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Transitions at DTA: Homeless Pilot Programs at the Massachusetts Department of Transitional Assistance (2003-2005)

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Transitions at DTA:

*Homeless Pilot Programs at the
Massachusetts Department of Transitional
Assistance (2003-2005)*

By John McGah with Amy Carlin

April 2005

Prepared for The Boston Foundation



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DEPARTMENT OF TRANSITIONAL ASSISTANCE INITIATIVES, MASSACHUSETTS

We have changed the way we look at family homelessness in Massachusetts. We can address the front door, not just save the money but more effectively reinvest it. This is what we will work for in the months and years ahead until we have eliminated homelessness in the Commonwealth of Massachusetts.

- John Wagner, Commissioner, DTA

Introduction

Towards the end of fiscal year 2004, the Massachusetts Department of Transitional Assistance (DTA), the state's welfare department, initiated eight pilot programs to better serve homeless families, to end the state's reliance on placing families in hotels/motels, and to enable families living in motels to move into stable housing as quickly as possible. These initiatives were created in reaction to the unacceptably high number of motel placements of homeless families (about 600 in 2003). Motels do provide a needed alternative when emergency shelters are full, but they are a political, fiscal and moral liability. In 2004, DTA, in partnership with its shelter providers, successfully moved all homeless families out of motels and into shelters, subsidized housing, market housing or elsewhere.¹ The savings from this move were reinvested into DTA's homeless initiatives.

Recognizing the importance of documenting changes in the State of Massachusetts' approach to family homelessness during the past year, the Center for Social Policy at the University of Massachusetts examined the implementation of these eight pilot initiatives interviewing officials at DTA, the Mass. Department of Housing and Community Development (DHCD), local housing authorities, service providers, and homeless advocates. This document provides an overview of these initiatives and details two transitional model programs in greater detail.

Strategy/Philosophy

Although motels provide relief from overburdened shelters, they are more expensive than transitional housing and often leave the families staying there disconnected from social networks and case management services. The DTA homeless initiatives were triggered by a push to end hotel/motel stays. This intense focus on ending hotel/motel stays freed up funds for the initiatives documented here. As no new monies were available, DTA needed to utilize existing dollars more strategically to provide better placements and services to homeless families in Massachusetts. DTA worked with service providers to make more shelter placements for available dollars and to reinvest the savings from the eliminated motel placements. In the end, these savings amounted to \$20 million.

¹ "Elsewhere" includes other housing, or unknown destinations for families that declined shelter. Some advocates are concerned that there is no good tracking of where some of these families ended up.

The People Served

Each of the DTA initiatives serves families that were already homeless or were previously homeless; thus, the initiatives were not primary prevention, but rather rapid re-housing and homeless services that aim to end homelessness and prevent future occurrences.

The Range of Interventions

The eight initiatives are listed below. (The initiatives marked with an asterisk are described in greater detail following the general descriptions.)

- Regional Model – Shelter placements by Hyannis TAO
- Assessment Center Model – Stepping Stone
- Self Sufficiency Plan Training (SSP)
- Intensive Case Management (ICM)
- Motel to Shelter (M2S)
- Massachusetts Behavioral Health Partnership (MBHP)
- Local Housing Authority Transitional Housing Program (LHATHP)*
- Transitional Model – Shelter to Housing (S2H-\$6K)*

Regional Model – Previous to FY 2004, DTA provided placement services by processing decisions in a hierarchical manner. Local regional staff sought approval from headquarters in Boston. Dan Brown, the Director of DTA’s Cape Cod region, conceived of the idea of giving more local control to the regions as a way to make faster, better placements. It was developed in response to expensive housing and longer housing transitions on the Cape. Greater regional control provided more latitude in dealing with local partners, including local housing authorities and landlords, to place families. It allowed Cape staff to work with more local partners and HAP providers to provide more holistic service to families that were homeless or in danger of becoming homeless. It also allowed them to provide better, non-shelter solutions to families.

The success of the regional approach will be measured by the number of families DTA helps secure housing and the stabilization of housing for those families. Most stakeholders have been supportive of the regional approach.

Assessment Center Model / Stepping Stone – This pilot, for homeless families eligible for emergency assistance on the North Shore, began on December 1, 2003. Instead of motel placement, the families were placed into an assessment center shelter (Stepping Stone) for up to 45 days while they were assessed to determine the most appropriate placement. External staff (two case managers) were available on site around the clock to aid with domestic violence issues, mental health issues, housing searches, and other needs. DTA staff performed follow-up and resource functions.

Challenges for this pilot program included a lack of housing availability and a lack of shelter beds. Although there were no specific definitions of measurable success, there was follow-up with the families and their feedback was solicited. Families were interviewed as to their needs, and staff accommodated their requests as much as possible.

Self-Sufficiency Plan Training (SSP) - A Self-Sufficiency Plan (SSP) is an outcome-based contract completed for each family in emergency shelter. It details responsibilities of all parties involved to address a family's barriers to obtaining and maintaining permanent housing. Specifically, the SSP looks at a family's ability to succeed in three areas and develop a plan for each: fiscal health, housing, and education.

The purpose of the training is to fortify a partnership between DTA staff, shelter providers, and homeless families to plan for their eventual exit from shelter. DTA managers and homeless coordinators attended mandatory SSP training in August and September 2002; HAP and shelter providers attended SSP training between November 2002 and December 2003. The training included two full day sessions. Evaluation sheets were available upon completion of the two day session but no formal evaluation or follow-up was conducted.

Intensive Case Management (ICM) - With the pilot beginning March 12, 2004, DTA hired and trained thirteen intensive case managers (ICMs) to work closely with homeless families living in hotels. The thirteen ICMs are located in the following DTA offices: Brockton, Holyoke, Lawrence, Lowell, Revere, Hyannis and the North Shore.

