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Prevention at Work: Homelessness Prevention Initiative (HPI) Interim Evaluation Report, January 2004 through September 2005

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Prevention at Work:

Homelessness Prevention Intitiative (HPI)

Interim Evaluation Report

January 2004 through September 2005

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for

The Boston Foundation, The Starr Foundation, Tufts Health Plan and Massachusetts Medical Society & Alliance Charitable Foundation

The Center for Social Policy, McCormack Graduate School at UMASS BOSTON

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Massachusetts Medical Society and Alliance Charitable Foundation

May 2006

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ACKNOWLEDGEMENTS

Many persons substantively contributed to this document. In particular, the research team appreciates the efforts of staff in the nonprofit organizations who shared their insights during our visits, and who so diligently gathered information from the people they served. The results of their interventions have the potential to improve service practices, change public policies, and increase public and private resources to prevent other Massachusetts households from falling into homelessness.

On December 7, 2005, nine persons who have received homeless prevention resources or have been on the brink of losing their housing participated in a feedback session on our findings. We are grateful for their insights. As you will see, these perspectives are reflected throughout the report.

We are also grateful for Michelle Kahan's and John McGah's editing and formatting of the document and their early research work on this project; and the programmatic and funding support we have received from The Boston Foundation, Starr Foundation, Tufts Health Plan, and Massachusetts Medical Society and Alliance Charitable Foundation. Specifically, we wish to recognize Cindy Rizzo and Terry Saunders Lane (TBF), Toni Weintraub (Tufts Health Plan), Anne Marie Boursiquot (Tufts Health Plan) and Jennifer Day (Massachusetts Medical Society & Alliance Charitable Foundation) for their leadership and expertise as partners in facilitation of the HPI and insightful feedback on earlier versions of this report. Hamilton Paul (TBF) has provided valuable administrative support throughout.

PREVENTION AT WORK:
Homeless Prevention Initiative (HPI)
Interim Evaluation Report
January 2004 through September 2005

EXECUTIVE SUMMARY

Overview of the Homeless Prevention Initiative

The Boston Foundation (TBF)/Starr Foundation, Tufts Health Plan (THP) and Massachusetts Medical Society (MMS) & Alliance Charitable Foundation have made a commitment to furthering knowledge on the prevention of homelessness through pooling $1 million in grants each year over a three year period and dispensing these funds to 18 Massachusetts nonprofit organizations[1] via the Homeless Prevention Initiative (HPI). The HPI project has reached the end of the second year; the third and final year of implementation will take place in 2006.

The *goals* of the Homelessness Prevention Initiative (HPI) are to assess the effectiveness of varied homeless prevention strategies, add knowledge, and contribute to shaping programs and state level policymaking on homeless prevention. The *range of approaches* to prevention by the 18 grantees and their collaborating partners is broad and includes: direct assistance; supportive housing; discharge planning/placement; and specialized treatment, psycho-social and psych-educational supports.

- Some grantees, as a priority, provide direct assistance and/or supportive housing to address economic and social problems that put families and/or individuals at risk of homelessness. These grantees are: **Caritas Communities, Inc.**; **Family Health Center of Worcester, Inc. (FHC); Family-to-Family Project, Inc.; Homes for Families (HFF); HomeStart, Inc./Greater Boston Legal Services (GBLS); Massachusetts Coalition for the Homeless (MCH); Rosie's Place; and Tri-City Community Action Programs (Tri-CAP)**.
- Other programs prioritize individuals who are about to be discharged from substance abuse treatment programs, correctional or other pre-release facilities. These grantees are: **Project Place; SPAN, Inc.; and Victory Programs, Inc.**
- Still other programs are designed primarily to prevent individuals and/or families from losing their housing by providing direct mental health and substance abuse treatment services as well as psycho-social and psycho-educational interventions. These grantees are: **Advocates, Inc.; Bridge Over Troubled Waters (BOTW); Gosnold, Inc.; HarborCOV; Mental Health Association, Inc. (MHA); Newton Community Service Center, Inc. (NCSC); and Somerville Mental Health Association, Inc. (SMHA).**

With philanthropic support, the HPI-funded nonprofit organizations and their partners are developing innovative models for preventing homelessness. **Key learnings** regarding the

[1] A 19th program, operated by the Metropolitan Boston Housing Partnership (MBHP) that serves elders, was added as an HPI-grantee by the Boston Foundation in 2005. This project was recently incorporated into the evaluation and will be included in future evaluation reports.

processes and outcomes of interventions by HPI grantees in the first 21 months of the initiative follow:

- **Nearly universally, the 2,493 participant households served thus far by HPI-funded projects are extremely poor, underemployed and at high risk of reoccurring homelessness**. The median monthly income of participant households is $700, six times lower than that of the general Massachusetts population. Only eight percent (8%) have a college degree. Over three-quarters (76%) have been homeless previously. Less than one-third (30%) of heads of household are employed which implies that they rely solely on public or informal income supports for meeting their basic needs. These historical and economic circumstances place participants at high risk of reoccurring homelessness.

- **Providing high quality time with clients up front builds trust, maximizes effective use of cash assistance, and is a precondition for making successful referrals.** A plethora of intervention options are being developed by grantees to enable households with diverse needs to secure sustainable housing. One size does not fit all. Cash assistance is provided by two-thirds of grantee organizations. Only 22% of all households served by HPI organizations received cash assistance, $670 on average, ranging from $91 to $1,778. As expansion and replication considerations emerge, an important consideration has to do with how organizations can maintain the in-depth, personalized connections that appear to be a core element in understanding what families and individuals need to sustain housing for the long-term.

- **The value of collaborative approaches to prevention work is evident with a majority of HPI-funded projects; additional resources become available to participant households through these collaborations**. When the partnerships are working well, clients, organizations, and communities benefit. Interagency collaboration is not easy. It requires time; as higher levels of integrated operations are implemented, the complexities of collaboration increase. Some partnerships are strained by limited resources and past negative inter-organizational relationships. Many grantees have clear ideas about success indicators for such collaborations; their sharing of 'best practice' reflections would be of great value to other organizations, communities and to policy makers.

- **Organizations use a range of approaches to allocate limited prevention resources in the face of high demand, including: first come, first served; tight eligibility guidelines; and limited outreach.** An additional but related dilemma for organizations is determining whether or not households are in a position to sustain their housing with limited cash assistance and/or other supports. How to support those whose housing situations are not sustainable in the short term to move toward stability, without falling into homelessness, is equally difficult. These issues are worthy of concentrated focus in future convening sessions of HPI grantees, funders, evaluators and others.

- **Many participant households have experienced positive housing outcomes as a consequence of this homeless prevention initiative.** More than half (59%) of participating households retained their housing or moved into another viable housing

residence immediately after the initial HPI intervention. Of those for whom follow-up information was available, 84% and 72% of households, six and 12 months after intervention respectively, reported positive housing outcomes.

- **Nearly half of the organizations have found ways to maintain contact with and to document outcomes for a majority of those served; follow-up data are extremely limited from the other grantee organizations**. Specifically, outcome data are available on very small percentages of households served: 65% immediately after intervention; 20% six months post-intervention; and 7% 12 months post-intervention. Key questions for consideration include: How can manageable, achievable follow-up goals and strategies be designed? Who will do this work? How will it be funded? What incentives could be built into the plan that would encourage households to keep in touch? How might households be targeted for follow-up so that the data will be not be skewed inadvertently toward those who are most stably housed?

- **Policy and resource issues as reported by grantees deserve attention.** In addition to the urgent need for increasing the supply of low cost housing options, grantees identified other pressing policy and resource issues that they hope the HPI will advance.
    - Some recommended employing a public health framework as a way to counteract public perceptions that use of social services creates dependency.
    - A continuum of high priority prevention supports could include: a flexible pool of prevention funds; utility discounts; health centers as an early access point; more high quality sober housing; more teen living programs, and more supportive housing as an available option for those in recovery from substance abuse.
    - Many grantees identified the need for increased resources (including an increased supply of housing vouchers) to meet demand.
    - Additional time and resources for intensive case management and follow-up were a high priority for many grantees.
    - Location-oriented social supports are an issue. One grantee states: "Flexible funds are a band-aid without rental assistance in neighborhoods where families have social ties."
    - A majority of grantees mentioned CORI records as serious barriers to housing access; policy changes on that front were highly recommended.

- **Employment is a missing piece of the picture.** Advancing economic and housing stability for those at highest risk of homelessness requires attending to both the housing and income sides of participants' circumstances. Participant households with the highest incomes were those in which the head of household was employed. Only five organizations served a majority of households with an employed adult or youth (Caritas Communities, Homes for Families, Tri-CAP, HarborCOV, and NCSC). Understandably, the emphasis of grantee organizations is, for the most part, on assisting their clients to obtain housing, social support services and public benefits related to stabilizing participants' housing circumstances. Developing viable avenues for participants to become employed is not as evident a focus.

***Considerations for the final year*.** As HPI grantees begin their third and final year of HPI funding, we offer the following reflections for consideration.

1. Utilizing outcome data and client feedback**.** Outcome data, both hard numbers and participants' and service providers' qualitative assessments, are critically important, if the knowledge generated by the HPI is to be used for policy and program development. Generating such information takes an investment of organizational and programmatic attention and resources. Even when such organizational systems are in place, the follow-up work is difficult, especially for organizations that intervene with high numbers of participant households. For year three, the evaluation team will assist such grantees in the use of sound random sampling follow-up strategies to counteract an inadvertent skewing of outcome data towards those participants most stably housed. At least one convening session in year three will be designed to provide opportunities for grantee organizations to reflect collectively on reasonable benchmarks for assessing programmatic success and on organizational strategies for improving the collection of outcome information from those who have been served.

2. Sustaining innovations and collaborative partnerships**.** As the third year begins, sustainability issues rise to the fore. Many grantees are undertaking long-range planning for ensuring continuity of their interventions and of their collaborative partnerships after HPI funding ends. They are reaching out to new funders, developing and submitting proposals for continuation funding and building alliances with specific state agencies. Specificity and implementation of such plans, timetables and strategies are paramount for all grantees.

   Not all programs and practices are equally effective. At the organizational level, in the face of unrelenting high demand and utilizing program-generated benchmarks for success, grantees and their partners have the opportunity to review their own outcome data and reflect on client feedback as they consider which practices and programs to continue and which to modify.

   At the cross-site level, a prime focus for the third year evaluation will be to utilize sound benchmarks for assessing the efficacy of interventions and, in conjunction with service provider and participant insights on other operational dimensions of prevention work, to generate well-grounded information on what interventions work for whom.

3. Replicating successful innovations and practices**.** A core evaluation focus has to do with drawing lessons from HPI implementations and recommending strategies for replication. Imbedded in this dimension of the evaluation are questions such as, what are the minimally essential elements for replication? What are the forces necessary for replication success? Are they present? How might the innovation be spread? What should be replicated: programs, principles, policies and/or structures?

For example, with respect to replication of *programs*, the Rosie's Place HPI initiative offers non-judgmental, non-stigmatizing, in-home support to women with long-standing mental illness. Based upon its successes thus far, Rosie's Place is expanding the model to other groups of women they serve: elderly and disabled women. How might other organizations and state agencies serving vulnerable populations learn from Rosie's experiences and adapt the model effectively?

MCH's First Stop, FHC of Worcester and NCSC's Parents' Program are examples of other replicable programs that utilize existing healthcare and teen parent service systems to intervene with individuals and families at the earliest stages of housing instability. What other service systems could learn from and replicate these projects' interventions?

Replication of *policies or principles* is another lens for consideration. For example, MHA, Tri-CAP and HomeStart provide examples of projects in which a third party (the HPI grantee) mediates to prevent evictions and preserve tenancies of households in subsidized housing. Drawing upon learnings from these projects, how might agreements or mutually-agreed upon guidelines between housing authorities/section 8 landlords, tenants and mediating parties be institutionalized to expand the availability of such interventions, on a more wide-spread basis, to prevent evictions and preserve shaky tenancies?

At a *structural level,* linkage between effective HPI models and community-wide prevention efforts is a consideration. For example, the City of Boston is on the brink of implementing a coordinated city-wide homeless prevention initiative. How might the City of Boston initiative and MCH's First Stop, HFF's prevention project and/or HomeStart's project link together in the future? Or, as another example, what would it take to replicate the most effective best practices of Project Place's and SPAN, Inc.'s discharge planning models with every correctional institution in the state? Or, with respect to the partnership dimensions of HPI work, how might collaborations that have resulted in positive outcomes be replicated in other communities and with other sectors (e.g., business, faith-based, and/or voluntary organizations)?

4. Advancing policy changes**.** These replication issues, grounded in what we have come to learn collectively about the efficacy of different interventions for households in varied circumstances, and the implications of these learnings for organizational and systemic policy changes, will be a focus of the overall initiative in year three. Grounded in their experiences with participants, grantees have already identified areas for policy change related to CORI barriers to housing, utility discounts, the value of flexible funds for prevention, housing resources, and other state resources dedicated to prevention for both families and individuals. HPI funders and the evaluation team will plan convening session discussions in year three that will allow for direct engagement on these replication and policy issues among grantees and legislators, government officials and other members of the prevention think tank.

INTRODUCTION

Overview of the Homeless Prevention Initiative

The goals of the Homelessness Prevention Initiative, funded by The Boston Foundation (TBF)/Starr Foundation, Tufts Health Plan (THP) and Massachusetts Medical Society (MMS) & Alliance Charitable Foundation are to assess the effectiveness of varied homeless prevention strategies; to add knowledge; and to contribute to shaping programs and state level policymaking on homeless prevention. These foundations have pooled $3 million, dispensing $1 million in grants each year over a three year period to 18[2] Massachusetts nonprofit organizations. The HPI project has reached the end of the second year; the third and final year of implementation will take place in 2006.

