval between "baseline" and "endpoint" was determined based on each grantee's individual programmatic approach, it varied across grantees (for example, some programs had discrete timelines such as a 20-week curriculum while others worked with individuals for the full grant period or beyond).

Across grantees, participants enrolled in programs on a rolling basis, so both baseline and endpoint data collection were ongoing throughout the grant period. Some grantees also engaged additional individuals in one-time services or through broader community-level efforts; grantees were not required to provide individual-level evaluation data for these individuals. Lastly, HRiA worked closely with policy-focused grantees to identify appropriate indicators of reach and progress.

The overarching outcome evaluation of the BIDMC CHI is comprised of both quantitative and qualitative measures, which are described below. While 16 grantees were funded and participated in evaluation planning, one grantee (Track 3 – behavioral health) paused their program and was granted an extension. Their data were not included in the overarching evaluation due to timing. **In total, 15 grantees participated in the Boston Cohort 1 overarching evaluation.**

Quantitative Evaluation Measures and Analysis

All grantees collected the shared process and outcome measures identified during the evaluation planning process. Shared **process measures** included service delivery measures related to reach,

[3] Grantees were not required to collect all shared outcome measures in their secondary focus area.

staffing, and specific types of services delivered as well as sociodemographic measures describing the characteristics of participants reached. Shared **outcome measures** are shown in Table 4 and were collected with standard questions and validated tools when available.

Table 4. Shared Outcome Measures, by Priority Area

Priority Area	Shared Outcome	Shared Measure
	Housing satisfaction	Satisfaction with current housing situation
	Agency	Control and confidence related to housing
	Affordability	Trade-offs made between paying for housing or household expenses
	Housing situation	Current housing situation
	Policy	Policy and community advocacy activities
	Self-efficacy	Agency and ability to plan towards accomplishing goals (Adult Hope Scale*)
	Financial capability	Attitudes and behaviors related to financial capability (Financial Capability Scale for Young Adults*)
	Stigma	Confidence and self-efficacy related to managing life stressors and mental health (Recovery Assessment Scale – Domains and Stages (RAS-DS)*) Help seeking behavior (General Help-Seeking Questionnaire (GHSQ)*)
	Mental health symptoms	Mental health symptoms (PHQ-8*, PHQ-9*, or PSYCHLOPS*)

*Validated scale or tool.

HRiA executed Data Use Agreements with all grantees. Beginning in October 2021 and continuing through October 2023, the grantees securely transferred all cumulative data collected to date to HRiA for cleaning and analysis (on a quarterly basis for the Track 1 and 2 grantees and a bi-annual basis for the Track 3 grantees). **The quantitative data included in this report were collected by grantees between July 2021 and September 2023**. It should be noted that for some grantees, the "endpoint" data included in this evaluation report was collected before the end of the evaluation period (September 30, 2023) and may not represent the end of an individual's engagement with a program or offered services.

This report includes shared measures data from all 15 grantees. Individual participant-level data is included for 12 grantees. Two grantees focused exclusively on policy work and did not collect individual participant-level outcome data, while a third grantee encountered unforeseen challenges that prevented them from collecting individual participant-level data. For service delivery and demographic measures, only those submitted by at least two grantees are presented in this report as these data are intended to represent the aggregate and collective impact of these programs.

Quantitative Data Analysis

Grantee process measures and outcome measure datasets were reviewed for completeness. Data checks were performed to ensure the submitted variables and current samples were consistent with the known data collection and enrollment efforts by grantee. A common set of data steps were applied to ensure consistent coding of response options, re-categorization of existing variables, and creating or calculating new variables for reporting before grantee datasets were merged for overarching analyses.

All analyses were conducted using SAS 9.4. Significance testing was conducted (McNemar's test for categorical variables and paired samples t-test for continuous variables) to determine whether changes in outcomes between baseline and endpoint were statistically significant (based on p-values <0.05). Statistical significance is noted in the findings below whenever present; otherwise, if not indicated, changes in outcomes were not statistically significant. Exploratory stratified analyses were conducted to further understand the impact of a program within subpopulations. These additional analyses explored outcomes by race and ethnicity, primary language spoken, and gender identity and are shown in Appendix C. Changes in outcomes for subpopulations are included in visuals when statistically significant, regardless of the direction of the change; non-significant stratified results are not included in the presented figures. Data were suppressed in tables and figures when a cell total was greater than 0 but less than 10.

Composite/Combined Measures

To summarize the full reach of the CHI grantee programs in the BIDMC CHI priority neighborhoods, **a binary, composite measure (association or no association), was created using three indicators of neighborhood**: self-reported neighborhood affiliation (a check all that apply measure), neighborhood based on home zip code, and neighborhood in which a participant receives services (see Appendix C – Additional Data Tables for full breakdown of self-affiliated and zip code neighborhood). This measure was created hierarchically using the following decision order:

- If someone self-reported affiliation with one or more priority neighborhoods, the composite measure captures each of those neighborhoods.
- If someone did not self-report any affiliation but they live in a priority neighborhood (based on home zip code), the composite measure captures their neighborhood of residence.
- For those with no association with any priority neighborhood through self-affiliation or home zip code, if the program they are enrolled in requires visiting a priority neighborhood in person to receive services, the composite measure captures neighborhood in which they are receiving services.

For analyses, **a variable was created combining race and ethnicity measures** (see Appendix C – Additional Data Tables for full breakdowns of separate race and ethnicity). Each participant was categorized as only one group to allow for comparisons across groups where appropriate.[4] The following rules were used in creating this variable:

- If someone identified as Hispanic, they were grouped as Hispanic regardless of other responses/identities provided.
- If someone identified as Asian for race or ethnicity and did not select Hispanic, they were grouped as Asian.
- If someone identified as Black or African American for race or ethnicity and did not select Hispanic or Asian, they were grouped as Black or African American.
- If someone identified as Other for race or ethnicity and did not select Hispanic, Asian, or Black/African American, they were grouped as Other.
- If someone identified as White for race or European for ethnicity and did not select Hispanic, Asian, Black/African American, or Other, they were grouped as White.

Lastly, **a low-resourced composite measure was created** by combining the five socioeconomic status (SES) measures collected by grantees: household income and size; education level; employment status; enrollment in benefits; and/or health insurance status (see Appendix C – Additional Data Tables for full

[4] A small percentage (8.8%) of the sample had multiple different races and/or ethnicities that were categorized as one category for this combined measure.

breakdown of each SES variable). These measures were used to categorize an individual as "low resourced" using the following criteria:

- At or below 80% AMI[5]
- Less than high school degree (excluding those who are under 25 years old)[6] or high school degree (all ages)
- Unemployed or not in labor force
- Enrolled in at least one listed benefit program
- Publicly insured (excluding those with Medicare and are 65 years or older) or uninsured

Missing Data

To maximize the number of participants included in analyses, an individual was included in the evaluation sample if they had at least one complete outcome measure – i.e., both baseline and endpoint data for the same measure. As a result of this approach, the sample sizes varied by outcome measure. Total sample size for a particular measure is noted in data tables and figures within the report and in Appendix C – Additional Data Tables. The percentages presented were calculated based on the total number of individuals with collected data at both time points for the given measure. If a participant in the evaluation sample was missing a demographic measure used for stratification, they were excluded from that exploratory analysis. In some cases, a grantee did not collect a particular measure but did collect other measure(s) within that priority area. Participants from these grantees were not included in the total number for the given measure; where relevant, this is noted under tables and figures.

Qualitative Data Collection and Analysis

To gather information on perceptions of impact, as well as successes and challenges implementing grants, in October and November 2023 the HRiA evaluation team conducted 15 qualitative interviews and small group discussions (1 discussion per grantee site) with grantees' core staff members. A total of 31 staff members participated in the interviews and discussions. The interviews were completed using a semi-structured interview guide which focused on the full grant period (2021-2023). BIDMC staff reviewed and provided input on this guide. Interview topics included program and partnership development; programmatic and initiative implementation; perceptions on successes, challenges, and impact to date; and sustainability plans and next steps. In this report, themes and key points identified in qualitative data collection and analysis from previous years (2021 and 2022) are referenced, as appropriate, to highlight any changes throughout the funding period.

The collected qualitative data were coded and analyzed thematically using NVivo 14 software. Data analysts identified key themes that emerged across interviews. The key themes are presented in this report, alongside selected quotes to further illustrate themes.

Limitations

As with all evaluation efforts, there are several limitations related to these analytic methods that should be acknowledged. First, the majority of the shared process and outcome data are based on participants' self-report. Self-reported data should be interpreted with caution. In some instances, respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding the

[5]The 80% of AMI cutoff is in alignment with the Department of Housing and Urban Development's definition (June 2021) of "low income: https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_MA_2021.pdf

[6] Following the U.S. Census Bureau's methodology for measuring highest level of educational attainment.

question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly.

As described above, the time interval between "baseline" and "endpoint" was determined based on each grantee's individual programmatic approach and programmatic timeline and therefore varied across grantees. While this limits the ability to attribute observed change to specific program lengths or components, the evaluation sought to determine the collective impact of grantees on the outcome measures related to housing affordability, jobs and financial security, and behavioral health.

The qualitative themes presented in this report emerged across multiple grantees, however it should be noted that individual grantees may have had additional successes and challenges unique to their programs. Similarly, the shared outcome measures may not capture the full impact of each grantee's unique program. Individual grantees gathered quantitative program-specific data on unique program-specific impact and reach that were submitted directly to BIDMC and are not captured within this overarching report.

Lastly, it is important to note that this report describes the reach of grantee programs and outcomes for the sample of individuals enrolled in the evaluation; some grantees engaged additional populations in community-wide efforts such as public campaigns and assessments. To minimize burden, grantees were not required to provide evaluation data for these community-level efforts. Therefore, the BIDMC CHI grantees have engaged with additional individuals beyond the overall reached and evaluation sample sizes described below.

FINDINGS: SERVICES DELIVERED AND PARTICIPANTS REACHED

Summary of Services Delivered and Participants Reached

CHI grant funded programs:

- reached a total of 2,850 individuals.
- hired 84 staff and trained 588 staff and volunteers.
- delivered over 300 workshops and courses related to housing or jobs and financial security.
- delivered over 1,600 behavioral health counseling sessions.

The CHI grant funded programs reached the BIDMC CHI priority populations. Among the participants reached:

- more than four in five were associated with a priority neighborhood.
- about one third identified as Asian, non-Hispanic, another third identified as Black or African American, non-Hispanic, and just under a quarter identified as Hispanic, Latinx, or of Spanish descent.
- more than a third reported speaking a language other than English at home.
- more than a quarter were under 25 and more than one in ten were 65 or older.
- more than three of every four were low-resourced.

Reach of Grantee Programs and Initiatives

A total of 2,850 individuals were reached by the CHI grant funded programs (Table 5). These individuals include those who engaged with a program by receiving one-time or ongoing services, and those who participated in policy activities. Overall, grantees hired 84 staff for these programs and a total of 588 individuals – staff and volunteers – were trained during the grant period.

Table 5. Overall Reach[1]

	n	Number of Grantees Reporting
Individual Participation	2,850[2]	12
Housing Affordability	1,814	7
Included in evaluation	*184*	5
Participated in policy activities	*931*[3]	3
Jobs & Financial Security	617	6
Included in evaluation	*334*	6
Behavioral Health	748	6
Included in evaluation	*383*	6
Staff Hired	84	15
Housing Affordability	28	7
Jobs & Financial Security	25	6
Behavioral Health	62	7
Staff/Volunteers Trained	588	15
Housing Affordability	252	7
Jobs & Financial Security	126	6
Behavioral Health	339	7

[1]The overall total individual participation, staff hired, and staff/volunteers trained will be lower than the sum of the total for each priority area due to programs addressing multiple priority areas [2]This total reach includes individuals who engaged with/participated in policy related activities and therefore is higher than the 1,919 total presented for characteristics of the reach population as demographic data were not collected from the policy related individuals [3]This is the combination of two

aggregate numbers of individuals participating in educational and advocacy activities – as these were collected in aggregate, there is a possibility that there is overlap between those two groups.

Service Delivery

Table 6 presents data on service delivery by priority area. **As each grantee's program employed a unique approach, there are limitations to what process measures can be reported in aggregate.** The aim of this table is to summarize the efforts and activities overall and within each priority area for those reported by at least two grantees.

Three housing grantees provided 467 housing support services (e.g., counseling sessions, meetings with attorney, etc.). Two of the housing grantees provided workshops and/or courses related to housing; over the grant period there were 148 held. Those housing grantees focusing on policy advocated for 9 policies during the grant period.

Five jobs and financial security grantees offered workshops and/or courses focusing on employment, finances, and other related topics. These were tracked as number of workshops/courses held by one grantee, and as hours spent in these sessions by another grantee; a third grantee tracked and reported both of these measures, and two grantees tracked the number of participants. Across the two grantees tracking the number of workshops/courses, a total of 182 were held. Looking at hours in workshops reported by two grantees, there were 29,288 hours spent focused on jobs and financial security topics. Two of the grantees reported a total of 172 participants in their offered workshops/courses.

Four of five behavioral health grantees reported the number of behavioral health counseling sessions conducted with their participants, for a total of 1,603 over the grant period. Two grantees reported they provided almost 500 referrals and/or resources focused on behavioral health to participants.

Table 6. Services Delivered

	n	Number of Grantees Reporting
Housing Affordability		**5**
Housing Support Services		
Number of services	467	3
Housing Workshops/Courses		
Number of Workshops/Courses	148	2
Housing Policy		
Number of Policies Advocated For	9	4
Jobs & Financial Security		**5**
Jobs & Financial Security Workshops/Courses		
Number of Workshops/Courses	182	2
Hours in Workshops/Courses	29,288	2
Participants in Workshops/Courses	177	2
Behavioral Health		**5**
Behavioral Health Counseling Services		
Number of sessions	1,603	4
Behavioral Health Referrals/Resources		
Number of resources/referrals provided	463	2

Note: As this table includes only those measures that could be aggregated, i.e., were provided by at least 2 grantees, not all funded grantees are included in these data.

Characteristics of Participants Served

The following section presents demographic information for those who were ***reached*** by one of the programs (N=1,919)[7] and for those who were included in the evaluation sample (N=763). ***Reached participants*** were individuals who engaged with a program by receiving one-time or ongoing services. The **evaluation sample** is a subset of the ***reached participants*** and only includes individuals who received ongoing services and had both baseline and endpoint outcome data collected for at least one shared outcome measure.

Participant Geography

The majority of participants are associated with a priority neighborhood: 82.8% of those reached and 79.0% of those in the evaluation sample (Table 7).

Table 7. Priority Neighborhood Association[1]

	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	%	n	%
Associated with Priority Neighborhood[2]	1,589	82.8	603	79.0
Not Associated with Priority Neighborhood	330	17.2	160	21.0

[1] See methods section for details on the creation of this combined variable and see Appendix C for breakdown of self-reported neighborhood affiliation and home zip code [2] Due to the self-reported affiliation aspect of this measure being "check all that apply," some of those in this category self-affiliated with more than one neighborhood.

Approximately four-fifths of participants were associated with a priority neighborhood. It is important to note that neighborhood affiliation was not used as exclusion criteria and that many grantees serve populations across Boston and beyond. By focusing their outreach efforts, grantees reached a substantial proportion (82.8%) of participants who were affiliated with a priority neighborhood. Additionally, during interviews, grantee staff highlighted the impact that gentrification has had on the BIDMC CHI priority neighborhoods and commented on the changing demographics of many Boston neighborhoods. For example, one interviewee shared that: *"The neighborhoods of the people we serve are also a reflection of gentrification. We are based in Boston and families are coming in to receive our support, but they may not be living physically in [our neighborhood] because of the high cost of living."* Neighborhood affiliation is multi-dimensional and may be defined differently across cultures and communities; therefore, while every effort was made to measure neighborhood association, this quantitative indicator may not fully represent affiliation for all participants. Lastly, for the grantees who worked with unhoused or unstably housed participants, discussing and determining neighborhood affiliation was challenging.

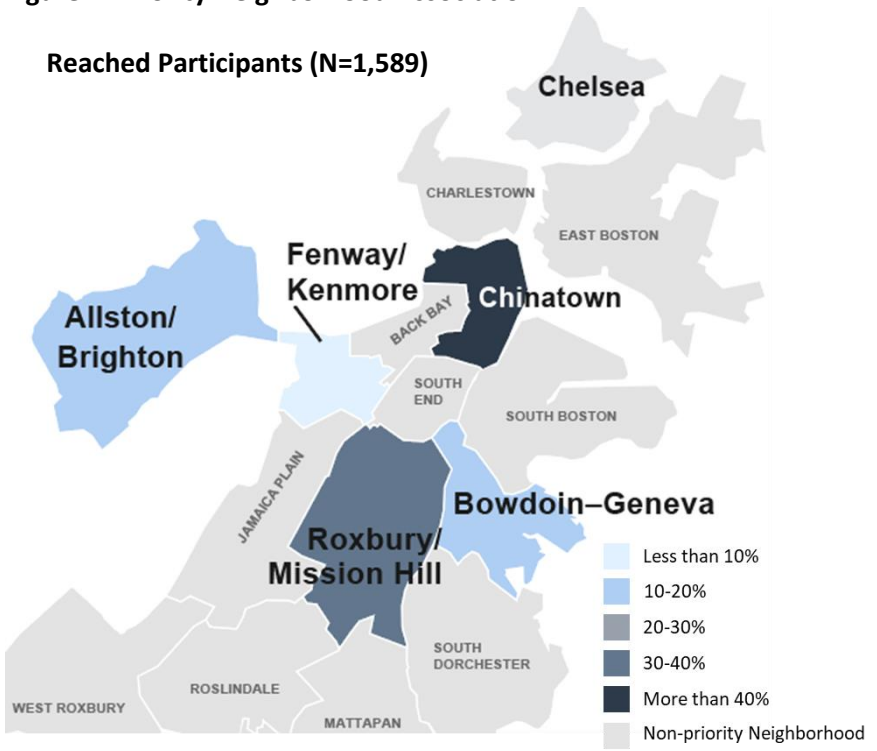
> *"The people we [serve]… can't afford to live in many parts of Boston anymore."*
> – Grantee Interviewee

Figure 2 maps the priority neighborhoods of both the reached participants and evaluation sample. Among those reached, more than 2 of every 5 participants associated with a priority neighborhood were associated with Chinatown (42.7%) and more than a third of reached participants were associated with Mission Hill or Roxbury (36.6%). Among those in the evaluation sample that were associated with a priority neighborhood, almost half were associated with Mission Hill or Roxbury (48.8%) while more than a quarter of these participants were associated with Chinatown (29.9%).

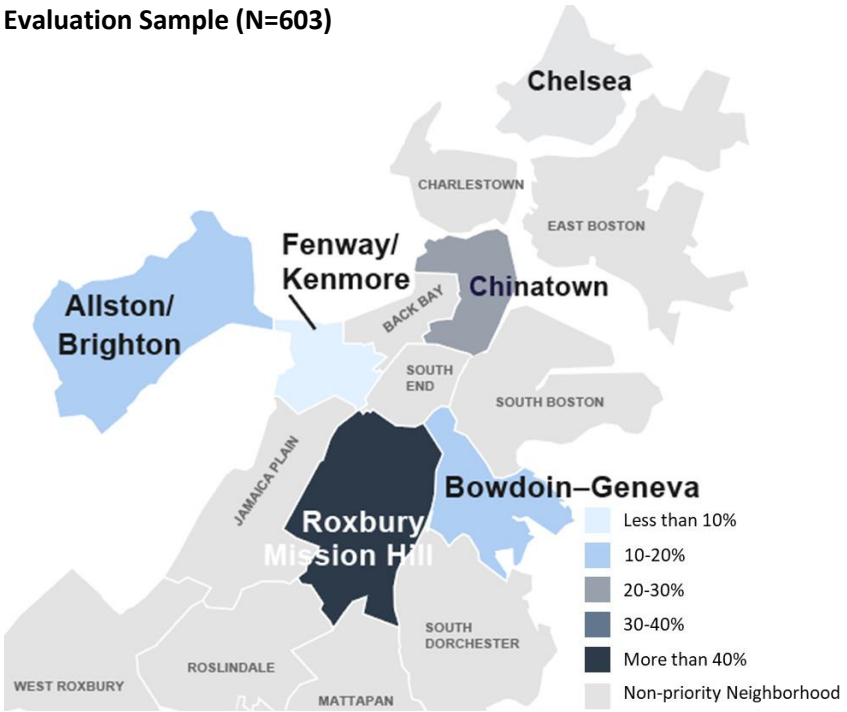
[7] As previously noted, this number is lower than the overall individuals reach presented earlier in this report due to lack of demographic data collection for those reached individuals who engaged with/participated in policy activities.

