

Massachusetts Interagency Council on Housing and Homelessness

Overview of Efforts to End Homelessness in the Commonwealth

2007-2014

Introduction

On November 18, 2007 Governor Patrick signed Executive Order #492 establishing the Interagency Council on Housing and Homelessness (ICHH). Since then, the ICHH has served as the body responsible for implementing the state's plan to prevent and end homelessness, which was released by the Special Commission Relative to Ending Homelessness in the Commonwealth (Commission). Now chaired by Undersecretary Aaron Gornstein of the Department of Housing and Community Development, the ICHH is working on several initiatives to increase effectiveness and collaboration among state agencies and with community partners. All of this work is organized around the goal of ensuring all of our neighbors have a safe, affordable place to call home. The ICHH meets monthly and has five active committees focusing on ending homelessness for veterans, youth, individuals experiencing chronic homelessness, older adults, and survivors of sexual and domestic violence.

The ICHH efforts to implement the Commission's report have been supported at the highest levels of state government. Ending homelessness was a priority of the Patrick-Murray Administration, with Lt. Governor Timothy P. Murray serving as ICHH chair from 2007 to 2013. He personally oversaw every monthly meeting of the ICHH during that time and set high expectations for member agencies' participation, resulting in monthly participation by Secretaries, Commissioners, and other agency senior management for years. The organizational and personal commitments of those who are represented on the ICHH have been substantial. They have helped drive policy and programmatic improvements at the interagency level as well as within their own agencies.

Leadership by the Office of the Governor and Lt. Governor led to Massachusetts becoming a leader in the Housing First movement. In the last several years housing-based programs have expanded so more of the state's resources are spent on long-term solutions for individuals and families. The Housing First framework has been integrated into the ICHH member agencies, and they are committed to their role in ending homelessness in the Commonwealth.

This report will document the Administration's progress in implementing the state's plan to prevent and end homelessness. Formally that plan covered the five-year period of 2008-2012, but the ICHH has continued to rely on that plan even beyond the initial time period. This report will discuss major initiatives implemented by the ICHH as well as its member agencies. It is intended to serve as an overview of initiatives, not to provide an in-depth evaluation of each program or initiative. The report will conclude with a brief discussion of emerging trends in the field of ending homelessness that may be considered for future implementation.

Overview of Commission and Report

Chapter 2 of the Resolves of 2006 established the Special Commission Relative to Ending Homelessness in the Commonwealth (Commission) for the purpose of devising a statewide strategy to end homelessness in the Commonwealth. The Commission's stated goal was to house all those who are currently homeless and to prevent homelessness for those who are at-risk of becoming homeless. The Commission was charged with outlining "the necessary steps to replace the decade-old system of ad hoc and disparate emergency responses to homelessness with a coordinated and consolidated plan for permanent solutions to homelessness involving housing,

economic development, and job creation.”¹ This plan was to be implemented over a 5 year period with a focus on interagency collaboration, consolidating state resources, and analyzing the feasibility of a conversion strategy. Additionally, the resolution called for the Commission to target resources more effectively, to target those experiencing chronic homelessness and veterans, and to monitor coordination and implementation.

The Commission was co-chaired by former Undersecretary of the Department of Housing and Community Development Tina Brooks, and Representative Byron Rushing. Membership included Lieutenant Governor Timothy P. Murray, five members of the Senate, 5 members of the House of Representatives, the Secretary of Veterans’ Services, the Secretary of the Executive Office for Administration and Finance, the Secretary of the Executive Office of Health and Human Services, the Secretary of the Executive Office of Housing and Economic Development, the Commissioner of the Department of Mental Health, the Commissioner of the Department of Transitional Assistance, the Commissioner of the Department of Correction, three mayors, the President of the Massachusetts Sheriff’s Association, the Chief Justice of the Housing Court, and six appointments by the Governor.

The Commission met from July to December 2007, and included participation from a variety of providers, advocates and other experts. The Commission created a working definition of homelessness and established a framework for recommendations from which working groups took direction. Strategies focused on three key dimensions of homelessness policy: prevention, production of and access to affordable housing, and asset development and economic mobility and stability.

The final Commission report was issued on December 28, 2007, and articulated a goal statement to “house all those who are currently homeless and to prevent homelessness for those who are at-risk of becoming homeless.” The core operating principle upon which all of the recommendations were based was getting the right resources to the right people at the right time. The Commission found that to be effective, programs must function within a system that allows for maximum flexibility at the ground level and be based upon uniform assessment. Further, as coordination of resources is essential to the plan, it called for the development of new regional service coordinating entities that later became known as the Regional Networks to End Homelessness.

The Commission recommended an initial investment of \$10 million to develop and test a Uniform Assessment Tool, develop Regional Networks to End Homelessness, provide a flexible array of resources, and begin repurposing shelter resources into housing supports. The next steps articulated by the Commission were focused on measuring cost-effectiveness of new approaches and transferring shelter dollars to housing programs. The ICHH was selected as the body to oversee implementation of the system transformation recommendations presented in the report.

Implementation Structure 2008-2014

The ICHH began meeting monthly upon release of the Commission report. Lt. Governor Timothy P. Murray chaired the ICHH until June 2013 when Undersecretary Aaron Gornstein

¹ <https://malegislature.gov/Laws/SessionLaws/Resolves/2006/Chapter2>

assumed the chairmanship. An Executive Director was hired shortly after its formation and served as staff for the 14-member Council. Member agencies include:

- Department of Housing and Community Development (DHCD)
- Executive Office of Health and Human Services (EHS)
- Department of Veterans' Services (DVS)
- Executive Office of Elder Affairs (EOEA)
- Executive Office for Administration and Finance (A&F)
- Executive Office of Labor and Workforce Development (ELWD)
- Department of Children and Families (DCF)
- Department of Mental Health (DMH)
- Department of Public Health (DPH)
- Department of Transitional Assistance (DTA)
- Department of Elementary and Secondary Education (DESE)
- Department of Correction (DOC)
- Department of Early Education and Care (EEC)
- Department of Developmental Services (DDS)

In addition to the formal membership of the ICHH, the Massachusetts Rehabilitation Commission, the Governor's Council to Address Sexual and Domestic Violence, and Representative Byron Rushing have participated regularly.

The ICHH adopted several priorities, organizing working groups for each. These working groups offered an opportunity to leverage particular expertise among Council members and external stakeholders. In this dynamic process, priorities have shifted as information and circumstances have dictated over time. Each working group established its own goals and timelines in collaboration with the ICHH. Upon completion, working groups reported their findings and recommendations to the full ICHH. Working Groups have been organized around the following priorities:

- Housing Needs and Supply
- Uniform Assessment Tool
- Policy & Regulations
- Civic Engagement
- Asset Development – Economic Opportunity
- Homelessness Prevention Resources
- Housing Stabilization & Support Services
- Federal Resources
- Data & Evaluation
- Finance
- Discharge Planning & Re-Entry
- Domestic Violence
- Young Families
- Older Adults
- Veterans
- Unaccompanied Homeless Youth

In 2011 the ICHH also established a formal Advisory Board to regularly engage key stakeholders outside of ICHH membership in the ICHH work. Members have included statewide advocacy and membership organizations. Several key ICHH initiatives arose from the work of the Advisory Board, including work on employment and efforts to end homelessness among elders and unaccompanied homeless youth. The Advisory Board meets quarterly with the ICHH Executive Director.

Environmental Context

The Commission report had significant broad-based support at the time of its release, but the recommendations were adopted on the eve of overwhelming environmental and economic circumstances. The broader economic and political environment had a critical impact on the Commonwealth's ability to meet the goals outlined in the Commission Report. The recession increased need, but federal resources became increasingly limited over time. However, a few key policy and funding initiatives created new opportunities, which Massachusetts has leveraged successfully.

By the time the Commission Report was released at the end of 2007 the housing market had already begun its sharp decline, and those problems were expanding to the rest of the economy². Households at all income levels were experiencing what would become known as the Great Recession. More people were doubling-up, and the working poor faced higher risk of homelessness³. In Massachusetts the total number of people experiencing homelessness from 2007-2013 increased by 25.8%⁴

In 2009, President Obama signed the American Recovery and Reinvestment Act (ARRA), which, among a variety of economic stimulus measures, included the Homelessness Prevention and Rapid Rehousing Program (HPRP). HPRP provided \$1.5 billion to support homelessness prevention, diversion, and rapid rehousing. Massachusetts received a \$45 million allocation, \$18 million of which went to the Department of Housing and Community Development. The remainder went to the 22 entitlement communities across the state. Those resources contributed to ensuring more households didn't become homeless or experience longer periods of homelessness during the recession.

Later in 2009, President Obama reauthorized the McKinney-Vento Homeless Assistance Act in what is now known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act continues to be implemented, and changed funding for homeless services in a few key ways. It expanded resources for homelessness prevention, focused more heavily on rapid rehousing, expanded opportunities to support permanent supportive housing for individuals and families, and provided additional flexibility and assistance to rural communities. Conceptually, the HEARTH Act and HPRP were very much aligned with the goals outlined in the Commission report.

