



The Harvard Joint Center for Housing Studies advances understanding of housing issues and informs policy through research, education, and public outreach.

Working Paper, July 2016

Building on Success: Strengthening Provider Capability to Provide Permanent Supportive Housing



Aaron Gornstein

Senior Research Fellow, JCHS

China Boak Terrell

Graduate Research Analyst, JCHS

M.P.A. 2016, Harvard Kennedy School

Abstract

This paper explores the lessons that five permanent supportive housing providers have learned from serving various homeless populations in Massachusetts. Specifically, the paper identifies:

- (1) the key components of service delivery that seem to have a positive impact for formerly homeless residents;
- (2) lessons learned from how permanent supportive housing programs are typically structured and funded;
- (3) fair housing concerns that arise in the context of implementing permanent supportive housing; and
- (4) approaches to measuring outcomes and defining success for residents in permanent supportive housing.

Participating provider agencies in the study discussed number of issues for deeper examination and also provided several tips on practice fundamental to achieving success in their service delivery models.

Key findings pertain not only to the guiding principles of services provision in permanent supportive housing, but also to the nuances of implementation. These include discussions of case management issues, program

adaptability, stabilization for families, stabilization for youth, overall program funding issues, fair housing law support, and effective organizational outcomes. Additionally, tips on practice from provider agencies include sample grant language for seeking flexible housing stabilization funds, a model for achieving community reintegration and wrap-around services, and sample metrics for evaluating the success of supportive services for residents.

Based on qualitative examination of provider agency experiences in permanent supportive housing, this paper provides several recommendations for future study, assessment, support, and policy.

© 2016 President and Fellows of Harvard College

Any opinions expressed in this paper are those of the author(s) and not those of the Joint Center for Housing Studies of Harvard University or of any of the persons or organizations providing support to the Joint Center for Housing Studies.

For more information on the Joint Center for Housing Studies, see our website at <http://jchs.harvard.edu>

ACKNOWLEDGEMENTS

We would like to offer special thanks to the Advisory Committee members, without whose wisdom and dedication this report would not be possible:

Pamela Baldwin, Joint Center for Housing Studies, Harvard University

Sara Barcan, Community Economic Development Assistance Corporation

Chris Herbert, Joint Center for Housing Studies, Harvard University

Roger Herzog, Community Economic Development Assistance Corporation

JoAnn McGuirk, formerly of Massachusetts Department of Housing and Community Development

Larry Oaks, Corporation for Supportive Housing

Kate Racer, Massachusetts Department of Housing and Community Development

Lisa Sloane, Technical Assistance Collaborative

Ann Verrilli, Citizens' Housing and Planning Association

EXECUTIVE SUMMARY

This paper explores the lessons that five permanent supportive housing providers have learned from serving various homeless populations in Massachusetts. Specifically, the paper identifies: (1) the key components of service delivery that seem to have a positive impact for formerly homeless residents; (2) lessons learned from how permanent supportive housing programs are typically structured and funded; (3) fair housing concerns that arise in the context of implementing permanent supportive housing; and (4) approaches to measuring outcomes and defining success for residents in permanent supportive housing.

Early successes in a collaborative, state-level effort to create more permanent supportive housing make this a critical moment to reflect on what is working and what can be enhanced, specifically from the perspective of provider agencies. For this paper, provider agencies were helpfully candid, bringing to the forefront a number of issues for deeper examination and also providing several tips on practice that they believe have been fundamental to achieving success in their service delivery models.

Key findings pertain not only to the guiding principles of services provision in permanent supportive housing, but also to the nuances of implementation. These include:

- **Case management:** Case managers need practical teaching and peer-to-peer knowledge sharing on cutting-edge concerns and how to lead in cross-functional interactions.
- **Program adaptability:** Flexible funding to adapt programs to new and evolving needs may significantly enhance stabilization services.
- **Stabilization for families:** Child care and permanent housing subsidies are crucial pillars in effective stabilization for families.
- **Stabilization for youth:** Greater collaboration between funders and provider agencies is needed to ensure that data collection requirements support the work of engaging youth in services.
- **Program funding:**
 - The model of bundled funding, including capital subsidies, operating subsidies, and service coordination funds, is crucial for creating and maintaining new permanent supportive housing.
 - Baseline stabilization services require predictable funding.
 - Lack of reliable and predictable funding for supportive services in permanent supportive housing can inhibit scalability and innovation in the model.
- **Fair housing law:** An assessment is needed of how fair housing laws support permanent supportive housing initiatives.
- **Organizational outcomes:** Provider agencies are eager to develop customized indicators and track outcomes across programs, but may need funding and technical capacity to do it.

Additionally, tips on practice from provider agencies include sample grant language for seeking flexible housing stabilization funds, a model for achieving community reintegration and wrap-around services, and sample metrics for evaluating the success of supportive services for residents.

Based on qualitative examination of provider agency experiences in permanent supportive housing, this paper recommends:

1. Continuing annual support for the Housing Preservation and Stabilization Trust Fund (HPSTF); seeking to create new bundled funding streams; and increasing the funding pool available for case management.
2. Expanding professional training and networking opportunities for case managers.
3. Researching the needs of children in homelessness and providing additional supports to families based on those needs.
4. Assessing the degree to which fair housing laws support or hinder the creation and operation of permanent supportive housing units.
5. Exploring opportunities to use technology grants to enhance data tracking and analysis.
6. Expanding behavioral health reimbursements for tenancy supports and assisting smaller provider agencies in accessing and utilizing information on such reimbursements.

Table of Contents

ACKNOWLEDGEMENTS	1
EXECUTIVE SUMMARY	2
INTRODUCTION	4
METHODOLOGY	5
BACKGROUND ON SUPPORTIVE HOUSING	6
SERVICES PROVISION	10
<i>Case Management</i>	10
<i>Program adaptability</i>	11
For families: Child care and the permanent housing subsidy itself.....	12
For veterans: Community partnerships and engagement, peer support, and transportation	12
For youth: Creative stabilization options, harm reduction, low-barrier services, and jobs and transportation.....	14
PROGRAM FUNDING	15
FAIR HOUSING LAWS	19
ORGANIZATIONAL OUTCOMES	21
RECOMMENDATIONS	23
CONCLUSION	25
APPENDICES	26
APPENDIX A – DATA FROM POINT IN TIME COUNTS: 2010 TO 2015	27
APPENDIX B - EXCERPT OF CSH TACTICS FOR ACHIEVING TENANT-CENTERED SUPPORTIVE SERVICES.	28
APPENDIX C – INTERVIEW GUIDE	29
APPENDIX D – DOCUMENT REQUEST	34
APPENDIX E – BIBLIOGRAPHY	36

Building on Success: Strengthening Provider Capability to Provide Permanent Supportive Housing

“I just keep walking. I have to. If I sit down for too long, they come for you – to tell you to get moving.”

—Homeless man in Cambridge, MA

INTRODUCTION

In early 2015, Massachusetts recorded signs that its efforts to stem the tide of rising homelessness were working. From 2014 to 2015, the total number of homeless persons fell by .48% (102 persons).¹ Although modest, this first decline in homelessness since 2010 represents a significant victory over the previous year’s increase of 11.6%.

The decline of 2015 was spurred by a reduction in every category of homelessness, with the exception of persons in homeless families. However, the rate of increase in the number of persons in homeless families improved relative to the sharp increases of 2014 and earlier.

By taking a comprehensive approach to addressing homelessness, Massachusetts had made significant strides towards reducing the problem. This has included strategies ranging from homeless diversion and prevention to the creation of permanent affordable housing.

In particular, the creation of more permanent supportive housing grew out of the Act Relative to Community Housing and Services (henceforth abbreviated as “the Act”) in 2012.² The Act marked Massachusetts’ enhanced commitment to provide affordable housing and community-based supportive services through a collaborative approach.

The Act mandated that 18 Commonwealth offices and agencies³ work together to meet the housing and services needs of low and very-low income families and individuals. As the state Interagency Working Group itself notes, the Act reflected “broad consensus” among state government and community stakeholders that permanent supportive housing is an effective and cost-effective solution to mitigating high-cost social and housing issues.⁴ It also expressed “the will of Massachusetts’ legislators” to build on and scale the success of existing permanent supportive housing programs over a three-year period.

Specifically, the Act required stakeholders to develop an action plan to coordinate the availability of community-based supportive services, capital subsidies, and operating subsidies. Stakeholders also had to establish benchmarks to assess financial savings to the Commonwealth and determine methods for eliminating barriers and reducing

¹ See Appendix A: HUD, Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2010-2015.

² Governor Deval Patrick signed into law the Act Relative to Community Housing and Services as Chapter 58 of the Acts of 2012 on March 22, 2012.

³ The Act Relative to Community Housing and Services required the following state offices and agencies to develop and execute a memorandum of understanding on community housing and services: the Executive Office of Health and Human Services, the Executive Office of Housing and Economic Development, the Executive Office of Elder Affairs, the Department of Veterans’ Services, the Department of Housing and Community Development, the Department of Transitional Assistance, the Department of Developmental Services, the Department of Mental Health, the Department of Children and Families, the Department of Youth Services, the Department of Correction, the Department of Public Health, the Massachusetts Rehabilitation Commission, the Massachusetts Commission for the Blind, the Massachusetts Commission for the Deaf and Hard of Hearing, the Massachusetts Housing Finance Agency, the Massachusetts Housing Partnership, and the Community Economic Development Assistance Corporation.

⁴ The Commonwealth of Massachusetts, Executive Office of Health and Human Services and Executive Office of Housing and Economic Development, “Building on Success: State Action Plan for Creating 1,000 New Units of Supportive Housing in Massachusetts,” January 2014, <http://www.mass.gov/hed/docs/dhcd/hs/year1statusreportjan2014.pdf>.

fragmentation of supportive services and housing.⁵ These goals included a demonstration program to create up to 1,000 units of permanent supportive housing with the coordinated operating and capital subsidies and voluntary community-based supportive services.⁶

To fulfill these mandates, former Governor Deval Patrick selected the Interagency Council on Housing and Homelessness (ICHH).⁷ The ICHH named the Secretaries of the Executive Office of Housing and the Executive Office of Economic Development and Health and Human Services as co-chairs of the initiative.⁸ And the ICHH formed the Interagency Supportive Housing Working Group (henceforth abbreviated as “Working Group”) to focus specifically on creating permanent supportive housing.⁹

The Massachusetts legislature also enabled the Department of Housing and Community Development to provide consolidated awards for the first time in 2014. Through the Housing Preservation and Stabilization Trust Fund, explained in more detail below, provider agencies could apply for the bundled funding that the Act contemplated. This included capital funding to offset development costs, project-based rental subsidies to help cover operating costs, and per unit funding for case management coordination.

The early success of the Commonwealth’s collaborative effort to provide coordinated funding streams now provides an opportunity to learn from these experiences. Among the specific questions about the experience with supportive housing are:

1. What are the key components of service delivery that seem to have a positive impact for formerly homeless residents?
2. What lessons can we learn from how permanent supportive housing programs are typically structured and funded?
3. What fair housing concerns arise in the context of tenant selection?
4. How are provider agencies measuring outcomes and defining success?

This paper qualitatively examines five supportive housing programs in Massachusetts – permanent supportive housing for individuals, including veterans, and supportive housing for families and youth. The paper highlights approaches to service delivery provision that have been successful. By examining these successes, the paper hopes to offer fresh guidance on what works and what is needed. The paper also highlights the importance of state funding in continuing to achieve improved outcomes.

METHODOLOGY

The authors used the following methods to produce this paper, pursuant to approval from the Harvard University Committee on the Use of Human Subjects, a university-area Institutional Review Board:

- *Literature Review:* A literature review was conducted to understand national and Massachusetts-specific research on aspects of successful services provision through permanent supportive housing.
- *Selection for participation:* An advisory committee of leaders in the field, including state agency officials, identified organizations to invite to participate in the paper. Entities with strong models of success that could be instructive for other service providers were selected using the following inclusion and exclusion criteria:

1. Strong reputation as service provider;

⁵ Section 1 of Chapter 58 of the Acts of 2012.

⁶ Ibid.

⁷ The Commonwealth of Massachusetts, Executive Office of Health and Human Services and Executive Office of Housing and Economic Development, “Building on Success.”

⁸ Ibid.

⁹ Ibid.