Figure 2. Priority Neighborhood Association

Reached Participants (N=1,589)



Evaluation Sample (N=603)



Note: due to the "check all that apply" structure to the self-reported neighborhood affiliation, some participants are associated with more than one neighborhood.

Participant Demographics

Both race and ethnicity data were collected from individuals participating in a CHI funded program; these data were used to create a combined race and ethnicity measure for analysis (see Appendix C – Additional Data Tables for breakdowns of race and ethnicity data). About one third of participants reached identified as Asian, non-Hispanic (32.3%), about one third identified as Black or African American, non-Hispanic (31.9%), and just under a quarter identified as Hispanic, Latinx, or of Spanish descent (24.4%). In the evaluation sample, more than a third of the participants identified as Black or African American, non-Hispanic (37.7%) and about a quarter each reported their race and/or ethnicity as Hispanic, Latinx, or of Spanish descent (29.4%) or Asian, non-Hispanic (25.4%).

Among the individuals reached by one of the programs, more than a third indicated a primary language other than English (37.3%); while a greater proportion – more than 2 of every 5 participants (44.4%)– reported a primary language other than English among the evaluation sample. A small proportion of the reached (2.5%) and evaluation samples (1.6%) indicated their gender identity as non-binary, transgender, genderqueer, or another gender category.

A subset of the grantees collected continuous age. For those with this measure, the average age of the reached sample was 39.3 years; the evaluation sample average age was slightly older at 42.1 years. More than a quarter of both the reached (29.3%) and evaluation (28.8%) samples were under the age of 25; more than 1 of every 10 participants in the reached (12.1%) and evaluation (16.8%) samples were 65 years or older.

Table 8. Participant Demographics

Demographics (Required)	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	%	n	%
Race/Ethnicity[1]				
Asian, non-Hispanic	610	32.3	193	25.4
Black or African American, non-Hispanic	601	31.9	287	37.7
Hispanic, Latino, or of Spanish descent	460	24.4	224	29.4
White, non-Hispanic	146	7.7	42	5.5
Other, non-Hispanic	70	3.7	15	2.0
Missing	*32*	--	*1*	--
Primary Language				
Chinese (including Mandarin and Cantonese)	380	20.7	160	21.5
English	1148	62.5	414	55.6
Haitian	22	1.2	15	2.0
Portuguese	22	1.2	12	1.6
Spanish	233	12.7	130	17.5
Other[2]	32	1.7	14	1.9
Missing	*82*	--	*18*	--
Gender Identity				
Male	910	48.1	368	48.4
Female	936	49.5	381	50.1
Other gender category[3]	47	2.5	12	1.6
Missing	*26*	--	*2*	--

Demographics (Required)	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	%	n	%
Age (continuous)				
Average age (Mean, Range)	1367	39.3 (11-100)	601	42.1 (12-100)
Missing	*552*	--	*162*	--
Participants under 25 years	400	29.3	173	28.8
Participants 65+ years	166	12.1	101	16.8

[1]See methods section for details on the creation of this combined variable [2] This includes participants selecting: Arabic, Cape Verdean Creole, French, Vietnamese, and "other" [3] This includes participants identifying as: transgender male, transgender female, genderqueer, nonbinary, and "other gender category".

A subset of grantees also provided information on two other priority populations: lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals (N=449) and families and individuals affected by incarceration and/or violence (N=556). These measures were optional with only three grantees submitting data for each; therefore, the total samples noted are lower than the total reached participants (N=1,919). Of the data reported regarding participant sexual orientation, 6.7% of reached participants identified as lesbian, gay, bisexual, or queer (LGBQ) individuals. Of the data reported regarding history of incarceration, 55.9% of families and individuals reached were affected by incarceration.

More than 3 of every 4 individuals in the reached sample (79.0%) and the evaluation samples (77.5%) were considered low-resourced individuals.

Table 9. Participants Low-Resourced Indicator[1]

Composite Socioeconomic Status	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	%	n	%
Low-Resourced Individual				
Yes	1400	79.0	548	77.5
No	372	21.0	159	22.5
Missing	*174*	--	*56*	--

[1]See methods section for details on the creation of this composite measure and see Appendix C for breakdown of each socioeconomic status variable.

Sample Comparison

To provide context to the results of the evaluation, significance testing was conducted to identify notable differences between the full reached sample and the evaluation sample. These differences do not impact the validity of the results, they simply aim to understand and describe the differences of who was reached and whose outcomes are being presented.

In terms of geography, there was a significant difference between the proportion of those who were affiliated with a priority neighborhood in the reached sample (82.3%) and those included in the evaluation (78.4%). This difference can primarily be attributed to a large number of participants who received a one-time, in-person service from one grantee physically located in a priority neighborhood and who but did not have baseline and endpoint outcome data to be included in the evaluation sample. The priority neighborhood for these reached participants happened to be based on the physical location of the grantee and not self-affiliation or neighborhood of residence, thereby skewing the geography.

For demographic characteristics, the differences in race and ethnicity, language, and age were all significantly different. The evaluation sample was comprised of a slightly older set of individuals, a greater proportion of individuals who speak Spanish as their primary language, and a greater proportion of individuals identifying as Black or African American.

There were no significant differences between the gender identity of the reached and evaluation samples. These samples were also statistically similar regarding the socioeconomic status "low resourced" indicator.

Context for Grant Implementation

Grantee staff shared the following reflections on key context for the three-year grant implementation:

- **COVID-19 Pandemic:** Grantees highlighted the effects the COVID-19 pandemic had on their programming outreach, recruitment, and engagement. In grant years one and two, grantees noted that certain programming elements were modified from their original plan/expectations to accommodate the closures and restrictions driven by the pandemic. Many programs initially planned to engage participants in-person but switched to virtual engagement. For some, this shift was temporary and as pandemic restrictions slowly lifted, programs have shifted back to in-person service delivery. For others their virtual programming has continued, as they have been able to reach more participants in a virtual setting. Grantees across priority areas also highlighted the ongoing impact the pandemic has had on mental health, with some noting that mental and behavioral health challenges among populations they serve have worsened due to pandemic-related isolation.
- **Navigating day-to-day, interconnected participant needs in the context of rising inflation and limited resources.** While program participants had needs directly related to the grantee priority areas, they also often presented with immediate needs such as food insecurity, grief from loss of loved ones during the pandemic, violence in their community, or immediate medical or resource needs. Relatedly, grantees also emphasized the interconnectedness of not only the priority areas, but also the other social determinants contributing to the challenges faced by participants. For examples, a grantee focusing on housing commented that "*outside of housing, employment and education are big issues*" because "*once you get housed, how do you sustain it?"* Therefore, while grantees worked to impact outcomes within their priority area, they often addressed other concerns and needs for participants. This was accomplished in the context of rising inflation and also within the reality of limited resources. Many grantees noted that there were simply not enough resources to serve those in need.
- **Staff turnover.** The reality of staff turnover, which was exacerbated during the pandemic, has been a challenge for grantees throughout the funding period. This resulted in some staff "wearing multiple hats" as they took on more responsibilities for programming and evaluation. One challenge in particular with staff turnover was that the relationships a staff person had built with individual participants and clients was lost. As one interviewee shared: *"Staff are really stressed and maxed out…All agencies struggle with staff turnover. Participants get to know the staff and then staff leave. It can be hard to keep continuity in relationships."*

Working within this context, grantees successfully implemented their initiatives by working with formal and informal partners, building trust with and engaging participants, providing unique and tailored approaches when delivering services, and advancing policy initiatives.

FINDINGS: GRANTEE IMPACT

Housing Affordability

Seven grantees implemented programs or initiatives with a primary focus on housing affordability. Recognizing the multiple pathways to addressing housing affordability, five grantees were funded to implement programs serving individual participants and four grantees were funded to advocate for policy changes across policy levels (state, municipal, and organizational).[8]

Housing Affordability – Programming for Individual Participants

Housing Impact Summary for Individual Participants

Five housing affordability grantees served 184 participants included in the evaluation sample and achieved the following:

- statistically significant improvements in participants' levels of housing satisfaction, control over their housing situations, and confidence in their ability to improve their housing situations.
- positive shifts in the extent of tradeoffs participants were making between paying for housing and other expenses.
- no change in housing situation for a majority of participants; in the context of the diverse goals of the programs, this stability can be interpreted as a positive result.

The lack of affordable housing in the area and the context of rising inflation are important context for these outcomes.

Among the five grantees in this priority area who directly served individuals, a variety of services and interventions were provided including financial counseling and offering a matched savings program, educational workshops on topics such as homebuying, legal assistance, facilitating access to safe, affordable housing, and providing stipend payments as part of a three-year study to understand the impact of additional income on financial and housing stability. Housing affordability measures for individuals focused on housing satisfaction, agency, affordability, and living situation.

A total of 184 participants from the five grantees serving individuals had at least one complete housing measure and were included in the evaluation sample analyses. More than two of every five participants of a housing program identified as Black or African American as their race and/or ethnicity (41.5%), almost one in three identified as Asian (30.1%), and just about one of every five participants identified as Hispanic, Latinx, or of Spanish descent (18.0%). The majority of housing participants reported English as their primary language (76.8%) and about one of every five participants spoke Chinese as their primary language (17.9%). Most identified as female in this priority area (72.7%); one of every five participants identified as male (21.9%). See Appendix C – Additional Data Tables for demographic data tables by priority area.

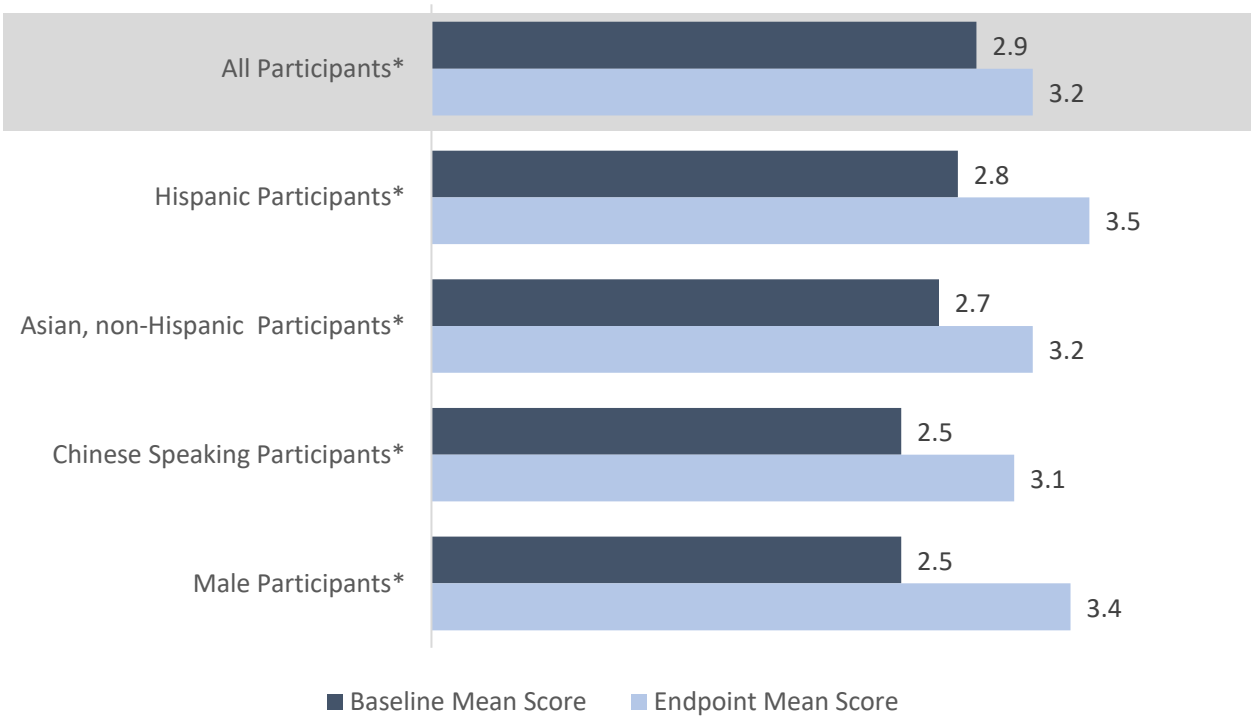
Housing Satisfaction

For housing satisfaction, participants rated how satisfied they were with their current housing situation on a scale of 1 to 5, with higher numbers indicating more satisfaction. **On average, participants reported higher levels of satisfaction with their housing situation at endpoint compared to when they**

[8] Two grantees worked exclusively on policy change and advocacy campaigns while two grantees served individuals and also conducted policy work.

enrolled; this result was statistically significant (Figure 3). The overall average level of housing satisfaction increased significantly from 2.9 at baseline to 3.2 at endpoint. In stratified analyses, housing satisfaction increased significantly among participants who identified as Hispanic, Asian, male, and those who noted Chinese as their primary language (see Appendix C – Additional Data Tables for all stratified data).

Figure 3. Participant Perceived Housing Satisfaction Level (Scale of 1-5), at Baseline and Endpoint (N=171)



Note: *denotes statistical significance; change between baseline and endpoint scores analyzed using a paired t-test.

When this measure was examined categorically, **a greater proportion of participants reported being somewhat to very satisfied (ratings of 3 to 5) at endpoint (73.1%) compared to baseline (63.2%)**; this result was statistically significant (Table 10). In stratified analyses, this change was also statistically significant among male participants (from 51.4% at baseline to 81.1% at endpoint, data not shown).

Table 10. Participant Perceived Housing Satisfaction Rating, at Baseline and Endpoint (N=171)*

	Baseline		Endpoint	
	n	%	n	%
1 – Not at all satisfied	34	19.9	18	10.5
2	29	17.0	28	16.4
3 – Somewhat satisfied	60	35.1	55	32.2
4	21	12.3	40	23.4
5 – Very satisfied	27	15.8	30	17.5

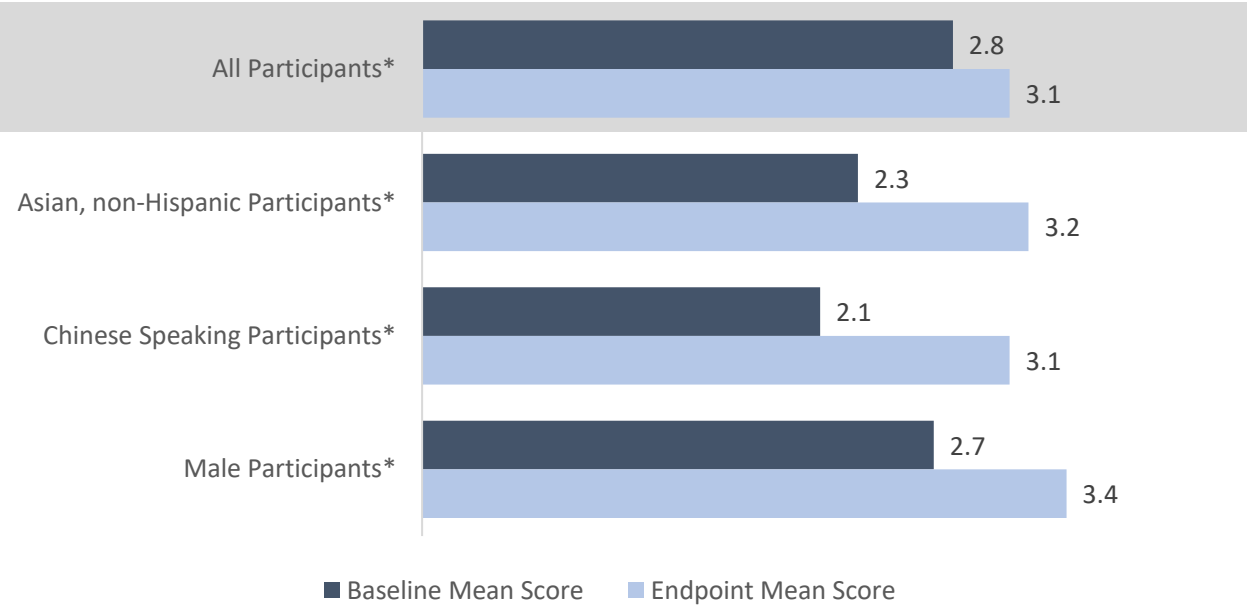
Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing collapsed categories of "Not Satisfied" (score of 1 or 2) to "Somewhat to Very Satisfied" (score of 3, 4, or 5), was analyzed using McNemar's test.

Housing Agency

To measure agency over their current housing situations, participants were asked about control and confidence related to housing. Participants rated how in control they felt of their housing situation on a scale of 1 to 5, with 5 indicating higher control. They also rated how confident they felt that they would be able to improve their housing situation on a scale of 1 to 5, with 5 indicating higher confidence.

On average, participants reported a higher level of control of their housing situation at endpoint compared to when they enrolled; this result was statistically significant. The average level of housing control increased from 2.8 at baseline to 3.1 at endpoint. In stratified analyses, this increase was also statistically significant among participants who identified as Asian, male, and those reporting their primary language as Chinese (Figure 4). It is noteworthy that Asian participants and those who speak Chinese as their primary language reported lower levels of housing control at baseline compared to other groups (see Appendix C – Additional Data Tables for all stratified data).

Figure 4. Participant Perceived Housing Control Level (Scale of 1-5), at Baseline and Endpoint (N=176)



Note: *denotes statistical significance; change between baseline and endpoint scores analyzed using a paired t-test.

When this measure was examined categorically, a greater proportion of participants reported being somewhat to very in control (ratings of 3 to 5) at endpoint (72.2%) compared to baseline (60.2%); this result was statistically significant (Table 11).

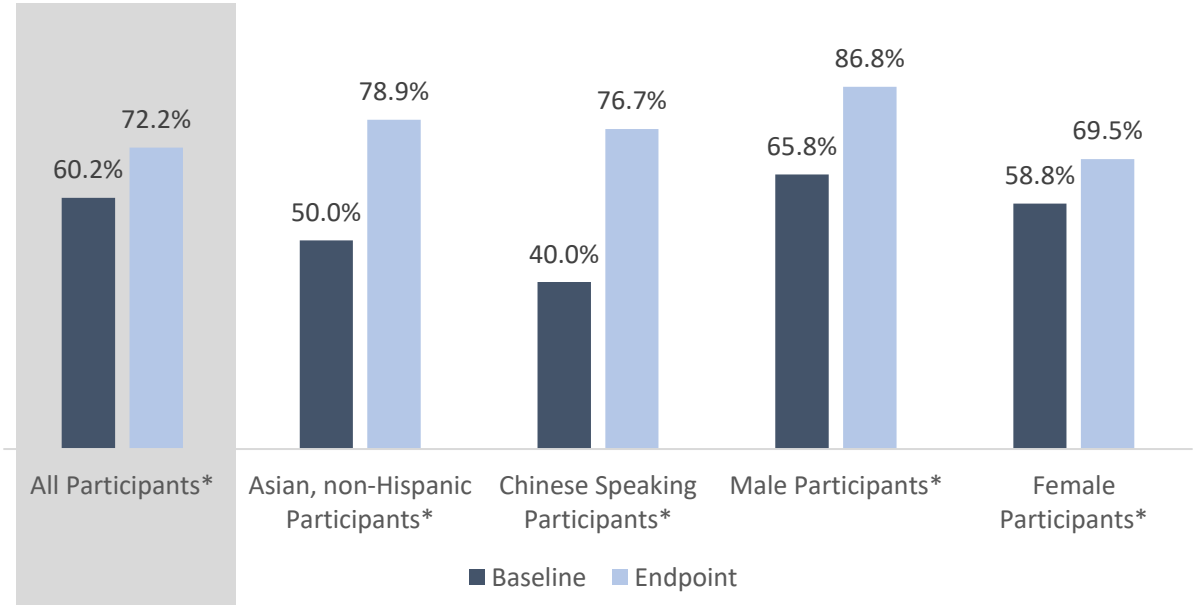
Table 11. Participant Perceived Control of Housing Rating, at Baseline and Endpoint (N=176)*

	Baseline		Endpoint	
	n	%	n	%
1 - Not at all in control	42	23.9	24	13.6
2 -	28	15.9	25	14.2
3 - Somewhat in control	63	35.8	66	37.5
4 -	16	9.1	32	18.2
5 - Very in control	27	15.3	29	16.5

Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing collapsed categories of "Not in Control" (score of 1 or 2) to "Somewhat to Very in Control" (score of 3, 4, or 5), was analyzed using McNemar's test.

In stratified analyses, this shift in proportion reporting more control of their housing was also statistically significant among Asian participants, those reporting their primary language as Chinese, and both male and female participants (Figure 5).