The range of approaches to prevention by the 18 grantees and their collaborating partners is broad. There are two "tracks" of funding (the TBF/Starr Foundation track and the THP/MMS & Alliance Charitable Foundation track) and three substantive areas (direct assistance, discharge planning/placement, and supportive housing). Some grantees, as a priority, provide direct assistance and/or supportive housing to address economic and social problems that put families and/or individuals at risk of homelessness. These grantees are: Caritas Communities, Inc.; Family Health Center of Worcester, Inc.; Family-to-Family Project; Homes for Families; HomeStart, Inc./GBLS; Massachusetts Coalition for the Homeless (MCH); Rosie's Place; and Tri-City Community Action Program (Tri-CAP). Other programs prioritize individuals who are about to be discharged from substance abuse treatment programs, correctional or other pre-release facilities. These grantees are: Project Place; SPAN, Inc.; and Victory Programs, Inc. Still other programs are designed primarily to prevent individuals and/or families from losing their housing by providing direct mental health, substance abuse treatment services as well as psycho-social and psycho-educational interventions. These grantees are: Advocates, Inc.; Bridge Over Troubled Waters (BOTW); Gosnold, Inc.; HarborCOV; Mental Health Association, Inc. (MHA); Newton Community Service Center, Inc. (NCSC); and Somerville Mental Health Association, Inc. (SMHA). The Program Design Chart in Appendix A provides detail on each program's geographic priorities, goals, interventions, and eligibility criteria.

Evaluation of the HPI

The HPI evaluation, carried out by the Center for Social Policy, assesses both the processes and outcomes of each of the grantee programs, and identifies the impacts of the initiative *as a whole*. Specifically, the evaluation team seeks information about the implementation and effectiveness of particular programs, along with how the HPI as a whole, through its multiple grantees, has enhanced the capacity for homelessness prevention in the state through direct demonstration and dissemination of lessons learned.

[2] A 19th program, operated by the Metropolitan Boston Housing Partnership (MBHP) that serves elders, was added as an HPI-grantee by the Boston Foundation in 2005. This project was recently incorporated into the evaluation and will be included in future evaluation reports.

Key evaluation areas include the following:

- The added value of varied combinations of direct assistance with other approaches; development of metrics for number of individuals or families at risk of homelessness who forestalled it, stabilized their living arrangement, or transitioned from a transient situation (e.g. domestic violence shelter); and comparison of impacts across demographic and subpopulation groups
- Examination of cost effectiveness of population-specific discharge planning approaches
- Examination of the effectiveness of support services, using metrics on the number of individuals and families who stabilized their living arrangement
- In the three programmatic areas, a cost comparison of funded approaches as compared to traditional emergency shelter approaches
- When and how collaboration across organizations is programmatically effective and cost effective
- Identification of resources leveraged by grantees to maximize the impact of the HPI grant for clients.
- In the three substantive areas, examination of issues involved in bringing an existing program "to scale" and drawing lessons for other replication efforts and for future state level program and policy development

The evaluation of the HPI includes several components. First, to contextualize and strengthen the policy relevance of the evaluation findings, we have carried out a policy scan that identified existing reliable sources of information on community-wide homeless prevention models already implemented within MA and other parts of the country. The policy scan, *Partners in Prevention*, was released at a public forum on June 22, 2005, co-sponsored by The Boston Foundation and the Center for Social Policy.

Second, the design includes a "bird's eye" evaluation of the overall HPI initiative in terms of projects funded, range and typology of activities, depth of innovation, and results of specific grantee activities. To generate comprehensive and sound policy relevant findings, multiple data sources and data collection strategies are being utilized, including site visits with grantees and their collaborating partners, focus groups with participants, standardized data collection by grantees on each household they serve, and periodic convening sessions with grantees, funders, and other stakeholders.

Throughout the spring and early summer of 2005, the evaluation team met with each grantee organization and their collaborating partners. In these site visits, the evaluators tapped staff members' perspectives on project implementation, including how they decided whom to serve and what interventions to provide; if and how they leveraged other resources; why they collaborated, and the kinds of benefits and challenges they faced as they worked together; what they were learning about the results of their interventions; and what they thought it would take to bring successful practices to scale.

In addition, every three months, each grantee submits de-identified information on every household served during that quarter. Early in the evaluation process, evaluation team members, along with Tufts Health Plan consultants, worked with each program to design indicators and provide technical assistance on data collection. Indicators were developed for collecting evaluation data on each household served, at intake, immediately after intervention, and six and 12 months post-intervention. This dimension of the evaluation ensures consistency across organizations in the data gathered, thus strengthening generalizability of learnings from the initiative.

Finally, to promote collective reflection and use of learnings, the evaluation plan includes periodic convening sessions with grantees, funders, and other key stakeholders. The first session, held in May 2004, launched the evaluation project; this session was designed to solidify the data collection, outcome measurement, and reporting approaches and to build enthusiasm among grantees for contributing to the overall initiative's policy impact. The second session, held November 9, 2004 in the Massachusetts State House, focused on surfacing and understanding policymakers' views on the state's investment in prevention. The third session which took place on June 22, 2005, focused on best practices from existing community-wide prevention initiatives throughout the U.S. and in Massachusetts.

Overview of Interim Report

This interim report summarizes what has been learned about the processes and outcomes of interventions by HPI grantees in the first 21 months of the initiative, from January 2004 through September 2005. To ground our findings, Section One begins with a discussion of the housing, economic, and policy contexts in the U.S. and the state that impact low-income households. This section focuses on the public and nonprofit sectors these households rely upon for help when their housing circumstances are precarious.

Section Two describes the households served by HPI grantees and their varied circumstances. Section Three offers detail on the prevention strategies used by grantee organizations and their collaborating partners. Section Four summarizes the results to date. Section Five highlights intervention strategies uniquely tailored for diverse populations. Section Six summarizes the key learnings to date; Section Seven concludes the report by posing issues for consideration as the final year of the initiative begins.

SECTION 1. CONTEXT

HPI programs and participants function within a larger context of growing poverty and homelessness, scarcity of affordable housing, and a variety of new approaches to addressing and preventing homelessness.

Poverty

The number of people living in poverty continues to rise. From 2000 to 2004, both the number and the proportion of people living in poverty in the US have steadily increased: from 31.6 million (11.3 %) in 2000; to 37.0 million (12.7 %) in 2004. In the Commonwealth, just under ten percent (9.8%) of people live in poverty (DeNavas-Walt, 2005). One in five Massachusetts families have incomes lower than 200% of the federal poverty level (FPL)—that is, lower than $29,360 for a family of three. As of 2000, the state's Latino families were nearly six times, and Black families over four times, more likely to be poor than White families (Albelda, 2005).

Lack of adequate healthcare equally jeopardizes the quality of life for millions of low-income Americans. According to the Census Bureau, in 2004, just over 45 million Americans, including more than 8 million children, had no health insurance (DeNavas-Walt, 2005). In Massachusetts 11.2% of residents lacked health insurance in 2002-2003 (DeNavas-Walt, 2005). A recent Pew Study reported that "one in five middle income families said they did not have enough money last year for medical care and other necessities" (2005). For many low-income Americans choosing between paying the rent, medical bills, food costs, transportation, and other necessities, has become an impossible dilemma.

Housing

After Hawaii and California, Massachusetts is currently the third least affordable state in the nation for rental housing. According to the National Low Income Housing Coalition (NLIHC), in order to afford a two-bedroom Fair Market Rent apartment in the Commonwealth in 2005, a full-time worker has to earn a minimum of $21.88 per hour, more than three times the Massachusetts minimum wage.

The situation is even worse for those with the lowest incomes. In Massachusetts there are less than four affordable and available units for every five extremely low-income renters (0-30% of area median income). The supply of low-income housing is shrinking.

The federal government has continued to reduce public resources for low-income housing since the 1980s. With its increasing reliance on the real-estate market, the US housing policy has "created a highly unstable low-rent housing stock" (Drier and Hulchankski, 1993, p.47). As a result, communities in the United States will face continual challenges to find ways to provide housing affordable for those with low-incomes.

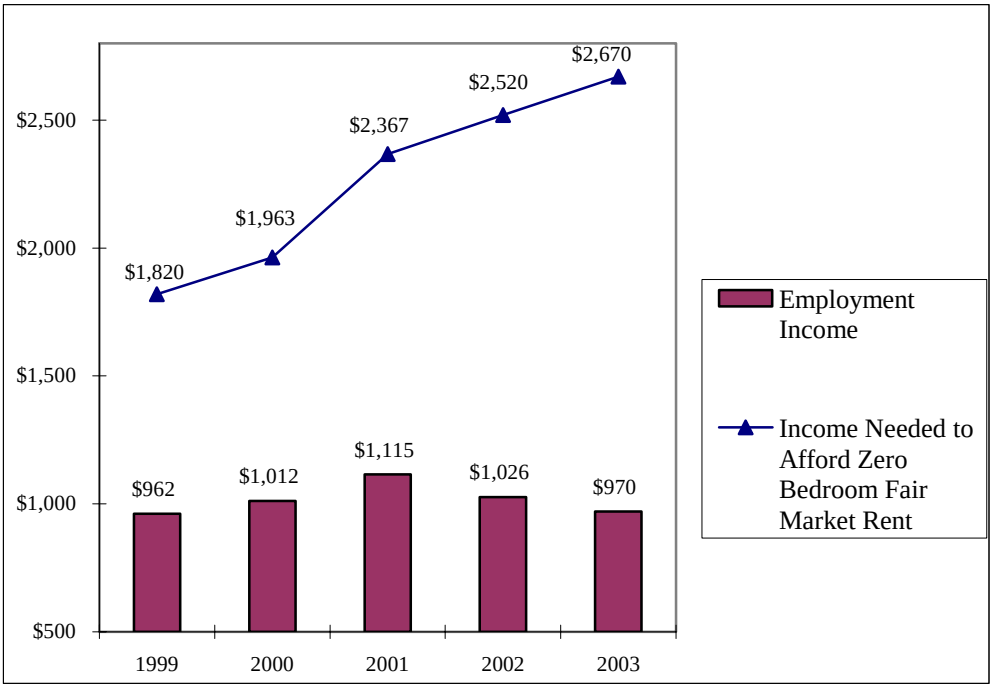
Homelessness

The most tragic result of this lack of affordable housing is homelessness. A national study (Burt & Aron, 2000) from the Urban Institute estimated the number of people experiencing homelessness each year ranges from 2.5 and 3.5 million.

Some 19,000-29,000 individuals stay in Massachusetts emergency shelters each year (Meschede, Sokol, & Raymond, 2004). In addition, an estimated 10,500 families are homeless annually in the Commonwealth (Stone, Werby, & Friedman, 2000). The Community Housing and Planning Association estimated the number of doubled up families to be 52,000 (Goodman, 2004).

Although 40% of shelter residents work, their monthly earnings average less than $1,000 per month, far below the housing wage (Meschede et al, 2004). As shown in Figure 1, the gap between wages and rent is growing.

Figure 1: Average Employment Income Compared with Income Needed to Afford Zero Bedroom Fair Market Rent, 1999-2003



Trends in addressing homelessness

In response to the growth of homelessness and poverty, there are a variety of increasingly significant and creative activities focused on ending and preventing homelessness underway across the nation and in the state (Burt, 2006; Friedman, McGah, Tripp, Kahan, Witherbee and Carlin, 2006). In Massachusetts, cross-sector initiatives to address and prevent homelessness are active and appear to be having positive effects.

For example, in 2004, the Department of Transition (DTA) ended all placements of homelessness families in motels, saving some $20 million in the process. This savings was reallocated into transitional and rapid re-housing initiatives for homeless families. The programs include cash assistance towards transitional housing, and the reinstatement of a previously effective program that provides subsidized, project-based housing for homeless families, in addition to case management and training aimed at enabling them to assume primary tenancy after 6-12 months. Although further evaluation is required, these initiatives appear to be cost effective and beneficial to families involved (McGah & Carlin, 2005).

Current state-funded programs, designed to prevent family homelessness include: Rental Assistance for Families in Transition (RAFT) and the Massachusetts Rental Voucher Program (MRVP). RAFT assists *families* in immediate danger of eviction. One time grants of up to $3,000 are provided to families who, through no fault of their own (illness, job loss, extraordinarily high utility bills, other) cannot pay their rent. The Legislature, over the governor's veto, funded RAFT at $5 million for FY '06. The MRVP, a mobile and project-based, state-funded housing voucher program, was funded for FY06 at $26.3 million, down from $31.7 million four years ago, but an increase from the previous year (Commonwealth of Massachusetts, 2005). In addition, for individuals, the state recently funded several Housing First programs, designed to provide housing for the most disabled homeless people prior to treatment. The housing is then used as a transforming element to support participation in treatment.

The HPI represents another broad-based, cross-sector homelessness prevention effort underway in Massachusetts.

SECTION 2. THERE IS NO ONE FACE

This section of the report profiles the households served by HPI grantees and their varied circumstances.

Households Served

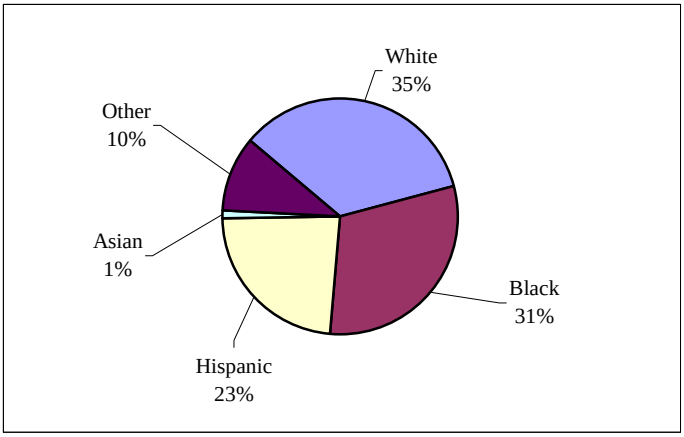
Programs participating in the Homeless Prevention Initiative served a total of **2,493** households in the first one and three-quarter years of the initiative, ending September 30, 2005. $1,749,993 (prorated) in HPI grant funds provided an average of $702 per household in programmatic or cash support for this period.

