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Moving from Shelter to a Housing First Reponse

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Moving From Shelter to a Housing First Response

Clark University, School of Professional Studies

MPA 3900: Research Methods and Strategies

Robyn Kennedy

Acknowledgement

Since the 1980's the Massachusetts State Legislature, several governors, and service providers across the Commonwealth have developed and implemented strategies to best serve families who are experiencing the crisis of homelessness. Their commitment to our most vulnerable families and improving our systems of care is often unrecognized. Through this project, I wish to honor their work and provide concrete recommendations to continue their efforts.

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Executive Summary

Massachusetts is a right to shelter state for families who experience homelessness. Based on decisions made several decades ago, the state assigned the response to families who experience homelessness to the Department of Welfare (now the Department of Transitional Assistance) and a shelter, rather than a housing response was adopted. Following national best practice, the state has decided to transition the system to a Housing First response. Through this research, I will be evaluating the trends in the industry and assessing what Massachusetts needs to do to achieve a Housing First approach to serving families who are experiencing homelessness.

Unless the system is shifted to a Housing First response, the state will continue to only serve families once they have exhausted all their resources and assets. Research into what Massachusetts has done to reform the system to date will set the stage for this proposal to accomplish the goal of moving to Housing First. In addition, in order to move to a more effective and efficient system, the state needs to understand who and what forces stand as barriers to implementation and how to work with those entities to move forward with reform.

The research and recommendations included in this project will not only demonstrate the effectiveness of a Housing First Model but will make the case for Massachusetts implementing this strategy. Moving to this model will not only better serve families across the Commonwealth but will create cost efficiencies for the state budget.

Chapter One: Introduction

Background

Over the past 40 years, a statewide shelter system has been built that provides an emergency response to families but is unable to provide adequate prevention services or housing resources. Considering FY20 an anomaly due to the pandemic, I considered the past several years of the state's spending on sheltering costs. In FY19, the state spent over \$178,731,886 on the shelter system. In addition, most housing resources are tied to homelessness status and are connected to families based on their eligibility for emergency shelter. Therefore, when new housing resources are available, families are required to seek emergency shelter to access housing. To prevent this, the state has focused on limiting the eligibility for shelter rather than altering the system to be able to support families before they become homeless.

In an article in the New England Journal of Public Policy, titled "State Government's Response to Homelessness: The Massachusetts Experience, 1983-1990" Nancy Kaufman provides a first-hand account of her time serving as the Deputy Director of the Office of Human Resources in 1983. At the time she served in this role, Governor Michael Dukakis, created this new office to address the rising issue of families experiencing homelessness. This paper provides a unique perspective of not only the origins of the Massachusetts government's response to homelessness, but also the history of how shelter came to be a primary focus of response. The policy response to homelessness was developed based on a survey of homeless individuals and families in 1983 that noted high rates of alcoholism and drug abuse, domestic violence, mental health, lack of housing, and lack of income as the leading causes of homelessness. This led to the creation of legislation that expanded the role of the Department of Social Services to focus on providing services to prevent homelessness. It also gave the Department a lead role in determining if the

child(ren) in the home were at risk of experiencing homelessness. The article notes that with the support of the health and human service agency, there was a significant investment in state funding for emergency shelter to immediately respond to families experiencing homelessness and from 1983-1990, the system went from 2 shelters to 100 shelters. In her analysis of the lessons learned during this period, Nancy points to many questions that remain unanswered, including understanding the root causes of homelessness. However, she notes “prevention of homelessness (housing stability) must be a key ingredient in any successful strategy.

Simultaneously, there must be a focus on long-term solutions, including employment and permanent housing.” (Kaufman, Nancy K. (1992) "State Government's Response to Homelessness: The Massachusetts Experience, 1983-1990,"*New England Journal of Public Policy*: Vol. 8: Iss. 1, Article 41) From her article, a conclusion can be made that while support services are critical, the state must focus on sustaining housing and rapidly rehousing families in order to end homelessness.

For the past 40 years, the Massachusetts family emergency shelter system was funded through the Department of Transitional Assistance. While this allowed support for families once they reached a point of crisis, the system was detached from the housing system and therefore there was not a coordinated approach to connect families with housing. This system, while helpful in an emergency, proved ineffective in providing adequate support for families in the long term.