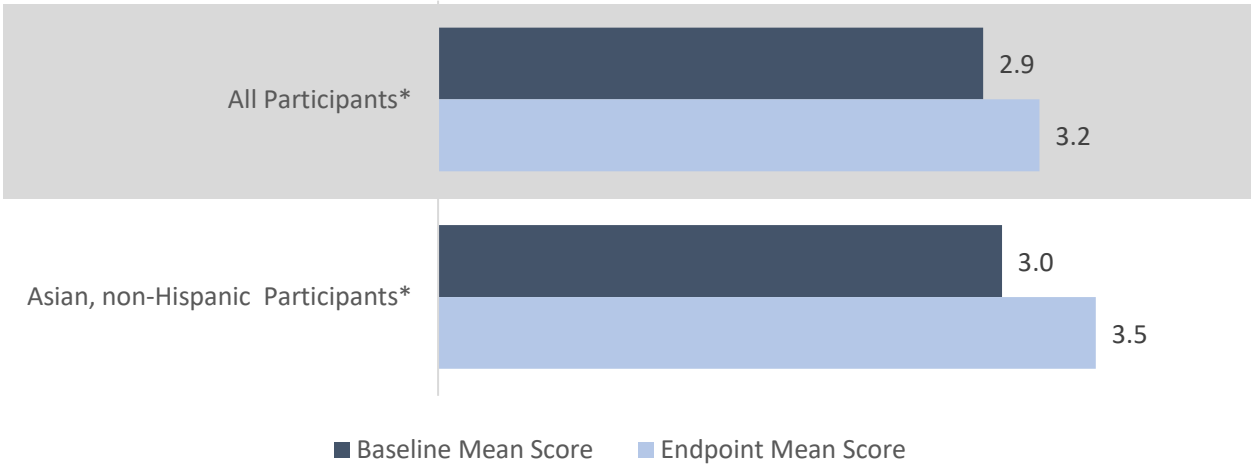
Figure 5. Participants Reporting Being Somewhat to Very in Control of Housing, at Baseline and Endpoint for Subpopulations (N=176)



Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing collapsed categories of "Not in Control" (score of 1 or 2) to "Somewhat to Very in Control" (score of 3, 4, or 5), was analyzed using McNemar's test.

On average, participants reported a higher level of confidence in their ability to improve their housing situation at endpoint compared to when they enrolled; this result was statistically significant (Figure 6). The average level of housing confidence increased from 2.9 at baseline to 3.2 at endpoint. In stratified analyses, confidence level also increased significantly among Asian participants (from 3.0 at baseline to 3.5 at endpoint, see Appendix C – Additional Data Tables for all stratified data).

Figure 6. Participant Perceived Housing Confidence Level (Scale of 1-5), at Baseline and Endpoint (N=172)



Note: *denotes statistical significance; change between baseline and endpoint scores analyzed using a paired t-test.

When this measure was examined categorically, a greater proportion of participants reported being somewhat to very confident (ratings of 3 to 5) at endpoint (76.7%) compared to baseline (66.9%); this result was statistically significant (Table 12). In stratified analyses, this change was also statistically significant for Asian participants (66.0% at baseline to 86.8% at endpoint) and male participants (62.2% at baseline to 86.5% at endpoint, see Appendix C – Additional Data Tables for all stratified results).

Table 12. Participant Perceived Confidence in Housing Rating, at Baseline and Endpoint (N=172)*

	Baseline		Endpoint	
	n	%	n	%
1 - Not at all confident	36	20.9	27	15.7
2 -	21	12.2	13	7.6
3 - Somewhat confident	63	36.6	68	39.5
4 -	23	13.4	33	19.2
5 - Very confident	29	16.9	31	18.0

Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing collapsed categories of "Not Confident" (score of 1 or 2) to "Somewhat to Very Confident" (score of 3, 4, or 5), was analyzed using McNemar's test.

Housing Affordability

To measure affordability, participants were asked which, if any, household expenses they have had to forgo in order to pay for their housing in the last three months. There was a slight upward shift from baseline (48.5%) to endpoint (50.9%) in the proportion who noted having to make a tradeoff for at least one of the listed expenses; however, the difference was not statistically significant. When looking at the extent and number of tradeoffs being reported, it did appear that fewer reported having three or more expenses and more reported having only one expense at endpoint, which may indicate some positive improvement (Table 13).

Table 13. Tradeoff between Paying for Housing or Household Expenses, Number at Baseline and Endpoint (N=165)

	Baseline		Endpoint	
	n	%	n	%
At least one expense	80	48.5	84	50.9
One expense	21	12.7	28	17.0
Two expenses	16	9.7	20	12.1
Three or more expenses	43	26.1	36	21.8
None of the listed expenses	85	51.5	81	49.1

Note: change in distribution of number of trade-offs between baseline and endpoint, comparing at least one expense to none of the listed expenses, analyzed using McNemar's test.

Grantees highlighted specific challenges related to housing affordability in the area, including housing prices, home loan interest rates, and limited housing stock. Additionally, during the grant period, several grantees mentioned rising inflation as a challenge along with other persistent challenges amplified by the pandemic such as food insecurity. The lack of affordable housing in the area and the context of rising inflation may have limited the extent to which grantee programs were able to impact participants' ability to afford housing and household expenses.

Living Situation

To assess participants' current living situation, they were asked at baseline and again at endpoint to describe their housing situation from a list of options. Three of the grantees implemented programs with goals around eviction prevention and maintenance of stable housing and one grantee also aimed to increase home ownership – a goal that for many participants could exceed the timeframe of the grant.

Two of the grantees implemented programs aimed at providing services to homeless or housing insecure youth. Thus, the expected/anticipated housing situation outcome was not similar across grantees. Change in housing situation should therefore be considered useful as descriptive context for the results of the other housing measures.

Table 14 shows that the majority of individuals noted they lived in a house or apartment that they rent at both baseline (82.1%) and endpoint (81.5%).

Table 14. Participant Reported Housing Situation (N=173)

	Baseline		Endpoint	
	n	%	n	%
Live in a house/apartment that I own	4	2.3	7	4.1
Live in a house/apartment that I rent	142	82.1	141	81.5
Staying with family or friends	14	8.1	13	7.5
Living in a homeless shelter or transitional housing program	10	5.8	12	6.9
Living in my car, on the streets, in an abandoned building, or another place not meant for people to sleep in	3	1.7	0	0.0

The majority of participants (85.0%) did not have any change in their housing situation between baseline and endpoint (Table 15). In the context of the diverse goals of the programs and the observed increased housing satisfaction reported by participants, this **stability in description of housing situation can be interpreted as a positive result.** Among the participants who reported a change in their housing situation (15.0%), it is noteworthy that no one was living in their car, on the streets, in an abandoned building, or another place not meant for people to sleep in at endpoint.

Table 15. Change in Participant Reported Housing Situation, Baseline to Endpoint (N=173)

	Living Situation Same at Baseline and Endpoint (N=147)		Living Situation Changed between Baseline and Endpoint (N=26)			
	Baseline and Endpoint		Baseline		Endpoint	
	n	%	n	%	n	%
Live in a house/apartment that I own	3	2	1	3.9	4	15.4
Live in a house/apartment that I rent	134	91.2	8	30.8	7	26.9
Staying with family or friends	5	3.4	9	34.6	8	30.8
Living in a homeless shelter or transitional housing program	5	3.4	5	19.2	7	26.9
Living in my car, on the streets, in an abandoned building, or another place not meant for people to sleep in	0	0.0	3	11.5	0	0.0

Grantees described an increase in participants' capacity to sustain or invest in their housing as a key success and result of the coaching, education, and financial support that was provided through grantee programs. As one grantee described: "*A lot of [participants] have limited knowledge about personal finance and some of them, after participating in their program, gain a lot of personal finance knowledge and feel like they are stronger in building up their assets and managing their assets. It's helpful for them to prepare the down payment to buy their first home*." Another key and important impact was securing housing for participants, temporary or permanent.

> *"Through resources and active rehousing, you can see that. When you talk to staff and youth, [it's] the first thing they comment on. '**I came without a stable place to live and was able to find an apartment**.'"* – Grantee Interviewee

Housing Affordability - Policy Initiatives

Four grantees worked on policy change initiatives, with two grantees exclusively working on policy change and advocacy campaigns. Grantees worked on nine policy initiatives across state, municipal, and organizational levels and collected data on policy activities conducted, individuals and organizations engaged, and milestones achieved.

Housing Impact Summary for Policy Initiatives

Four grantees advocated for policy changes and achieved the following:

- Engaged 931 individuals in policy education and advocacy activities.
- Conducted 2,689 policy advocacy activities.
- Advocated for nine policies across policy levels (state, municipal, and organizational) and achieved milestones such as:
    - committee hearings on all three state level policies;
    - budgetary increase on one initiative; and
    - mayoral ratification of two new city-wide regulations.
- Built evidence, power, coalitions, and momentum to continue and expand policy work to improve housing affordability.

Housing Affordability Policy Activities

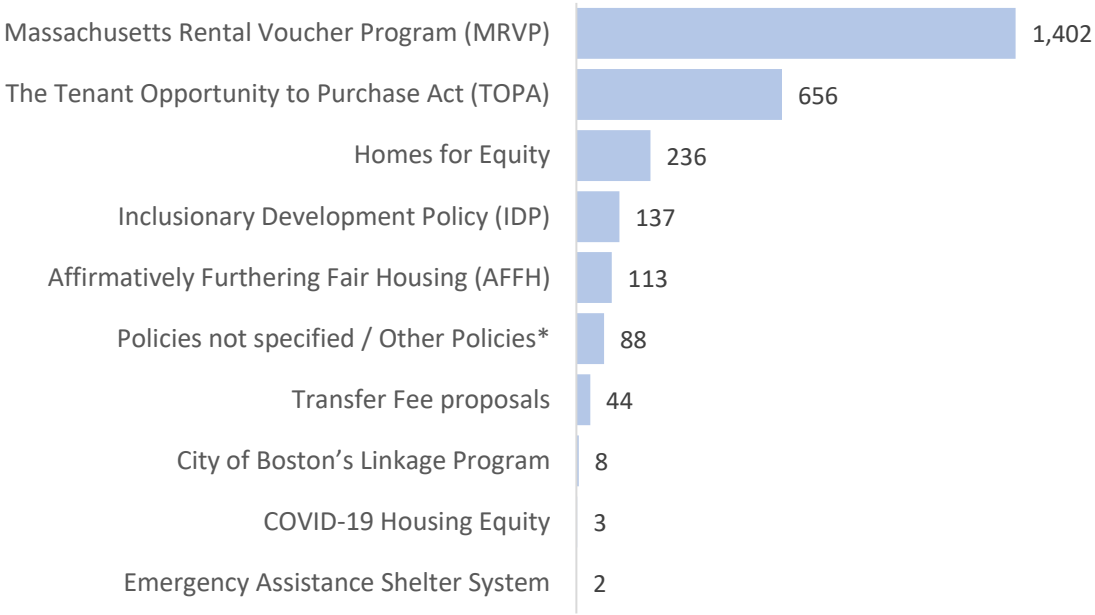
Grantees working on policy change initiatives were asked to report data related to policy and community advocacy activities conducted, including community organizing and advocacy efforts. Data measures included types of policy activities conducted, overall and by policy, and number of individuals and/or groups participating in these activities**.**

Four grantees submitted data on a total of 2,689 policy activities. These policy activities included education, legal analyses, bill drafting, meetings, advocacy activities and legislative hearings. Policies represented in these data are listed below by policy level (state, municipal, and organizational). See Appendix D for detailed policy descriptions.

- State:
    - COVID-19 Housing Equity
    - Massachusetts Rental Voucher Program (MRVP)
    - The Tenant Opportunity to Purchase Act (TOPA)
    - Transfer Fee proposals
- Municipal (City of Boston):
    - Affirmatively Furthering Fair Housing (AFFH)
    - City of Boston's Linkage Program
    - Inclusionary Development Policy (IDP)
- Organizational:
    - Emergency Assistance Shelter System
    - Homes for Equity

Figure 7 presents data on the total number of activities grantees completed related to advancing each policy (see Appendix D for detailed policy descriptions). Activities include those related to advocacy and education, meetings and hearings held, bills drafted, legal analyses, and data collection. The Massachusetts Rental Voucher Program (n=1,402) and Tenant Opportunity to Purchase Act (n=656) each had the largest number of activities.

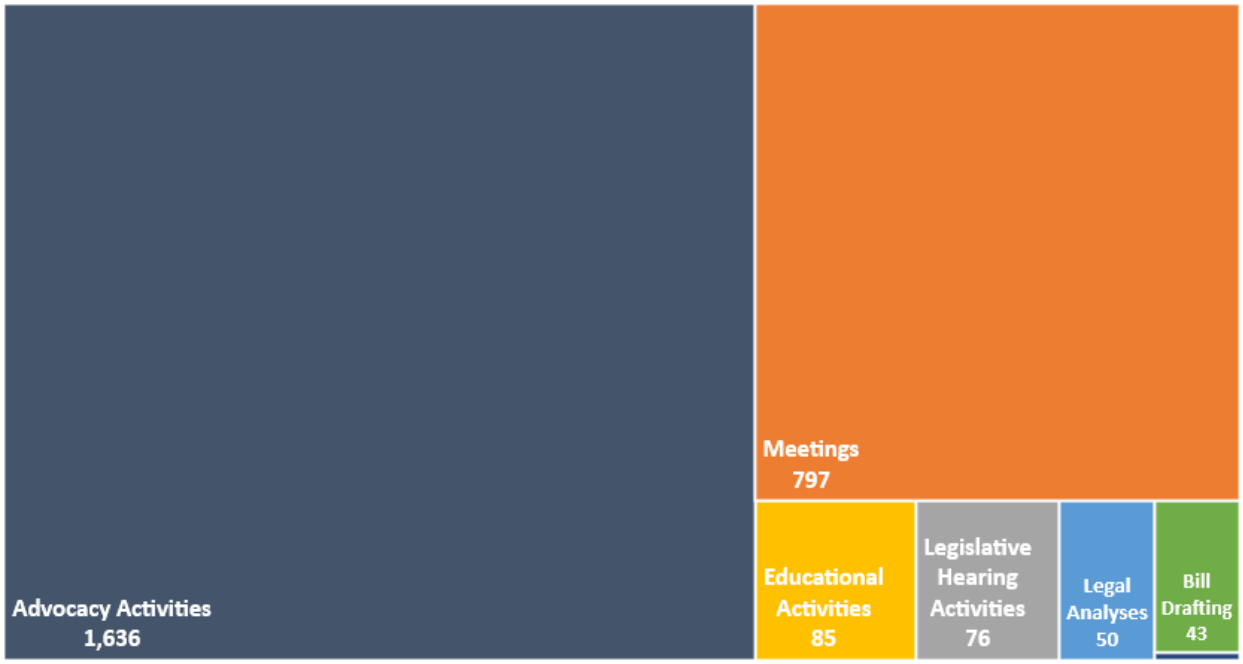
Figure 7. Number of Policy Activities, by Policy (N=2,689)



NOTE: *Other policies included efforts on issues of rent control, rent stabilization, zoning protections, eviction sealing, upstream homelessness prevention assistance and other planning and development changes.

Figure 8 presents a breakdown of the types of policy activities conducted across all policies. Advocacy activities (1,636) – i.e., creating materials, holding events, and communications – were conducted most frequently followed by meetings related to planning and among elected officials and administrative leaders (n=797).

Figure 8. Policy Activities, by Type of Activity (n=2,689)



NOTE: Data Collection to Inform Policies, 2 does not include a label.

Table 16 presents the number of groups (e.g., organizations, coalitions, etc.) and individuals participating in educational and advocacy activities. A total of 568 individuals participated in educational activities and 363 participated in advocacy activities; 23 groups participated in educational activities and 39 participated in advocacy activities. Grantees conducted surveys with families of color and emergency assistance shelter providers to collect data to inform policy change within the emergency shelter system.

Table 16. Groups and Individuals Participating in Educational and Advocacy Activities

	n
Educational Activities	
Groups Participating	23
Individuals Participating	568
Data Collection to Inform Policy	
Surveys Delivered to Families of Color	6
Surveys Delivered to Emergency Assistance Shelter Providers	37
Advocacy Activities	
Groups Participating	39
Individuals Participating	363
Groups Outreached for Endorsement	60

Housing Affordability Policy Milestones and Perceptions of Impact

Programs focusing on policy outcomes reported milestones from their efforts on state, municipal, and institutional policies (see Appendix D for housing policy context and detailed policy descriptions).

State Policies

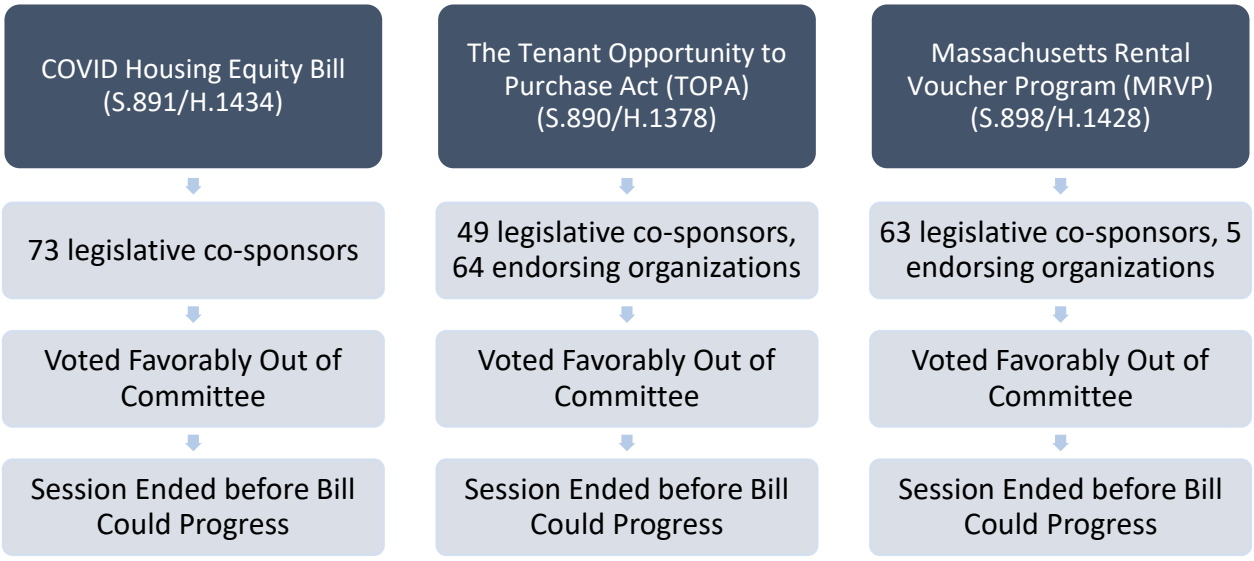
Grantees conducted policy activities related to three state level legislative bills. Figure 9 shows the typical process for a bill to become law.

Figure 9. Process for Bills in the Massachusetts State Legislature

NOTE: The grant period spanned two Legislative Sessions, the 192nd (2021-2022) and 193rd (2023-2024). The process restarts at the start of each new session.

At the state level, there was support and progress on three policies in the past legislative session (192nd) (Figure 10). The three bills had support through legislative co-sponsors and organizational endorsement. All three policies were **voted favorably out of Committee** before progress was stalled and the legislative session ended.

Figure 10. State Policy Milestones, 192nd Legislative Session (Past Session)



NOTE: The 192nd or 2021-2022 MA Legislative Session ran from January 6, 2021-January 4, 2023. Budget decisions are not processed through Committees.

Grantees continued to build on this progress during the current (193rd)[9] legislative session with similar issues and bills. To date in this current legislative session there has been support and progress on two of these three policies, Tenant Opportunity to Purchase Act (TOPA) (S.890/H.1378) and Massachusetts Rental Voucher Program (MRVP) (S.888/H.1351). TOPA has four legislative co-sponsors; however, no hearings have been held so far. The MRVP has two legislative co-sponsors and is currently in the Housing committee.

In the FY23 budget, the **overall budget amount for MRVP was increased** and an administrative change was approved that **decreased the tenant share of rent for current and future voucher holders**. The strength of the vouchers increased; tenants were responsible for 60% of the rent compared to 70% prior to January 1, 2023. The advocacy activities grantees conducted around MRVP legislation to make the program a permanent initiative rather than just a budget line item were influential in increasing the budget of MRVP. Grantees continue to advocate for permanent status of MRVP through legislation in the 193rd MA Legislative session while also advocating for program improvement and growth through the budgetary process.

> *[Voucher holders now] "have more money to pay for the other stuff that they couldn't before, whether food, clothing, medicine, or just a nice meal sometimes."* – Policy Grantee Interviewee

[9] The 193rd or 2023-2024 MA Legislative Session will be from January 4, 2023-January 1, 2025.

Municipal Policies

Grantees conducted policy activities related to three items at the municipal level in the City of Boston. Figure 11 shows the typical process for a bill to be approved.

