

See Call for Entries for program rules and guidelines.

Special Housing Needs: Combating Homelessness
MassHousing – Community Housing Program

Program Description

The Community Housing Program (CHP) is a private and public-sector partnership, providing affordable housing and case management services to seventy-one, formerly homeless families in recovery from substance abuse. The Community Housing Program operates across multiple housing sites in both urban and suburban communities, spanning three Massachusetts counties. Families access CHP through a centralized intake process, which matches the families with the most appropriate site. Case management services are provided by local agencies under contract with the Bureau of Substance Abuse Services at the Massachusetts Department of Public Health (BSAS).

Background

The Community Housing Program began as a twenty-unit pilot program in Worcester County to address the needs of multiple stakeholders. It began with three different problems – and a common solution. The first problem was a property that MassHousing had financed in the Worcester area was experiencing extended vacancies. The second problem was that the Bureau of Substance Abuse Services had formerly homeless individuals graduating from short-term, substance abuse treatment programs with no place to go. These individuals would either remain in the treatment programs, thereby preventing other individuals from accessing the service, or would be discharged, after which they would eventually become homeless and relapse. The third problem was one for the Massachusetts Department of Social Services (DSS), which had children in their custody waiting to be reunited with their parents. For the most part, their parents were single women, who were graduating from these treatment programs. These individuals and their children needed homes and services.

In 1993, the Massachusetts Department of Housing and Community Development, then the Executive Office of Community Development (EOCD), applied to the U.S. Department of Housing and Urban Development for project-based Shelter Plus Care (SPC) funding as authorized by the Stuart B. McKinney Homeless Assistance Act and was awarded funding for twenty-units over a five-year grant term.

Implementation

Once the grant was awarded, the project stakeholders executed a memorandum of understanding (MOU). The Executive Office of Community Development agreed to administer the grant, and through its subcontractor agreed to enter into a housing assistance payment contract to subsidize the twenty units of housing. At the same time, the MassHousing-financed property agreed to set-aside twenty units for CHP participants. MassHousing also agreed to provide youth and resident service programming. The Bureau of Substance Abuse Services agreed to provide case management services through a qualified service provider, as well as screening and assessment services (Access Coordinator); these services also served as the match for the Shelter Plus Care grant. The Department of Social Services agreed to coordinate the reunification of children in

their custody with on-going family support services with Community Housing Program participants. Lastly, Mental Health Management of America, the Commonwealth's managed

care provider at the time, agreed to provide outpatient substance abuse and mental health services to CHP participants. Perhaps as importantly, all of the signatories to the MOU also agreed to participate in a CHP Steering Committee to share in the leadership of this important program.

Accomplishments

While there was some initial community opposition to the program, the Community Housing Program proved successful and was expanded in 1997 through a second Shelter Plus Care grant to its current size and geographic scope. This expansion has allowed CHP to provide greater housing options, both in terms of the geographic location of the site and its size (i.e. from large multi-families to smaller and more scattered sites). This programmatic expansion also necessitated an evolution for the role of the Access Coordinator.

Initially created to provide screening and assessment services to a single program site, the Access Coordinator now functions in a variety of roles. She conducts outreach activities to market the program to potential applicants, as well as substance abuse treatment programs and homeless services providers. She screens all applicants for homeless and substance abuse recovery eligibility. She facilitates communication between the applicant, housing and service providers and she convenes local site meetings with the housing and service providers, as well as Assistant Regional Managers for the Bureau of Substance Abuse Services.

Despite the additional responsibilities, the centralized screening and intake process remains the key component of the position, as it increases the operational efficiency for all the parties involved in the Community Housing Program. The housing and service providers only receive applications from individuals and families who are eligible for the program, saving hours of valuable staff time. Applicants have a single point of contact to access a variety of housing options through CHP. If an applicant is deemed ineligible for CHP (e.g. does not meet the McKinney definition of “homeless”, is not in recovery, etc.), the Access Coordinator will discuss other housing and/or treatment options and refer the applicant to other programs.

The Steering Committee has continued to meet on a monthly basis to discuss operation and policy issues, as well as to maximize program efficiencies. As an example, the Community Housing Program experienced periods of lower occupancy, due in part to the challenging target population, which resulted in reduced grant expenditures. To compensate, the Steering Committee decided to over-lease the program in order to maximize the Shelter Plus Care subsidy and assist more families.

Each MOU signatory agency has continued to recognize the importance and success of the Community Housing Program and has maintained their commitments beyond the initial five-year grant term. HUD has also continued to renew the two Shelter Plus Care grants annually. In 2003, MassHousing sponsored a program-wide Recovery Retreat, to give Community Housing Program participants an opportunity to share their experiences, form healthy and supportive relationships with other families, and feel connected to a larger recovery community. In 2007

and 2008, MassHousing also sponsored symposiums to provide education and training to Community Housing Program staff.

Assessing the Merits of the Program

Since the initial pilot program, CHP has operated for fourteen years, providing affordable permanent housing and case management services to hundreds of formerly homeless families in recovery. The provision of permanent housing with supportive services to individuals and families with disabilities, including substance abuse, who are homeless or at-risk of homelessness, has been demonstrated by numerous studies¹ to be cost effective.

By effectively and efficiently employing state resources to leverage federal housing subsidy dollars, the Community Housing Program has achieved multiple strategic objectives. MassHousing-financed properties are able to bolster their occupancy rates during times of higher vacancies, the Commonwealth is able to reduce the number of homeless families in both shelters and substance abuse treatment programs, and the Commonwealth is able to reduce the number of children in foster care by reunifying them with their families. Public expenditures in high cost, acute care and emergency response services have also been reduced through the provision of permanent housing with case management services. While these quantitative outcomes would alone make the Community Housing Program successful, it may be the qualitative outcomes that are the most important.

Among the individual successes of the program, participants have furthered their education, secured and maintained part and full-time employment, regained custody of their children, and moved on to purchase their own homes. One participant took the time to write a thank you letter. In her letter she wrote:

“Because of you, I now have a second chance at life, a chance to grow and be a productive member of society. I have a great job and a decent place to live. I am able to be there for my children. I have a good relationship with my fiancée. I am a good friend, and have good friends. I have a life second to none. All because YOU took a chance on ME!!”

MassHousing and its partners in the Community Housing Program did take a chance – a chance that changed a life. Perhaps other HFAs – in using this program as a model – can take a chance of their own.

¹ Arthur Anderson, LLC. (2002). *Connecticut Supportive Housing Demonstration Program Evaluation Report*. New York, NY: Corporation for Supportive Housing.

Martinez, T., Burt, M. (2006). Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services* 57: 992-999.

Moore, T. (2006). *Estimated Cost Savings Following Enrollment in the Community Engagement Program: Findings from a Pilot Study of Dually Diagnosed Adults*. Portland, OR: Central City Concern.

Perlman, J., Parvensky, J. (2006). *Denver Housing First Collaborative: Cost-Benefit Analysis and Program Outcomes Report*. Denver, CO: Colorado Coalition for the Homeless.