

Request for Information: Questions Regarding the Emergency Assistance Family Homeless Shelter System

Stakeholders are encouraged to respond to as many questions as they feel equipped to answer. Please enter your answers into the expanding boxes and use bullet points as needed to be clear and concise.

- A. Respondent's Background Information
- B. Prevention and Diversion
- C. System Connections for Families in Shelter
 - Mental Health and Other Disabilities
 - Employment
 - Length of Stay
- D. Portfolio Mix and Size
- E. Housing
- F. Post-Shelter Stabilization
- G. Data and Finance
- H. Other
- I. Instructions for Submission

All responses must be submitted via COMMBUYS. This is a Request for Information (RFI), not a request for bids. No funding decisions will be made based on responses to this RFI.

Please note: Respondents to this Request for Information (RFI) are invited to respond to any or all of the questions in this document. Responses to this RFI shall serve solely to assist the Commonwealth in understanding the current state of the marketplace with regards to the solicited information. This RFI does not in any way obligate the Commonwealth to include any of the RFI provisions or responses in any solicitation. Responding to this RFI is entirely voluntary, and will in no way affect the Commonwealth's consideration of any proposal submitted in response to any subsequent solicitation, nor will it serve as an advantage or disadvantage to the respondent in the course of any RFR or RFQ that may be subsequently issued or amended.

A. Respondent's Background Information

1. Describe your organization or affiliation (if applicable), your knowledge and expertise in homelessness, and your experience working with the Massachusetts EA system.

The Western Massachusetts Network to End Homelessness is the collaborative vehicle for preventing and ending homelessness in the four counties of Western Massachusetts. This RFI response is an outgrowth of a series of meetings through the Network's Family Services Committee, a committee comprised of over 100 members, including a broad cross-section of all housing and shelter providers, and partners in health care, substance addiction and mental health, child care, education, and workforce development, as well as state agency representatives from DHCD, DPH, DCF and DMH. This Committee selected a targeted number of questions that it felt would best reflect the region's proposed vision to ending family homelessness. The Network's Family Services Committee seeks DHCD's adoption of its recommendations, and looks forward to continuing the work in partnership with each other and DHCD to prevent and end homelessness in Western Massachusetts and the Commonwealth as a whole.

B. Prevention and Diversion

Homelessness is a traumatic and destabilizing event for children and families. To avoid homelessness, DHCD funds prevention work through the Rental Assistance for Families in Transition (RAFT) program and the EA Strategic Prevention Initiative, and provides diversion/rapid re-housing assistance through HomeBASE funds.² The agency is interested in how these efforts can be supplemented, strengthened, or otherwise better coordinated with the EA shelter system.

2. With appropriate early interventions—including cash funds and/or services—some families currently in shelter could have avoided the destabilizing effects of homelessness. However, identifying those families *before* they become homeless can be challenging. What do you see as the most promising ways to identify families at risk of becoming homeless? Please mention any direct experience you may have identifying at-risk families.

--

3. Once those families are identified, what resources would help them to stay housed and avoid entry into shelter, including:

Resources that currently exist that are effective and should be maintained:	
Resources that currently exist and specifically how they should be expanded and/or changed; and	
Resources that are not currently available but should be created.	

¹ <https://www.mass.gov/service-details/learn-about-residential-assistance-for-families-in-transition-raft>

² <https://www.mass.gov/service-details/homebase>

C. System Connections for Families in Shelter

System Connections: Mental Health and Other Disabilities

During the recently held listening sessions, DHCD heard about the challenges families and providers face regarding treatment for mental health issues, substance use disorder, chronic physical disability and other conditions requiring medical treatment. DHCD is interested to learn more about how providers respond to families with these needs, how these families can be better served, and how connections to healthcare providers can be best leveraged.

4. If you are a shelter provider, when families present with behaviors that may indicate mental, behavioral or physical health needs, how do you assess and/or treat within your agency, or connect with other organizations and/or state agencies to secure assessment and treatment?

5. If you are a shelter provider, approximately what percentage of families do you refer to some form of health treatment, either from clinicians in your shelter or outside treatment providers? What percentage of the families you offer to help make a connection to treatment reject the offer? Please cite the source of your response (e.g. internal data, estimate).

	Referred	Referred/Recommended & Family Declines
Percentage		
Source		
Additional Commentary (Optional):		

6. What challenges do you or your families face when seeking treatment, and how could those challenges be addressed? Please list up to five, in order of how frequently they hinder treatment.