Beginning in the early 2000s, national momentum towards serving families was moving towards a Housing First approach, which focused on helping families maintain their current housing or rapidly find new housing then address the mitigating circumstances that were leading to housing instability. In the mid 2000s, Lt. Governor Timothy Murray took over as Chair of the

Interagency Council on Housing and Homelessness (ICHH) and hired an Executive Director of

the Council who had experience working with Housing First strategies. Together, along with advocates, providers, and state agency officials, they began the effort to move Massachusetts to a Housing First model.

The ICHH was a council comprised of state agency heads, organization leaders and stakeholders. The ICHH worked with legislators, advocates, consumers, and providers to research, identify and implement a strategy that would improve service delivery to families who are experiencing homelessness and move towards a more effective and efficient system. With the inclusive and valued voice of all involved the collective agreement was made that Massachusetts needed to move towards a Housing First system in line with recommendations from the United States Interagency Council on Homelessness. The ICHH put forth a recommendation to Governor Deval Patrick to reform the statewide emergency shelter system to implement this model. The Governor subsequently made the decision to transfer the shelter system from the Department of Transitional Assistance to the Department of Housing and Community Development. In January 2009, the Governor filed an Article 87 with the Legislature, which approved this transfer. In his Fiscal Year 2010 budget, the Governor transferred \$200 million in spending from the Department of Transitional Assistance (DTA) to the Department of Housing and Community Development (DHCD). Which included moving 80 staff from DTA to DHCD and all shelter and housing resources.

At the beginning, leaders of the two agencies met to develop a plan for implementing the transition. This included developing a timeline, identifying office space, understanding policies and regulations that would be impacted and most importantly meeting with the staff who would be transferred. From there, leadership at the agencies met with staff at all different levels to talk through the transition and hear from them potential challenges and unintended consequences, so

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they could identify strategies to mitigate them. Inevitably, there were minor challenges, such as a staff person not wanting to leave their office space to big challenges such as policies at DHCD that conflicted with the policies in place at DTA. The leadership team from both agencies developed a process by which they could identify challenges as they arise, coordinate and address them as quickly as possible. Wherever and whenever possible, leadership engaged with staff who were directly involved. This was critical to ensure that they were part of the solution, bought in to the new system, and ultimately became change ambassadors.

Since 2009, the ICHH and the Governor's Council to Address Sexual and Domestic Violence (GCASDV) have fostered an intentional partnership to better understand the interplay between domestic violence and homelessness. Over time the partnership developed into an interagency committee that is informing the work of multiple state agencies and their partners, including the Executive Office of Health and Human Services (EOHHS), the Department of Housing and Community Development (DHCD), the Department of Transitional Assistance (DTA), the Department of Children and Families (DCF), the Department of Public Health (DPH), the Massachusetts Office of Victims Assistance (MOVA), Jane Doe Inc., the statewide alliance for domestic violence service providers, the Full Frame Initiative, and Homes for Families, the statewide alliance for family shelter providers. In August 2013 both Councils, released a joint Action Plan entitled, Increasing the Effectiveness of Government's Response to the Intersection of Homelessness, Domestic Violence and Sexual Violence in the Commonwealth of Massachusetts.

The Action Plan recommends the Commonwealth's integration efforts be "anchored" in a set of principles which dramatically increase the likelihood that structural reforms and actions will lead to a system that is more effective and efficient, and that is also humane, trauma-informed and

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family- and survivor-centered. The Action Plan also aims to reduce disruption, shelter use and unnecessary relocation. Importantly, the Action Plan provides direction for responding to the intersection of homelessness and domestic violence, by prioritizing housing stability and rapid rehousing.

By 2016, the committee developed the ICAPP pilot strategy to meet families where they are at and provide them with the necessary tools to maintain or seek new housing despite eligibility criteria. Stemming from the understanding that some families need to be in shelter, particularly those fleeing imminent danger, the pilot acknowledges that many families have been pushed into shelter by a system that is not fully equipped to provide safe and individual strategies for families to stay in their home or safely in their home community. The pilot also acknowledges that in the moment of crisis when families are experiencing a multiple barriers and instability, they are also forced to make significant decisions that have consequences for other supports they may seek later. In addition, families are also forced to make decisions that have other negative implications such as disconnecting themselves from social supports they count on, removing their children from their schools which provide stability for academic success, and often requiring parents to lose their jobs and other supports that will lead to other barriers. As a result, families are often stuck making choices that while providing short term results, often create major new barriers to long-term success.