Figure 11. Process for Boston City Council

NOTE: The grant period spanned two City Council sessions, with the most recent session of City Council starting in January 2022.

At the municipal level, there has been **progress on improving the Inclusionary Development Policy (IDP);** it has received support from 13 councilors and 31 groups. As one grantee highlighted, this progress is reflective of the advocacy work of their organization and coalitions in which they are engaged. These improvements would result in greater affordable housing requirements for housing development projects and increase the number of developments that fall under IDP. Two of three legislative steps have been taken to strengthen the IDP – the Boston Planning and Development Agency (BPDA) board approved the changes and the City Council and the Mayor ratified them. The remaining step is approval by the Zoning Commission.

The **Transfer Fee Proposal policy passed and was signed by the mayor of Boston**. During the 193rd state legislative session, Boston filed for a home rule petition, which would allow the city to implement a transfer fee on real estate sales; hearings at the state level have not been scheduled yet.

After the legislature authorized the City to change the **Linkage Policy**, the Mayor drafted a new Linkage regulation that was supported by 13 councilors i. The Council, the Mayor and the BPDA then approved the policy. The policy was sent to the Zoning Commission where it was **unanimously approved**.

Additionally, grantees are monitoring and advocating for municipal policy implementation oversight. There have been implementation milestones related to the **Affirmatively Furthering Fair Housing** (AFFH) policy with two councilors involved, **34 oversight meetings** held, and **105 activists educated**.

Institutional Policies

Since the start of data collection in July 2021, there has been one regulatory change regarding the Emergency Assistance Shelter System**;** this change included improving COVID protocols and information sharing in monthly and regional provider meetings at the Emergency Assistance Shelter.

Building Evidence and Momentum for Future Policy Change

Grantees reported that, in addition to advocating for individual policies, they had built evidence and strengthened coalitions that they would continue to leverage beyond the grant period:

- **Contributing to a larger body of evidence for housing reform and restorative homeownership initiatives to address harm from housing discrimination in the city of Boston**. The evidence took many forms including research, legal analysis, and various forms of community engagement. As one grantee shared: "*We've been super diligent and very successful at moving through the research, the legal analysis, community outreach and engagement to come up with our proposed changes to advance homeownership that redresses the harm*."
- **Building power, coalitions, and momentum to continue long-term policy work**. Grantees shared that with this funding, they were able to build coalitions and strengthen grassroots organizing, including creating opportunities for residents to take on leadership roles, which will

sustain these movements. Grantees shared that there are numerous challenges navigating the housing policy landscape, particularly given the involvement of those on the other side of the argument with deep pockets and influence, like the real estate lobby and others associated with real estate. Grantees also recognized that advocating for change within city government in particular takes time.

"We may not get change this grant period, but because of increased organizing and outreach, you're building more power." – Policy Grantee Interviewee

Jobs & Financial Security

Jobs and Financial Security Impact Summary

Six jobs and financial security grantees served 334 participants included in the evaluation sample and achieved the following:

- statistically significant improvements in participant financial capability and goal-planning scores.
- increase in participants' positive financial habits and behaviors from baseline to endpoint, especially around currently having a personal budget, spending plan, or financial plan.

Participants also built confidence and skills, developed business plans and resumes, opened businesses, and obtained employment.

The six jobs and financial security grantees delivered a range of programming. Of the three programs whose primary focus area was jobs and financial security, each worked with a distinct population, one program with youth, another with immigrant entrepreneurs, and a third with low-resourced adults facing multiple and major barriers to employment (such as previous incarceration and homelessness). Jobs and financial security measures focused on self-efficacy and financial capability.

A total of 334 participants from six grantees with at least one complete jobs and financial security measure were included in the evaluation sample analyses. More than half of these participants identified as Hispanic, Latinx, or of Spanish descent (53.6%) and one third identified as Black or African American (33.2%). More than half reported English as their primary language (55.7%) and a third primarily spoke Spanish (33.2%). Three out of 5 participants were female (60.4%) and over a third were male (36.6%). See Appendix C – Additional Data Tables for demographic data tables by priority area.

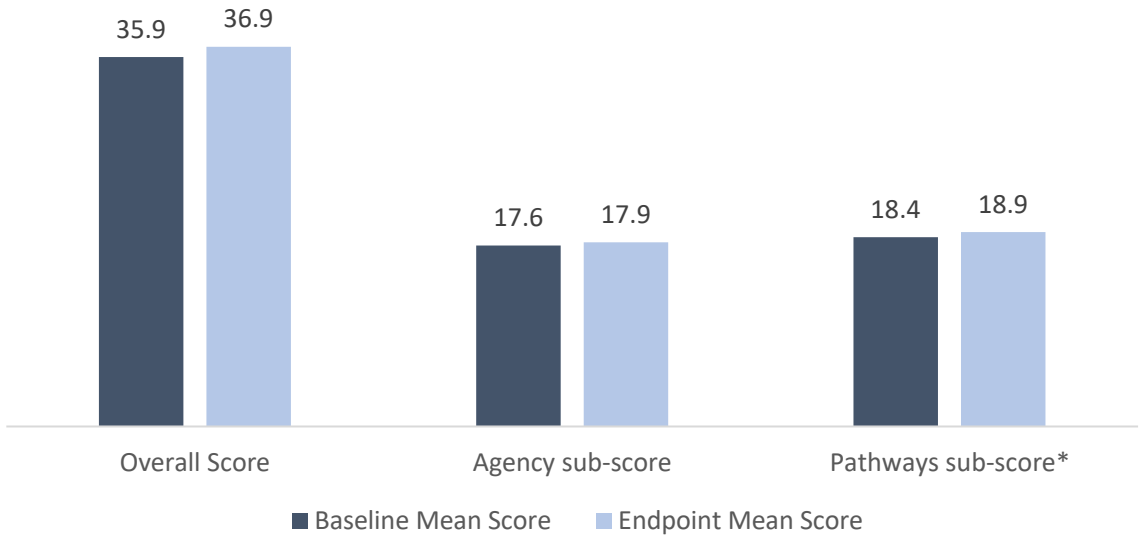
Self-Efficacy

To measure self-efficacy, defined as believing that you can overcome obstacles and get things done, grantees used a version of the Adult Hope Scale. The Adult Hope Scale is a validated scale that consists of six items, each scored on a scale of 1-8, from definitely false (1) to definitely true (8). There are two subscales, Agency (i.e. goal directed energy) and Pathways (i.e. the planning to accomplish goals). The scores for all six questions can be summed to calculate a Hope score (total scores up to 48). Subscale scores for Agency and Pathways may also be calculated in order to examine both dimensions of "Hope" independently. Specifically, the Agency and Pathways subscales are scored by summing the score (1-8) of three questions, out of a possible 24 each. The full Hope score is calculated by adding all six responses together out of 48, with higher scores indicating a greater sense of self-efficacy or "hope."

On average, there were slight increases in participants' sense of self-efficacy (overall Hope score), goal directed energy (Agency sub-score), and ability to plan towards accomplishing a goal (Pathways sub-score) from baseline to endpoint. The average scores (overall and both sub-scores) were slightly greater at endpoint compared to baseline; the change observed in the Pathways sub-score was statistically significant (Figure 12).

In stratified analyses, statistically significant increases in overall and sub-scales scores were observed among Asian participants, however the sample size was small (n=12) and data are not presented.

Figure 12. Adapted Hope Scale Overall Score (Scale of 0-48) and Sub-Scores (Scale of 0-24), at Baseline and Endpoint (N=241)



Note: *denotes statistical significance; change between baseline and endpoint scores, overall and sub-scales, analyzed using a paired t-test; one (1) grantee not collecting this measure and therefore not included in total N for this analysis.

While grantees served a range of specific populations, perceptions of impact were similar across grantees and included increases in participants' confidence. One interviewee highlighted the importance in particular of building confidence and noted that *"the very biggest thing is sending people forward… we have people write goals… what did I accomplish, what am I here for, what am I doing with my life in this moment."*

Grantees shared examples of how their programs impacted participants' confidence in expanding their work. One program described how they stay in touch with graduates of their program and noted that after program completion people "*open their business;*" for example, graduates include "*childcare home-based owners, [who] now feel more prepared to expand their customers to English speakers and not just Spanish speakers."* Another program that works primarily with Latine youth noted how through this grant they have succeeded in diversifying and providing internship opportunities in fields "*under-represented by BIPOC and [Latine individuals]"* such as STEM.

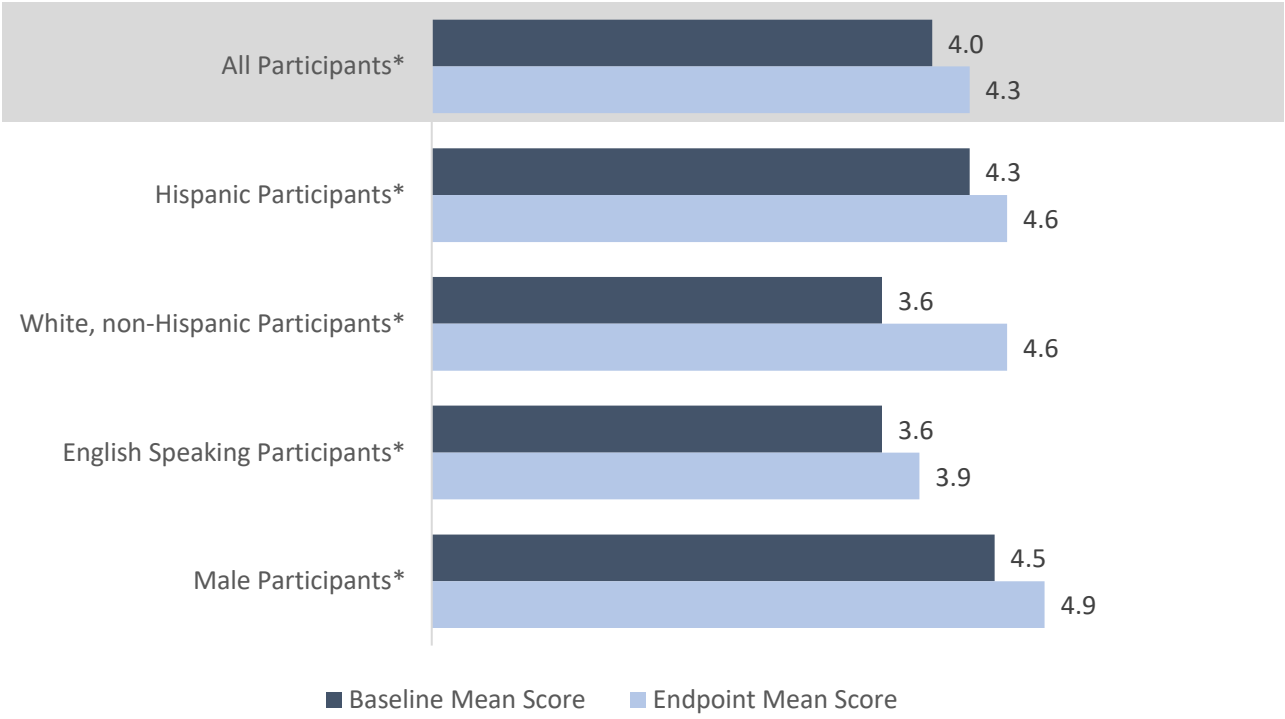
Financial Capability

To measure financial capability, defined as having sufficient knowledge, skills, and access, to manage financial resources effectively, grantees used the Financial Capability Scale for Young Adults. The Financial Capability Scale for Young Adults is a validated scale that measures attitudes and behaviors related to financial capability and consists of six items that are summed to a score ranging from 0 to 8, with a higher score indicating more financial capability. The tool was adapted by HRiA to provide specific examples within three questions (e.g., examples of types of living expenses) that are relevant to the grantees' target populations.

On average, participants reported a statistically significant increase in their financial capability score from baseline to endpoint. The average financial capability score increased from 4.0 at baseline to 4.3 at endpoint (Figure 13). The increase in financial capability score was also statistically significant for participants who identified as Hispanic or White, those whose primary language was English, and male participants. Participants who identified as Black or African American and those whose primary language

was English had lower financial capability scores at endpoint compared to other groups (see Appendix C – Additional Data Tables for all stratified data).

Figure 13. Participant Financial Capability (Scale of 0-8), at Baseline and Endpoint (N=309)



Note: *denotes statistical significance; change between baseline and endpoint scores analyzed using a paired t-test.

Across grantees, their perceptions of impact included increases in participants' skills and knowledge related to financial management and navigation of financial institutions (e.g., opening savings accounts, spending money responsibly, managing debts, and increasing credit scores). The jobs and financial security grantees also reported participants obtaining employment-related certifications, developing business plans and resumes, increasing levels of preparation for job interviews, and securing employment post-programming. As one grantee staff member shared, *"[we are] giving them skills on how do you use that money responsibly, how do you build… hands on experience, so when you enter [the] workforce, you have some type of context and skills."* A few grantees provided a stipend or wages to participants and noted that this was an important facilitator of their success. Stipends provided financial support, were a pathway for financial coaching and education, and provided "*positive pressure*" for participants to find employment after the conclusion of the grantee program.

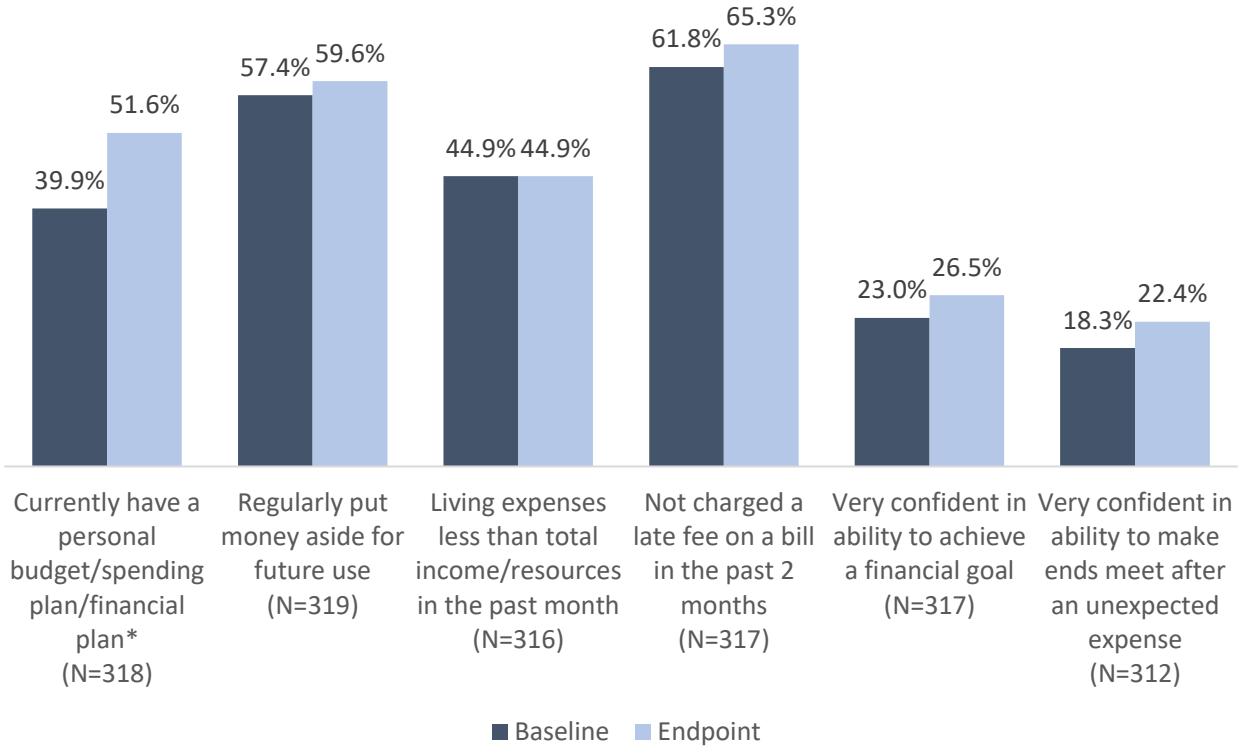
> *"I used to see people graduate, get jobs, then use check cashing services.* ***We made tiny changes that made a substantial difference for participants****. Now, a large number have set up bank accounts, figured out how to do direct deposits."* – Grantee Interviewee

To further understand the financial capability score, each item of the multi-component scale was examined separately to represent participant financial habits and behaviors (Figure 14). **A greater percentage of participants reported positive financial habits and behaviors at endpoint compared to**

when they enrolled. More specifically, there was a statistically significant increase in the proportion reporting they had a personal budget, spending plan, or financial plan, from 39.9% at baseline to 51.6% at endpoint. When examined in stratified analyses, this percentage also increased significantly among Hispanic participants (from 37.4% at baseline to 51.5% at endpoint).

Other measures, including regularly putting money aside for future use, not being charged a late bill in the past 2 months, being very confident in their ability to achieve a financial goal, and being very confident in their ability to make ends meet after an unexpected expense all increased between baseline and endpoint, but not to the level of statistical significance. The overall proportion of those reporting their living expenses in the last month were less than their total income and resources stayed the same between timepoints.

Figure 14. Financial Habits and Behaviors, at Baseline and Endpoint



Note: *denotes statistical significance; change in distribution of habits and behaviors between baseline and endpoint analyzed using McNemar's test; total sample varies by item.

Behavioral Health Outcomes

Behavioral Health Impact Summary

Six behavioral health grantees served 383 participants included in the evaluation sample and achieved the following:

- improvement in mental health symptoms for a majority of participants.
- statistically significant decrease in the proportion of participants with scores of moderate to severe depression.
- statistically significant improvements in participants' confidence and self-efficacy in managing stressors and mental health.
- statistically significant increase in participants' likelihood of seeking help for personal or emotional challenges.

Grantees attributed their success to staff, their trauma-informed approach, and their commitment to cultural competency.

The six behavioral health grantees whose participants were included in the overarching evaluation provided a variety of services including individual and group-based counseling, staff training, and peer support. Some grantees also worked to address stigma around behavioral health through community education and an anti-stigma campaign. Behavioral health measures focused on stigma and symptoms of mental health challenges.

A total of 383 participants from six grantees with at least one complete behavioral health measure were included in the evaluation sample analyses. Nearly half of participants in a behavioral health program identified as Black or African American (45.7%); one third identified as Asian (33.2%) and a smaller group identified as Hispanic, Latinx, or of Spanish descent (13.3%). Most participants in this priority area spoke English as their primary language (59.6%); almost one third noted their primary language as Chinese (31.8%). Most behavioral health participants were male (61.6%) and a third were female (35.3%). See Appendix C – Additional Data Tables for demographic data tables by priority area.

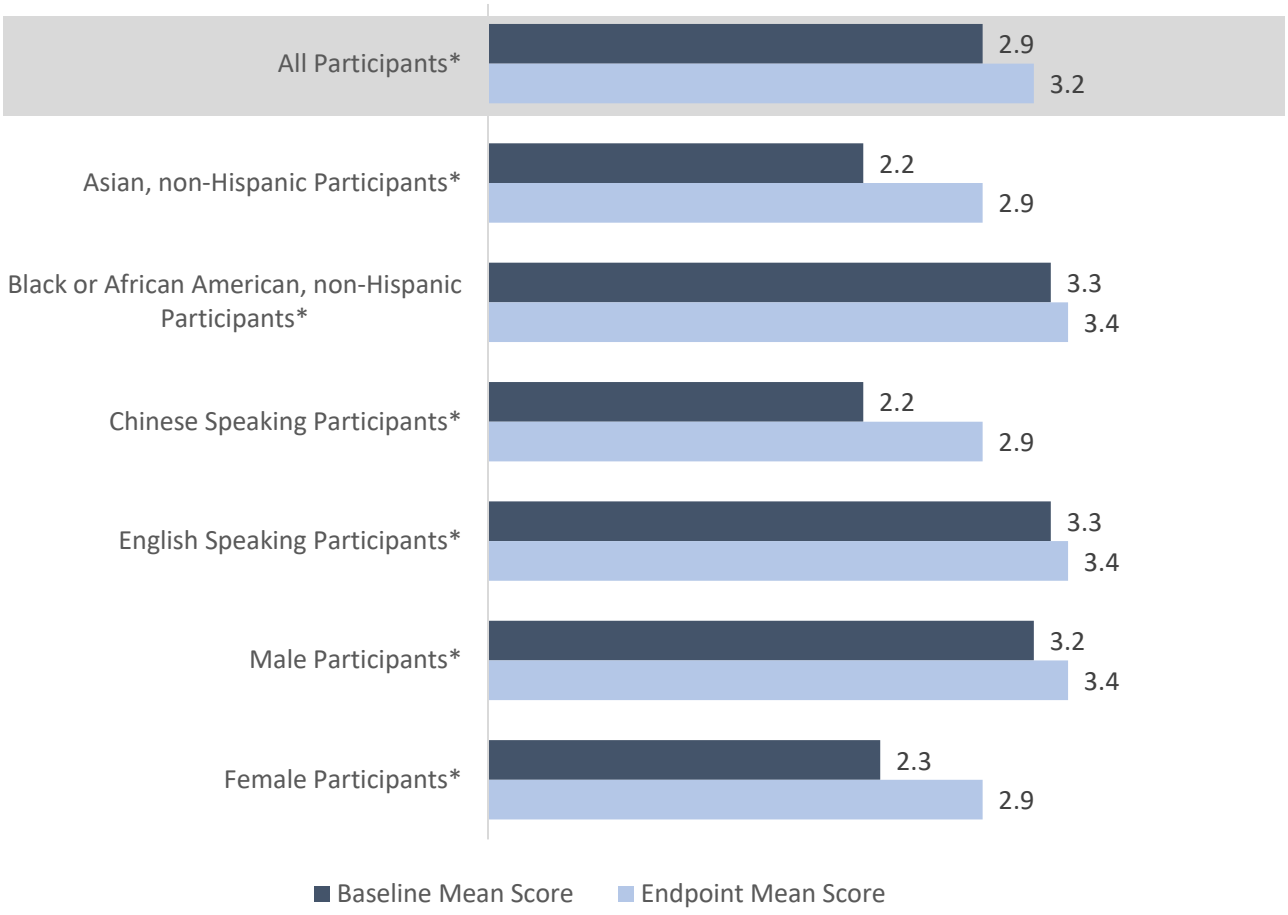
Stigma

Reduction in stigma was captured via two validated instruments that assess the following concepts or constructs: personal ease and/or comfort with talking about mental health, confidence/self-efficacy, and help seeking behavior. These are the Recovery Assessment Scale – Domains and Stages (RAS-DS) and the General Help-Seeking Questionnaire (GHSQ).