The HEARTH Act also called for the U.S. Interagency Council on Homelessness to produce a comprehensive federal strategic plan to prevent and end homelessness. *Opening Doors* was

² <http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2008.pdf>

³ http://b3cdn.net/naeh/97569cfc8f6ecf741f_vhm6bhzc.pdf

⁴ <https://www.onecpd.info/resource/3300/2013-ahar-part-1-pit-estimates-of-homelessness/>

released in June 2010. The plan sets goals of ending chronic and veteran homelessness by 2015, and to end homelessness among children, youth and families by 2020. The goals and objectives are framed through an interagency lens, and prioritize partnership among mainstream housing, health, education, and human services. It also is aligned with the goals of the Commission report and the work of the ICHH.

That same year the U.S. Department of Veterans Affairs released its own plan to end homelessness among veterans in five years. The VA plan included six strategic pillars: (1) outreach/education, (2) treatment, (3) prevention, (4) housing/supportive services, (5) income/employment/benefits, and (6) community partnerships. The VA plan and *Opening Doors* complement one another. The increased attention from the VA and other federal agencies resulted in significant new resources since 2010, such as the HUD-VA Supportive Housing (HUD-VASH) program and the Supportive Services for Veteran Families (SSVF) program.

Another important challenge in the effort to prevent and end homelessness was presented in 2011 when Congress passed the Budget Control Act. This required significantly reduced spending over the following nine fiscal years and implemented mandatory across-the-board cuts to many defense and non-defense programs. This Act had a negative impact on the ability to access additional housing units, affecting homeless and at-risk households the ICHH and its partners hoped to serve. The U.S. Department of Housing and Urban Development estimated that “as a result of the 2013 sequestration cuts, 125,000 individuals and families, more than half of whom are elderly or disabled, will lose assistance provided to them through the Housing Choice Voucher Programs. Sequestration will also do substantial harm to homeless assistance programs, as HUD estimates that more than 100,000 homeless and formerly homeless people, the majority of whom are members of families, disabled adults, or veterans will be removed from housing or shelter programs.”⁵ Since the Budget Control Act of 2011 went into effect, federal resources to meet the Commonwealth’s goals of preventing and ending homelessness have been compromised.

Signature ICHH Initiatives and Investments

Article 87

In 2009 an Article 87 reorganization was initiated to move management and oversight of the state-funded shelter systems from the Department of Transitional Assistance to the Department of Housing and Community Development, and the ICHH provided staff support to help negotiate the initiative. This was done in order to provide more seamless access to housing resources for those who are experiencing or at risk of homelessness. The initiative represented one of the first major efforts to formally realign the state’s resources under a Housing First framework in accordance with the Commission report. It reoriented how the state looked at the problem of homelessness, setting state agencies on a course toward housing-based solutions. It required and achieved significant support. Governor Patrick filed the necessary legislation, the Legislature supported the effort, and DTA, DHCD and the Division of Capital Asset Management and Maintenance took on the work of transitioning over 80 staff and \$200 million into the newly formed Division of Housing Stabilization. It resulted in improved connections to housing resources and additional resource targeting. The new division, along with the other divisions

⁵ National Alliance to End Homelessness, <http://www.endhomelessness.org/pages/sequestration>

within DHCD - Division of Housing Stabilization, the Division of Public Housing and Rental Assistance, the Division of Community Services, and the Division of Housing Development - now work in close coordination to ensure access and priority is given to those experiencing or at risk of homelessness.

Regional Networks to End Homelessness

The *Special Commission Relative to Ending Homelessness in the Commonwealth* report charged the ICHH with launching and monitoring the Regional Networks to End Homelessness pilot. Governor Patrick and the Legislature included \$8 million in the FY09 state budget to support the pilot. The ICHH responded by releasing a Request for Responses (RFR) inviting stakeholders from around the state to test innovative strategies that could inform emerging statewide housing approaches to ending homelessness. The goal of the pilot was to demonstrate how greater regional coordination and local innovations can improve the Commonwealth's ability to eradicate homelessness. A central hypothesis was that network-organizing would more fully integrate service providers around key innovations at the regional level and engage a broader range of stakeholders in support of housing-focused approaches. This approach attracted private investment as well. The Paul and Phyllis Fireman Charitable Foundation provided \$1.3 million to fund two of the Regional Networks and a formal evaluation of the entire initiative, thus establishing a strong public-private partnership that amplified the outcomes achieved.

In all, ten Networks were funded to participate in the demonstration, reaching every community in Massachusetts. Some Regional Networks used ICHH funds to expand upon proven best practices such as Housing First approaches to chronically homeless adults. Others tested new innovations focused on the delivery of targeted, flexible resources. In all cases, Networks sought to build new partnerships and match their innovations to regional needs and conditions through the network model.

The ICHH set out broad goals that the Regional Networks were required to address as they tested the viability of new approaches. These were:

- 1) Reduce the Need for Shelter and Achieve Housing Placement Outcomes
- 2) Collect Data and Measure Impacts
- 3) Create Opportunities for Broad-based Discussion with Diverse Stakeholders
- 4) Implement a Regional System that is a Model for Accountability and Transparency to Consumers and the Public
- 5) Build Systems Change and Accountability

The Networks each created work plans related to these goals and reported regularly to the ICHH on client-level and network development outcomes. Due to the demonstrated success of the 18-month Network pilot period, the Commonwealth allocated an additional \$1 million immediately following the close of the pilot period. A consortium of local United Ways contributed an additional \$560,000 in total to the Networks in their respective communities. A summary of the client-level outcomes for the initial pilot period as well as the extension period can be found in Table 1. The figures included in the table represent all reported Network outcomes, including those funded by ICHH resources and other local, state, federal and private funding streams.

Table 1: Fiscal Year 2009 – 2011 Regional Network Client Level Outcomes

Target Clients	Intervention Type	# Served
Families	Homelessness Prevention	13,083
	Shelter Diversion	1,188
	Rapid Rehousing	599
Individuals	Homelessness Prevention	686
	Rehousing for Chronically Homeless Individuals	609
TOTAL		16,165

The Regional Networks tested prevention initiatives for both individuals and families. Five Networks provided prevention for individuals (Metro Boston, Metro West, North Shore, South Coast, and Worcester County), and were targeted to those who were experiencing a short-term housing disruption who required modest support to maintain housing. Network strategies included identifying at-risk individuals through community-based nonprofits or housing courts and providing financial, legal, clinical and/or mediation services. The average cost of prevention for individuals was \$1,362 and served 686 people. While the types of services were not new, the level of coordination with other resources had expanded.

All ten Networks provided prevention resources for homeless families. Four of them established court-based prevention programs, and some worked systematically to engage large private and public landlords to preserve tenancies at risk. Techniques included building connections with local housing authorities, cultivating landlord relationships through targeted landlord outreach and hosting of landlord fairs, and sharing of landlord relationships among partners. All of the Networks worked to strengthen relationships between prevention providers and other homeless service providers to more quickly identify households at risk. The average cost of prevention for families was \$2,401 and served 13,083 people.

Of note was an effort throughout the Network pilot period to foster shared learning and dissemination of promising practices. In partnership with the ICHH, One Family, Inc. hosted five Peer Learning Sessions focusing on various policy and practice items relevant to the Networks. These were statewide convening sessions that covered topics including housing stabilization, consumer engagement, strategies for serving families in motels and chronically homeless individuals, rapid rehousing, low threshold housing, triage and assessment, and prevention and diversion protocols. All sessions were very well attended by Network membership, including Leadership Council chairs and members, provider partners, and other active Network stakeholders. The sessions received very favorable feedback about their impact on learning and collaboration.

The Peer Learning Sessions provided a platform for shared learning, and the Networks as a whole served as a platform for coordinated policy and practice innovations that continues today. In addition to the specific initiatives undertaken as part of the pilot period, Networks since then have served as the place where discussions about regional planning, fundraising, advocacy, and local implementation of federal and state programs take place. For example, Networks have

coordinated with Continuums of Care⁶ (CoC) to determine funding requests for HUD Emergency Solutions Grant resources. They have convened family services committees to organize regional strategies for implementing the state's HomeBASE⁷ program, and have facilitated regional interventions targeted to specific populations such as veterans and unaccompanied homeless youth. This regional platform has been especially useful in areas with multiple smaller CoCs, allowing for greater efficiencies. Additional details on the Regional Network pilots can be found in the final evaluation report written by the ICHH in February 2011.

During the pilot phase the ICHH utilized the Regional Networks to test a key Commission recommendation: Develop and test a Uniform Assessment Tool to ensure resources can be targeted to precisely fill the need for each individual and family. The Commission charged the ICHH with this task as one of its first priorities. An ICHH Working Group was established to provide input into the development and use of such a tool, and it was rolled out through the Regional Network pilots. All of the Networks were required to use it as it included new strategies for assessing housing and employment histories, among other things. The Uniform Assessment Tool pilot was an important step toward enhancing the field's understanding of how to collect data about people experiencing homelessness in order to help shape policy and programming. It was a precursor to additional work around data collection.

Today, eight of the ten Regional Networks continue to meet formally on a regular basis. They maintain Leadership Councils and a variety of working groups dedicated to particular issue areas relevant to their common agendas. Typical working groups include family services, individual services, youth, and veterans. State funding for the Regional Networks ceased in fiscal year 2011, though some have had some success in identifying private investment. The remaining two Networks have been on hiatus in a formal sense, but the relationships fostered since 2009 continue to function and improve coordination of multiple resources on behalf of people experiencing homelessness. Overall, the Network coordination has allowed for programmatic innovations and successful housing outcomes achieved through many priority population initiatives presented later in this report.