This pilot is currently being implemented at YWCA Central Massachusetts through their department of domestic violence services and through the Center for Human Development through their housing services. After having been trained in the ICAPP model, facilitators work with survivors to co-assess their assets and instabilities. Led by the family, the facilitator identifies resources for the family to make a short-term plan. The pilot provides facilitators with

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access to flexible funds to help make nontraditional community options more accessible. The pilot also includes the use of respite beds which provides families a safe space to shelter while making decisions about their next steps without having to go into long term shelter systems.

There has been significant work done to date to move the system from an emergency shelter response to a model that focuses resources to maintain housing stability and rapidly rehouse families without requiring a stay in shelter. However, to complete the transition, the state needs to fully decouple access to housing resources from shelter and invest the funding that is currently allocated to the emergency shelter system into housing resources.

Chapter Two: Literature Review and Trends in the Industry

For the project, I considered the academic thought that has already been given to the concept of Housing First. Before considering whether Massachusetts is or could move to a Housing First model, I found it prudent to understand whether this is the right model to pursue. I looked to academic researchers as well as policy advisors at the national level to review, such as Dennis Culhane at the University Pennsylvania as well as Jeannette Waegemakers Schiff and John Rook at the University of Calgary for their writings on the Housing First Model. To find a definition of Housing First, I looked to the National Alliance to End Homelessness. I looked for historical documents to give a perspective of how Massachusetts has responded to homelessness and why some of those decisions have been made to understand how we have arrived at the system that exists today. Lastly, I considered where the Housing First model has been implemented at the local level such as in Denver, Colorado for a perspective on what the challenges were and whether implementation was successful.

Prior to conducting further research on how the state of Massachusetts currently responds to homelessness and where the state may be going, I wanted to understand our history and the

current system. It is also prudent to understand the concept of Housing First to determine why national policy makers are arguing for a move in that direction and why it will benefit families experiencing homelessness in Massachusetts.

For the last few decades, national policy leaders and academic researchers have promoted the concept of Housing First as a best practice to serving homeless families. The United States Interagency Council on Homelessness has encouraged local providers and government jurisdictions to move to this model and has provided resources and support to be able to do so. Thus, I looked for academic journals that have examined this topic for a philosophical perspective to justify this determination. Several research projects have been conducted at Portland State University and the University of Pennsylvania around this concept.

From my work in the field of housing and homelessness as a policy advisor in the state of Massachusetts, I know that Massachusetts has a unique experience in serving families experiencing homelessness. Massachusetts is the only state in the country that is a “right to shelter” jurisdiction, meaning that all families who experience homelessness (based on the presence of a child) receives access to shelter. For this reason, Massachusetts primarily focuses on identifying and implementing effective and efficient models to provide access to families as needed. However, further research into this topic revealed how this system came to exist. Based on a Harvard Kennedy School article written by Nancy Kaufman who served in the Administration of Governor Michael Dukakis when Massachusetts was first developing the homelessness system, the system that exists today was deliberate in its initial response and the path that has led to how the system has been utilized.

On the website for the National Alliance to End Homelessness, they have a Fact Sheet that defines Housing First, discusses how it is different from other models and approaches, who benefits from this model, what elements are required to implement this model, and gives a brief synopsis on how this system works. This page provides a foundation to the work of a nationally accepted definition of Housing First. Housing First is a system that “prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.” ((2016, April 20). Housing First. Retrieved from <https://endhomelessness.org/resource/housing-first/>) The page further examines two types of Housing First models, permanent supportive housing and rapid re-housing, that both provide housing subsidies and voluntary services for families that are required for model implementation. The page also provides sources to back the assertion that families who have access to this model are more likely to obtain housing faster and remain stably housed. These 2 strategies are important to consider when implementing a Housing First strategy. The priority focus should be on providing resources to preserve current housing when it is safe and feasible to do so. When housing stabilization is not possible, rapid rehousing or providing the tools necessary to rehouse a family should be the priority. Shelter should be reserved for emergency situations such as a natural disaster or for a family fleeing domestic violence.