Each of the seven RAS-DS items are scored on a scale of 1 to 4; the total RAS-DS score is calculated by summing each item's value and then dividing by the number of items answered, for a total score range of 1 to 4; a valid score can be calculated without all 7 items. A higher score indicates more confidence and self-efficacy related to managing life stressors and mental health.

On average, there was a statistically significant increase in participant confidence and self-efficacy related to managing life stressors and mental health from baseline to endpoint. The average RAS-DS score increased from 2.9 at baseline to 3.2 at endpoint (Figure 15). In stratified analyses, the increase in confidence and self-efficacy was also statistically significant among nearly all subpopulations. Compared to other groups, participants who identified as Asian, those whose primary language was Chinese, and female participants had lower levels of confidence and self-efficacy at baseline (see Appendix C – Additional Data Tables for all stratified data).

Figure 15. Participants' Perceived Confidence and Self-Efficacy (Scale of 1-4), at Baseline and Endpoint (N=337)



Note: *denotes statistical significance; change between baseline and endpoint analyzed using a paired t-test; two (2) grantees not collecting this measure and therefore not included in total N for this analysis.

To further contextualize the full RAS-DS score, the sixth item "I know when to ask for help" was examined separately (Table 17). **A higher proportion of participants indicated the statement was "Completely True" for them at endpoint (42.9%) compared to baseline (28.7%)**; this result was statistically significant.

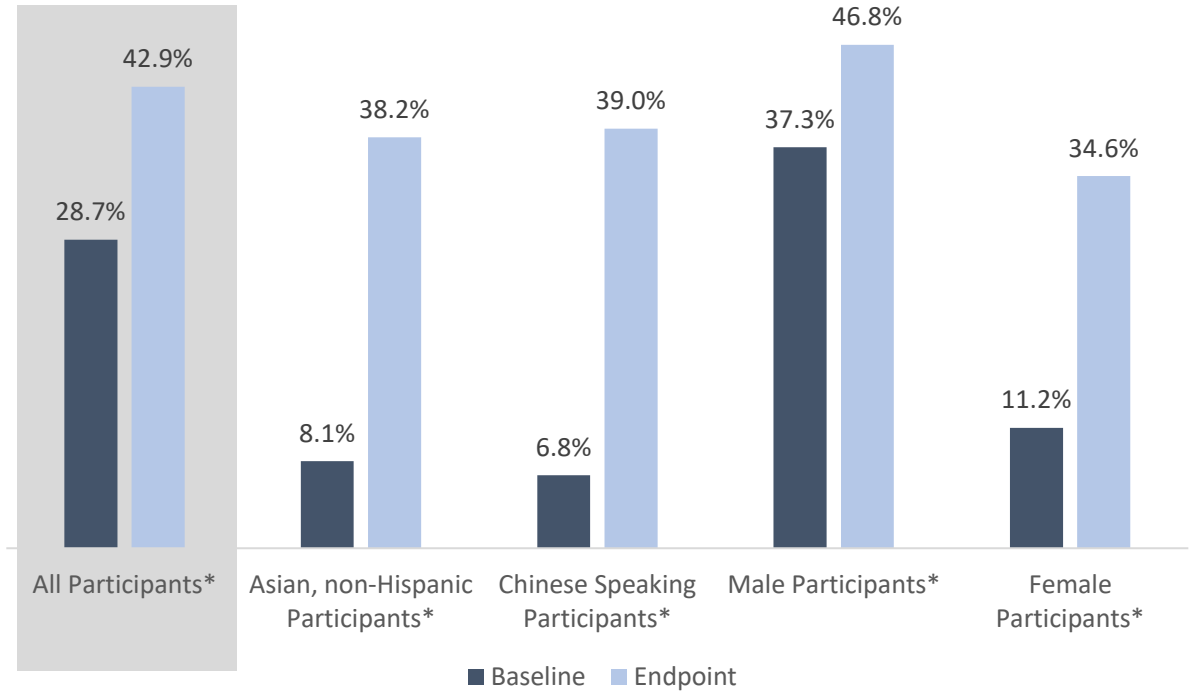
Table 17. Participant Rating of "I know when to ask for help" (RAS-DS Item 6), at Baseline and Endpoint (N=331)*

	Baseline		Endpoint	
	n	%	n	%
Completely True	95	28.7	142	42.9
Mostly True	104	31.4	114	34.4
A Bit True	103	31.1	65	19.6
Untrue	29	8.8	10	3.0

Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing "Completely True" responses to all other responses combined, was analyzed using McNemar's test; two (2) grantees not collecting this measure and therefore not included in total N for this analysis.

Figure 16 presents stratified analyses; the increase in proportion reporting it was "Completely True" that they know when to ask for help was found to be statistically significant among Asian participants, those whose primary language is Chinese, and those who identified as either male or female (see Appendix C – Additional Data Tables for stratified data).

Figure 16. Participants Rating "I know when to ask for help" (RAS-DS Item 6) as "Completely True," at Baseline and Endpoint (N=331)



Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing "Completely True" responses to all other responses combined, was analyzed using McNemar's test; two (2) grantees not collecting this measure and therefore not included in total N for this analysis.

To capture help-seeking behaviors, each of the eight GHSQ items has a value of 1 to 7; those who indicate the item is not applicable are excluded from scoring. These values are not summed across items; rather each item's individual score indicates the likelihood a person will seek help from different individuals/groups in their lives. A higher score equates to a higher likelihood of asking for help.

On average, participants reported a statistically significant increase in likelihood of seeking help at endpoint compared to baseline. These increased likelihoods were statistically significant for each of the listed individuals, with the exception of an intimate partner (Table 18). In stratified analyses, statistically significant increases were also observed for many of the subpopulations and across each of the listed individuals. These findings were most consistent among Asian participants, those whose primary language is Chinese, and those who identified as female (see Appendix C – Additional Data Tables for stratified data).

Table 18. Participant Help-Seeking Behavior (Scale of 1-7), at Baseline and Endpoint

Likelihood of seeking help for a personal or emotional challenge from the following people:	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
Mental health professional *(e.g., psychologist, social worker, counselor)*	316	4.8	5.3	0.5*
Other relative/family member	338	4.5	5.0	0.5*
Phone helpline *(e.g., Lifeline)*	290	3.0	3.5	0.5*
Primary Care Provider/Healthcare Provider	307	4.6	5.0	0.4*
Minister or religious leader *(e.g., Priest, Rabbi, Chaplain)*	220	3.3	3.7	0.4*
Friend (not related to you)	333	4.5	4.8	0.3*
Intimate partner *(e.g., girlfriend, boyfriend, husband, wife, de' facto)*	234	4.8	5.0	0.2

Note: *denotes statistical significance; change between baseline and endpoint analyzed using a paired t-test; one (1) grantee not collecting this measure and therefore not included in total N for this analysis.

The GHSQ tool also asks respondents about their likelihood to not seek help from anyone in general; a categorical response of 1-3 (Extremely Unlikely to Unlikely) indicates greater likelihood to seek help from someone, and thus the more optimal response. Overall, a slightly larger proportion of participants indicated they were unlikely to not seek help from someone at endpoint (73.6%) compared to baseline (71.1%), however the change did not reach statistical significance (Table 19).

Table 19. Participant Likelihood to Not Seek Help from Anyone (GHSQ Item 8), at Baseline and Endpoint (N=273)

	Baseline		Endpoint	
	n	%	n	%
7 – Extremely Likely	12	4.4	12	4.4
6	6	2.2	9	3.3
5 – Likely	47	17.2	36	13.2
4	14	5.1	15	5.5
3 – Unlikely	99	36.3	72	26.4
2	15	5.5	35	12.8
1 – Extremely Unlikely	80	29.3	94	34.4

Note: change in distribution between baseline and endpoint, comparing "Very Unlikely to Unlikely" (score of 1, 2, or 3) to all other scores combined (score of 4, 5, 6, or 7), was analyzed using McNemar's test; one (1) grantee not collecting this measure and therefore not included in total N for this analysis.

Grantees also described progress made in reducing stigma around mental health needs by providing education and creating opportunities for people to feel seen, heard, and ask questions. For example, one grantee described how they have been intentional about language used when initially engaging with clients: "*We don't call it anxiety or*

> *"I think another challenge and barrier is that a lot of our work is referring out, and the people who need a higher level of care… it's just such a mess. It's unpredictable with what's actually available and is there a waitlist."*- Grantee Interviewee

depression; we call it wellness…". Despite progress, grantees noted that there is still work to be done in addressing stigma and helping individuals and their families understand the importance of mental health and destigmatize seeking help. Some grantees also mentioned the limited availability of providers to refer clients to when they need care beyond what they can offer.

Mental Health Symptoms

Mental health symptoms were measured using selected validated scales: PHQ-8; PHQ-9; and PSYCHLOPS. Because grantees are serving different populations, each grantee selected the validated mental health symptom scale that was most appropriate for measuring reduction in mental health symptoms among their participants. These data are presented separately by scale and then combined to understand change in mental health symptoms across all scales in aggregate.

The PHQ-8 and PHQ-9 are validated scales consisting of 8 and 9 items respectively; these scales are identical except for one item (thoughts that you would be better off dead, or of hurting yourself) removed in the PHQ-8. Each item is scored with a range of 0 (not at all) to 3 (nearly every day); total scores range from 0 to 24 (PHQ-8) and 27 (PHQ-9). The same clinical cut-points are used for both scales with a score of 10 or higher indicating moderate to severe depression.

The validated PSYCHLOPS scale includes items focusing on problems, function, and wellbeing. There are three tools with similar questions for pre-therapy, during therapy, and post-therapy. All questions are scored on a scale of 0 (least psychologically difficult) to 5 (most psychologically difficult). Not every question is used for scoring; four questions from each data collection point (2 related to problems, 1 related to functioning, and 1 related to wellbeing) are used to create a total score ranging from 0 to 20.

To provide the context of participants' experiences with mental health, each individual was asked how often they experience a mental or emotional challenge. **A greater proportion of participants indicated they "Never" or "Rarely" experience a personal or emotional challenge at endpoint (35.4%) than baseline (14.6%)**; this result was statistically significant (Table 20).

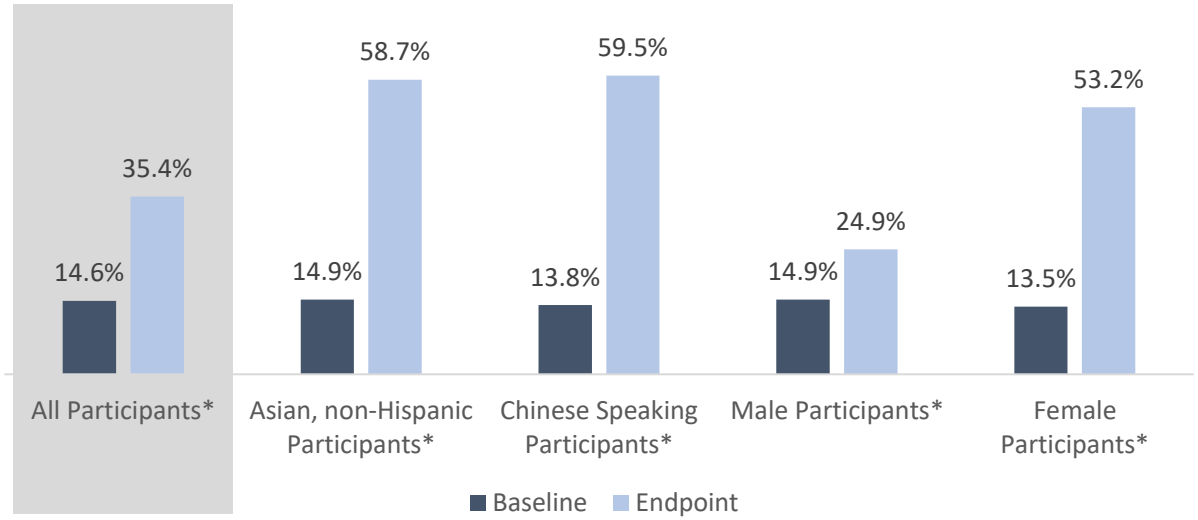
Table 20. Frequency of Experiencing a Personal or Emotional Challenge, at Baseline and Endpoint (N=316)*

	Baseline		Endpoint	
	n	%	n	%
Never	6	1.9	16	6.1
Rarely	40	12.7	96	30.4
Sometimes	152	48.1	138	43.7
Often	84	26.6	46	14.6
Almost always	34	10.8	20	6.3

Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing responses of "Never" and "Rarely" combined to all other responses combined ("Sometimes", "Often", "Almost always"), was analyzed using McNemar's test; one (1) grantee not collecting this measure and therefore not included in total N for this analysis.

In stratified analyses, the increase in participants reporting less frequent personal or emotional challenge was statistically significant for Asian participants, those who speak Chinese as their primary language, and both male and female participants (Figure 17). The magnitude of the change was particularly substantial for Asian participants, those who speak Chinese as their primary language, and female participants (see Appendix C – Additional Data Tables for all stratified data).

Figure 17. Participants Reporting Experiencing a Personal or Emotional Challenge Never or Rarely, at Baseline and Endpoint (N=316)



Note: *denotes statistical significance; change in distribution between baseline and endpoint, comparing responses of "Never" and "Rarely" combined to all other responses combined ("Sometimes", "Often", "Almost always"), was analyzed using McNemar's test; one (1) grantee not collecting this measure and therefore not included in total N for this analysis.

On average, participants experienced statistically significant improvement in their mental health symptom screening scores between baseline and endpoint, based on both PHQ scales and the PSYCHLOPS scale (Table 21). In stratified analyses for both scales, the improvement was statistically significant for Asian participants, Hispanic participants, and both male and female participants. For the PHQ scales, participants who reported Chinese as their primary language also reported a significant improvement. For the PSYCHLOPS scale, there was statistically significant improvement for those who speak English or Spanish as their primary language (see Appendix C – Additional Data Tables for all stratified data).

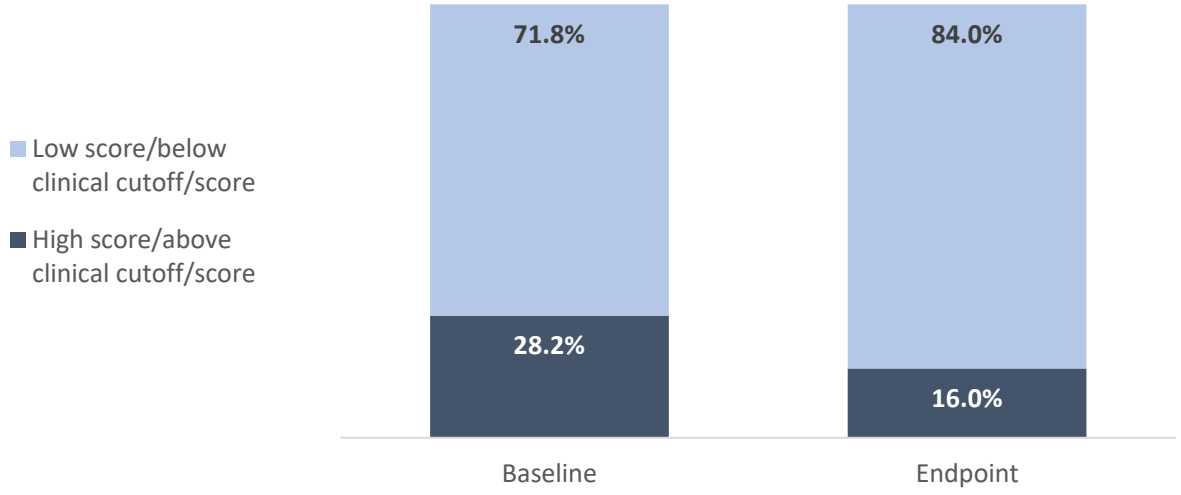
Table 21. Participant Mental Health Symptoms Screening Scores, at Baseline and Endpoint (N=346)

Instrument/Tools Utilized to Assess Symptoms	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
PHQ8/9	312	7.3	5.2	-2.1*
PSYCHLOPS	34	15.6	11.3	-4.3*

Note: *denotes statistical significance; change between baseline and endpoint analyzed using a paired t-test.

PHQ-8/9 scores can also be categorized based on clinical benchmarks; the meaningful clinical cutoff for depression symptoms is a score of 10 or greater. **A smaller proportion of participants fell above the clinical cutoff at endpoint (16.0%) compared to baseline (28.2%)** indicating lower levels of depressive symptoms (Figure 18); this result was statistically significant. In stratified analyses, this change was significant for Asian participants, those who speak Chinese as their primary language, and female participants (see Appendix C – Additional Data Tables for all stratified data).

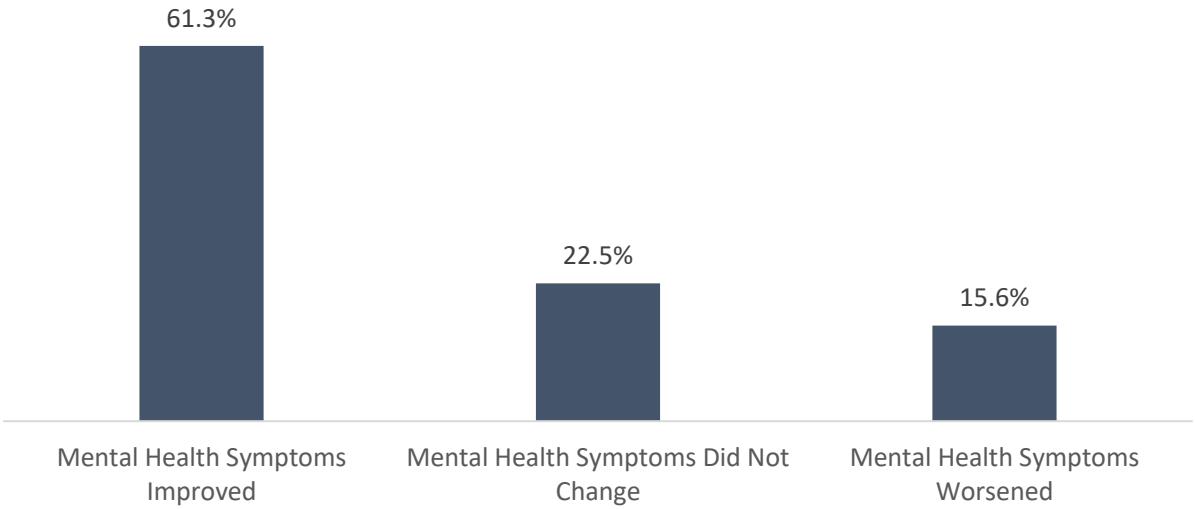
Figure 18. Participant Mental Health Clinically Relevant Symptoms for Depression Based on PHQ Scale, at Baseline and Endpoint (N=312)*



Note: *denotes statistical significance; change in distribution between baseline and endpoint analyzed using McNemar's test.