7. If you are an EA provider, how do you coordinate with accountable care organizations (ACOs), community health clinics, private healthcare providers and/or MassHealth services to connect EA families with care? What could DHCD or other state agencies do to improve coordination?

EA Shelter Request for Information
Questions

--

8. If you are an EA provider, what guidance is given to case managers about how to respond to people presenting with symptoms that may indicate a mental, behavioral or physical health challenge (e.g. written protocols for escalating to internal clinicians, lists of information regarding outside resources, informal/word-of-mouth guidance on approaches and available resources)? What additional guidance, training, or resources for staff do you think would be useful?

Current Guidance:	
Opportunities for Additional Guidance	

9. Are there evidence-based approaches to mental, behavioral or physical healthcare for homeless families you would be interested in piloting? If so, what would these approaches offer? What resources/supports would be necessary for implementation?

--

10. If you are an EA provider, when a family member presents with a form of disability (e.g. mental, behavioral or intellectual disability, mobility impairment, vision, hearing, etc.), do you assess and/or accommodate within your agency and/or connect with other EOHHS agencies to secure assessment and treatment? If so, how?

--

11. What could DHCD or other state agencies (e.g. EOHHS) do to improve communication and coordination?

<ul style="list-style-type: none">• Expand Releases of Information across agencies to allow for more effective information sharing and better service provision to families and data matches to identify overlap between systems
--

EA Shelter Request for Information
Questions

- Better develop partnerships with agencies and providers to provide more intensive wrap-around services, e.g., Behavioral Health Network’s Project FIT model (funding from MA Health Policy Commission grant recently ended) which provided a holistic model that incorporated needs of all family members
- Implement available tools within ETO to allow for better tracking of families and the services they receive across agencies and providers
- Establish regularly mandated meeting of decision makers across state agencies to facilitate thorough training and communication on all relevant regulations and policies (e.g., through ICHH) – DHCD, DCF, DMH, DPH, DDS – to avoid conflicting outcomes (e.g., DCF deems necessary to take child; mom loses right to shelter without that child, can’t then get child back b/c no access to shelter/housing). Note: at our meeting it was first learned from DCF staff that provisions are in place to avoid precisely this situation. EA providers were not aware, a case-in-point of the gaps that need to be closed.)

12. If you are *not* an EA provider, what challenges, if any, do you face when connecting with the EA system to address family health needs? How could connections or coordination with the EA system be improved?

System Connections: Employment

Insufficient income is a leading driver of family homelessness. While some EA shelters can provide job training and placement services, many are not equipped or funded to offer those services. DHCD is interested in how shelters can build partnerships with existing job training entities to connect families with the services they need.

13. Drawing on your first-hand experience and/or data, what do you see as head-of-households’ primary barriers to stable, gainful employment? Please list up to five, in order of how frequently you see the barrier hinder employment. What data do you have to support these observations?

14. How can EA shelters best partner with Commonwealth and non-profit job training programs to meet their education/employment needs? How can DHCD and/or job training organizations improve connections between EA shelters and employment and training services?

EA Shelter Request for Information
Questions

System Connections: Length of Stay

Although shelter may be a necessary and unavoidable temporary stop for some families, DHCD believes that families can best address their needs when they are in their own stable housing. Securing stable housing, and staying housed, can require supports beyond those any individual shelter offers. DHCD is interested in how it can support providers in making the community partnerships necessary to help families—particularly those with shelter stays over 18 months—find and retain permanent housing.

15. Do long-staying families (over 18 months in shelter) share any defining characteristics? Please cite data when possible.

16. What are the characteristics of short-stayers (less than six months)? Among those who exited into stable housing, what helped them to successfully exit shelter quickly? Please cite data when possible.

17. What additional resources or partnerships with community organizations would help long-staying families find permanent housing? How could DHCD help forge these connections?

- Establish a system that regularly and systematically flags long-stayers in HMIS
- Adopt language and expectation that shelter is a short-term emergency response – messaging is important and should happen from the front door on
- Use assessment tools and data analysis to predict which families will become long-stayers; increase case management for those households and create solutions in addition to HomeBASE tailored to the needs of long-stayers
- Allocate DHCD/state housing authority/New Lease resources for 3+ bedroom units for large families (recognizing that, just due to size, use of HomeBASE and achievement of self-sufficiency is more unlikely for these families)