ICM's goals include:

- Helping homeless families avoid compliance issues;
- Ensuring all members of the family, especially children, access needed services; and
- Helping all families move into permanent housing more quickly.

ICMs visit families daily to review their SSPs and daily activities and to make referrals to assist in the elimination of barriers. A specialized ICM Skill Based Training was organized by the Training Unit in conjunction with training around emergency assistance and the SSP in March 2004. The following skills were included in the training:

- When to be firm;
- When to provide support;
- When to be directive;
- Conflict resolution/diffusing hostility;
- How to control an interview;
- Self assertiveness;
- Organizational skills;
- Personal safety; and
- Tracking process.

The Division of Hearings and DTA's Legal Division conducted an Appeals Training in June 2004. The agenda included:

- Review of emergency shelter procedures;
- Worker's rights;
- Open discussion with Division of Hearings and DTA legal staff; and
- ADA issues.

The Training Unit developed a training, which took place on June 25, 2004, to discuss issues and to plan strategies for dealing with the homeless population. The agenda included:

- F.O.R. Families experiences – DPH;
- Substance abuse overview – DPH/DTA;
- McKinney-Vento Homeless Education Assistance Act – DOE; and
- Best practices – DTA.

As mentioned, the number of Massachusetts families placed in hotels is currently zero. The money saved moved 207 families into permanent housing as of June 2004. One DTA spokesman acknowledged a level of mistrust in DTA's "eligibility machine" and felt that trust (between the families and DTA) was a key element to the success of the ICM pilot. DTA plans to adapt the ICM pilot to other shelters with hopes of similar success.

Motel to Shelter (M2S) - Field operations, in conjunction with the Central Office Housing Unit, identified families in motels who should be prioritized for shelter placement. Field Operations met with Boston Family Housing along with the towns of Brockton, Lawrence, Lowell, North Shore and Revere to discuss the motel to shelter transfer process in January 2004. Motel families with children younger than school age were prioritized to move from motel to shelter. M2S efforts were increased over the summer months in order to limit the disruption a move would cause school-age children. Families who had older children or who had an overriding need for placement with more structure were included. The goal was not only to reduce the number of motel placements, but also to provide appropriate services to each family.

Massachusetts Behavioral Health Partnership (MBHP) – DTA conducted a survey to see if the department had been as responsive as possible to homeless families needs in the state. One of the greatest needs identified was access to mental health service. DTA created partnerships with the Massachusetts Behavioral Health partnership (MBHP). These partnerships, administered through five local DTA offices, aim to create linkages for DTA families so they can access mental health services for which they were eligible.

Local Housing Authority Transitional Housing Program (LHATHP) – This initiative is based on a Demonstration Program (Demo) that was implemented for a period of time in the early 1990s and was considered cost effective and easy to replicate. The original Demo was designed to take homeless families with many barriers to permanent housing placement out of motels and provide them with transitional services. In the current model, DTA partners with the Department of Housing and Community Development (DHCD) to contract with their local housing authorities to place families from emergency shelter into public housing units for six to twelve months. DTA funds the rental costs and case management services. While in the program, families work with case managers to meet employment, training, education and or/other personal goals to assure housing sustainability. Upon graduation from the program, a family can assume the tenancy of the public housing unit. After a slow start-up, the program has recently brought a

large number² of public housing units into the program ready to be used by DTA families moving forward.

The program is geared toward “ready-to-house” families (small family size, potential for adequate income, few presenting issues such as addiction or mental health issues). There is some disagreement among advocates and state government officials as to the best length of stay time to target for families in the program. The Interagency Service Agreement between DTA and DHCD lists stays of six to twelve months. DTA believes that six months effectively serves most families and that it is more efficient to emphasize six months in order to serve the most families effectively. Homeless advocates and some DHCD officials feel that a target length of stay closer to 10 months is more likely to truly stabilize the family and ensure success for the family and the program. The measure of success is the placement of families in permanent housing they are able and likely to sustain.

In addition to the contract parameters, length of stay is also determined by Emergency Assistance (EA) income eligibility guidelines since funding for the program comes from EA funds. Part of the program goals are to ensure that the family is earning an adequate income. If successful families surpass EA threshold for funding, they must leave the program within 6 months after surpassing the EA limit. Advocates, DTA, and DHCD, are all concerned with serving the families and using state funds cost effectively.

Transitional Model Shelter to Housing (S2H-\$6000) – The cost of two months in a motel for a homeless family is approximately \$6,000. With that figure in mind, DTA developed an incentive program to pay Housing Assistance Program (HAP) providers \$6,000 for every family placed in permanent housing before the end of the fiscal year. HAP providers negotiated with landlords for rental agreements for each family “which is then considered a permanent placement and EA shelter benefits were terminated.”³

HAP providers submit reports each month to DTA tracking the family’s progress and status. The program started May 25, 2004. At the seven-month point in the program, there were 207 families in the program, and all were still privately housed in apartments after coming from shelter. (See further detail on the Shelter to Housing - \$6K Initiative in a separate sub-section below.)

Organizational Structures and Leadership

DTA is a department of the Executive Office of Health and Human Services, under the authority of the Governor. It is headed by a Commissioner, under whom are executive staff, programmatic unit heads, case managers, and others that directly work with people who are homeless. There are also regional directors for each of four DTA regions (Northern, Southern, Eastern, Western) across the state.

² At print time the number of units committed by local housing authorities was 91.

³ DTA Document, “EA Initiatives, Description and Date.” 2004.

Lieutenant Governor Kerry Healey has taken a lead on homelessness for the state executive office, particularly as Chair of the Massachusetts Interagency Council on Homelessness and Housing.

Partnership Approaches

When DTA intensified its focus on eliminating motel stays, it reached out to the emergency shelter system to see if capacity could be expanded. The resulting partnerships, according to DTA, were key in freeing up the funding to make the initiatives work.