To understand the overall trend in mental health symptoms, an aggregate categorical variable was created. Using baseline and endpoint scores from both mental health symptoms scales (PHQ-8/9 and PSYCHLOPS), the change in score between the two time points was calculated for each participant with complete data (Figure 19). **More than 3 of every 5 participants experienced improvement in their mental health symptoms between baseline and endpoint (61.9%).** More than 1 in every 5 participants experienced no change in their mental health symptoms (22.5%). Maintenance of one's current mental health state even in the face of potential challenges experienced may also be viewed as a positive finding.

Figure 19. Change in Participant Mental Health Symptoms, Baseline to Endpoint (N=346)

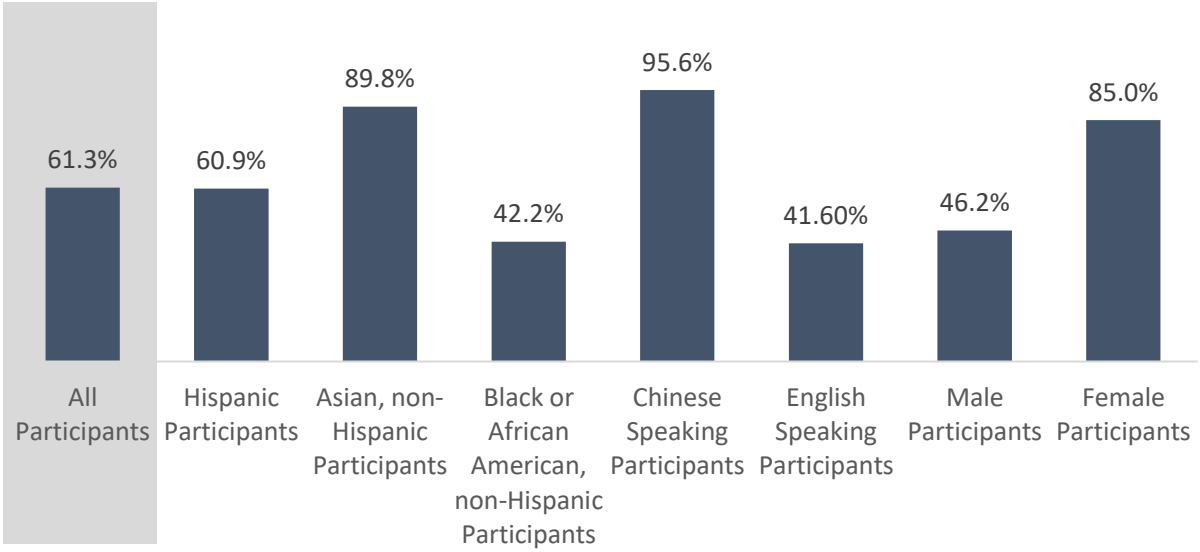


Note: this is a composite score descriptively representing change from baseline to endpoint, therefore no significance testing was conducted.

In stratified analyses, the vast majority of Asian participants (89.8%), those who primarily speak Chinese (95.6%) or Spanish (79.0%) as their primary language, and female participants (85.0%) experienced

improvement in their mental health symptoms; 3 of every 5 Hispanic participants experienced improvement (Figure 20).

Figure 20. Participants Experiencing Improvement in their Mental Health Symptoms, Baseline to Endpoint (N=346)



Program staff described improvements in their clients' mental health status as a key impact of their work. Many grantees attributed this success in part to the talents of their staff members and the trust they have built with clients, and some grantees also highlighted unique facilitators of their successes including providing in-home services, using a trauma-informed approach, and maintaining a commitment to cultural competency. As one interviewee described, "*[we are] dedicated to having staff [that] culturally understand their needs, background, and can speak the language they're comfortable speaking in.*"

"We have a few participants who have shared that before they came here, they did not feel like they had a community. Being able to have a participant say, 'I've been through that; here's what worked for me' has really been a success."- Grantee Interviewee

DISCUSSION AND LOOKING AHEAD

The findings from this evaluation show that between 2021 and 2023 the Boston Cohort 1 grantees provided services and supports to the CHI priority populations[10], achieved improvements related to participants' housing satisfaction and control, financial capability, and mental health, and advanced housing policy change. The following reflections provide context for these findings.

The CHI priority areas are interconnected. While this evaluation describes impacts on each priority area (housing affordability, jobs and financial security, and behavioral health) individually, it is important to underscore the interconnectedness of needs. For example, mental health supports can also facilitate achievement of employment goals and employment can be the deciding factor in maintaining stable housing. Improvements in one priority area may positively affect many facets of an individual's health and well-being and therefore the work of the CHI grantees may have had a broader impact than was measured as part of this evaluation.

Grantees implemented their initiatives during an unprecedented time; their impact and accomplishments working within these contexts are substantial. During this funding period, participants grappled with the ongoing impact of the COVID-19 pandemic on mental health and basic needs, rising inflation, and limited affordable housing stock in the greater Boston area. Grantees struggled with staff hiring and retention and some also faced barriers enrolling participants. Nevertheless, grantees succeeded in providing services and supports to address longstanding social inequities that deepened during the COVID-19 pandemic. Given these challenging circumstances, grantees' accomplishments related to staff hired and trained, services delivered, participants reached, and ultimately, impact achieved is remarkable.

The CHI priority populations face multiple barriers and incremental change or stability may be viewed as a favorable outcome. The priority populations for the CHI often face multiple challenges in their daily lives. Additionally, across all CHI priority areas, given the context of the pandemic and inflation described above, participants struggled with increased mental health challenges and financial pressures. Grantees also served a wide range of populations who varied in their level of need. Given these complex challenges, in some cases maintaining stability and having no change in a participant's situation, or having an incremental change, is a positive outcome.

Grantees built capacity, connections, and infrastructure through this initiative. The BIDMC CHI grant allowed some grantees to build staff capacity, develop partner referral networks, integrate programming into broader systems and processes, and lay a foundation for future expansion of work related to the CHI priority areas. For other grantees, the BIDMC funding helped them secure additional financial resources. Additionally, BIDMC intentionally funded grantees to participate in evaluation capacity-building activities including trainings and individual technical assistance. Through participation in these activities, grantees' evaluation capacity also increased, giving them tools to demonstrate impact and to leverage findings for future funding opportunities.

[10] The CHI priority populations are: youth and adolescents; older adults; low-resourced individuals and families; lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals; racially and ethnically diverse populations; and families and individuals affected by incarceration and/or violence.

Looking ahead, BIDMC has made a second round of investments in Boston-based grantees. These investments were informed by the work and experience of the Boston Cohort 1 grantees:

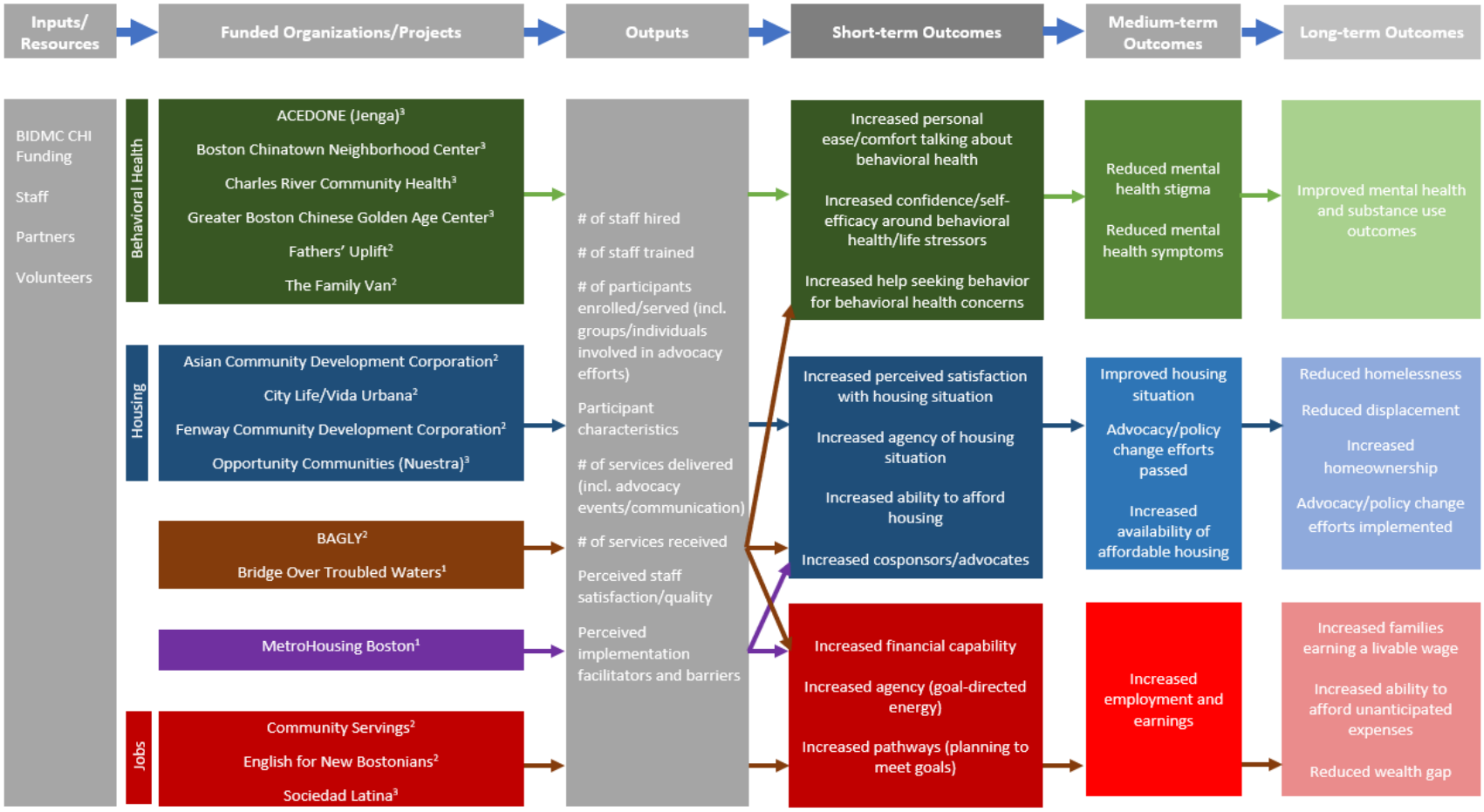
- As shown in the baseline data and as expressed by the grantees throughout the funding period, community members continue to face pressing needs related to the CHI priority areas identified by BIDMC's CBAC in 2019: housing affordability, jobs and financial security, and behavioral health. This second round of investments **continues to focus on these priority areas.**
- The overarching evaluation findings demonstrated improvements achieved by the Cohort 1 grantees' implementation of evidence-based or evidence-informed strategies. The second round of investments has also **maintained a focus on evidence-based or evidence-informed strategies aimed at achieving impact.**
- Lastly, the second round of investments have a shorter planning period to ensure that all funding is distributed within the timeframe of the CHI. To facilitate this shorter planning period, **more detail on evaluation requirements and measures were included in the Request for Proposals**. Additionally, BIDMC **continues to fund evaluation technical assistance** to support successful grantee participation and capacity-building throughout the grant period.

BIDMC's CHI funding will continue through 2026, and a cumulative overarching evaluation summarizing outcomes for each CHI funding stream is forthcoming in 2027.

APPENDICES

Appendix A – Logic Models

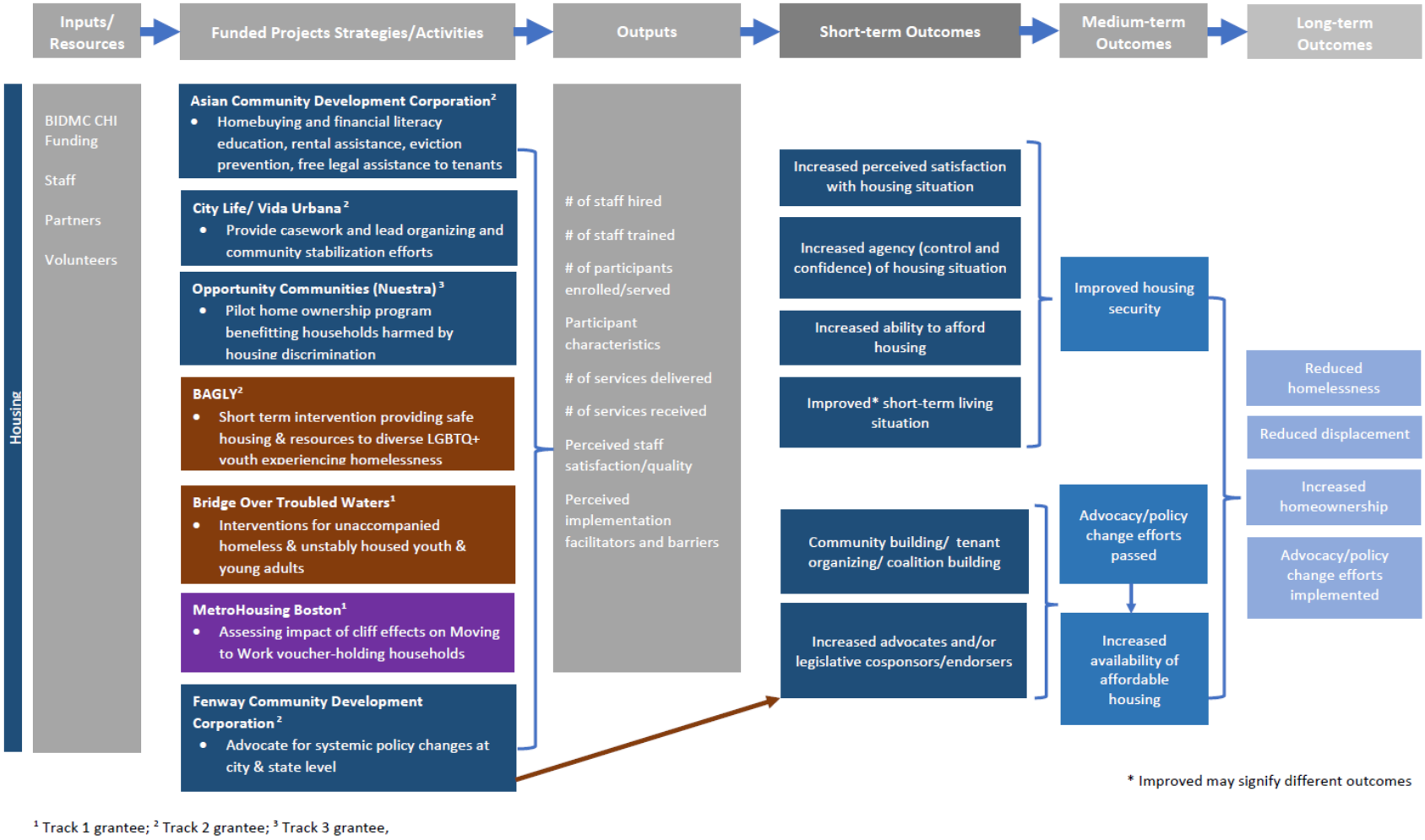
Figure 21. Overarching Logic Model



[1] Track 1 grantee; [2] Track 2 grantee; [3] Track 3 grantee

Note: Green color indicates grantee funded primarily and exclusively for Behavioral Health. Blue color indicates grantee funded primarily and exclusively for Housing. Brown color indicates grantee funded in all areas (Behavioral Health, Housing, and Jobs). Purple color indicates grantee funded in multiple priority areas (Housing and Jobs). Red color indicates grantee funded primarily and exclusively for Jobs & Financial Security.

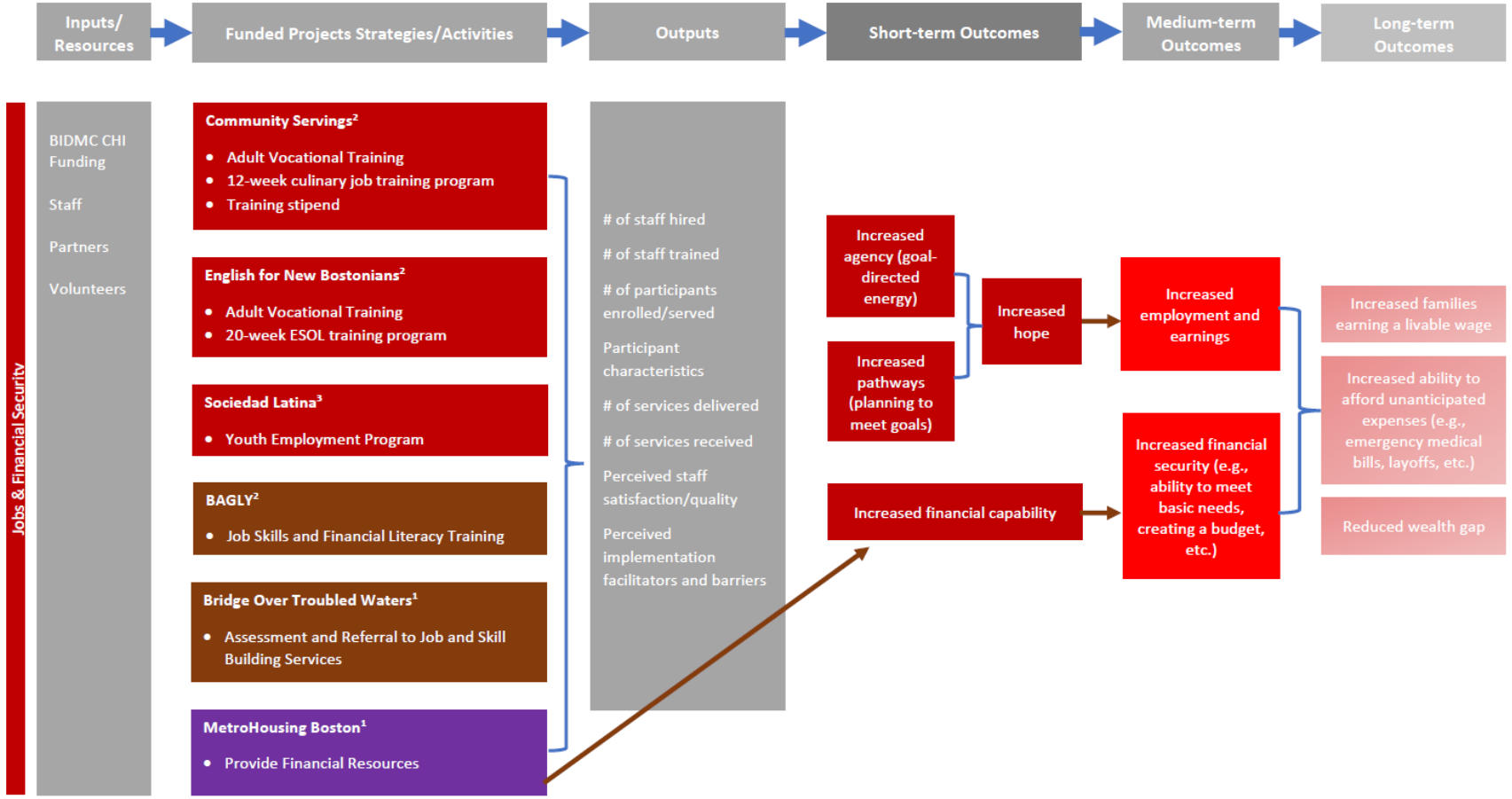
Figure 22. Overarching Housing Affordability Logic Model



[1] Track 1 grantee; [2] Track 2 grantee; [3] Track 3 grantee,

Note: Blue color indicates grantee funded primarily and exclusively for Housing. Purple color indicates grantee funded in multiple priority areas (Housing and Jobs). Brown color indicates grantee funded in all areas (Behavioral Health, Housing, and Jobs).