EA Shelter Request for Information
Questions

- Identify resources for undocumented immigrants and refugees
- Combine MassHealth services and state-funded housing resources to create permanent supportive housing for families with high-service needs—likely to include families with DCF involvement, mental health/substance use disabilities
- Adapt HomeBASE program to allow its use to create incentives for landlords to rent to hard-to-house families due to specific barriers e.g., past evictions, CORIs; allow a commitment up front to LL to cover any damages to overcome those barriers
- Develop partnerships with ACO's (and other service providers) to better serve high-need families; create a path to immediate and easy connection to those providers for long term support
- Create a system for data matching between HMIS and MassHealth data – include DCF, DMH, DDS data as well – to be able to access a full family profile available to the shelter provider at the time of entry (have appropriate releases signed at the point of entry) so integration of services can start at the point of entry for families with multiple barriers and potential to become long-stayers

D. Portfolio Mix and Size

DHCD seeks to ensure providers' portfolios both meet the needs of families and can be reasonably managed by providers. The procurement offers an opportunity to adjust the number of units and mix that providers manage.

18. If you are a shelter provider, would you be interested in adjusting the number or mix of units you operate (i.e., shift some units from scattered sites to congregate or vice versa, or increase/reduce your total number of units)? If so, what changes would you be interested in making and why? Non-binding, for informational purposes only.

Unit Type	Current Number of Units	Desired Number of Units
Congregate		
Co-shelter		
Scattered Site		

19. Of the roughly 3,700 units in the EA system, approximately 37% are congregate, 22% are co-shelters, and 41% are scattered sites. Do you believe this mix is appropriate (please check the appropriate box)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you believe changes are warranted, what changes would you recommend and why?

Unit Type	Ideal Percentage	Reasoning
Congregate		
Co-shelter		
Scattered Site		

20. Providers achieve some economies of scale as they grow, increasing efficiency by optimizing staff-to-family ratios. What do you believe to be the maximum number and

EA Shelter Request for Information
Questions

optimal number of units an EA provider should operate? Why are those numbers the most appropriate?

Optimal Number of Units	
Maximum Number of Units	
Reasoning	

E. Housing

DHCD's listening sessions and daily work reaffirm that the current Massachusetts housing market, and more acutely the Greater Boston market, poses an immense challenge. Increasing affordable and low-income housing remains a priority for the agency, though this work will continue to occur outside of the EA shelter procurement. Beyond the creation of housing or allocation of new vouchers, DHCD welcomes ways to improve the housing search process.

21. Please list up to five of the greatest challenges families and providers face in finding housing. How could these challenges be overcome?

--

22. If you are an EA shelter provider, who provides housing search services for your agency (e.g. dedicated housing search workers, case workers, outside agents) and what services do they provide?

--

23. What training do housing search workers typically receive? What additional training would be beneficial, and why?

Current Training	
Additional Training	

24. DHCD is interested in identifying one or more online technological tools that could facilitate the search for available units. Please share where you typically find available units, an estimated percentage of how often each method is used (e.g. 50% through word-of-mouth/direct contact with landlords, 25% through state or local public housing applications, 25% through internet searches/databases of private units), and generally how better online information about available units in the community could be helpful.

Sources & Percentage:	
Would better online information about available units be helpful? Why or why not?	

EA Shelter Request for Information
Questions

25. DHCD recognizes that housing search requires a unique skillset that is distinct from case management. How would you view shifting some housing search responsibilities to non-shelter entities? Do you believe this could improve rehousing outcomes? What challenges might it present?

F. Post-Shelter Stabilization

Approximately 20 percent of families return to shelter after leaving. Stabilization—the financial and case-management supports some families receive post-shelter—remains an essential step toward meeting the goal of keeping families sustainably housed. DHCD is interested in how stabilization can be strengthened and expanded so more services can be delivered to families in the community instead of solely while they are in shelter.

26. If you currently provide post-shelter stabilization services, what is the frequency and nature of your stabilization support for the following groups?

Family Type	Typical Stabilization Support
a. Families leaving shelter and entering subsidized housing	
b. Families leaving shelter and entering market rate units with HomeBASE	
c. Families leaving shelter and entering market rate units without HomeBASE	
d. Families leaving shelter and entering units where they are not the primary leaseholder (i.e. shared housing or doubling up)	

If you prefer to describe current stabilization supports in a different way, you may respond below:

27. What do you believe is the optimal frequency and type of stabilization support for the following groups?

Family Type	Typical Stabilization Support
a. Families leaving shelter and entering subsidized housing	2x month home visits for first 3 months unless family indicates need for more or less support; provide intense focus on tenancy rights and housing plan responsibilities as well as transition needs relating to children’s schools, after-care and day care. In-home visits would also focus on referrals to other community services to address systemic family needs. Create a quick re-entry into the case management process by shelter staff and appropriate community resources should a crisis of any kind occur (DV, loss in wages/employment, or any other crisis that could