While looking for guidance at the national level about practical application of Housing First, I encountered writings by Richard Cho, the former Senior Policy Director for the United States Interagency Council on Homelessness. In his article “Four Clarifications about Housing First,” he provides some additional clarity and clarifications about the federal government’s commitment to a Housing First model. First and foremost, he points to the notion that Housing

First is not in of itself a program, but rather it is a paradigm shift in a systemic response. He defines it as “changing the DNA of how a community responds to homelessness.” (Cho, R. (2014, June 18). Four Clarifications About Housing First. Retrieved from <https://www.usich.gov/news/four-clarifications-about-housing-first>) Another point he makes in the article is to acknowledge that by adopting the Housing First model, we recognize that every individual is capable of achieving stability. Core to achieving this is providing supportive services. This argument demonstrates that while housing stability is the priority, housing must be coupled with supportive services that address the underlying challenges that lead to housing instability. Cho ends his article by connecting Housing First to achieving better healthcare outcomes. This is a recurring principle in research conducted on Housing First.

In a subsequent article by Richard Cho, he wrote that not only is Housing First a model that is possible to implement, it is in fact the only model that will be effective in ending homelessness. After defending this assertion, he goes on to encourage the particularities that must be included in the model and how policy makers should be defining the model in order to be successful in implementation. This article further points to the importance of not only providing resources to maintain housing stabilization, but also ensure that policies must align with the strategies necessary to allow for housing to be maintained. For example, it has become practice at the Department of Children and Families for social workers to require a parent to go into shelter or risk losing custody of their child(ren). While the safety of the child(ren) must be a priority, this requirement moves a family out of housing and into shelter.

Based on the sources provided on the National Alliance to End Homelessness Fact Sheet on Housing First, I also looked at a report of outcomes produced by the Denver Housing First Collaborative on their cost benefit analysis and program outcomes. The Denver Housing First

Collaborative (DHFC) was created by the Colorado Coalition for the Homeless and was intended to focus on the providing a Housing First model with supportive services to chronically homeless individuals with disabilities. In particular, the Collaborative was seeking to compare residential stability with a decrease in utilization of emergency room services. The Collaborative found that as individuals were able to increase their housing stability, they did see a decrease in the need to access emergency support. The report found that “total emergency related costs for the sample group declined by 72.95 percent, or nearly \$600,000 in the 24 months of participation in the DHFC program compared with the 24 months prior to entry in the program. The total emergency cost savings averaged \$31,545 per participant.” (Perlman, J. and Parvensky, J., pg. 1)

Additionally, the report noted that the “utilization of emergency room care, inpatient medical and psychiatric care, detox services, incarceration, and emergency shelter were significantly reduced by participation in the program. Only outpatient health costs increased, as participants were directed to more appropriate and cost-effective services by the program.” In addition to the cost effective, the report also notes “in addition to saving taxpayers money, the local and national evaluations of the DHFC program document overall improvement in the health status and residential stability of program participants. For these persons, who averaged nearly 8 years of homelessness each prior to entering the program, 77 percent of those entering the program continue to be housed in the program. More than 80 percent have maintained their housing for 6 months.” (Perlman, J. and Parvensky, J., pg. 1) The report concludes that not only is the Housing First strategy more caring and compassionate for the individuals it served, it is more cost effective for systems providing care. Where it has been implemented, the Housing First model has been proven to be an effective strategy. The data presented in the report provided clear and tangible proof of the effectiveness. The outcomes defined in the report demonstrated that not

only is the housing system improved with a Housing First strategy, but that the health care system will also see a benefit to implementation of this model.

