

Building on Success

State Action Plan for Creating 1,000 New Units of Supportive Housing in Massachusetts

Year One Status Report
January 2014





*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Executive Office of Housing and Economic Development*

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March 31, 2014

The Honorable Governor Deval L. Patrick
Massachusetts State House
Office of the Governor
Room 280
Boston, MA 02133

Dear Governor Patrick:

We are pleased to share with you this Status Report on the Year One accomplishments of the Commonwealth's Interagency Supportive Housing Working Group planning for 1,000 units of permanent supportive housing. This report marks the milestones reached thus far by the Working Group, convened to execute the mandates of the Act Relative to Community Housing and Services, St. 2012, c. 58. The actions described in this report demonstrate progress in the ongoing commitment to expand the inventory of permanent supportive housing programs in Massachusetts.

This Status Report is the product of the diligent efforts of representatives from the multiple state agencies in the Commonwealth that administer our myriad of services and service-enriched housing for chronically homeless individuals, homeless families, veterans, people with disabilities and elders. We gratefully acknowledge all of those engaged in the planning process to date and the community stakeholders that offered insightful recommendations. All parties brought a wealth of experience and commitment.

We invite you to review this Status Report and recognize the important milestones achieved to date. Together, with additional planning steps and commitments, we can further the positive impact of permanent supportive housing for some of our state's most vulnerable residents.

Sincerely,

Handwritten signature of John W. Polanowicz in cursive.

John W. Polanowicz
Secretary
Executive Office of Health
and Human Services

Handwritten signature of Gregory Bialecki in cursive.

Gregory Bialecki
Secretary
Executive Office of Housing and
Economic Development

Table of Contents

Executive Summary	1
Background	1
A. History	1
B. State’s Interagency Planning Process	2
Year One Accomplishments	2
A. Overview of Accomplishments	2
B. Organizational and Start-Up Activities	3
C. Demonstration Program.....	3
D. Report on Unaccompanied Homeless Youth.....	4
E. PSH and SH Inventory	5
Elders	7
People with Disabilities	8
Chronically Homeless Individuals	8
Homeless Families	9
Veterans	10
Ex-Offenders.....	11
Persons Not Affiliated with State Agency Services.....	11
Year Two Activities	12
Target Populations	12
Promising Practices	12
Conclusions	14
Appendix A: Chapter 58 of the Acts of 2012	15
Appendix B: Community Housing and Services Memorandum of Understanding	18
Appendix C: Interagency Supportive Housing Working Group Members 2013-2014	55
Appendix D: Demonstration Program	57

Table of Contents (continued)

Appendix E: Interagency Supportive Housing Working Group PowerPoint Presentations 60

Housing

Elders

People with Disabilities

Homeless Individuals

Homeless Families

Veterans

Ex-Offenders

Persons Not affiliated with State Agencies

Executive Summary

In 2013, under the auspices of the Interagency Council on Housing and Homelessness, the Executive Office of Housing and Economic Development and the Executive Office of Health and Human Services, a collaborative of state agencies implemented the Community Housing and Services Memorandum of Understanding contemplated under the Act Relative to Community Housing and Services of 2012. First, an Interagency Supportive Housing Steering Committee and Interagency Supportive Housing Working Group were established. The Working Group met ten times during 2013 and accomplished the majority of Year One actions outlined in the Memorandum of Understanding. These actions included reviewing the report issued by the Special Commission on Unaccompanied Homeless Youth and beginning a review of the state's inventory of and need for permanent supportive housing and supportive housing resources. Most importantly, the Working Group established the Demonstration Program which resulted in 584 units of permanent supportive housing. The Working Group and Steering Committee are well positioned to continue to meet the legislature's goals and further expand permanent supportive housing and supportive housing in 2014.

Background

A. History

This Year One Status Report is the product of the work accomplished to date by the Interagency Supportive Housing Working Group (WG), a collaborative of state agencies facilitating the creation of 1,000 units of permanent supportive housing (PSH). The WG was established through the Act Relative to Community Housing and Services of 2012 which was signed into law by Governor Deval Patrick as Chapter 58 of the Acts of 2012 on March 22, 2012 (See Appendix A). To fulfill the Act's mandates, the Governor selected the Interagency Council on Housing and Homelessness (ICHH) which, in turn, named the Secretary of the Executive Office of Housing and Economic Development (EOHED) and the Secretary of the Executive Office of Health and Human Services (EOHHS) to co-chair the initiative.

The Act reflects broad consensus amongst stakeholders both within state government and in the community that PSH is an effective and cost-effective solution to intersecting high cost social and housing issues.¹ The Act expresses the will of Massachusetts' legislators to build upon the success of the Commonwealth's existing PSH programs and scale up PSH in Massachusetts over a period of three years in order to address some of the state's housing challenges.

¹ Larimer, M.E., Malone, D.K., Gardner, M. et al. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. *Journal of the American Medical Association* 301(13): 1349-1357; Heartland Alliance Mid-America Institute on Poverty (2009). *Supportive Housing in Illinois: A Wise Investment*. Chicago, IL: Heartland Alliance Mid-America Institute on Poverty; Massachusetts Housing and Shelter Alliance (2009) *Home and Healthy for Good: A Statewide Housing First Program Progress Report*. Boston, MA: Massachusetts Housing and Shelter Alliance.

B. State's Interagency Planning Process

The essence of the Act is to draw together state policy makers representing 18 Massachusetts government agencies in an interagency planning process to expand the PSH inventory. As required by the Act, the Community Housing and Services Memorandum of Understanding (MOU), outlining details of the structured planning process, was developed and signed by all named agencies. The MOU (see Appendix B) describes a planning process to be executed by an interagency working group with oversight of a steering committee comprised of all named agencies. Over a three-year period, these planning bodies are tasked with the development of an Action Plan. They are directed to design a means for coordinating commitment of the three primary types of funding resources needed for PSH and Supportive Housing (SH)² development: capital subsidies, operating subsidies and community-based supportive services.

Prior to drafting the MOU, a working committee sponsored an information and listening session in October 2012 for community stakeholders to offer suggestions and insights on the initiative. The MOU was signed in December 2012. The planning process began in January 2013 and continued throughout the year. During 2013, the WG met for ten structured, goal-oriented meetings, and the Steering Committee convened twice. With the facilitative assistance of an outside consulting group, WG representatives educated one another on the Commonwealth's diverse models of PSH and SH and the populations for which these programs had been designed.

The cross-education among state agencies in the working group sessions highlighted models and programs targeted to specific, high need sub-populations. Educational presentations identified how each of these models and programs meets the needs of the respective agency's targeted subpopulations. In concert with this interagency education, the WG and Steering Committee considered opportunities for expanding the PSH inventory going forward.

Year One Accomplishments

A. Overview of Accomplishments

Over the course of Year One, the WG achieved six key accomplishments:

1. Establishment of its organizational infrastructure;

² The MOU defines **Permanent Supportive Housing** as "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." **Supportive Housing** is defined as "decent, safe and affordable community-based housing providing residents with supports and services linked to their housing. Such housing includes Permanent Supportive Housing and housing which does not afford the legal status of a tenant, or permanency, such as transitional housing for Homeless youth, and programmatic or care-based residential living." The MOU notes that "the primary focus of the MOU is the development of Permanent Supportive Housing; however since this model may not be appropriate for all residents of the Commonwealth who need housing connected with services to maintain their housing, the Working Group will also address the need for other Supportive Housing."

2. Convening of ten WG meetings during the year;
3. Creation of PSH through a Demonstration Program;
4. Review of the report on unaccompanied homeless youth;
5. Commencement of an assessment of the need for PSH and SH in the Commonwealth; and
6. Commencement of an inventory of existing PSH and SH models and the resources that are utilized or leveraged to finance these programs.

The next section provides more detail about the WG Year One accomplishments.

B. Organizational and Start-Up Activities

The WG commenced its activities by setting a timetable of ten meetings during 2013, with its first meeting on January 29, 2013. Each meeting date, location, and agenda was posted publicly at least 48 hours prior to the meeting date. Minutes for each meeting are available upon request. Staffing for the meetings was provided by DHCD and a subcontractor, the Technical Assistance Collaborative (TAC).³

In accordance with the MOU, WG members were selected by EOHS and the Department of Housing and Community Development (DHCD) with one additional member representing the Department of Corrections (DOC) and one member representing the Executive Office of Administration and Finance (EOAF). As allowed by the MOU, the WG added two members during the course of the year. Ultimately, the WG included eleven members, within the maximum of 15 indicated in the MOU. Appendix C provides the 2013 membership list.

At its first meeting, the WG elected Roger Herzog, Executive Director of the Community Economic Development Assistance Corporation (CEDAC), as Chair. In accordance with the MOU, the role of the Chair is to facilitate coordination among WG members, convene and chair WG meetings, coordinate monthly agenda and meeting notes, and assume responsibility for reports and presentations to the Steering Committee.

C. Demonstration Program

The primary task for Year One as described in the MOU was to “begin creating Permanent Supportive Housing through [a] Demonstration Program.” According to the MOU, the Demonstration Program is to include:

- Assessing the feasibility of utilizing existing resources that are currently untapped as financing mechanisms for Permanent Supportive Housing;

³ Funding for the subcontractor was provided by the Massachusetts Rehabilitation Commission and the Department of Housing and Community Development.

- Developing and implementing a system for coordinating existing capital, operating, and Core Services⁴ funding toward the creation of Demonstration Program units; and
- Creating PSH units with coordination of identified existing capital, operating and Core funding through either (a) construction or rehabilitation of units and provision of linked Core Community-based Supportive Housing Services; or (b) addition of Core Community-Based Supportive Housing Services to existing subsidized housing units.

In accordance with the above parameters, the WG established a Demonstration Program subcommittee to track new PSH units as they are developed in the Commonwealth and to resolve questions on how to categorize each new unit as either PSH or SH.

While DHCD and its state agency partners have an active existing pipeline of supportive housing projects at various stages in the real estate development process, the WG decided to count units in supportive housing projects that receive DHCD funding awards as of January 1, 2013. DHCD awards capital and operating subsidies in competitive funding rounds using an array of federal and state funding sources. During 2013, three rounds of funding awards were made, in February, June, and November. In addition, DHCD awards Facilities Consolidation Funds (FCF) on a rolling basis to projects that create group homes serving Department of Developmental Services (DDS) clients.

In Year One, the Demonstration Program subcommittee tracked success in this task area. Specifically, there were 584 PSH units created in calendar year 2013. These new units included PSH for individuals and families who are homeless or at risk of homelessness, people with disabilities, veterans, and elders. In addition, DHCD awarded funds to 96 SH units, which for definitional reasons are not considered PSH units.⁵ These SH developments are located in all regions of the state. Appendix D includes a listing of the Demonstration units, the communities in which they are located, and the target populations served.

D. Report on Unaccompanied Homeless Youth

The WG explored issues facing unaccompanied homeless youth and their PSH and SH needs. The WG discussed the need for a methodology and resources to count this population. Several members of the Commonwealth of Massachusetts' Special Commission on Unaccompanied Homeless Youth are also WG members. At the April 30, 2013 WG meeting, EOHHS provided an overview of the draft Special Commission report which was then released in June 2013. At the September Steering Committee meeting, the ICHH Executive Director provided an overview of the final Special Commission report. In

⁴ **Core Community-Based Supportive Housing Services** or **Core Services** means services that include, but are not limited to, resident service coordinators, housing support teams and other models to link Very Low Income and Extremely Low Income tenants with services necessary to maintain their tenancy or direct community-based social services, comprehensive institutional discharge planning services and other services necessary to maintain a successful tenancy.

⁵ DDS group homes and units the Community Based Housing (CBH) Program are classified as SH not PSH.

sum, the WG availed itself of the most current analysis related to unaccompanied homeless youth and the dynamics of their unmet needs.

E. PSH and SH Inventory

In Year One, the WG focused on the inventory of and needs assessment for PSH and SH in the Commonwealth. Given time and resource constraints, the WG used an efficient and cost-effective methodology for this task, beginning the assessment of current inventory and need through cross-education of state housing and services staff about each agency’s respective programs for its client populations. For the populations named in the MOU, the appropriate state agency prepared an educational presentation for the full WG.⁶ The named populations are: “individuals and families that are homeless or at-risk of homelessness, institutionalized or at-risk of institutionalization, people with disabilities, and elders.” The chart below correlates the WG named populations with the entities selected to provide the presentations.

Population	Entity Presenting
Unaccompanied homeless youth	Executive Office of Health and Human Services, Office of Children, Youth and Families
Elders	Executive Office of Elder Affairs
People with disabilities	Executive Office of Health and Human Services, Office of Disability Policies and Programs
Homeless individuals	Massachusetts Housing and Shelter Alliance
Homeless families	Department of Housing and Community Development Department of Children and Families
Veterans	Department of Veteran’s Services
Ex-offenders	Department of Corrections
Persons with “no agency of tie”	Executive Office of Health and Human Services, Office of Disability Policies and Programs

⁶ The Massachusetts Housing and Shelter Alliance (MHSA) presentation on chronically homeless individuals was the only non-state agency presentation.

In addition to the list above, DHCD conducted a comprehensive presentation on its programs available to provide capital and operating assistance for PSH and SH Programs.

For all presentations, the WG developed a standard format, whereby each agency educated the group on the following topics:⁷

Population: What population(s) does the agency target for PSH? What data are available to provide an estimate of the target populations? What are the specific housing-related needs of the target populations (e.g., unit size, location, models)? What are the support services that should be made available to the target populations as part of PSH? How does the agency ensure these are made available? Are there populations that need PSH but are not affiliated with an agency?

Resource Inventory: What PSH and SH does the agency currently have available for the target populations? Describe programs or models – numbers, location, ownership, funding sources, eligibility requirements (initial and on-going). Describe any collaboration with a state or other housing agency on any of these programs? Describe support services – eligibility requirements for “standard” and “additional” services, type and availability (e.g., length of waiting lists, access to waiting lists), funding sources.

Models: Identify what the agency considers best practices or desirable models of PSH for the identified populations and why. Identify any known research regarding models for these populations. Identify any current programs implementing these models.

Challenges and Opportunities: Identify any resources that are underutilized, or could be better utilized or repurposed. Identify any barriers to creation and/or expansion of PSH for target populations. Identify any potential opportunities for creation and/or expansion of PSH for target populations - short term, long term.

The WG PowerPoint presentations are included in Appendix E.

As described above, each presenter identified existing PSH and/or SH models or programs that it considered to be effective for certain subsets of the population. The following summarizes the PSH/SH models/programs presented.⁸

⁷ Not every agency was able to provide same level of detail in each topic area.

⁸ Note that no models are presented for Unaccompanied Homeless Youth as EOHHS and the Special Commission is in the process of identifying effective models.

Supportive Housing Initiative for Elders (SHI)

- SHI was developed by the Executive Office of Elder Affairs (Elder Affairs) and DHCD to create an "assisted living like" environment in state funded public elderly/disabled housing.
- SHI units are located in State and Federal public housing developments throughout Massachusetts.
- There are 31 sites with approximately 4,587 units.
- Nineteen Aging Service Access Points (ASAPs) coordinate services for all residents in the 31 sites.
- Services available include:
 - Case management services and assessment
 - 24 Hour On-call assistance
 - One or two meals daily
 - Structured social activities
 - Service coordination

Assisted Living Residences (ALRs)

- ALRs are intended for adults who may need some help with daily activities and for people would like the security of having assistance available on a 24 hour basis in a residential and non-institutional environment. This model is one of the most rapidly growing forms of residential long-term care in Massachusetts.
- Residents have the right to make choices in all aspects of their lives.
- ALRs offer a combination of housing, meals and personal care services. Services provided include: Personal care such as bathing and dressing and household management such as meals and housekeeping. ALRs do not provide medical or nursing services.
- There are 213 ALRs across the state with a total of 13,691 units. Of these, 1,050 units have supports funded through the Group Adult Foster Care Program (GAFC), 671 units have housing subsidized with SSI-G⁹ and 275 units are in properties receiving Low Income Housing Tax Credits.

⁹ These individuals receive a SSI payment that is greater than if they did not live in the unit in order to cover PSH costs.