Household Characteristics

Fifty percent of the households served were individuals, while 50% were families. Eighty-one percent of families were single-parent households. Eighty-four percent of heads of households were female. Only three grantee organizations served a majority of households (singles) headed by males: Caritas Communities (63%); SPAN (100%); and BOTW (69%) (See Appendix B).

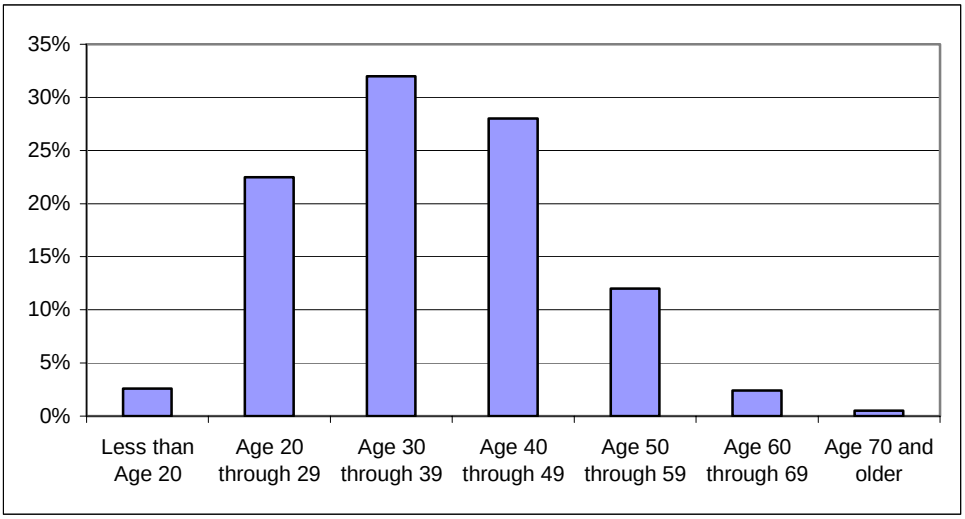
Minorities were overrepresented among the HPI households. According to the U.S. Census (2000), the Massachusetts population is 75% white. For HPI heads of household, 35% were White; while 31% were Black/African American; 23% were Hispanic/Latino; 1% were Asian; and 10% reported race as other (See Figure 2).

Figure 2: Race/Ethnicities of HPI Heads of Household (N=2,382)



Participants reported a total of **2,208** children in families. The average family size was two. Children's gender was split evenly. The average age of children was 9 years. The average age of heads of household was 38 years (See Figure 3); the age distribution is similar to that of Massachusetts residents in general (U.S. Census, 2000).

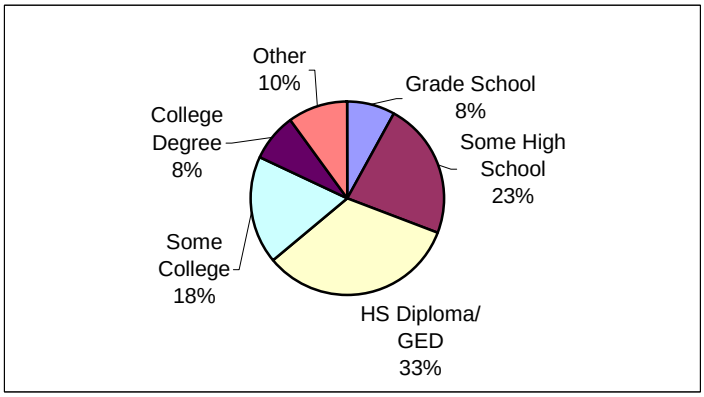
Figure 3: Age Distribution of HPI Heads of Household (N=1,797).



Education Level

Overall, HPI heads of households have lower educational achievement levels than the general Massachusetts population. That is, only eight percent (8%) of HPI heads of household had obtained a college degree, in contrast to 33% of the Massachusetts adult population (25 years and older) (U.S. Census, 2000). Only eighteen percent (18%) had completed some college; 33% had graduated high school or completed their GED; 23% completed some high school; and 8% had completed less than a high school level education.

Figure 4: Head of Household Education Levels (N=1,898)



Some variations related to educational attainment among participant households are evident (See Appendix B). For instance, those in correctional facilities (Project Place and SPAN) or in residential treatment programs (Victory Programs) and those served by a range of other programs (FHC, HarborCOV, HFF, MCH, MHA, Rosie's and Tri-CAP) had the lowest percentages with college degrees (0%-8%); in contrast, much higher percentages (11% - 23%) of households served by a cluster of other programs

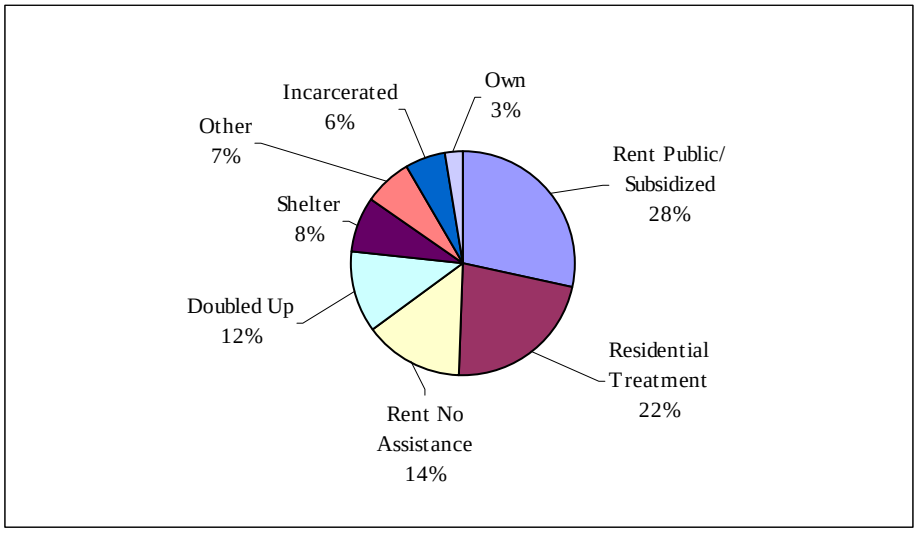
(Advocates, Caritas Communities, Family-to-Family, Gosnold, HomeStart, NCSC and SMHA) had attained college degrees. None of these percentages come close to that for the general Massachusetts adult population (33%).

Housing Situation at Point of Initial Contact

Over three-fourths (76%) of participants reported that they had previously been homeless, placing them at high risk for reoccurrence. At the time of application, 42% were residing in rented apartments: 28% lived in public or subsidized housing and 14% lived in private housing. Twenty-two percent (22%) were residing in residential treatment programs and eight percent (8%) were in shelters; 12% percent were doubled up, living with family or friends; and 6% percent were incarcerated, 3% owned their homes, and 7% reported other housing situations (see Figure 5).

Those served by 10 of the 18 grantee organizations were most typically living in rental housing at intake (See Appendix B). In contrast, two organizations served a majority of families (FHC) or youth (BOTW) who were living in doubled up housing; the most common housing situation for persons served by Caritas Communities, HarborCOV, and Victory Programs was shelter, while those served by Project Place and SPAN lived mostly in correctional facilities at intake.

Figure 5: Housing Situation at Intake (N=2,118)



Income and Employment at Time of Application

At the initial point of contact, thirty percent (30%) of participants were employed (See Figure 6), a very low percentage when compared to 63.1% of the Massachusetts population (16 years or older) (U.S. Census, 2000). These HPI heads of household in the paid work force earned an average monthly employment income of $1,139, ranging from $302 to $2,590[3]. Only five organizations served a majority of households with an

3 Income amounts are based on a trimmed mean which excludes the lowest 5% and the highest 5%.

employed adult or youth (Caritas Communities, HFF, Tri-CAP, HarborCOV, and NCSC). Sixty percent (60%) of participants received some form of public assistance[4] (See Figure 7).

Figure 6: Employment Status (N=1,928)

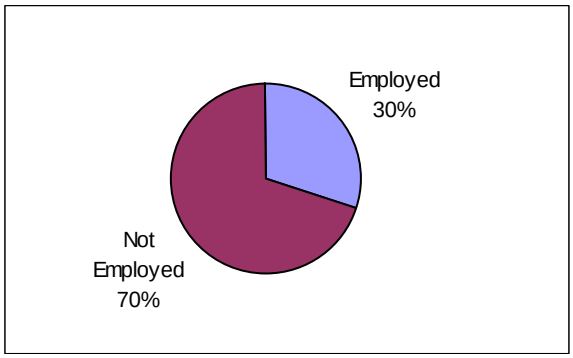
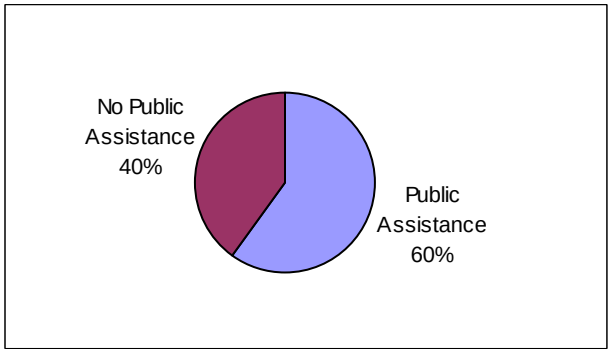
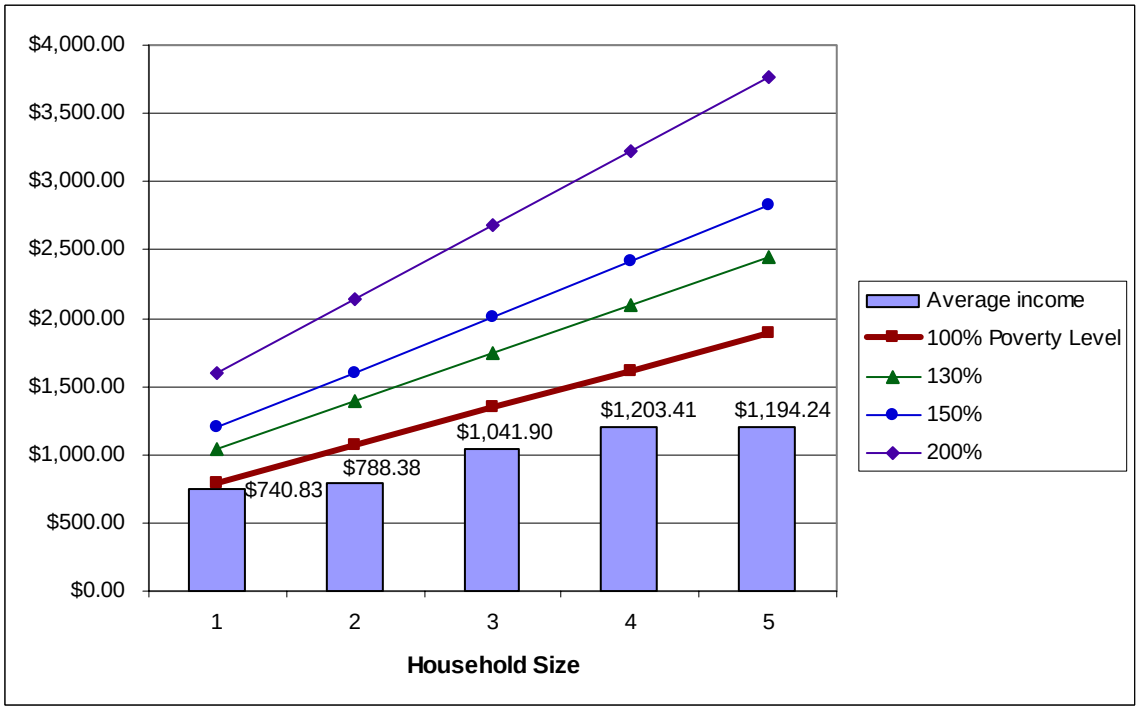


Figure 7: Public Assistance Benefits (N=1,792)



It is clear that participant households have extremely low incomes. Participant households had average monthly incomes below the federal poverty level (FPL) (see Figure 8); families with two or more members are further below the FPL than singles.