DTA generally works closely with partners in local communities to match homeless families up with available resources. Most of the eight DTA initiatives have a targeted partner organization. For example, for mental health services, DTA has partnered with the Massachusetts Behavioral Health Partnership (MBHP); in its Local Housing Authority Transitional Housing Program DTA partners closely local housing authorities and the Department of Housing and Community Development; for the regional approach DTA partners with schools, housing authorities, other state agencies, and local non-profits. Across these initiatives, DTA is working to partner more effectively with many stakeholders: HAP service providers, DHCD, DPH/F.O.R. Families, local non-profits (including other service providers), LHAs, MBHP, landlords and particularly families themselves.

Funding and Sustainability Strategies

The funding for the initiatives came from the savings gained from moving families that had been placed in motels to (primarily) emergency shelter, housing or other locations. DTA had been paying \$100 per night to house homeless families in motels (with a high of about 600 families). When motel stays were eliminated, \$20 million was reinvested in the family shelter system through these initiatives. Future funding for these initiatives will come through legislative line items.

Outcome Measurement and Accountability Approaches

DTA tracks how many people are placed in housing, and how many remain. For some programs such as the Local Housing Authority Transitional Housing Program, LHAs are required to collect fairly detailed information about families and where they go upon exiting the program “that shall be provided to DHCH/DTA for review and approval upon request.”⁴ DHCD provides DTA with data on lengths of stay and family incomes. Additional information would also be valuable in determining the value of the initiatives. What are the presenting issues facing families that succeed and those that fail? These initiatives are largely new and do not have extensive data at this point, but such data would be invaluable moving forward and should be collected in greater detail to document success and identify needed improvements. DTA has committed to the creation of a new statewide Homeless Management Information System

⁴ Local Housing Authority Transitional Housing Administrative Plan, DHCD (2004)

(HMIS). This is currently under development and will take time. In the meantime data for these initiatives could be collected in another manner.

There is within the DTA strategy a component of accountability for homeless families embodied in the Self Sufficiency Plan that each family creates with a case manager. This serves as a contract of expectations in order to achieve success and is a component that cuts across initiatives. Families' own outcomes are measured against the goals laid out in their Self Sufficiency Plans. Beyond that, DTA does track the number of families in the program and where they go when they exit, but data are limited and could be improved.

Local Housing Authority Transitional Housing Program (LHATHP)

Overview

The Local Housing Authority Transitional Housing Program (LHATHP) is a pilot program started by the Massachusetts Department of Transitional Assistance (DTA) in 2004. It is run in conjunction the Massachusetts Department of Housing and Community Development (DHCD) which contracts with local housing authorities (LHAs). The overall goal of the LHATHP initiative is to provide transitional housing and supportive services to homeless families (with costs below that of emergency shelter or motel placement) to ready them for permanent housing and housing stability.

The program is a transitional housing model where DTA's local Transitional Assistance Offices, in conjunction with shelter programs and Housing Assistance Program (HAP) providers, refer homeless families from a DTA emergency shelter to a local housing authority. A DTA homeless coordinator based at a local DTA office, a case manager hired by the LHA, and a HAP Provider conduct searches for homeless families in DTA funded emergency shelters that might succeed in the program. The case manager does an assessment to determine a family's eligibility, then, if eligible, the family receives a public housing unit and services to help them be housing ready. After at least six months, and upon meeting the goals of its Self-Sufficiency Plan, the family can take over the lease in the public housing unit on a permanent basis.

The program at present is targeted to help homeless families that have less barriers to permanent housing than other families coming from shelter—e.g., no chronic substance abuse or mental illness, with job prospects. For the LHA staff, it is reassuring that the family being placed will come with support provided by DTA to help them maintain their tenancies over the long term. After screening and acceptance, a family is provided with a unit paid for by DTA and an array of services. Participating families benefit by receiving services in a normalized living situation, having an opportunity to build savings, improve employment, develop skills (budgeting, life skills, tenant skills), and establish a tenant history. After the family has successfully completed its Self-Sufficiency Plan, the family can lease up in the public housing or take the money they have saved during the transitional period and find permanent housing elsewhere.

The ambitious goal of DTA and DHCD is to develop a network of 100 public housing units among various LHAs across the state by December 2005. As of February 2005 there were six LHAs participating in the program that have committed 57 public housing units. Several more LHAs are close to signing contracts with DHCD. The impressive goal of 100 units by the end of 2005 will most likely be reached.⁵

History to the Current Program

The LHATHP program is not a new concept. In fact, it is the descendent of a program that began in May 1991, entitled “AFDC Transitional Housing Demonstration Program.” That program was a pilot project funded by the U.S. Department of Health and Human Services (HHS) in three states (Massachusetts, New Jersey, New York) and was evaluated in a report by Anthony Roman at the Center for Survey Research, UMass Boston (1996). The program was designed for homeless families with multiple needs “that were most difficult to assist” and were the largest in size (Roman 1996). They were taken from hotels or motels and placed into appropriately sized public or private housing units. The state paid for the rent, utilities, and furnishings, just as it would have paid for a hotel room. The state also provided a caseworker to work with each family on an array of additional services (including life skills, psychiatric services, and employment services). Families with a history of violent crime were ineligible and those with substance abuse histories had to partake in a rehabilitation program before becoming eligible for the transitional housing.

The LHA Transitional Housing Program (LHATHP) component of the early 1990s program worked. It was less expensive to shelter a family in public housing with supportive services than to shelter them in a motel. It cost an average of \$1,402 per month per family in the public housing unit with services and administration factored in.⁶ The average monthly cost per family for hotel/motel stays at the time was \$2,650, a difference of \$1,248 per family per month. Factoring length of stay is also relevant. The LHATHP model cost \$14,020 per family (\$1,402 per month per 10 months); the shelter/hotel system averaged about \$17,000 per family. Services provided in LHATHP were more extensive than the current LHATHP program. Families placed in public housing received: child care, 32%; education, 14%; family aid, 10%; counseling, 1%; transportation, 5%; living skills training, 4%; recreation, 2%; support staff, 9%. (These should not be *directly* compared with the current program as the early 1990s LHATHP program targeted clientele with more difficult challenges and more resources.)