Lastly, the article titled “Housing First: Where is the Evidence” also evaluates the efficiency and efficacy of implementing a Housing First strategy. In order to make a determination of the strategy’s effectiveness, the researchers examined the implementation of three Housing First models. They defined the history and make up of these models. They also looked at the existing literature on the topic and conducted some analysis gaps in the literature. Similar to other reports, the researchers found that despite the fact that Housing First is intended to focus on housing stability, all analysis they encountered included a focus on outcomes relative to services and treatment that are core to maintaining housing stability. The three models that the researchers explored focused on a response for individuals who experience homelessness. Their report concludes that “we can safely conclude that HF has been shown to be effective in housing and maintaining housing for single adults with mental illness and substance use issues in urban locations where there is ample rental housing stock.” (Waegemakers Schiff, Jeannette; Rook, John (2012). Housing first - Where is the Evidence? (Toronto: Homeless Hub)) Unfortunately, their research further concludes that, “there is no “best practices” evidence in the form of randomly assigned, longitudinal studies on families, youth, those with primary addictions, those coming from a period of incarceration, and those with diverse ethnic and indigenous backgrounds.” This report provides a comprehensive assessment of different models of implementing a Housing First approach but recognizes that further research is necessary in determining the right supports for underlying causes of housing instability.

Chapter Three: Approach

After completing a review of relevant literature on the topic, I arrived at the conclusion that nationally, Housing First was widely accepted as an effective model for serving families. My intent was to conduct a survey with families currently residing in homeless shelters to assess what supports they were looking for when accessing the state system and what resources they were offered. However, due to the safety constraints imposed by COVID 19, I was not able to conduct in person surveys as anticipated.

In order to get a sense of what families wanted when seeking support, I analyzed data produced by the first 4 quarters of the ICAPP pilot initiative as implemented through the Department of Domestic Violence Services at the YWCA Central Massachusetts. ICAPP or Intensive Co-Assessment and Planning Process (ICAPP), is a fundamentally different response to the intersection of homelessness and domestic violence that utilizes a facilitator to co-assess the needs of the family, centers decision making with the family, and provides flexible resources to respond to the individualized needs of the family at multiple points. ICAPP was created as a strategy that provides a model for engaging with families that is aligned with but not reliant on any specific program or eligibility criteria. ICAPP is an up to 8-week process that gives families access to a respite site as needed that is not connected to the shelter system and the support they need to determine their next steps by accessing community supports. ICAPP is built on the premise that families will not be required to let go of what is working for them in order to access short term supports or be forced into a program based on eligibility requirements they do or do not meet. Through specific interventions such as paying to have locks changed on doors, paying for the costs of car repairs, purchasing food resources, or supporting a family member or friend with rental supports, the pilot is able to help families stay safely housed where they are or identify alternative housing where they feel safe and supported. ICAPP also allows families to

continue accessing income and their community support networks to maintain stability that will support them as they address other underlying barriers that contribute to their housing instability. Most importantly, the intent of the initiative is to demonstrate that when given the option of accessing housing supports versus going into emergency shelter, families will opt to remain in their housing or go into new housing.

In the first reporting quarter of this pilot which ran from October 1, 2019-December 31, 2019, ICAPP facilitators met with 22 individuals. Of these individuals, ICAPP facilitators provided 34 interventions for relocation services including assistance in obtaining housing. Only 2 individuals went into emergency shelter during this time period. The resources provided include emergency financial assistance (including emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis), intervention with employer, creditor, landlord, or academic institution, and referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

In the second reporting quarter which extended from January 1, 2020-March 31, 2020, ICAPP facilitators worked with 54 individuals. During this time period, 25 of the individuals received support related to housing. ICAPP facilitators provided 40 interventions for relocation services and there were not any individuals who went into shelter.

In the third reporting period, which extended from April 1, 2020 through June 30, 2020, ICAPP facilitators worked with 40 individuals. During this time period, 30 of the individuals received support related to housing. ICAPP facilitators provided 130 interventions for relocation services and there were not any individuals who went into shelter.

In the fourth reporting period, which extended from July 1, 2020 through September 30, 2020, ICAPP facilitators worked with 28 individuals. During this time period, 25 of the individuals received support related to housing. ICAPP facilitators provided 129 interventions for relocation services and there were not any individuals who went into shelter.

While only operating for a short time, the results of this initiative are already proving the importance of this proposal to move to a Housing First model. The results clearly demonstrate that adequately funding housing resources and eliminating the restrictive eligibility criteria that prevent families from accessing those resources will allow families to make decisions that not only prevent the disruption of a shelter stay but are more cost efficient for the commonwealth.