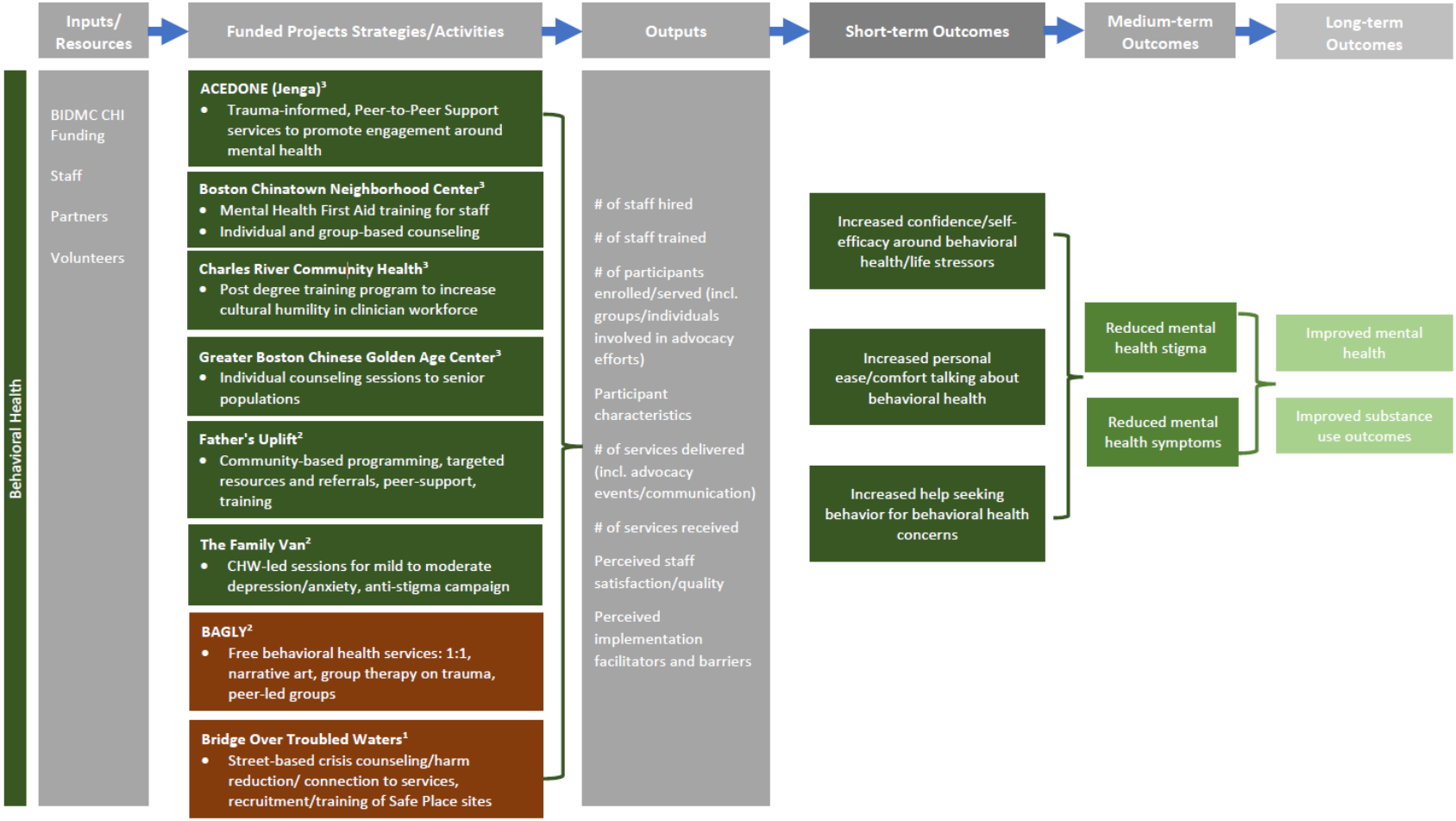
Figure 23. Overarching Jobs & Financial Security Logic Model



[1] Track 1 grantee; [2] Track 2 grantee; [3] Track 3 grantee,

Note: Red color indicates grantee funded primarily and exclusively for Jobs & Financial Security. Purple color indicates grantee funded in multiple priority areas (Housing and Jobs). Brown color indicates grantee funded in all areas (Behavioral Health, Housing, and Jobs).

Figure 24. Overarching Behavioral Health Logic Model



[1] Track 1 grantee; [2] Track 2 grantee; [3] Track 3 grantee,

Note: Green color indicates grantee funded primarily and exclusively for Behavioral Health. Brown color indicates grantee funded in all priority areas (Behavioral Health, Housing, and Jobs).

Appendix B –Required Shared Measures

Measures

These measures were selected as a part of a collaborative effort with all grantees during the 6-month evaluation planning process.

Service Delivery

- Participant enrollment
- Services delivered
- Services received
- Staff hired, including positions of staff hired
- Staff trained, including topics of training

Required Core Participant Characteristics

- Connection to BIDMC Priority Neighborhood *(all that apply)*
- Home Zip Code
- Race *(all that apply)*
- Ethnicity *(all that apply)*
- Primary Language
- Gender Identity
- Age
- Low resourced individuals/families (household income and size; education level; employment status; benefit program enrollment; and/or health insurance)

Optional Participant Characteristics

- History of Incarceration
- Sexual Orientation
- Non-/U.S. born OR Length of time in U.S.
- Neighborhood of Employment
- Work Zip Code

Below are the scales/questions used to collect outcome data for each priority area in English.

Housing Affordability

The following housing scales are all available in English. Grantees may have translated into additional languages as needed for the populations they work with.

Housing Situation

Different current housing situation questions for each grantee due to all grantees working on different dimensions of housing. For example, "What is your current housing situation?"

Note: Evaluators will develop a housing improvement variable that can be pooled across all grantees.

On a scale of 1 – 5, how satisfied are you with your current housing situation?

1	2	3	4	5
Not at all satisfied		Somewhat satisfied		Very satisfied

Agency

On a scale of 1 – 5, how in control do you feel of your housing situation?

1	2	3	4	5
Not at all in control		Somewhat in control		Very in control

On a scale of 1 – 5, how confident do you feel that you will be able to improve your housing situation if needed?

1	2	3	4	5
Not at all confident		Somewhat confident		Very confident

Affordability

In the past 3 months, have you had to choose between paying for housing or paying for any of the following: (Check all that apply)

- ☐ Transportation expenses (examples: MBTA pass, car insurance, car loan, gasoline, car repairs)?
- ☐ Phone bills?
- ☐ Internet access?
- ☐ Utility bills ((examples: electric bills, gas bills, etc.) not phone or internet)?
- ☐ Food/groceries?
- ☐ Childcare?
- ☐ Medical care or prescriptions?
- ☐ Other – please specify: _____
- ☐ None of these
- ☐ Not applicable

Jobs and Financial Security

Self-Efficacy

Hope Scale – available in English and Spanish. Grantees may have translated into additional languages as needed for the populations they work with.

1. If I had a problem, I could think of many ways to get out of it.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

2. At the present time, I am energetically pursuing my goals.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

3. There are many solutions to any problem that I am facing now.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

4. Right now, I think I am successful in life.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

5. I can think of many ways to reach my current goals.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

6. At this time, I am meeting the goals that I have set for myself.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

Financial Capability

Financial Capability Scale – available in English and Spanish. Grantees may have translated into additional languages as needed for the populations they work with.

1. Do you currently have a personal budget, spending plan, or financial plan?
   - ☐ Yes
   - ☐ No

2. How confident are you in your ability to achieve a financial goal you set for yourself today?
   - ☐ Not at all confident
   - ☐ Somewhat confident
   - ☐ Very confident

3. If you had an unexpected expense, how confident are you that you could find money to pay your living expenses within a few weeks from any source? Examples of living expenses are housing, food, transportation, phone bill, childcare, health care.
   - ☐ Not at all confident
   - ☐ Somewhat confident
   - ☐ Very confident

4. Do you regularly put money aside for a future use, such as paying bills, emergency savings, or a long-term financial goal?
   - ☐ Yes
   - ☐ No

5. Over the past month, would you say your spending on living expenses was less than your total income or other resources? Examples of living expenses are housing, food, transportation, phone bill, childcare, health care.
   - ☐ Yes
   - ☐ No

6. In the last 2 months, have you been late paying a bill?
   - ☐ Yes
   - ☐ No

Behavioral Health

Stigma

RAS-DS – available in Arabic, Chinese (Traditional & Simplified), Dinka, Dutch, English, Farsi, Icelandic, Indonesian, Italian, Korean, Spanish, Thai, and Vietnamese. Grantees may have translated into additional languages as needed for the populations they work with.

Please indicate how much you agree or disagree with the following statements about yourself:

	UNTRUE	A bit TRUE	Mostly TRUE	Completely TRUE
I can handle what happens in my life	1	2	3	4
I like myself	1	2	3	4
I have an idea of who I want to become	1	2	3	4
Something good will eventually happen	1	2	3	4
I'm hopeful about my own future	1	2	3	4
I know when to ask for help	1	2	3	4
I can help myself become better	1	2	3	4

Items from the 'Looking Forward' construct taken from the *Recovery Assessment Scale-Domains and Stages (RAS-DS); Nicola Hancock and The University of Sydney;* Which was an adaptation of the original *Recovery Assessment Scale (RAS)* and includes 5 of the items in its 'Personal Confidence and Hope' construct.

GSHQ

If you were having a personal or emotional challenge, how likely is it that you would seek help from the following people?

	Extremely Unlikely		Unlikely		Likely		Extremely Likely	Not Applicable
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7	-
Friend (not related to you)	1	2	3	4	5	6	7	-
Other relative/family member	1	2	3	4	5	6	7	-
Mental health professional (e.g., psychologist, social worker, counselor)	1	2	3	4	5	6	7	-
Phone helpline (e.g., Lifeline)	1	2	3	4	5	6	7	-
Primary Care Provider/Healthcare Provider	1	2	3	4	5	6	7	-
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7	-
I would not seek help from anyone	1	2	3	4	5	6	7	-

Items taken from the *General Help-Seeking Questionnaire (GHSQ)* [Deane et al., 2001, Gulliver et al., 2012, Wilson et al., 2005]

Mental Health Symptoms

How often do you experience a personal or emotional challenge?

- Never
- Rarely
- Sometimes
- Often
- Almost always

PHQ Scale – available in Arabic, Assamese, Chinese (Cantonese, Mandarin), Czech, Dutch, Danish, English, Finnish, French, French Canadian, German, Greek, Gujarati, Hindi, Hebrew, Hungarian, Italian, Malay, Malayalam, Norwegian, Oriya, Polish, Portuguese, Russian, Spanish, Swedish and Telugu. Grantees may have translated into additional languages as needed for the populations they work with.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE:_____

Over the last *2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns		+	+
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	TOTAL:			

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

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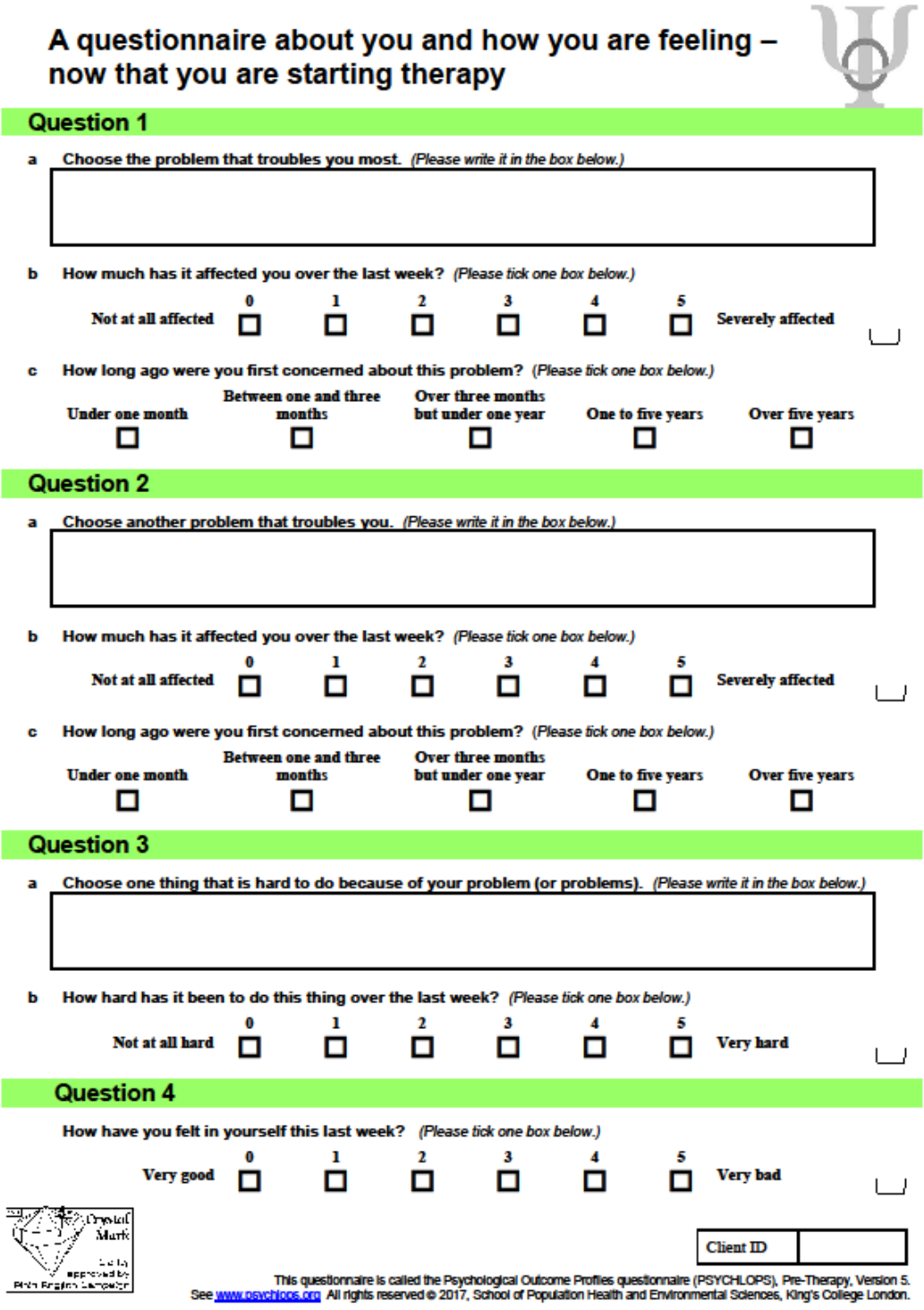
PSYCHLOPS Pre-Therapy – available in Arabic, Farsi, French, German, Greek, Icelandic, Italian, Japanese, Korean, Polish, Portuguese, Sorani, Spanish, and Turkish. Grantees may have translated into additional languages as needed for the populations they work with.



A questionnaire about you and how you are feeling – now that you are starting therapy

Question 1

a **Choose the problem that troubles you most.** *(Please write it in the box below.)*

b **How much has it affected you over the last week?** *(Please tick one box below.)*

Not at all affected	0	1	2	3	4	5	Severely affected

c **How long ago were you first concerned about this problem?** *(Please tick one box below.)*

Under one month	Between one and three months	Over three months but under one year	One to five years	Over five years

Question 2

a **Choose another problem that troubles you.** *(Please write it in the box below.)*

b **How much has it affected you over the last week?** *(Please tick one box below.)*

Not at all affected	0	1	2	3	4	5	Severely affected

c **How long ago were you first concerned about this problem?** *(Please tick one box below.)*

Under one month	Between one and three months	Over three months but under one year	One to five years	Over five years

Question 3

a **Choose one thing that is hard to do because of your problem (or problems).** *(Please write it in the box below.)*

b **How hard has it been to do this thing over the last week?** *(Please tick one box below.)*

Not at all hard	0	1	2	3	4	5	Very hard

Question 4

How have you felt in yourself this last week? *(Please tick one box below.)*

Very good	0	1	2	3	4	5	Very bad

Client ID

A questionnaire about you and how you are feeling – now that you are finishing therapy

Question 1

a **This is the problem you said troubled you the most when we first asked.** *(Therapist - please write it in the box below.)*

b **How much has it affected you over the last week?** *(Please tick one box below.)*

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 2

a **This is the other problem you said troubled you when we first asked.** *(Therapist - please write it in the box below.)*

b **How much has it affected you over the last week?** *(Please tick one box below.)*

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 3

a **This is the thing you said was hard to do when we first asked.** *(Therapist - please write it in the box below.)*

b **How hard has it been to do this thing over the last week?** *(Please tick one box below.)*

	0	1	2	3	4	5	
Not at all hard	☐	☐	☐	☐	☐	☐	Very hard

Question 4

How have you felt in yourself this last week? *(Please tick one box below.)*

	0	1	2	3	4	5	
Very good	☐	☐	☐	☐	☐	☐	Very bad

Question 5

During therapy, you may have found that other problems became important. If so, how much have these problems affected you over the last week?
(Please tick one box below, or leave blank if no other problems have become important.)

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 6

Compared to when you started therapy, how do you feel now? *(Please tick one box below.)*

0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Much better	Quite a lot better	A little better	About the same	A little worse	Much worse

Client ID	

Appendix C – Additional Data Tables

Additional Participant Geographic Data

	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	**%**	**n**	**%**
Priority Neighborhood - Composite[1]				
Not Associated with Priority Neighborhood[2]	330	17.2	160	21
Associated with Priority Neighborhood[3]	1,589	82.8	603	79
Allston/Brighton	172	10.8	76	12.6
Bowdoin/Geneva	186	11.7	77	12.8
Chinatown	679	42.7	180	29.9
Fenway/Kenmore	97	6.1	53	8.8
Mission Hill	163	10.3	101	16.7
Roxbury	482	30.3	236	39.1
Priority Neighborhood – Self-Reported Affiliation (all that apply)				
Allston/Brighton	155	10.7	72	10
Bowdoin/Geneva	115	7.9	50	7
Chinatown	304	21	154	21.4
Fenway/Kenmore	75	5.2	49	6.8
Mission Hill	158	10.9	99	13.8
Roxbury	384	26.5	185	25.7
None of the above[4]	446	30.8	230	32
Missing	*472*[5]	--	*44*	--
Priority Neighborhood – Home Zip Code				
Allston/Brighton (02134, 02135, 02163)	90	4.8	37	4.9
Bowdoin/Geneva (02121, 02125)[6]	157	8.3	70	9.3
Chinatown (02111)	113	6	43	5.7
Fenway/Kenmore (02115, 02215)	61	3.2	24	3.2
Mission Hill (02120)[7]	35	1.9	7	0.9
Roxbury (02119)	166	8.8	70	9.3
Other Boston Neighborhoods[8]	732	38.8	349	46.2
Dorchester (02122, 02124)	257	35	139	39.8
Other	475	65	210	60.2
Outside of Boston	532	28.2	155	20.5
Missing	*33*	--	*8*	--

[1] See methods section for details on the creation of this combined variable [2] These participants are not associated with any priority neighborhoods based on any aspect of the composite variable definition [3] Because participants could select more than 1 neighborhood for their self-reported affiliation, the sum of the neighborhood totals may be greater than the total associated with a neighborhood [4] These participants did not select any of the listed priority neighborhoods which include those who selected a "none of these" option or noted other neighborhoods [5] 81% of these missing are individuals receiving one time services from one grantee and could not be followed up with to fill in missing geographical information [6] These zip codes were selected to represent Bowdoin/Geneva based on BPHC definitions but may include those who live in another neighborhood within these Dorchester zip codes [7] This zip code was selected to represent Mission Hill but also may include those who reside in Jamaica Plain [8] Other Boston neighborhood zip codes include: 02114, 02116, 02118, 02122, 02124, 02126, 02127, 02128, 02129, 02130, 02131, 02132, 02136

Additional Participant Demographic Data

Demographics (Required)	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	%	n	%
Race (all that apply)				
American Indian or Alaska Native	32	1.7	10	1.3
Asian	614	32.0	193	25.3
Black or African American	735	38.3	350	45.9
Native Hawaiian or Other Pacific Islander	2	0.1	1	0.1
White	281	14.6	110	14.4
Other	193	10.1	93	12.2
Unspecified	35	1.8	16	2.1
Missing	*81*	--	*25*	--
Ethnicity (all that apply)				
Non-Hispanic	892	46.5	272	35.6
Hispanic, Latino, or Spanish	460	24.0	224	29.4
Asian	270	14.1	151	19.8
Black or African American	143	7.5	80	10.5
European	26	1.4	13	1.7
Middle Eastern or North African	9	0.5	4	0.5
Native Hawaiian or Other Pacific Islander or American Indian/Alaskan Native	3	0.2	1	0.1
Other	10	0.5	3	0.4
Missing	*133*	--	*24*	--

Stratification Analyses Variables, by Priority Area		
	n	%
HOUSING (N=184)		
Race/Ethnicity[1]		
Asian, non-Hispanic	55	30.1
Black or African American, non-Hispanic	76	41.5
Hispanic, Latino, or of Spanish descent	33	18
White, non-Hispanic	15	8.2
Other, non-Hispanic	4	2.2
Missing	*1*	--
Primary Language		
Chinese (including Mandarin and Cantonese)	30	17.9
English	129	76.8
Haitian	0	0
Portuguese	0	0
Spanish	8	4.8
Other[2]	1	0.6
Missing	*16*	--
Gender Identity		
Male	40	21.9
Female	133	72.7
Other gender category[3]	10	5.5
Missing	*1*	--
JOBS & FINANCIAL SECURITY (N=334)		
Race/Ethnicity[1]		
Asian, non-Hispanic	13	3.9
Black or African American, non-Hispanic	111	33.2
Hispanic, Latino, or of Spanish descent	179	53.6
White, non-Hispanic	24	7.2
Other, non-Hispanic	7	2.1
Missing	--	--
Primary Language		
Chinese (including Mandarin and Cantonese)	9	2.7
English	185	55.7
Haitian	12	3.6
Portuguese	11	3.3

Spanish	107	32.2
Other[2]	8	2.4
Missing	*2*	--
Gender Identity		
Male	122	36.6
Female	201	60.4
Other gender category[3]	10	3.0
Missing	*1*	--
BEHAVIORAL HEALTH (N=383)		
Race/Ethnicity[1]		
Asian, non-Hispanic	127	33.2
Black or African American, non-Hispanic	175	45.7
Hispanic, Latino, or of Spanish descent	51	13.3
White, non-Hispanic	19	5.0
Other, non-Hispanic	11	2.9
Missing	--	--
Primary Language		
Chinese (including Mandarin and Cantonese)	121	31.8
English	227	59.6
Haitian	3	0.8
Portuguese	1	0.3
Spanish	23	6.0
Other[2]	6	1.6
Missing	*2*	--
Gender Identity		
Male	236	61.6
Female	135	35.3
Other gender category[3]	12	3.1
Missing	--	--

[1]See methods section for details on the creation of this combined variable [2] This includes participants selecting: Arabic, Cape Verdean Creole, French, Vietnamese, and "other" [3] This includes participants identifying as: transgender male, transgender female, genderqueer, nonbinary, and "other gender category".