In addition to the cost savings, the 1996 evaluation of the LHATHP found there to be definite benefits to participating families. Over 72% of participants graduated from the program, but the real success was seen as at the 18-month follow-up: participants indicated they had decreased supportive service needs and increased self-sufficiency and stability compared to the control group of families sheltered in motels and shelters. LHATHP ran from 1991 to 1995. At the conclusion of the HHS grant period, DTA continued funding a transitional program at the Dennis

⁵ Just prior to print time, the program had brought on 91 housing units (June 2005)

⁶ That breaks down to \$429 for salaries and overhead of staff involved, \$62 for administrative costs (training, supplies, legal, travel all for staff), and \$911 direct aid to families. (Roman, 1996)

LHA; Malden, Woburn and Worcester were funded with federal McKinney funds, In 2000, DHCD transferred the Malden and Worcester LHATP to the local continuum of care to oversee; and the remaining LHAs did not choose to continue participation for various reasons.

The LHATHP was a successful pilot project at a time when more funding (than today) was available from federal sources. Commensurate with the funding, it was different from the current version of the program in that the current program is targeted for six months to a year. In the previous version families could stay 12-18 months; the current program does not target the hardest to serve families, rather it tends to target the easiest to house; the LHATHP program of 2004 is designed for families with fewer barriers to permanent placement and therefore fewer supportive service needs. In the previous version, if the family left the program or was terminated it could return to a shelter or hotel until a more permanent solution could be made. That is not necessarily the case now as clients lose their emergency shelter eligibility upon termination unless granted special permission from DTA.

The Range of Interventions (The Current LHATHP Program)

The current LHATHP program is very similar to its previous incarnation except that it is shorter in duration and offers slightly fewer services. The family receives intensive case management and works on self-sufficiency goals around education, employment, and training. The LHA benefits by having a tenant that they select on a conditional basis. If a family does not follow its Self-Sufficiency Plan, DTA removes the family from the LHA unit without the need for an eviction (at which point the family can lose its emergency shelter eligibility based on a case by case basis). The family benefits by receiving services in a more stable living situation (compared to emergency shelter) and a chance to lease the unit when the program ends. DTA benefits by being more effective and cost efficient in its spending and design of services.

DTA and DHCD launched the program in June 2004 with two LHAs, Worcester and Taunton. Worcester is an experienced transitional housing program provider and responded immediately, having both vacancies and experience. Taunton had never run a transitional housing program but was quick to sign on. Eight months later, other LHAs had slowly signed on committing units to the program and placing families. Start-up is slow. Taunton, Lowell and Woburn committed to 10 units each; Worcester increased to 20. As of March 2005, these four LHAs had families in the program, and they housed 37 families altogether. Moving forward, Attleboro committed to two units; Weymouth to three; and Lawrence and Fitchburg each committed to five and another city⁷ verbally for 10 units. By the end of FY 2005, Springfield and Brookline will each sign contracts for 10 units. DTA funds all program costs, including rent, case management and supportive services.

The People Served – Criteria for Participation

Ideally, when DTA screens for families to recommend to the program and to ensure a successful experience, it looks for one of the following to be true:

- Adult member(s) currently employed at a pay equal to or greater than state minimum wage;

⁷ The city's name is withheld until it is officially participating.

- Adult member(s) with the potential to increase the amount of pay within 60 days if currently earning less than state minimum wage;
- Adult member(s) currently participating in an education or training program that will lead to employment within 60 days; or
- Family is receiving a stable monthly income, which includes TAFDC, RSDI, SSI, Child Support, Unemployment and/or Veteran benefits.

Decisions on placement into the program is a cooperative process among DTA and LHAs. Once in the program, rules for families can vary at each Local Housing Authority. For example, in one housing authority:

- Families must stay in the unit each night unless they have written approval by the case manager or Director of Residential Services within the LHA;
- Residents can have guests only from 2 pm to 9 pm Sunday through Thursday and Noon to 11 pm Friday and Saturday, except with written approval;
- Alcohol, drugs or weapons are prohibited at all times and random screenings are allowed;
- Participants must maintain a strict schedule of job search, education, or community service from 9 am to 2 pm throughout the work week;
- Participants must actively work towards achieving the goals set in their self-sufficiency plan.

At the start of the process, referrals are sent to a participating LHA, and the LHA does an assessment of the family. DTA likely already has a service plan for the family, but the LHA does a new assessment and creates a new service plan and combines it with the one DTA has in place. The LHA plan may look more closely at needs for the children.

The local housing authority, in determining a good candidate, asks many questions. What are the needs of the family? Are they homeless for economic reasons only? Do they need housing services to keep them from becoming homeless again? LHAs under the current program parameters are looking for families eager to work on a self-sufficiency plan and willing to take advantage of the services the program can offer. If a family needs no services they might be bypassed for a family that needs at least some assistance and is willing to accept the services provided by this program. However, a family with more challenging needs may not be a good candidate, because services are not as comprehensive as in some transitional housing programs. Also, the length of stay in the program would not allow such a family to receive the assistance it would need.

LHAs believe that the key to success is screening applicants well. Some families are not ready for such a program and not a good match for LHATHP. One LHA conducts an assessment usually an hour long and sometimes has a second meeting with the family, looking for evidence of self-sufficiency. If someone has a history of domestic violence and has only been away from an abuser for two weeks, they will be denied entry to the program. Early substance abuse recovery would often prevent an applicant from being selected. Families denied entrance to the

LHATHP remain in emergency shelter and look for other housing options either public or private.