Community Housing and Services Memorandum of Understanding

The Commission report called for the creation of a targeted program for the development of permanent supportive housing to better serve the needs of homeless individuals and families. Subsequently, Chapter 58 of the Acts of 2012⁸ required 18 state and quasi-public agencies to execute a memorandum of understanding in order to facilitate the development of 1,000 units of permanent supportive housing by December 31, 2015. The ICHH assisted in convening and negotiating the terms of the MOU and has participated in implementation. The goal of the MOU was to foster improved interagency collaboration and coordination to meet the need for permanent supportive housing in the state. The parties are responsible for improving processes,

⁶ The United States Department of Housing and Urban Development supports the Continuum of Care Program that funds local networks of organizations to rehouse homeless individuals and to minimize trauma and dislocation caused to individuals, families, and communities by homelessness.

http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless

⁷ HomeBASE is a program of the Department of Housing and Community Development to provide flexible financial resources to families who are eligible for the state's Emergency Assistance (EA) family shelter program. Additional details can be found later in this report.

⁸ <https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter58>

making recommendations for new collaborative efforts, and devising a long-term plan for developing supportive housing. Additionally, the collaborative assesses the extent of public cost-savings associated with supportive housing and recommends strategic investments. The target populations for this housing include, but are not limited to people at risk of or experiencing homelessness, those who are at risk of or are institutionalized, people with disabilities, and elders. The MOU also established an organizing structure that consists of a Steering Committee that meets biannually, and is comprised of representatives from each signatory. An Interagency Supportive Housing Working Group meets monthly to carry out the work of the collaboration. It reports to the Steering Committee, and is comprised of representatives from agencies within the Executive Office of Health and Human Services, representatives from public and quasi-public housing agencies, a representative from DOC, a representative from A&F, and additional ad hoc members. In March 2014, Governor Patrick announced the Administration had met its goal of creating 1,000 units of permanent supportive housing over 12 months early.

Target Populations

A. Veterans

The Commission was charged with ensuring that the needs of veterans were addressed in the plan and prioritized. In April 2013, the Massachusetts Interagency Council on Housing and Homelessness released the *Massachusetts Integrated Plan to Prevent and End Homelessness Among Veterans*, which is aligned closely to *Opening Doors* and the VA plan. The Statewide Steering Committee established by the ICHH and the Department of Veterans' Services, under the direction of Lt. Governor Murray, engaged over 200 stakeholders from across the state to develop the guiding principles, goals, targets, and strategies contained therein. The Plan has a compelling vision: all Massachusetts veterans will have a stable place to call home. Its overall goal is bold: reduce the number of homeless veterans in the Commonwealth by 1,000 point in time by the end of 2015.

The Steering Committee organized its goals within a Four Pillar framework of (1) Housing, (2) Prevention, (3) Intervention, and (4) Partnerships. The specific goals addressed by the plan include:

Goal 1: Veterans who become homeless are rehoused and stabilized

Goal 2: Veterans most at risk of homelessness remain housed.

Goal 3: Veterans have increased access to benefits and resources

Goal 4: Federal, state, and community resources are aligned and integrated to support veterans.

The following are signature initiatives of the Plan to Prevent and End Homelessness among Veterans.

- Reduce the 2011 homeless veterans PIT count by 1,000 by the end of 2015.
- End chronic homelessness among veterans, from 450 to 0, by the end of 2015.

- Access 1,000 units of permanent housing to meet plan goals by end of 2015.
- Support the VA's efforts to build community capacity to serve veterans where they live by contracting for HUD-VASH case management, peer support and other services with DVS and community-based non-profits.
- Expand partnerships between VA, MA ICHH, DVS (Chapter 115), DHCD, Continuums of Care (CoC), VSOs, Housing Authorities, Regional Homeless Networks, and the Regional Housing Network.
- Develop regional lists of homeless veterans in partnership with CoCs, Regional Networks to End Homelessness, and city and town Veteran's Services Officers (VSO's) in order to prioritize resources and support services, to track progress and outcomes for specific individuals, and to understand the scope of veterans who are newly homeless and accessing systems of care.
- Launch a demonstration project in Year 1 of this plan to test the feasibility of conversion strategies that allow providers to utilize existing veteran's emergency and transitional housing resources for permanent housing and community-based supports.
- Improve research and data to better inform policy and target resources.

In the first year of implementation, the Steering Committee saw several successes. During fiscal years FY13 and FY14 321 HUD-VASH vouchers were distributed across the state, providing rental assistance and case management to homeless veterans. DHCD exceeded its goal of providing funding for 250 new units of affordable housing for veterans. Since 2013 the Department awarded funding to develop 370 new affordable housing units targeted to veterans. The Support Services for Veteran Families program increased with a \$9 million funding surge for the Boston, Worcester and Western regions of the state. This built upon the over \$10 million already allocated to the state to support 2,700 veterans since the program's launch. Additionally, the Steering Committee successfully engaged critical implementation partners, including Continuums of Care, Regional Networks to End Homelessness, and local housing authorities.

While there has been much progress in providing housing and services for homeless and at risk veterans, some challenges remain. Federal resources through the HUD-VASH program have not kept pace with previous years' allocations, resulting in challenges meeting the plan's housing goals and forcing additional planning and resource identification. Various systems providing resources and support to homeless and at-risk veterans continue to operate in isolation of one another, although progress has been made through the various Working Groups. Cross-training and information-sharing across all relevant systems of care continues to be a challenge, and the second year of implementation has focused on this area. Data quality and accessibility is also a significant challenge with different providers reporting data into separate systems. The Steering Committee has also focused much of its energy in the second year of implementation to more effectively track progress against the plan.

B. Unaccompanied Homeless Youth

The Commission report identified youth, particularly those aging out of foster care, as a part of the target population, however, it didn't offer any further discussion of their particular needs or

effective strategies to support them in housing. Very little was known systemically about this subset of the population at that time, though providers were aware that homeless youth faced a unique set of circumstances.

In 2012, the ICHH Advisory Board developed a working group focused on unaccompanied homeless youth in response to growing recognition nationally and locally about their unique needs. The ICHH charged the Youth Working Group with developing a recommended definition of this population and a methodology for counting them more effectively. They presented their recommendations to the ICHH in September 2012. During that same time, the FY13 state budget included an outside section establishing a Special Commission on Unaccompanied Homeless Youth (UHY Commission) to be chaired by the Executive Office of Health and Human Services.

EHS has overseen the Unaccompanied Homeless Youth Commission since 2012. Many of the same partners who had been working with the ICHH Youth Working Group were named as members of the UHY Commission. That body began meeting in December 2012 and is responsible for making recommendations relative to services for unaccompanied homeless youth age 22 and younger with the goal of ensuring a comprehensive effective response to the unique needs of this population.

Specifically, the UHY Commission was charged with analyzing the barriers to serving unaccompanied homeless youth who are LGBTQ and those who are under age 18. It must assess the Commonwealth's ability to identify and connect with unaccompanied homeless youth. Finally, it must make recommendations relative to the housing and service models necessary for ending homelessness among unaccompanied youth. The UHY Commission is required to submit annual reports to the Governor, Legislature, and Office of the Child Advocate.

As a first priority the UHY Commission developed an agreed upon definition of unaccompanied homeless youth, and asked the ICHH Youth Working Group to present its recommendations related to the definition at its first formal meeting. That definition was largely adopted with some minor adjustments and includes those who are 24 years of age or younger who are not in the physical custody or care of a parent or legal guardian, and who lack a fixed, regular and adequate nighttime residence.

The next major initiative of the UHY Commission was to conduct a count of unaccompanied homeless youth. On January 29, 2014 Massachusetts became the first state to conduct a full statewide count of this population on the night of the annual Point in Time count. In addition to the point in time census, a more detailed demographic and service use survey was administered over the course of the following week. The Executive Office of Health and Human Services made \$150,000 available to DHCD to conduct the count, with the majority spent on capacity building grants to the Continuums of Care. All 18 CoCs participated and the ICHH coordinated a full evaluation of the effort which was released in October 2014⁹. The count produced 795 surveys from respondents meeting the definition of unaccompanied homeless youth. The Commission views the results as representing a strong sample of the population. However, the UHY Commission will use this information to make improvements to future counts and inform recommendations for services and housing. Legislative appropriations in the FY15 state budget have provided resources to conduct a second annual count. The work of the ICHH Youth

⁹ The full report can be found at: <http://www.mass.gov/hed/economic/eohed/dhcd/news-and-updates.html>

Working Group and the UHY Commission have greatly improved the Commonwealth's understanding of homeless youth and set a course for improved outcomes.

C. Survivors of Domestic Violence

Although domestic violence was not explicitly addressed in the Commission report, it is now well understood that domestic and sexual violence often is a significant factor in homelessness among families and other women. Since 2009, the ICHH and the Governor's Council to Address Sexual and Domestic Violence (GCASDV) have fostered an intentional partnership to better understand the interplay between violence and homelessness. That partnership began with a simple recognition of the overlap in target population between the two Council directors and Lt. Governor Murray, who served as chair of both. At his urging, each Council was represented on the other in order to formalize information-sharing and joint planning. Over time it has developed into a robust interagency committee that is informing the work of multiple state agencies and their partners.

