6-1-2007

Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis

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The Center for Social Policy
McCormack Graduate School at UMASS BOSTON

June 2007

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Design: Kate Canfield, Canfield Design
Cover Photo: Richard Howard, Richard Howard Photography

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Acknowledgments

This final evaluation report is the culmination of an extensive, three-year investment of time, energy and resources involving:

- 28 Massachusetts nonprofit organizations: 19 organizations who received grants through the Homelessness Prevention Initiative (HPI) and the nine Regional Nonprofits across the state that administer the RAFT Program;
- Seven foundations, led by the Boston Foundation, including the Starr Foundation, the Ludcke Foundation, Tufts Health Plan, Massachusetts Medical Society & Alliance Charitable Foundation, the Fireman Foundation and the Oak Foundation;
- The Massachusetts Department of Housing and Community Development; and
- Homes for Families which joined with the Center for Social Policy team to conduct 10 focus groups involving 72 parents and individuals who shared their perspectives on homelessness prevention, with the guidance of a consumer advisory board involving six persons who have experienced homelessness.

Collectively, we engaged in this evaluation effort because we believed that the outcomes of interventions, practice experience of service providers, and the lived experiences of the families and individuals they served have meaning for improving service practices, changing public policies, and increasing public and private resources to prevent other Massachusetts households from falling into homelessness.

The evaluation research team appreciates the efforts of directors, managers and staff in the nonprofit organizations who shared their insights during our visits, and so diligently gathered information from the people they served. We are also grateful to participants for sharing their insights with us. As you will see, these perspectives are reflected throughout the report.

The partnerships with the funders of these prevention initiatives and of the evaluation have been extraordinarily collaborative, a clear demonstration of the ways in which public, philanthropic and academic sectors can capitalize on each other's strengths for the public good.

Specifically, we wish to recognize Cindy Rizzo, Terry Saunders Lane and Allison Bauer (the Boston Foundation), Toni Weintraub and AnneMarie Boursiquot (Tufts Health Plan), Jennifer Day (Massachusetts Medical Society & Alliance Charitable Foundation), Susanne Beaton (One Family, Inc.), Melinda Marble (Fireman Foundation), Amanda Beswick (Oak Foundation), and Marc Slotnick and Paul Nixon (Massachusetts Department of Housing and Community Development) for their leadership and expertise as partners in facilitation of these initiatives and insightful feedback that enhanced the evaluation and this final report.

The evaluation team is appreciative for Helen Levine's helpful feedback and copyediting.

Dear Members of the Greater Boston Community:

Last year, the Greater Boston Housing Report Card, produced for the Boston Foundation by Northeastern University's Center for Urban and Regional Policy, found that our metropolitan area has the dubious distinction of being the nation's most expensive for a family of four. It should not be surprising, then, that the problem of homelessness—for families and individuals—continues to plague our region.

The Boston Foundation's commitment to ending homelessness is part of an overarching housing strategy which emphasizes the reduction of barriers to housing production, the creation or preservation of affordable housing, the revitalization or stabilization of urban neighborhoods, and the enhancement of community safety. Our commitment is also infused with the belief that no community can claim to be thriving when any of its residents—especially children and their families—lack secure housing.

Four years ago, the Boston Foundation joined together with the Starr Foundation, Tufts Health Plan, and the Massachusetts Medical Society and Charitable Alliance Foundation to launch the Homelessness Prevention Initiative (HPI). Our evaluation partner has been the Center for Social Policy at UMass Boston's McCormack Graduate School. While there have been some strides made in reducing homelessness there is little coordinated research into the success of various types of prevention programs. Therefore, evaluation has been an integral part of HPI from the beginning.

This third and final evaluation report provides invaluable information not only about the impact of HPI, but two other complimentary programs—RAFT and RAFT-Plus—and provides important contributions to the ongoing discussion about preventing homelessness.

Beyond the programmatic funding and analysis provided by HPI, both its success and that of the other two programs can be measured by the creation of public policy structures at city and state government levels that incorporate many of its strategies, including the Boston Homelessness Prevention Clearinghouse, a 3-year program to strengthen homelessness prevention services citywide.

This report indicates that prevention is indeed a successful strategy in the battle against homelessness, especially if funds are allowed to be disbursed with flexibility. For far less money than it would cost to house individuals and families in emergency shelters, present housing can be maintained. This can often be accomplished with minimal financial and social support—sometimes as modest as a security deposit or one month's rent—proving, without a doubt, that preventing homelessness is not only the right thing to do, it's the smart thing to do.

