

Massachusetts Interagency Council on Housing and Homelessness

Regional Networks to End Homelessness

Pilot Project



**Final Evaluation Report
Executive Summary
February 15, 2011**

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Regional Networks to End Homelessness Pilot Final Evaluation Report

EXECUTIVE SUMMARY

This report evaluates the impact of an eighteen-month pilot implemented by the Interagency Council on Housing and Homelessness (ICHH) that established Regional Networks to develop and test innovations for ending homelessness in the state¹. The Regional Networks, and this evaluation, represent a critical step in the Commonwealth's efforts to prevent and end homelessness.

Building upon recommendations of the *Special Commission Relative to Ending Homelessness in the Commonwealth*, the ICHH launched 10 Regional Networks to demonstrate how greater regional coordination and local innovations could improve the Commonwealth's ability to eradicate homelessness. A central hypothesis was that network-organizing would more fully integrate service providers around key innovations at the regional level and engage a broader range of stakeholders in support of housing-focused approaches.

The evaluation assesses the Networks' progress toward ICHH goals for the pilot, detailing network collaborations and innovations in each region - what worked and what didn't. As described in depth in the full Report of the Regional Networks to End Homelessness Pilot Evaluation, lessons learned surfaced through evaluation research have significant implications for adjustments to the statewide system to end homelessness, including how state resources are distributed over the long term and how practices can be improved immediately.

Based on these important findings, the evaluation presents nine major in-depth recommendations grouped by theme as follows:

- Evolving the Homeless Services Continuum
- Housing Production
- Network Coordination
- Data and Evaluation

As a next step, implementation timelines, priorities, and strategies for these must be considered in partnership with the ICHH, state agencies, Regional Networks, consumers, and other advocates in respect of programmatic best practices and fiscal constraints.

The 10 Networks cover every community in the Commonwealth:

Boston Regional Network

Cape and Islands Regional Network

Merrimack Valley Regional Network

Metro Boston Network

MetroWest Regional Network

North Shore Housing Action Group

South Coast Regional Network

South Shore Regional Network

Western Massachusetts Regional Network

Worcester County Regional Network

¹ The ICHH Regional Networks to End Homelessness Pilot was conducted over the period April 2009-September 2010.

RECOMMENDATIONS

Evolving the Homeless Services Continuum:

1. **Allocate state resources to effectively support the full DHCD architecture for individuals and families: prevention, diversion, shelter, rehousing, and stabilization.** Findings from the pilot allow the state to focus on best practices to ensure appropriate institutionalization of each component of the DHCD architecture through policy and local practice. Resource allocation should be done with a focus on increasing housing and economic opportunities.
 - a. *Provide staffing and direct client assistance funds to support early-warning and front-door prevention programming for individuals and families.* Regional Networks provided evidence of the benefit of prevention resources for at-risk households. Importantly, evidence also suggests programmatic flexibility is warranted to allow households to get resources that best meet their particular needs. Resources should be allocated to targeted prevention programs that were shown to be successful.
 - b. *Provide staffing and flexible direct client assistance funds to support shelter diversion programming for families.* Family shelter diversion programming is critical to providing families with alternatives to emergency shelter. Diversion providers have shown that many families will choose to accept short-term rental support with stabilization services, thus reducing reliance on shelter. For example, in October 2010 approximately 45% of all EA-eligible families received housing through diversion instead of shelter. Flexibility in using diversion resources is also critical. Further, best-practices from across the country demonstrate that it is valuable to assess if the current housing situation is more affordable and sustainable than an alternative or new tenancy². In such cases, support to host families and linkages to self-sufficiency resources might be the most effective and sustainable diversion response compared to rehousing or shelter.
 - c. *Continue rapid rehousing and stabilization efforts for individuals who are chronically homeless, are long-term shelter stayers, and other unaccompanied adults.* Regional Networks have shown that shelters function more appropriately as emergency settings; stable sources of funding for housing and community support services are critical to achieving housing placement and retention outcomes for this population. Existing funding streams do not adequately cover those crucial expenses. Massachusetts should identify funds to provide the support services that keep homeless individuals housed, including intensive case management and representative payee services.

² "Homelessness Prevention: Creating Programs that Work." *National Alliance to End Homelessness*. July 2009, p. 21.

d. *Provide coordinated stabilization services for recently rehoused families.* As Regional Networks succeeded in rapidly rehousing homeless families through diversion or motel/shelter rehousing programs, the need for home-based stabilization services increased. Currently, DHCD includes resources for 18-month stabilization within the EA shelter contracts, and diversion providers have supported stabilization for diverted families through DHCD, ICHH or federal HPRP stimulus funds. Those resources were limited and, over the course of the pilot, providers discovered that many families require longer-term or more intensive support to achieve housing stability and economic mobility. In the spring of 2010, DHCD convened a group of providers to develop guidelines about what services should be included in stabilization programs and how those services should be delivered. The priority must be on lease compliance, asset building, and other activities that will help families maintain their tenancies. Beyond those fundamentals, additional ICHH member agencies should be involved in ensuring adequate access to state systems of care and community-based supports that can assist in family self-sufficiency and housing stability.