People with Disabilities

Community Based Housing (CBH) and Facilities Consolidation Fund (FCF)

- CBH and FCF are state-funded programs that provide capital funding to developers in exchange for providing integrated housing for people with disabilities.
- The capital is generally paired with state or federal rental assistance to ensure affordability for these extremely low-income populations.
- FCF was created in 1993 and is targeted to persons who are clients of the Department of Mental Health (DMH) and the Department of Developmental Services (DDS); since 1993, 1,630 units of housing have been developed. DMH and DDS provide case management for tenants.
- CBH was developed in 1995 for non-DMH/DDS persons with disabilities. Since 2004, 252 units have been developed.

MassHousing¹⁰ DMH/DDS Set-Aside

- Through MassHousing's DMH/DDS Set-Aside Program, property owners set aside 3% of all low- and moderate-income units for referrals from DMH and DDS.
- This requirement, which was implemented beginning in 1978, has resulted in more than 500 units in MassHousing-financed developments being reserved for clients of DMH and DDS; not all of these units have project-based rental assistance, which limits access to the full complement of units.
- DMH/DDS offer support services to maintain successful tenancies.

Chronically Homeless Individuals

Low threshold supportive housing

- Research has demonstrated that for this population, low threshold models result in higher housing retention rates, fewer hospitalizations, higher perceived choice in services, improvements in mental health and reduced substance abuse.
- Low threshold means both minimal requirements for entry (e.g., harm reduction models) and that the service approach is low-demand, meaning services are readily accessible but service delivery is client driven, not defined by a program, and tenants choose whether and what if any services they want to take advantage of.
- These models generally take advantage of existing affordable housing resources including those available through Continuum of Care (CoCs)¹¹, Local Housing Authorities (LHAs) and privately owned assisted housing.

¹⁰ Massachusetts Housing Finance Agency.

- In order for this housing to be affordable, income-based rent is critical and is made available with tenant-based, sponsor-based and project-based rental assistance, including Mass Rental Voucher Program (MRVP), Housing Choice Voucher, public housing, Veterans Affairs Supportive Housing (VASH), and Home and Healthy for Good, a low threshold housing program funded in part by the state budget.

Massachusetts Behavioral Health Partnership (MBHP), a MassHealth managed care organization for behavioral health services reimburses providers for flexible case management services to support chronically homeless individuals in low threshold housing. Service funding is also available through Home and Healthy for Good.

Homeless Families

Supportive Housing Initiative for Families

- The Supportive Housing Initiative for Families is an initiative to increase PSH available to homeless families, targeting families in shelters, hotels and motels.
- This FY13 program is part of a larger statewide initiative to address family homelessness through prevention and permanent housing.
- In its first NOFA, DHCD made available 150 project-based MRVP vouchers.
- The owner – generally a nonprofit agency - provides or partners for provision of case management and stabilization services. MRVP provides some funding for services.
- In early 2012, fifteen projects were awarded funding. By June 2013, 131 units were on-line.

Community Housing (CH)

- The CH Program provides affordable housing with case management supports to homeless women with addiction issues, many of whom will reunite with their children through participation in the program.
- First established in 1996, CH includes five sites with a total of 53 units.
- Participants live in private housing developments some of which are affiliated with MassHousing. Project-based Shelter Plus Care funding made available through the Balance of State CoC ensures income-based rent for tenants.
- Support services are provided by the Department of Public Health and contracted provider agencies.

¹¹ CoC is a HUD term referring to a collaborative funding and planning approach that helps communities plan and provide the full range of emergency, transitional and permanent supportive housing and other services to address the needs of the defined area's homeless populations.

LHA Housing First (LHAHF)

- LHAHF provides families in DHCD's Division of Housing Stabilization (DHS) shelters the opportunity to move to permanent housing in public housing units and makes available case management support and services to ensure on-going stabilization.
- The program currently includes 60 units across four Housing Authorities.¹²
- Case management is funded with Emergency Assistance (EA) funds from DHCD.
- Families must be homeless and referred by DHS. This program targets families with multiple barriers that have prevented households from obtaining and stabilizing in housing.

Veterans

- Department of Veterans' Services (DVS) target populations include homeless or at risk of homelessness, women veterans and veterans with families, younger veterans, frail elders, veterans with physical disabilities, veterans with traumatic brain injury/PTSD.
- In 2013, the ICHH released a comprehensive plan to end homelessness among the Commonwealth's veteran community. The plan has a goal of reducing the number of homeless veterans by 1,000 by 2015, which will virtually eliminate homelessness among this population.

Statewide Housing Advocacy for Reintegration and Prevention (SHARP)

- SHARP is a peer-to-peer pilot project with the goal of reaching the most vulnerable veterans who are experiencing chronic homelessness and connecting them to immediate services and housing, and then making a quick connection to supportive housing using HUD VASH vouchers.
- The SHARP team consists of four peer specialists, two U.S. Department of Veterans Affairs VASH social workers, a licensed drug and alcohol counselor, and a psychiatrist.
- The team provides veterans with wrap-around services and helps veterans gain and sustain suitable and safe housing.

Gordon Mansfield Limited Equity Cooperative

- This Cooperative provides 39 units of affordable housing for previously homeless veterans in Pittsfield. Eleven public and private entities provided funds for this project.
- The program uses the limited equity cooperative model to provide homeownership; tenants build equity shares in the housing that can be taken with them when they leave.

¹² There are 121 units across eleven LHAs in the LHA Housing First and LHA Transitional Housing Programs combined.

- Veterans play an active role in the management and operation of the housing.

Ex-Offenders

Worcester Initiative for Supportive Reentry (WISR)

- WISR is a partnership-based community reentry program to reduce prison recidivism rates by providing in-reach to eligible offenders in the correctional institution and wrap-around case management services in the community.
- The target population is 18-55 year old men from Worcester County who have Superior Court *From and After Probation*, and who have not been convicted of sex offense, arson or murder charges.
- Launched in 2011, the program is funded in part by the Health Foundation of Central Massachusetts. In 2014, WISR will serve 80 men returning to Worcester County from prison or jail.
- In addition to an intensive case management model, WISR utilizes transportation services, counseling, and supportive connections to housing, employment, primary care, mental health, substance use, and family reconnection services.
- WISR partners with the Massachusetts Department of Correction, City of Worcester Workforce Central, Worcester County House of Correction, Massachusetts Superior Court Probation, Worcester Parole office, and numerous health and social service organizations in the community to create an integrated and seamless set of services among criminal justice and community service providers.

Persons Not Affiliated with State Agency Services

- Populations identified by the WG as not affiliated with state agencies but needing PSH include persons with: significant learning disabilities, Autism Spectrum Disorder, cognitive disabilities such as low IQ, near elders (age 50-62) with disabling conditions such as mental health issues that are not served by DMH, and unaccompanied homeless youth.

Supported Living Program (SLP)

- SLP is a model of community based supports. A variety of public or private funding streams can be used or directed to provide this service. The Massachusetts Rehabilitation Commission's (MRC) Adult SLP provides one example of the use of the supported living model.
- Since 1986, SLP has provided case management services to individuals with physical disabilities to assist them to live independently in their community of choice. In addition to a physical disability, eligible consumers must have a cognitive or emotional disability that prevents them from effectively managing their support services independently.

- Case management is the core service provided by MRC’s Adult SLP. The case coordinator meets with the individual on an as-needed basis generally in his/her home.
- The average SLP participant requires approximately one 3-hour meeting per week to accomplish needed tasks, but case coordination can range from a few hours per month to ten hours per week. A case coordinator is also available by phone on a 24 hour basis for emergencies and unforeseen problems.
- Supports include: Personal Care Attendant (PCA) management, personal health care management, adaptive equipment, household management, financial management, social/recreation management, vocational/education management, transportation management, and self-advocacy.

Year Two Activities

Year Two activities will build on the WG’s Year One accomplishments.

Target Populations

In Year Two, the WG plans to focus on identifying those populations and subpopulations that need and can benefit from PSH and SH. Once these populations are identified, the WG will explore how to target or prioritize existing and potential PSH and SH resources to these populations as well as how to determine the number, geographic distribution and types of needed units. The WG will research vulnerability indices and other tools that can be used by the state and its providers to identify those who need and would benefit from PSH within the target populations.

Promising Practices

During Year Two, the Commonwealth anticipates continued investment in and expansion of PSH and SH. The WG will track the following new programs and promising practices for potential in meeting the PSH needs of the state’s target populations.

Housing Preservation and Stabilization Trust Fund (HPSTF)

In late November 2013, DHCD issued a Notice of Funding Availability (NOFA) for the development of supportive housing for low-income tenants. This NOFA is designed to carry out one of the goals of the Demonstration Program in the MOU, a coordinated allocation process of capital, operating, and Core service funding to create permanent supportive housing. The HPSTF will provide \$8 million in capital subsidies for PSH housing development costs; project sponsors are also invited to apply for rental assistance from the Massachusetts Rental Voucher Program (MRVP). For MRVP units, sponsors may also request \$2,500 per unit per year to cover supportive services. Housing funded with HPSTF may serve families, seniors, persons with disabilities, veterans, homeless families and individuals and

others; the target population must require support services. DHCD has established an expedited schedule for the application and review process, and expects to award funding by March 2014.

Chronically Homeless Individuals

In July 2012 the Patrick Administration launched an innovative way for government to partner with nonprofits and intermediary financing organizations to make a greater impact on some of society's most challenging problems. Social Innovation Financing will provide a new mechanism for increasing permanent supported housing for homeless individuals in the Commonwealth who are chronically homeless, or high utilizers of emergency medical services and shelter facilities, or both. The Executive Office for Administration and Finance (EOAF) is pursuing a pay-for-success model to provide stable housing and support services for the target population, with a goal to create 500 units of supportive housing over four years. Over the last year, MassHealth and the selected intermediaries have worked together on a proposed framework for this initiative. The expected launch of the program is in the second quarter of 2014.

Homeless Families

The *New Lease for Homeless Families* Program provides supportive housing for homeless families living in hotels, motels or emergency shelter. This innovative program leverages existing affordable rental housing from HUD-assisted privately owned developments. The program is being piloted in four regions with the goal of providing housing and supports for 300 families during the two year period.

Chronically Homeless Veterans

The Massachusetts Plan to Prevent and End Homelessness among Veterans has the goal of reducing the 2011 homeless veterans point-in-time count by 1,000 by the end of 2015 and to end chronic homelessness among veterans by the end of 2015. To achieve this goal, the ICHH seeks to access 1,000 units of PSH, including 700 new HUD VASH vouchers, 250 new units of housing through DHCD initiatives for chronically homeless veterans, including at least 25 for non-VA eligible chronically homeless veterans, and 50 housing subsidies through DHCD initiatives to access existing housing units for non-VA eligible homeless veterans.

Persons with Disabilities and Elders in Institutions

The Commonwealth is implementing several innovative programs designed to "rebalance" long term care spending from facilities and institutions to community care. These include the Section 811 Project Rental Assistance Demonstration (PRA Demo) and the Money Follows the Person (MFP) Demonstration Program, both described below. The state legislature recently passed a new bond authorization which

will allow the state to continue to provide CBH, FCF and HIF funding that supplement these and other projects.

Section 811 Project Rental Assistance (PRA)

Massachusetts is one of 13 states awarded PRA Demonstration funds for the development of integrated permanent supportive housing for people with disabilities. PRA funds will provide operating assistance to ensure eligible tenants from the target populations pay no more than 30% of their income for rent. The target populations for this program are persons in institutions who are: (1) enrolling in the state's Money Follows the Person demonstration program (MFP), (2) eligible for one of the state's home and community-based services (HCBS) waivers, or (3) not eligible for either MFP or a waiver, but who are eligible for Medicaid State Plan services. This EOHHS and DHCD partnership model will develop 100 units over the next two years.

MFP Demonstration

The MFP Rebalancing Demonstration is a five year Demonstration Grant that provides Massachusetts with federal funding to increase the use of home and community based services (HCBS), eliminate barriers that prevent transitions from facility settings, and ensure quality assurance and improvement. Federal funding supports the transition of approximately 2,200 Medicaid-eligible individuals from long term care facilities - including nursing facilities, chronic hospitals, and intermediate care facilities (ICF/MRs) - into community-based care, over the five-year grant period. All MFP Demonstration participants have access to case management through an existing HCBS waiver or through the Demonstration. The MFP Demonstration also funds housing search activities. Two MFP HCBS waivers for adults ages 18 and older with broad clinical eligibility criteria have been implemented to support MFP Demonstration eligible participants transitioning from facilities to community settings. These waivers are unique in Massachusetts, as most MassHealth eligible adults needing a facility level of care in the community would be able to enroll in them, regardless of their diagnosis or age.

Conclusions

During 2013, the WG established its organizational infrastructure, convened ten public meetings, commenced an assessment of the need for PSH and SH in the Commonwealth and commenced an inventory of existing PSH and SH models and the resources that are utilized or leveraged to finance these programs. Most significantly, the Demonstration Program resulted in the development of 584 new PSH units and an additional 96 units of SH. This progress demonstrates the shared commitment across state agencies in Massachusetts, to actively facilitate further PSH and SH development.

The WG Year One accomplishments provide a foundation for the Commonwealth as it moves toward next steps in furthering PSH expansion in Year Two and beyond.

Appendix A
Chapter 58 of the Acts of 2012

SESSION 2012

CHAPTER 58 AN ACT RELATIVE TO COMMUNITY HOUSING AND SERVICES

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION 1. 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 shall develop and execute a memorandum of understanding to be known as the community housing and services memorandum of understanding. The memorandum of understanding shall include an action plan to coordinate the procurement and availability of community-based supportive services, capital subsidies and operating subsidies for new and existing housing available to residents with very low and extremely low-incomes, as those terms are defined by the United States Department of Housing and Urban Development in 24 C.F.R. § 5.603. The action plan shall establish benchmarks to assess financial savings to the commonwealth resulting from the avoidance of institutionalization, shelter or nursing care due to the availability of community-based housing supportive services. The memorandum of understanding shall identify and determine methods and procedures for eliminating barriers and reducing fragmentation for the provision of community-based supportive services and affordable housing. For the purposes of this act, "community-based supportive services" shall include, but not be limited to, resident service coordinators, housing support teams and other models to link very low and extremely low-income tenants with services necessary to maintain their tenancy or direct community-based social services, comprehensive institutional discharge planning services or other services necessary to maintain a successful tenancy; provided, that receipt of services by a tenant with a disability shall not be an eligibility requirement or a requirement of maintaining a tenancy under the action plan.

The community housing and services memorandum of understanding shall be filed with the governor, the lieutenant governor, the joint committee on housing, the joint committee on elder affairs, the joint committee on children, families and persons with disabilities and the house and senate committees on ways and means not later than December 31, 2012.

The memorandum shall facilitate the creation of a demonstration program that creates up to 1,000 units of permanent supportive housing that includes coordinated operating, capital subsidies and voluntary community-based supportive services by December 31, 2015; provided, that the aforementioned agencies shall assess the need for permanent supportive housing to serve

the commonwealth's homeless or at-risk of homelessness, people with disabilities and elders and shall establish a long-range target to produce new supportive housing opportunities to meet the commonwealth's need.

SECTION 2. The department of elder affairs shall study the establishment of a comprehensive elder affairs ombudsmen program to service the needs of elderly citizens. The study shall include, but not be limited to, a review of the current ombudsmen programs in place and the identification of elderly citizens not currently being serviced by an ombudsmen program who could benefit from such services. The study shall address the implementation of a comprehensive elder care ombudsmen program that covers persons age 60 and over, acting on their own behalf or through any individual organization or government agency, utilizing the services of community-based programs, including but not limited to, the home care program established under chapter 19A of the General Laws, residents of long term care facilities, residents of nursing homes, residents of assisted living facilities, residents of supportive housing and other programs as defined by the secretary of the executive office of elder affairs. The study shall review the effectiveness of existing ombudsmen programs, address ways to improve and expand on existing ombudsmen programs and outline the department's current interaction with other state agencies providing a similar service to elders. The department shall prepare a report on the findings and recommendations together with recommendations for legislation necessary to implement those recommendations by filing the same with the clerks of the house of representatives and the senate, the chairs of the joint committee on elder affairs and the chairs of the house and senate committees on ways and means not later than October 15, 2012.