Sincerely,

Paul S. Grogan
President and CEO
The Boston Foundation

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Executive Summary

Background

More than five million households, nearly five percent of all households in the country, have worst case housing needs, that is, they pay more than 50% of their income for housing; they have no housing assistance, are renters and have incomes below 50% of the area median income (U.S. Department of Housing and Urban Development [HUD], 2005). Many adults heading these households work in low wage jobs (U.S. Dept. of HUD, 2005). Households most hard hit by the high costs of housing are headed by persons of color, elders, renters and sole women with children (Stone, 2006). Twenty-seven percent of the Massachusetts population, nearly 650,000 households, is shelter poor meaning that they have incomes insufficient to cover their housing costs after other basic necessities of life have been taken into account (Stone, 2007; U.S. Census, 2000).

The demand for affordable housing far outstrips the supply of housing subsidies or low-cost units. Housing assistance resources have failed to meet the demand, even though a housing subsidy and access to affordable housing clearly act as protective factors in preventing low-income households from falling into homelessness or returning to the shelter system (Dolbeare, 2001, Shinn and Baumohl, 1998; Shinn et al, 1998). For example, an eligible U.S. household faces nearly a two and a half year wait for a Section 8 housing voucher (Bratt, Stone and Hartman, 2006). The wait is much longer in many communities across the country. One estimate of need, highlighted in the 2002 Millennial Housing Commission Report indicates that 250,000 low-income housing units would need to be created each year for the next 20 years to meet the demand (Bi-Partisan Millennial Housing Commission, 2002; Bratt et al, 2006, 12).

Shelters as a Response to Homelessness

As a result of the subsequent growth in homelessness in the United States, for over two decades resources to fight homelessness have been directed toward building up the country's emergency shelter system (Sard et al, 2006). For example, in Massachusetts in FY 2002, 80% of state resources to address family homelessness were allocated for emergency shelter and related services, while 20% were allocated for prevention (Clayton-Matthews and Wilson, 2003).

Based on the most extensive and conservative analysis to date, 23 to 35 million people are homeless in the United States annually, or one percent of the United States population, six to nine percent of those in poverty and six to nine percent of children in poverty (Burt and Aron, 2000). Over a five-year period, an estimated three percent of the country's population is homeless (Link et al, 1994). The use of shelter nationally has increased over the past 15 to 20 years. Between 1987 and 2001, emergency shelters increased in size and were more likely to be full each day and night (Wong and Nemon, 2001). As of 1996, 40,000 homeless assistance programs in 21,000 locations were providing services to homeless men, women and children across the country's urban, suburban and rural communities, nearly half located in central city areas (Burt, Aron, Douglas, Valente, Lee, and Iwen, 1999).

The Public Costs of Homelessness

Homelessness is costly, not only for affected individuals or families but also for the public. Just providing shelter to a single homeless adult in Massachusetts costs the state about $1,000 a month on average. This amount does not include any case management or other services that a shelter program provides, nor does it include the high costs of health related and/or expenses related to prison/jail. Providing shelter to a homeless family costs the state an average of $98 per night. Studies indicate that of the roughly 2,900 homeless families in Massachusetts,[2] 20-25 % stay for close to 15 months, costing the state $48,440 per family just to provide them with shelter and case management services (Culhane, 2006).

Philanthropic and Public Investments in Prevention Innovations in Massachusetts

In an effort to reverse these policy and resource trends in Massachusetts, public, private and philanthropic sectors have been investing in new models of homelessness prevention. In 2004, the Boston Founda-

tion/Starr Foundation, Tufts Health Plan (THP) and Massachusetts Medical Society (MMS) & Alliance Charitable Foundation formed a collaboration to fund the **Homelessness Prevention Initiative (HPI).** Phase 1 of the HPI, the focus of this evaluation report, took place over a three-year period, from 2004 through 2006, and involved distribution of $3 million to 19 service agencies to test strategies for different populations.