Figure 8: Head of Household Average Monthly Income Compared to Federal Poverty Level (N=1,368)

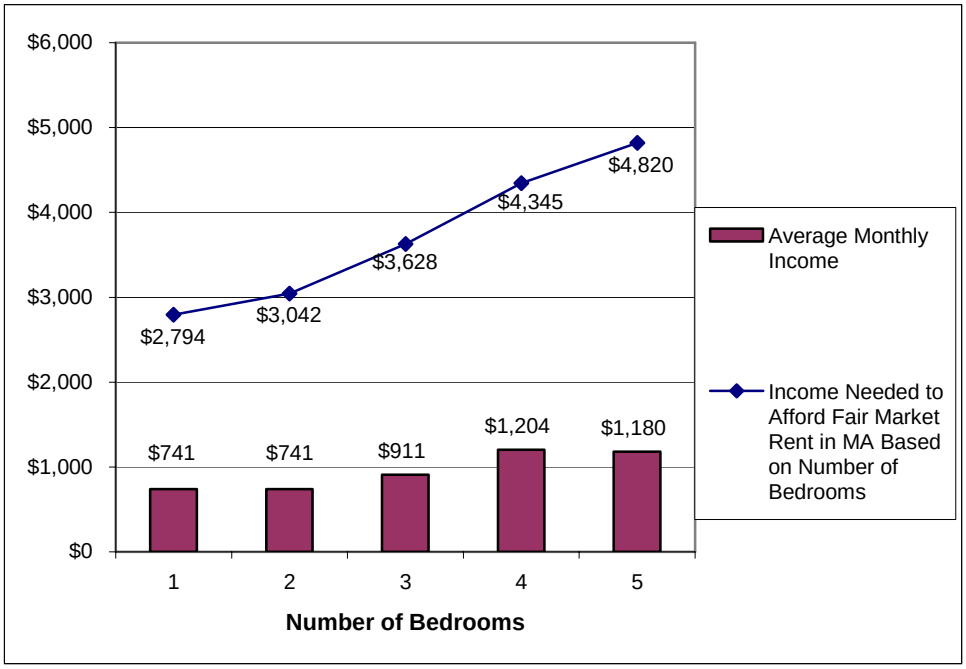


4 Public Assistance includes Temporary Assistance to Needy Families, Supplemental Security Income, Emergency Aid to the Elderly, Disabled and Children and other forms of cash assistance provided by the state.

Only five grantee organizations served households whose average monthly income from all sources was slightly higher than $1,000: Caritas ($1,086); Family-to-Family ($1,246); HFF ($1,254); HarborCOV ($1,171); and NCSC ($1,215) (See Appendix B). Every other organization served households with lower incomes, on average. Families served by FHC reported the lowest levels of total household income, $486 on average; these are households with an average of two children. The highest household incomes were associated with employment.

The median total monthly income from all sources for HPI households was $700, six times lower than the median of $4,208.50 for the general Massachusetts population (U.S. Census, 2000). Viewed from yet another angle, HPI participants had average monthly incomes *far below* the income required to afford fair market rent in Massachusetts; the monthly income gap ranges from $2,053 for the smallest households to $3,640 for the largest households (See Figure 9).

Figure 9: Participant Average Monthly Incomes Compared with that Required to Afford Fair Market Rent in 2003, by Bedroom Size (N=1,368)



Medical Conditions

Respondents were asked to report primary and secondary medical conditions. Twenty percent of participants responded "none" when asked about primary medical conditions. Of those who reported primary conditions, 37% identified substance abuse, 25% mental health issues, and 13% physical disability or disease, and 5% reported other medical conditions. Approximately one fourth (27%) reported a second medical condition. The most common secondary medical conditions were mental health and substance abuse. Victory Programs, whose primary focus is substance abuse treatment, served 75% of those reporting substance abuse.

Domestic Violence

More than half (57%) of all respondents reported that they had experienced domestic violence at some point, 32% current and 25% prior incidents.

SECTION 3. INTERVENTIONS

This section offers detail on the prevention strategies used by grantee organizations and their collaborating partners.

Identifying Those at Risk

Prioritizing households in need. In the face of demands that exceed available resources, HPI-funded organizations use a variety of strategies to identify households to prioritize for prevention assistance. Some confine their outreach and marketing of the prevention assistance to individuals and families already known or being served by their organizations (i.e., Family Health Center of Worcester and Victory Programs).

> **"The prevention program is marketed to reach our special populations. Currently, we market the program through ongoing communication with staff and providers at Family Health Center and through one-on-one contacts and networking with various local service providers. The program's strength is in its ability, by being located in a health facility and partnering with UMass, to provide holistic services to families at risk of becoming homeless…especially as physical and mental health so often interact with housing instability…..The goal of the program is to provide comprehensive healthcare, housing support, and referrals to as many families living in doubled up situations as possible…"**
>
> Family Health Center of Worcester, Inc. service provider, site visit interview, spring 2005

Others use a first come, first served approach, serving those who seek assistance until their cash assistance resources run out. In addition, they offer other non-cash assistance services including connections and referrals to other resources and supports (i.e., HarborCOV, Homes For Families, HomeStart, Inc., and Massachusetts Coalition for the Homeless). Some organizations do not offer cash assistance and have not had to turn anyone away (e.g., Bridge Over Troubled Waters and Gosnold, Inc.).

> **"(Our) goal is to connect 40 'couch' kids who are difficult to reach through traditional programs to services. Couch kids are 18-24, not living on the street, not in shelter, who are at high risk of homelessness…many of whom have had negative experiences with service systems…..(we) hope to build trust….Youth may come in throughout the day, and have meals, showers, participate in activities, meet with staff members…There are many services on site, including computer classes, GED classes, dental services…When a young person walks onto the floor, their living situation is assessed. Bridge will work with any young person who is living with friends and/or couch surfing. We have not had to turn anyone away…."**
>
> Bridge Over Troubled Waters service provider, site visit interview, spring 2005

Still others have very specific guidelines for eligibility that are in line with program design choices and also serve to contain demand (i.e., Advocates, Inc.; Caritas Communities, Inc.; Family-to-Family Project; Tri-CAP; MHA; Project Place; SPAN, Inc.; and Rosie's Place).

"People are eligible if they have mental illness, live in Massachusetts, and are in danger of losing their housing. The program is flexible in allowing people from various areas, but we target Brookline, Dover, Sherborn, Framingham, Medfield, Millis, Norfolk, Sudbury, Wayland, Ashland, Watertown, Waltham, and Newton…."

Advocates, Inc. service provider, site visit interview, spring 2005

Some organizations focus on people who are in imminent danger of becoming homeless upon discharge from correctional facilities (i.e. Project Place and SPAN, Inc.) or people who will be exiting a substance abuse treatment program (i.e. Victory Programs), or households who have been served an eviction order (e.g., MHA and Tri-CAP).

"Women need to have at least 3 months left in their sentence, but not too long left, for example 1 year. There isn't much screening people out…We haven't had to turn people away."

Project Place service provider, site visit interview, spring 2005

"Clients are eligible that live in the participating housing authorities (or a private home in participating town with a section 8 voucher). They must be low-income and have been served by the court with A Summary Process Action, starting the eviction process in court. Tri-CAP and the appropriate housing authority must agree to accept the client into the Tenancy Preservation program… (Tri-CAP staff) determine acceptance based on the client's ability to pay rent, and/or the ability to solve the problems that caused the lack of payment in the first place."

Tri-City Community Action Programs service provider, site visit interview, spring 2005

Most other HPI-funded organizations prioritize households that are facing difficult challenges which are likely to lead to homelessness without intervention, including untenable economic circumstances, and/or psycho-social challenges (e.g. MCH and NCSC).

"The level of need for the client accessing these services is astounding…It's amazing to see how long people will stay in 'bad' situations because they don't see a way out….It's incredible to me the situations that people actually live in, like moms sleeping on the floor in the hall with their kids.…15 people in a 2 bedroom apartment…"

Massachusetts Coalition for the Homeless service provider, site visit interview, spring 2005

Strategies to assess sustainability. Many HPI-funded organizations are faced with the difficult dilemma of having limited resources and high demand for services and cash assistance. This situation forces them to struggle with figuring out which households can benefit most from limited cash assistance and which would be better served through other resources. Some organizations develop in-depth connections and carry out detailed budget work with potential participants before providing cash assistance (e.g., Family-to-Family Project; HarborCOV; Homes for Families; and HomeStart, Inc.).

"The client sits with her worker to complete her budget, assess ability to maintain their housing, and based on that assess whether they are eligible for funds….At Community Action Programs Inter-City (CAPIC), when the assessment is completed, if it appears that they cannot maintain their housing, we try to find another way to help them. If they are not going to be able to maintain their housing and are not willing to eliminate some of those barriers, then they are not eligible for those funds….."

CAPIC service provider, HarborCOV/CAPIC site visit interview, spring 2005

In addition to detailed budget work and in-depth connections, other organizations require evidence of motivation and commitment to an agreed upon plan for moving forward to maintain housing (Caritas; SMHA; SPAN, Inc.; and Tri-CAP).

"SPAN case managers conduct assessments with each applicant which include housing, financial situation, psychosocial, motivation, and so on…To be eligible, clients must have sober housing, attend the life skills training, Monday group, and be in intense job search services."

SPAN, Inc. service provider, site visit interview, spring 2005

"Screening is very important to Caritas…We try to assess an applicant's compatibility with the type of housing Caritas provides: single room occupancy units. Clients need to be able to live in an independent housing situation and be able to function in a communal environment."

Caritas Communities, Inc. service provider, site visit interview, spring 2005

Learnings from participants' feedback session: Assessing applicants for housing sustainability. Participants in the feedback session had many ideas about criteria for assessing clients for their potential to sustain housing. They indicated that clients should show some evidence of having ambition, motivation and willingness to help themselves by doing the footwork and keeping their appointments. They thought that people with children should be prioritized, and that people should be emotionally stable and drug-free or willing to work on these issues. "It is not fair to put resources toward someone who is (mis)using (drugs or alcohol)," stated one participant. Other participants thought that caseworkers needed to look at each client's history, for example, the frequency of late rental payments or previous eviction or eviction notice, etc.

But, they asserted, use other resources to try to help those who might not have the potential to sustain housing in the present. Look at the client as a whole, and be creative. Evaluate what the person wants and needs and develop a specific plan that fits his or her

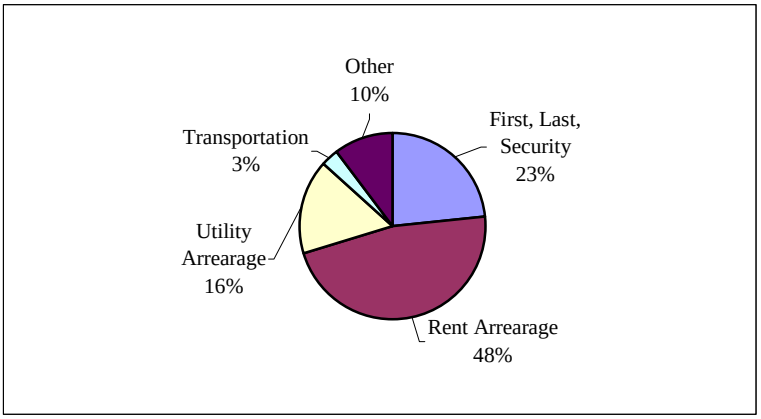
desires. For example, don't send them to train for work they do not want. Several of their specific suggestions for applicants who may not be in a sustainable circumstance follow:

- Connect with all the resources that are available.
- Figure out what it is applicants need to get ready. Being unstable means needing more help.
- Make services more accessible. The bar should not be so high, reported one participant (e.g., this person keeps being rejected for services by a state agency because she has a college degree, yet she has a bipolar illness).
- Provide a strong and comprehensive stabilization program, including home visiting, compassionate phone calls (e.g., checking in, seeing if food is adequate for children). It all starts with a relationship.
- OUTREACH – one participant could not emphasize this strategy enough.

Strategies To Prevent Homelessness

Cash assistance. Two-thirds[5] of the HPI organizations provide cash assistance. Only 22% of participant households received cash assistance, $670 on average, ranging from $91 to $1,778. Of these, 47% received cash to pay rent arrearages; 16% obtained cash to pay for utility arrearages; 24% were given funds to secure new apartments (first, last, security deposit); 10% did not specify; and 3% received cash for transportation costs (See Figure 10). In addition, 3% of participants received a second cash payment, applied toward utility and rent arrearages, transportation, and other costs.

Figure 10: Reasons for Cash Assistance (N=541)

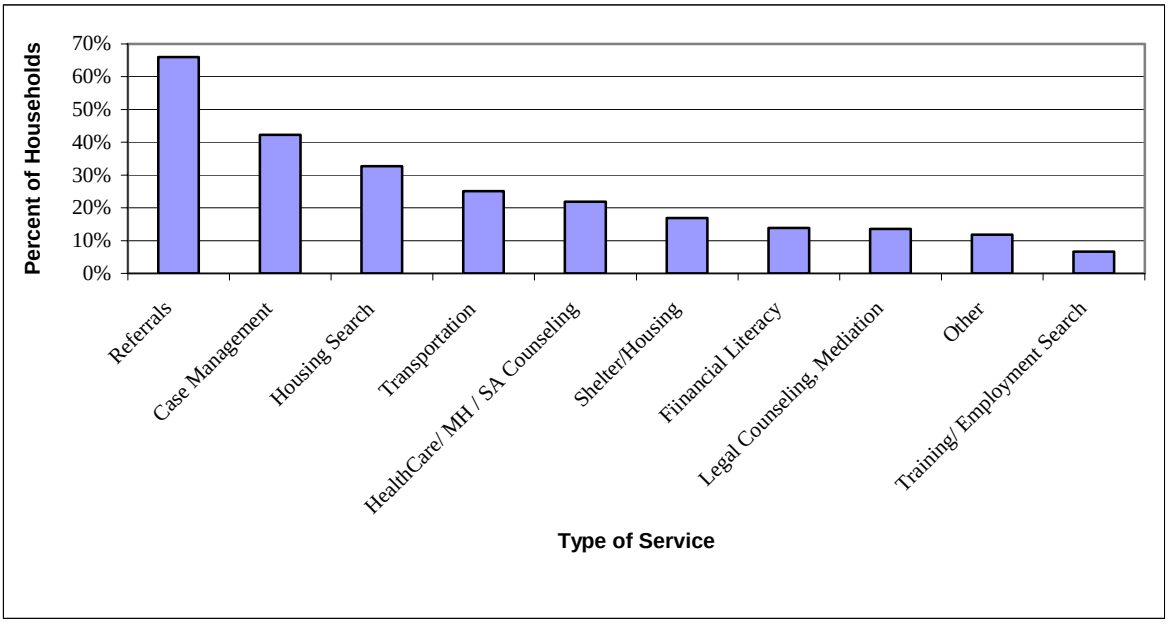


Services. Ninety-five percent of participant households received at least one service resource other than cash assistance. Two-thirds (66%) obtained referrals, 42% case management, 33% housing search, and 25% transportation assistance (see Figure 11). In addition, 12% reported other services received.[6]

[5] Grantee organizations that do not provide cash assistance are: Family Health Center of Worcester, Inc.; Project Place; Bridge Over Troubled Waters; Gosnold, Inc; MHA; and Newton Community Services Center.