Approved, March 22, 2012.

Appendix B

Community Housing and Services Memorandum of Understanding

Community Housing and Services Memorandum of Understanding

By and Among

The Massachusetts Executive Office of Health and Human Services,

The Massachusetts 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

This **Community Housing and Services Memorandum of Understanding** (MOU) is by and among the Executive Office of Health and Human Services (EOHHS), the Executive Office of Housing and Economic Development (EOHED), the Executive Office of Elder Affairs (EOEA), the Department of Veterans' Services (DVS), the Department of Housing and Community Development (DHCD), the Department of Transitional Assistance (DTA), the Department of Developmental Services (DDS), the Department of Mental Health (DMH), the Department of Children and Families (DCF), the Department of Youth Services (DYS), the Department of Correction (DOC), the Department of Public Health (DPH), the Massachusetts Rehabilitation Commission (MRC), the Massachusetts Commission for the Blind (MCB), the Massachusetts Commission for the Deaf and Hard of Hearing (MCDH), the Massachusetts Housing Finance Agency (MHFA), the Massachusetts Housing Partnership (MHP), and the Community Economic Development Assistance Corporation (CEDAC), collectively, the Parties.

WHEREAS, the Massachusetts Legislature enacted St. 2012, c. 58, which directs the Parties to execute a Community Housing and Services Memorandum of Understanding to:

1. Identify and determine methods and procedures for eliminating barriers and reducing fragmentation for the provision of Core Community-Based Supportive Housing Services and affordable housing;
2. Include an Action Plan to coordinate the procurement and availability of Core Community-Based Supportive Housing Services, capital subsidies and operating subsidies for new and existing housing available to residents with very low and extremely low incomes, as those terms are defined by the United States Department of Housing and Urban Development in 24 C.F.R. § 5.603;
3. Ensure that the Action Plan will establish benchmarks to assess financial savings to the Commonwealth resulting from the avoidance of Institutionalization, shelter or nursing care due to the availability of Core Community-Based Supportive Housing Services;
4. Facilitate the creation of a Demonstration Program that creates up to 1,000 units of Permanent Supportive Housing that includes coordination of operating and/or capital subsidies and voluntary Core Community-Based Supportive Housing Services by December 31, 2015;
5. Require the Parties to assess the need for Permanent Supportive Housing to serve the Commonwealth's Homeless or At-Risk of Homelessness, people with disabilities and elders; and
6. Require the Parties to establish a long-term target to produce new Permanent Supportive Housing and other Supportive Housing opportunities to meet the Commonwealth's need;

WHEREAS, many agencies within the Commonwealth are currently engaged in initiatives to increase access to affordable housing, Permanent Supportive Housing, other Supportive Housing, and Core Community-Based Supportive Housing Services for specific populations which could benefit from increased interagency collaboration, coordination and oversight;

WHEREAS, the establishment of a collaborative interagency working group to determine methods and procedures to eliminate barriers to the provision of Permanent Supportive Housing and other Supportive Housing and reduce the fragmentation for the provision of Core Community-Based Supportive Housing Services and affordable housing will lead to greater interagency coordination and efficiency to address long term needs and gaps in resources for Supportive Housing;

WHEREAS, St. 2012, c. 58 requires the MOU to be filed with the Governor, the Lieutenant Governor, the Joint Committee on Housing, the Joint Committee on Elder Affairs, the Joint Committee on Children, Families and Persons with Disabilities, and the House and Senate Committees on Ways and Means not later than December 31, 2012;

NOW, THEREFORE, this MOU is established to implement the mandate of St. 2012, c. 58, by means of improving interagency collaboration and coordination to meet the need for Permanent Supportive Housing and other Supportive Housing in the Commonwealth. The Parties will partner to improve existing processes, make recommendations for new, collaborative efforts, and develop a long-range plan to meet the need for Supportive Housing among the Commonwealth's residents, including but not limited to individuals and families that are Homeless or At-Risk of

Homelessness, Institutionalized or At-Risk of Institutionalization, people with disabilities and elders. As part of this plan, the Parties will assess the extent of public cost-savings generated as a result of providing Permanent Supportive Housing and will recommend strategic reinvestments. Further, the MOU establishes a common set of guiding principles for the Permanent Supportive Housing to be developed through the Demonstration Program. The Parties desire to describe in greater specificity their respective roles, responsibilities, and commitments under the Action Plan, including the Demonstration Program. To that end, the Parties agree as follows:

I. HISTORICAL BACKGROUND

The Commonwealth has invested in different forms of Supportive Housing for many years. Since 1978, developers receiving MHFA financing have been required to set aside 3% of their subsidized units for consumers of DMH and DDS, pairing services from these agencies with affordable housing. The Commonwealth has also created several capital subsidy programs to create Supportive Housing developments for targeted populations. The Housing Innovations Fund was created in 1988 to provide housing opportunities for persons with special needs and the residents of these developments often receive supportive services. The General Court also authorized the Facilities Consolidation Fund (FCF) in 1993 to produce community-based housing for consumers of DMH and DDS, and the Community Based Housing (CBH) Program in 2004 to finance housing for persons with a broad range of disabilities who are served by MRC but are not eligible for housing developed under FCF. To facilitate coordination of the management of these capital programs, DHCD, EOHHS and several of its agencies, and CEDAC have regular interagency meetings to ensure that these programs are fulfilling their goals. In addition, for the FCF and CBH programs, there is a certification process to determine project eligibility for projects that seek to apply to DHCD for funding. Proposed FCF projects need to be certified as eligible by either DMH or DDS, and proposed CBH projects need to be certified by MRC. This certification process allows EOHHS agencies to make a determination that the proposed projects will meet the housing needs of the target resident populations.

Since the 1980s, the Legislature has also appropriated operating budget resources for rental assistance for persons receiving state services, and for supportive services specifically for publicly assisted housing. Additionally, through a Supportive Housing Program Initiative begun in 1999, EOE and DHCD created an "assisted living like" environment for the residents of state-aided or federally funded public elderly/disabled housing, by pooling service dollars invested by an Aging Service Access Point (ASAP) and a local housing authority's property management resources in an existing development.

As a result of mounting evidence from around the country that Housing First is cost-effective and decreases the incidence of chronic Homelessness, the Massachusetts Legislature passed line item 4406-3010 in the FY07 state budget to fund a statewide pilot Housing First program for chronically Homeless individuals called Home & Healthy for Good. The ongoing state allocation for Home & Healthy for Good is flexible, used for services, housing, or both, to best utilize leveraged funding to serve this population. These state resources are in addition to federal assistance for Supportive Housing, most notably through the Section 202 program, Section 811 program, and McKinney-Vento homeless assistance program.

Throughout 2007, the Western Massachusetts Network of Nonprofit Developers and the Special Commission to End Homelessness concurrently explored the need for Permanent Supportive Housing and called for additional Supportive Housing resources to reduce Homelessness. In the fall of 2008, Citizens' Housing and Planning Association convened a working group of representatives of organizations that serve frail elders, households that are Homeless, and persons with disabilities to work with Representative Kevin G. Honan, Chair of the Joint Committee on Housing, and Senator Patricia D. Jehlen, Chair of the Joint Committee on Elder Affairs, to develop legislation that would increase the Commonwealth's focus on Permanent Supportive Housing.

The Legislature unanimously enacted the bill entitled *An Act Relative to Community Housing and Services* on March 12, 2012 and Governor Deval Patrick signed the legislation into law as Chapter 58 of the Acts of 2012 on Thursday, March 22, 2012. The legislation increases coordination and efficiency across government agencies by requiring these agencies to legally commit to working together through a MOU to create a Demonstration Program resulting in up to 1,000 new Permanent Supportive Housing opportunities, and requires administrative action to promote Supportive Housing and establish benchmarks to assess progress, although it does not include new appropriations to enhance services or housing.

Governor Patrick selected the Interagency Council on Housing and Homelessness (ICHH) to advance the Administration's work on Supportive Housing and Council Chair Lieutenant Governor Timothy P. Murray selected DHCD Undersecretary Aaron Gornstein and Assistant Secretary of Health and Human Services Marilyn Anderson Chase to co-chair a working group that was charged with drafting and implementing the MOU. The working group established subgroups to develop key definitions, guiding principles and core components of the MOU, met with counterparts in other states, held a public listening session, solicited feedback from key stakeholders, and provided regular progress reports to the ICHH and the Joint Committee on Housing for People with Disabilities.

II. GUIDING PRINCIPLES

The Guiding Principles for the Demonstration Program of up to 1,000 units of Permanent Supportive Housing are set out in Appendix A to the MOU, which is incorporated herein.

III. DEFINITIONS

The defined terms for this MOU are set out in Appendix B to the MOU, which is incorporated herein.

IV. INTERAGENCY SUPPORTIVE HOUSING WORKING GROUP

This MOU establishes an Interagency Supportive Housing Working Group (the Working Group) to oversee the implementation of the Action Plan, including the Demonstration Program, and other interagency Supportive Housing efforts.

A. Working Group Composition

1. The Working Group is comprised of at least eight (8) but no more than fifteen (15) members at any time.
2. Permanent membership. Permanent representation on the Working Group shall consist of the following eight to ten (8-10) members, appointed by the agencies they represent, to consist of agency staff with expertise in existing Supportive Housing, housing development or Core Community-Based Supportive Housing Services who have the authority to facilitate and implement policy and staffing decisions on behalf of their agency and the ability to devote time between meetings to work on initiatives established by the Working Group:
 - a. 3-4 members selected by EOHHS (selected among EOHHS agencies and other entities);
 - b. 3-4 members selected by DHCD (selected among EOHED, DHCD and quasi-public Parties);
 - c. 1 member to represent DOC;
 - d. 1 member to represent Executive Office for Administration and Finance (A&F).
3. Ad Hoc Membership. The Working Group may appoint Ad Hoc members to participate as needed based on the Working Group's current work and priorities, subject to the Working Group membership limit of fifteen (15). Ad Hoc members shall be selected by consensus of the members of the Working Group, from the following entities:
 - a. Parties not already represented on the Working Group.
 - b. Other governmental and nongovernmental entities.
4. Consultation with other entities. The Working Group may consult and meet with other entities in connection with the work of the Action Plan, such as the following:
 - a. Committees and task forces whose work is relevant to the responsibilities of the Working Group;
 - b. Governmental and nongovernmental entities with experience in Permanent Supportive Housing and other Supportive Housing;
 - c. External organizations which may serve as a liaison to community agencies and advocates.
5. Chair of the Working Group. The Chair of the Working Group shall be determined by consensus among the permanent members of the Working Group. The Chair shall:
 - a. Facilitate overall coordination among Working Group members;
 - b. Convene and chair meetings of the Working Group;
 - c. Coordinate a record of monthly agenda and meeting notes;
 - d. Assume responsibility for organizing reports and presentations to the Steering Committee.

6. Vacancies on the Working Group. Vacancies in permanent membership will be filled by the Party or agency responsible for filling the position. Vacancies in Ad Hoc membership will be filled by consensus of the Working Group.

B. Working Group Role and Responsibilities

1. Facilitate interagency coordination and collaborative efforts to develop and expand Permanent Supportive Housing and other Supportive Housing;
2. Develop Action Plan policy, goals, structure and implementation strategies, and track and assess Action Plan performance;
3. Coordinate the participation of the Parties in the work of the Action Plan, including the preparation of interagency agreements to effectuate the goals of the Action Plan;
4. Act as a decision-making clearinghouse for the Parties with respect to mid-level decisions on Supportive Housing initiatives consistent with the Guiding Principles, and make high-level recommendations for proposed funding and other policy initiatives to the Steering Committee; and
5. Ensure that the Action Plan, and the Demonstration Program in particular, stay on schedule and meet their intended goals.
6. To carry out its Responsibilities, the Working Group will, with the assistance of the Parties, as necessary:
 - a. Meet at regular monthly meetings, or more often if needed, to coordinate the work of the Action Plan and other Supportive Housing efforts and initiatives;
 - b. Provide monthly agendas and meeting notes to all members of the Steering Committee;
 - c. Work on initiatives developed by the Working Group;
 - d. Prepare, and submit to the Steering Committee, reports on the work of the Working Group, as described in the Action Plan.
 - e. Assign staff to assist with the day-to-day work to carry out the Action Plan.

C. Staffing to Support Working Group

1. Staff support is necessary to assist Working Group members to carry out the responsibilities established by St. 2012, c. 58. To that end, each Party agrees to provide staff support to conduct necessary research and investigation, prepare reports concerning activities pertaining to the areas of statutory authority of each respective agency, implement the creation of Permanent Supportive Housing for the Demonstration Program, and implement other elements of the Action Plan, as appropriate to that agency.
2. The agency represented by the Chair will be responsible to plan, prepare and distribute meeting agendas, meeting notes and all documents prepared by the Working Group.

V. INTERAGENCY SUPPORTIVE HOUSING STEERING COMMITTEE

This MOU establishes an Interagency Supportive Housing Steering Committee (Steering Committee) to oversee the work of the Working Group.

A. Steering Committee Composition

1. The Steering Committee consists of the agency head of each Party to the MOU or a designee.
2. The Steering Committee will be chaired jointly by the Undersecretary of DHCD or a designee and the Secretary of EOHHS or a designee.

B. Steering Committee Role and Responsibilities

1. The Steering Committee will meet at least biannually.
2. The Steering Committee will receive monthly agendas and meeting notes, as well as reports, from the Working Group, as they are prepared.
3. The Steering Committee will advise and direct the Working Group as necessary with regard to:
 - a. Policy decisions necessary to the implementation of the Action Plan.
 - b. Legislative initiatives resulting from the work of the Action Plan.
4. The Steering Committee will report annually to the Governor on the work and progress of the Working Group and the Steering Committee.
5. The Steering Committee will evaluate the Working Group's Final Report on the Demonstration Program and Report on the Overall Action Plan, and recommendations for the Action Plan going forward, and make a determination of whether to continue, amend or terminate the MOU within 90 days thereafter.

VI. ACTION PLAN

A. Scope

The Action Plan established by this MOU encompasses the following activities and scope:

1. Assessment of the need for Permanent Supportive Housing and other Supportive Housing to serve the Commonwealth's Homeless or At-Risk of Homelessness, persons with disabilities and elders;
2. Identification and determination of methods and procedures for eliminating barriers and reducing fragmentation for the provision of Core Community-Based Supportive Housing Services (Core Services) and affordable housing;
3. Subject to funding, development and oversight of a Demonstration Program to create up to 1,000 units of Permanent Supportive Housing that includes coordination of operating and/or capital subsidies and voluntary community-based supportive services by December 31, 2015 (Demonstration Program);

4. Subject to funding, coordination of the procurement and availability of Core Community-Based Supportive Housing Services and capital and/or operating subsidies for new and existing housing available to residents with very low and extremely low-incomes;
5. Establishment of benchmarks to assess financial savings to the Commonwealth resulting from the avoidance of Institutionalization, shelter or nursing care due to the availability of Core Community-Based Supportive Housing Services;
6. Establishment of a long-term target to produce new Supportive Housing opportunities to meet the Commonwealth's need; and
7. In addition to the primary focus of the MOU on Permanent Supportive Housing, address needs for other Supportive Housing for residents of the Commonwealth who need housing connected with services to maintain their housing, but for whom Permanent Supportive Housing may not be appropriate.

B. Action Plan with Resources Currently Available

1. Conduct first monthly meeting in January 2013.
2. First year action: Develop goals and implementation strategies for:
 - a. First Year Activities of Working Group;
 - b. Three-Year Action Plan, including 1,000 unit Demonstration Program;
 - c. Long Term Target for Expansion of Supportive Housing.
3. First year action: Assess need for Permanent Supportive Housing and other Supportive Housing in the Commonwealth, including:
 - a. Evaluation of populations currently served in current Supportive Housing stock;
 - b. Assessment of variations in the needs among different populations, including current trends in the demand for Supportive Housing.
4. First year action: Inventory and evaluate all existing resources that can be utilized or leveraged to finance Supportive Housing:
 - a. Existing Supportive Housing units including Permanent Supportive Housing stock;
 - b. Existing Core Community-Based Supportive Housing Services;
 - c. Assess capacity to support the demand for additional Supportive Housing:
 - i. Inventory and evaluate funding sources for capital and operating costs available from Parties or other entities for the development of Supportive Housing;
 - ii. Inventory and evaluate funding sources for Core Community-Based Supportive Housing Services available from Parties or other entities.
5. First year action: Review report on unaccompanied youth homelessness to be issued by the Commission on Unaccompanied Youth in early 2013.