In order to maximize the policy impact of HPI, Phase I included an evaluation aimed at documenting best practices and lessons learned. In this, HPI sought to uncover evidence of successful models of prevention which could be replicated at local, regional and statewide levels. The evaluation also included a policy scan of national best practices in community-wide prevention networks (Friedman, McGah, Tripp, Kahan, Witherbee, and Carlin, 2005), an examination of changes in homelessness prevention practices at the Department of Transitional Assistance, and a comparison of HPI evaluation results with those of two other homelessness prevention projects in Massachusetts: **Rental Assistance to Families in Transition (RAFT) and RAFT Plus.**

Evaluation Focus

The cross-initiative, cross-site evaluation of the three prevention programs is focused on:

- Assessing the added value of varied combinations of direct assistance with other approaches and a comparison of impacts across demographic and sub-population groups, that is, examining what works for whom;
- Calculating the cost effectiveness of specific prevention approaches, including a cost comparison of prevention approaches as compared to traditional emergency shelter approaches;
- Identifying resources that have been leveraged by agencies to maximize the impact of prevention resources;
- Comparing variations in outcomes relative to different approaches to homelessness prevention for families (HPI families, RAFT and RAFT Plus);
- Recommending strategies for bringing effective program models "to scale" and identifying lessons learned for future state level program and policy development.

The Three Homelessness Prevention Programs Compared in This Analysis

Homelessness Prevention Initiative (HPI)

Through the Homelessness Prevention Initiative (HPI), three major funders—the Boston Foundation/Starr Foundation, Tufts Health Plan, and Massachusetts Medical Society & Alliance Charitable Foundation—awarded $3 million in grants over a three-year period to 19 service agencies to test strategies for different populations. The goals of HPI were to assess the effectiveness of varied homelessness prevention strategies, add knowledge, and contribute to shaping programs and state level policymaking on homelessness prevention.

Residential Assistance to Families in Transition (RAFT)

The RAFT program is administered by the Massachusetts Department of Housing and Community Development (DHCD). The RAFT program's stated goal is to assist families who have experienced a significant reduction of income or increase in necessary household expenses to retain housing, obtain new housing or otherwise avoid homelessness. Nine regional nonprofits across the Commonwealth of Massachusetts received a total of $5 million in RAFT funding from OHED in FY06 (July 1, 2005-June 30, 2006) to assist families in preventing homelessness.

Residential Assistance to Families in Transition Plus (RAFT Plus)

The RAFT Plus program, funded by the Oak Foundation, was created to serve families at risk of homelessness who were either not eligible for RAFT or had needs that did not otherwise conform to RAFT guidelines. Through this initiative, One Family, Inc., along with the Center for Social Policy—its evaluation partner—engaged in learning how and in what ways family homelessness can be avoided through development of systematic early warning/assessment teams that leverage resources and partnerships beneficial to families on the edge of losing their housing.

Overview Of The Three Homeless Prevention Programs

1. The Homeless Prevention Initiative (HPI). HPI is the only one of the three homelessness prevention efforts included in this evaluation that serves both families and individuals. Over the three year period, 19 HPI grantee organizations had served **1,849 families** and **2,417 individuals**, a total of **4,315 households**. The range of approaches to prevention by the 19 grantees and their collaborating partners was broad.

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

2. RAFT Plus. The RAFT Plus program, funded by the Oak Foundation, was created to serve families at risk of homelessness who were either not eligible for RAFT or had needs that did not otherwise conform to RAFT guidelines. Direct assistance was provided by Metropolitan Boston Housing Partnership (MBHP) and Community Teamwork, Inc. (CTI). Together, these two organizations served a total of 91 households in FY06, with $154,000 in funding from the Oak Foundation.

3. Rental Assistance to Families in Transition (RAFT). The RAFT program is administered by the Massachusetts Department of Housing and Community Development (DHCD). Nine Regional Nonprofits across the state of Massachusetts received $5 million in RAFT funding in FY06 (July 1, 2005-June 30, 2006) to assist families in preventing homelessness. Of the 6,933 applications received, 42% (N=2,890) were approved and 58% (N=4,043) were denied. The program's stated goal is to assist families who have experienced a significant reduction of income or increase in expenses to avoid homelessness. In FY06, eligibility for RAFT included those whose household incomes were no higher than 50% of the area median income.

To what extent did the three prevention initiatives achieve positive housing outcomes?

The prevention interventions were, for the most part, highly successful in assisting households to avoid homelessness and achieve housing stability: 75% of family and 63% of individual HPI households, 79% of RAFT households, and 91% of RAFT Plus households reported stable housing at 12 month follow-up. Core components of successful interventions included: cash assistance, flexibly used, in concert with intensive case management supports; income maximization strategies; and use of interagency and local/regional collaborations to leverage resources for households served.