EA Shelter Request for Information
Questions

	jeopardize the subsidy). Should the subsidy be located in a unit that does not have supportive services in place (similar to the residential services position that many housing authorities have), allow for one year of stabilization services at a less intensive scale such as once per month for one year.
b. Families leaving shelter and entering market rate units with HomeBASE	2x month home visits for 12 months with wrap-around services, including housing search if necessary; recertification @ 12 months of HB and @ 6 months thereafter for up to 24 months. Formal MOUs with EOHHS agencies in place to coordinate and co-conduct home visits with other providers. Begin decreasing in home visits to once monthly towards the last 6 months of HomeBASE.
c. Families leaving shelter and entering market rate units without HomeBASE	Rarely happens.
d. Families leaving shelter and entering units where they are not the primary leaseholder (i.e. shared housing or doubling up)	Same recommendations as shelter to market rate HB

If you prefer to describe ideal stabilization supports in a different way, you may instead respond below:

- | |
|--|
| <ul style="list-style-type: none"> • Recommend shifting the frame of analysis from level of service based on “housing type” to having it be determined based on family’s actual service needs through assessment. But within proposed frame, see above. |
|--|

28. What new or updated stabilization models or engagement strategies would help to keep families stably housed? What would these new models or approaches help achieve? Cite data or evidence-based programming when possible.

- | |
|---|
| <ul style="list-style-type: none"> • Reduce caseloads to 15-20 per stabilization case manager to increase quality of service in the home • Adapt recertification process so it is similar to HPRP-RRH model, based on income, compliance and engagement in program requirements, employment, etc. • Increase tenant portion of rental payments on gradual basis (monthly after 12 months) to increase accountability to increase household income and engage in the program. |
|---|

EA Shelter Request for Information
Questions

- Revise the stabilization plans to a whole family approach that incorporates engagement with all systems and other state agencies or services (mental/behavioral health, substance abuse, etc.).
- Re-orient stabilization plans so they have a systemic focus versus head of household focus. Formal MOUs should be developed between state agencies to promote involvement and coordination in holistic whole family approaches.
- Ensure all staff are trauma-informed
- Include Financial Literacy/Coaching as a supportive service strategy to facilitate stabilization and as part of the whole family approach.

29. Some stakeholders have recommended separating stabilization from shelter and allowing stabilization to be funded and provided by non-shelter entities. What benefits and/or challenges would this change represent?

G. Data and Finance

DHCD is interested in ensuring contracts and funding are aligned with the department's overall goals. Stakeholder input on the following questions will help the agency guide the creation of new contracts and payment mechanisms.

30. DHCD is interested in how it can more regularly use performance data—like placements into housing, reentries to shelter, or successful/unsuccessful referrals to external providers—to improve service delivery and outcomes for families. Have you ever used data to improve performance before, either internally or with other organizations? If so, what did you find effective, which metrics did you use, and what practices would you recommend? If not, where do you see value in examining data in this manner?

31. DHCD is currently reviewing rates to move toward a more systematic rate-setting system. What factors should DHCD consider when working with providers to set rates, and why?

H. Other

The questions in this RFI were limited out of respect for stakeholders' time. However, DHCD recognizes many topics were not covered which respondents may have expertise in or insights into. These final questions provide a space for additional information on challenges and opportunities for change.

32. Please share any additional thoughts on EA system challenges, procurement opportunities, and related policy issues.

Domestic Violence

- Establish MOUs with DV providers for community-based services, including for children who witness violence
- Establish a DV specialist for the EA system for each region who can provide outreach services and more intensive attention (e.g., safety planning, check-ins).
- Require all EA providers be trauma-informed and have DV-trained staff within their program who can be a bridge to the DV specialist
- Sub-contract or expand DV shelter beds within the EA program where they exist to provide more intensive DV services
- Ensure DHCD staff are aware of and apply EA regulations allowing “good cause” EA eligibility when evicted from a subsidized unit due to DV
- Establish MOUs with DV providers for families receiving HomeBASE

Coordinated interventions for children experiencing homelessness

- Establish MOUs with providers for community-based early childhood services for *all* children birth to age 5 who are experiencing homelessness, particularly with the MA Department of Early Education and Care’s **Coordinated Family and Community Engagement (CFCE) Programs** that exist in every city and town and offer support to young children with early literacy, optimal child development and school readiness services. Ideally, shelters should establish an MOU with the CFCE grantee in their community to ensure that the developmental needs of the youngest children are met.