- a. Evaluate opportunities to develop services and housing responsive to the needs of that population and develop recommendations;
 - b. Report on findings to Steering Committee.
6. First year action: Develop assessment tools, such as a Vulnerability Index, and other mechanisms to identify and prioritize Eligible Persons or Households for Permanent Supportive Housing and other Supportive Housing.
7. First year action: Begin creating Permanent Supportive Housing through Demonstration Program:
 - a. Assess feasibility of utilizing existing resources that are currently untapped as financing mechanisms for Permanent Supportive Housing;
 - b. Develop and implement system for coordinating existing capital, operating and Core Services funding toward the creation of Demonstration Program units;
 - c. Create Permanent Supportive Housing units with coordination of identified existing capital, operating and Core Services funding, through either:
 - i. Construction or rehabilitation of units and provision of linked Core Community-Based Supportive Housing Services; or
 - ii. Addition of Core Community-Based Supportive Housing Services to existing subsidized housing units.
8. Evaluate the performance and outcomes of the Action Plan and other Supportive Housing efforts on an ongoing basis:
 - a. Evaluate the performance and outcomes of the Demonstration Program;
 - b. Track and assess financial savings resulting from the avoidance of Institutionalization, shelter, hospital or nursing care, and other emergency systems due to increase in availability of Permanent Supportive Housing and other Supportive Housing:
 - i. Develop metrics to assess savings, e.g., comparison of annual cost per person before and after housing placement;
 - ii. Develop metrics to determine for whom Supportive Housing would offset the greatest secondary public cost in order to capture cost savings;
 - iii. When appropriate, align with metrics used to track cost-savings from the Social Impact Bond Supportive Housing initiative, the 811 Memorandum of Understanding initiative between EOHHS and DHCD (if implemented), and other existing metrics.
9. Plan for overall future capacity building needs:
 - a. Set long-range targets to produce new Supportive Housing to meet the Commonwealth's need for Supportive Housing for priority populations, including those named in St. 2012, c. 58;

- b. Evaluate the near term and long term future potential for resource opportunities that may be dedicated to Supportive Housing, including:
 - i. Capital subsidies;
 - ii. Operating subsidies;
 - iii. Core Community-Based Supportive Housing Services.
10. Make relevant funding, policy and interagency action recommendations to the Steering Committee on an ongoing basis.
11. Submit a progress report to the Steering Committee at least biannually that includes the number of Demonstration Program units created.
12. Submit to the Steering Committee by June 30, 2016 a Final Report on the Demonstration Program and Report on Overall Action Plan, which includes:
 - a. Evaluation of the progress achieved with respect to the Scope of the Action Plan set out in Section VI.A.
 - b. Evaluation of the MOU and the roles of the Steering Committee and Working Group;
 - c. Recommendations for an interagency Action Plan going forward beyond the end of the Demonstration period, including a recommendation, with explanation and support, regarding continuation, amendment, or termination of the MOU. If the Working Group recommends amendments to the MOU, the specific proposed amendments shall be identified.

C. Plan in Event of Available Additional Coordinated Funding Resources

1. Establish coordinated processes for Requests for Responses (RFRs) and other coordinated funding where applicable, upon agreement of the state funding agencies:
 - a. Prepare joint funding applications;
 - b. Establish interagency review and approval;
 - c. Evaluate responses to requests for funding applications;
 - d. Make awards.
2. Develop a system to ensure housing and program quality.
3. Plan for additional capacity building needs of developers, service providers, and other partners to be engaged in creating Supportive Housing.

VII. PRIVACY AND CONFIDENTIALITY

A. Personal Data

The Parties each acknowledge that in performance of the MOU that they may become a "Holder" of "Personal Data" as such terms are used within the Fair Information Practices Act (FIPA), M.G.L. c. 66A. Each agency agrees that it shall comply with M.G.L. c. 66A, Executive

Order 504, and any other applicable state or federal law or regulation governing the privacy or security of any data created, received, obtained, used, maintained, or disclosed under this MOU.

B. Alcohol or Drug Abuse Program Information

The Parties also acknowledge that any records or information relating to a patient received or acquired by alcohol abuse programs or drug abuse programs are subject to the additional prohibitions on disclosure in 42 CFR Part 2. Written consent of the patient is required to share any such records or information, as provided by 42 CFR Part 2, Subpart C, subject to the exceptions in 42 CFR Part 2, Subpart D. Each Party agrees that it will comply with 42 CFR Part 2.

C. Access to Databases

In the event that a Party grants access to any of its databases for any purpose required under this MOU, the Parties shall comply with all security mechanisms and processes established for access to the database, including but not limited to those that are physical or technical. The agencies shall protect from inappropriate use or disclosure any password, user ID, or other mechanism or code permitting access to any database containing personally identifiable data, and shall give prior notice of any change in personnel whenever the change requires a termination or modification of any such password, user ID, or other security mechanism or code to maintain the integrity of the database. If the Party granted access to another agency's database subsequently commits a data breach of that information, such breach shall be reported to the host agency's information security officer within a reasonable time both orally and in writing, but no later than 2 business days after the breach is discovered.

D. Health Insurance Portability and Accountability Act

The Parties agree to take such action as is necessary to amend this MOU, if EOHHS determines, in its sole discretion, such an amendment is necessary for the Parties to comply with any requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (HIPAA), the Privacy and Security Rules enacted under HIPAA, and any other applicable law pertaining to the privacy, confidentiality, or security of personally identifiable data. The Parties agree that, notwithstanding any other provision in this MOU, EOHHS may refuse to provide, suspend or eliminate any database-sharing immediately upon written notice, in the event the Parties fail to enter into negotiations for, and to execute, any such amendment.

VIII. MISCELLANEOUS PROVISIONS

A. Consistency with Statutory Requirements

Nothing in this MOU creates any obligations of the Parties that are inconsistent with or contrary to their statutory authority or their obligations under other applicable statutory or regulatory provisions, including but not limited to HIPAA and FIPA.

B. No Third Party Benefits or Rights

This MOU is for the exclusive benefit of the Parties and it shall not benefit or create any implied or expressed rights of any third person or entity.

C. Execution of MOU

This MOU shall be executed in three (3) counterparts signed by each Party, one each for each Secretariat participating in the MOU, with originals for EOHHS, DHCD and DOC, each of which shall be deemed an original. Additional copies shall be furnished to each of the remaining signatory Parties. The MOU shall take effect on December 31, 2012.

D. Amendment or Termination

Any Party may, from time to time, suggest amendments and modifications of all or part of the provisions of this MOU, if it determines that it would be in its best interests in fulfilling the purposes of this MOU. Upon receipt of the Working Group's recommendation regarding continuation, amendment or termination of this MOU pursuant to Section VI.B.12.c., the Steering Committee may continue, amend or terminate this MOU. Amendment or termination of the MOU shall be effectuated only by a written document signed by all of the Parties and shall take effect when executed in all counterparts.

E. Contacts

The contact persons for the official notifications required by the MOU are the following agency heads or their successors:

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Ann L. Hartstein, Secretary
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Aaron Gornstein, Undersecretary
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Elin M. Howe, Commissioner
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Gregory Bialecki, Secretary
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Coleman Nee, Secretary
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Daniel J. Curley, Commissioner
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Marcia Fowler, Commissioner
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Community Housing and Services Memorandum of Understanding

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Luis S. Spencer, Commissioner
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Lauren Smith, MD, MPH, Interim
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Charles Carr, Commissioner
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Janet LaBreck, Commissioner
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Heidi L. Reed, Commissioner
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Thomas R. Gleason, Executive Director
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Clark L. Ziegler, Executive Director
Massachusetts Housing Partnership
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Roger Herzog, Executive Director
Community Economic Development Assistance
Corporation
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Boston, MA 02108
617-727-5944

Jay Gonzalez, Secretary
Executive Office for Administration and
Finance
State House Room 373
Boston, MA 02113

Each Party, A&F and each Ad Hoc member of the Working Group which is not a Party shall designate and notify the Steering Committee and the Working Group of its contact person for the ongoing implementation of the work of the Working Group.

IX. ACCEPTANCE OF MOU

A. Executive Office of Health and Human Services

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Secretary, EOHHS



**Executive Office of Health and
Human Services**

12-18-12
Date

Effective: December 31, 2012

B. Executive Office of Housing and Economic Development

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Secretary, EOHEd



**Executive Office of Housing and
Economic Development**

12/18/12

Date

Effective: December 31, 2012

C. Executive Office of Elder Affairs

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Secretary, EOE



Executive Office of Elder Affairs



Date

Effective: December 31, 2012

D. Department of Veterans' Services

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Secretary, DVS



Department of Veterans' Services



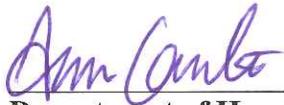
Date

Effective: December 31, 2012

E. Department of Housing and Community Development

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Undersecretary, DHCD



**Department of Housing and
Community Development**

12/18/12

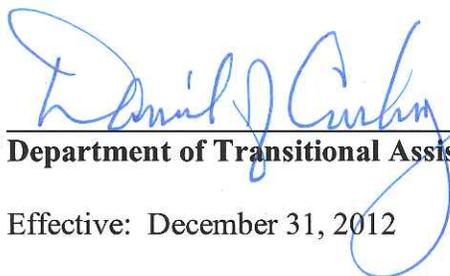
Date

Effective: December 31, 2012

F. Department of Transitional Assistance

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DTA



Department of Transitional Assistance

12-18-12
Date

Effective: December 31, 2012

G. Department of Developmental Services

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DDS

Elin M. Howe

Department of Developmental Services

12/18/12

Date

Effective: December 31, 2012

H. Department of Mental Health

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DMH



Department of Mental Health

12/17/12

Date

Effective: December 31, 2012

I. Department of Children and Families

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DCF

Angelo McClain
Department of Children and Families

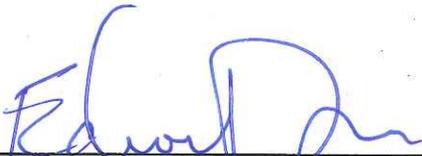
12-19-12
Date

Effective: December 31, 2012

J. Department of Youth Services

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DYS



Department of Youth Services



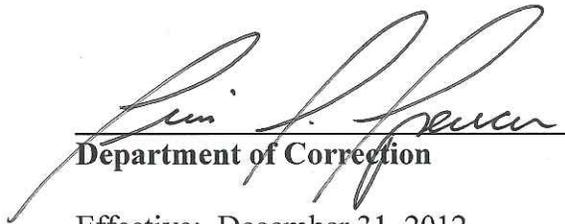
Date

Effective: December 31, 2012

K. Department of Correction

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DOC



Department of Correction

12/18/12

Date

Effective: December 31, 2012

L. Department of Public Health

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, DPH



Department of Public Health



Date

Effective: December 31, 2012

M. Massachusetts Rehabilitation Commission

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, MRC



Massachusetts Rehabilitation Commission

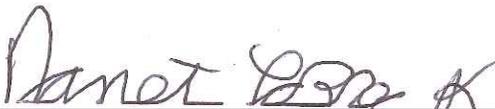
12/17/12
Date

Effective: December 31, 2012

N. Massachusetts Commission for the Blind

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, MCB



Massachusetts Commission for the Blind

12/18/12
Date

Effective: December 31, 2012

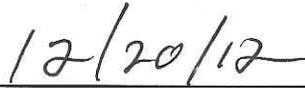
O. Massachusetts Commission for the Deaf and Hard of Hearing

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Commissioner, MCDH



**Massachusetts Commission for the
Deaf and Hard of Hearing**



Date

Effective: December 31, 2012

P. Massachusetts Housing Finance Agency

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Executive Director, MHFA



Massachusetts Housing Finance Agency

12-18-12

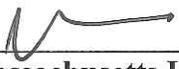
Date

Effective: December 31, 2012

Q. Massachusetts Housing Partnership

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Executive Director, MHP



Massachusetts Housing Partnership

12/18/12

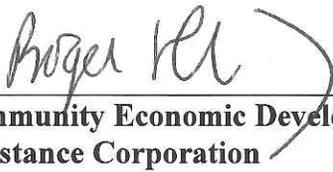
Date

Effective: December 31, 2012

R. Community Economic Development Assistance Corporation

IN WITNESS WHEREOF, the following official has caused his/her duly authorized representative to execute this **Community Housing and Services Memorandum of Understanding** on the date written to take effect on December 31, 2012.

Executive Director, CEDAC



**Community Economic Development
Assistance Corporation**

12/17/2012

Date

Effective: December 31, 2012

APPENDIX A

GUIDING PRINCIPLES FOR 1,000 UNIT DEMONSTRATION PROGRAM

1. **Prioritize** households with the greatest need.
2. Housing is **permanent**.
3. Services are **voluntary** and not a condition of the lease.
4. **Core services** focus on **maintaining housing**.

St. 2012, c. 58 sets specific parameters for the Demonstration Program to create up to 1,000 units of Permanent Supportive Housing:

“The memorandum shall facilitate the creation of a demonstration program that creates up to 1,000 units of permanent supportive housing that includes coordinated operating, capital subsidies and voluntary community-based supportive services by December 31, 2015;”

1. Prioritize households with greatest need.

Units will be created under this Demonstration Program to house Massachusetts residents who, without the availability of integrated supports as well as affordable housing, would have unstable tenancies in traditional affordable housing. Eligible residents have either very low income or extremely low income, and may be Homeless, At Risk of Homelessness, Institutionalized, or At-Risk of Institutionalization. The Commonwealth can reduce reliance on emergency and institutional care by targeting supportive units to households with the greatest need. To that end, the legislation requires MOU signatories to establish benchmarks to assess financial savings resulting from the avoidance of Institutionalization, shelter or nursing care due to the availability of Permanent Supportive Housing.

The Working Group will conduct a statewide needs assessment for Permanent Supportive Housing in the Commonwealth. To the extent possible, units will be targeted to households with the greatest need, determined by evidence-based assessments such as a Vulnerability Index or other tools that measure risks associated with current living conditions and barriers to achieving housing stability.

2. Housing is permanent.

The goal of this Demonstration Program is to create up to 1,000 units of *Permanent* Supportive Housing, meaning each tenant has a lease and may remain in the housing as long as the lease is upheld. Tenants in Permanent Supportive Housing have the same rights and responsibilities as all

tenants in subsidized and unsubsidized housing. Since this model may not suit every population, such as some Homeless youth who may be better served through transitional Supportive Housing, the Working Group will also explore the need for various models beyond the Demonstration Program described in the legislation.

3. Services are voluntary and not a condition of the lease.

Participation in services in Permanent Supportive Housing is voluntary and not a condition of the lease. Voluntary services are delivered within the paradigms of Housing First and Community First philosophies: facilitating direct access to housing in the community without additional requirements or intermediate steps. Such services are available and offered to help tenants maintain housing. Since this model may not suit every population, such as some who may be better served through program-based Supportive Housing, the Working Group will explore the need for various models beyond the Demonstration Program described in the legislation.

4. Core services focus on maintaining housing.

“Supportive services” or “resident services” in Permanent Supportive Housing focus on stabilizing and preserving tenancies, and include support for initial transitions to community living, tenancy stabilization, eviction and Homelessness prevention, and prevention of re-institutionalization. More specifically, services will be designed to build resident skills and provide assistance that enables residents to meet all lease obligations including paying their agreed-upon housing costs on time and meeting the responsibilities of living in a community setting. Services may be provided in various forms, ranging from on-site resident service coordination to a mobile home-visiting model. Core services may also facilitate, partner with, leverage, or link to mainstream resources that foster self-sufficiency, financial independence, and economic mobility as well as recovery, and improved physical and behavioral health.

APPENDIX B

DEFINITIONS

The following terms or their abbreviations, when capitalized in this MOU and its Appendices are defined as follows, unless the context clearly indicates otherwise.