The ICHH and GCASDV convened a core group of division and program office leaders from DCF, DHCD, DPH and DTA to provide a framework for moving forward, and to shepherd and refine the process of strategically integrating the relevant state systems of care. The Steering Committee also included the Full Frame Initiative¹⁰ to support framing the vision and proposed outcomes, and to support use of the Five Domains of Well-Being¹¹ framework for system integration as the state pursues family-centered, trauma-informed, outcome-oriented services and systems.

In August 2013 the Steering Committee, with the approval of both Councils, released its plan, entitled *Increasing the Effectiveness of Government's Response to the Intersection of Homelessness, Domestic Violence and Sexual Violence in the Commonwealth of Massachusetts*. The full report can be found at <http://www.mass.gov/hed/economic/eohed/dhcd/news-and-updates.html>. Since then the Steering Committee reformed under the name of the Integration Task Force and expanded membership to include a variety of housing, homelessness, and sexual and domestic community-based partners all working on implementation of the plan. The target population for the Integration Task Force's work, and who are to benefit directly from these recommendations are: survivors of sexual and/or domestic violence who are homeless or at risk of homelessness. These individuals or families are eligible for DCF or DPH-funded domestic and sexual violence services and/or to receive housing or shelter services through DHCD's shelter, prevention, diversion and re-housing programs.

The plan included eight recommendations:

1. Create an Integration Task Force to support policies that support survivor success.
2. Develop a common assessment tool and a differential response protocol that can be applied across DHCD, DCF, DPH, and DTA services for survivors of domestic and/or sexual violence who are homeless or at risk of homelessness.

¹⁰ The Full Frame Initiative is a national nonprofit based in Greenfield, MA working to break cycles of poverty and violence through systems change. <http://fullframeinitiative.org/>

¹¹ The Full Frame Initiative has identified the Five Domains of Well-Being as the universal, interdependent and non-hierarchical needs of all people. They include: social connectedness, stability, safety, mastery, and meaningful access to relevant resources. <http://fullframeinitiative.org/resources/about-the-full-frame-approach-and-five-domains/>

3. Align future bids with Anchoring Principles.
4. Employ joint purchasing to support most vulnerable cross-over populations.
5. Invest in Training.
6. Invest in Partnerships and Information Sharing.
7. Reinforce and Strengthen Existing Policy and Practice.
8. Take Immediate, Concrete Steps to Launch Full Action Plan.

In the first year of implementation the Integration Task Force has made progress on several recommendations. First, the Task Force was established and expanded, with the full support of EHS, the Executive Office of Public Safety and Security, and DHCD. Leadership of the Task Force is a joint effort of DHCD and EHS, thus embedding the vision and mission of the group within the lead agencies. Also as a result of this work, in August of 2014, the Executive Office of Health and Human Services (EOHHS) established the position of Director of Violence Prevention within the Children, Youth and Families Cluster, to work across EOHHS agencies and in partnership with the Department of Housing and Community Development to determine methods and procedures to eliminate barriers to accessing domestic violence services. Part of the role of the Director of Violence Prevention will be to develop policy and practice recommendations to reduce the fragmentation of delivery of services and foster greater interagency coordination to address long term needs and gaps in resources for victims of domestic violence.

Working groups have been established to implement the other recommendations. The most significant progress to-date has been in the investments in training and establishing partnerships. The Full Frame Initiative has provided training to state agency staff and community-based partners on utilizing the Five Domains of Well-Being framework to more effectively serve survivors experiencing homelessness. They will continue to provide technical assistance in implementation of the framework through 2014. Additionally, the Integration Task Force convened over 100 participants representing Emergency Assistance and sexual and domestic violence providers. The full-day session offered information about working with homeless survivors and strategies for offering holistic, survivor-centered services, while facilitating cross-sector communication and relationship building. Participants also offered input into the Integrated Task Force's work which has assisted in the development of further implementation plans.

D. Individuals Experiencing Chronic Homelessness

The legislation establishing the Homeless Commission required it to ensure that those experiencing chronic homelessness were prioritized in the plan. The Commission report laid out a framework that provided such prioritization and called for initiatives targeting them to be implemented first. It included many specific recommendations for this population focused on supportive housing, low-threshold housing, and specialized employment services.

Since the Commission report's release, the ICHH maintained the priority for chronically homeless individuals in a variety of ways. First, the Regional Networks were required to focus services for individuals on those experiencing chronic homelessness, and to do so through low-threshold permanent supportive housing. The ICHH engaged the Massachusetts Housing and Shelter Alliance as a technical assistance provider for the Regional Networks, assisting with designing and implementing rapid rehousing initiatives for chronically homeless individuals. Regional Networks used the *Home and Healthy for Good* evaluation tool, providing analysis of

outcomes for this population during the Network pilot period. Eight of the ten Regional Networks implemented programs, and housed 609 chronically homeless individuals from 2009-2011 using a variety of funding streams including ICHH resources. Several Networks reported that the focus on chronically homeless individuals during their pilots resulted in longer term programming that is ongoing.

Secondly, the ICHH worked to incorporate a priority for chronically homeless individuals into its other special initiatives. Most significantly, they are named in the *Massachusetts Integrated Plan to Prevent and End Homelessness Among Veterans* and the *Ending Homelessness Among Older Adults: A Blueprint for Action*, which will be discussed in more detail later in this report. As mentioned above, one of the signature initiatives of the Veterans Plan is to eliminate chronic homelessness among veterans by 2015. Regional Networks and Continuums of Care have been engaged in implementing that priority locally. The ICHH Older Adult Steering Committee has also begun raising awareness of the number of older homeless adults experiencing chronic homelessness. One of its eight articulated goals is to reduce chronic homelessness among older adults through the expansion of supportive housing opportunities and leveraging existing programming.

E. Older Adults

The Commission report names elders as a priority population, but does not include specifically designed recommendations. Senior leadership from the Executive Office of Elder Affairs have been active members of the ICHH since the beginning, consistently advocating for targeted planning and policy initiatives to address the needs of homeless and at-risk elders. In an attempt to build awareness of homelessness among older adults and develop more effective housing and service strategies, the ICHH and the Executive Office of Elder Affairs launched the Older Adult Steering Committee in 2013. In addition to ICHH and EOEA staff, the Steering Committee consists of seven community partners, as well as representatives from DHCD, DMH, DPH, and MassHealth. The group's initial goal was to outline a set of short- and longer-term action items to prevent and end homelessness among older adults. The process of articulating the action plan was beneficial in building a coalition among relevant state agencies and community-based partners who are now working toward a shared vision. The initiative also has prompted state agencies to better understand the number of homeless and at-risk elders they are currently serving through programs not specifically designed for elders, thus enhancing their ability to recognize their clients' needs as older adults.

Older homeless adults have special needs and a distinct strategy for them is important for a variety of reasons. They have limited opportunities for additional income, they often experience the range and severity of health issues similar to people 15 years older, and they have a different set of available resources. Even though many benefits and services for elders begin to become available to those at age 60, the Steering Committee has targeted its work to homeless adults aged 50 and older based on premature aging associated with homelessness and often untreated chronic health conditions.

In May 2014 the ICHH adopted the Steering Committee's plan, entitled *Ending Homelessness Among Older Adults: A Blueprint for Action*¹².

¹² The full report can be found at: <http://www.mass.gov/hed/economic/eohed/dhcd/news-and-updates.html>.

The Working Group organized its short and long-term action steps within an eight goal framework:

Goal 1: Increase awareness of homelessness among older adults

Goal 2: Strengthen existing homelessness initiatives to include older adults as a priority population

Goal 3: Improve data quality to understand the scope of homelessness among older adults and track progress in prevention and rehousing.

Goal 4: Build partnerships to enhance coordination and maximization of housing and service resources

Goal 5: Explore opportunities for providing older adults who become homeless with safer, more supportive alternatives to emergency shelter.

Goal 6: Prevent at-risk older adults from becoming homeless.

Goal 7: Reduce chronic homelessness among older adults.

Goal 8: Serve homeless and at-risk older adults by using triage and assessment practices designed to ensure targeted application of prevention, rapid rehousing, and stabilization resources.

The Steering Committee plans to continue working together on implementation of the short term action items and further planning for longer-term items. Older adults have already been added as a special population for further consideration and access to resources within the implementation plans of the Veterans and Social Innovation Finance initiatives.

Related Agency-Specific Initiatives and Investments

Below are a few examples of key initiatives fostered within ICHH member agencies that align with the goals of the Commission, and are a result of the increased understanding that ending homelessness is an interagency and interdependent enterprise.

Department of Children and Families

The Department of Children and Families is committed to addressing the housing needs of the families the agency serves. The following is a summary outlining the Department's collaborative to eradicate family homelessness.

A. Homeless Health and Safety Assessment Unit

In 2009, DCF and DHCD collaborated through an Interagency Service Agreement (ISA) to assess families' eligibility for shelter placement. Following basic eligibility screening by DHCD, the DCF Homeless Health and Safety Assessment Unit (HAS) conducts a home visit and completes an assessment to determine if a child or expectant mother "faces a substantial health and safety risk that is likely to result in significant harm should the family remain in such housing situation."

B. DCF/DHCD Hotel Collaboration

In 2013 DCF staff in the Homeless Health and Safety Assessment Unit expanded their role to include providing case management to EA families placed in hotels/motels. In addition, bi-

annually the staff conducts a point in time count to identify the number of DCF involved families accessing EA and placed in hotels.