2. Track record of success in challenging projects;
 3. Diversity of populations served (chronically homeless individuals, families, youth, veterans);
 4. Likely willingness to participate;
 5. Services offered, particularly permanent supportive housing; and
 6. In operation for three or more years.
- Guided by these criteria, the following participants were selected:
 - Peabody Properties: Pleasant Street Apartments, 536 Granite Street, Braintree, MA
 - Urban Edge: Egleston Crossing, 1542 Columbus Avenue, Roxbury, MA
 - Father Bill's and MainSpring: Work Express Housing, 430 Belmont Street, Brockton, MA
 - House of Hope: New Hope Apartments, 812 Merrimack Street, Lowell, MA
 - DIAL/SELF Youth & Community Services: Greenfield, 196 Federal Street, Greenfield, MA
 - *Oral Interviews:* The authors interviewed the Executive Director and/or Program Director of each agency, or title equivalent. The Oral Interview Guide is attached in the Appendix. Interviews lasted approximately two hours each.
 - *Document Review:* The authors reviewed each entity's publicly available data, organizational budget information, and success measurements to understand how various approaches link with their community outcomes. The provider agencies did not provide and the authors did not review any personally identifiable information or other protected information.

BACKGROUND ON SUPPORTIVE HOUSING

The U.S. Department of Housing and Urban Development (HUD) defines permanent supportive housing as housing assistance combined with supportive services for homeless persons with disabilities.¹⁰ The housing is described as permanent because it offers tenancy through indefinite leasing or rental assistance with the goal of housing stability.¹¹ The intended clients, however, are homeless persons with disabilities or families with an adult or child member with a disability.¹² As a result, permanent supportive housing has been primarily used to service chronically homeless individuals, with chronic substance abuse challenges, serious mental disabilities, or AIDS and related diseases, alone or in combination.¹³

Locally, Massachusetts uses a more inclusive definition of permanent supportive housing. According to the Community Housing and Services Memorandum of Understanding (2012), permanent supportive housing means “decent, safe and affordable community-based permanent housing, which provides tenants with the rights of tenancy and is linked to voluntary and flexible supports and services designed to meet consumer needs.”¹⁴

Permanent supportive housing continues to be increasingly used for families, although federal policy and research, until very recently, have continued to emphasize rapid re-housing, not permanent supportive housing, as the most

¹⁰ David Levinson, ed., *Encyclopedia of Homelessness*, vol. 1 (Thousand Oaks, CA: Sage Publications, 2004), p 78, <https://books.google.com/books?id=q-PgHH8TJi8C>. The specific definition that HUD uses states that “[p]ermanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.” HUD, “Continuum of Care (CoC) Program Eligibility Requirements - HUD Exchange,” accessed April 19, 2016, <https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements>.

¹¹ HUD, “Continuum of Care (CoC) Program Eligibility Requirements - HUD Exchange.”

¹² *Ibid.*

¹³ Levinson, ed., *Encyclopedia of Homelessness*, pp. 78-79.

¹⁴ Executive Office of Health and Human Services, “Community Housing and Services Memorandum of Understanding,” p. 79, December 18, 2012, (<http://www.mass.gov/hed/docs/dhcd/legal/interagency-supportative-hs-memorandum.pdf>).

cost-effective and efficient means of targeting services for homeless families.¹⁵ Rapid re-housing assistance involves upfront rental assistance, potentially renewable for up to 18 months, and transitional case management.¹⁶

Permanent supportive housing is provided through an array of housing models, each of which can have a significant impact on the cost and method of service delivery. These models include scattered site apartments, dedicated buildings, and mixed-use buildings. And any of these supportive services may be provided through onsite or community-based agencies and may either be clinical in approach or rely heavily on paraprofessionals to help coordinate and connect clients to services.¹⁷

The Corporation for Supportive Housing (CSH) found that the elements of comprehensive supportive services that should be part of permanent supportive housing included: outreach, engagement, medical care, behavioral health care, case management, and life skills training.¹⁸

Within those categories, the specific services tend to vary depending on the needs of the homeless subpopulation and, at a deeper level, the individual. “Permanent supportive housing service providers stress the importance of having ‘many tools in your toolbox’ to meet the many different needs and preferences of homeless and formerly homeless individuals whom permanent supportive housing is designed to serve.”¹⁹

For persons with chronic substance abuse challenges, services may include learning social skills, engaging in daily living activities, accessing medication, and getting help with transportation to appointments – all of which help the client remain in independent living.²⁰ The supports offered should also include treatment environment, peer leadership, family-based therapy, and strategies to increase motivation.²¹

For homeless youth, such supports and services may include food, health care, a safe environment, lifestyle stabilization, education and job training, social networks, and harm reduction.²² For veterans, the core of stabilization services may be determined in collaboration with the Department of Veterans’ Affairs, based on the veteran’s unique disabilities. For families, additional supports and services may include reunification with children, assistance in assuming appropriate parental roles, and recovery from domestic violence.²³

Although permanent supportive housing has traditionally been reserved for episodically homeless families, research is emerging that suggests it is time to reevaluate this approach. In 2015, HUD released the Family Options Study – an extensive survey of 2,282 families randomly assigned to four interventions: rapid re-housing, transitional housing, permanent housing subsidy, and usual care (meaning any housing or services that a family accesses in the absence of immediate referral to the other interventions, including additional shelter stay).²⁴

¹⁵ Secretary Tom Vilsack et al., “Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,” 2015, http://usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf; Corporation for Supportive Housing and National Alliance to End Homelessness, “Ending Family Homelessness: National Trends and Local System Responses” (The Bill & Melinda Gates Foundation, October 2012).

¹⁶ Corporation for Supportive Housing and National Alliance to End Homelessness, “Ending Family Homelessness: National Trends and Local System Responses” (The Bill & Melinda Gates Foundation, October 2012).

¹⁷ Levinson, ed., *Encyclopedia of Homelessness*, p. 79.

¹⁸ Patricia A. Post, “Defining and Funding the Support in Permanent Supportive Housing: Recommendations of Health Centers Serving Homeless People,” CSH, February 2008, http://www.csh.org/wp-content/uploads/2011/12/Report_HealthCentersRcs2.pdf.

¹⁹ *Ibid.*

²⁰ P. Ruiz and E.C. Strain, *The Substance Abuse Handbook* (Wolters Kluwer Health, 2014), <https://books.google.com/books?id=OKgaAWAAQBAJ>.

²¹ *Ibid.*

²² Raising the Roof, “Youth Homelessness in Canada: The Road to Solutions,” 2008, <http://www.raisingtheroof.org/wp-content/uploads/2015/10/road2sols-FINAL.pdf>.

²³ M.R. Burt, *Life After Transitional Housing for Homeless Families* (U.S. Department of Housing and Urban Development, Office of Policy Development and Research, 2010), <https://books.google.com/books?id=2UpEqNPWvAC>.

²⁴ Daniel Gubits et al., “Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families,” (U.S. Department of Housing and Urban Development, Office of Policy and Development and Research, July 2015).

The study compared outcomes for families receiving the permanent housing subsidy with only housing search assistance with outcomes for families receiving community-based rapid re-housing (CBRR), which is defined as the temporary assistance of rapid re-housing with housing search and some self-sufficiency services.

As compared with CBRR, the study suggests, in part, that the permanent housing itself is the most crucial component of stabilization. Specifically, the study found that families receiving the permanent housing subsidy with housing search assistance, compared to CBRR, experienced effects on housing stability that were “favorable, large, and statistically significant on all homelessness outcomes.”²⁵ While effects on family preservation, adult well-being, child well-being, and self-sufficiency were less marked, a few significant effects were worth noting. Overall, the outcomes included:

- **Reduced homelessness** by more than one-half;
- **Less frequent use of emergency shelter** during months 7 to 18, by about one-half (from 28 percent of families to 15 percent);
- **Fewer days homeless after receiving permanent supportive housing** by about 4 weeks;
- **Greater independence**, meaning that the families were more likely, by eight percentage points, to live in their own house or apartment at follow-up (with or without assistance);
- **Greater residential stability**, with the number of places lived in the past 6 months reduced by 0.2 places;
- **No significant impact from longer shelter stay** while waiting for the permanent housing subsidy;
- **Less family separation**, with nearly one-half of partners present at baseline separated at follow-up in rapid re-housing compared with one-third in permanent supportive housing;
- **Less post-traumatic stress disorder** symptoms by six percentage points;
- **Less intimate partner violence**, by one-half;
- **One fewer school move for every four children**;
- **Reduced economic stress**; and
- **Less employment (the singular negative)** by 9 percentage points and less work by two fewer months of pay.²⁶

The study noted that regarding reduced employment, it remained to be seen whether the difference in work effort would lead families in CBRR to better economic outcomes in the future or whether the short-term reductions in work effort for those getting a permanent housing subsidy would “fade over the longer term as observed in the study of Effects of Housing Vouchers on Welfare Families.”²⁷

The study noted that the ways in which families receiving permanent supportive housing appeared to fare better seemed dependent on contemporaneous receipt of housing assistance. Dillman and Shapiro (2014) also note that project-based rental subsidies in particular are key for enabling ongoing stability for low-income and formerly homeless families.²⁸

The Family Options Study also compared outcomes for families receiving the permanent housing subsidy with only housing search assistance with outcomes for families receiving project-based transitional housing (PBTH) – that is, temporary housing (up to 24 months, with average stays of about 12 months during the follow-up period) in agency-controlled units paired with intensive supportive services.²⁹

As in the comparisons with CBRR, the Family Options Study noted that the families receiving a permanent housing subsidy “have many fewer experiences of being homeless and doubling up. They are much more likely than PBTH families to live in their own place, are more food secure, have children who move among schools less, and have

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Keri-Nicole Dillman and Andrea Shapiro, “Beyond the Front Door: Families and Management Practices in Home Funders’ Properties” (Boston: Home Funders, Inc., September 2014), http://www.homefunders.org/Beyond%20Front%20Door_Final%20Report_Sept%202014.pdf.

²⁹ Gubits et al., “Family Options Study.”

family heads who experience less psychological distress and economic stress.”³⁰ As in the comparisons with CBRR, the improved outcomes for families receiving a permanent housing subsidy without services were contemporaneous with receiving the permanent housing assistance: “The results in the short term provide little direct evidence of effects on outcomes that might outlast the housing assistance.”³¹

What the Family Options Study does not tell us is how outcomes for families with permanent supportive housing (permanent housing subsidy + intensive supports) would compare to outcomes for families with only a permanent housing subsidy (permanent housing subsidy + housing search assistance). Thus far, the evidence suggests that the sense of permanency is the foundation of effective stabilization.

Also for families, a qualitative analysis of the key supportive services by Dillman and Shapiro (2014) found that the case manager relationship was crucial for ensuring a smooth transition to residential stability.³² It was noted that that relationship should include early and frequent engagement, where encounters are “about being there and providing deep support for family goals.”³³

Also important were programs for children, financial assistance for housing costs, and financial counseling. Programs for children allowed parents to seek employment or take classes.³⁴ Rental subsidies increased the families’ desire to stay in a housing development, while also freeing parental time and resources to invest in education and other goals.³⁵ Helpful financial counseling included budgeting classes, SNAP, healthy credit assistance, one-on-one budgeting, and savings planning and coaching.³⁶

An additional component of successful services delivery was promoting a family’s sense of commitment and connection to where they live, often through fostering a sense of community: “[P]lace matters to family and child outcomes... As such, one’s unit and the surrounding living environment are conceived of as one inseparable ‘housing bundle.’”³⁷

Across homeless subpopulations, research is less clear on whether minimum formulas of very specific supportive services are necessary, or appropriate, for homeless individuals or households to ensure stabilization. It comes as no surprise then that stabilization services are not systematically incorporated across permanent supportive housing programs in Massachusetts.³⁸

Studies agree that permanent housing is the first critical component for stabilizing a homeless individual; recently, they have come to the same conclusion about homeless families. And for both low-income and very low-income individuals and families, a strong relationship with the provider agency’s frontline staff is the linchpin of success.³⁹ Beyond housing and effective case management, services may vary depending on the subpopulation and the issues with which they present.

CSH notes that to achieve quality in supportive services, those services – in whatever combination – must be, as with other key components of the supportive housing framework, tenant-centered, accessible, coordinated, integrated, and sustainable.

³⁰ Ibid.

³¹ Ibid.

³² Dillman and Shapiro, “Beyond the Front Door.”

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid..

³⁸ The Commonwealth of Massachusetts, Executive Office of Health and Human Services and Executive Office of Housing and Economic Development, “Building on Success.”

³⁹ Sam J. Tsemberis, *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (Center City, MN: Hazelden, 2010); Dillman and Shapiro, “Beyond the Front Door”; Corporation for Supportive Housing, “Assuring Quality: Implementing the Seven Dimensions of Quality for Supportive Housing” (Corporation for Supportive Housing, March 2011), <http://www.csh.org/resources/assuring-quality-implementing-the-seven-dimensions-of-quality-for-supportive-housing>.

Recognizing that the menu of services for homeless individuals or households will differ based on the specific challenges that the client faces, there are other factors that emerge as essential to the structure of successful delivery of stabilization services.