Whole-family re-housing plan

- Adopt a “whole family re-housing plan” that would be inclusive and cover the entire family when the family has articulated an intention to get re-housed together. Every adult in the family, with particular attention to young adults, would continue to be interviewed regarding their housing intentions. If an adult expresses a desire to move separately, a separate housing plan would be developed. However, if the family intends to stay together, only one housing plan would be required, reducing duplication and inefficiency for staff and increasing staff capacity to effectively support the singular housing plan that is needed.

EA Shelter Request for Information
Questions

Right-Sizing the Shelter System

- Prioritize keeping families in their communities of origin, “right-sizing” the system statewide as needed so that shelter beds are located in relationship to the demand for them. This is absolutely critical to whole family health, recovery and stabilization.

Non-compliance

Examine best practices on non-compliance rules (e.g., “3 strikes and you’re out”) and modify as needed to create effective and efficiently administered policies.

Parenting Youth: EA Program Modifications

- Review and implement best practices pertaining to housing and stabilizing young parents, which may include: designating a targeted youth specialist in family shelter who is trained to respond to the housing and life skill needs facing young adults; providing medium-term supportive housing to provide tailored supports for young parents who need them; determining most appropriate shelter situation (e.g., congregate vs. scattered site) for young parents; expanding HomeBASE eligibility to 24 months to allow for stabilization needs to be met; increasing access to the EA application for young people, possibly including an online application
- In the adoption of the above-recommended change around a Whole Family Housing Plan, pay special attention to young adults articulating a desire to locate separately from the family in order to ensure they do not land in the individual shelter system upon exiting family shelter

33. Beyond the ideas listed above, are there any pilots or approaches you would be interested in trying as part of this procurement? If so, what challenges would they seek to address?

34. Please identify any DHCD-funded programs that could be more useful tools for EA families if eligibility requirements were adjusted or if the program were made more flexible. For each, please identify which program requirements or eligibility criteria should be changed, and how that change would aid EA families in securing stable housing.

Program modifications

- Expand RAFT to be further upstream to better preserve tenancies and relationships with landlords
- Expand HomeBASE subsidy up to 2 years to support families’ stability – extension would be based on clear expectations and measures of performance

EA Shelter Request for Information
Questions

I. Instructions for Submission

This RFI is issued solely for the purpose of obtaining information. Nothing in this RFI shall be interpreted as a commitment on the part of DHCD to enter a contract with any respondent or to make any procurement.

This RFI has been posted on Massachusetts' procurement and solicitation system, COMMBUYS (<http://www.commbuys.com>), on January 4, 2019. The instructions for responding to this RFI are as follows:

- **Response Submissions – All responses to this RFI are due no later than 5:00pm on February 15, 2019. Respondents must submit responses through COMMBUYS. All responses must be written in this document in the boxes provided.**
- **Vendor Questions –** Potential respondents who have questions regarding this RFI may e-mail them to the contact listed below by February 1, 2019. Respondents may only make inquiries and request clarification concerning this RFI by written questions via e-mail with the subject line “DHCD2019-16 EA RFI Question.” Responses to inquiries and clarification questions will be provided electronically to all interested parties via a posting on COMMBUYS.
- **DHCD Contact Information –** Please direct all questions via email with the subject line “DHCD2019-16 EA RFI Question” to the following contact:

Jane Banks
Department of Housing and Community Development
Division of Housing Stabilization
100 Cambridge Street, Suite 400
Boston, MA 02114
Email: ocd-dl-pgs@massmail.state.ma.us

- **Additional Information:** DHCD retains the right to request additional information from respondents. DHCD may, at its sole discretion, elect to request formal presentations from certain vendors and/or create an RFR or RFQ, which will include the detailed requirements and key success criteria for the procurement, which are based, at least in part, on the responses received from this RFI. DHCD may request further explanation or clarification from any or all respondents during the review process.

Costs

By submitting a response, respondents agree that any cost incurred in responding to this RFI, or in support of activities associated with this RFI, shall be the sole responsibility of respondent. DHCD shall not be held responsible for any costs incurred by respondents in preparing their respective responses to this RFI.

Review Rights

EA Shelter Request for Information
Questions

Responses to this RFI may be reviewed and evaluated by any person(s) at the discretion of DHCD, including independent consultants retained by DHCD now or in the future.

Public Record

All responses to this RFI will be public record under the Commonwealth's Public Records Law, Mass. Gen. L. ch. 66 s. 10, regardless of confidentiality notices set forth on such writings to the contrary.