Socioeconomic Measures	Reached Participants (N=1,919)		Evaluation Sample (N=763)	
	n	%	n	%
80% Area Median Income	**N=871**		**N=247**	
At or below 80% AMI	700	88.8	194	98.0
Above 80% AMI	88	11.2	4	2.0
Missing	*83*	--	*49*	--
Education Level	**N=1146**		**N=454**	
Less than high school degree[1]	216	20.4	216	49.4
High school degree or equivalent	292	27.5	67	15.3
More than high school degree	553	52.1	154	35.2
Missing	*85*	--	*17*	--
Current Employment Status	**N=1275**		**N=364**	
Employed (full-time, part-time, self-employed)	865	71.9	211	58.6
Unemployed (out of work, unable to work)	287	23.9	125	34.7
Not in Labor Force (homemaker, student, retired)	51	4.2	24	6.7
Missing	*72*	--	*4*	--
Current Enrollment in Benefits Programs[2]	**N=549**		**N=291**	
Not enrolled in any listed benefit program	200	36.4	105	36.1
Enrolled in at least one listed benefit program	349	63.6	186	63.9
Missing	--	--	--	--
Health Insurance	**N=51**		**N=34**	
Private Insurance	3	6.5	2	6.7
Public Insurance	38	82.6	25	83.3
Uninsured	5	10.9	3	10.0
Missing	*5*	--	*4*	--

[1] This category only includes those 25 years or older in alignment with the low resourced definition [2] The following programs were listed for at least one grantee reporting this measure: AFDC, ERMA, Free/Reduced Lunch, HomeBase, MassHealth insurance, Medicaid, Public Housing, RAFT, Refugee Assistance, SNAP, SSI/SSDI, TAFDC, Unemployment, WIC

Additional Housing Data

Housing Satisfaction Level	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
Overall				
All Participants*	171	2.9	3.2	0.3
Missing	*13*	--	--	--
Race/Ethnicity				
Hispanic Participants*	31	2.8	3.5	0.7
Asian, non-Hispanic Participants*	53	2.7	3.2	0.5
Black or African American, non-Hispanic Participants	71	2.9	3.1	0.2
White, non-Hispanic Participants	13	3.7	3.3	-0.4
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants*	30	2.5	3.1	0.6
English Speaking Participants	117	2.9	3.2	0.2
Haitian Creole Speaking Participants	0	--	--	--
Portuguese Speaking Participants	0	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male Participants*	37	2.5	3.4	0.9
Female Participants	127	3.0	3.2	0.2
Other Gender Identity Participants***	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test; two (2) grantees not collecting this measure and therefore not included in total N or missing for this analysis.

Housing Control Level	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
Overall				
All Participants*	176	2.8	3.1	0.3
Missing	*8*	--	--	--
Race/Ethnicity				
Hispanic Participants	33	2.9	3.2	0.3
Asian, non-Hispanic Participants*	52	2.3	3.2	0.8
Black or African American, non-Hispanic Participants	74	2.9	3.1	0.2
White, non-Hispanic Participants	13	3.4	2.7	-0.7

Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants*	30	2.1	3.1	1
English Speaking Participants	123	2.9	3.0	0.1
Haitian Creole Speaking Participants	0	--	--	--
Portuguese Speaking Participants	0	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male Participants*	38	2.7	3.4	0.7
Female Participants	131	2.8	3.0	0.3
Other Gender Identity***	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test; two (2) grantees not collecting this measure and therefore not included in total N or missing for this analysis.

Housing Confidence Level	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
Overall				
All Participants*	172	2.9	3.2	0.2
Missing	*12*	--	--	--
Race/Ethnicity				
Hispanic Participants	32	3.0	3.4	0.4
Asian, non-Hispanic Participants*	53	3.0	3.5	0.5
Black or African American, non-Hispanic Participants	72	2.9	2.9	<0.1
White, non-Hispanic Participants	12	3.0	2.7	-0.3
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants	30	3.3	3.7	0.4
English Speaking Participants	118	2.9	3	0.1
Haitian Creole Speaking Participants	0	--	--	--
Portuguese Speaking Participants	0	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male	37	2.9	3.5	0.6
Female	128	2.9	3.1	0.2
Other Gender Identity***	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test; two (2) grantees not collecting this measure and therefore not included in total N or missing for this analysis.

Additional Jobs & Financial Security Data

Financial Capability Score	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
Overall				
All Participants*	309	4.0	4.3	0.3
Missing	*25*	--	--	--
Race/Ethnicity				
Hispanic Participants*	165	4.3	4.6	0.3
Asian, non-Hispanic Participants	12	4.8	5.3	0.5
Black or African American, non-Hispanic Participants	105	3.6	3.7	0.1
White, non-Hispanic Participants*	22	3.6	4.6	1
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants***	--	--	--	--
English Speaking Participants*	174	3.6	3.9	0.4
Haitian Creole Speaking Participants	12	5.5	5.6	0.2
Portuguese Speaking Participants	10	4.6	5.2	0.6
Spanish Speaking Participants	96	4.5	4.7	0.2
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male Participants*	111	4.5	4.9	0.5
Female Participants	192	3.7	4.0	0.3
Other Gender Identity Participants***	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test; two (2) grantees not collecting this measure and therefore not included in total N or missing for this analysis.

Additional Behavioral Health Data

RAS-DS Score	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
Overall				
All Participants*	337	2.9	3.2	0.3*
Missing	*3***	--	--	--

Race/Ethnicity				
Hispanic Participants	35	3.4	3.6	0.2
Asian, non-Hispanic Participants*	123	2.2	2.9	0.7*
Black or African American, non-Hispanic Participants*	158	3.3	3.4	0.1*
White, non-Hispanic Participants	14	3.4	3.5	0.1
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants*	118	2.2	2.9	0.7*
English Speaking Participants*	200	3.3	3.4	0.1*
Haitian Creole Speaking Participants***	--	--	--	--
Portuguese Speaking Participants	0	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male Participants*	226	3.2	3.4	0.2*
Female Participants*	107	2.3	2.9	0.7*
Other Gender Identity***	--	--	--	--

Note: *denotes statistical significance; **participant scores could not be calculated as they did not provide data on at least 1 item for both timepoints; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test; two (2) grantees not collecting this measure and therefore not included in total N or missing for this analysis.

RAS-DS Item 6 – "Completely True"	Baseline		Endpoint	
	n	**%**	**n**	**%**
Overall				
All Participants*	95	28.7	142	42.9
Missing	*9***	--	*9***	--
Race/Ethnicity				
Hispanic Participants	17	48.6	18	51.4
Asian, non-Hispanic Participants*	10	8.1	47	38.2
Black or African American, non-Hispanic Participants	60	39.5	67	44.1
White, non-Hispanic Participants***	--	--	--	--
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants*	8	6.8	46	39
English Speaking Participants	80	41.2	87	44.9
Haitian Creole Speaking Participants***	--	--	--	--

Portuguese Speaking Participants	0	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male*	82	37.3	103	46.8
Female*	12	11.2	37	34.6
Other Gender Identity***	--	--	--	--

Note: *denotes statistical significance; **participant scores could not be calculated as they did not provide data on at least 1 item for both timepoints; ***data suppressed due to sample size <10 change in distribution between baseline and endpoint, comparing "Completely True" responses to all other responses combined, was analyzed using McNemar's test; two (2) grantees not collecting this measure and therefore not included in total N or missing for this analysis.

GHSQ Scores - Likelihood of seeking help for a personal or emotional challenge from the following individuals:	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
All Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	316	4.8	5.3	0.5*
Other relative/family member	338	4.5	5	0.5*
Phone helpline (e.g., Lifeline)	290	3	3.5	0.5*
Primary Care Provider/Healthcare Provider	307	4.6	5	0.4*
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	220	3.3	3.7	0.4*
Friend (not related to you)	333	4.5	4.8	0.3*
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	234	4.8	5	0.2
RACE/ETHNICITY				
Hispanic Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	38	5.1	5.1	0.1
Other relative/family member	38	4.6	4.8	0.3
Phone helpline (e.g., Lifeline)	35	3.1	3.6	0.5
Primary Care Provider/Healthcare Provider	37	4.6	4.6	-0.1
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	37	2.9	3.8	0.9*
Friend (not related to you)	37	5.8	5.2	-0.6*
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	29	4.5	5.4	0.9*
Asian, non-Hispanic Participants				

Mental health professional (e.g., psychologist, social worker, counselor)	121	4.2	5.4	1.2*
Other relative/family member	123	4.4	5.3	1.0*
Phone helpline (e.g., Lifeline)	116	2.7	4.0	1.2*
Primary Care Provider/Healthcare Provider	122	4.5	5.6	1.1*
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	45	2.7	3.4	0.7*
Friend (not related to you)	123	3.6	4.8	1.2*
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	54	4.1	5.1	1.0*
Black of African American, non-Hispanic Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	134	5.1	5.3	0.2
Other relative/family member	154	4.5	4.8	0.3*
Phone helpline (e.g., Lifeline)	120	3.1	3.2	<0.1
Primary Care Provider/Healthcare Provider	128	4.5	4.7	0.1
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	120	3.6	3.8	0.2
Friend (not related to you)	151	4.8	4.7	-0.1
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	132	5.1	4.9	-0.2
White, non-Hispanic Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	14	5.5	5.0	-0.5
Other relative/family member	14	5.4	4.8	-0.6
Phone helpline (e.g., Lifeline)	10	3.4	2.6	-0.8
Primary Care Provider/Healthcare Provider	12	4.8	3.8	-1.0
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	11	3.1	3.4	0.3
Friend (not related to you)	13	5.1	5	-0.1
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	12	5.1	5.2	0.1
Other Race, non-Hispanic Participants* **	--	--	--	--
PRIMARY LANGUAGE				
Chinese Speaking Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	116	4.3	5.5	1.2*
Other relative/family member	118	4.4	5.4	1.0*
Phone helpline (e.g., Lifeline)	111	2.7	4.1	1.3*

Primary Care Provider/Healthcare Provider	117	4.5	5.7	1.2*
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	42	2.7	3.5	0.8*
Friend (not related to you)	118	3.6	4.8	1.2*
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	52	4.0	5.0	1.0*
English Speaking Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	177	5.1	5.3	0.2
Other relative/family member	197	4.6	4.8	0.3*
Phone helpline (e.g., Lifeline)	158	3.2	3.2	- <0.1
Primary Care Provider/Healthcare Provider	167	4.5	4.5	- <0.1
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	159	3.4	3.8	0.4*
Friend (not related to you)	193	4.9	4.8	-0.1
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	166	5.0	5.0	<0.1
Haitian Creole Speaking Participants* **	--	--	--	--
Portuguese Speaking Participants* **	--	--	--	--
Spanish Speaking Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	12	5.1	4.5	-0.6
Other relative/family member	12	4.4	4.3	-0.1
Phone helpline (e.g., Lifeline)	12	3.2	3.4	0.3
Primary Care Provider/Healthcare Provider	12	5.1	4.3	-0.8
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	12	2.8	3.4	0.6
Friend (not related to you)	11	5.8	4.5	-1.3*
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	--	--	--	--
Other Language Speaking Participants* **	--	--	--	--
GENDER IDENTITY				
Male Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	202	5.0	5.3	0.3*
Other relative/family member	219	4.6	5.0	0.3*
Phone helpline (e.g., Lifeline)	181	3.1	3.3	0.2
Primary Care Provider/Healthcare Provider	192	4.6	4.8	0.1
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	170	3.5	3.8	0.3

Friend (not related to you)	214	1.7	1.7	0.1
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	177	5.0	5.0	<0.1
Female Participants				
Mental health professional (e.g., psychologist, social worker, counselor)	111	4.4	5.4	1.0*
Other relative/family member	115	4.2	5.2	1.0*
Phone helpline (e.g., Lifeline)	105	2.7	3.9	1.2*
Primary Care Provider/Healthcare Provider	111	4.4	5.4	1.0*
Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	46	2.7	3.4	0.7*
Friend (not related to you)	115	4.1	4.8	0.8*
Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	53	4.2	5	0.9*
Other Gender Identity Participants* **	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test; one (1) grantee not collecting this measure and therefore not included in total N or missing for this analysis.

Frequency of Experiencing a Personal or Emotional Challenge	Baseline		Endpoint	
Overall	**n**	**%**	**n**	**%**
All Participants*	46	14.6	112	35.4
Missing	*58*	--	*58*	--
Race/Ethnicity				
Hispanic Participants	8	24.2	12	36.4
Asian, non-Hispanic Participants*	18	14.9	71	58.7
Black or African American, non-Hispanic Participants	19	13.4	27	19.0
White, non-Hispanic Participants***	--	--	--	--
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants*	16	13.8	69	59.5
English Speaking Participants	28	15.2	38	20.7
Haitian Creole Speaking Participants***	--	--	--	--
Portuguese Speaking Participants	0	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male*	30	14.9	50	24.9

Female*	15	13.5	59	53.2
Other Gender Identity***	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change in distribution between baseline and endpoint, comparing responses of "Never" and "Rarely" combined to all other responses combined ("Sometimes", "Often", "Almost always"), was analyzed using McNemar's test.

Instrument/Tools Utilized to Assess Mental Health Symptoms	N	Baseline Mean Score	Endpoint Mean Score	Mean Score Difference
PHQ8/9				
Overall				
All Participants	312	7.3	5.2	-2.1*
Missing	*37*	--	--	--
Race/Ethnicity				
Hispanic Participants	30	7.1	4.3	-2.8*
Asian, non-Hispanic Participants	127	9.1	4.9	-4.1*
Black or African American, non-Hispanic Participants	139	5.9	5.4	-0.5
White, non-Hispanic Participants***	16	6.4	5.9	-0.5
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants	121	9.1	4.9	-4.3*
English Speaking Participants	183	6.1	5.5	-0.6
Haitian Creole Speaking Participants***	--	--	--	--
Portuguese Speaking Participants***	--	--	--	--
Spanish Speaking Participants***	--	--	--	--
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male	201	6.2	5.2	-1.0*
Female	108	9.1	5	-4.1*
Other Gender Identity***	--	--	--	--
PSYCHLOPS				
Overall				
All Participants	34	15.6	11	-4.3*
Missing	--	--	--	--
Race/Ethnicity				
Hispanic Participants	16	15.4	12.7	-2.7*
Asian, non-Hispanic Participants***	--	--	--	--

Black or African American, non-Hispanic Participants	15	15.9	9.9	-6.0*
White, non-Hispanic Participants***	--	--	--	--
Other Race, non-Hispanic Participants***	--	--	--	--
Language				
Chinese Speaking Participants***	--	--	--	--
English Speaking Participants	19	15.3	10.9	-4.4*
Haitian Creole Speaking Participants***	--	--	--	--
Portuguese Speaking Participants***	--	--	--	--
Spanish Speaking Participants	13	16.2	12.5	-3.8*
Other Language Speaking Participants***	--	--	--	--
Gender Identity				
Male***	--	--	--	--
Female	25	15.6	10.7	-4.9*
Other Gender Identity***	--	--	--	--

Note: *denotes statistical significance; ***data suppressed due to sample size <10; change between baseline and endpoint analyzed using a paired t-test.

Appendix D – Housing Policy Background and Descriptions

Background and Context for Policy Change:

- State: Bills are introduced through the Massachusetts Legislature by members of the House, Senate, or the Governor (sponsor); support is garnered through co-sponsors (elected officials) and endorsements (organizations and individuals); bills are then sent to the appropriate committee for a hearing; voted out of committee to the full Legislature; and sent to the Governor for signature.
    - The Massachusetts Legislature is made up of 200 elected members, with 40 members of the Senate and 160 members of the House of Representatives. Members of the House and Senate are elected every two years in alignment with each Legislative Session. This grant period spans two Legislative Sessions, the 192nd (2021-2022) and 193rd (2023-2024) Massachusetts General Court.
- Municipal: The Boston City Council is in charge of creating, passing and amending local laws, as well as approving the City budget. Similar to at the State level, items are sent to a committee for a hearing after which they send a recommendation to the full City Council; the full City Council then votes on the matter, and it is then sent to the Mayor for final approval.
    - The Boston City Council is made up of 13 members (nine districts and four at large) that are elected every two years. This grant period spanned two City Council sessions, with the most recent session of City Council starting in January 2022.
- Institutional: Changes in institutional policy that resulted from this funded work were also tracked by this grant by two programs. Specifically, change was tracked in the Emergency Assistance Shelter System, run by the Department of Housing and Community Development, and Homes for Equity, an initiative of Opportunity Communities.

Affirmatively Furthering Fair Housing (AFFH)

A municipal effort to implement fair housing mandates from the U.S. Department of Housing and Urban Development in 2015 (later withdrawn by the Trump administration). The Affirmatively Fair Housing Advisory Committee drafted 14 goals and 100+ actions. AFFH requirements have been put into the Boston Zoning Code and into the Boston Planning and Development Agency review process. The work is to achieve the goals of the Advisory Committee through educating the community and supporting implementation of the requirements through monitoring and enforcing accountability.

The City of Boston's Linkage Program

A program that requires large scale commercial developments over 100,000 square feet in Boston to pay into funds that support the creation of affordable housing and workforce development. The fee is $15.39 per square foot, of which $13.00 is dedicated to affordable housing and $2.39 is dedicated to workforce training.

COVID-19 Housing Equity

In response to the lifting of the state eviction and foreclosure moratorium in October 2020, there has been a spike in landlords filing evictions. Many homeowners are at risk of foreclosure, and communities of color are disproportionately affected. This bill aims to ensure upstream tenant and homeowner protections including keeping unnecessary eviction cases out of court, temporarily pausing filings for no-fault evictions, and pausing foreclosures.

Emergency Assistance Shelter System

The shelter system for families in Massachusetts, run by the Department of Housing and Community Development. Activities seek to help shelter families advocate for their needs in shelters and to change shelter rules and regulation to be more responsive to the needs of families.

Inclusionary Development Policy (IDP)

A policy that applies to new buildings of ten or more units in need of zoning relief and built by private developers. IDP requires that 13% of units must be income-restricted (an average of 70% AMI) or the private developer contribute to the IDP fund (overseen by the Department of Neighborhood Development). The Boston Planning and Development Agency oversees and enforces this program.

Massachusetts Rental Voucher Program (MRVP)

A statewide program that offers both tenant- and project-based rental subsidies for low-income families and individuals. The Department of Housing and Community Development oversees the program, and regional housing agencies or local housing authorities administer the programs locally. The goals are to (1) seek an increase in funding to the program to decrease the tenant share of rent; and (2) seek to make it a permanent housing program as it is currently only a budget line item subject to appropriations.

The Tenant Opportunity to Purchase Act (TOPA)

An act that would allow Massachusetts cities and towns adopt a preservation, anti-displacement and tenant empowerment tool that can preserve affordable rental housing stock, provide a mechanism for tenant associations to collectively purchase their buildings, and stabilize low-income households. TOPA would allow municipalities the option of providing tenants in multi-family buildings the right to match a third-party offer when their homes are being sold.

Transfer Fee Proposals

One bill is at the State House and seeks to allow cities and towns to place a fee on real estate transactions to fund affordable housings. Monies collected could go to the municipal or regional housing fund. In addition, the Mayor of the City of Boston has filed a petition with the City Council for a Boston-specific fee on real estate transactions over $3 million. This will have to be passed by the City Council and go to the State House for passage as a Home Rule Petition. Funds from this program would go into a Boston affordable housing fund.