SERVICES PROVISION

Case Management

Key findings:

- *Case managers need practical teaching and peer-to-peer knowledge sharing on cutting-edge concerns and how to lead in cross-functional interactions.*

One factor in the successful delivery of stabilization services is adequate funding for case management. Provider agencies report that the case manager relationship is at the heart of successful service provision. It is critical to have well-trained case managers with a low caseload (for scatter-site housing) or who live onsite (for 100% homeless projects). Provider agencies reported preferring to co-locate, when possible, their case managers with residents. With co-location, caseloads could be slightly greater since travel time is largely eliminated. Although providers may favor co-location, residents could potentially raise concerns regarding how co-location negatively affects the sense of independence and “normal living” for residents.

Training

A key factor supporting the effectiveness of case managers, however, is quality training. For paraprofessionals (non-licensed workers, such as those focused on information referrals or care coordination), provider agencies reported that because training and supervision are often excluded as permissible uses in grants or are very narrowly circumscribed, it is difficult to provide the optimal level of continuous training.

Provider agencies reported a need for case manager training in the very practical applications of meeting client needs. This includes training in conflict resolution and motivational interviewing. Motivational interviewing, generally, was reported as very helpful for connecting with clients, building rapport, and helping them progress.

Other needs included training on the developmental needs of children and the impact of trauma, and training on acute mental illness and chronic substance abuse issues. For some providers, training needs included the administration of Narcan to reduce the effects of opioids, whereas others reported being well-trained in this area.

Provider agencies also reported needing training for their paraprofessionals on the practices and procedures of the agencies with which their clients may be involved, such as the Department of Children and Families and local police departments. As case managers are often called upon to provide cross-functional coordination on behalf of their clients,

House of Hope

New Hope Apartments (10 units) serves vulnerable families – often single mothers – with below poverty-level income and experiencing substance abuse or mental health challenges.

In working with their families, practical training for case managers, particularly in working with the organizations and agencies with which their residents may be involved, is crucial.

A December 2013 document by House of Hope, entitled “Supportive Housing Services – Team Service Delivery Model”, states:

“There may be activities related to a suspension of benefits, which may also coincide with nonpayment of rent, and even the loss of daycare and/or employment. As there are often underlying issues of mental health and/or [domestic violence] and trauma, it is not unheard of for many families to be managing fairly well one month and then falling apart the next. This is particularly true during the first year after leaving shelter, before services and networks have had a chance to take root and provide a much-needed support system.

“During these crisis periods, our staff is working closely with family members, as well as school systems, social workers and therapists, and other state and local service agencies.”

understanding whom to call, what services could be provided, and how to ask for them were crucial issues, particularly given local variations among these partners.

Provider agencies reported that their clinicians had a similar need for training in leadership and partnership. Currently, clinical workers are doing the work of leading and partnering with other service providers, community organizations, and public entities based on intuition rather than formal training. Additional training to raise that knowledge to an explicit level could increase effectiveness and capacity. Provider agencies also reported an interest in continuing education for their clinical workers that centered on emerging issues in the field, such as cognitive behavioral therapy.

Provider agencies did not report a need for training in basic administrative duties, such as completing forms or understanding the requirements for various homeless programs. They reported a need for in-person teaching and peer-to-peer knowledge sharing, rather than for online self-service tools. Some provider agencies reported that live conference calls with a web component might be helpful. The key was live interaction. (At least one provider already reports effectively leveraging online learning.)

Father Bill's and MainSpring

Father Bill's and MainSpring is committed to ending and preventing homelessness in Southern Massachusetts with programs that provide emergency and permanent housing and help people obtain skills, jobs, housing, and services.

Father Bill's and MainSpring has a training contract with T3 (Teach, Think, Transform) through the Center for Social Innovation (Center 4si). T3 provides FBMS with in-person trainings as well as online training courses that are relevant to social work and working with people experiencing homelessness. All staff complete the online training courses, and the Housing Manager notifies staff when there are courses are to be completed.

Overall, the reported training needs were tenant-centered and focused on practical subjects that could, in all cases, strengthen the ability to communicate concerns to the provider agency when a provider sees something that should be reported and, in the case of clinical workers, enhance existing skill levels through education and networks.

Caseload

With regard to caseload, provider agencies reported that the number of clients one serves does affect the level of support services that can be provided. It was also reported that although the language of "housing first" is now widely accepted, the model cannot be implemented with fidelity without significantly increased funding to reduce caseloads. Provider agencies reported not being able to ideally deliver services coordination for clients due to insufficient funding to reduce caseloads.

One provider agency reported finding greater success with client stabilization by using a live-in responder for its project-based housing. In exchange for free boarding, the responder lives in the building, and is available in common areas and the community room after office hours, on nights and weekends. The live-in responder can deal with convenience situations (such as lock-out) and help to plan and arrange social activities for the tenant community. Other provider agencies reported success with similar approaches. A co-located case manager leads to more frequent and higher quality client contact and fewer missed appointments. The challenge of this approach, however, is that the project funding has to allow the sacrifice of one unit's rent.

Program adaptability

Key finding:

- *Flexible funding to adapt programs to new and evolving needs may significantly enhance stabilization services.*

Provider agencies reported a need to adapt the services they offer based on how clients progress and also based on what the agency realizes over time may be a missing resource in the community. For example, in one provider agency's tenant community, a need emerged for a special counseling group. There was strong participation once the need was met. Providing this type of service, however, often hinges on flexibility in the funding for services. With

flexible funding, provider agencies could contemplate over time adding new or different stabilization services, perhaps with the help of a residents' service coordinator or a vocational specialist. Provider agencies could also benefit from the opportunity to modify their services position as their tenant communities and the neighborhoods they live in evolve.

For families: Child care and the permanent housing subsidy itself

Key finding:

- *Child care and permanent housing are crucial pillars in effective stabilization for families.*

Child care

The importance of child care in ensuring that families can benefit from stabilization services cannot be overestimated. One challenge in the provision of child care is the timing of the availability of child care vouchers. Because proof of imminent employment must be submitted to receive a child care subsidy, parents have no coverage during the crucial period while they look for work. At least one provider agency has addressed this deficit by employing parents looking for work through an in-house internship program; employment in the internship program triggers the availability of child care vouchers. However, the viability of this approach depends on the availability of funding. And because vouchers are granted for a limited term, this may cause parents to lose their jobs once the vouchers end.

Permanent housing

As noted earlier, for families in particular, the most important element of permanent supportive housing is the permanent housing itself. While not a service, providers report that permanent housing is most effective in helping a family achieve ongoing stability. Families in crisis must balance a great number of challenges within a very short window of time: recovery, mental health, managing children's needs, possibly escaping a cycle of domestic abuse, and finding employment and sometimes exponentially raising income levels. Although families need more time to stabilize, time is usually what families get least of under the prevalent regime of short-term housing assistance.

In fact, provider agencies report that some families are reluctant to accept short-term rental assistance, such as one year or less, because they know that the assistance will not cover the time required to stabilize. Fearing continued instability, the family may elect to remain in a temporary situation, while working toward a permanent housing solution. Thus, permanent housing remains an important tool in responding effectively to family homelessness.

For veterans: Community partnerships and engagement, peer support, and transportation

Key finding:

- *Community partnerships and engagement, continued peer support, and transportation are important components of stabilization services for veterans.*

Community partnerships

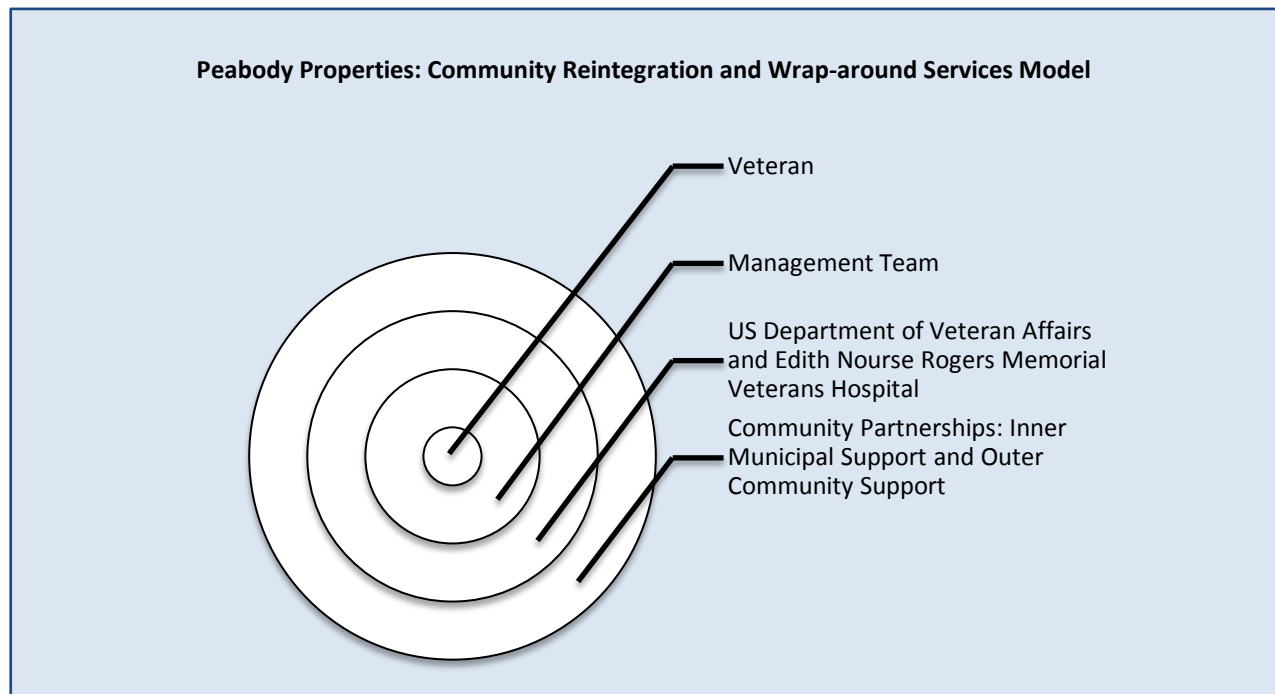
Community partnerships and engagement are key components of stabilization for formerly homeless veterans. Peabody Properties opened Pleasant Street Apartments to provide permanent supportive housing to homeless veterans in 32 fully subsidized, fully furnished units. To guide its work, Peabody Properties developed a community reintegration and wrap-around services model to anchor the homeless veteran in permanent supportive housing. This model has been at the heart of their successful services delivery.

The core of the model is the resident veteran. Each veteran has a separate set of circumstances that makes him or her an ideal resident for Pleasant Street Apartments. The first ring of support in the model is the site staff, who both manage the property and provide resident services coordination. The staff includes a maintenance staff and a live-in responder. As noted above, the live-in responder is available to residents after hours to respond to an emergency or a maintenance problem.

The second ring of support is one of the most crucial components. The U.S. Department of Veteran Affairs (VA) provides a full-time licensed clinical social worker who is the case manager for each veteran. The social worker partners with the veteran to assist the person in identifying and working toward treatment goals. The veterans may work on maintaining housing stability and mental health stability, overcoming substance abuse, achieving financial independence, getting back into the workforce or going back to school. The social worker also helps to educate the veteran on the services that are available, both in the community and through the VA.

The third ring of support involves providing community partnerships. Peabody Properties builds relationships with various municipal offices in their city. It has relationships with the Mayor's office, the fire department, the police department, the City Councilor, the parks and recreation department, the YMCA, the veteran services officer, the Veterans of Foreign Wars USA (VFW) and more. The work with the veteran services officer in particular is important in helping every veteran have a purpose.

Balancing out the outer community support, Peabody Properties forms additional partnerships with other organizations including state sports teams, local elected officials, and nearby recreation centers, such as an equine therapeutic farm. The model has been tremendously successful for helping veterans stabilize in permanent supportive housing.



Peer support

For veterans, in particular, provider agencies also report enhanced client stabilization using peer support specialists: veterans who have successfully overcome similar challenges who coach or listen to other veterans currently facing those challenges. The peers do not provide clinical services, but work in cooperation with clinical providers. For example, if a veteran needs extra support, a peer and a clinical case manager may work together to provide wrap-around services. Part of the success lies in the relationship and camaraderie that the veterans form by virtue of having a shared background. Provider agencies reported that the relationship is particularly helpful for those struggling with mental health or chronic substance abuse, and that some veterans may be more comfortable and disclose more readily with peers than with a case manager or another formal service provider.

Transportation

Another important factor in the structure of services delivery to veterans is transportation, typically to VA hospitals for medical care and services. Provider agencies seek to locate their projects in areas that have community resources

and strong public transportation access. Even so, clients tend to need some supplemental transportation for medical visits, grocery stores, or work opportunities. Adding to the challenge is that provider agencies may also have more limited options based on the locations of VA hospitals and services.