[6] Since it was possible to record multiple services, percents do not add up to 100%.

Figure 11: Services Provided (N=2,493)



Intensive case management: Time, time quality, and trust. **Providing high quality time with clients up front builds trust, maximizes effective use of cash assistance, and is a precondition for making successful referrals.** A majority of HPI organizations and their partners emphasized the value and nature of the time-intensive, personalized relationships they have built with their clients. They described the qualitative dimensions of this approach. An investment of quality time is required to build trust and develop a deep, shared understanding of clients' finances and other factors contributing to their precarious housing (such as domestic violence or difficult circumstances with extended families). Staff members have to adjust their expectations and adopt a mindset that expects complication; no family or individual coming for help has an easy situation to solve. Also, staff members need the time, *the actual hours*, to be with their clients in this way, an essential resource that many find in short supply.

*Discharge planning***.** Six percent of HPI participants were incarcerated at the initial point of contact. These persons were the priority populations for Project Place and SPAN, Inc. Both organizations and their partners make connections with men and/or women prior to their discharge from prison/jail. Project Place has joined with the South End Community Health Center and the Suffolk House of Corrections, as well as McGrath House (a pre-release facility) to provide in-depth connections and attention to women's health, housing, and employment aspirations. SPAN, Inc. offers case management prior to discharge; upon release, SPAN offers sober housing, substance abuse treatment, and rental assistance for a time-limited period.

*Psycho-educational support***.** Recognizing the role of personal, psychological, and/or other social challenges that play a role in exacerbating housing instability, some grantee organizations have developed psycho-educational interventions. For example, Gosnold, Inc. has developed a Seeking Safety and Self Sufficiency curriculum, applying a cognitive behavioral training model to enable women at risk of homelessness due to substance abuse, mental illness, and/or trauma to develop a sense of personal efficacy. The skills training component of this curriculum takes place in weekly small group sessions. The Newton Community Service Center's Parents Program offers another example of psycho-educational intervention; program staff use a range of outreach approaches, including clinical home visiting, psycho-educational group sessions, and parent/child and peer support, to intervene with young parents who are in precarious housing situations.

*Financial literacy***.** Detailed budget work was mentioned by many grantees. For some, financial literacy became an unexpectedly high priority service. For example, one grantee had planned to offer financial literacy assistance through group sessions, but has learned that one-on-one, in-depth connections are necessary to make progress with clients on the financial front.

"One woman in the program, who had children, was behind in rent. She was backed up in rental payments due to childcare issues and being underemployed. She desperately needed structure in her management of the situation. Tri-CAP staff helped her organize the budgeting, and the woman started keeping all her receipts to track expenses more accurately, something she had never done prior. She eventually paid off back rent, still budgets effectively, and has even saved some money each month."

Tri-City Community Action Programs service provider, site visit interview, spring 2005

Leveraging other resources for clients (referrals). Many grantees mentioned the capacity to leverage the resources their clients need from their partners as one of the benefits of collaboration. Staff in their partner and other organizations may have the authority to open doors and release resources.

"One of the strengths of TPP is the continued involvement of many different agencies, including DMH, DPH, DMR, Elder Services and Legal Services. We have contacts at these organizations who can provide us with information quickly. These connections prove valuable when we are before the Housing Court judges and need to make a report on what services are available in the community for our client."

Mental Health Association service provider, site visit interview, spring 2005

Learnings from participant feedback session: Effective and ineffective interventions. An overarching theme for participants as they described effective prevention help was the value of having a compassionate caseworker or housing advocate that treated clients with respect and maintained that connection to prevent homelessness. Participants characterized such service providers as those with commitment, sensitivity to mental health and disability issues, and knowledge of and connection to resources. Participants emphasized the importance of outreach from caseworkers, through phone calls and visits. Having easily accessible help with housing, available at the treatment program participants attend, was mentioned, as was rental assistance. While participants described ways in which individual motivation was a key to success, many told stories in which social service agencies used their connections to open doors that they did not have the power or knowledge to access. For example:

- One participant assertively sought help from a series of social service agencies until she located one that helped her the most. She received a check within 14 days. "If you show motivation or initiation, you will get it back."
- Because her ex-husband had military status, another participant was helped by a community action program, who helped her contact to her congressional representative's office, which helped her tap into the military benefits. The army subsequently provided her with rent and furniture.
- A friend was about to lose her housing, so another participant spoke to her housing advocate, then spoke to the Director of Housing. Subsequently, she received a call from City Hall, which gave her a letter to take to the Housing Authority. As a result, the landlord was not allowed to "touch his property" and her friend was advised not to pay rent. Her point was that if you call the *right* people, you can get something done.

Participants provided many examples of ineffective help. For example, a housing worker simply gave one participant a booklet and told her to investigate resources on her own. Another experienced being shut down over the phone: "Call back in September. We've run out of funds." Another described a double-bind related to eligibility for resources; she earned too much money to qualify for subsidies, but not enough to afford to pay rent. Others spoke eloquently about the hardship of needing to seek help: "It's difficult to be honest and get help" and "Society has failed us in such a big way – we are canaries in a coal mine."

Collaborating to Maximize Resources: The Context for HPI Interventions

Characteristically, HPI interventions take place within the context of intentional intra- and/or inter-organizational collaborations. Specifically, ten HPI grantees represent collaboratives that include one lead organization and one or more other organization(s) with which grant funds and/or programmatic responsibilities are shared.

The chart below lists each of these lead organizations with their collaborating partners.

Table 1: HPI Grantees and Collaborative Partners

Lead Agency	HPI Organizational Partners
Family Health Center of Worcester, Inc.	University of Massachusetts Medical School: Depts. of Family Medicine and Community Health and Psychiatry; City of Worcester's Department of Public Health
Family-to-Family Project, Inc.	Ensuring Stability through Action in our Community (ESAC), Second Step, Cambridge Multi-Service Center, and Housing Families, Inc.
Gosnold, Inc.	Independence House
HarborCOV	Community Action Programs-Inter City (CAPIC)
Homes for Families	Traveler's Aid Society, Inc., Project Hope, Metropolitan Boston Housing Partnership
HomeStart, Inc.	Greater Boston Legal Services
Massachusetts Coalition for the Homeless	Codman Square Health Center, Lynn Health Center
Project Place	South End Community Health Center (SECHC)
Somerville Mental Health Association	Somerville Homeless Coalition, Somerville Community Corporation, Community Action Association of Somerville
Tri-City Community Action Programs	Housing Authorities of Malden, Everett, and Medford, to be expanded to include additional Housing Authorities in Year 3

During site visits, the research team asked grantees and their collaborating partners to describe their collaborative approaches and to share their reasons for collaborating, as well as the benefits and challenges of this way of working. They had a lot to say on the matter, usually with energy and animated enthusiasm.

*Reasons for collaboration***.** Organizations collaborate to increase their capacity in terms of expertise and the numbers of people they hope to serve. In addition, they are motivated to increase their clients' access to other organizations' resources. Additional locations offered by their organizational partners provide more accessibility for clients and new entry points for early identification. The solidarity that comes with organizational partnerships has the power to reduce systemic barriers affecting their clients that one organization cannot change alone.

*Success factors***.** Collaborations grantees consider successful appear to have some consistent features. Organizations' missions and values are aligned. For example, partners in one collaborative agreed that a culture of respect was a core value for all aspects of their work together. Another feature has to do with partners having skills, knowledge, and experience that complement one another. Some grantees identified mutual support as a key ingredient for success. Others described success as all partners being inspired by their common agenda, moving beyond individual organizational survival motivations. All partnerships that viewed themselves as successful described ongoing communication processes as well as clarity and agreement on their diverse implementation roles.

Benefits. HPI collaborations are instrumental in building a "community of expertise", according to several organizations. The cross-trainings and mutual learnings that come from close working relationships contribute to such community-level capacity building. Unexpected benefits mentioned by several partners were improved relationships that are opening doors for other, non-HPI, clients. Partners capitalize on these relationships in other ways at other times. The collaborations result in better use of each others' organizational resources over time. In addition, clients are better served and the time it takes to resolve issues is shortened.

Challenges. All is not rosy. The challenges involved in initiating and sustaining such partnerships are considerable. Several organizations mentioned the complexities of reaching consensus on confidentiality agreements between agencies that are trying to coordinate services, particularly when the legal system has become involved. Organizations have different ways of working with clients and running their operations. Given these differences, the more integrated the interconnections between organizations, the more complexities arise in joint planning and implementation. Past negative histories of organizational relationships have presented serious barriers for some grantees. Collaboration takes time; the amount of time involved is not easily documented. At times, collaborations are working effectively as a result of the trusting relationships between partners. However, what happens if a key person leaves a partner organization? How can the collaboration be institutionalized so that it rests on a solid foundation that does not depend completely on individual people in the partnership? When the collaboration involves co-location, adequate space is sometimes an issue. Finally, partnerships feel the strain when demand is higher than resources allow.

Collaboration Profiles. Connections between and among organizations can be characterized along a continuum from those that involve limited, short-term, or periodic interactions (cooperation) to those that involve the integration of one or more program's operations across organizations (collaboration). The HPI projects highlighted below serve as just a few examples of successful, full-scale collaborations.

"(We) love the collaboration. In general, I like collaboration strategies as a means of effective, efficient and non-duplicative ways of helping the most people and building healthy communities….I especially like collaborating with CAPIC because of the relationship with (staff member), but also with CAPIC…Collaboration makes us hopeful about expanding our ability to affect priorities with women and children. It's great that women at HarborCOV can access resources at CAPIC and vice versa.

HarborCOV service provider, CAPIC/HarborCOV site visit interview, spring 2005

Profile: HarborCOV

Grounded in their positive history of working together, HarborCOV, and Community Action Programs-Inter City (CAPIC) joined forces to prevent women escaping violence from losing their housing. The collaboration is designed to enable women who make a connection with either organization to access the services of the other. HPI grant funds are shared; assessment processes for potential cash assistance recipients are consistent. Both agencies characterize their approach as efficient,

effective, and non-duplicative. Together, they have a sense that they are building an "area of expertise" across the community.

"The key for our collaborating organizations is not their organizational survival; it is outward beyond their organizations. We all work from a strength-based approach and are not looking to disqualify (families) through the collaborative."

Homes for Families collaborating service provider, site visit interview, spring 2005

Profile: Homes for Families

Also grounded in past positive work together, Homes for Families leads a collaboration that includes Project Hope, Metropolitan Boston Housing Partnership, and Traveler's Aid Society of Boston, Inc. The collaborative provides immediate cash and resources to families who are at risk of homelessness and are not eligible for state-funded emergency assistance. HPI grant funds are shared across organizations; the eligibility criteria and data collection approach are the result of consensus decision making. Homes for Families is responsible for follow-up contacts with participants and for data management. This collaborative is oriented toward advocacy and systems change; in the coming year, partners plan to work together to create a tool for identifying early warning signs. This document will be derived from the results of a focus group they plan to conduct with a group of HPI participants.

Profile: Somerville Mental Health Association

In a collaboration with a shorter history, the Somerville Mental Health Association has joined forces with the Somerville Homeless Coalition, Somerville Community Corporation, and Community Action Association of Somerville. These organizations have developed a shared decision making process for making eligibility decisions, and are coordinating referral, outreach, and engagement services. Each of the partners has contributed to a pool of cash assistance funds used as needed for HPI families and individuals with behavioral health challenges who are at risk of losing their housing.

"When the 4 agencies got together, we took seriously the hypothesis from the Homelessness Prevention Initiative that, since most people who are chronically homeless have mental health, substance abuse, domestic violence, and/or trauma histories, if we could get people at risk of homelessness into treatment for these things, they would be less likely to become homeless. It was a bold hypothesis…We've learned that to implement that idea requires time to build trust through a relationship that directly addresses practical matters affecting their housing. By participating in that kind of effort, individuals can learn that they are regarded as people with complex problems instead of problematic people. They are then more willing to accept treatment. This calls for developing and sustaining a culture of respect for all problem participants…."

Somerville Mental Health Association service provider, site visit interview, spring 2005

Profile: Gosnold, Inc

In its third year of development, Gosnold, Inc., a Falmouth-based rehabilitation center offering mental health inpatient and outpatient services, is collaborating with Hyannis-based Independence House, an agency that serves survivors of violence and sexual assault. These organizations have joined forces to intervene with women experiencing mental health, domestic violence, and/or substance abuse challenges who are at risk of homelessness. As a result of their collaboration, Gosnold's cognitive behavioral training program is now accessible to women in several locations on the Cape. In addition to their direct intervention with participants, the collaborators are working to build expertise across the community through conducting cross-training sessions with staff members in both organizations.

"Using the collaborative model allows Gosnold to provide treatment to eligible clients beyond our current 'in house' programs…This collaboration also allows service providers to offer treatment in locations that are more convenient and accessible for the client. Cape Cod is a rural community; transportation and child care is a known challenge for many of the women. So having access through locations that the client can more easily access has proven to be beneficial."

Gosnold, Inc. service provider, site visit interview, spring 2005

Profile: Family-to-Family Project, Inc.