How did the applicant families approved and denied for RAFT assistance compare to each other?

- **Households LESS likely to be approved for RAFT were those in which:**
  - The head of household was Black/African-American or Hispanic/Latino;
  - The head of household self-reported mental health issues;
  - The family applied for rent, mortgage or utility arrearages assistance;
  - The household was living in public or subsidized housing;
  - The head of household reported unemployment as a barrier to housing.

- **Households MORE likely to be approved for RAFT were those in which:**
  - The head of household was White;
  - The head of household self-reported no medical condition;
  - The family applied for help with first/last month's rent or security deposit;
  - The household was living in private rental housing;
  - The head of household self-reported a history of substance abuse;
  - There was clear evidence of an immediate housing threat such as an eviction notice or utility shut-off notice.

A Continuum Of Household Circumstances

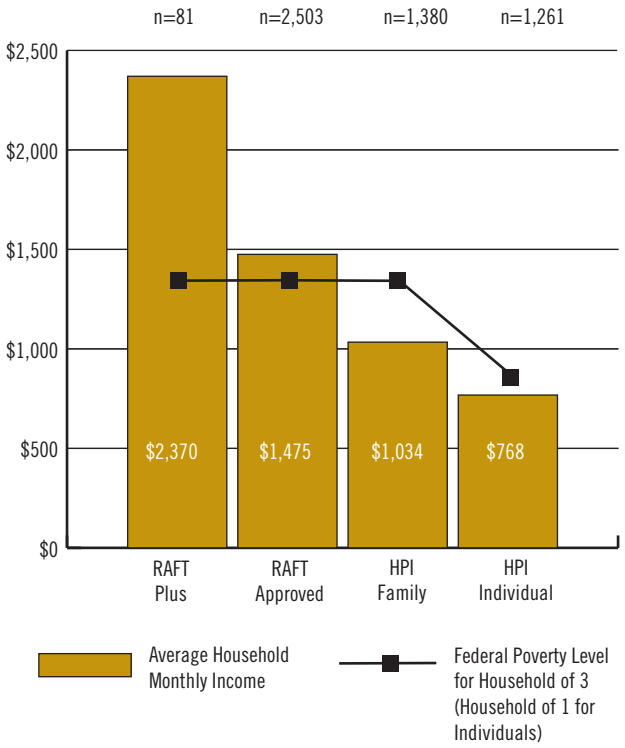
How did the households served through these three prevention initiatives differ from each other?

Although all three of the prevention programs evaluated in this report are designed to assist those at risk of losing their housing, there are some significant differences in the characteristics of the households served, the eligibility requirements and the services provided. By design, family and individual households receiving HPI assistance had lower monthly incomes and received smaller cash grants than other households served in RAFT or RAFT Plus, while households receiving RAFT Plus had the highest monthly incomes and received the highest levels of cash assistance.

- **HPI** was the only one of the three homelessness prevention efforts that served both families and individuals. Compared to other family households served, HPI households had the lowest incomes and lower levels of educational attainment; they were more likely to be single, and female-headed households. At intake, HPI family households were more likely to be living in subsidized housing than other families served; individuals were more likely to be living in a shelter or a residential treatment program. Several HPI programs specifically addressed the needs of those with health related risk factors, including substance abuse and mental illness. Not surprisingly, HPI households were more likely to report at least one medical condition. Nearly all (91%) individuals served through HPI reported a medical condition, most often substance abuse and/or mental health challenges.

FIGURE 1:

Average Household Monthly Income as compared to the Poverty Level across Homelessness Prevention Programs



- **RAFT households**, approved for assistance, tended to be those in a 'temporary extraordinary housing crisis' who demonstrated a capacity for sustaining their housing once assisted. These households were, for the most part, living in private rental housing at intake.
- Three quarters (75%) of **RAFT Plus households** were homeowners or renters living in private apartments without a housing subsidy. Comparatively speaking, these families had older heads of households, 39 years of age on average.

What characteristics did the households have in common across all three programs?

- Across initiatives, households were, for the most part, headed by persons in their early to late thirties.

- The majority of those served were **households or persons of color**; HPI organizations served the highest percentages of minority families and individuals. These results coincide with Stone findings (2006): households of color are more likely than White households to be 'shelter poor' in Massachusetts.