For youth: Creative stabilization options, harm reduction, low-barrier services, and jobs and transportation

Key findings:

- *For youth and young adults, creative stabilization options are essential.*
- *Greater collaboration between funders and provider agencies is needed to ensure that data collection requirements support the work of engaging youth in services.*

Creative stabilization options

For youth, ages 15 to 24, successful service delivery means being able to support a range of creative stabilization options. This means that the answer may not lie in permanent supportive housing, but rather in supportive housing in new iterations that meet youth where they are.

The best tool to enable pursuit of those options is a flexible housing support subsidy. Some providers secure this funding by including provisions in their grant funding for flexible housing support subsidies to provide stabilization services or, more broadly, to support independent living.

With a flexible housing support subsidy, a youth may be able to stay with a friend for two more weeks without needing the additional transition into a housing unit. The youth may also be able to continue to stay with family, even if the head of household is not able to get other forms of housing assistance because the family's housing, such as a trailer, does not fit criteria. Or if the family is unstable, the subsidy may help provide supports to the family, connecting them to resources and also stabilizing the youth's living situation. Facilitating these situations may involve checks written out to the landlord or payment for utilities until a permanent situation can be found. As one provider agency explained, the key is working with the youth to figure out what the creative options are.

The flexible housing support subsidy also makes it possible to move a client into a unit much faster than with a public voucher; depending on the client's background, a public voucher might not even be possible. On outcomes, the subsidy can help the provider agency achieve a reduced number of transitions, lower average cost of service per client, and reduced days to stabilization.

While there are strong benefits to using flexible housing support subsidies to achieve a range of creative stabilization options, there are also reasons for caution. Additional care and protocols are required to ensure the integrity of the flexible funding pool and to avoid abuse. With flexible funding, the youth does not receive cash directly and there are robust accountability and compliance protocols for distribution. Additionally, notwithstanding the need for and advantages of flexible funding for meeting youth needs, there remains a need for supportive housing for young people between ages 18 and 24, to whom some landlords are reportedly reluctant to rent.

DIAL/SELF Youth & Community Services

DIAL/SELF helps young people become independent by connecting them with housing, employment, education and civic opportunities. It has successfully used flexible funding subsidies to help youth achieve stabilization and manage change.

The following language comes from one of DIAL/SELF's typical grant applications for Flexible Housing Stabilization Funds:

"Funds are used, as part of a housing stability plan, to stabilize the individual seeking assistance. This may include; rent arrearage which can sustain housing, first, last and security to obtain housing, debt payments related to housing security, short-term financial assistance and other expenses that are not leveraged through existing federal or state programs.

"Flexibility to address underlying stability issues such as ability to regularly show up for employment, finish required education programs and maintain basic health and safety needs is required. The right type of help, at the right time, truly makes the difference for those who are one life event away from homelessness or chronic homelessness."

Harm reduction

Steadfast adherence to a harm reduction model is also a key component of service delivery for youth. Because youth may not ask for treatment during their engagement with the provider agency, the focus is to help youth be safer in their activities. In the harm reduction model, youth are still accountable for their actions, but shown the options and potential consequences to which their choices lead. This approach helps youth continue to trust the case management relationship, demonstrates a valuing of the young person's opinions, and creates a higher level of personal empowerment. Although the harm reduction model may allow for consequences that are less than ideal according to the case manager's or societal standards, it provides continued connection and support as the young person continues to learn from his or her experiences.

Low-barrier services

Another key component for youth are low-barrier services. Youth need accessible opportunities that give them control over how they engage with adults. Examples of such services might include getting snacks such as granola bars, using a computer, or getting a pair of socks. As the engagement and trust grow, youth begin to see positive ways of engaging with the services team.

While low-barrier services are critical to building more trusting and natural relationships with young people, the data requirements of many State and Federal contracts can make it challenging to provide them. Provider agencies report some funders rate the quality of provider agencies' data collection at each level of outreach. However, in working with youth, the relationship at the outset is delicate and could quickly hit a roadblock if the outreach worker were to press for the type of data that many state and federal contracts require at these early stages. As a result, provider agencies may find that the need to maintain high ratings on the quality of data collection at these initial stages works against the core mission of connecting with youth to provide them with services.

Currently, contract expectations may include getting a valid social security number and full intake data from a young person with whom a provider has had only a brief initial conversation on the street. Provider agencies report that even obtaining that level of information from a young person who visits a drop-in location twice for a few minutes a day for two weeks can strain the very fragile process of relationship building. Provider agencies report that a helpful alternative to current practices may be to ensure that low rates of data collection in the initial stages of connecting with youth are not viewed as a negative for funding purposes or as a matter of practice. Rather, a best practice may be to collaborate with provider agencies in determining the stages at which higher levels of demographic data from this population should be required. Working with provider agencies to determine this point would more effectively support the work of engaging young people in services.

Jobs and transportation

To support stabilization, youth also have pressing needs that fall outside the purview of provider agencies. Two primary needs include jobs and transportation. Reportedly, younger people today are not seeing the same economic opportunities that they were before the financial crisis of 2008. Middle-aged workers and those approaching traditional retirement ages may be working longer and taking entry-level jobs, such as those in food service and retail, that were traditionally viewed as for youth.

In rural areas of Massachusetts, in particular, transportation is a significant concern for homeless working youth. Youth often are assigned evening and night-time shifts, when there are fewer opportunities for public transportation. Although transportation vouchers might be helpful, the investment per person may be cost-prohibitive in rural areas. The effectiveness of the voucher would still be limited by the availability of transportation services during the youth's work hours. Notwithstanding these challenges, connecting youth to resources for jobs and transportation remain key components of successful service delivery.

PROGRAM FUNDING

Key findings:

- *The model of bundled funding is crucial for creating and maintain new units of permanent supportive housing.*

- *Baseline stabilization services require predictable funding.*
- *Lack of reliable and predictable funding for supportive services in permanent supportive housing can inhibit scalability and innovation in the model.*

Housing Preservation and Stabilization Trust Fund (HPSTF)

The paucity of funding for supportive services is a critical barrier to the scalability of permanent supportive housing. The reason is that there are few funding streams specifically designed to cover services in this field: “Funding services in supportive housing has been like putting together a puzzle and often one with many pieces missing.”⁴⁰ Where appropriate, however, achieving scale can be important for lessening operational costs.

Because of the challenges in coordinating funding for both housing and services, some have sought to coordinate funding streams strategically to provide complete funding packages for high priority projects.⁴¹

As noted in the Introduction, the Massachusetts legislature enabled the Department of Housing and Community Development to provide consolidated awards for the first time in 2014. Through HPSTF, provider agencies could receive a bundled award of capital funding, rental subsidies, and funding for case management coordination (although not necessarily for stabilization services, as will be discussed below). Individuals or households who can benefit from supportive services and who earn less than 50 percent of the area median income must occupy HPSTF units. HPSTF was available to provider agencies of both supportive housing and permanent supportive housing.

Under HPSTF, provider agencies receive up to \$1,500 annually per unit receiving project-based MRVP assistance (this was reduced in 2015 from \$2,500 per unit) to implement service plans that must address the following case management and stabilization services:

- Maintaining a successful tenancy;
- Securing quality child care, education, health care, and recreational activities for children in the household;
- Securing or improving adult education attainment and employment;
- Improving and maintaining behavioral and physical health;
- Improving financial and asset management skills; and
- Improving community connections.⁴²

As a jurisdictional comparison, the Department of Community and Human Services in King County, Washington State offers a similar program called the Homeless Housing and Services Fund (HHSF), which was established in 2008. As in Massachusetts, the county made this shift to ensure that approved capital projects could move forward in development with approved operating and services dollars as part of a complete funding package to serve homeless households.

The King County program has been successful, with the county reporting numerous benefits as a result:

- Agencies now **plan ahead and develop clear service proposals** for their target population. Additionally, funders of supportive services and operating support have improved ability to plan for upcoming funding rounds, given limited resources.
- Projects **proceed as expeditiously** as possible.

⁴⁰ Corporation for Supportive Housing, “A Quick Guide To Improving Medicaid Coverage For Supportive Housing Services” (Corporation for Supportive Housing and The U.S. Interagency Council on Homelessness, May 2015), <http://www.csh.org/resources/a-quick-guide-to-improving-medicaid-coverage-for-supportive-housing-services>.

⁴¹ King County, Department of Community and Human Services, Community Services Division, “Homeless Housing and Services Fund (HHSF): 2015 Progress Report (2006-2014),” 2015, http://www.kingcounty.gov/~media/socialServices/housing/documents/HFP_HHP/HHP/HHSF_2015_Progress_Report.ashx?la=en.

⁴² Commonwealth of Massachusetts, Department of Housing and Community Development, “Supportive Housing for Vulnerable Populations: Notice of Funding Availability: Housing Preservation and Stabilization Trust Fund/ Massachusetts Rental Voucher Program,” November 2015, <http://www.mass.gov/hed/docs/dhcd/hd/hsf/hpstfnofa2015.pdf>.

- The collaborative funding process has **created efficiencies for staff and reduced overhead costs for service providers**, who no longer have to apply through four or five different funding processes for operating support, rental assistance and supportive services funds.
- Providing multi-year funding through HHSF has **protected HHSF-funded programs** from experiencing the immediate effects of budget cuts during economic downturns.

King County further reports that the HHSF was particularly helpful to its low-income housing tax credits (LIHTC) program: “Nonprofit housing providers must utilize tax credits in order to finance large affordable housing capital projects, and as the tax credit market became more difficult to access in recent years, agencies have been required to show investors that housing projects requiring services and operating support are completely funded and sustainable.”⁴³

Massachusetts provider agencies receiving HPSTF have reported many of these same benefits that are reported in King County. These include being able to move forward more expeditiously with projects, greater efficiencies, and reduced overhead costs.

Provider agencies agree that a principal challenge to their work is the coordination of multiple funding sources. By bundling development, subsidy, and services dollars, HPSTF offers a product much closer to what provider agencies need to serve the homeless effectively with permanent supportive housing. The model thus represents the future of funding for permanent supportive housing. However, the funding’s lack of predictable availability diminishes the opportunity for providers to more effectively plan their work.

Because of predictable funding, some localities have been able to achieve functional zero in ending homelessness among veterans. The Veterans Affairs Supportive Housing has made long-term funding commitments for both subsidies and case management, in ways that are unavailable for other homeless sub-populations. There may be a spill-over benefit for non-veteran homeless persons, however: because the long-term commitments for veterans helps reduce overall costs, some permanent supportive housing projects with a mix of subpopulations have become more financially viable.

One other HPSTF challenge is that the bundled funding includes an allowance primarily for case management and not necessarily for the stabilization services that many homeless persons need to maintain tenancy and increase self-sufficiency. HPSTF requires that a provider agency develop individualized service plans with measurable goals and objectives for providing both case management and stabilization services. However, the allowance of up to \$1,500 per unit per year for support services pays primarily for the basic coordination of services, not necessarily for the support services themselves. The effective lack of allowance for stabilization services may frustrate the goal shared by the state and the provider agency of helping the homeless persons stay housed and achieve greater independence.

Low-income Housing Tax Credits

Aside from HPSTF, low-income housing tax credits remain another option for provider agencies supplying permanent supportive housing. This program has been instrumental and highly effective in creating a range of affordable housing. In Massachusetts’ 2015 and 2016 Qualified Action Plans, the Commonwealth prioritized the distribution of low-income housing tax credits for “more units for extremely low-income (ELI) and homeless families and individuals.”⁴⁴ LIHTC is a vital resource for larger scale projects with services components.

On smaller projects, the cost of compliance requirements, including staff time, consultant expertise, and studies that must be completed, among other requirements, are sometimes prohibitive.⁴⁵ Additionally, an organization’s mission may not include developing properties that meet the criteria for LIHTC funding, such as including market-rate units

⁴³ King County, “Homeless Housing and Services Fund,” 2015.

⁴⁴ The Commonwealth of Massachusetts, Department of Housing and Community Development, “Low Income Housing Tax Credit Program 2015 Qualified Allocation Plan,” 2015, http://www.novoco.com/low_income_housing/resource_files/qap/2015/massachusetts/mass_2015_final_qap_021315.pdf.

⁴⁵ Furman Center for Real Estate and Urban Policy and the Moelis Institute for Affordable Housing Policy, “Moelis Institute for Affordable Housing Policy Brief: What Can We Learn about the Low-Income Housing Tax Credit Program by Looking at the Tenants?,” October 2012, http://furmancenter.org/files/publications/LIHTC_Final_Policy_Brief_v2.pdf.

or units for populations at 60 percent of AMI. And, some service providers have determined that a model of small developments (20 units or less) with all formerly homeless clients works best for achieving their services goals and also for keeping property management costs low enough for the project to be sustainable in the long-term.

LIHTC is working for larger provider agencies that are building substantial projects. That being said, the search for services dollars creates a coordination challenge that results in expensive time delays for even these larger providers. Provider agencies reported that developing larger projects can take from three to five years, during which time the developer has costs related to control of the site, must proceed with permitting, and must begin collaborating with the community while still unable to answer questions regarding timelines and services.