C. Housing Stabilization Unit

The DCF Housing Stabilization Unit (HSU) provides case consultation to DCF involved families and the area office field staff working with families faced with housing concerns and/or economic barriers. HSU staff helps with problem solving, referral to local and statewide resources, short and long term planning to address and ameliorate the impact of housing instability and economic stressors. The HSU has a case consultation line that is checked hourly Monday through Friday during business hours. HSU staff visit area offices and provide individual and group consultations as well as trainings.

D. Family Unification Program

The HSU also oversees the Family Unification Program, a collaborative effort between DCF and DHCD that provides housing assistance using a Section 8 voucher to DCF involved families with children in placement that do not have permanent or adequate housing to which their children can be returned, families for whom a lack of adequate housing is the primary factor in the imminent placement of their children, and/or families who have been involuntarily displaced due to domestic violence.

E. The New Chardon St. Temporary Home for Women and Children

The New Chardon St. Temporary Home for Women and Children shelters 10-14 families who are DCF involved and experiencing homelessness. During their stay families are provided with case management, housing search, support in achieving economic self-sufficiency, activities to promote well-being, three meals per day and 24 hour awake staff.

Department of Correction

The Department of Correction has a long standing relationship with the ICHH and Regional Networks. Regularly scheduled meetings enabled DOC to build strong relationships with key community stakeholders and gain a more comprehensive understanding and appreciation of how everyone's policies, procedures and practices could be better aligned to achieve the common goal of reducing homelessness. DOC gained valuable insight into each organization's approach to addressing the complex issues associated with reducing homelessness. This experience has strengthened communication and improved partnerships between critical stakeholders enabling the Department to divert releasing offenders from unsuitable housing options.

Through collaboration with the ICHH and Regional Networks, DOC has been able to assess and identify gaps in the discharge planning process. The biggest gap was the lack of dedicated staff to perform the critical function of securing suitable housing for offenders identified as "at risk" for homelessness. This process led to the establishment of a reentry Housing Search Specialist (HSS) model. This model combines the use of technology, partnerships with the community and a network of highly trained and motivated staff to singularly focus on securing suitable housing for releasing offenders who have been identified as "at risk" for homelessness. Housing Search Specialists have access to resources specifically designed to assist them in securing suitable housing. The Housing Resource Search Application is an easily accessible, searchable database that includes over 200

residential programs and a feedback feature that ensures the information is current and accurate. Housing Search Specialists conduct regular site visits to strengthen relationships with community based service providers and attend quarterly meetings to share best practices, problem-solve and develop strategies to build on relationships with community based service providers. The Housing Search Specialist Model has proven to be an effective and integral component of the Department's reentry continuum.

The ICHH and Regional Networks provide a forum that promotes collaboration with all of the stakeholders with a focus on improving the system. The Department holds a seat at other interagency forums to include the Interagency Supportive Housing Steering Committee and Working Group focused on ending homelessness utilizing a “housing first” philosophy. DOC recognizes that secure housing is a core element of the discharge planning process and is directly linked to reducing recidivism. DOC is committed to working collaboratively with other agencies toward a common goal of eliminating homelessness.

Department of Early Education and Care

As the state has confronted the prevalence of high-needs children in certain localities and across the state, Massachusetts has gone beyond simply understanding the research on “toxic stress” and healthy child development; it has used a science-based framework to enact smart, forward-thinking legislation and create a high quality early learning development system, which provides access to comprehensive services. EEC’s approach is predicated on meaningful engagement—of families, of communities, and of the public and non-profit organizations, both state and local.

To this end, EEC targets some of its financial assistance to "priority populations", including but not limited to families who are homeless and living in a Massachusetts’ shelter, or have been found eligible for shelter but are placed in hotels because there are no available shelter beds or are participating in a Department of Housing and Community Development (DHCD) program and are authorized for early education and care services by a regional DHCD Homeless Coordinator. The contracts were issued in July 2010 for an initial term of three years with two, two-year options to renew. There are currently 693 contracted early education and care slots to serve homeless children, which represents a 715% increase since FY07 when there were just 85 homeless child care slots statewide.

A. Trainings on Early Education Resources and Service Delivery for Family Shelter Providers

EEC and DHCD have worked together to create a more comprehensive early learning and development system for high need families with young children from birth to five years of age, including those that are homeless and those formerly homeless and recently housed. The goal of this is to offer information and training to early education and care providers and DHS contractors who provide shelter and stabilization services to present an enhanced and standardized understanding of the developmental needs and risk factors of young children experiencing homelessness. In 2012 EEC and DHCD began an initiative to provide joint trainings targeted to shelter supervisors/program directors and early childhood providers. This joint training helps to strengthen the relationship between the sheltering system and the child care provider network to ensure on-going access to the homeless child care slots that EEC has made available to DHCD. These trainings ensure that all early education and care providers and

family shelter providers are aware of the resources available to homeless children, and that they have the ability to access a standardized screening tool for each child ages 0-5 in their program while expanding the capacity of all programs to promote the most effective practices that foster child development and learning outcomes.

B. Child Screening and Assessment

As part of EEC's Race to the Top-Early Learning Challenge (RTT-ELC) work plan, EEC collaborates with other Massachusetts state agencies to ensure that all children in the Commonwealth have access to developmental educational opportunities. As part of this work, EEC partnered with DHCD to ensure that homeless shelter providers and agencies who work with young children and families were equipped with the knowledge and tools to engage parents in their child's development. In 2013, DHCD hired an Early Education and Care Liaison to coordinate partnership activities with EEC. DHCD staff and caseworkers at homeless shelters will be trained on the Ages and Stages Questionnaire, and will help families served by DHCD to connect with their local Coordinated Family and Community Engagement grantee to obtain developmental screening for their children and obtain services as needed.

C. Other EEC Interagency Partnership Efforts

- DPH, DHCD, EEC and Horizons for Homeless Children are collaborating on a training/coaching project for shelter workers and their supervisors. The project will be piloted in Metro Boston in fall of 2014, and will focus on attachment, brain development, the effects of trauma, and tools to support the parent child relationship.
- The DHCD-EEC Liaison is going to DTA offices with the highest numbers of families applying for EA shelter and talking with parents in the waiting rooms about early childhood development and distributing resource packets.
- As a pilot program, DHCD and EEC are working to get already-developed WGBH educational videos for parents on display at 2 - 3 large DTA offices across state. The purpose of these videos is to provide parents with tips on child development and positive parenting while they are waiting for appointments in the offices.

Department of Elementary and Secondary Education

The Department of Elementary and Secondary Education (ESE) has been a member of ICHH and continues to work with the Council to ensure that homeless children and youth have access to a free and appropriate public education. Massachusetts public schools identified over 17,000 homeless students during the 2013/2014 school year most of whom received services and benefits from other state agencies. Collaboration with these agencies, particularly DCF, DHCD, and DPH, has opened up communications to address barriers and policy issues impacting the educational needs of homeless children and youth. ESE's increased knowledge of housing and homelessness obtained through the ICHH has informed schools across the Commonwealth regarding the broad array of needs their homeless families are confronting and how that may impact learning in the classroom. Additionally, ESE has representation on the Special Commission on Unaccompanied Homeless Youth and has been active, along with other council members, in the Commission's work to understand the unique needs and concerns of this population.

Department of Housing and Community Development

A. Affordable Housing Production

The Patrick Administration commitment to affordable housing for extremely low-income individuals and families is broad, deep, and ongoing. Since the beginning of the administration, DHCD has taken numerous steps to encourage and support the production and preservation of extremely low income (ELI) units, including units reserved for individuals and families making the transition from homelessness. The administration also has placed a strong emphasis on the provision of support services for ELI households and, in fact, created a new program – the Housing Preservation and Stabilization Trust Fund (HPSTF) -- to fund these services, which can make such a difference to the individuals and households receiving them.

In the normal course of business, DHCD holds one or two competitive funding rounds each year to select affordable rental projects and to address the significant and ongoing need for affordable rental units. Since Governor Patrick took office in 2007, DHCD and its quasi-public affiliates have provided approximately \$1.5 billion in state and federal resources to produce or preserve 24,663 rental units, with 22,428 (90%) of the units reserved for low-to-moderate income households and 4,204 reserved for ELI individuals and families. The Department also has accepted funding applications for certain ELI projects on an out-of-round basis; has strongly encouraged Single Room Occupancy housing; has strongly encouraged veterans housing; and is working with a new private initiative called New Lease to aid homeless families.

DHCD Funding Rounds and ELI Units:

Each year DHCD issues guidance to the development community to help developers prepare for the funding rounds. One important document, updated annually by the Department, is the Low Income Housing Tax Credit Qualified Allocation Plan, or QAP. The information in the QAP guides the Department's tax credit allocation decisions, but it also is relevant to other DHCD rental housing resources, such as the Affordable Housing Trust Fund, the Housing Stabilization Fund, the HOME program, the Housing Innovations Fund, et al. The annual QAP firmly calls out the need for more rental housing for ELI individuals and households. In fact, the need for ELI units is one of four priority funding categories expressed in the QAP, and developers can only submit rental funding applications if they conform to one of the four priority funding categories. DHCD has just completed the draft 2015 QAP, and the priority for ELI units remains one of the four priority funding categories.

In recent funding rounds, the DHCD Undersecretary has made 200 state-funded project-based assistance available to help support affordable units, including ELI units. The availability of this assistance, through the Massachusetts Rental Voucher Program (MRVP) can make it possible for a developer to include ELI units in a project that would not be feasible without the project-based vouchers.