The high-level goal of this project is to reduce the number of families who lose their housing and need to enter the emergency shelter system. Another goal of this project is to develop a system that provides each family who is facing housing instability with the appropriate and adequate supports to address their unique needs rather than a one size fits all model that requires families to leave their housing, enter the emergency shelter system before accessing the supports they need. Success in the short term will be reflected in families' ability to determine the resources they access and maintain housing.

A long-term goal to be achieved through this project is the stabilization of families and children in their homes and to allow access to supports such as education, job training, food supports, etc., that will address the underlying causes of poverty that cause housing instability. Success in the long term will be a reduction in the census in emergency shelters across the state. In addition, as the state sees cost savings through a more efficient and cost-effective response, the state will be

able to invest those savings in housing production to address the lack of affordable housing that exists today.

Constraints

The governor files his annual budget in January and the legislature debates the budget in April and May for a final budget to be implemented every July. Major decisions within the scope of this project will need to be implemented through the budget process, so the project team will need to follow the state fiscal budget timeline. With 160 state representatives and 40 state senators the project team will have to make sure that all concerns that might prevent a legislator from supporting this move are addressed. Many current legislators have been involved in the work that has been done to date to move the commonwealth to a Housing First model, so they will be valuable change champions to engage their colleagues in moving this process forward.

There is a multitude of shelter providers and other stakeholders who have a vested interest in this project, both philosophically and financially. Authentically engaging with and including the feedback of the stakeholders will be challenging to manage. In addition, there are several stakeholders at state agencies and in the provider community who have been in their positions for several years and have an interest in maintaining the status quo. As with any change management, leaders of this project will need to ensure that there is an appropriate and healthy level of conflict that is managed, but they will need to address where that conflict can impede progress. As Patrick Lencioni notes in his book *The Five Dysfunctions of a Team: A Leadership Fable*, “it’s important to distinguish productive ideological conflict from destructive interpersonal politics.” (Lencioni, pg. 202)

Many components of the project will rely on trust and therefore is likely to take some time before the project can be successfully implemented. It will not be possible to switch the entire system at one time so there will need to be a collective understanding that the state will need to continue to support the current model as it undergoes the transition to the new model.

Risks

Each year, thousands of families in Massachusetts seek emergency support and shelter. It has been estimated that there are approximately 200,000 families in Massachusetts that are facing housing instability and could require emergency support at any time. Any interruption to a family not receiving the support they need or “falling through the cracks” could undermine the trust needed to implement the new model.

A major interruption to the entire system, such as a pandemic, can also challenge the ability to implement the new model. Constant change of elected or appointed officials can also delay the implementation of the new model as new officials will need to be brought up to speed and will need to buy in to the goals of the project.

Implementation of the new model can also produce positive risks. Where Massachusetts is the only state that is a “right to shelter” state, most states struggle with providing adequate support for families who experience homelessness. Successful implementation can serve as a model to other communities to better support their families.

Chapter Four: Implementation

The groundwork has been laid for implementation of the final steps necessary to move Massachusetts to a Housing First model. The primary scope of this project is to transition the \$178 million funded through the Department of Housing and Community Development from

supporting shelter beds to supporting flexible resources that will support families in sustaining their current housing or support them in moving into new housing. With multiple state agencies at the table as part of the project team, other state budget line items that directly support families facing housing instability can be considered as part of building the new model.

The project team to implement this proposal should be led by the interagency committee that includes leadership from the Executive Office of Health and Human Services (EOHHS), the Department of Housing and Community Development (DHCD), the Department of Transitional Assistance (DTA), the Department of Children and Families (DCF), the Department of Public Health (DPH), the Massachusetts Office of Victims Assistance (MOVA), Jane Doe Inc., the statewide alliance for domestic violence service providers, the Full Frame Initiative, and Homes for Families, the statewide alliance for family shelter providers. The primary stakeholders impacted by this project are the families in the commonwealth who are experiencing homelessness or who are at risk of experiencing homelessness. Their input in this project throughout the process will be critical to ensuring that the state is building a response that meets the actual needs of families rather than a presumption of the needs of families. I propose including multiple families who have lived experience, through both the ICAPP pilot and through the shelter system, as part of the implementation team.