The Family-to-Family Project, Ensuring Stability through Action in our Community (ESAC), Second Step, Cambridge Multi-Service Center, and Housing Families, Inc. are collaborating to carry out the HPI-funded Homelessness Prevention Partnership. Like other HPI partnerships, the agencies' past positive histories working with one another provides a strong foundation for their current collaboration. HPI grant funds are shared among organizations. With Family-To-Family in the lead, they are using an in-depth assessment process to determine whether or not families requesting help are in a position to sustain their housing through leveraging the cash assistance and other resources the partnership can offer.

"With all these agencies (collaborating), we are covering more possibilities…Over the years, people had come to us and there was a real gap of knowledge between agencies, between geographic communities. This (project) was a way to share the information easier."

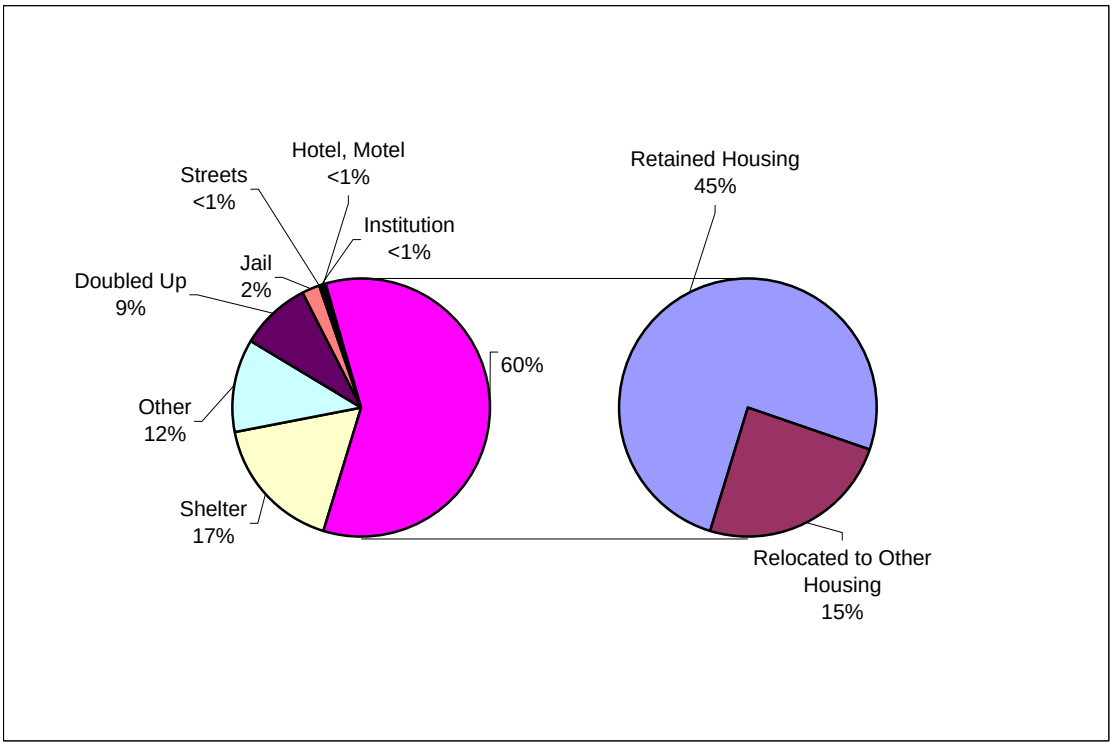
Family-to-Family Project partner, site visit interview, spring 2005

SECTION 4. RESULTS TO DATE

Outcomes of Interventions

Of those for whom housing outcomes could be determined[7], homelessness was prevented for 85% of households immediately following the intervention. More than half (59%) of all households had secured housing immediately after the initial HPI intervention (see Figure 12).

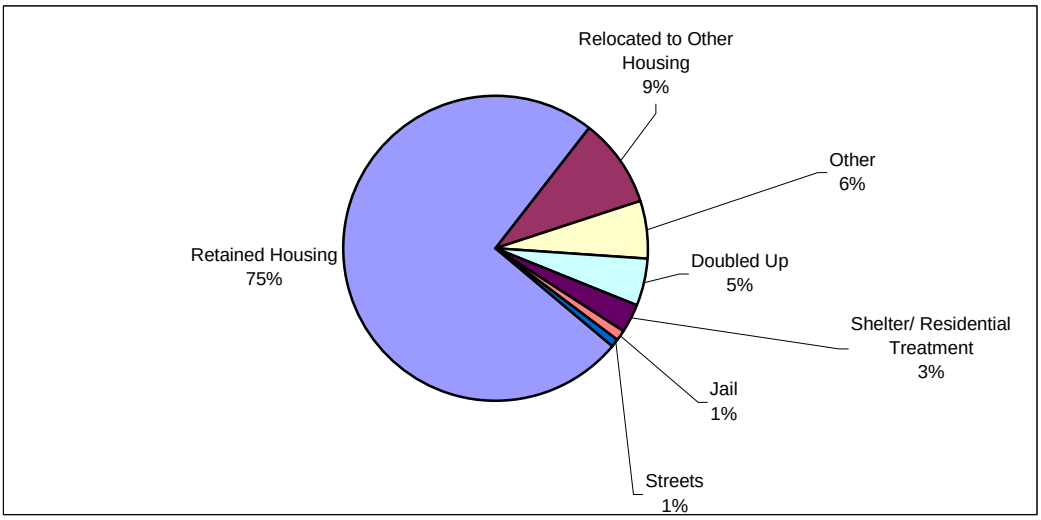
Figure 12: Housing Outcomes Immediately after Initial Intervention (N=1,612)



[7] Applicants who exit prior to completing the intervention, or for whom a housing threat is not imminent are considered Not Applicable for determining homelessness prevented and are not included in these data. Other Not Applicable respondents derive primarily from two grantees: the Victory Program that serves persons with substance abuse problems (many of whom live in substance abuse treatment centers) and the Newton program that primarily provides mental health and social service referrals.

Of those for whom follow-up information was available six months post intervention, 84% reported positive housing outcomes, with 75% retaining their housing and 9% relocating to other housing residences, reported by grantees as safe (See Figure 13). Nearly two-thirds, 11 of the 18 grantees, had response rates of less than 50% for the 6-month follow-up information.

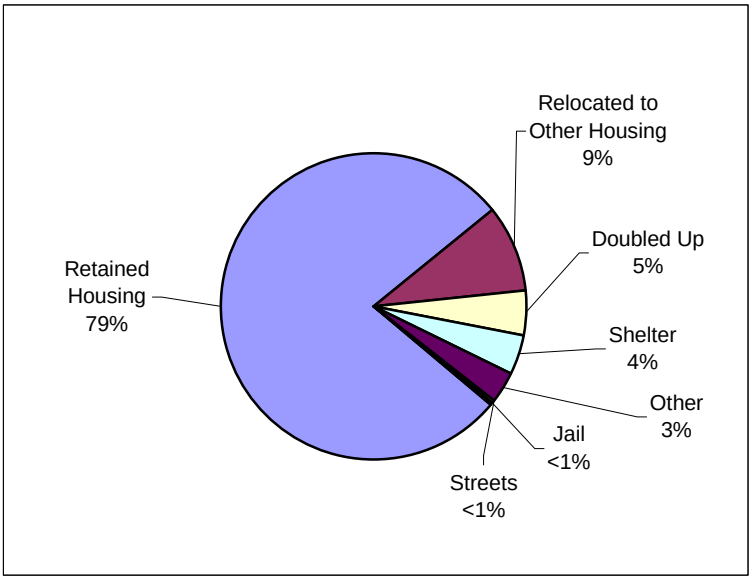
Figure 13: Housing Outcomes 6-Months Post Intervention, (N=498)



Of those for whom follow-up information was available twelve months post-intervention (N=187), 72% reported positive housing outcomes, with 61% retaining their housing and 11% relocating to other housing residences that grantees reported was safe.

Seven agencies had high response rates (over 50%) for follow-up six months after intervention; they indicate that 88% of those served have positive housing outcomes, with 79% retaining their housing and 9% relocating to other housing (reported by grantees to be safe) (See Figure 14).

Figure 14: Six Month Outcomes for Agencies with High (over 50%) Response Rates. (N=307)



These agencies include Caritas Communities, Inc.; Family Health Center of Worcester, Inc.; Family-to-Family Project, Inc.; HomeStart, Inc.; Rosie's Place; Mental Health Association, Inc.; and Somerville Mental Health Association, Inc.

Barriers to Obtaining Housing[8]

When asked about barriers to obtaining housing, 16% of HPI participants reported CORI issues, 14% credit issues, and 4% prior evictions. Thirty-four percent reported other issues, including having very low incomes.

Outcome Measurement Issues

Observed results. During site visits, many grantees described successes they had observed with specific clients. In addition, grantees described successes with systems level changes. The following quote provides an example of such reflection.

"We've had mostly good experiences…this intervention serves the clients with the greatest needs. This extra investment of time and resources is great. The (women's) lives have been a real churning of housed/not housed….a successful intervention (was with) a woman with an apartment who has a section 8, but heat was not included and she couldn't afford the heat. The building was not insulated so she was losing all that she put into it. We advocated with her to get services from fuel assistance and other agencies and were able to get the building insulated so she could save on her heating costs. This winter, she has not needed the same level of assistance…."

HPI service provider, site visit interview, spring 2005

[8] Thirty-two percent reported that the question was not applicable.

*Value of systematic data collection and client feedback***.** Systematic data collection on each household served, at three points in time is a daunting task for all HPI-funded organizations. Many programs have actually collected more than the information required in order to advance their advocacy agendas. Others are using the minimal HPI–required data as a foundation for reporting to their Boards of Directors, as well as for streamlined internal communication on client needs, service and progress, for development purposes, and for self-evaluation and program development. In addition, some HPI programs have changed specific program operations (e.g., application processes) based upon feedback they have solicited from their clients.

"We have an interesting comparison being made between the first group (of women we served), most of whom went back to their families, and the class that just finished, the majority of whom requested to go into a program…a program vs. no program after they leave prison. I have a hunch that going into a program will have an effect. We are also thinking of connecting more with the (women's) families, despite the challenge of burned bridges. We are looking to hire a case manager who will be more out in the community to make these connections."

Project Place service provider, site visit interview, spring 2005

*Follow-up challenges***.** As mentioned earlier, **2,493** households were served in the first one and three-quarter years of the three year initiative. The results of HPI interventions appear to be very positive, as suggested by the outcome data reported above. As a whole, however, outcome data are available on very small percentages of households served: 65% immediately after intervention; 20% six months post-intervention; and 7% 12 months post-intervention. The interventions are ongoing with new households; therefore, many of those served have not yet reached the six or 12 month post-intervention point in time. Nonetheless, the six and 12 month follow-up rates are lower than expected. Grantees with the greatest successes in reaching those who have been served, six months after intervention are: Caritas Communities; FHC; Family-to-Family; HomeStart; Gosnold; MHA; Rosie's; and SMHA. Some grantees serving very high numbers of households have greater challenges with follow-up than those serving fewer numbers (e.g. HarborCOV, MCH, and Victory Programs). Because the numbers for whom follow-up data were reported are so small, the results may be biased; those who were reached for follow-up may de facto have higher levels of housing stability than those who were not reached. As the Family-to-Family Project quote reflects, there are many reasons that households may not want to keep in touch and ways in which systematic organizational processes can be planned to maximize success in keeping in touch with households served.

"Housing is only one issue that families are dealing with. Once they are housed and fairly stable, we write clients a letter at Christmas, ask where they are, what they are doing, and what their Christmas wishes are. If they return the communication, we will help them with their wishes…provides an incentive for letting us know how they're doing. It would be good to get more out of the tracking. Follow-up can prevent people on the edge from having real problems. Many families are embarrassed to get more help. Follow-up is so important…to look at the whole person."

Family-to-Family Project partner, site visit interview, spring 2005

Learnings from participant feedback session: Improving follow-up. Because follow-up has been challenging for so many grantee organizations, we asked participants in the feedback session what service providers can do to connect with people they have served 6-12 months after the intervention. They generated a long list of ideas that began with an emphasis on the quality of clients' relationships with caseworkers. As one participant noted: "Some agencies exemplify compassion and could train others on how to build compassionate and empowering relationships." They suggested keeping tabs earlier than six months, perhaps after three months. They emphasized the value of letting clients know that advocates are there for them, and that it is okay to come back even after a lot of time elapses. Limit the amount of paperwork needed for long-term help, they suggested. One idea proposed was to give clients calendars and phone numbers with reminders for clients to call each month.

SECTION 5. HIGHLIGHTS

In Section 3, some grantee organizations were highlighted for their unique collaborative models of intervention. Section 5 calls attention to unique dimensions of other HPI-grantees' approaches to this work.

Health Matters: Healthcare Settings as a Touchstone for Early Identification and Intervention

Profile: Family Health Center of Worcester

Families who are in 'doubled up' and are clients of the FHC or UMass Medical collaborating medical departments are the priority population for the Family Health Center of Worcester. The project is designed to capitalize on already existing relationships between families and their primary care providers so they can recognize and act on early signs of housing instability. Staff members characterize their approach as holistic, strength-based, and family-centered. They offer family advocacy/case management, outreach, parent education, training, support, mental health and substance abuse treatment, and children's assessment and treatment services.

Profile: Massachusetts Coalition for the Homeless

The MCH, in partnership with two community health centers, Codman Square and Lynn, has developed an innovative First-Stop early identification and intervention project. Their priority populations are families or individuals at risk of losing their housing who are clients of these health centers. During defined periods of time each week, MCH staff members, co-located in the health centers, aim to connect to families and individuals at their first signs of trouble with housing. MCH staff members provide participants housing stability screenings, educational information, short-term financial assistance, connections to food and income support programs, housing search assistance, and other needed support. One reported systems change accomplished by First Stop is that healthcare providers in these centers have become more tuned in to their clients' housing situations. Based upon the successes thus far, MCH is working toward replicating First Stop throughout the state.