These challenges associated with LIHTC funding are significant for the provision of permanent supportive housing for the homeless. For extremely low-income households, a housing voucher must be attached to the unit for the unit to be affordable. Fortunately, in Massachusetts both project-based Section 8 assistance and project-based MRVP are available to developers of tax credit projects (for the first time in 20 years in the case of project-based MRVP vouchers). Creating additional certainty around the predictability and availability of vouchers will be a strong positive as developers seek to plan new projects.

The dearth of reliable funding sources for services dollars inhibits scalability for some provider agencies, who might find that a growing portfolio makes it more difficult to pay for services with operating dollars and fundraising alone. It will be a loss if provider agencies with long-term experience and commitment to the community find expansion opportunities limited. Additionally, provider agencies with a smaller budget may find it difficult to be efficient and may lack the resources to develop and pilot new service delivery ideas.

Behavioral health reimbursements

Currently, licensed provider agencies can receive Medicaid reimbursement for supportive services to chronically homeless individuals in permanent supportive housing through the Community Support Program for People Experiencing Chronic Homelessness (CSPECH). CSPECH is a nationally recognized innovation of Massachusetts Behavioral Health Partnership (MBHP) and the Massachusetts Housing & Shelter Alliance.

Pay for Success is a new initiative that builds on the success of CSPECH. As described by the Massachusetts Housing and Shelter Alliance, Pay for Success uses an innovative form of financing, relying on up-front funds from private investors to expand permanent supportive housing. If a program successfully houses formerly homeless individuals, the private investors are paid back with public dollars. PFS also includes the expansion of CSPECH to additional health insurance providers and also to new clients.

One challenge to note, however, is that a client's Medicare eligibility supersedes his eligibility under MBHP's primary care clinical plan. In practice, this means that once a client is determined eligible for social security disability insurance (SSDI), that client loses eligibility under CSPECH. However, Medicare does not currently reimburse provider agencies for the tenancy supports that the client had been receiving. Such supports could include support from a community support worker to respond effectively to leasing concerns, to apply for a bus pass, or to get transportation for an appointment. By helping a client receive all possible financial assistance, including SSDI, the provider agency is placed in the awkward position of necessarily defunding itself. This could soon change if Massachusetts shifts to an accountable care model for providing health coverage for low-income persons and includes expansion of programs like CSPECH as part of the new design.

An additional challenge in leveraging Medicaid reimbursement dollars lies in building the capacity to pursue that additional funding within the provider agency community. Although there is increasing guidance from the U.S. Department of Health and Human Services and also from nonprofit homeless advocacy organizations, like CSH, much of that knowledge has yet to make it to agency providers – particularly smaller providers in the field. In addition to understanding how Medicaid reimbursement can help support the cost structure of certain services, some organizations will need information on partnering with qualified providers (if they choose not to become qualified directly). This information includes learning when to use such a partner, how to select partners, and where to find such a partner.

Private fundraising and other revenue generation

Provider agencies also report that raising private dollars remains a challenge because funders prefer to sponsor initiatives as opposed to operations. As noted earlier, provider agencies are reluctant to rely on rents for staffing because rents are insufficient. Additionally, relying on rents for staffing costs tends to shift the organizational focus away from a “housing first” model and incentivizes serving those who can afford to pay.

Challenges notwithstanding, the larger provider agencies have, as a common denominator, a staff member dedicated to full-time fundraising (either a full-time grant writer or development director). Another approach provider agencies use to fund services includes charging residents a resident services fee, as a certain percentage of their rent, such as two percent. However, this approach may not be effective if the provider agency has to charge lower than market-rate rent.

Providers may also adopt systematic procedural changes to maximize benefit enrollment for tenants. These changes may involve including benefit enrollment as part of the annual recertification process or asking tenants to sign a waiver so that the service provider can screen the tenant systematically for benefits. One provider agency found this approach beneficial not only in improving outcomes for tenants by helping them increase their outcomes, but also for reducing late rent payments.

FAIR HOUSING LAWS

Key finding:

- *An assessment is needed of how fair housing laws support permanent supportive housing initiatives.*

It is important to consider the intersection of fair housing laws with supportive housing programs. One reason is that the state measures its fair housing progress and outcomes, in part, by “the number of supportive housing units created for persons with disabilities, homeless families, and other populations with service needs.”⁴⁶ Developing such supportive housing within this fair housing framework, however, is a more complicated challenge.

As background, the Fair Housing Act⁴⁷ prohibits discrimination in the sale, rental, financing, or advertising of housing on the basis of race, color, religion, or national origin. Through later amendments in 1974 and 1988, Congress added to these criteria gender, disability, and familial status, including pregnant women.

One exemption to the federal fair housing laws exists: housing for seniors is exempt from the Act’s prohibition of discrimination against families with children.⁴⁸ In the words of one senator, this exemption makes “the law clearer and more workable for seniors...to protect seniors so that they can, if they wish to, move to housing where they are protected in their safety and privacy.”⁴⁹

Massachusetts’ fair housing law is broader and more protective than the federal fair housing laws. Without exemption, Massachusetts also prohibits discrimination based on public assistance receipt, sexual orientation, gender identity and expression, marital status, military or veteran status, age, ancestry, and genetic information.⁵⁰

Developing tenant selection plans and marketing available units are common points of intersection between fair housing laws and permanent supportive housing. Unlike the federal exemption for housing for seniors, supportive housing for the homeless is not a special exemption from Massachusetts’ protected classifications. Statements and advertisements for housing with supportive services are subject to state and federal fair housing laws, even if that supportive housing is designed according to specific, best practice clinical models. This means that there may be

⁴⁶ Commonwealth of Massachusetts, Department of Housing and Community Development, “Analysis of Impediments to Fair Housing Choice: Access to Opportunity in the Commonwealth” (January 2014), p. 298, <http://www.mass.gov/hed/docs/dhcd/hd/fair/2013analysis.pdf>.

⁴⁷ 42 U.S.C. 3601, et seq. also known as Title VIII of the Civil Rights Act of 1968.

⁴⁸ Housing for Older Persons Act of 1995 (HOPA) (Pub. L. 104-76, 109 Stat. 787 enacted December 28, 1995).

⁴⁹ Congressional Record, S. 18064. Senate Report #104-172.

⁵⁰ Massachusetts General Laws Chapter 151B.

times when fair housing laws are in direct competition with best practices for developing supportive housing for certain homeless subpopulations.

For example, fair housing laws may impede development of programs based on peers living in community, which may be recommended for serving persons living with disabilities. An example may be veterans living in project-based housing with other veterans. Consider also that housing for homeless youth is not exempt from Massachusetts prohibition against age discrimination. This means that a provider agency desiring to serve the unique needs of homeless youth may not be able to specifically market to them or get a tenant selection plan approved that excludes older adults in the interest of protecting those youth.

One legal guide – unique in that it is written specifically from the angle of homeless service providers – advises provider agencies that to navigate the complexity of fair housing laws, providers must think practically:

Logically, if a project's admission requirements do not violate fair housing laws, a provider should be permitted to include those requirements in an advertisement. However, given the complexity of the law in this area, as well as the reluctance of the media to make fine distinctions between illegal discrimination and legal occupancy requirements, many providers have found it more practical to advertise by *describing their facility rather than describing tenant qualifications* (e.g., ‘supportive housing project providing services for persons with serious mental illness seeks tenants’). (emphasis added)⁵¹

The guide, which Goldfarb and Lipman prepared at the behest of CSH, notes that affirmative marketing plans may provide for targeted marketing within a specific disability group.⁵² However, targeting that specific disability group must be lawful in the first instance.⁵³ And determining whether it is lawful to target that group may be significantly more complicated at the state level than at the federal level. Provider agencies report similar concerns about the very definition of homelessness and whether it is appropriate to limit homelessness to being only a “preference” in tenant selection plans for permanent supportive housing for homeless residents.

There are additional challenges as well. Some provider agencies report that the fair housing construction is different depending on the subsidy being used. Requirements under MRVP may present special challenges related to the development of tenant selection plans. The fact that the fair housing requirements appear to differ depending on the voucher compounds confusion around what is truly legally required. Confusion may arise from perceived inconsistencies in the state’s approach to interpretation. For example, if the state has issued housing vouchers targeting homeless persons in hotels, but provider agencies are told that vouchers cannot be advertised to homeless populations by location, the inconsistency may stir confusion within the provider community.

Additionally, it may be difficult to find experienced attorneys to assist provider agencies in navigating the tension between clinical program objectives and fair housing laws. Attorneys with such expertise typically work on behalf of the funding source. Provider agencies then find themselves negotiating the key components of the service program based on fair housing laws, which some may feel less adept at navigating.

The length of time to negotiate a tenant selection plan also presents a challenge. Provider agencies report experiences with units going vacant from six months to one year while the tenant selection plan is undergoing review. Such vacancies can have a significant impact on the financials of the housing project. The financial impact of these challenges for provider agencies suggests that a review of how adequately fair housing laws support permanent housing initiatives is needed.

⁵¹ Goldfarb & Lipman LLP, “Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing, National Edition” (Corporation for Supportive Housing, January 2010), <http://www.csh.org/resources/between-the-lines-a-question-and-answer-guide-on-legal-issues-in-supportive-housing-national-edition>.

⁵² Ibid.

⁵³ Ibid.

ORGANIZATIONAL OUTCOMES

Key finding:

- *Provider agencies are eager to develop customized indicators and track outcomes across programs. They may need funding and technical capacity to do it.*

How a provider agency – or even the Commonwealth – frames outcomes matters for prioritization of funding and spending decisions. For example, in the case of families, if outcomes are framed in terms of exiting to permanent housing and short duration of stay, then funding permanent supportive housing for families could drop in importance because arguably one can achieve exit metrics through rapid re-housing.

One of the most comprehensive discussions on outcomes is found in CSH’s “Dimension of Quality” guidebook. Broadly, CSH notes that key outcomes include that tenants:

- (1) Stay housed
- (2) Improve in physical and mental health
- (3) Increase their income or employment
- (4) Feel satisfied with their services and housing
- (5) Develop connections to community and build social support networks.⁵⁴

CSH puts forward a helpful matrix suggesting strategies and tactics by which a provider agency could achieve the five outcomes.⁵⁵ Although this matrix is not framed as a metric discussion, a provider agency could readily derive from it specific outputs to measure that lead to the desired outcomes. Not all of the tactics noted should be converted into a metric, as too many metrics would quickly become unwieldy and overwhelming. However, CSH’s matrices offer starting points for how provider agencies might develop measurable outputs and outcomes, based on the unique assemblage of program components in their permanent supportive housing programs.

Urban Edge

Urban Edge serves formerly homeless families and individuals with permanent supportive housing in mixed-income housing projects.

“To ensure that Urban Edge is on track, and to evaluate progress in meeting performance targets in our primary lines of business, we created an internal dashboard. This monthly report displays the roles that staff play in achieving our objectives and includes the following indicators and data points: human capital; finance; real estate development pipeline; community building and organization; homeownership preservation; fundraising; and governance. Performance is also tracked in our Salesforce database, and the dashboard is monitored monthly at Senior Staff meetings.”

Sample metrics from Urban Edge:

- 30% benefit enrollment rate
- Average \$1,100 benefit value per household
- Average of 29 evictions prevented per month
- Average of \$39,000 saved in vacancy loss per month
- Average of 26 residents entered leadership engagement and development track per month
- 35% of leaders increase one or more tiers monthly.

⁵⁴ Corporation for Supportive Housing, “Dimensions of Quality: Supportive Housing,” 2013, http://www.csh.org/wp-content/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf.

⁵⁵ Corporation for Supportive Housing, “Dimensions of Quality,” Figure 1.

Granted, these outcomes may be difficult to capture in data, and some may involve a level of subjectivity. Typical measurements for the success of permanent supportive housing have included:

- Number served
- Increases in income
- Occupancy
- Housing stability
- Housing retention
- Public monies saved on emergency services.

No matter the key components of service delivery, however, provider agencies tend to measure their success with the fundamental metric of whether the client remains housed. For certain populations, there may not be a specific time period during which the tenant must remain housed for this metric to be met, but rather each day of continued housing is the coveted success. For other populations, maintaining housing for a year or more is considered successful.

In addition to this metric, some service providers reported also measuring: prevented evictions, reduction in tenant receivables, household increases in net income (which HUD requires, although less specifically than some service providers may prefer to track); resources provided to residents; and increases in resident leadership/participation. Others have measured absence of lease violations and incident reports as a measure of successful tenancy. Some also track quality of life programs, in terms of availability and tenant participation.

Provider agencies use the language of CSH's five outcomes when talking about their success. Few, however, reported having the capacity to formally develop and track appropriate indicators for desired outcomes beyond the required reporting to the U.S. Department of Housing and Urban Development (HUD).