Another group of stakeholders are elected and appointed officials. The state legislature and the governor determine the funding for the state, which includes allocation for emergency shelter. Elected officials will need to support the shift of the funding currently allocated towards emergency shelter to allow for funding of more flexible resources that meet the unique needs of individual families. The Department of Housing and Community and the Department of Transitional Assistance are directly responsible for allocating funding that support homeless

families, including funding emergency shelters so they will have a direct role in the project and transitioning the current model. That said, several other state agencies fund services that impact families who may experience homelessness and will need to be a part of the project team.

Therefore, appointed officials in the state Executive Offices of Housing and Economic Development and Health and Human Services, Departments of Housing and Community, Children and Families, Public Health, Labor and Workforce Development, etc. will also need to participate.

Shelter providers are also stakeholders that will need to be part of the project. Providers currently support families who are experiencing homelessness. They will need to be involved in transitioning the supports they provide for families. They will also need to transition their current business models to provide a different type of support for families.

For this project to be successful, there are several assumptions that will need to be taken into consideration including:

- Shelter providers are prepared to transition their business models to implement a housing first system.
- Families will trust the state to accept prevention resources to avoid the need to access shelter.
- Elected officials are supportive of providing this new allocation of resources and will trust state agencies in implementing the new model.
- There is and will be adequate housing resources available that will support families.

The failure of any of these assumptions to be accurate could indicate serious interruptions to the transition to a Housing First system. For example, as noted above, through the annual budget process, the Massachusetts Legislature allocates funding to each of state agencies and makes determinations about the size and scope of each program. Also included in the budget are

policies and procedures that determine how the programs are to be implemented. The Legislature needs to be in support of this effort to ensure that funding is allocated adequately to housing resources, rather than to the shelter system. At the same time, shelter providers need to be prepared to transition their models to providing housing rather than a shelter response.

The first step of implementation will be for the project team to review the ICAPP pilot and assess the results. In addition to the success of the program, it will be important for the project team to carefully consider the types of interventions that families have selected and analyze how successful and for how long those interventions supported the family. This analysis will help set a cost benefit determination for each type of intervention. The project team will also need to conduct further research on the types of underlying barriers that are leading to housing instability for families in the ICAPP pilot. For example, families may present to the system because they are fleeing from domestic violence. However, they may also be experiencing un or under employment, significant medical issues, or have a lack of community supports such as childcare.

With the preliminary results of the ICAPP pilot initiative and the work already done to move to Housing First as a guide, the goal of this project is the transition of the \$178 million now funded in FY19 through the Department of Housing and Community Development from currently solely supporting shelter beds to supporting flexible resources that will support families in sustaining their current housing. With other agencies at the table, the project team will then be able to determine which other state budget line items that directly support families facing housing instability can be considered as part of building the new model.

The video course series titled Leading Projects hosted by Daniel Stanton provides a helpful tutorial on the processes required for project management and organizational change. The series

breaks down the method that Stanton describes as the DIRECT strategy which includes the 6 primary pillars of Define, Investigate, Resolve, Execute, Change, and Transition. While Stanton defines each of these pillars throughout the series, he provides a case study example of a sporting company that is going through a project to update its distribution center. This method will be utilized to ensure a successful implementation of this project.

Stanton begins the lecture series by defining project teams and identifying the key factors for composition of the team. Primarily, he suggests that members on the team should be cross functional and represent different departments in the company or different expertise. This validates the use of the interagency committee as the foundation of the project team. Also, Stanton suggests that the project team engages with outside consultants to manage the project as they would be able to provide an objective, nonattached perspective. The most important people to the project team are the project sponsor, the one who will create and fund the team, and the project manager, the person who will manage the team throughout the project. These 2 individuals will be from the Department of Housing and Community Development who fund the emergency shelter line item.

The DIRECT framework begins by clearly defining the vision for the project, including identifying and understanding the why of the project. As Stanton notes, a true leader is able to see past the current symptoms to the root cause of the problem. Addressing the root cause should be the goal of the project. One strategy to identify this vision is to conduct a SWOT analysis of the strengths, weaknesses, opportunities and threats to the company or to a function of the company. Once you resolve on the outcomes you are looking for, you can build your team and begin the process of implementing the project. As the goal and direction of this project have already been determined through this project, it will be important to identify the leaders of the School of Professional Studies

project implementation who will be able to keep focus on the expected outcomes and manage the team dynamic.