When a family is placed in a LHA unit (before graduating and taking over the unit), the housing is still considered shelter since it is paid for with EA money. A family cannot make more than the monthly EA allowable income while in the program. Once a family does make more than the monthly allowable include under EA guidelines (one of the aims of the program), the clock starts ticking on a 6-month time limit from that point forward. After that period family has 6 months before they must leave or graduate and assume tenancy of the unit.

Leadership and Partnership Approaches

The LHATHP initiative is a very good example of partnering effectively. DTA and DHCD have partnered effectively and together reached out to LHA staff at the launch of the program. The partnership approach is also extended to families themselves by DTA. DTA assumes that families know what their needs are and when they are willing to accept support and services their reward is that they will ultimately become tenants of public housing if they complete their service plan.

Successes

The numbers (and the 1996 evaluation of the similar program) show LHATHP to be more cost effective than paying for a family to stay in shelters or motels. DTA currently pays \$1,350 per family per month in this program with services, unit, and administration. In shelter it is over \$3,250 per family per month.

At the eight-month period in the program, program administrators have commitment from LHAs for 87 units, with a verbal commitment to bring another 10 into the program for a total of 97 units across the state. Some of these are for next fiscal year, but the number will surpass the program's official goal of serving 50 families (in this fiscal year) and just about reaches the unofficial (and ambitious) goal of serving 100 families by December 2005. Those 100 units are from LHAs each committing (on average 10) each, with one committing 20 and a few committing five (5) or less.

At the eight-month mark, the program has graduated five families, two of which secured Section 8 housing vouchers, and three took leases with the housing authority. (Note that the program started in June 2004, but most LHAs were not participating at the earliest date.)

Challenges

On June 1, 2004, DHCD released a Notice of Availability of Funding regarding the LHATHP. The memorandum stated that "while the length of participation for families can be up to 12

months, we are hopeful that the average length of participation in the program will be in the range of six (6) months.”⁸

There is some disagreement on the part of advocates as to what is the most effective length of time. The bottom line is no one knows for sure at this point and it will vary for certain families. DTA, based on past experience, has a strong expectation that stays be limited to six months except in extreme cases. Some DHCD staff and advocates for homeless families believe that lengths should be closer to a year and that it is more effective for the family and the program’s budget if the family stays as long as needed. This, they argue, best sets them up for success in maintaining housing stability and assures less recidivism in the homeless system. The Center for Survey Research study in 1996 found that ten (10) months was the average time needed for families in the 1990s program to graduate. But DTA notes that those families faced greater challenges to attaining permanent housing and argue that families in the current version of the program are more “housing ready.” Therefore, they argue, there is reason to believe six (6) months will serve the majority of families and is more cost effective, allowing the program to benefit more families. The earlier version of the program also occurred at a time when Section 8 housing vouchers were available in greater numbers giving families more options to the leave the program for. DTA has not excluded the possibility of longer than six month stays but wants definitive reasons and service plan adjustments for such instances.

Since funding for the program comes from Emergency Assistance (EA) funds, EA income eligibility guidelines can also affect the families’ length of stay. Among the program’s goals is the assurance that the family is earning an adequate income to sustain housing. If families are successful in increasing their income beyond the EA threshold, they must leave the program within six (6) months after surpassing the EA limit.

A major obstacle to success is finding LHAs with vacancies in a tough housing environment. All project stakeholders agree *more affordable housing is needed*. There are far less federal and state resources available for homeless families than there were when the program first took place and Section 8 vouchers, in particular, are scarce. DTA and DHCD would like more housing authorities to commit more housing units. DHCD generally needs four to five referrals to place one family. LHAs are reluctant to assign too many units to the program because of their need to reserve units for people from the towns and cities they serve. Overall, turnovers of units is a big challenge. They may have one unit available but need three to four weeks to prepare and furnish the unit. The longest expected turnover period for a unit is 30 days, anything beyond that clogs the system.

DTA has expressed the goal of trying to place families in housing from their home communities whenever possible. This keeps vulnerable families close to their support network, schools their children may already be attending, and the place where they are most familiar. This is also a component of DTA’s regional approach for decision making. This makes great sense but still runs up against a stubborn housing environment. LHAs are not always getting families from local shelters in their home communities. The LHA notifies DTA of an available unit and

⁸ Memorandum from Marc A. Slotnick to LHAs Administering c.200 & c. 705 State-Aided Family Public Housing; June 1, 2004.

requests referrals, but families still have to go where there is vacancy. All stakeholders attempt to limit this whenever possible, but placing a family in housing must be the top priority. This is a challenge as the LHAs in the cities/towns from which many homeless families originate—e.g., Boston and Brockton—do not participate in the program.

All stakeholders are waiting to see what the results and answers are to the open questions: Is the length of time adequate for most families? Are the services provided adequate and, if so, for which type of family? Having begun in July 2004, it is too early to tell.

For a better understanding of the effectiveness of this program, all would benefit from better standardized data collection across the program, to answer some of the following questions:

- What are the service needs of each family entering the program?
- What services do they request?
- Are their needs met in the time spent in the program?
- What issues affect their housing that may not be anticipated?
- What level of case management is provided?
- How long does each family stay?
- For each length of stay, what is the corresponding housing outcome upon departure from the program and at later points in time?
- What continuing supports, including housing assistance, do families need and/or access to maintain housing stability over time?

Some of these data are being collected by local HAP service providers but not in a standardized, comprehensive way that is easily retrievable and analyzable at present.