Provider agencies reported keen interest in developing more sophisticated systems for tracking outcomes. They are eager to understand their performance and evaluate their services as a unified entity, not only on a project-by-project basis. They have been frustrated with managing multiple Excel spreadsheets and competing deadlines to report activities and outcomes. Provider agencies also reported particular interest in streamlining the reporting that numerous funding sources require for a single project at multiple levels – federal, state, local, and private.

Provider agencies reported several challenges to being able to develop more complex indicators and data tracking systems. The first had to do with staff time.

Measuring Outcome for Families

Partially due to the focus on rapid re-housing and transitional housing programs, outcomes for families in particular tend to focus on duration of time housed and whether program participants exit into permanent housing. "Participant length of stay, exits, turnovers, and placement after program exit" are all typically measured as indicators of a successful program.*

The 2015 Family Options Study suggests a broadening of this traditional focus. According to the study, the five domains of family well-being – although also not framed as outcome metrics – include (1) housing stability; (2) family preservation; (3) adult-well-being; (4) child-well-being; and (5) self-sufficiency.**

Although each of these paradigms agrees on the need to measure housing stability, the "outcomes" language of the Family Options Study aligns most closely with CSH's "Dimensions of Quality." Because the CSH model is written from the perspective of serving individuals, it does not mention in its top-tier language family preservation or child well-being.

Interestingly, federal reporting requirements also focus very little on outcomes for what makes the homeless family a family. Provider agencies reported that little data is collected on children of homeless families. And no data is collected on pregnant women. Data collection continues to focus almost exclusively on the head of household. For provider agencies, however, the child is critical and should be at the heart of outcomes in stabilization services for parents.

* Corporation for Supportive Housing and National Alliance to End Homelessness, "Ending Family Homelessness: National Trends and Local System Responses" (The Bill & Melinda Gates Foundation, October 2012). <http://www.csh.org/wp-content/uploads/2012/11/CSH-NAEH-Ending-Family-Homelessness.pdf>

** U.S. Department of Housing and Urban Development | Office of Policy and Development and Research, "Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families," July 2015, Appendix B1-B17, https://www.huduser.gov/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf

Current reporting requirements consume the staff time that would otherwise go to developing customized outcome metrics.

A further pressure point on staff time is that funding sources tend to have disconnected reporting requirements. This was true even within the same tier of federal or state funding, for example. Provider agencies expressed a need for funders to come together to develop coherent reporting requirements based on funding sources that service providers may be most likely to combine.

Service providers may also design their programs creatively, combining unique service components based on the specific needs of the population they serve. This often means that the HUD-required data does not provide clean program measurements for how the service provider actually considers their programs to be structured.

Another challenge provider agencies reported is that HUD may frequently change the method by which provider agencies must report information. This requires a continual re-learning on the part of the provider agency and can sometimes disrupt efforts to build customized data collection on top of HUD's requirements.

Finally, technical assistance teams at both the state and federal levels tend not to focus on building capacity for measuring organizational outcomes and developing internal systems for data-tracking. Technical assistance teams also may not employ the necessary multi-tiered approach – federal, state, local, and private – for understanding a service provider's data tracking and reporting needs.

Provider agencies recognize that some state funding sources have no reporting requirements. And sources of development capital tend not to require proactive reporting on population outcomes. Rather these sources require assurance that the asset is being used for its intended purpose. To be clear, provider agencies do not suggest that reducing reporting requirements is the solution for redundant or incongruent reporting requirements. By contrast, their desire seems to be for customized data tracking that would enable a holistic examination of the provider agency's performance and for technology that could be used to deliver reporting across multiple funders.

RECOMMENDATIONS

There are a number of strategies that can be employed to support the continued development of provider agencies in the provision of services through permanent supportive housing.

#1 Continue annual support for the Housing Preservation and Stabilization Trust Fund (HPSTF); seek to create new bundled funding streams; and increase the funding pool available for case management.

To support the continued and robust creation of permanent supportive housing, HPSTF and other funding streams should be predictably available. This would significantly help the underwriting process and also engage new provider agencies, while encouraging expansion among existing grantees. The consistency of funding levels is key. This is particularly true for smaller provider agencies because these may not have the additional staff to help provide services if funding levels drop. They also may not benefit from the economy of scale associated with providing services to many units, which would help lower their operational costs.

Additionally, increasing the funding pool available for case management in particular will help to lower caseloads among more providers. Aside from the housing itself, effective case management is reported to be the most important factor in stabilizing clients. And its effectiveness hinges often on caseload. Additional research and collaboration with the provider community would be necessary to determine appropriate caseload levels for projects of various sizes. Cost-benefit analyses may also help determine the precise level at which too high a caseload leads to a rate of failure in stabilization that then begins to erode the savings that permanent supportive housing is supposed to provide.

#2 Expand professional training and networking opportunities for case managers.

Establishing ongoing training and networking opportunities for case managers (clinical and non-clinical, although perhaps not together) may be a critical tool for improving case management effectiveness. The idea is to provide a

space for peer-to-peer knowledge sharing, networking, and receiving practical education on the issues attendant to providing services to homeless individuals and households through permanent supportive housing. Currently, with bandwidth pressures and funding constraints, many provider agencies have not found an opportunity to share knowledge regionally with other provider agencies. Those that have tend to be larger and better resourced provider agencies, and they are receiving special grants from private foundations to facilitate that training and knowledge sharing.

#3 Research the needs of children in homelessness and provide additional supports to families based on those needs.

On homeless families in particular, a dedicated focus is needed to understand what is happening with homeless children and where improvements can be made. This includes understanding child care needs and the inadequacies of the current child care offerings to help parents maintain stabilization. Research is also needed on whether existing child care providers have the capacity to serve homeless children – in terms of both their number and needs. Additionally, available services for homeless families should be measured against whether expectations of the family are realistic within the timeframe of the funding.

#4 Assess the degree to which fair housing laws support or hinder the creation and operation of permanent supportive housing units.

A review of how well fair housing laws help or hinder the creation of new permanent supportive housing units for specific populations with special needs is appropriate given the implementation concerns. Currently, provider agencies are without legal assistance to fully understanding the application of the law. The lack of effective support contributes to increased costs in providing services. Additionally, the lack of understanding may be driving service programs in ways that are not beneficial for clients. The goals should be to demystify the process for provider agencies, shorten the time it takes to negotiate tenant selection plans, and ensure fair housing in the provision of permanent supportive housing.

#5 Explore opportunities to use technology grants to enhance data tracking and analysis.

With regard to organizational outcomes, provider agencies need innovative, cost-effective solutions for measuring their performance across programs and for streamlining reporting requirements at multiple levels – federal, state, local, and private. For at least the federal, state, and local tiers, this is a solvable challenge with the right collaborating task force. Piloting a technical assistance team with a technology grant award may also help providers think reflectively about their data collection challenges and needs and develop enhanced systems in response. The provider agencies that have tackled this challenge tend to demonstrate greater scalability, greater effectiveness in private fundraising, and a level of thoughtfulness in their processes and procedures that is derived specifically from their attention to internal data analysis.

#6 Expand behavioral health reimbursements for tenancy supports and assist smaller provider agencies in accessing and utilizing information on such reimbursements.

Innovative funding programs for tenancy supports in permanent supportive housing, including CSPECH and Pay for Success, represent opportunities that have yet to reach other homeless subpopulations such as homeless families. Continued collaboration to expand these concepts to new groups is key. Just as important, however, is providing technical assistance to smaller provider agencies to help them access and utilize information on receiving Medicaid reimbursement. Some smaller providers may choose not to become licensed providers and may instead prefer to partner with a licensed provider. However, understanding the benefits of this model and how to successfully use it may achieve greater outcomes for residents, lower health care costs for the Commonwealth, and enhance financial stability for the organization.

CONCLUSION

There are a wealth of strong practices and procedures to be mined from permanent supportive housing providers across the state. The challenge is connecting them and creating a continuing space for them to share what they have learned and how they are overcoming inevitable shortages in resources. The Commonwealth can support creating this space for knowledge sharing by providing coordination assistance and initial financial resources.

Already, we have seen the tremendous results that collaboration at the public agency level has yielded. Having stemmed increases in homelessness and taken steps to bundle funding streams, there can be little doubt that employing a coordinated approach to solving funding challenges has had a positive impact. This collaboration must continue, and it must be spread among providers on the ground.

Our resources may remain finite, but what we can achieve with those resources increases exponentially as we work together in service of our most vulnerable and in great appreciation for the providers who work tirelessly in meeting their needs.

APPENDICES

APPENDIX A – DATA FROM POINT-IN-TIME COUNTS: 2010 TO 2015

DATA FROM POINT-IN-TIME COUNT	2010	2011	2012	2013	2014	2015	% change from 2013 to 2014	% change from 2014 to 2015	Difference between 2015 and 2014
Total homeless persons	16,646	16,664	17,501	19,029	21,237	21,135	11.603%	-0.480%	-102
Total persons in households with at least one adult and one child	10,243	10,320	11,212	12,335	14,449	14,757	17.138%	2.132%	308
Total homeless households	9,923	9,862	10,153	10,961	11,479	11,099	4.726%	-3.310%	-380
Persons in households without children	6,403	6,344	6,227	6,628	6,766	6,360	2.082%	-6.001%	-406
Persons in households with only children	unavailable	unavailable	62	66	22	18	-66.667%	-18.182%	-4
Chronically homeless	2,007	1,666	1,500	2,115	3,311	2,561	56.548%	-22.652%	-750
Severely mentally ill	2,079	2,205	2,432	2,902	3,720	2,630	28.187%	-29.301%	-1,090
Chronic substance abuse	3,200	3,282	3,257	3,512	3,096	2,400	-11.845%	-22.481%	-696
Veterans		1,268	1,181	1,253	1,264	1,133	0.878%	-10.364%	-131
HIV/AIDS	148	152	114	123	137	115	11.382%	-16.058%	-22
Victims of domestic violence	1,478	1,439	1,364	1,779	1,541	1,198	-13.378%	-22.258%	-343
Unaccompanied youth	93	68	59	unavailable	unavailable	415	unavailable	N/A	N/A
Parenting youth	unavailable	unavailable	unavailable	unavailable	unavailable	839	unavailable	N/A	N/A
Children of parenting youth	unavailable	unavailable	unavailable	unavailable	unavailable	1,070	unavailable	N/A	N/A

From HUD, Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2010-2015.

APPENDIX B - EXCERPT OF CSH TACTICS FOR ACHIEVING TENANT-CENTERED SUPPORTIVE SERVICES.

◆ SUPPORTIVE SERVICES

The supportive services component refers to the comprehensive package of supports that help tenants sustain housing stability and meet life goals. These services may be provided by the project's designated primary service provider or by collaborating organizations. The primary service provider ensures that tenants can access needed services on an ongoing basis.

◆ *Tenant-Centered*

Services are voluntary, customized and comprehensive, reflecting the needs of all members of the household.

Service Design

All members of tenant households have easy, facilitated access to a flexible and comprehensive array of supportive services. Tenants are actively involved in choosing the services they would like to receive. The specific services and their intensity can vary over time, based on changing tenant needs.

- There is a comprehensive, written services plan for the supportive housing project. It describes the available services, identifying whether they are provided directly or through referral linkages, by whom, and in what location and during what days and hours.
- All tenants are provided with a menu of services that includes, at minimum, how to access case management services, medical services, mental health services, substance abuse treatment services, peer support, parenting skills, education, vocational and employment services, money management services, life skills training and advocacy.
- Service staff actively involves tenants in the design, development and implementation of their individualized service plans. Staff also works with tenants to develop goals that are realistic, achievable, measurable and tailored to the tenants' preferences.
- The service design and staffing plan includes the opportunity for tenants to receive services and support from peers.
- Service needs assessments and individualized service plans are updated regularly to reflect tenants' changing service needs and goals.

APPENDIX C – INTERVIEW GUIDE

ALL PROVIDERS – Executive Director/Sponsor Role (14 Questions)	
BEST PRACTICES - DEVELOPMENT	
1.	How did this program come about – tell me about the development process.
2.	How did you approach building the team to staff this Program?
3.	How did you decide on the neighborhood location for the Program? Did you assess the community's need for the Program? Did the decision involve an analysis of the resources within that neighborhood? Were the assessments on target with what you found?
4.	Would you say that most of the choices in your organization tend to be data-driven (based on quantitative information), protocol-driven (driven by the need to adhere to standards and compliance), or resource-driven (driven by available resources)? Explain. Does the answer vary for the Project vs. the Program?
5.	How did you go about identifying your key partners during the development phase? Would you recommend a formal evaluation of possible partners before final selection?
6.	As the project was being established, which was more challenging – identifying funding for the services component or the housing component? What advice would you give to future service providers when it comes to securing funding?
BEST PRACTICES – MANAGEMENT	
1.	How do you communicate critical information to tenants? (probe) How are these messages reinforced?
2.	What efforts are in place to build and maintain a sense of community at the property? How do you encourage and strengthen interactions between residents and service/clinical team? Housing staff?
3.	What opportunities are there for tenant leadership? What percentage of the tenants takes advantage of these? Are there highlights of recent successes that have been particularly meaningful to you?
4.	From the perspective of property management, are stabilization services adequate? What would be most effective?
TENANT SELECTION	
1.	How does the organization find its target clientele (e.g., advertised openings, closed referrals)?
2.	How frequently do fair housing law questions arise -- routinely, sometimes, rarely?
3.	What are the questions that arise?
4.	Is there a formal policy for proactively managing fair housing law compliance (i.e., staff training)?
FOR USE WITH ANY TOPIC	
1.	What issues don't get talked about enough as it concerns [this topic]?
2.	As it relates to [this topic], has a set of best practices emerged that you implement with regard to this Program? If so, what do those best practices address? And where did you get them?