In what ways were the interventions similar and different for households served by HPI, RAFT and RAFT Plus?

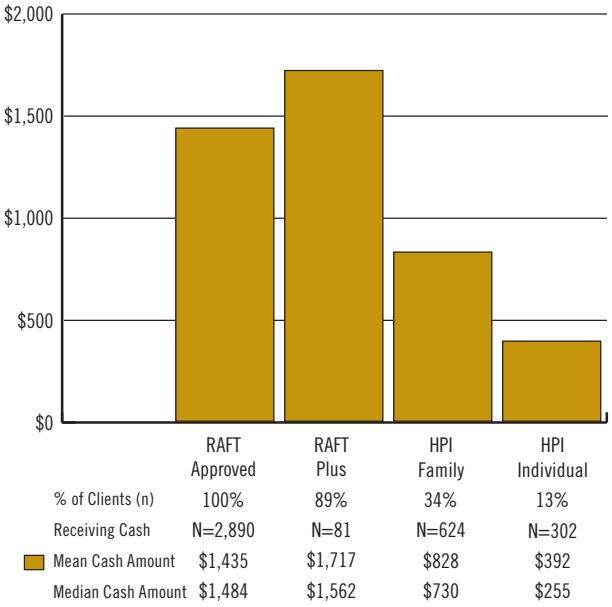
- **Cash assistance**
  - Comparatively speaking, a lower percentage of **HPI** households received cash assistance as a prevention resource, and those who did received the lowest amounts (34% of families receiving $828 on average; 13% of individuals receiving $392 on average).
  - 100% of **RAFT-approved** households received cash assistance, and those who did received amounts lower than the allowable $3,000 cap, $1,435 on average.
  - **RAFT Plus** families were also very likely to receive cash assistance (89%) and those who did received the highest amounts ($1717 on average, ranging from a low of $126 to a high of $6,067).
- **The uses of cash assistance** by families served were similar across all three homelessness prevention initiatives; that is, the funds were primarily used for rent arrears, utility arrears, or first/last month's rent or security deposit, or a combination of several of these needs. However, for HPI individuals, cash assistance was used for many other needs, such as phone, transportation, clothing and other expenses.

Other **core interventions** provided to households were:

- **HPI programs:** Ninety-five percent of participant households received at least one service resource other than cash assistance. Two-thirds (66%) referrals, 42% case management, 33% housing search, and 25% transportation assistance; 12% received other services, such as health care counseling, financial literacy, legal counseling, mediation and training or employment services.

FIGURE 2:

Percent of Households Served who Received Cash Assistance



	RAFT Approved	RAFT Plus	HPI Family	HPI Individual
% of Clients (n)	100%	89%	34%	13%
Receiving Cash	N=2,890	N=81	N=624	N=302
Mean Cash Amount	$1,435	$1,717	$828	$392
Median Cash Amount	$1,484	$1,562	$730	$255

HPI interventions differed by program type

- **HPI direct assistance and supportive housing programs:** These HPI programs used multiple strategies to enable households to stabilize their housing, including the combined use of cash assistance and intensive case management. A majority of these HPI organizations and their partners emphasized the value of the time-intensive, personalized relationships they have built with their clients.
- **HPI discharge planning programs:** Both Project Place and Span, Inc. and their partners made connections with men and/or women prior to their discharge from prison/jail. Project Place joined with the South End Community Health Center and the Suffolk House of Corrections, as well as McGrath House (a pre-release facility) to provide in-depth connections and attention to women's health, housing, and employment aspirations. SPAN, Inc. offered case management prior to discharge and, upon release, sober housing, substance abuse treatment, and time-limited rental assistance.
- **HPI psycho-social/psycho-educational programs:** Recognizing the role of personal, psychological, and/or other social challenges that play a role in exacerbating housing instability, some HPI agencies

implemented psycho-educational interventions. For example, Gosnold, Inc. developed a cognitive behavioral training model to enable women at risk of homelessness due to substance abuse, mental illness, and/or trauma to develop a sense of personal efficacy. The Newton Community Service Center's Parents Program used outreach approaches, including clinical home visiting, psycho-educational group sessions and parent/child and peer support, with young parents at risk.