Shelter to Housing - \$6K

Overview

In August 2004, DTA moved the last homeless family out of a motel. By the spring of 2004, there was a surplus of roughly \$20 million that had been budgeted for motels. DTA recognized the unique opportunity it had to pilot some new initiatives with these funds. Among other initiatives, they decided to give Housing Assistance Program (HAP) providers money, about \$6,000 for each family, to expedite placement into market-rate housing. This money (\$1,242,000 total), was designated for shelter families to subsidize rent or for other support services aimed at attainment of permanent housing—a “housing-first” model. The \$6,000 per family could be used for up to one year towards rent and/or other services with the hope that a family would be stabilized and able to save money. The families also received supportive services from social workers at F.O.R. Families, contracted by DTA through the Massachusetts Department of Public Health (DPH). This initiative is known as the Shelter to Housing, \$6,000 (S2H-\$6K) program. The goal of the program was to rapidly re-house families whose greatest barrier to permanent housing was a lack of initial funds—e.g., first/last month’s rent, security deposit. Ultimately, the program aimed to be more effective while being less expensive for families.

The People Served

Because the money had to be spent by DTA by June 30, 2004, the money was contracted to ten HAP providers in the state. The guidelines set a limit of \$6,000 per family, use not to exceed one year, and only families in a DTA-funded family shelter were eligible. Beyond that, the HAP provider used its own criteria in selecting families and in negotiating with landlords.

One program selected families using strict criteria. The program chose families with no more than two children to limit the bedroom requirement and thus the expense. Staff looked at income, job skills, and other factors to determine if the family could afford the rent once they left shelter. If the family were to pay 45% to 50% of income towards rent, they were typically not chosen. The thinking is that a family paying less of its income towards rent ensures the likelihood of its ability to sustain housing.

Another service provider looked for families that were working or had some combination of income allowing them to avoid a serious rent burden. Families with two members able to work were given preference since they had a greater income potential and thus a better chance of succeeding. Families in need of smaller units with at least one income earner were considered good candidates. Families were also chosen in this program if a wage earner had strong prospects for more gainful employment—e.g., after finishing a nursing program. Program staff did not select large families or families receiving TANF or Social Security Income since there was no foreseeable increase in either. This program relied heavily on strong relationships between HAP providers and landlords. Staff considered this essential to keeping minor problems from escalating and resulting in eviction. It also increased the likelihood of future placements with those same landlords.

Another HAP provider was less confining in its criteria for selecting families, informing families about the program and offering it to any family to whom it appealed.

When the leases end, after one year, families are expected by DTA to have saved money, solidified employment and increased income enough to afford a market rate unit. They will remain on their own with “padded supports” (e.g., child care, fuel assistance). If any family cannot afford the unit, then program staff may find them a second market rate unit that is less expensive. By then, the family should have a good recommendation from their landlord.

The Range of Interventions

Some HAP providers used the \$6,000 per family just for rent. In some instances it was divided equally over the twelve months of the lease period (\$500 per month over a year), in others there was a gradual reduction in the amount of assistance provided as the family gained economic strength. HAP providers are providing additional support and follow-up services as part of the stabilization component of their HAP contract with DTA.⁹ They need to access community-

⁹ For those HAP providers that choose to use the \$6,000 solely towards rent, additional supports are provided through other DTA-funded support contracts or other funding.

based supports such as life skills, tenant-landlord mediation, budgeting skills, employment search/training, and general case management for families.

State officials, advocates and service providers agree that in theory the S2H-\$6K initiative is a great idea. But it is too early to evaluate its success. No family has completed a year to date, and the different criteria of each provider also present challenges to an assessing its effectiveness. Questions that need to be answered include:

1. At year end, and when the \$6,000 is depleted, will any families be able to maintain housing on their own or are they being set up for failure? If not all families are successful, then which types of families should be targeted?
2. Are there enough supports provided during the year and if so, will some/most families need those supports after a year? If so, how will those services be provided? And what happens when they leave?
3. Is \$6,000 per year per family adequate for all housing markets in the state? For example, will what is adequate for a family renting in Pittsfield be sufficient for a family in Boston?
4. How do family housing outcomes compare relative to the difference models of implementation?

Leadership and Partnership Approaches

It is clear when talking to stakeholders in government, advocacy, and service provision that there is an air of positive change within DTA and a goal of doing things differently. DTA staff and advocates agree that Commissioner John Wagner has brought a new vision to the table and is committed to inviting partners with multiple perspectives to contribute to policy and program development.

But there are still barriers between the different parties. For one, there is a healthy tension between government and advocates. On one hand, government is wrestling with budget constraints and working with available resources and political pressures. On the other hand, advocates are committed to leaving no family or individual homeless and fighting for additional dollars if that is what is needed. Both sides in this case are committed to doing what is best to serve homeless families and ending homelessness.

But there is also an historic distrust between advocates for homeless people and DTA that does not go away with a new administration (now 2 years in office). Advocates would like to be at the table regularly and earlier in the process when decisions are being made and to work together creatively in addressing what is seen (and hopefully documented with data) in the field, rather than reacting to policy changes.

There is also a tension between some policies that are good accountability measures on the part of government that can seem to advocates like punitive controls placed on poor people. For example, families in DTA shelters are eligible to remain in shelter as long as their income

remains below the poverty line for six months. Most advocates take that to mean six months total time of actually being over the poverty line. DTA states that once a family goes over the poverty line, the clock starts ticking and six months later, despite dipping back under the line, the family must leave the shelter.

Lastly there is the impression from some advocates that DTA is solely interested in ending motel stays but not looking at the larger question of helping families permanently out of poverty or being marginally housed.

Challenges/Questions

Is this program setting families up for failure? Are there enough supports provided along with the rent? Is it only useful for the “cream of the crop” among homeless families? What exactly are the savings compared to providing emergency shelter for a family? Can a similar program, perhaps with more intensive services or longer lengths of stay be implemented for harder to serve and larger families and still be less expensive? Is it regionally equitable given different rental markets in Massachusetts? Are there implications for Local Housing Authority resident communities with people coming from shelters?

Most placements in this program thus far are in private market rental apartments. Most of these families are on a waiting list for a public housing unit, and Section 8 vouchers/units are unavailable to many that need them. Most families will not have the capacity to sustain rent in the private market.