ALL PROVIDERS – Program Director Role (39 Questions)

BEST PRACTICES – MANAGEMENT

1. How does the “intake” process work, step-by-step? From the moment you identify a potential client, you begin what paperwork....until the point they sign the lease... (tracking flow of information)
2. What is involved in the leasing process? Under what circumstances would a tenant be relocated, if that were a possibility? What about evicted?
3. What is the maximum amount of the tenant's income that would be required for shelter? Utilities? Other related expenses? Explain.
4. How do you handle prioritization of clients for limited resources?

BEST PRACTICES – SERVICE PROVISION

1. What is the one thing the service coordinator spends most of his or her day doing? About how much time does that take?
2. What approach does the program use to assess clients? To match clients with right service levels? (probe)
3. Would you describe your services as highly customized for each client? Moderately customized to reflect service-delivery realities? Or mostly standardized meeting the needs of the typical client?
4. Does the organization use confidentiality agreements with clients? Explain.
5. Is there a specific treatment model the program uses? How does the team approach client wellness?
6. Does the program offer Supported Employment? Describe: how does the program go about providing individual placement and support services?
7. How are connections made to peer support groups? And to community resources?
8. Is there an approach that the program finds particularly effective for helping clients engage in day-time activities?
9. What are the biggest challenges the program faces in providing stabilization services? What was one of your most successful experiences in providing stabilization services?

SUCCESSFUL OUTCOMES

1. Among the services that your organization provides, which services make the most difference in fulfilling your program’s mission? (probe) How do you assess the impact these services make on clients’ lives?
2. How does the program collect feedback from clients on property management? On service delivery?
3. How does the program go about developing outcome measures or success metrics, if any?
4. How does the program primarily define a successful outcome? Is it based on the availability of services? The number of tenants served? Does the program primarily rely on qualitative or quantitative measures?
5. Are there specific outcome measures you track that are not part of your mandatory reporting? Are there other outcome measures you would like to track but do not now? Explain.
6. Based on how you assess outcomes, which parts of your mission are you successfully fulfilling and which parts remain challenges?

PROGRAM FUNDING AND STRUCTURE
1. If you had increased flexibility in your funding, how would you shift your budget priorities to improve effectiveness? Have you had the ability to shift budget priorities in the past and has that led to better outcomes?
2. How frequently are team members from the clinical side and the property management side able to meet formally? What have you found particularly effective for ensuring timely, internal information sharing?
3. How do you provide accountability to your funders?
4. Is there a funding or cost advantage to single-site housing, as compared with scattered-site or integrated housing? If so, does the advantage relate to providing the housing or services or both?
5. Do you have or have you considered developing alternative revenue streams to support program costs?
6. How confident are you about your program's sustainability – (1) very confident about short- and long-term financial security; (2) worried about securing adequate funding in five to ten years; or (3) worried about securing adequate funding from year to year?
MEDICAID
1. Is your organization qualified to receive Medicaid reimbursements? If so, what was the most significant challenge to becoming qualified? If not, are there plans in the future to seek qualification? <i>(possibly an Executive Director question)</i>
2. What percentage of claims submitted to Medicaid are reimbursed?
3. How do you train your staff on Medicaid billing?
4. Do you have a staff member or contractor dedicated exclusively to issues related to Medicaid billing? What percentage of this person's time is dedicated to Medicaid billing?
5. Do you/How do you measure health cost savings per resident?
PROGRAM IMPROVEMENTS
1. What are the biggest obstacles to achieving success with your program? How have you dealt with these challenges?
2. How would you scale up your program to reduce costs per capita? What are the largest challenges to scalability?
3. What is the biggest challenge tenants face—securing work, addiction, etc.? How is your organization equipped to address those challenges?
4. How easily are you able to find appropriate-style housing for your clients (e.g., special needs accommodations, sufficient bedrooms for families)—or does a shortage the right type of units present a challenge?
5. Do you participate in any community-wide data sharing agreements? If so, what are they and how does the program use the information to improve services?

ADVOCACY AND TRAINING
1. Is there a training topic that could result in drastically improved client outcomes if service providers in Massachusetts generally had more of it?
2. Among today's policy issues, which is most important for the organization and why?
3. In the course of serving on this Project, where has the organization had its most poignant "Aha" moment?
4. What is the number one frustration for the organization related to [managing property, serving clients, getting money to fund program]?
FOR USE WITH ANY TOPIC
1. What issues don't get talked about enough as it concerns [this topic]?
2. As it relates to [this topic], has a set of best practices emerged that you implement with regard to this Program? If so, what do those best practices address? And where did you get them?

FOR CERTAIN PROVIDERS ONLY	(Family, Veterans, or Youth)
EGLESTON CROSSING, NEW HOPE, & WORK EXPRESS HOUSING (EXECUTIVE DIRECTOR/SPONSOR)	FAMILIES
1. What is the profile of the typical homeless family? Single or two parents? Or who is head of household? How many children? How old are children? How old are parents – mother, father? Income level? History of homelessness? Engagement with child welfare protection? For what reason? Children engaged with criminal justice system?	
2. Of the homeless families that you see, how many would you estimate are in need of permanent supportive housing (as opposed to rapid re-housing or emergency shelter) – one-third? Two-thirds? More than two-thirds? What leads you to conclude that permanent supportive housing may be more appropriate? Do you believe there is sufficient permanent supportive housing available for those families? What are the obstacles to meeting that need?	
3. Is the available family housing appropriately located to optimize opportunities and safety for children?	
4. How does your organization help the typical low-income family address child care costs? Is this working to reduce the financial burden while supporting the job stability of family members?	
5. What do you believe would decrease the number of homeless families entering the system? From 2013 to 2014, the number of persons in homeless families increased by 17%. What do you believe could stem the tide of homeless families entering the system?	
6. From your perspective, is there anything about how families enter the homeless system (through the Department of Transitional Assistance) that hinders instead of helps outcomes? (<i>gets to policy issues</i>)	
PLEASANT STREET APARTMENTS (EXECUTIVE DIRECTOR)	VETERANS
1. How does the funding available for Veterans differ from funding available for other homeless groups? Are there more opportunities to fund program administration for Veterans?	
2. Do you believe that the successes seen with programs to eradicate homelessness among Veterans could be replicated with other groups if the funding supports for the other groups were as robust?	

DIAL SELF GREENFIELD	YOUTH
FOR EXECUTIVE DIRECTOR/SPONSOR:	
1. The number of homeless unaccompanied youth increased by 25.8% from 2013 to 2014. What do you believe would decrease the number of homeless unaccompanied youth entering the system?	
2. Does MA's legal framework governing unaccompanied youth allow service providers all the tools they need to adequately serve this population? If not, what needs to be different?	
3. Do unaccompanied youth need opportunities for housing stays longer than 72 hours?	
FOR PROGRAM DIRECTOR:	
4. Thinking about the youth who came to your organization for help this week, what types of needs did they have? What kind of help did they ask for?	
5. How do the needs and also the requests for help differ from what you were seeing five years ago?	
6. How has your organization adapted to serve these evolving challenges?	

APPENDIX D – DOCUMENT REQUEST

Information Sheet for Document Requests

Please send the documents via email and by December 31, 2015, to China Boak Terrell at china_boak_terrell@hks16.harvard.edu.

Thank you for partnering with us to share best practices related to supportive housing in Massachusetts. The purpose of this study is to examine recent supportive housing programs in Massachusetts with the goal of highlighting service delivery models that have been particularly successful for low-income tenants. By examining these successes, we expect to create a useful roadmap for replicating what works, while sharing best practices to address common challenges. We will also examine the importance of state funding in achieving certain outcomes.

PURPOSE OF DOCUMENT REQUESTS:

These **Document Requests** ask you to share documents that you already have on file. If you do not have an existing document that responds to a request, you do not need to create one. We can ask follow-up information as appropriate through the later written survey and in-person interview.

DOCUMENTS REQUESTED:

1. A copy of your **FY2016 budget**
2. A copy of your **organizational performance measures** (i.e. performance management framework for the organization, such as balanced scorecard or other tool, including mission, objectives, measures, targets, and initiatives)
3. A copy of your **mandatory data reports**, such as to HUD or other funders to demonstrate progress in your mission
4. A copy of your **formal policies and procedures**, related specifically to property management, services provision, and compliance with fair housing laws
5. A copy of your **organizational chart**

USE OF INFORMATION:

Our opportunity to review the below documents will help us prepare for the in-person interview. It will also help us tailor the written survey to request only the information that is still needed to help us analyze what has been most effective about how your organization serves clients.

This information will also inform our analysis of the most effective approaches in the field. This is an aggregate analysis, based on the information we have received from all our participants. We will not attribute specific data points to any one entity or individual.

Organizational participants (not individuals) may be acknowledged, including a brief profile of the organization, such as size, scope, and mission. You will have an opportunity to review this organizational profile for accuracy. We will publish it only with your consent.

You may also review for accuracy all portions of the analysis that are based on information you have provided. Other than the organizational profile, no specific attribution will be made to your entity or any individual within your organization. This study does not contemplate referencing individuals and no individual opinions will be presented in the report.

REVIEW OF INFORMATION:

Please note that at no time will this study request restricted information, private, or personally identifiable information for any staff member or client. Please do not send us such information. Additionally, only the research team will review the documents provided in this written survey. The research team consists of Aaron Gornstein, China Boak Terrell, and Chris Herbert, Managing Director of the Joint Center on Housing Studies.

Please contact China Boak Terrell via phone at 202-550-1707 or via email at china_boak_terrell@hks16.harvard.edu with any question. Being in this study is voluntary. Please contact China Boak Terrell if you do not want to participate. Again, we appreciate your wisdom and the time you are contributing to this research effort. Thank you for all you do.

APPENDIX E – BIBLIOGRAPHY

- Albanese, Tom, and others. "Performance Measurement of Homeless Systems." From: https://www.hudexchange.info/resources/documents/PerfMeasurementHomelessSystems_Presentation.pdf, 2010. http://westernmasshousingfirst.org/wp-content/uploads/2013/09/PerfMeasurementHomelessSystems_Presentation.pdf.
- Burt, Martha R., Jenneth Carpenter, Ann V. Denton, Samuel G. Hall, Kathryn A. Henderson, John A. Hornik, Garrett E. Moran, and Debra J. Rog. "Strategies for Improving Homeless People's Access to Mainstream Benefits and Services." 2010. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1581462.
- Burt, Martha R., Carol Wilkins, Gretchen Locke, and Abt Associates. "Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices From the Field." U.S. Department of Health and Human Services | Assistant Secretary for Planning and Evaluation | Office of Disability, Aging and Long-Term Care Policy. August 2014. <http://aspe.hhs.gov/daltcp/reports/2014/EmergPrac.cfm>.
- Burt, M.R. *Life After Transitional Housing for Homeless Families*. U.S. Department of Housing and Urban Development, Office of Policy Development and Research, 2010. <https://books.google.com/books?id=2UpEoqNPWvAC>.
- Centers for Medicare & Medicaid Services. "Massachusetts | Medicaid.gov." Accessed August 24, 2015. <http://www.medicare.gov/medicaid-chip-program-information/by-state/Massachusetts.html>.
- Collins, Edward J., Jr., and others. "ON SOLID GROUND: Building Opportunity, Preventing Homelessness." 2015. http://scholarworks.umb.edu/csp_pubs/78/.
- Commonwealth of Massachusetts, Department of Housing and Community Development. "Analysis of Impediments to Fair Housing Choice: Access to Opportunity in the Commonwealth." January 2014. <http://www.mass.gov/hed/docs/dhcd/hd/fair/2013analysis.pdf>.
- . "DRAFT Low Income Housing Tax Credit Program 2016 Qualified Allocation Plan." 2016. <http://www.mass.gov/hed/docs/dhcd/hd/lihtc/2016draftqap.pdf>.
- . "Low Income Housing Tax Credit Program 2015 Qualified Allocation Plan." 2015. http://www.novoco.com/low_income_housing/resource_files/qap/2015/massachusetts/mass_2015_final_qap_021315.pdf.
- . "Supportive Housing for Vulnerable Populations: Notice of Funding Availability: Housing Preservation and Stabilization Trust Fund/ Massachusetts Rental Voucher Program." November 2015. <http://www.mass.gov/hed/docs/dhcd/hd/hsf/hpstfnofa2015.pdf>.
- Commonwealth of Massachusetts, Executive Office of Health and Human Services, Executive Office of Housing and Economic Development. "Building on Success: State Action Plan for Creating 1000 New Units of Supportive Housing in Massachusetts," January 2014. <http://www.mass.gov/hed/docs/dhcd/hs/year1statusreportjan2014.pdf>.
- . "Building on Success State Action Plan for Creating 1,000 New Units of Supportive Housing in Massachusetts," December 2014. <http://www.mass.gov/hed/docs/dhcd/news-updates/s-111-buildingonsuccess-stateactinplan.pdf>.
- Corporation for Supportive Housing. "2015-2016 Policy Priorities." 2015. <http://www.csh.org/wp-content/uploads/2015/02/CSH-2015-Policy-Priorities.pdf>.
- . "Assuring Quality: Implementing the Seven Dimensions of Quality for Supportive Housing." Corporation for Supportive Housing, March 2011. <http://www.csh.org/resources/assuring-quality-implementing-the-seven-dimensions-of-quality-for-supportive-housing/>.
- . "Dimensions of Quality Supportive Housing Guidebook." 2013. http://www.csh.org/wp-content/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf.
- . "Housing Credit Policies in 2014 That Promote Supportive Housing." December 2014.
- . "Housing Is the Best Medicine: Supportive Housing and the Social Determinants of Health." Corporation for Supportive Housing, July 2014.
- . "Improving Community-Wide Targeting of Supportive Housing to End Chronic Homelessness: The Promise of Coordinated Assessment." Corporation for Supportive Housing, January 2015.