2. **DHCD should continue to support triage efforts within both family and unaccompanied adult service delivery systems.** Building off the successes of several Networks, DHCD should prioritize efforts to strengthen local triage capacities. Further, triage tested throughout the pilot was an attempt to more effectively match resources with need. Making the right match should be the goal, while ensuring the system provides no more or less than what is needed. As the full architecture is developed the concept of triage should be applied to prevention, diversion, rehousing, and stabilization components as well. Inherent in this is the need for an effective assessment tool (see recommendation #7).

3. **The ICHH should give additional focus to three priority populations: young families, survivors of domestic violence, and those being discharged from institutions.** The Regional Networks, in collaboration with ICHH, DHCD, and EOHHS, identified these sub-populations as experiencing particular vulnerabilities to homelessness. In most cases Networks didn't explicitly target these subpopulations in their work plans, but over the course of the pilot came to prioritize this work based on an improved understanding of the barriers to housing they face. Specifically, for each of these populations:

a. The ICHH and the Governor's Council to Address Sexual and Domestic Violence should fully implement the Blueprint Report that outlines strategies to end homelessness for survivors of domestic violence.

- b. The ICHH should continue to partner with relevant state agencies and providers to link housing resources to those being discharged from correctional, mental health, or substance abuse programs and facilities. The ICHH should reconvene its discharge planning working group and coordinate efforts with the Massachusetts Housing and Shelter Alliance group working on discharge planning. Discharge plans and protocols should be reviewed within each state agency and contracted providers.
- c. The ICHH should work with DHCD, DCF, DTA, DESE, Regional Networks, and others to refine our understanding of the service and housing needs of families with young heads of households (ages 18-21). This group represents 15% of the EA caseload, and many of these families do not have rental or employment histories. Targeted asset development opportunities and intensive residential supports should be made available to ensure long-term housing and financial stability.

Housing Production and Access

4. **The state should continue efforts to make a continuum of housing supports available.** In addition to showing that more should be done to implement short-term rental support and services, the pilot highlighted the need for a broad continuum of affordable housing opportunities. The ICHH and DHCD should explore ways to increase flexibility in rental supports to address the needs of households with the full spectrum of social and economic circumstances. For example, consideration should be given to short-term diversion resources, medium-term rental support with asset building opportunities, as well as longer-term rental supports.

The ICHH and DHCD should continue to prioritize the development of units accessible for homeless and at-risk individuals and families according to the Commission's recommendations, and should regularly engage multiple stakeholders who can inform the Commonwealth about innovations in housing production and access for this population.

Regional Network Coordination

5. **The Regional Networks should continue to coordinate resources across multiple client access points and facilitate broad-based discussions.** Regional Networks can continue to support the coordination of resources and staffing at prevention, diversion, rehousing, and stabilization client access points. Network coordination should be conducted with the goal of reducing duplicative services and improving matches between resources and need in timely ways. Networks should continue to build partnerships in their regions, and target consumers, local housing authorities, private landlords, and agencies serving people with disabilities for more intensive engagement. Meaningful consumer engagement is of

particular concern, as Networks across the board experienced challenges during the pilot period engaging consumers, or keeping them engaged over time. The ICHH should also implement a consumer focus group to provide regular feedback and input into state-level policy decisions. The ICHH should provide ongoing technical assistance to Networks to maximize network building strategies.

Data and Evaluation

6. **The Uniform Assessment Tool should become streamlined across state agencies that work with at-risk or homeless populations and integrated into all HMIS systems in the state based on standard data exchange formats³.** The tool should be further developed to include standard, follow-up outcome measures to track changes over time in housing status, employment status, income, education attainment, children's school enrollment, etc. An effective uniform assessment and follow-up tool will help agencies target resources based on risk-factors and need, share data, and compare outcomes over time. Likewise, the *Home & Healthy for Good* tool should become the standard outcome measurement tool for all programs that house chronically homeless individuals. Uniform assessment and outcomes tracking are building blocks for performance-based contracts.
7. **The Commonwealth should continue to provide technical assistance to Regional Networks related to data and evaluation.** Working with the ICHH, Networks should continue to assess effectiveness and Network health, use data strategically to improve outcomes, lead regional planning efforts based on data, and make the case for programmatic or policy changes necessary to end homelessness. The Regional Network Coordinators should take the lead on process outcomes, and a regional Data Analyst should improve data quality, analyze impacts, and make data public to engage stakeholders and improve accountability. The federal HEARTH Act provides an opportunity to implement data-driven outcomes for programs receiving HUD funding.
8. **The Commonwealth should institutionalize a research and evaluation protocol into all facets of its response to housing instability and homelessness.** Data about long-term outcomes for individuals and families receiving services through each component of the architecture should be tracked continually, with results actively informing program design improvements. The ICHH should work with all relevant state agencies to incorporate appropriate data and evaluation into programming.

³ The Uniform Assessment Tool was developed by an ICHH Working Group to align providers' assessments of households who are at-risk of or experiencing homelessness.

9. **The state should invest long term in a statewide Integrated Data System (IDS), also known as a de-identified data warehouse.** IDS allows administrative data on health, education, housing, public benefits, and other social safety net services to be linked. By linking administrative records, researchers can study outcomes across state agency silos to determine policy improvements. The ICHH should explore using IDS models to gather information about cost, implementation strategies and challenges, implications for homeless services, and to determine the feasibility or desirability of replicating the models in Massachusetts. Similarly, the ICHH should consider strategies to support case conferencing and “client sharing” techniques.