Some feel there needs to be clearer criteria for placements that do not work out as planned. For example, it is not clear what would happen to a family that thought they had a job and lost it. Are they eligible to go back into shelter? Similarly a medical emergency might result in the family being unable to afford their portion of the rent above the \$500 per month from the program.

Currently this program falls under re-housing. Could it be adopted for prevention of first time homelessness? If so, the challenge would be in determining how to best choose families to participate. Would they become homeless without this intervention, and can this intervention effectively house them in the long term?

CONCLUSION

The savings to DTA with the elimination of motel placements for homeless families was a one-time savings of \$20 million, which was reinvested in most of the eight initiatives documented here. Whether adequate funding will be allocated in the state budget moving forward for these initiatives remains to be seen.

DTA’s ending of hotel/motel placements for homeless families in Massachusetts was a great success. The money has been reinvested in homeless services in innovative and strategic ways.

These initiatives balance accountability (Self Sufficiency Plans) with innovative and strategic thinking (ICM, Regional Models, MBHP, Motel to Shelter, Assessment Center Shelter, Shelter to Housing - \$6,000) and a return to what has proven successful in the past (LHATHP). Through it all DTA leadership has demonstrated an increased openness to collaborate which advocates hope will continue and increase further. Strong community partnerships are consistent factors among successful homeless initiatives across the country (See *Partners in Prevention, 2005*).

Documenting the results as these initiatives continue will be vital. Advocates have been pessimistic as to the effectiveness of some programs for harder to serve families as well as the time allowed in some programs. Good data can help determine, for example, “What is the best length of stay to target for a program?” “Which type of family succeeds at what length?” and “At what cost do they succeed?”

DTA was able to end motel placements and utilize that funding for other homeless services. At the eight-month mark all families remain housed in the shelter to housing \$6,000 initiative. To date, the transitional programs (LHATHP and S2H-\$6k) appear cost effective and successful. The question remains as to how effective these innovative programs which create no new housing (that wasn't their goal) will be against the steadily increasing demand for emergency shelter and permanent affordable housing.

SOURCE DOCUMENTS

- DHCD, “Local Housing Authority Transitional Housing Administrative Plan” (2004). Amendment to Interdepartmental Service Agreement (ISA), Local Housing Authority Transitional Housing Program (LHATHP).
- Letter from Case Manager to Transitional Housing Applicant outlining the goals and eligibility requirements for the program, Worcester Housing Authority. October 4, 2004.
- Memorandum from Marc A. Slotnick to LHAs Administering c.200 & c. 705 State-Aided Family Public Housing; June 1, 2004.
- Roman, Anthony M., Zhu, Xiao Di. “An Evaluation of the Massachusetts AFDC Transitional Housing Demonstration Project – Executive Summary.” Center for Survey Research, University of Massachusetts Boston for The Massachusetts Department of Welfare and The U.S. Department of Health and Human Services. (Boston: March 1996).
- Worcester Housing Authority Transitional Housing Program Rules and Regulations Contract.

INTERVIEWS

Advocate for Homeless Families, October 2004

Connolly, Debra (DTA, Housing and Homeless Services Unit), October 2004 & March 2005

Filock, Kelly (Manager, Housing Assistance Program, CMHA), October 2004

Housing Assistance Provider, October 2004

Krushefsky, Laurie (Worcester Housing Authority), October 2004

Mullarkey, Ita (DHCD, Program Manager for the Local Housing Authority Transitional Housing Program), March 2005

Shirley, John (DTA, Director of Housing and Homeless Services Unit), September 2004

Attachment: DTA INITIATIVES SUMMARY (Provided by DTA)

EA Initiatives	Description	Date
Regional Model – Shelter placements by Hyannis TAO	<p>The placement of homeless families serviced from the Hyannis, Falmouth, Plymouth, New Bedford and most recently Brockton TAOs is coordinated through the Hyannis TAO.</p> <p>The main objective is to reduce the number of motel placements and ultimately the overall area of homelessness, while at the same time providing appropriate services to these families.</p>	Start Date: 8/4/03
Transitional Model – Stepping Stone	<p>Homeless families serviced by the North Shore TAO. Families to be placed into Stepping Stone (up to 45 days) while they are being assessed to determine the most appropriate placement that will best suit the needs of the family. External staff on site to aid with DV, mental health issues, housing search etc. FOR Families will be responsible for conducting intensive evaluations to triage a family for placement.</p>	Start Date: 12/1/03
Self Sufficiency Plan Training (SSP)	<p>DTA Managers and Homeless Coordinators attended mandatory Self Sufficiency Plan Training.</p> <p>HAP and Shelter Providers attended Self Sufficiency Plan Training.</p>	<ul style="list-style-type: none"> ▪ 8/7/02 – 9/25/02 ▪ 11/14/02 – 1/23/03
<ul style="list-style-type: none"> ▪ Intensive Case Management (ICMs) 	<p>DTA has assigned thirteen (13) ICM's to motels to work closely with homeless families.</p> <p>The goals include: (1) helping homeless families avoid compliance issues, (2) ensure that all members of the family, especially the children, are accessing needed services, and (3) to help all families move into</p>	Start Date: 3/12/04

Attachment: DTA INITIATIVES SUMMARY (Provided by DTA)