- . “Integrating Housing in State Medicaid Policy.” Corporation for Supportive Housing, April 2014. <http://www.csh.org/resources/integrating-housing-in-state-medicaid-policy/>.
- . “A Quick Guide To Improving Medicaid Coverage For Supportive Housing Services.” Corporation for Supportive Housing and The U.S. Interagency Council on Homelessness, May 2015. <http://www.csh.org/resources/a-quick-guide-to-improving-medicaid-coverage-for-supportive-housing-services/>.
- . “Online Training Modules : CSH.” Accessed August 27, 2015. <http://www.csh.org/qualityonlinetrainings>.
- . “State of the Supportive Housing Industry.” Corporation for Supportive Housing, 2013.
- . “Supportive Housing Key Terms : CSH.” Accessed April 19, 2016. <http://www.csh.org/toolkit/public-housing-agencies-toolkit/primer-on-homelessness-and-supportive-housing/supportive-housing-key-terms/>.
- Corporation for Supportive Housing, and National Alliance to End Homelessness. “Ending Family Homelessness: National Trends and Local System Responses.” The Bill & Melinda Gates Foundation, October 2012.
- Corporation for Supportive Housing, and National Center on Family Homelessness. “Role of Permanent Supportive Housing in Addressing Family Homelessness.” Corporation for Supportive Housing, 2006.
- Dillman, Keri-Nicole, and Andrea Shapiro. “Beyond the Front Door: Families and Management Practices in Home Funders’ Properties.” Boston: Home Funders, Inc., September 2014. http://www.homefunders.org/Beyond%20Front%20Door_Final%20Report_Sept%202014.pdf.
- Enterprise Community Partners, Inc. “Financing Permanent Supportive Housing in Los Angeles: Challenges and Opportunities in a New Era.” Enterprise Community Partners, Inc, October 2014.
- Furman Center for Real Estate and Urban Policy, and the Moelis Institute for Affordable Housing Policy. “Moelis Institute for Affordable Housing Policy Brief: What Can We Learn about the Low-Income Housing Tax Credit Program by Looking at the Tenants?” October 2012. http://furmancenter.org/files/publications/LIHTC_Final_Policy_Brief_v2.pdf.
- Goldfarb & Lipman LLP. “Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing, National Edition.” Corporation for Supportive Housing, January 2010. <http://www.csh.org/resources/between-the-lines-a-question-and-answer-guide-on-legal-issues-in-supportive-housing-national-edition/>.
- Gubits, Daniel, Marybeth Shinn, Stephen Bell, Michelle Wood, Samuel Dastrup, Claudia Solari, Scott Brown, et al. “Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families.” U.S. Department of Housing and Urban Development | Office of Policy and Development and Research, July 2015.
- Henry, Meghan, Dr. Alvaro Cortes, Azim Shivji, Katherine Buck, and Abt Associates. “The 2014 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness.” U.S. Department of Housing and Urban Development, October 2014.
- Henry, Meghan, Azim Shivji, Tanya de Sousa, Rebecca Cohen, Jill Khadduri, and Dennis P. Culhane. “The 2015 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness.” 2015. http://works.bepress.com/dennis_culhane/192/.
- HUD (U.S. Department of Housing and Urban Development). “Continuum of Care (CoC) Program Eligibility Requirements - HUD Exchange.” Accessed April 19, 2016. <https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/>.
- . “HUD 2007 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, Massachusetts.” Accessed February 19, 2016. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_MA_2007.pdf.
- . “HUD 2014 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, Massachusetts.” Accessed February 19, 2016. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_MA_2014.pdf.
- . “HUD 2015 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, Massachusetts.” Accessed February 19, 2016. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_MA_2015.pdf.

- Johnston, Katie. "Homeless Population in Mass. Rising Faster than Any Other State." *The Boston Globe*. October 30, 2014. <https://www.bostonglobe.com/business/2014/10/30/homeless-population-massachusetts-rose-past-four-years/vKAljFwX9g0bw7zJd6zFP/story.html>.
- Joint Center for Housing Studies of Harvard University. "The State of the Nation's Housing." Joint Center for Housing Studies of Harvard University. 2015. <http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-sonhr-2015-full.pdf>.
- King County, Department of Community and Human Services, Community Services Division. "Homeless Housing and Services Fund (HHSF): 2015 Progress Report (2006-2014)." 2015. http://www.kingcounty.gov/~media/socialServices/housing/documents/HFP_HHP/HHP/HHSF_2015_Progress_Report.ashx?la=en.
- Levinson, D. *Encyclopedia of Homelessness*. vol. 1. Thousand Oaks, CA: Sage Publications, 2004. <https://books.google.com/books?id=q-PgHH8TJi8C>.
- Levy, Jay S. *Homeless Outreach & Housing First Lessons Learned*. Ann Arbor, MI: Loving Healing Press, 2012. <http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=470974>.
- . *Pretreatment Guide for Homeless Outreach & Housing First: Helping Couples, Youth, and Unaccompanied Adults*. Ann Arbor, MI: Loving Healing Press, 2013.
- Massachusetts Coalition for the Homeless. "2015-2016 Legislative Session Bill Priorities: Improving Quality of Life for Elders, People with Disabilities, and Families, Youth, and Adults Experiencing Homelessness." 2015. <http://mahomeless.org/advocacy/item/2015-2016-legislative-session-bill-priorities>.
- . "FY16 Budget Priorities: Working to Prevent and End Homelessness by Increasing Funding for Housing and Protecting Safety Net Programs." Massachusetts Coalition for the Homeless, 2015.
- . "Massachusetts Rental Voucher Program Fact Sheet: FY16 Funding Request." Massachusetts Coalition for the Homeless, 2015.
- . "The Alternative Housing Voucher Program: FY16 Budget Request." Massachusetts Coalition for the Homeless, 2015.
- . "Youth Without Homes Can't Wait: Provide \$4 Million in the FY16 Budget to Implement the Unaccompanied Youth Homelessness Law." Massachusetts Coalition for the Homeless, 2015.
- Massachusetts Executive Office of Health and Human Services. "Special Commission on Unaccompanied Homeless Youth: FY15 Status Report." Massachusetts Executive Office of Health and Human Services, December 2014.
- Meschede, Tajana. "Bridges and Barriers to Housing for Chronically Homeless Street Dwellers: The Effects of Medical and Substance Abuse Services on Housing Attainment." Boston: Center for Social Policy Publications, October 2004. http://scholarworks.umb.edu/csp_pubs/27/.
- National Alliance to End Homelessness. "Ten Year Plan Database." Accessed September 1, 2015. <http://www.endhomelessness.org/library/entry/ten-year-plan-database>.
- National Alliance to End Homelessness, and Homelessness Research Institute. "The State of Homelessness in America 2015: An Examination of Trends in Homelessness, Homeless Assistance, and At-Risk Populations at the National and State Levels." National Alliance to End Homelessness | Homelessness Research Institute, 2015.
- National Center on Family Homelessness. "The Minnesota Supportive Housing and Managed Care Pilot: Evaluation Summary." Hearth Connection, March 2009.
- National Law Center on Homelessness & Poverty, and The National Network for Youth. "Alone without a Home: State-by-State Review of Laws Affecting Unaccompanied Youth." September 2012. http://www.nlchp.org/documents/Alone_Without_a_Home.
- Patricia A. Post. "Defining and Funding the Support in Permanent Supportive Housing: Recommendations of Health Centers Serving Homeless People." Center for Supportive Housing, February 2008. http://www.csh.org/wp-content/uploads/2011/12/Report_HealthCentersRcs2.pdf.
- Raising the Roof. "Youth Homelessness in Canada: The Road to Solutions." 2008. <http://www.raisingtheroof.org/wp-content/uploads/2015/10/road2sols-FINAL.pdf>.
- Riccio, James A., and Elisabeth D. Babcock. "The Bridge to Family Self-Sufficiency (BridgeFSS) Demonstration: Program Design." U.S. Department of Housing and Urban Development | Policy Development and Research, November 3, 2014. <http://www.huduser.org/portal/publications/BridgeFSS-Demo.html>.

- Ruiz, P., and E.C. Strain. *The Substance Abuse Handbook*. Wolters Kluwer Health, 2014. <https://books.google.com/books?id=OKgaAwAAQBAJ>.
- Schoenberg, Shira. "Gov. Charlie Baker Proposes New Fund to Address Family Homelessness in Massachusetts." *Mass Live*. March 2, 2015. http://www.masslive.com/politics/index.ssf/2015/03/gov_charlie_baker_creates_new.html.
- Spellman, Brooke, and Michelle Abbenante. "What Gets Measured, Gets Done: A Tool Kit on Performance Measurement for Ending Homelessness." National Alliance to End Homelessness Homelessness Research Institute, July 2008.
- "SSH_Annual_Report_v2.pdf." Accessed September 1, 2015. http://homeless.samhsa.gov/ResourceFiles/SSH_Annual_Report_v2.pdf.
- Thiele, Deborah Canavan. "Creating Medicaid Supportive Housing Services Benefit Washington State: A Framework for Washington and Other States." Corporation for Supportive Housing, 2014. http://www.csh.org/wp-content/uploads/2014/08/Creating_Medicaid_Supportive_Housing_Services_Benefit_WashingtonState.pdf.
- Tsemberis, Sam J. *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Center City, Minn: Hazelden, 2010.
- United States Conference of Mayors. "Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America's Cities." The United States Conference of Mayors, December 2014.
- U.S. Interagency Council on Homelessness. "Community Support Program For People Experiencing Chronic Homelessness (CSPECH) | Explore the Solutions Database | The Solutions Database," August 26, 2015. http://usich.gov/usich_resources/solutions/explore/community_support_program_for_people_experiencing_chronic_homelessness_cspe.
- . "National Research Agenda: Priorities for Advancing Our Understanding of Homelessness." U.S. Interagency Council on Homelessness, 2012.
- . "Permanent Supportive Housing | Explore the Solutions Database | The Solutions Database." Accessed August 27, 2015. http://usich.gov/usich_resources/solutions/explore/permanent_supportive_housing.
- Vilsack, Secretary Tom, Secretary Penny Pritzker, Secretary Ashton Carter, Secretary Arne Duncan, Secretary Ernest Moniz, Secretary Sylvia Matthews Burwell, Secretary Jeh Johnson, et al. "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness." 2015. http://usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf.
- Wilkins, Carol, Martha R. Burt, Gretchen Locke, and Abt Associates. "A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Supportive Housing." Washington: U.S. Department of Health and Human Services | Assistant Secretary for Planning and Evaluation | Office of Disability, Aging and Long-Term Care Policy, July 2014. http://aspe.hhs.gov/daltcp/reports/2014/permanent_supportive_housingprimer.cfm.
- Zhu, Anni, and Amy Brisson. "Improving Health Through Stable Housing." Enterprise Community Partners, Inc., 2014. <http://www.enterprisecommunity.com/resources/ResourceDetails?ID=0100544>.