"Clients feel a level of shame about their struggles and reluctant to access services with social agencies. They feel safer getting services at the health center because there is less stigma associated."

Massachusetts Coalition for the Homeless service provider, site visit interview, spring 2005

In the Community: Unique Approaches to Outreach

Profile: Bridge Over Troubled Waters

BOTW utilizes a low barrier, low demand, drop-in approach to creating connections with precariously housed 18-24 year olds who are living with friends or are 'couch surfing'. Once connected, BOTW provides informal assessments and counseling, referrals to primary healthcare, substance abuse treatment and other services, education on housing search, budgeting, living with roommates, and job development programs.

Profile: Newton Community Services Center (NCSC)/ Parents' Program

To interrupt cycles of chronic trauma and poverty and ameliorate mental health symptomatology that leads to homelessness, the Parents' Program builds upon NCSC staff members' pre-existing relationships with teen parents using their services, including child care. In this context, staff members provide comprehensive clinical services, clinical home visiting, psycho-educational group services, peer support for young parents, outreach to young parents' families, and for some teen parents, a transitional living program.

"If something happens in the family, (the teen parents) are living on the edge financially and often emotionally, things come undone. They're then unable to pay the rent and are being evicted."

Newton Community Service Center, Inc. Parents' Program service provider, site visit interview, spring 2005

Smoothing the Road to Reentry and Recovery

Profile: Project Place

Project Place's Comprehensive Homeless Intervention Program (CHIP) strives to reduce recidivism and increase the housing stability of incarcerated women upon their release. Through a unique collaboration among Project Place, the South End Community Health Center (SECHC), and the Suffolk House of Correction (SHOC), beginning three months prior to release and extending for two years post-release, women are offered extensive psycho-social assessment, counseling, and primary healthcare, development of a stable discharge plan, and follow-up services, as well as career coaching and transitional employment where possible. Evidence of success includes a systems change outcome: CHIP is now institutionalized at the SHOC. In addition, a majority (55%) of women at discharge continued receiving primary healthcare at the SECHC.

"CHIP aims to do deeper assessments on female offender populations and to make sure we can get an understanding of their needs to help with the re-integration process…this requires heavy case management… The major challenge is that the women often go back to the same situations they were in before. This is sometimes where we lose contact with them…Nevertheless, we have worked with women for months (before discharge) and the program's effect on their choices really shows ."

Project Place service provider, site visit interview, spring 2005

Profile: SPAN

SPAN's prevention project is focused on the reentry process and promotion of housing stability for men and women who have been incarcerated. Intensive case management begins before discharge, and rental assistance is offered to some participants. The SPAN project also facilitates placement in substance abuse treatment or sober housing, pre-release intake, assessment, discharge and service planning, job development/placement, clothing, transportation, life-skills classes, relapse prevention, a recovery group, and other re-integration supports.

Profile: Victory Programs

The Victory Programs' project focuses on the intersection of housing and substance abuse recovery for its current clients. A unique feature of this project is its emphasis on building the organization's capacity to assist clients with securing housing. Organizational change is evident in its institutionalization of housing-oriented resources and activities, such as the creation and use of a housing search curriculum and Single Room Occupancy (SRO) directory, use of alumni as housing resources for current clients, establishment of a referral network and housing group, housing case management sessions, as well as technical assistance, education, and training for program staff.

Mediating Conflicts with Landlords to Preserve Tenancies

Profile: Mental Health Association

This Springfield-based project works with women at risk of eviction. These women, with and without children, are challenged by mental illness related to domestic violence or other trauma. The project utilizes a nurse practitioner and clinician to connect with families, provide intensive case management, and mediation with landlords, housing court, and staff attorneys. Extensive collaborations with state agencies and other referral resource organizations enable MHA staff to connect their clients to services and resources quickly, bypassing lengthy bureaucratic hurdles.

Profile: HomeStart, Inc./GBLS

Together, HomeStart, Inc. and the Greater Boston Legal Services (GBLS) offer a single point of entry for individuals or family members with a disability who have a housing subsidy, and have been served an eviction notice. To stabilize housing, the agencies' combined strengths in housing and legal advocacy facilitate mediation with landlords. As the quote suggests, having resources for rental arrearages offers a leverage point with landlords. Legal services are offered in conjunction with assessment of clients' housing and other needs.

"The process of working together is really streamlined, not a lot of process, which both partners feel is KEY…HomeStart issues (rental) payment based upon their discretion or direction from Greater Boston Legal Services (GBLS). This grant allows us to serve more people and tougher cases that we would have had to pass on in the past…Having the GBLS and HomeStart staff in conjunction with offering total rent owed is a negotiating tool with the owner. If that doesn't avoid eviction, then the threat of full representation usually avoids going to court and gets the dispute resolved. This nips the problem in the bud and avoids the problem from spinning out of control."

HomeStart, Inc. service provider, site visit interview, spring 2005

Profile: Tri-CAP

Through the HPI, Tri-CAP has engaged Malden, Everett, and Medford Housing Authorities (HAs) in the hard work of developing shared decision making related to tenants who have been served an eviction notice. Tri-CAP works with residents to make progress in assuming their tenant responsibilities by providing legal assistance, arrearage payments, financial literacy, and other supports. A commitment from the tenant to engage in this work is a precondition for Tri-CAP's partnerships with tenants. In addition, considerable energy is spent working with housing authorities to stop the eviction process. Staff and housing authority lawyers are considering the potential value of intervening earlier, before an eviction process has begun. They also plan to expand to other HAs year three.

Safety Net Support

Profile: Rosie's Place

Rosie's Place offers women with long-standing mental illness, who have been housed for less than one year, personalized, intensive, non-stigmatizing, low threat, in-home support. Staff members develop an individualized plan for each woman that may include benefit maximization, connections to mental health services, medications, substance abuse treatment, primary health care, credit counseling, peer, and other supports. At the initial visit, each woman is offered a welcome basket with household essentials. Enthused by their success with this approach, Rosie's Place is planning to expand the program to other women who have housing stability challenges (elders and those with disabilities).

"This intervention serves the most in-need of Rosie's Place's guests. This extra investment of time and resources is great. Their lives have been a real churning between housing and homelessness. These women do find housing, but they often can't keep it…. The home visit provides an opportunity to develop trust and more privacy than talking to their advocate at Rosie's Place. From there, we follow up through phone calls or second visits. For homeless prevention, we help them with bills, budgeting, and refer them to Consumer Credit Counseling. We help teach them how to budget, to choose wisely and to avoid impulse buying."

Rosie's Place service provider, site visit interview, spring 2005

Profile: Caritas Communities

A supplier of supportive housing in the Greater Boston area, Caritas Communities, Inc., has increasingly become a housing resource for participants served by other HPI grantees. Through use of short term rental subsidies and other assistance, Caritas aims to reduce the rent burden for extremely low-income individuals in order to enable them to sustain SRO housing. The project uses a structured intervention approach with participants, requiring concrete evidence of commitment to personal growth and assumption of tenant responsibilities.

Profile: Advocates

Advocates, Inc., a Metrowest organization, prioritizes housing support for individuals or family members with a mental illness or other disability. The project emphasizes decreasing the gap in access to low-cost housing for minorities, especially Hispanic households. With attention to cultural competency, staff members identify and secure low-cost housing options, and help their clients access public benefits and support services. Housing support includes rent arrearage assistance, housing start-up during the early stage of tenancy, and resolution of conflicts with landlords. In year three, the organization is planning to expand its focus to assist ex-offenders.

SECTION 6. CONCLUSIONS

One in five Massachusetts families has an income lower than 200% of the federal poverty level (FPL). Massachusetts is currently the third least affordable state in the nation for rental housing. To afford a two-bedroom Fair Market Rent apartment in the Commonwealth in 2005, a full-time worker has to earn a minimum of $21.88 per hour, more than three times the Massachusetts minimum wage. In Massachusetts there are less than four affordable and available units for every five extremely low-income renters, that is those whose incomes are 30% or below the area median income (AMI). Some 19,000-29,000 individuals stay in Massachusetts emergency shelters each year. An estimated 10,500 families are homeless annually in the Commonwealth; 52,000 live in overcrowded, unstable housing.

In response to the growth of homelessness and the urgent demand for homelessness prevention options, TBF/Starr Foundation, Tufts Health Plan and Massachusetts Medical Society & Alliance Charitable Foundation designed and committed multi-year funding for the HPI. These foundations, and the program and policy stakeholders they have engaged, hope to learn about the efficacy of varied homeless prevention strategies and to use this knowledge to advance programs and state level policies to effectively prevent homelessness.

In turn, with this philanthropic support, the HPI-funded nonprofit organizations and their partners are developing innovative models for preventing homelessness. **Key learnings** regarding the processes and outcomes of interventions by HPI grantees in the first 21 months of the initiative follow:

- **Nearly universally, the 2,493 participant households served thus far by HPI-funded projects are extremely poor, underemployed and at high risk of reoccurring homelessness**. The median monthly income of participant households is $700, six times lower than that of the general Massachusetts population. Only eight percent (8%) have a college degree. Over three-quarters (76%) have been homeless previously. Less than one-third (30%) of heads of household are employed which implies that they rely solely on public or informal income supports for meeting their basic needs. These historical and economic circumstances place participant households at high risk of reoccurring homelessness.

- **Providing high quality time with clients up front builds trust, maximizes effective use of cash assistance, and is a precondition for making successful referrals.** A plethora of intervention options are being developed by grantees to enable households with diverse needs to secure sustainable housing. One size does not fit all. Cash assistance is provided by two-thirds of grantee organizations. Only 22% of all households served by HPI organizations received cash assistance, $670 on average, ranging from $91 to $1,778. As expansion and replication considerations emerge, an important consideration has to do with how organizations can maintain the in-depth, personalized connections that appear to be a core element in understanding what families and individuals need to sustain housing for the long-term.

- **The value of collaborative approaches to prevention work is evident with a majority of HPI-funded projects; additional resources become available to participant households through these collaborations**. When the partnerships are working well, clients, organizations, and communities benefit. Interagency collaboration is not easy. It requires time; as higher levels of integrated operations are implemented, the complexities of collaboration increase. Some partnerships are strained by limited resources and past negative inter-organizational relationships. Many grantees have clear ideas about success indicators for such collaborations; their sharing of 'best practice' reflections would be of great value to other organizations, communities and to policy makers.

- **Organizations use a range of approaches to allocate limited prevention resources in the face of high demand, including: first come, first served; tight eligibility guidelines; and limited outreach.** An additional but related dilemma for organizations is determining whether or not households are in a position to sustain their housing with limited cash assistance and/or other supports. How to support those whose housing situations are not sustainable in the short term to move toward stability, without falling into homelessness, is equally difficult. These issues are worthy of concentrated focus in future convening sessions of HPI grantees, funders, evaluators and others.

> **"The big challenge is whether the collaboration is institutionalized or personalized. If personalized and the key person leaves, then there goes the collaboration."**
>
> Family-to-Family Project partner, site visit interview, spring 2005

- **Many participant households have experienced positive housing outcomes as a consequence of this homeless prevention initiative.** More than half (59%) of participating households retained their housing or moved into another viable housing residence immediately after the initial HPI intervention. Of those for whom follow-up information was available, 84% and 72% of households, six and 12 months after intervention respectively, reported positive housing outcomes.

- **Nearly half of the organizations have found ways to maintain contact with and to document outcomes for a majority of those served; follow-up data are extremely limited from the other grantee organizations**. Specifically, outcome data are available on very small percentages of households served: 65% immediately after intervention; 20% six months post-intervention; and 7% 12 months post-intervention. Key questions for consideration include: How can manageable, achievable follow-up goals and strategies be designed? Who will do this work? How will it be funded? What incentives could be built into the plan that would encourage households to keep in touch? How might households be targeted for follow-up so that the data will be not be skewed inadvertently toward those who are most stably housed?

- **Policy and resource issues as reported by grantees deserve attention.** In addition to the urgent need for increasing the supply of low cost housing options, grantees identified other pressing policy and resource issues that they hope the HPI will advance.
    - Some recommended employing a public health framework as a way to counteract public perceptions that use of social services creates dependency.
    - A continuum of high priority prevention supports could include: a flexible pool of prevention funds; utility discounts; health centers as an early access point; more high quality sober housing; more teen living programs, and more supportive housing as an available option for those in recovery from substance abuse.

> **"There is very little information for clients with substance abuse problems as to what is required (to secure housing). There is also a great dearth of 'housing first' models for people with substance abuse issues, which program staff see is a great need…"**
>
> Victory Programs, Inc. service provider, site visit interview, spring 2005

    - Many grantees identified the need for increased resources (including an increased supply of housing vouchers) to meet demand.
    - Additional time and resources for intensive case management and follow-up were a high priority for many grantees.
    - Location-oriented social supports are an issue. One grantee states: "Flexible funds are a band-aid without rental assistance in neighborhoods where families have social ties."
    - A majority of grantees mentioned CORI records as serious barriers to housing access; policy changes on that front were highly recommended.

- **Employment is a missing piece of the picture.** Preventing homelessness for the long term, that is, advancing economic and housing stability for those at highest risk of homelessness, requires attending to both the housing and income sides of participants' circumstances. Households with the highest incomes were those in which the head of household was employed. Only five organizations served a majority of households with an employed adult or youth (Caritas Communities, Homes for Families, Tri-CAP, HarborCOV, and NCSC). Understandably, the emphasis of grantee organizations is, for the most part, on assisting their clients to obtain housing, social support services and public benefits related to stabilizing participants' housing circumstances. Developing viable avenues for participants to become employed is not as evident a focus.