At the beginning of the project implementation, the project team will need to create a breakdown of all the work that needs to get done. With the project vision, work plan, and project team in place, the project is ready for its kickoff. Stanton walked through the critical steps the project manager must take during implementation of the project including ensuring that the project team is identifying and managing risks. This was similarly done during the 2009 Article 87 which transferred the shelter system from the Department of Transitional Assistance to Department of Housing and Community Development. The project team will need to identify all the entities that receive direct funding from the line item. They will also need to set a plan for each of the entities to be able to transition their current funding models into more flexible resources and access to housing resources. Lastly, the project team will need to work with the legislature and legal advisors to amend the language in the line item that sets restrictive eligibility criteria for who is able to access the resources funded within the line item.

This will not be a project that can be implemented over night. In order to address any risks or unintended consequences that may arise, the project implementation must be implemented in phases. I propose working with the individual agencies that are currently funded through the line to identify those most ready to begin the transition. With 5-10 agencies at time, the project team will be able to manage training the agencies on the ICAPP model and work with them to transition their funding structures. These agencies, who will be led by the YWCA Central Massachusetts and CHD will be additional change champions who see this project to fruition.

As Stanton concludes, the project team will need to set outcomes and consistently measure and evaluate those outcomes throughout the project. Included within that ongoing evaluation will be the testing of the implementation of the project, identifying and addressing punch list items, and creating a plan to go live. Once the Housing First model has been implemented, as Stanton recommends the project team will process the final lessons learned during the project to be document and used as best practice in future projects.

Lastly, it will be critical that throughout the implementation of the project, the project team is assessing the demographic breakdown of the families who are able to access housing resources and families who referred into shelter. Understanding that systemic racism and institutional bias and discrimination prevents Black, Latino/a, Indigenous, and people of color from accessing certain resources and housing supports will be critical to ensuring that through this transition further disparities are not perpetuated or created. The project team will need to center racial equity in their work to dismantle the barriers that prevent families from accessing the supports they need.

Chapter Five: Summary Conclusion

Unless the system is shifted to a Housing First response, the state will continue to only serve families once they have exhausted all their resources and assets. This is not only costly and disruptive for families but is also an inefficient and costly system for the state. The purpose of this project is to propose a new model in which the state addresses barriers to sustainable housing and implements a model whereby families are able to fully access resources that prevent housing instability and thereby forego the need to access emergency shelter. Emergency shelter will continue to remain as a resource to address emergency incidents such as fire, natural disasters, or domestic violence.

A project team that consists of interagency leadership, legislators, providers, advocates, and families with lived experience will be crucial to maintaining support for the project throughout implementation, as well as ensuring that the right experts are at the table to mitigate any challenges that might arise. As the implementation will occur over a number of years, identifying change champions who will remain committed to the project is also important to ensure its success.

While working at the state in a variety of capacities, I have worked with advocates, legislators, and community providers to identify better strategies to serve families who experience homelessness. In that time, I did not encounter a single person who suggested that emergency shelter was a preferred response for families who are experiencing homelessness or at risk of homelessness. More so, the lack of affordable housing and housing supports are the primary challenges for families to stay housed or transition out of housing and move into housing. Yet, year after year, the state continues to spend close to \$200 million to fund shelter beds.

Massachusetts' status as a "right to shelter" state is unique and sets the state apart from every other state in this matter. In addition, as the state built a response based on shelter rather than housing, the challenge was only perpetuated over time. It is a challenging and complex system that generations of families have had to learn to navigate and has the state has tried multiple strategies to shift to housing, trust has been eroded.

Despite all this, the evidence supporting the implementation of a Housing First model is overwhelming both at the national level and through the early result of the ICAPP pilot. With the will and commitment to see this project through, Massachusetts has the capacity to implement this best practice and better serve our most vulnerable families.

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Appendix 1

Literature Review

Appendix 2

Project Charter

Appendix 3

ICAPP Reports Quarters 1-4 submitted by the YWCA Central Massachusetts to the Massachusetts Office of Victims Assistance (MOVA)

Appendix 4

Presentation Slides