EA Initiatives	Description	Date
<p>Intensive Case Management (ICMs) (cont'd)</p>	<p>permanent housing more quickly. ICMs will be visiting families daily to review the families' progress and daily activities with their self sufficiency plan and conduct appropriate referrals to assist in eliminating barriers.</p> <ul style="list-style-type: none"> ▪ The thirteen ICM's are located in the following offices: Brockton, Holyoke, Lawrence, Lowell, Revere, Hyannis and North Shore. ▪ A specialized ICM Skill Based Training was put together by the Training Unit in conjunction with training around EA and the self sufficiency plan. The following skills trained included: <ul style="list-style-type: none"> ▪ when to be firm ▪ when to provide support ▪ when to be directive ▪ conflict resolution/diffusing hostility ▪ how to control an interview ▪ self assertiveness ▪ organizational skills ▪ personal safety ▪ tracking process <p>Division of Hearings and DTA Legal Division conducted an Appeals Training. The agenda included: Review of Emergency Shelter Procedures Worker's Rights Open discussion with Division of Hearings and DTA Legal Staff ADA Issues</p> <ul style="list-style-type: none"> ▪ The Training Unit developed a training to discuss 	<p>3/9/04 – 3/11/04</p> <ul style="list-style-type: none"> ▪ 6/8, 6/15, 6/16, & 6/23/04 ▪ 6/25/04

Attachment: DTA INITIATIVES SUMMARY (Provided by DTA)

EA Initiatives	Description	Date
	<p>issues and plan strategies for dealing with the homeless population. The agenda included:</p> <ul style="list-style-type: none"> ▪ F.O.R. Families Experiences - DPH ▪ Substance Abuse Overview – DPH / DTA ▪ McKinney-Vento Homeless Education Assistance Act - DOE ▪ Best Practices – DTA 	
Motel to Shelter (M2S)	<p>Field Operations has identified families in motels who should be prioritized for shelter placement in conjunction with the Central Office Housing Unit. Field Operations met with Boston Family Housing, Brockton, Lawrence, Lowell, North Shore and Revere to discuss the motel to shelter transfer process. Motel families with children younger than school age, no employment or medical requirements are the factors being used in prioritizing movement from motel to shelter. <i>(Families who have older children or other issues who have an overriding need for placement with more structure will be included.)</i> The goal is to reduce the number of motel placements, while providing appropriate services for each family.</p>	<p>Start Date 1/20/04</p> <p>1/12/04</p>
Massachusetts Behavioral Health Partnership (MBHP)	<p>Field Operations identified that 48% of the long term shelter cases have mental health issues. As a result of this, MBHP was contacted for a preliminary meeting to see how they could assist DTA and our homeless families with mental health services. MBHP provided contract proposals for review, specific to each contractor and the case management services</p>	<p>11/21/03</p> <p>12/3/03</p>

Attachment: DTA INITIATIVES SUMMARY (Provided by DTA)

EA Initiatives	Description	Date
<p>Massachusetts Behavioral Health Partnership (MBHP) (cont'd)</p>	<p>they provide. Field Operations met with the Lawrence, Lowell, North Shore and Revere Directors to discuss this initiative, in terms of the referral and assessment process. The purpose is to provide a targeted mental health assessment when it is perceived that a member(s) of the family is experiencing a behavioral problem(s) that prevents the member(s) from successfully completing the self sufficiency goals and objectives. The results of the assessment will provide guidance to both DTA and the family relative to what action steps can be taken to assist the family member(s) with meeting their planned self sufficiency activities. A New Initiatives memo with instructions was distributed to the field. (This memo includes a list of all contacts and providers, a release of information, the referral form, assessment results and the referral tracking form.)</p>	<p>1/23/04 Start Date: 5/3/04 5/24/04</p>
<ul style="list-style-type: none"> ▪ Local Housing Authority Transitional Housing Program – (LHATHP) 	<ul style="list-style-type: none"> ▪ DTA in collaboration with DHCD is proposing to transition DTA sheltered families into public housing units. ▪ The transition should be completed within a six month time frame by utilizing the self sufficiency plan in conjunction with the LHA regulations. ▪ Families referred to this program will remain EA eligible until the transition period is complete. ▪ At the end of the transition period, the family will 	<ul style="list-style-type: none"> ▪ Anticipated Start Date: 6/30/04

Attachment: DTA INITIATIVES SUMMARY (Provided by DTA)

EA Initiatives	Description	Date
Local Housing Authority Transitional Housing Program – (LHATHP) (cont'd)	assume tenancy for the unit at the housing authority. <ul style="list-style-type: none"> ▪ The Worcester and Taunton Housing Authorities are prepared to start interviewing families from the Worcester and Taunton TAO who have resided in shelter prior to June 15, 2004. ▪ DHCD continues to talk with other housing authorities across the state to encourage participation in this program by July or August 2004. ▪ The participation criteria for this LHATHP Placement Program are: <ul style="list-style-type: none"> ▪ adult member(s) currently employed at a pay equal to or greater than state minimum wage; ▪ adult member(s) who has the potential to increase the amount of pay within 60 days if currently earning less than state minimum wage; ▪ currently participating in an education or training program which will lead to employment within 60 days; or ▪ receiving a stable monthly income, which includes TAFDC, RSDI, SSI, Child Support, Unemployment and/or veterans benefits. 	<ul style="list-style-type: none"> ▪ 6/3/04
<ul style="list-style-type: none"> ▪ Shelter to Housing – (S2H - \$6000) 	<ul style="list-style-type: none"> ▪ DTA in conjunction with the HAP / Scattered Site Providers work together to identify families who are capable of succeeding in maintaining an apartment for at least 12 months. ▪ The \$6000 represents the approximate expenditure per 	<ul style="list-style-type: none"> ▪ Start Date: 5/25/04

Attachment: DTA INITIATIVES SUMMARY (Provided by DTA)

EA Initiatives	Description	Date
	<p>family for 2 months in a hotel. (This averages out to about \$500/month)</p> <ul style="list-style-type: none"> ▪ The HAP / Scattered Site Providers had their contracts amended to give them money for families identified as candidates for this one time only program. ▪ The providers locate apartments and negotiate with landlords to establish a lease for the families which is then considered a permanent placement and EA shelter benefits are terminated. ▪ The providers will work with the families over 12 months to provide stabilization services and are a resource to the landlord should problems arise. ▪ The providers will submit to DTA, detailed reports specific to each family on a monthly basis. 	