Action Plan means a plan developed pursuant to this MOU to coordinate the procurement and availability of Core Community-Based Supportive Housing Services, capital subsidies and operating subsidies for new and existing housing available to residents with Very Low Income and Extremely Low Income, including the Demonstration Program and other activities identified in Section VI.

At-Risk of Homelessness¹ means a household that has Very Low Income or Extremely Low Income, has insufficient resources or support networks immediately available to prevent literal Homelessness; and meets at least one of the following conditions:

1. Moved two or more times due to economic reasons in 60 days;
2. Living in home of another due to economic hardship;
3. Losing housing within 21 days after date of application for housing;
4. Lives in severely overcrowded housing unit as defined by the U.S. Census Bureau;
5. Exiting publicly or state-funded institution or system of care;
6. Lives in housing associated with instability and increased risk of Homelessness; or
7. Is an unaccompanied youth (to be described by Massachusetts Commission on Unaccompanied Youth).

At-Risk of Institutionalization means a member of the household is faced with long-term admission in a nursing home, rehabilitation facility, intermediate care facility for persons with developmental disabilities, or psychiatric facility due to any of the following circumstances:

1. Caregiver is no longer able or willing to continue to provide care;
2. Caregiver passed away and no other caregiver is available;
3. Housing arrangement is terminating; or
4. Health or disability requires services adjustments to maintain independence.

Barrier to Housing means an individual circumstance that limits or otherwise affects an Eligible Person or Household's ability to obtain Housing.

Core Community-Based Supportive Housing Services or Core Services means services that include, but are not limited to, resident service coordinators, housing support teams and other models to link Very Low Income and Extremely Low Income tenants with services necessary to maintain their tenancy or direct community-based social services, comprehensive institutional discharge planning services and other services necessary to maintain a successful tenancy.

¹ This is a slightly modified version of the definition published by the U.S. Department of Housing and Urban Development (HUD); Determining Homeless and At-Risk Status, Income, and Disability; December, 2011. http://hudhre.info/documents/DeterminingParticipantStatus_three_12.20.11.pdf

Community First means a principle, originating from the *Olmstead* decision² to eliminate segregation for people with disabilities, whereby an individual exiting long term care is *first* directed to opportunities for community-based living and fully integrated housing before considering more programmatic or care-based residential living.

Demonstration Program means the creation of up to 1,000 units of Permanent Supportive Housing by December 31, 2015 that includes coordination of operating and/or capital subsidies and voluntary Core Community-Based Supportive Housing Services.

Eligible Person or Household, means a Massachusetts resident person or family that is Extremely Low Income or Very Low Income, whose head of household is Homeless, At-Risk of Homelessness, Institutionalized, or At-Risk of Institutionalization, has a barrier to housing stability, and has ongoing service needs to maintain housing stability.

Extremely Low Income³ means as this term is defined by the United States Department of Housing and Urban Development (HUD) in 24 C.F.R. § 5.603.

Homeless⁴ means a person who meets at least one of the following criteria:

1. Is living in a place not meant for human habitation, in emergency shelter, in transitional housing, or is exiting an institution where the person temporarily resided.
2. Is exiting an institution where he or she resided for up to 90 days, and was in shelter or a place not meant for human habitation immediately prior to entering that institution.
3. Is losing his or her primary nighttime residence, which may include a motel or hotel or a doubled-up situation, or is being discharged from a correctional facility, within 14 days and lacks resources or support networks to remain in housing, as demonstrated by documentation.
4. Is head of a family with children, or an unaccompanied youth, who is unstably housed and likely to continue in that state, including families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
5. Is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.
6. Is a youth as defined by the Commission on Unaccompanied Youth.

² *Olmstead v. L. C.*, 527 U.S. 581 (1999). See <http://www.law.cornell.edu/supct/html/98-536.ZS.html> .

³ HUD; Income Limits FY 2012 <http://www.huduser.org/portal/datasets/il/il12/index.html> .

⁴ HUD; Final Rule for HEARTH Act, January, 2012 http://www.hudhre.info/documents/HEARTH_HomelessDefinition_FinalRule.pdf . With the exception of the additional phrase, "or is being discharged from a correctional facility," the definition of unaccompanied homeless youth will be aligned with the definition in the Massachusetts Commission on Unaccompanied Youth final report.

Housing First means a principle of Supportive Housing practice, now embraced and utilized widely in the United States, whereby any and all Homeless households, regardless of status and profile, are directed *first* and with immediacy to permanent housing. Thereafter, support and service needs may be met. This concept contrasts with older paradigms for a “continuum” of graduated housing whereby households were first required to address issues that led to Homelessness prior to securing permanent housing.

Institutionalization means a long-term admission of an individual to a nursing home, rehabilitative facility, intermediate care facility for persons with developmental disabilities, or psychiatric facility.

Interagency Supportive Housing Steering Committee or Steering Committee means representatives of the Parties who will oversee the work of the Interagency Supportive Housing Working Group.

Interagency Supportive Housing Working Group or Working Group means the Working Group established by this MOU to implement the Action Plan.

Permanent Supportive Housing⁵ 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.

Supportive Housing means decent, safe and affordable community-based housing providing residents with supports and services linked to their housing. Such housing includes Permanent Supportive Housing and housing which does not afford the legal status of a tenant, or permanency, such as transitional housing for Homeless youth, and programmatic or care-based residential living. The primary focus of the MOU is the development of Permanent Supportive Housing; however since this model may not be appropriate for all residents of the Commonwealth who need housing connected with services to maintain their housing, the Working Group will also address needs for other Supportive Housing.

Very Low Income⁶ means as this term is defined by HUD in 24 C.F.R. § 5.603.

Vulnerability Index means an assessment tool used to study the level of vulnerability of an individual or household to continued Homelessness or Institutionalization based on examination of social and economic challenges, health status, and other pertinent factors, for the purpose of targeting Supportive Housing to those with the greatest need.

⁵ Technical Assistance Collaborative definition: <http://www.tacinc.org> .

⁶ HUD; Income Limits FY 2012 <http://www.huduser.org/portal/datasets/il/il12/index.html> .

Appendix C

Interagency Supportive Housing Working Group Members 2013-2014

Interagency Supportive Housing Working Group Membership 2013

1. Roger Herzog, Chair, Executive Director, Community Economic Development Assistance Corporation
2. Sandra Albright, Undersecretary, Executive Office of Elder Affairs
3. Kathleen Betts, Assistant Secretary, Executive Office of Health and Human Services
4. Stephanie Brown, Assistant Commissioner, Department of Transitional Assistance
5. Anna Freedman, Assistant Budget Director, Executive Office for Administration & Finance
6. Claire Kilawee-Corsini, Deputy Director, Reentry, Department of Correction
7. Karen Langley, Director, Assistive Technology & Community Supports, Executive Office of Health and Human Services
8. Joanne McKenna, Special Programs Coordinator, Department of Housing & Community Development
9. Jo Ann McGuirk, Department of Housing & Community Development
10. Liz Rogers, Executive Director, Interagency Council on Housing and Homelessness
11. Lauren Almquist, Senior Policy Analyst, MassHealth

Appendix D
Demonstration Program

**Interagency Supportive Housing Work Group
SUPPORTIVE HOUSING UNIT COUNT**

Category 1: 2013 Awards:

Project Name	Community	Service Population	Supportive Housing Units	Permanent Supportive Housing Units	Total Units
Meadow Street (Agawam)	Agawam	DDS	5	0	5
Hancock Road	Barre	DDS	5	0	5
547 North Washington Road	Belchertown	DDS	5	0	5
555 North Washington Road	Belchertown	DDS	5	0	5
Bridgeview Center	Boston	DDS, DMH, MRC, Homeless Fam.	19	6	61
RMSC Family House	Boston	Homeless Fam.	8	8	8
Roxbury Crossing Senior Building	Boston	Veterans	39	39	40
St. Kevin's Residential	Boston	Homeless Fam.	9	9	33
Upham's Corner Residential	Boston	Homeless Ind.	12	12	47
Walnut Avenue Apartments	Boston	Homeless Ind.	30	30	30
Montello Welcome Home	Brockton	Homeless Ind., Homeless Fam., Veterans	21	21	22
Duley House II	Cambridge	Homeless Ind.	14	14	14
Stage Coach Residences	Centerville	MRC	2	0	12
CHOICE Veterans Housing - Manahan/Carlisle Street	Chelmsford	Veterans, Homeless Ind., Homeless Fam.	13	13	13
Bellingham Hill Family Homes	Chelsea	Homeless Fam.	7	7	7
North Bellingham Veterans Home	Chelsea	Veterans	9	9	10
1 Wellesley Road	Danvers	DDS	5	0	5
Route 134 Housing	Dennis	Homeless Fam.	7	7	27
Groton Medical Residential	Groton	DDS	5	0	5
1 High Meadow Road (Hadley)	Hadley	DDS	5	0	5
Town Center Apartments aka Haydenville Village Center	Haydenville, Williamsburg, Chesterfield	Veterans, Homeless Fam.	6	6	24
Town Farm Group Home	Ipswich	DDS	5	0	5
Malden Mills Phase II	Lawrence	MRC	5	0	62
Gorham Street Apartments	Lowell	Homeless Fam., MRC	7	6	24
Stevens Memorial Senior Housing	Ludlow	Senior	28	28	28
Summer Street Group Home	Maynard	DDS	5	0	5
Gordon H. Mansfield Veterans Cooperative Housing	Northampton	Veterans	44	44	44
East Howard Street Veterans Housing	Quincy	Veterans	12	12	12
Judson Street	Raynham	DDS	5	0	5
525 Beach Street	Revere	MRC	3	0	30
Connor House (aka Rolland Revere)	Revere	DDS	6	0	6
Veterans Retreat Center	Shrewsbury	Veterans	35	35	35
Fiske Street	Tewksbury	DDS	5	0	5
Aviator Way	Westfield	DDS	5	0	5
Worcester Loomworks	Worcester	MRC	4	0	39
TOTALS			400	306	688

DHCD Supportive Housing Initiative/ Project-Based MRVP	Statewide	Homeless Fam.	131	131	131
TOTALS			131	131	131

The following projects are categorized as Preservation; however, under new ownership each program has adopted or deepened their supportive services:

51-57 Beals Street	Brookline	Homeless Ind.	30	30	31
Putnam Square	Cambridge	Senior	94	94	94
St. Joseph Hall	Watertown	Senior	25	23	25
			149	147	150

TOTALS	
Total of PSH Units	584
Total of SH Units	680
Total of All Units	969

SUPPORTIVE HOUSING UNIT COUNT

Category 1: 2013 Awards:							DDS		DMH		MRC		Homeless Family		Homeless Individual		Veterans		Senior		TOTALS
Project Name	Community	Service Population	Supportive Housing Units	Permanent Supportive Housing Units	Total Units	Funding Source	SH Units	PSH Units	SH Units	PSH Units	SH Units	PSH Units	SH Units	PSH Units	SH Units	PSH Units	SH Units	PSH Units	SH Units	PSH Units	
Bridgeview Center	Boston	DDS, DMH, MRC, Homeless Fam.	19	6	61	CBH2/FCF3	5	0	5	5	3	0	6	6							
St. Kevin's Residential	Boston	Homeless Fam.	9	9	33	HIF6							9	9							
RMSC Family House	Boston	Homeless Fam.	8	8	8	HIF6							8	8							
Bellingham Hill Family Homes	Chelsea	Homeless Fam.	7	7	7	HIF6							7	7							
Route 134 Housing	Dennis	Homeless Fam.	7	7	27	HIF6							7	7							
Gorham Street Apartments	Lowell	Homeless Fam., MRC	7	6	24	CBH2/HIF6			1	0			6	6							
Upham's Corner Residential	Boston	Homeless Ind.	12	12	47	HIF6									12	12					
Walnut Avenue Apartments	Boston	Homeless Ind.	30	30	30	HIF6									30	30					
Duley House II	Cambridge	Homeless Ind.	14	14	14	HIF6									14	14					
Montello Welcome Home	Brockton	Homeless Ind., Homeless Fam., Veterans	21	21	22	HIF6							2	2	9	9	10	10			
North Bellingham Veterans Home	Chelsea	Veterans	9	9	10	HIF6									9	9					
Stage Coach Residences	Centerville	MRC	2	0	12	CBH2					2	0									
Malden Mills Phase II	Lawrence	MRC	5	0	62	CBH2					5	0									
525 Beach Street	Revere	MRC	3	0	30	CBH2					3	0									
Worcester Loomworks	Worcester	MRC	4	0	39	CBH2					4	0									
Stevens Memorial Senior Housing	Ludlow	Senior	28	28	28	HIF6													28	28	
Gordon H. Mansfield Veterans Cooperative Housing	Northampton	Veterans	44	44	44	HIF6											44	44			
Roxbury Crossing Senior Building	Boston	Veterans	39	39	40	HIF6											39	39			
East Howard Street Veterans Housing	Quincy	Veterans	12	12	12	HIF6											12	12			
Veterans Retreat Center	Shrewsbury	Veterans	35	35	35	HIF6											35	35			
Town Center Apartments aka Haydenville Village Center	Haydenville, Williamsburg, Chesterfield	Veterans, Homeless Fam.	6	6	24	HIF6							3	3			3	3			
CHOICE Veterans Housing - Manahan/Carlisle Street	Chelmsford	Veterans, Homeless Ind., Homeless Fam.	13	13	13	HIF6											13	13			
DHCD Supportive Housing Initiative/ Project-Based MRVP			131	131	131	MRVP							131	131							
Meadow Street (Agawam)	Agawam	DDS	5	0	5	FCF3	5	0													
Hancock Road	Barre	DDS	5	0	5	FCF3	5	0													
547 North Washington Road	Belchertown	DDS	5	0	5	FCF3	5	0													
555 North Washington Road	Belchertown	DDS	5	0	5	FCF3	5	0													
1 Wellesley Road	Danvers	DDS	5	0	5	FCF3	5	0													
Groton Medical Residential	Groton	DDS	5	0	5	FCF3	5	0													
1 High Meadow Road (Hadley)	Hadley	DDS	5	0	5	FCF3	5	0													
Town Farm Group Home	Ipswich	DDS	5	0	5	FCF3	5	0													
Summer Street Group Home	Maynard	DDS	5	0	5	FCF3	5	0													
Judson Street	Raynham	DDS	5	0	5	FCF3	5	0													
Connor House (aka Rolland Revere)	Revere	DDS	6	0	6	FCF3	6	0													
Fiske Street	Tewksbury	DDS	5	0	5	FCF3	5	0													
Aviator Way	Westfield	DDS	5	0	5	FCF3	5	0													
Subtotal of PSH Units																					437
Subtotal of SUPP UNITS																					531
Subtotal of ALL UNITS																					819

The following projects are categorized as Preservation; however, under new ownership each program has adopted or deepened their supportive services:

51-57 Beals Street	Brookline	Homeless Ind.	30	30	31	HIF6									30	30						Subtotal of PSH Units	584
Putnam Square	Cambridge	Senior	94	94	94	-														94	94	Subtotal of SUPP UNITS	680
St. Joseph Hall	Watertown	Senior	25	23	25	HIF6/FCF3														25	23	Subtotal of ALL UNITS	969

71	0	5	5	18	0	179	179	95	95	165	165	147	145
14 DDS Projects	1 DMH Project	6 MRC Projects	9 Homeless Family Projects	5 Homeless Individuals Projects	8 Veterans Projects	3 Senior Projects							

Appendix E

Interagency Supportive Housing Working Group PowerPoint Presentations

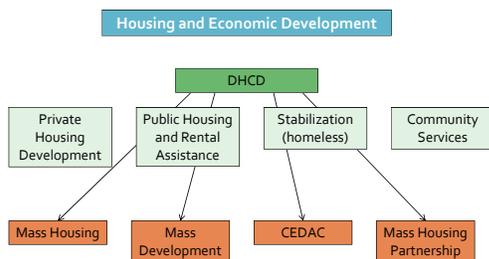
Department of Housing and Community Development

March 26, 2013
Joanne McKenna
Andrew Nelson

Department of Housing and Community Development

DHCD's mission is to strengthen cities, towns and neighborhoods to enhance the quality of life of Massachusetts residents. We provide leadership, professional assistance and financial resources to promote safe, decent affordable housing opportunities, economic vitality of communities and sound municipal management

State Housing Delivery System



Housing Crisis for People with Disabilities

- On average, in 2010, people in Massachusetts receiving SSI had to pay **127%** of their monthly income to rent a one-bedroom unit
 - The federal standard for affordability is 30% of income for housing costs
- In 2010 there was not one single housing market in the US where a person with a disability receiving SSI could afford to rent a modest housing unit

Housing Affordability for People with Disabilities

- IF** affordability is defined as paying no more than 30-40 percent of income towards housing costs
- THEN** SSI recipients should pay no more than \$210- \$280 towards housing costs (including all utilities)
- SSI recipients **need** subsidized housing

Creating Affordability

DHCD makes housing affordable using two types of resources:

- Capital funds
- Operating funds/Rental Assistance

Capital Funds

Capital funds are used for:

- Acquisition
- Construction
- Rehabilitation
- Administrative/soft costs of housing development

DHCD awards funds to develop/preserve as many as 3,000 affordable housing units each year:

- the majority of units are affordable to households at or below 60% of area median income
- 10-25% of the units are affordable to households at or below 30% of area median income

7

Capital Programs

■ Typically, DHCD holds one or two funding rounds each year and has established four funding priorities for its housing resources:

- **Housing for extremely low-income (ELI) individuals, families, and seniors** earning less than 30 percent of area median income with a particular focus on those who are homeless or at risk of homelessness. Projects in this category must be supported by tenant services and include at least 20 percent ELI units. Projects can serve families or individuals, seniors, persons with disabilities, and persons with special needs.