SECTION 7. LOOKING FORWARD

As HPI grantees begin their third and final year of HPI funding, we offer the following reflections for consideration.

1. Utilizing outcome data and client feedback**.** Outcome data, both hard numbers and participants' and service providers' qualitative assessments, are critically important, if the knowledge generated by the HPI is to be used to impact public policies. Generating such information takes an investment of organizational and programmatic attention and resources. For example, in the very first contacts, staff members have to set the stage for connecting with participants over time by securing buy-in, as well as planning mutually-agreeable and practical strategies for keeping in touch. Organizational systems are necessary for implementation of such plans, including development of timetables for follow-up, securing resources, designating staff responsibilities and building in incentives for clients to maintain contact.

   Even when such organizational systems are in place, the follow-up work is difficult, especially for organizations that intervene with high numbers of participant households. For year three, the evaluation team will assist such grantees in the use of sound random sampling follow-up strategies to counteract an inadvertent skewing of outcome data towards those participants most stably housed. At least one convening session in year three will be designed to provide opportunities for grantee organizations to reflect collectively on reasonable benchmarks for assessing programmatic success and on organizational strategies for improving the collection of outcome information from those who have been served.

2. Sustaining innovations and collaborative partnerships**.** As the third year begins, sustainability issues rise to the fore. Many grantees are undertaking long-range planning for ensuring continuity of their interventions and of their collaborative partnerships after HPI funding ends. They are reaching out to new funders, developing and submitting proposals for continuation funding and building alliances with specific state agencies. Specificity and implementation of such plans, timetables and strategies are paramount for all grantees.

   Not all programs and practices are equally effective. At the organizational level, in the face of unrelenting high demand and utilizing program-generated benchmarks for success, grantees and their partners have the opportunity to review their own outcome data and reflect on client feedback as they consider which practices and programs to continue and which to modify.

   At the cross-site level, a prime focus for the third year evaluation will be to utilize sound benchmarks for assessing the efficacy of interventions and, in conjunction with service provider and participant insights on other operational dimensions of

prevention work, to generate well-grounded information on what interventions work for whom.

3. Replicating successful innovations and practices**.** A core evaluation focus has to do with drawing lessons from HPI implementations and recommending strategies for replication. Imbedded in this dimension of the evaluation are questions such as, what are the minimally essential elements for replication? What are the forces necessary for replication success? Are they present? How might the innovation be spread? What should be replicated: programs, principles, policies and/or structures?

   For example, with respect to replication of *programs*, the Rosie's Place HPI initiative offers non-judgmental, non-stigmatizing, in-home support to women with long-standing mental illness. Based upon its successes thus far, Rosie's Place is expanding the model to other groups of women they serve: elderly and disabled women. How might other organizations and state agencies serving vulnerable populations learn from Rosie's experiences and adapt the model effectively?

   MCH's First Stop, FHC of Worcester and NCSC's Parents' Program are examples of other replicable programs that utilize existing healthcare and teen parent service systems to intervene with individuals and families at the earliest stages of housing instability. What other service systems could learn from and replicate these projects' interventions?

   Replication of *policies or principles* is another lens for consideration. For example, MHA, Tri-CAP and HomeStart provide examples of projects in which a third party (the HPI grantee) mediates to prevent evictions and preserve tenancies of households in subsidized housing. Drawing upon learnings from these projects, how might agreements or mutually-agreed upon guidelines between housing authorities/section 8 landlords, tenants and mediating parties be institutionalized to expand the availability of such interventions, on a more wide-spread basis, to prevent evictions and preserve shaky tenancies?

   At a *structural level*, linkage between effective HPI models and community-wide prevention efforts is a consideration. For example, the City of Boston is on the brink of implementing a coordinated city-wide homeless prevention initiative. How might the City of Boston initiative and MCH's First Stop, HFF's prevention project and/or HomeStart's project link together in the future? Or, as another example, what would it take to replicate the most effective best practices of Project Place's and SPAN, Inc.'s discharge planning models with every correctional institution in the state? Or, with respect to the partnership dimensions of HPI work, how might collaborations that have resulted in positive outcomes be replicated in other communities and with other sectors (e.g., business, faith-based, and/or voluntary organizations)?

4. Advancing policy changes**.** These replication issues, grounded in what we have come to learn collectively about the efficacy of different interventions for households in

varied circumstances, and the implications of these learnings for organizational and systemic policy changes will be a focus of the overall initiative in year three. Grounded in their experiences with participants, grantees have already identified areas for policy change related to CORI barriers to housing, utility discounts, the value of flexible funds for prevention, housing resources, and other state resources dedicated to prevention for both families and individuals. HPI funders and the evaluation team will plan convening session discussions that will allow for direct engagement on these policy issues among grantees and legislators, government officials and other members of the prevention think tank.

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APPENDIX A. PROGRAM DESIGN SUMMARY CHART

	Geographic Priorities	Program goals	Interventions	Eligibility Criteria
Direct Assistance/ Supportive Housing				
Caritas Communities, Inc.	Greater Boston	To reduce the rent burden for extremely low income individuals, enabling them to sustain SRO housing	Short-term subsidy; connection with other services	Extremely low income individuals at high risk of homelessness
Family Health Center (FHC) of Worcester, Inc.	Worcester	To enable families to stabilize housing	Integrated team approach to holistic provision of services, inc. primary health care; family advocacy/case management; outreach; parent education, training, support; mental health, substance abuse, children's assessment & treatment services	'Doubled up' families who are clients of the FHC or UMass Medical collaborating medical depts.
Family-to-Family Project, Inc.	Greater Boston	To position clients to sustain housing	Use of 'gap' funds; in-depth connection with families before cash assistance is provided; repayment plan	Families at risk of losing their housing
Homes for Families	Greater Boston	To enable families to stabilize housing	In-depth need assessments, cash assistance, and connection to other housing and support resources	Families with shaky tenancies who are not eligible for the state's Emergency Assistance and who have sustainable budgets
HomeStart, Inc./ GBLS	Boston	To enable individuals/ families with disabilities to stabilize housing	Single point of entry; legal services in conjunction with assessment of client need; flexible use of cash assistance; monthly contacts with clients	Individuals or family members with a disability who have a housing subsidy, and have been served an eviction court order
Massachusetts Coalition for the Homeless	Boston and Lynn	To intervene early with families/ individuals to stabilize housing	Early warning system, early intervention; housing stability screenings; distribute educational information; short-term financial assistance; connection to food and income support programs; housing search assistance	Families or individuals at risk of losing their housing who are clients of the Codman Square or Lynn Health Centers
Rosie's Place	Boston	To enable newly housed women with mental illness to sustain their housing	In home support; connection to mental health services, medications, substance abuse	Women with chronic mental illness; housed for less than 1 year

	Geographic Priorities	Program goals	Interventions	Eligibility Criteria
			treatment or referral, job placement, housing support, social support, primary health care; financial assistance and credit counseling	
Tri-City Community Action Programs	Malden, Everett and Medford	To enable families/ individuals in public and subsidized housing to stabilize their housing	Legal assistance, arrearage payments, supportive services	Families or individuals who live in public housing or have a Section 8 in Malden, Everett, or Medford, served by the court
Discharge planning and placement				
Project Place	Boston	To prevent homelessness for incarcerated women upon their release	Extensive psycho-social assessment; counseling and primary healthcare from SECHC; development of stable discharge plan; follow-up services upon release; career coaching and transitional employment as possible	Incarcerated women at the Suffolk House of Correction or McGrath House, a pre-release facility
SPAN, Inc	Boston	To prevent homelessness for incarcerated women/ men upon release	Rental assistance; placement in substance abuse treatment/ sober housing; pre-release intake, assessment, discharge and service planning; job development/ placement; clothing, transportation; life-skills classes; relapse prevention; recovery group and other re-integration supports	Re-integrating offenders at risk of homelessness
Victory Programs, Inc.	Boston	To provide clients recovering substance abuse with knowledge kills to increase housing retention	Housing group, housing case management sessions, technical assistance, education and training for Victory program staff related to homelessness prevention	People with substance abuse problems in one of Victory's programs
Psycho-social or psycho-educational supports and/or direct assistance				
Advocates, Inc.	Metrowest	To address unmet housing needs of persons and families at risk of homelessness	Identifying and securing housing; accessing benefits and support services; rent arrears; housing start-up during early stage of tenancy; resolution of conflicts with landlords, HAs	People with mental illness or other disability

	Geographic Priorities	Program goals	Interventions	Eligibility Criteria
Bridge Over Troubled Waters	Boston	To enable youth to move along the continuum of care, to increase self-sufficiency and to gain stable housing	Low barrier, drop-in service; assessments; informal counseling; referrals to primary healthcare, substance abuse treatment and other services; education on housing search, budgeting, living with roommates; job development services	Young people 18-24 yrs who are living with friends or are 'couch surfing'
Gosnold, Inc.	Cape Cod, MA	To prevent homelessness; empower women to achieve self-sufficiency; reduce impact of substance abuse, mental illness and DV	Cognitive behavioral training program; skill building in group setting	Women at risk of losing their housing due to substance abuse, mental illness and/or domestic violence
HarborCOV/ CAPIC	Chelsea	To prevent homelessness caused or compounded by domestic violence for low income Harbor area families	Early identification; assessment/referral; extensive support services; cash stabilization services	Low income women escaping violence
Mental Health Association, Inc.	Springfield, MA area	To prevent homelessness caused or compounded by mental illness	Assessment, treatment planning referrals and supportive services	Women and women with children at risk of homelessness resulting from lease violations due to domestic violence and trauma
Newton Community Services Center, Inc.	Newton area	To interrupt cycles of chronic trauma and poverty and ameliorate mental health symptomatology that leads to homelessness	Comprehensive clinical services; clinical home visiting; psycho-educational group services; peer support for young parents; outreach to young parents' families; transitional living program	Young parents at risk of losing their housing
Somerville Mental Health Association, Inc.	Boston	To reduce behavioral-health problems that impact housing stability	Housing assistance; training/treatment services; coordinated system of referral, outreach, engagement; cash assistance	Families or individuals at risk of losing their housing with behavioral-health problems

APPENDIX B. DEMOGRAPHICS OF PARTICIPANT HOUSEHOLDS BY PROGRAM BY PROGRAM TYPE

	Gender/ HHH	% attained college degree or above	Monthly HH income: average; range	% employed; Average monthly income from earnings	% previously homeless	Most typical housing at intake	% in subsidized housing at intake
Direct Assistance/SH							
Caritas	M 63%	11%	$1,086 $697-$1,818	78% $1,050	73%	41% shelter	4%
FHC	F 96%	2%	$486 $144-$1,001	8% $763	53%	89% doubled up	0
FtF	F 90%	18%	$1,246 $320-$2,200	47% $1,528	60%	78% rental housing	62%
HFF	F 93%	5%	$1,254 $240-$2,200	56% $1,609	48%	91% rental housing	66%
HomeStart	F 89%	21%	$847 $141-$2,273	21% $1,570	55%	100% rental housing	100%
MCH	F 86%	7%	$867 $2-$2,200	38% $1,156	*56%	55% rental housing	25%
Rosie's	F 100%	4%	$693 $91-$1,049	23% $1,135	99%	97% rental housing	81%
Tri-CAP	F 90%	7%	$880 $302-$1,842	51% $1,210	75%	100% rental housing	100%
Discharge Planning							
Project Place	F 100%	3%	$495 $141-1,099	5% (prior to incarceration)	53%	100% correctional facility	0
SPAN	M 100%	0	Too few responses	3%	86%	68% correctional facility	0
Victory	F 63%	6%	$675 $60-$2,040	13% $777	100%	99% shelter	0
Psycho-social/ educational							
Advocates	F 52%	13%	$730 $100-$2,000	27% $1,138	60%	65% rental housing	33%
BOTW	M 69%	0	$299 $177- $440	29% $513	71%	80% doubled up	0
Gosnold	F 100%	23%	$870 $60-$2,000	29% $1,063	66%	54% other; 26% rental housing	8%
HarborCOV	F 100%	8%	$1,171 $119-$2,274	64% $1,238	93%	53% shelter	22%
MHA	F 100%	0	$587 $149-$2,200	3%	35%	97% rental housing	83%
NCSC	F 91%	14%	$1,215 $950-$2,000	64% $1,393	26%	67% rental housing	19%
SMHA	F 74%	13%	$865 $2-$2,274	30% $1,139	40%	68% rental housing	57%

* This statistic reflects responses from 28% of Heads of Households served by MCH and therefore may not be reflective of the population served by this agency.

APPENDIX C. PERCENT OF RECORDS CONTRIBUTED, BY GRANTEE

Agency	Number of Records Contributed: Total = 2,493	Percent of Total Records
DIRECT ASSISTANCE/ SUPPORTIVE HOUSING	**820**	**33%**
Caritas Communities, Inc.	27	1%
Family Health Center of Worcester, Inc.	54	2%
Family-to-Family Project, Inc.	77	3%
Homes For Families	109	4%
HomeStart, Inc./GBLS	73	3%
Massachusetts Coalition for the Homeless	323	13%
Rosie's Place	117	5%
Tri-City Community Action Programs	40	2%
DISCHARGE PLANNING PROGRAMS	**615**	**25%**
Project Place	81	3%
SPAN, Inc.	65	3%
Victory Programs, Inc.	469	19%
PSYCHO-SOCIAL/EDUCATIONAL PROGRAMS	**1,058**	**42%**
Advocates, Inc.	165	7%
Bridge Over Troubled Waters	35	1%
Gosnold, Inc.	103	4%
HarborCOV	574	23%
Mental Health Association, Inc.	29	1%
Newton Community Service Center, Inc.	86	3%
Somerville Mental Health Association, Inc.	66	3%