Single Room Occupancy Housing:

The administration is committed to supporting ELI units both for individuals and for families. The commitment to individuals is exemplified by DHCD support for Single Room Occupancy (SRO) housing, which was a recommendation of the Commission. SROs are one of the best resources for individuals with extremely low incomes. Since 2007, DHCD has funded over 70 SRO properties with approximately 1,400 total affordable rooms. Most of these rooms are occupied by ELI tenants.

DHCD actively encourages the sponsors who work with this population to prepare SRO funding applications, which the Department often is willing to review on a rolling basis, rather than through regularly scheduled competitions. Among the most active SRO sponsors are the Caritas Communities, Father Bill's & Mainspring, Pine Street Inn, South Middlesex Opportunity Council, and several Massachusetts YMCA/YWCAs. Some of the properties developed by these sponsors (and other sponsors) specifically target homeless veterans in need of housing and services.

Housing Preservation and Stabilization Trust Fund:

The Housing Preservation and Stabilization Trust Fund (HPSTF) was created in the FY14 DHCD budget to establish a flexible means of funding affordable housing for low income individuals and families, particularly those most at-risk of becoming homeless. The program is innovative because it consolidates the allocation of capital funds to build the units, operating dollars to make units affordable to those at the lowest income levels, and supportive service dollars to pay for community based housing supports. In April 2014, sixteen projects in locations across the Commonwealth were funded, receiving \$25 million to support 349 units of affordable supportive housing for vulnerable populations including homeless families and individuals, persons with disabilities, veterans, and others with special needs.

Veterans:

The Patrick Administration is deeply committed to ending homelessness among veterans, and DHCD has worked closely with sponsors that specialize in veterans' issues to create permanent affordable housing options for homeless veterans statewide. Since 2007, DHCD has made awards for 650 housing units targeted to veterans, 622 of which are affordable. Soldier On, based in Pittsfield, currently is developing two veterans projects with 60 units on land made available on the veterans hospital site in Northampton. Soldier On also is partnering with the O'Connell Company to redevelop the Chapin School in Chicopee as 43 units of veterans housing. At the time of this report the project is in the closing process, and Worcester Veterans is in the process of closing on financing for 35 units for homeless veterans in Shrewsbury. Peabody Properties has emerged as a strong sponsor of veterans projects and is beginning the process of closing a 70 unit veterans' project in Bedford. Two years ago, Peabody Properties completed a successful historic rehabilitation for veterans in the heart of downtown Beverly, a short distance from the commuter rail station and from a veterans' service office. There are other examples as well of DHCD's efforts to support homeless veterans – efforts that are ongoing and mission-critical for the Department.

New Lease for Homeless Families:

In an effort to serve ELI individuals and households, DHCD also has been working with a group of private affordable housing owners, who have established a first-in-the-nation initiative – New Lease for Homeless Families - to modify the tenant selection plans at some of their projects and to house homeless families as certain units become vacant. The owners involved in New Lease also are ensuring that the homeless families have access to supportive services to help them succeed in their new apartments. DHCD and the New Lease owners and staff are working together to track the number of homeless tenants housed under this initiative, which became fully operational during 2014. To date, 65 homeless families have been housed. The Department applauds the efforts of the private owners to help vulnerable Massachusetts families through New Lease. DHCD also is strongly encouraging private owners who are not currently participating in the initiative to participate in the future.

B. Public Housing Investments

Since taking office in 2008, the Patrick-Murray Administration has taken action to protect and strengthen the safety net that state-aided public housing's 45,600 units provides for our state's most vulnerable families, seniors and persons with disabilities. The significant gains made through funding increases and program innovation laid the foundation for the work of the Commission for Public Housing Sustainability and Reform in 2012 (Public Housing Commission). The Public Housing Commission made recommendations related to asset management and governance, effectively responding to the needs of residents, funding for long-term preservation and sustainability, statutory and regulatory improvements, and public process and transparency. Those recommended activities began immediately following the release of the report. Although not all of the activities are specifically targeting homeless households, each is designed to ensure public housing is an effective and efficient resource for all those who are seeking assistance or currently living in units.

Two initiatives are worth noting specifically, as they relate to recommendations contained in the Commission report. First, DHCD instituted a Vacancy Waiver Policy and a Vacancy Unit Turnover initiative to reduce the time state-aided public housing units sat empty. DHCD discontinued paying operating subsidies for units that remain vacant longer than 60 days unless the LHA can provide evidence it doesn't have the resources necessary to make the unit safe. It is in those cases that a waiver is issued. Additionally, DHCD has issued \$3.35 million to restore some of the 1,000 units of public housing that have been vacant longer than 60 days. Both of these align with the Homeless Commission recommendations related to maximizing the use of Extremely Low Income housing through increasing funding and availability of state-aided public housing units.

Secondly, DHCD has proceeded in the development of a centralized application and wait list for state-aided public housing and voucher programs. A Request for Information was released in 2013, and DHCD subsequently requested funding from the Legislature and the Information Technology Division in order to build the online system. DHCD is currently awaiting funding decisions. In line with Commission recommendations, a centralized application and wait list would ease applications and facilitate improved access.

C. Homelessness Prevention and Rapid Rehousing Program

In February 2009, President Obama signed the American Recovery and Reinvestment Act, which included \$1.5 billion for the Homelessness Prevention and Rapid Rehousing Program (HPRP). Massachusetts received \$44.5 million, of which \$18.4 million was administered by DHCD. HPRP represented significant investments in prevention with 30% of the state's grants being targeted for such activities. During the grant period a total of 1,819 distinct households received HPRP prevention resources. Of those, 1,496 households received financial assistance, most commonly in the form of rental assistance, security deposits and utility payments. Also, 1,682 of the total households received housing relocation and stabilization services, most commonly in the form of case management, outreach and engagement, and housing search and placement. The average length of participation in the prevention program was 263 days, or just under 9 months. The timing of HPRP resources was opportune, as it arrived just as the Regional Networks were launching. Network organization aided in the coordination and maximization of HPRP funds.

D. Approaches for Homeless and At-Risk Families

Since the release of the Commission report, family homelessness has increased nationally and locally, and in response DHCD has dedicated significant resources and implemented multiple programs and policy initiatives to prevent and end homelessness for homeless and at-risk families. Some of the most significant approaches for families are outlined below.

Moving to Economic Opportunity:

In response to the Homeless Commission report, MassHousing granted \$7 million in funding to DHCD in 2008 to provide housing services for very low-income homeless families. The Moving to Economic Opportunity (MEOP) program served 130 homeless families, and is administered through three of DHCD's contracted regional nonprofit housing agencies (Boston, Worcester, and Lowell regions), as well as through Lynn Housing Authority and Neighborhood Development. The goal for the program was to encourage and support economic self-sufficiency for families who had previously been in the Emergency Assistance family shelter program. MEOP launched in 2009 as a partnership between DHCD and the Department of Transitional Assistance to provide a four-year rental assistance benefit, stabilization services, and job training. The stabilization component of DTA's work funded program ended in 2010, but MEOP continued to provide families with rental assistance and access to an escrow account based on earned income. Beginning in 2013 MEOP participants began to transition off of the time-limited program. To assist with the transition, DHCD provided an additional flexible subsidy (up to \$4,000) that could be used for further rental support, moving costs, or other activities to support stability, such as job training or child care. Participants will continue to transition off the program through FY15. In 2013, 85% of those with earned income were escrowing, which means they were earning above an entry level wage. The average household escrow was \$3,415, and 14% have more than \$4,000 in escrow.

Flexible Funds Program:

To formalize rapid rehousing approaches within its Emergency Assistance family shelter system, DHCD provided funding through Emergency Assistance contracts for the Flexible Funds program from FY10-FY11. Flex funds was designed to facilitate housing placement for homeless families being sheltered through the EA program. The program had three elements: (1) flex funds for families being placed into subsidized housing, (2) flex funds for families being placed into market rate housing, and (3) transportation funds for families moving out of state. Assistance was available to families for an initial period of 12 months, but could be extended in six month increments if certain criteria were met. Families entering subsidized housing could use Flex Funds for first/last/security deposit, moving expenses, furniture, or utility arrearages. Families moving into market rate units could also use it for a short-term subsidy to assist with rent. EA providers were required to provide stabilization services for at least 1 year post-placement. In total during FY10 and FY11, 3,291 families were rehoused out of shelter using \$29,588,720 in DHCD appropriations, making it the most significant rehousing tool available during that time period.

Residential Assistance for Families in Transition (RAFT):

In addition to HPRP and Regional Network investments into prevention activities, DHCD made a major reinvestment into RAFT after some challenging state budget years forced funding cuts.

In Fiscal Year 2013 RAFT was increased from \$260,000 to \$8.76 million with the intention of being more closely targeted to families who would have been eligible for Emergency Assistance prior to some revised eligibility standards. Specifically, RAFT was redesigned to assist families who had been doubled up so they no longer had to enter shelter to receive assistance. To do this, no less than 90% of the funds were reserved for families below 30% area median income (AMI). DHCD also introduced a targeting tool that used a screening questionnaire to identify families at highest risk of homelessness. The goal of the new targeting method was to serve families who, but for prevention assistance, would likely enter the EA system. It also allowed agencies to extend funding throughout the majority of the fiscal year, which had always been a challenge with the program historically. RAFT resources were available through early May. In total, 2,684 families were served with an average per family cost of \$2,617.