8

Capital Programs

- **Investment in distressed and at-risk neighborhoods** where strategic housing investment has a strong likelihood of catalyzing private investment, improving housing quality, and promoting occupancy at a range of household incomes. Projects in this category include projects located in the Commonwealth's 24 Gateway Cities and/or Qualified Census Tracts (QCTs, as defined by Section 42 of the Internal Revenue Code). Projects serving families, seniors, persons with disabilities, or populations with special needs are eligible in this category.

9

Capital Programs

- **Preservation of existing affordable housing** that extends affordability in situations that are consistent with QAP policies and the preservation working group policies (matrix). To be eligible to apply for 9 percent tax credits, a sponsor must demonstrate that the project is infeasible with 4 percent credits and tax-exempt financing. Projects serving families, seniors, persons with disabilities, or populations with special needs are eligible in this category.

10

Capital Programs

- **Family housing production in neighborhoods and communities** that provide access to opportunities, including but not limited to, jobs, transportation, education, and public amenities. Access to opportunity locations will be defined by publicly-available data. At least 65 percent of the units in a project must be 2 BR or larger, and at least 10 percent must be 3 BR, unless that percentage of 2 BR or 3 BR units is infeasible or unsupported by public demand. Projects serving families, including families with a member with a disability or special needs, are eligible in this category.

11

Capital Programs

- DHCD makes all of its capital resources available for each funding round, including:
 - Primary resources to support rental housing, such as:
 - **Federal 9% and 4% Low Income Housing Tax Credits**
 - 14.5 million in annual 9% authority
 - **State Low Income Housing Tax Credits**
 - \$10-\$20 million in annual authority

12

Capital Programs

- Highly flexible resources for rental and homeownership, such as:
 - **Federal HOME Program**
 - \$7 million in annual authorization
 - **Affordable Housing Trust Fund**
 - \$35 million annually
 - **Housing Stabilization Fund**
 - \$16 million annually

13

Capital Programs

- Additional targeted resources for rental housing, such as:
 - **Capital Improvement and Preservation Fund**
 - \$5 million annually
 - **Commercial Area Transit Node Housing Program**
 - \$2 million annually

14

Capital Programs

- The Department also offers several important resources that exclusively support housing for persons with disabilities or populations with special needs:
 - **Community Based Housing**
 - CBH provides funds to develop housing for people with disabilities who are in institutions or nursing facilities or at risk of institutionalization.
 - CHB is designed to integrate people with disabilities into affordable housing developments that include accessibility and visitability features. Typically, no more than 10% of the units in a development would be set-aside for persons with disabilities.
 - \$5 million is available annually for the development of CBH units.

15

Capital Programs

- **Facilities Consolidated Fund**
 - The Facilities Consolidation Fund supports the development of housing for clients of the Department of Mental Health and the Department of Developmental Services.
 - The primary housing models supported by FCF are units integrated in larger affordable housing developments, as well as small-scale group homes and apartments.
 - 7.5 million is available annually for the development of FCF units.

16

Capital Programs

- **Housing Innovations Fund**
 - The Housing Innovations Funds supports the creation of affordable single room occupancy units and apartments for populations with special needs.
 - Typical populations served by HIF include, but are not limited to: homeless families and individuals, veterans, elderly, battered women, persons in recovery from substance abuse.
 - \$10 million is available annually for the development of HIF units.

17

Capital Programs

- **Home Modification Loan Program**
 - The Home Modification Loan Program provides loans for modifications to owner-occupied (mostly single family) homes.
 - HMLP provides loans of up to \$30,000 to make access and safety improvements to the primary, permanent residence of adults and elders with disabilities, and families with children with disabilities.
 - \$4 million is available annually for the making home modifications

18

Rental Assistance Funds

- Rents are generally 30% to 40% of tenants' income
- Subsidy or rental assistance pays difference between what tenant can afford and actual rent
- Funds used to make housing affordable

19

Rental Assistance Approaches

- Project-Based Rental Assistance (PBRA)
- Tenant-Based Rental Assistance (TBRA)

20

What is a Rent Subsidy

Tenant's income	= \$812 per month
30% of income	= \$244 per month (rent paid by tenant to landlord)
Apartment rent	= \$900 per month
- Tenant share	= <u>-\$244 per month</u>
Subsidy	= \$656 per month (subsidy paid to landlord by govt.)

Subsidy is paid by state or federal agency through a local housing provider such as a public housing authority

21

Tenant-Based Rental Assistance (TBRA)

- Participants locate housing of their choice in the community.
- If the participant moves, the subsidy moves with them

22

Types of Tenant Based Rental Assistance (TBRA)

- Section 8 Housing Choice Vouchers (HCV)
 - Nonelderly Disabled (NED) – 800
 - Veterans Affairs Supportive Housing (VASH) – 360
 - Family Unification Program (FUP) – 118
- Mass Rental Voucher Program (MRVP) – 5,300
 - Dept. Mental Health Rental Assistance (DMH-RA) – 1,285
 - MRVP Tenant Based Vouchers - 1,285
- Alternative Housing Voucher Program (AHVP) – 434
- Shelter Plus Care (S+C) – 300
- Tenant-Base RA for people with HIV/AIDS - 217

23

Project-Based Rental Assistance (PBRA)

- Subsidies are tied to a unit in a building
- To receive assistance, must live in that unit
- If tenant moves, generally loses rental assistance

24

Commonwealth of Massachusetts
Executive Office of Elder Affairs
www.mass.gov/elders



MOU Housing Presentation

April 2013

Presented by: Sandra K. Albright, Undersecretary & Duamarius Stukes, Housing Director

1

EOEA Service Networks

- ▶ **Councils on Aging** – 349 municipal organizations linking elders with information and services to promote their healthy aging.
- ▶ **Aging Services Access Points (ASAPs)** – 27 non-profit agencies that conduct clinical assessments, provide case management, develop service plans, and monitor the health and well-being of frail individuals receiving LTC services.
- ▶ **Area Agencies on Aging** – 23 federally designated regional agencies that plan and coordinate aging services.
- ▶ **Aging and Disability Resource Consortia (ADRCs)** – New model for providing information and referral and assistance services to elders, and their caregivers as well as people with disabilities. Currently 11 consortia.
- ▶ **MassHealth and other service providers.**

2

Other EOEA Services

- Protective Services
- Ombudsman
- Senior Community Service Employment Program (SCSEP)
- Family Caregiving
- Nutrition
- Prescription Advantage
- Information and Referral
- Serving the Health Information Needs of Elders (SHINE)
- Long Term Care Options Counseling
- Community Screening Services Model
- Alzheimer's Disease and Related Disorders (ADRD) State Plan Office
- Chronic Disease Self Management Education
- ADRC's
- Commission on the Status of Grandparents Raising Grandchildren

3

ASAP Network

- ▶ **27 Home Care Corporations (HCCs) Established 1973-1975**
- ▶ **Each with a Unique Geographic Service Area**
- ▶ **Community Based Non-Profits**
- ▶ **51% of Board Members Must be Aged 60+**
- ▶ **ASAP Law Passed in 1997 – c.19a§4b**
- ▶ **RFR Issued 1997; Designation of 27 HCCs as ASAPs**
- ▶ **Statutory Responsibilities:**
 - Information & Referral
 - Clinical eligibility for Medicaid-funded institutional and community based care
 - Case management and service coordination
 - Authorization and purchase of services

4

ASAP Services

<ul style="list-style-type: none"> ◊ Personal Care ◊ Home Health Aide ◊ Supportive Home Care Aide ◊ Homemaker ◊ Respite ◊ Companion ◊ Skilled Nursing ◊ Chore ◊ Environmental Accessibility Adaptations ◊ Grocery Shopping/Delivery Services ◊ Home Delivered Meals ◊ Laundry Services 	<ul style="list-style-type: none"> ◊ Personal Emergency Response System ◊ Supportive Day Program ◊ Transitional Assistance ◊ Transportation ◊ Adult Day Health ◊ Behavioral Health Services ◊ Habilitation Therapy ◊ Nutritional Assessment ◊ Occupational Therapy
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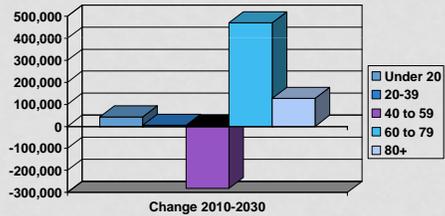
MassHealth State Plan Services

- ▶ MassHealth consumers enrolled or not enrolled in an ASAP may be eligible for services through their MassHealth State Plan such as:
 - Personal Emergency Response System (PERS)
 - Transportation for medical (PT-1 Form)
 - Adult Day Health (ADH)
 - Behavioral Health Services
 - Home Health Services
 - RN, OT, PT, SPT and HHA

6

Target Population

Over the next 20 years, Massachusetts population growth will occur almost entirely in the 60+ age groups



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

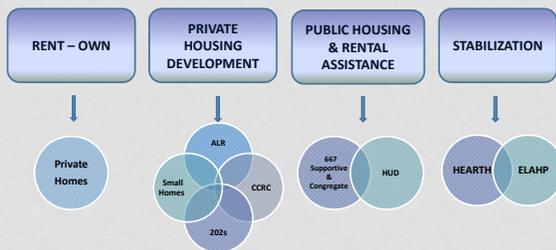
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Current Housing Resources for Elders in Massachusetts

8

Housing For Seniors



9

Housing with Supports Programs

- ▶ Supportive Housing Program (SHP)
- ▶ Assisted Living Residences (ALR)
- ▶ Rest Homes (RH)
- ▶ Congregate Housing Program (CH)
- ▶ Continuing Retirement Communities (CCRC)

10



Supportive Housing

11

Supportive Housing Program

- ▶ Units are located in State & Federal Public Housing Developments throughout Massachusetts
- ▶ 31 Sites with approximately 4,587 units
- ▶ 4,791 total residents
- ▶ 19 ASAPs coordinate services for all residents in 31 sites

12

Supportive Housing Program Continued

- ▶ Case management services and assessment
- ▶ 24 Hour On-call assistance – available for urgent response (also available to provide scheduled services for qualifying residents)
- ▶ One or two meals daily -usually using the Federal Title III meals programs
- ▶ Structured social activities
- ▶ Service coordination

Oversight for this model is tied to individual program and funding requirements. Housing operations are overseen by DHCD at the state level and the participating housing authority at the local level. The services coordination of 24-hour care are delivered through provider contracts with the ASAPs and monitored by EOE.

13



Assisted Living

14

Assisted Living Program

▶ 213 Assisted Living Residences across MA

- 8,707 Traditional Units
- 2,767 Special Care Units
- 1,050 GAFC
- 671 GAFC with SSI-G
- 275 GAFC with LIHTC

▶ 13,470 total units

15

Assisted Living Program Continued

- ▶ Philosophy based on providing needed services to residents in a way that enhances their autonomy, privacy and individuality
- ▶ One of the most rapidly growing forms of residential long-term care in Massachusetts
- ▶ Intended for adults who may need some help with daily activities and for people would like the security of having assistance available on a 24 hour basis in a residential and non-institutional environment
- ▶ Residents have the right to make choices in all aspects of their lives

16

Assisted Living Program Continued

- ▶ Offers a combination of housing, meals and personal care services to adults on a rental basis
- ▶ Personal care such as bathing and dressing and household management such as meals and housekeeping
- ▶ Does not provide medical or nursing services

17



Congregate Housing Program

18

Congregate Housing Program

- ▶ 49 sites
- ▶ 571 units
- ▶ 494 residents
- ▶ Goal: to increase self-sufficiency through the provision of supportive services in a residential setting
- ▶ Not a nursing home nor a medical care facility

19

Congregate Housing Program - Continued

- ▶ Eligibility requirements: at least 60 years of age or disabled and have applied to a local housing authority and meet the financial guidelines of the state or federal public housing program
- ▶ Individuals may or may not have a physical and/or cognitive disability, but can participate in a shared living environment
- ▶ Services are made available to aid residents in managing Activities of Daily Living in supportive, but custodial environment
- ▶ It does not offer 24 hour care and supervision
- ▶ Each resident has a private bedroom, but shares one or more of the following: kitchen facilities, dining facilities, and/or bathing facilities

20



Continuing Care Retirement Communities

21

Continuing Care Retirement Communities (CCRC)

- ▶ Currently 37 CCRCs in the commonwealth
- ▶ Serve over 3,000 residents
- ▶ 17 have assisted living residences on campus
- ▶ Provide housing, personal services and health care, usually at one location with a variety of housing types that allow residents to age in place as their health care and personal service needs change over time
- ▶ Most require a sizable declining-refundable entrance fee, ranging from less than \$100,000 to more than \$300,000

22

Continuing Care Retirement Communities (CCRC) - Continued

- ▶ Provide or make available following combination of services and amenities:
 - Nursing and other health services
 - Meals usually in a community dining area
 - Housekeeping
 - Scheduled transportation
 - Emergency assistance
 - Personal care assistance
 - Recreational and social activities
 - Personal care assistance (bathing, grooming, dressing, and toileting)
 - 24 hour security
 - Building and grounds maintenance

23



Summaries

24

Current Summary

Housing	Current Units	Projected Additional
CCRC	3,000	Maintain
Rest Homes	2,650	Maintain
Congregate Housing	571	Maintain
ALR Traditional	8,707	Private Market↑
ALR Special Care	2,767	Private Market↑

25

Current Summary

Affordable ALR	Current Units	Projected Additional
GAFC ALR	1,050	1,088 Units
GAFC/SSI-G ALR	671	701 Units
GAFC/LHTC	275	387 Units

Affordable Housing	Current Units	Projected Additional
Housing Authority Senior Units	32,000	18,000 Units

26

Units with Services

Housing	Present Units	Short Term Needed Units
Affordable Supportive Housing EOE/DHCD	4,587	26,413
Small Homes Nursing Home Eligible Small Homes	15	40 (10 Homes)
Small Homes Dementia	-0-	60 (6 Homes)

New Affordable		Long Term Needed Units
Supportive Housing EOE/DHCD	-0-	19,000
Small Homes Affordable Dementia	-0-	120

27



Best Practices

28

Best Practices

- ▶ EOE Supported Housing www.mass.gov/elders/housing/supportive-housing
- ▶ Vermont's SASH (Supportive and Services @ Home) <http://www.ruralhome.org/component/content/article/17-information-sheets/440-sash>
- ▶ HEARTH www.hearth-home.org
- ▶ Jewish Community Housing www.jche.org
- ▶ Heritage Woods (Affordable Assisted Living) www.bma-mgmt.com/heritage-woods/bolingbrook
- ▶ Elders Living At Home www.bmc.org/eldersathome.htm

29

Executive Office of Health and Human Services: Permanent Supportive Housing Needs of People with Disabilities

Updated May 30, 2013

» Overview

EOHHS Organization

- ▶ Office of the Secretary of Health and Human Services
 - Department of Veterans' Services
 - Executive Office of Elder Affairs
- ▶ Office of Children, Youth and Families
 - Department of Children and Families
 - Department of Transitional Assistance
 - Department of Youth Services
 - Office for Refugees and Immigrants
- ▶ Office of Disability Policies and Programs
 - Department of Developmental Services (DDS)
 - Massachusetts Commission for the Blind (MCB)
 - Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH)
 - Massachusetts Rehabilitation Commission (MRC)
 - Soldier's Home in Chelsea
 - Soldier's Home in Holyoke
- ▶ Office of Health Services
 - Department of Mental Health (DMH)
 - Department of Public Health (DPH)
- MassHealth

3

Policy Context

- ▶ Olmstead
- ▶ Cost Savings
- ▶ Best Practices
- ▶ Consumer preference

4

Olmstead Litigation

- ▶ *Olmstead vs. L.C.* – 1999 U.S. Supreme Court decision affirming the community integration mandates within the Americans with Disabilities Act
- ▶ Court interpreted the Americans with Disabilities Act (ADA) to require states to provide services “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”
- ▶ Court indicated that each state should develop an Olmstead plan to demonstrate efforts to be consistent with the ruling.
- ▶ *Olmstead* activity has significant implications for housing policy

5

What is the most integrated setting under the ADA and Olmstead?

“Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities. Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual’s choosing; afford individuals choice in their daily life activities; and, provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible.” *U.S. Department of Justice*

6

U.S. Department of Justice

- ▶ “Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings.”
- ▶ “By contrast, segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.”

7

Massachusetts

- ▶ Massachusetts has a total population of over 6.4 million people.
- ▶ In Massachusetts’ general population, the likelihood of having a disability varies by age. For people between the ages of 16 and 64 years of age, the CDC reports that 646,694 (over 10%) have disabilities.
- ▶ On any given day, the average number of MassHealth clients between ages 18 and 65 residing in nursing homes is approximately 9,800.

8

Cost Savings

- ▶ FY 09, MassHealth spent \$2 billion for community-based Long Term Support Services (LTSS) for 169,223 members (\$11,818 pp) versus \$1.7 billion on facility-based care for 52,371 members (\$32,460 pp)
- ▶ Facility-based spending dropped from 56% of all MassHealth LTSS in FY2005 to 46% in FY2009.

9

The Community First Olmstead Plan

- ▶ The Community First Olmstead Plan is the Patrick Administration’s roadmap
- ▶ <http://www.mass.gov/eohhs/docs/eohhs/olmstead/olmstead-plan.pdf>
- ▶ “Access to sufficient affordable and accessible housing is often one of the greatest challenges to successful transition from institutional care to independent living.”

10

A Vision for the Future

“Empower and support people with disabilities and elders to live with dignity and independence in the community by expanding, strengthening, and integrating systems of community-based long-term supports that are person-centered, high in quality and provide optimal choice.”

11

Target
» Populations

Housing Crisis for People with Disabilities

- ▶ Single persons with disabilities in MA who receive SSI have incomes of \$827 per month; can afford only \$248 per month for housing
- ▶ On average, in 2012, people with disabilities in Massachusetts receiving SSI had to pay 121% of their income to rent a one-bedroom unit
- ▶ 24,330 people with disabilities on DHCD Housing Choice Voucher waiting list

13

SSI Income



14

EOHHS Target Populations

- ▶ People with disabilities who are:
 - living in institutions
 - at risk of institutionalization
 - who are dual eligible
 - who are homeless

15

Need for PSH

- ▶ Money Follows the Person (MFP)
 - Benchmark of 2,192 transitions through FY16
 - Of nonelders with disabilities, 40% (333) will be seeking PSH
- ▶ DMH
 - 2,000 individuals authorized for services in FY11
 - 27% (554) of approved applications indicated a need for housing
- ▶ DDS
 - 2,000 units needed between FY10 – FY15
- ▶ MRC – Acquired Brain Injury (ABI)
 - 100 slots in ABI Non-Residential Habilitation waiver

16

Current » Resources

EOHHS PSH System Today

- ▶ EOHHS agencies have had success in developing a wide variety housing options in the community
- ▶ EOHHS agencies provide a range of Supportive Housing and Permanent Supportive Housing* options:
 - Large group home settings (some with 24/7)
 - Small group home settings (some with 24/7)
 - Shared apartments, roommates – could be provider/staff, other consumer or family member
 - Independent apartments
 - Single Room Occupancy
 - Congregate Housing

* In Permanent Supportive Housing, services are available but voluntary

18

PSH and SH Housing Resources – Capital

- ▶ Facilities Consolidated Fund (est. 1993)
 - 800 units for DMH eligible
 - 830 units for DDS eligible
- ▶ Community Based Housing (est. 2004)
 - 189 units for MRC, MCB, MCDHH, other eligible
- ▶ Section 689/167 (est. 1976)
 - 600 units for DMH eligible
 - 472 units for DDS eligible
 - Small number targeted to people with physical disabilities
- ▶ MassHousing Set-Aside (est. 1978)
 - 400 units for DMH eligible
 - 160 units for DDS eligible

19

PSH Housing Resources – Rental Assistance

- ▶ Section 811 PRA Demo – 100 units
- ▶ Alternative Housing Voucher Program – 25 units (under PRAD grant)
- ▶ MA Housing Choice Voucher Program – 25 units (under PRAD grant)
- ▶ Lynn Housing Authority – NED2 HCV – 35 units
- ▶ DMH Rental Assistance Program – 1,200 units

20

Support Services

- ▶ DMH
 - Community Based Flexible Supports – 12,000 persons served
 - Program of Assertive Community Treatment – 570 persons
 - Case Management – 4,800 persons
- ▶ Office of HIV/AIDS
 - Medical case management
- ▶ MCB
 - Service Coordination

21

Support Services

- ▶ MRC
 - Traumatic Brain Injury (TBI)
 - “Unbundled” supports and service coordination - 100 persons
 - Bundled supports – 180 persons
 - Acquired Brain Injury (ABI)
 - Residential Habilitation (group housing with bundled supports)
 - Non-residential Services (unbundled services within own home or apartment)
 - Adult Supported Living Program – 164 persons
 - Home Care – 1,000 to 1,300 persons annually
- ▶ MCDHH
 - Service Coordination
 - Communication Access, Training and Technology Services Department (CATTSS) provides assistive technology technical assistance

22

Funding Sources: LTSS

- ▶ Existing Home and Community Based Waivers
 - Community Living Waiver – DDS
 - Adult Residential Waiver – DDS
 - Adult Supports Waiver – DDS
 - Two Acquired Brain Injury Waivers – MRC
 - ABI with Residential Habilitation
 - ABI Non-Residential Habilitation
 - Traumatic Brain Injury Waiver – MRC
 - Frail Elder Waiver (age 60+) - EOE A
- ▶ State appropriation, e.g. DMH flexible supports, MRC Supported Living
- ▶ Additions and Enhancements
 - New Waivers
 - MFP Residential Supports Waiver – 290 slots over 5 years
 - MFP Community Living Waiver – 575 slots over 5 years
 - MFP Transition Coordinators

* (New name “Intensive Supports” as of July 1)

23

Examples of Services Under New MFP Community Living Waiver

- | | |
|---|--|
| <ul style="list-style-type: none"> •Adult companion •Personal Care •Specialized Medical Equipment •Chore Service •Community Family Training •Day Services •Home Accessibility Adaptations •Home Health Aide •Homemaker •Independent Living Supports •Prevocational Services •Transportation | <ul style="list-style-type: none"> •Occupational Therapy •Peer Support •Physical Therapy •Respite •Shared Home Supports •Skilled Nursing •Speech Therapy •Supported Employment •Individual Support and Community Habilitation •Supportive Home Care Aide •Vehicle Modification •Managed Behavioral Health Services |
|---|--|

*All services coordinated by a Case Manager

24

» Best Practices

CHAPA/Disability Report (2006)

Five threshold principles should guide the production of and access to housing for individuals with disabilities.

- ▶ Independence and integration of units
- ▶ Right to services in the community to support successful tenancies
- ▶ Reduction of barriers through maximized physical and communication access
- ▶ Convenient location near services and accessible public transportation; and
- ▶ Affordability to a range of incomes

26

Best Practices in Housing

- ▶ Consumer choice
- ▶ Integrated Housing Programs
 - MassHousing Set-Aside
 - Community Based Housing (CBH)
 - DMH Facilities Consolidated Fund (FCF)
 - Alternative Housing Voucher Program
- ▶ Housing First
- ▶ Unbundling housing and services
- ▶ Flexible, wrap around supports
- ▶ Tenancy Preservation Program

27

Best Practices are a Result of Partnerships

Best Practice	Housing Partner	Service Partner
MassHousing Set-Aside	MassHousing	DDS and DMH
Alternative Housing Voucher Program	DHCD and Housing Authorities	All EOHS agencies
Tenancy Preservation Project	MassHousing, Courts	Many EOHS agencies
Integrated Housing Development	DHCD Nonprofit and for profit developers	MRC, DMH, DDS and other EOHS agencies

28

Massachusetts Housing & Shelter Alliance

Home & Healthy for Good

Supportive Housing Work Group
May 28, 2013

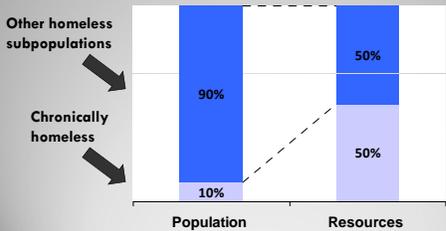


Emergency Shelter

- Historic response, flawed
- "Continuum of care"
 - Linear service model
 - Compliance-based
 - Difficult to navigate
 - Rarely results in ending homelessness
 - Costly



Chronically Homeless = Disproportionate Amount of Resources



Category	Population	Resources
Other homeless subpopulations	90%	50%
Chronically homeless	10%	50%

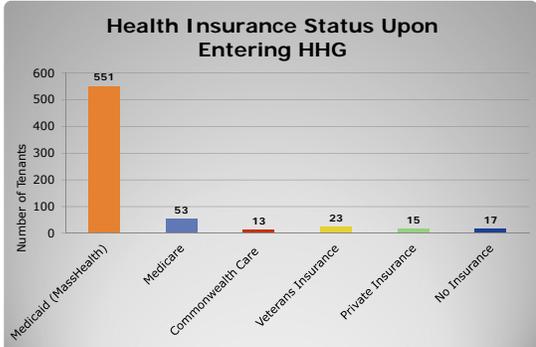
Housing First: A New Approach

- ▶ Premise: Housing is a basic human need, not a reward for clinical success
- ▶ Flip old model upside-down
- ▶ Combination of affordable housing with services that helps people live more stable, productive lives
- ▶ Units targeted to most disabled and vulnerable
- ▶ Provide intensive support services *in the home*
- ▶ "Harm Reduction/Low threshold" service model
- ▶ Improved health and quality of life
- ▶ Cost savings
- ▶ A Healthcare Intervention

Home & Healthy for Good

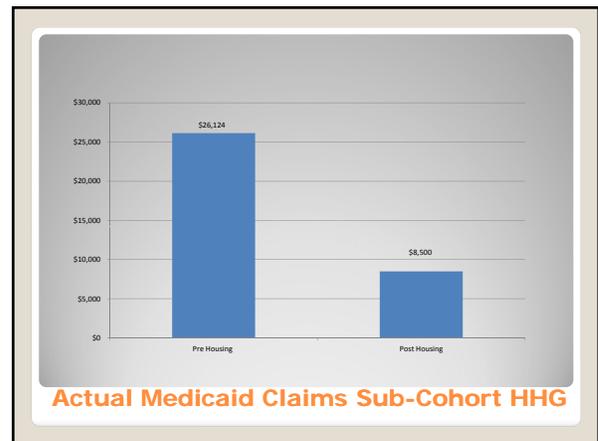
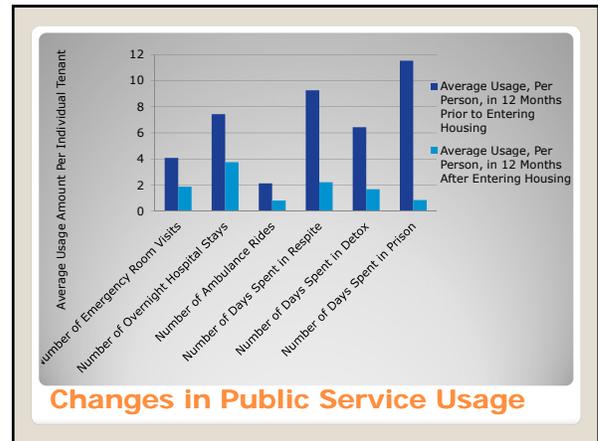
- ▶ Funded by state initially in FY07 at \$600,000
- ▶ Began Sept '06
- ▶ Increased in FY08 to \$1.2 million, Increased in FY 13 to \$1.4 million
- ▶ Flexible funding – Housing and/or Services
- ▶ Embraced by Commission to End Homelessness as best practice
- ▶ Model for ICHH regional networks
- ▶ Housing and services provided by 14 agencies
- ▶ Cost evaluation mandated by Legislature

Health Insurance Status Upon Entering HHG



Health Insurance Status	Number of Tenants
Medicaid (MassHealth)	551
Medicare	53
Commonwealth Care	13
Veterans Insurance	23
Private Insurance	15
No Insurance	17

Health Insurance



- ### CSPECH
- ▶ CSPECH – *Community Support Program for People Experiencing Chronic Homelessness*
 - ▶ Medicaid reimbursement for community support services once a tenant is housed
 - ▶ Provides enough reimbursement for approximately 1:12 caseload
 - ▶ Non-clinical service model
 - ▶ Currently restricted to MBHP enrollees

PERMANENT SUPPORTIVE HOUSING FOR HOMELESS FAMILIES

June 25, 2013

2 PERMANENT SUPPORTIVE HOUSING AND SERVICES FOR HOMELESS FAMILIES

Housing and services for families in permanent supportive housing (PSH) are funded and administered through the following departments:

- ⊙ Department of Housing and Community Development (DHCD)
- ⊙ Department of Children and Families (DCF)

3 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (DHCD)

- ⊙ Housing Stabilization Program
 - ⊙ Continuum of Care (CoC)
- ⊙ Rental Assistance Management
 - ⊙ Supportive Housing Initiative (SHI) for families
 - ⊙ Community Housing
 - ⊙ Family Unification Program
- ⊙ Public Housing Management
 - ⊙ Local Housing Authority Housing First Program (LHAHFP)
 - ⊙ Local Housing Authority Housing First Program-Transitional Housing (LHAHFP-TH)

4 SUPPORTIVE HOUSING INITIATIVE

- ⊙ Housing
 - ⊙ Mass Rental Voucher Program (MRVP) project-based vouchers
 - ⊙ First round awarded early 2012
 - ⊙ 15 projects funded; 131 units on-line by June 2013
- ⊙ Services
 - ⊙ \$2,400 per year per family
 - ⊙ MRVP funds
- ⊙ Eligibility Criteria
 - ⊙ In need of services
 - ⊙ Meet MRVP eligibility requirements

5 COMMUNITY HOUSING

- ⊙ Housing
 - ⊙ Private assisted housing developments
 - ⊙ Five sites; 50 units
 - ⊙ Shelter Plus Care through Balance of State Continuum of Care
- ⊙ Services
 - ⊙ Department of Public Health
- ⊙ Eligibility Criteria
 - ⊙ Homeless women who have substance abuse issues
 - ⊙ Many reuniting with children

6 LOCAL HOUSING AUTHORITY TRANSITIONAL AND HOUSING FIRST PROGRAMS

- ⊙ Housing
 - ⊙ Units set-aside in Public Housing developments
 - ⊙ 121 units across eleven PHAs
- ⊙ Services
 - ⊙ Case management funded with Emergency Assistance (EA) funds
 - ⊙ \$85,000 for 10 units
- ⊙ Eligibility Criteria
 - ⊙ Families must be homeless and referred by DHS
 - ⊙ Targets families with multiple barriers that have prevented households from obtaining and stabilizing in housing