In Fiscal Year 2015 the positive response to the newly designed RAFT program resulted in an increase of the program to \$11 million. Part of the increase was to allow families transitioning off of HomeBASE Rental Assistance (HBRA) to access RAFT resources and remain stably housed. In total 231 former HBRA families accessed RAFT. In March of FY14, the Legislature modified the income targeting budget language to reserve no less than 50% of the funds for families below 30% AMI. Year-to-date the program has served 2,978 with an average per family cost of \$2,612.

HomeBASE:

Building on the experience of the Flexible Funds and HPRP programs, DHCD launched the HomeBASE program in August 2011 in an attempt to institutionalize and improve its ability to provide EA-eligible families with housing-based alternatives to shelter. The program was funded through a new line item and began with two components: (1) rental assistance, and (2) household assistance. Rental assistance was available to cover rent in units up to 110% (with a waiver) of Fair Market Rent, with participants paying 35% of their income toward rent. Initially rental assistance could be available for up to three years for each participant, but it was later adjusted to a maximum of two years. Household assistance was designed as a flexible benefit up to \$4,000, and was commonly used for moving costs, first/last/security deposit, or utility arrearages. These resources were made available to any EA-eligible family. Those already in shelter or motels could utilize it as a rehousing tool, and families who were determined eligible at the intake offices could access it as a shelter diversion tool. Eleven agencies across the state administer the program on DHCD's behalf, and provided staff support at the local DTA office to provide diversion opportunities. Shelter staff partnered with HomeBASE agencies to refer their clients to the program.

The number of families seeking HomeBASE assistance far outpaced expectations. In its first three months 1,177 families accessed HomeBASE, which was 45% more than anticipated. The biggest difference between the projection and actual numbers related to families who were being transitioned from Flexible Funds directly to HomeBASE. Flexible Funds participants who were still in housing being subsidized by that program had their leases rolled onto the HomeBASE program, as did some families being served by the HPRP program. The Flexible Funds and HPRP families represented 52% of the total number of families served by HomeBASE in the initial three months. The \$38.5 million program budget was fully committed in the first three months, causing DHCD to close the rental assistance component for new families entering EA.

Household assistance has continued each year, and provides an important and flexible tool to assist with rehousing and shelter diversion. In FY15 the maximum benefit was increased from \$4,000 to \$6,000. DHCD also dedicated funds from the Housing Preservation and Stabilization Trust to supplement the program for families being rehoused out of shelter with HomeBASE household assistance, providing up to \$8,000 per family. Through the first three years of the program (FY12-FY14) HomeBASE housed 14,433 unduplicated families. In FY13 and FY14 Approximately 500 families in each of FY13 and FY14 accessed HomeBASE as a tool to be diverted from shelter in favor of a housing opportunity. Through the first quarter of FY15 the diversion numbers are on track to be even higher.

In addition to the financial assistance, families receive home-based stabilization services. Families receiving household assistance are provided with 12 months of ongoing case management related to tenancy stabilization and self-sufficiency. Families who received rental assistance accessed these stabilization services for the full term of their financial assistance.

With the reduction in maximum duration from 36 months to 24 months, in FY14 DHCD was responsible for transitioning approximately 5,400 families off of rental assistance. Families were offered household assistance as a transition benefit with continued stabilization services. DHCD and the community shared concerns that some portion of these families would become homeless again and need to return to shelter when their rental assistance ended. Due to the concerted efforts of DHCD, providers, and families approximately 9% required access to shelter at the end of their HomeBASE rental assistance benefit. An additional 4-5% returned at some point in the 12 months after their benefit ended. This number continues to be tracked as families are under the waiver through June 30, 2015.

Massachusetts Rental Voucher Program Investments:

The Commission report included recommendations to expand the MRVP program and DHCD targeted it in large part to homeless households. In the last three fiscal years MRVP appropriations have increased from \$36M in FY12 to \$65M in FY15, which has resulted in over 3,000 new vouchers being issued and leased. A significant majority of those, 2,000, have been targeted as mobile vouchers to families in the Emergency Assistance family shelter program or HomeBASE program.

From FY12-FY14 DHCD also committed 627 project-based vouchers (344 for supportive housing, 145 for Social Innovation Finance initiative, and 138 for housing development finance rounds). In FY15 DHCD will commit an additional 350 project-based vouchers. These project-based vouchers helped contribute to the larger statewide Supportive Housing initiative. They are particularly useful for this purpose because it has allowed DHCD to coordinate capital, operating, and service dollars into one procurement. The coordination of the resources has been important to facilitate and incentivize permanent supportive housing with developers.

Secure Jobs:

Beginning in FY14 DHCD partnered with the Paul and Phyllis Fireman Charitable Foundation on their Secure Jobs Initiative that funded partnerships between homeless services, workforce development, and child care agencies. Initially, DHCD provided limited financial support as well as staff support to assist with the private initiative that was piloted in five regions of the state. In

the spring of 2014 DHCD increased its commitment and awarded \$1 million to continue the partnerships for a second year. The Foundation matched that investment, bringing the total public-private partnership to \$2 million. The final FY15 state budget included a new line item for Secure Jobs and made an additional \$500,000 available that DHCD has procured to expand services in existing regions and to launch the initiative in the central region of the state. These partnership models demonstrate how greater coordination and local innovation can improve the Commonwealth's ability to end family homelessness. Partnerships match homeless families with services to help overcome barriers to work, and connect them with suitable employers in jobs with career pathways. In the first year of the program funded by the Paul and Phyllis Fireman Charitable Foundation, 394 families were placed into employment. From May through September 2014, the DHCD funded Secure Jobs Initiative has employed 115 families.

Administrative and Regulatory Changes to Emergency Assistance:

In conjunction with the initiatives outlined above, DHCD implemented administrative and regulatory changes to the Emergency Assistance program to further target its resources. The goal of the targeting effort was to prioritize EA for families experiencing immediate emergencies, and provide other families at-risk of homelessness with prevention or other housing-focused supports. These changes have come through many iterations, but the most significant came at the time of the launch of the HomeBASE program and shortly thereafter. The FY13 state budget language adopted by the Administration and legislature included language that established four new categories of eligibility for EA: (1) victims of fire, flood, or natural disaster; (2) those fleeing domestic violence; (3) those facing eviction through no fault of their own; and (4) those currently in a housing situation that exposes children to substantial health and safety risks determined by the Department of Children and Families. Additionally, DHCD required verification of Massachusetts residency that could be provided through one of 46 types of documents or any other document of equivalent reliability and authenticity. Families who were not eligible under the new guidelines but may have been eligible under previous rules were instead prioritized through the expanded RAFT program.

Based on experience in implementing the new eligibility rules and feedback from advocates, DHCD made some additional regulatory and guidance adjustments in the fall/winter of FY13. Eligibility was expanded to include families who had been living somewhere "unfit for human habitation" as defined by the state sanitary code and regulations. The "no-fault" eligibility category was expanded to include tenants being evicted for no stated reason, subject to verification there is not an underlying "cause" reason for the eviction. Guidance was changed to allow homeowners who have been foreclosed on to be eligible under the same "no-fault" eviction standards as tenants with respect to the loss of income. Households at "imminent risk" of homelessness were included to account for families who are staying with a primary tenant that has been notified by the landlord that they will be evicted if they continue to host the additional family. The requirement for DCF Health and Safety referrals was also expanded to include cases where there is a child less than 6 months old or a member of the household has a documented medical condition or disability. The regulation was also amended to allow for eligibility if a property owner cannot or will not remediate the conditions causing harm to the family. Finally, additional guidance was provided to clarify the process for identifying an irregular housing situation, and to expand the ways in which a domestic violence incident can be documented.

Department of Mental Health

The Department of Mental Health has three primary strategies for providing critical supports to people experiencing mental illness and homelessness.

A. Outreach and Engagement

DMH supports outreach, engagement and referral to homeless mentally ill individuals across the state drawing on two initiatives: one in Boston referred to as the Homeless Outreach Team (HOT), the other is a statewide program named Projects for Assistance in Transition from Homelessness (PATH) that complements the Homeless Outreach Team in Boston and has staff working in every major city and single adult shelter across the state. These two programs combined support 37 staff who work in shelters and on the streets to connect people to mental health services, housing, medical care and other benefits.

In a typical year the HOT Team places nearly 200 individuals into DMH-operated shelter settings located in Boston. In FY14 the PATH program, which works in over 50 shelters across the state in addition to street outreach, enrolled over 2,100 individuals, found housing for 330, secured benefits for 260, and accessed medical care for 189 individuals.

This outreach and engagement service of DMH is a critical component of the homeless service system that works in collaboration with the single adult shelters and other homeless providers to ensure the safety and well-being of those with severe and persistent mental illness and co-occurring substance abuse disorders.

B. Mental Health Shelters

DMH supports four residential shelters in Boston that are designed to serve those individuals who are most at-risk because of resistance to accept/receive mental health services. The four shelter programs constitute 140 beds. Each bed is reserved for a specific individual and made available for a period of time that enables them to stabilize and begin to accept treatment. The programs are staffed by mental health professionals and others trained in mental health whose work is focused on delivering mental health services and assisting in transitioning clients to more permanent housing within the DMH system of care. These shelter beds which were first developed in the early 1980s, are a critical resource in the DMH system in helping those individuals who are most vulnerable.

In addition to the shelter beds in Boston, DMH and its service providers have pursued federal funding for Safe Haven programs and other low barrier housing initiatives that function as housing first. These housing programs enable individuals to come directly off the street into housing without extensive pre-screening with the objective of establishing trusting relationships that lead to a willingness to accept services.

C. DMH – Rental Subsidy Program

Rental assistance is recognized as the key to be able to provide appropriate supports to individuals seeking to live in the community. DMH is striving to expand housing options for individuals that promote independence and integration into the community at-large. Experience shows that a stable living environment in the community has a profound impact on recovery, and providing this in the form of rental assistance is imperative. The DMH-RSP allows DMH to secure quality housing in multi-family developments that is affordable to clients.

As a DMH resource, these vouchers can be targeted to clients thereby avoiding lengthy waitlists for other subsidized housing. DMH-RSP makes for a more seamless transition from homelessness or hospitalization. Individuals are able to avoid lengthy wait times, required paperwork, and the need for housing search, as the units are secured in advance by service providers. This unique resource eliminates many of the impediments or challenges associated with subsidies that can disrupt and dissuade clients from accepting assistance.

The service provider is the leaseholder, which assures the property owner of receiving rent in a timely manner. The owner can also contact the provider should a problem with the tenancy arise. This also prevents the need for conducting a credit check, housing history and other requirements involved in the standard leasing process. For clients with no housing history or a poor housing history DMH-RSP gives them access that would not be afforded in other subsidy programs.

The success for DMH-RSP has been recognized and supported, having received significant funding increases in recent years (\$1M increase in FY15). The program has a total budget of \$7.7M, housing over 1,300 clients living in mostly studio and one-bedroom apartments located in neighborhoods across the state.

Department of Public Health

In 2013 DPH was awarded a \$2.1 million grant over three years from the Substance Abuse and Mental Health Services Administration. The housing-first approach that has been integrated within DPH since the Commission report and interagency collaboration positioned the Department well to receive this federal grant. This grant requires housing placement and it funds support services for 180 chronically homeless individuals with co-occurring substance abuse and mental health disorders, including veterans who are not eligible for VA benefits. It also provides funding for the development of additional infrastructure to support ongoing work. The performance sites include Boston, Cambridge and Somerville (48% of state's chronically homeless population according to the 2012 Point In Time count). As a grant requirement, a Joint Interagency Task Force (JITF) was formed to include the ICHH and the Interagency Council on Substance Abuse and Prevention with service and housing providers, and advocates. The JITF is expressly charged with enhancing and harmonizing components of the Commission report. Specific services include Critical Time Intervention, Dual Recovery Therapy, peer support, vocational and educational support, and trauma-informed care.

Department of Veterans' Services

In 2012 the Department of Veterans' Services launched the Statewide Housing Advocacy for Reintegration and Prevention (SHARP) program, with funding from the U.S. Department of Veterans' Affairs. The program provides peer support, mental health services, psychiatric evaluation and linkages to emergency shelter to veterans recently placed in supportive housing at a veteran-centric facility. The team also identifies and enrolls veterans into the HUD-VASH program. This team approach that relies on peer specialists and the strong network of veterans-specific service providers across the state is designed to meet the particular needs of veterans, ultimately resulting in an end to homelessness among veterans.

Executive Office for Administration and Finance

The Administration has developed a pay for success (PFS) project targeting chronically homeless individuals, in keeping with the Commission's focus on targeting chronically homeless individuals for permanent supportive housing. In July 2012, legislation passed that allowed the Secretary of A&F to enter into pay for success contracts up to \$50 million, supported by the full faith and credit of the Commonwealth. That same year, a Request for Responses was issued, and the Massachusetts Housing and Shelter Alliance (MHSA) was selected to be the intermediary organization responsible for partnering with the Commonwealth in implementing the Homeless PFS initiative. Representatives from A&F, DHCD, ICHH, and MassHealth worked with MHSA to develop the programmatic and financing model. The program is expected to be fully launched in January 2015. The target population is individuals who are chronically homeless, or high utilizers of emergency medical services and shelter, or both. MHSA will contract with community-based providers to offer low-threshold housing with supportive services. The project will create 500 units of supportive housing over four years. The initiative will greatly reduce the number of chronically homeless individuals in the state, but it will likely also lead to significant Medicaid savings. This is an innovative leverage model that includes success payments from A&F, Massachusetts Rental Voucher Program assistance, conversion of DHCD shelter resources for housing, new avenues for Medicaid billing for community-based supports, and other locally controlled resources available to the providers.

Executive Office of Elder Affairs

In addition to its leadership in the development and implementation of the Older Adult Working Group discussed previously in this report, the Executive Office of Elder Affairs has continued its commitment to housing within its programming. Governor Patrick's final budget, for FY 2015, included \$1.3 million in funding for the expansion of the Supportive Housing Program which the Executive Office of Elder Affairs, in partnership with DHCD, has managed since its initial launch in 1999. The current 31 Supportive Housing Programs across the state will be joined by 10 new sites in order to better deliver this service on a larger state-wide approach. This service creates an "assisted living like" environment in state or federal funded local public elder/disabled housing. By pooling resources that are currently being invested by an Aging Services Access Point (ASAP) and a housing authority in an existing development, residents have an opportunity to access a model of affordable supportive housing that promotes independence and aging in place.

As in traditional assisted living, services are offered on an as needed basis, 24 hours a day. Residents who do not qualify for state funded home care services based on their functional needs or income are able to privately purchase some of their services. All residents have access to service coordination, 24 hour personal care on site in response to urgent needs or on call assistance, social activities and one meal per day.

The Supportive Housing Program works with local public housing authorities to support each resident in order for them to remain in their home and avoid more costly care or loss of home due to lack of care management and other key supports.

Summary, Conclusions and Next Steps

Since the release of the Commission report in December 2007, the Interagency Council on Housing and Homelessness has maintained a focus on the report's core principles and recommendations. Although the economic, policy, and resource landscape shifted from what was initially conceived of in the report, significant resources have been invested and policy improvements made. There is much greater acceptance of Housing First as a concept and a practice. There has been more effective resource targeting. Greater partnership and learning communities between state and local and nonprofit partners exist and thrive. Through programs such as HPRP, the Regional Networks, Flexible Funds, RAFT, HomeBASE, and MRVP thousands of homeless individuals and families were housed. In addition, local investments by municipalities and Continuums of Care into rapid rehousing and subsidized housing have been substantial. Yet, opportunities remain to continue to refine and improve all programming in an effort to fully realize an end to homelessness in the Commonwealth.

In addition to continuing policy and programming to advance housing first principles and the development of permanent affordable housing, the ICHH has identified opportunities and trends in the field of practice to evaluate for future initiatives.

1. Finance Mechanisms

Pay for Success models are gaining attention as a strategy to increase resources to homeless initiatives. Specifically, pay for success programs can provide new finance mechanisms for nonprofits to implement innovative solutions to ending homelessness. This is beneficial in that it can reduce reliance on smaller donations that can be less reliable or government contracts that can be more restrictive. Programs that have some track record of success may be well-positioned to garner investment in a pay for success model. Massachusetts has begun exploring this through its Social Innovation Finance initiative for homeless individuals, as well as for other populations. Further opportunities may exist in other areas of homeless services, including families, youth, older adults and veterans.

2. Health Care Resources and Housing

With passage of the Affordable Care Act, communities across the country are examining ways to leverage health care resources for critical service dollars, particularly when targeting efforts toward high utilizers of emergency medical services. In addition to expanding access to basic health care, the Affordable Care Act may provide additional opportunities through pilot programs or Health Homes that could encourage coordination of services to maximize positive health outcomes. As implementation of the law continues to unfold, MassHealth could continue to serve as a key adviser on the role of health care in ending homelessness.

3. Targeted Permanent Supportive Housing

Permanent supportive housing (PSH) that combines affordable housing with services to help people achieve long-term stability has been proven to be among the most effective solutions to homelessness, particularly for households that require more comprehensive supports to maintain tenancies. The U.S. Department of Housing and Urban Development continues to prioritize funding for PSH, and Continuums of Care have responded by focusing many of their funding requests for this purpose. PSH projects across the state

and the country are also showing the cost-effectiveness of the model. The Interagency Supportive Housing Steering Committee has begun evaluating the opportunities and benefits of targeting PSH to particular populations as a means to strategically reduce homelessness or institutionalization. As PSH expands in the Commonwealth, it will be important to ensure it is prioritized for households who can most benefit from the model.

4. Interagency Resource Coordination and Joint Procurement

Strategic collaboration across agencies has been demonstrated through the ICHH, Regional Networks to End Homelessness, and other projects. There is widespread agreement that the most effective solutions to homelessness involve interagency and collaborative approaches. The causes of homelessness are not one-dimensional, and neither are the solutions. Despite tremendous progress in this area, additional resource coordination is required to fully maximize each resource and the combination of resources state agencies and private partners can bring to bear. Policies and programs can be assessed for opportunities to formally coordinate resources. Joint procurement is a strategy that has been considered by the Integration Task Force and the Interagency Permanent Supportive Housing Working Group. Formalizing combinations of resources from more than one funding agency through shared procurements may result in additional leveraged resources for a common goal.