7 LOCAL HOUSING AUTHORITY PROGRAMS

- ⊙ Two Programs
 - ⊙ Transitional Housing Program
 - Initial model
 - Sign lease after 9 months
 - ⊙ Housing First
 - Newer program
 - Sign lease day #1
- ⊙ No difference in selection criteria
- ⊙ Outcomes same
- ⊙ No difference in eviction rates

8 DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

Housing Services Unit

- ⊙ Homeless Health and Safety Assessments
- ⊙ Housing Stabilization
- ⊙ New Chardon family shelter
- ⊙ Family Unification Program (FUP)

9 DCF HOUSING SERVICES UNIT

- ⊙ Provides supports for families in conjunction with DHCD housing programs
- ⊙ In FY12 Homeless Health and Safety unit conducted 5,112 homeless family assessments
- ⊙ Housing Stabilization Program provides four SW divided in 4 regions for DCF involved families
 - On average 120 cases per month of families in housing

10 FAMILY UNIFICATION PROGRAM (FUP)

- ⊙ Housing
 - DHCD provides rental assistance vouchers through federal grants (HUD)
 - Housing Choice Voucher Program
- ⊙ Services
 - DCF provides services for family reunification
- ⊙ Eligibility Criteria

11 INVENTORY OF PSH FOR HOMELESS FAMILIES (2012)

City/Continuum of Care	PSH Family Units in 2012
Boston CoC	437
Lynn CoC	29
Cape Cod CoC	4
Springfield CoC	50
New Bedford CoC	73
Worcester CoC	127
Pittsfield CoC	47
Lowell CoC	21
Cambridge CoC	14
Gloucester CoC	39
Quincy CoC	52
Lawrence CoC	24
Malden/Medford CoC	25
Fall River CoC	21
Balance of State MA CoC	19
Somerville CoC	18
Brookline CoC	9
Attleboro CoC	8
Brockton CoC	24
TOTAL	1,041

12 NEED FOR PSH FOR HOMELESS FAMILIES

- ⊙ See handout of state-wide January 2012 Point In Time

BEST PRACTICES FOR PSH

- ⊙ Housing First – sign lease
- ⊙ Integrated into community
- ⊙ Affordable – tenants pay 30% of income
- ⊙ Housing-based case management supports to link families to mainstream and specialized support services
 - ⊙ Case management provided by community agency with experience and engagement skill set

Permanent Supportive Housing for Veterans

Claire Makrinikolas DVS
Kevin Lambert DVS
James M. Yates TAC



Mission Statement

The mission of the Department of Veterans' Services is to advocate on behalf of all the Commonwealth's veterans and provide them with quality support services and to direct an emergency financial assistance program for those veterans and their dependents who are in need.



2

PSH Target Populations

Homeless or At Risk of Homeless

- 2012 PIT in Massachusetts – 1,181 veterans
- 21% decrease from 2010-11 PIT
- Significant decreases over the past several years

Emerging Veterans Sub-Populations

- Women Veterans and Veterans with Families
- Younger Veterans



3

PSH Target Populations

Frail Elders

- Challenging Services Needs
- Over 210,000 elder veterans in MA

Veterans with Physical Disabilities

- 1 in 10 veterans were seriously injured while serving in military
- Many are chronically homeless

Veterans with Traumatic Brain Injury/PTSD

- 1 in 3 return with either TBI or PTSD
- Many younger veterans unreported thus far



4

MA Integrated Plan to Prevent and End Homelessness Among Veterans

Four Principles

- Veterans who become homeless are re-housed and stabilized
- Veterans most at risk of homelessness remain housed
- Veterans have increased access to benefits and resources
- Federal, state, and community resources are aligned and integrated to support veterans.



5

MA Integrated Plan to Prevent and End Homelessness Among Veterans

Signature Initiatives

- Reduce the 2011 veteran PIT count by 1,000 by the end of 2015
- End chronic homelessness among veterans – reducing by 450 veterans by 2015
- Access 1,000 units of permanent housing to by the end of 2015
- Support VA's efforts to build community capacity to serve veterans where they live.



6

MA Integrated Plan to Prevent and End Homelessness Among Veterans

Signature Initiatives

- Expand partnerships with VA, MA ICHH, DVS (Ch. 115), VSOs, PHAs, and the Regional Homeless Networks.
- Develop regional lists of veterans in order to prioritize housing resources/services, track progress and outcomes for specific veterans.
- Launch a demonstration to test feasibility of conversion strategies from transitional housing to permanent supportive housing.



7

MA Integrated Plan to Prevent and End Homelessness Among Veterans

Housing Goals

- Access 1,000 units of permanent housing:
 - 700 new HUD VASH vouchers
 - 250 new of housing through DHCD initiatives for chronically homeless veterans, including at least 25 units for non-VA eligible chronically homeless veterans
 - 50 housing subsidies through DHCD initiatives for non-VA eligible homeless veterans



8

Resource Inventory

VA Supportive Housing (VASH)

- Largest permanent supportive housing initiative for homeless veterans
- Local Public Housing Authority provides Housing Choice Vouchers
- Local VAMC provides case management & housing stabilization services.
- Standard Section 8 HCV income limits
- Veteran must to participate in VA case management
- Eligible Participants:
 - Chronically homeless veterans
 - Homeless veterans with dependent(s)
 - Single homeless veterans
 - Homeless veterans with disabilities – mental health, addiction disorders & other medical conditions
 - Must meet VA health care eligibility



9

Resource Inventory

VASH in Massachusetts

- FY 08-13 allocations account for 1,552 VASH vouchers throughout MA
- Includes 32 VASH Project Based Vouchers
- Nine PHAs administer the vouchers
- Potential HUD NOFA for a Project-Based VASH competition for approx. 2,000 VASH units from the remaining FY13 allocation



10

Resource Inventory

NE Center for Homeless Veterans

- Moakley Veterans Quarters - 59 SROs
- Plans to add an additional 35 permanent supportive housing units
- 15 tenant-based (S+C) vouchers with services by VAMC/Bedford
- Tenant-based (S+C) vouchers with services by VAMC/Boston

Caritas Communities

- Bedford Veterans Quarters - 60 SROs

SE MA Veterans

- Graduate Housing – 17 efficiency apts.



11

Resource Inventory

Veterans, Inc.

- Devens Housing – 36 units for veterans

Peabody Properties

- Pleasant Street Apartments in Beverly (in const.)
- 33 PSH units with on-site services

Montachusets Veterans Outreach Center

- Nichols Street Veterans Apt – 12 efficiencies



12

Resource Inventory

NE Veterans Outreach Center

- O'Neill Hall – 10 affordable rental units
- 16-18 Enhanced SROs in Haverhill (predevelopment)
- 24 units in Lowell (under development)

Soldier On

- Gordon Mansfield Limited Equity in Pittsfield
- 44 unit cooperative in Northhampton (planned)
- 54 unit cooperative in Agawam (planned)
- 40 unit PSH project in Chicopee (planned)



13

Best Practices

Statewide Housing Advocacy for Reintegration and Prevention (SHARP)

- The SHARP team consist of four Peer Specialists, two VA VASH social workers, a licensed Drug and Alcohol Counselor, and a Psychiatrist.
- The team provides Veterans with wrap around services and help the Veteran gain and sustain suitable and safe housing.



14

Best Practices

SHARP

- Anticipated future collaborations with VA providing Housing First opportunities and Mental Health Services
- Massachusetts Employers creating a robust and healthy job market for unemployed veterans
- Connecting every eligible veteran in the Commonwealth of Massachusetts with benefits and services



15

Best Practices

Gordon Mansfield Limited Equity Cooperative

- Limited Equity Cooperative Model has been successful for several years
- Used successfully with veterans and PSH
- 39 unit limited equity cooperative in Pittsfield
- Tenants play an active role in the management and operation of the housing
- Tenants build equity share in the housing that can be taken with them when they leave.



16

Challenges and Opportunities

Challenges

- Meeting the Housing Goal of a 1,000 PSH units by end of 2015
 - VASH allocation lower than anticipated
 - Identify State Resources to Fill Gap
 - Development Capacity
- Encouraging a mix of approaches
- Emerging Sub-Populations
 - Families
 - Younger Veterans



17

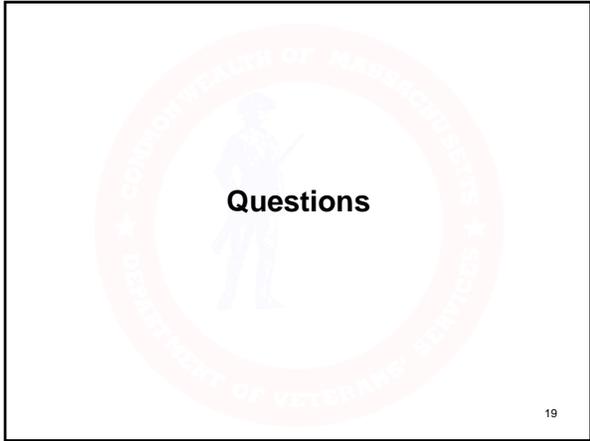
Challenges and Opportunities

Opportunities

- Permanent Supportive Housing Production
 - Opportunity to collaborate with MA 1,000 unit PSH Initiative
 - Prioritize the development of PSH for homeless veterans in future state procurements
 - Opportunity to leverage VASH PBV
- Transitional Housing Conversion Demonstration
 - Over 540 GPD-funded Transitional Housing beds throughout the Commonwealth
 - Many of these programs are not at full occupancy
 - Provide a menu of incentives to convert some of these properties to permanent supportive housing
 - Will require close collaboration with VA and State partners



18



Male Jurisdiction Population on January 1, 2013	Females Jurisdiction Population on January 1, 2013
<ul style="list-style-type: none"> 10,644 total males in the jurisdiction population: 9,662 criminally sentenced, 437 pre-trial detainees, and 545 civil commitments 	<ul style="list-style-type: none"> 759 total females in the jurisdiction population: 486 criminally sentenced, 258 pre-trial detainees, and 15 civil commitments
<ul style="list-style-type: none"> Average age was 40 years old 	<ul style="list-style-type: none"> Average age was 36 years old
<ul style="list-style-type: none"> 96% were serving a sentence of more than three years 	<ul style="list-style-type: none"> 60% were serving a sentence of more than three years
<ul style="list-style-type: none"> 66% had a violent governing offense 	<ul style="list-style-type: none"> 45% had a violent governing offense
<ul style="list-style-type: none"> 1,226 were serving a governing mandatory drug sentence 	<ul style="list-style-type: none"> 53 were serving a governing mandatory drug sentence
<ul style="list-style-type: none"> 45% entered the Massachusetts DOC with less than a 9th grade reading level 	<ul style="list-style-type: none"> 33% entered the Massachusetts DOC with less than a 9th grade reading level
<ul style="list-style-type: none"> 44% entered the Massachusetts DOC with less than a 6th grade math level 	<ul style="list-style-type: none"> 38% entered the Massachusetts DOC with less than a 6th grade math level
<ul style="list-style-type: none"> The 2008 three year recidivism rate was 42% for the total male population 	<ul style="list-style-type: none"> The 2008 three year recidivism rate was 35% for the total female population
<ul style="list-style-type: none"> 24% were open mental health cases with 18% on psychotropic medication 	<ul style="list-style-type: none"> 59% were open mental health cases with 49% on psychotropic medication

Post Release Slide

8

- Large population needs affordable permanent housing
- Smaller subset needs permanent supportive housing
- DOC does not have budget for post release involvement support/services
- Recidivism rate is approx. 39%
- Recidivism rate could be decreased with minimal support services
 - GED classes
 - Obtaining mainstream benefits

Reentry Housing Placement 2013

9

- Snapshot from July 2012 to May 2013
- Total 2,546 releases
 - 76% apartment, home, rooming house
 - 1% medical or mental health facility
 - 15% residential treatment or sober home
 - 5% homeless shelter
 - 3% release address not obtained

Reentry Placements into Homeless Shelters

10

- Of total release (2,546) 5% end up in homeless shelters
- Reasons for at risk of homelessness
 - 85% lack support services post release
 - 6% homeless at admission into correctional facility
 - 9% refused to disclose housing

11

Best practice-pilot program

Worcester Initiative for Supported Reentry (WISR)

12

- A partnership-based community reentry program focused on reducing prison recidivism rates
- Funded in part by the Health Foundation of Central Massachusetts

Worcester Initiative for Supported Reentry (WISR)

13

- Mission:
 - ▣ To reduce prison recidivism rates and empower systemic change within ex-offender reentry through early engagement, intensive case management, and enhanced employment and housing supports.

Worcester Initiative for Supported Reentry (WISR)

14

- Pilot includes following partnerships:
 - ▣ The Henry Lee Willis Community Center
 - ▣ Dismas House
 - ▣ Brandeis University
 - ▣ Workforce Central
 - ▣ Superior Court
 - ▣ Spectrum Health Systems
 - ▣ Jeremiah's Inn
 - ▣ The Health Foundation of Central Massachusetts

WISR Target Population

15

- Population: Our target population is 20 -50 year old men from the Worcester Community who have three (3) or less convictions, at least a GED and/ or demonstrated work history, and a positive / neutral view of treatment
- Access: WISR case managers must have access to the population pre-release

WISR Program Model

16

- Assertive Community Treatment (ACT)
 - ▣ WISR will implement an ACT team, comprised of the reentry case manager, the clinical supervisor, and the family interventionist
 - ▣ ACT is a comprehensive, in-community, evidence-based, intensive mental health case management model with proven efficacy with individuals who have serious mental illness reentering the community from the criminal justice system

WISR Program Model

17

- Supported housing and employment services will be provided by the reentry case manager and Workforce Central
- Employment work is based on the Clubhouse model, a supported employment model that when used with the ACT intensive case management model has been proved to be very effective with our target population

PSH Needs of Persons Not Affiliated with State Human Services Agencies

July 30, 2013

Survey Goal

- Identify populations not eligible for services from any EOHHS agency but who have need for PSH (affordable housing and supports) in order to live stably in the community
- Identify housing and services needs
- Identify models, best practices

Populations Identified by Working Group Members

- Persons with
 - Significant learning disabilities
 - Autism Spectrum Disorder
 - Cognitive disabilities such as low IQ
 - Near elders (50-62) with disabling conditions such as mental health issues

Transition Age Youth

- Significant trauma histories
- PTSD
- Developmental/neurological issues
- Autism Spectrum Disorder
- EOHHS sees 20-30 annually

- Note also that Homeless Youth have no agency

Housing Needs

- One bedroom units

- Two bedroom units when caregiver required on-site

- Near public transportation and community amenities and services

Services Needs

- Service coordination or case management

- Independent living skills training (e.g., shopping, cooking, banking, home maintenance)

- Health care management

- Assistance with follow through

Program Models

- MRC's Adult Supportive Living Program
- Statewide Head Injury Program Homeless Case Management Program

Adult Supported Living Program

- Target population = adults who have physical disabilities in combination with a secondary disability such as a cognitive disability
- Case coordinator meets with the individual on an as-needed basis generally in his/her home
- Average individual requires approximately one 3-hour meeting per week to accomplish needed tasks, case coordination can range from a few hours per month to ten hours per week
- A case coordinator is also available by phone on a 24 hour basis for emergencies and unforeseen problems.

Adult Supported Living Program

- Areas in which assistance can be provided are as follows:
 - PCA Management
 - Personal Health Care Management
 - Adaptive Equipment
 - Housing
 - Household Management
 - Financial Management
 - Social/Recreation Management
 - Vocational/Education Management
 - Transportation Management
 - Self-Advocacy

SHIP Homeless Case Management

- Case management services to individuals who are homeless with brain injuries in the Greater Boston area
- Primary focus of homeless case management services is to assist individuals in transitioning out of homelessness to stable housing
- Case managers assist individuals in accessing medical, rehabilitative, psychiatric, and substance abuse services in order to maximize successful placement in stabilized housing
- Homeless case management services are provided to individuals and/or families referred from homeless service providers, outreach workers, social service providers, state agencies, family members, and individuals who are homeless