- **RAFT Plus programs:** Cash assistance was paired with other services for two-thirds (66%) of families served. The most common other services, in order of use, were housing advice, case management and budgeting skills/financial literacy. Households who were renting with no housing subsidy at intake were more likely to receive case management and housing advice than those in other housing situations.
- **RAFT programs:** In addition to cash assistance, only 25% of RAFT-approved households requested other supports. The most frequently requested service was assistance with budgeting. Single-expectant heads of households were more likely to request assistance with education and childcare. Households with rental arrearages were more likely than others to request help with housing and employment searches.

Cost Effectiveness

What is known about the cost effectiveness of the three prevention initiatives?

- Average homeless prevention costs per household were:[3]
  - $737 for households served by any of the HPI programs regardless of whether they were single adults or families; $986 for families in economic and housing distress; $456 for men and women prior to discharge from prison or residential treatment programs; and $718 for persons with behavioral, mental illness, substance abuse or other disability challenges;
  - $1,707 for RAFT family households; and
  - $1,692 for RAFT Plus family households.

These costs are significantly lower than the costs of providing shelter for families or individuals in the state's publicly-funded shelters.

These costs for prevention for families are somewhat higher than those for families served in Hennepin County, Minnesota through its community-wide homelessness prevention network. In 2002-2003, the County spent $472 on average per family for prevention services, with a 95% success rate—no use of shelter for at least 12 months after intervention (Burt and Pearson, 2005). However, rental housing costs for Hennepin County are lower, on average, than rental costs in Massachusetts. According to the National Low Income Housing Coalition, the average Fair Market Rent (FMR) for a two-bedroom apartment is $858 in Hennepin County and $1,178 in Massachusetts (2006). Housing outcomes however are comparably high for several of the programs serving families in economic and housing distress, with Homes for Families and, Family to Family reporting 94% and 93% positive housing outcomes respectively.

Which interventions were cost effective for households with specialized needs?

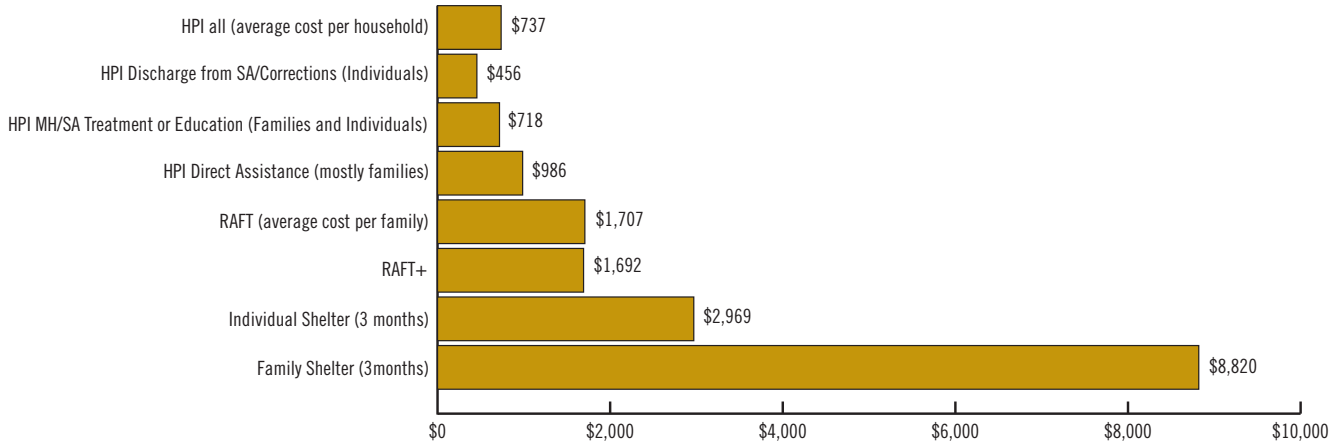
- For persons with behavioral, mental illness or substance abuse difficulties or other disabilities, several supportive housing models resulted in positive housing outcomes: Homestart/GBLS (95%); Rosie's Place (90%); and the Mental Health Association's Western Massachusetts Tenancy Preservation Program (75%). Other successful interventions, in the category of psycho-educational/psycho-social supports for these populations, were those implemented by the Somerville Mental Health Center collaborative (75%), Advocates, Inc. (71%) and Gosnold, Inc. (72%).

What is known about the outcomes of RAFT intervention?[4]

- Overall, families served through the RAFT program had slightly better outcomes than those served through HPI. This is to be expected as HPI was designed to meet the needs of those with multiple barriers. As such, families receiving HPI had lower monthly incomes, and higher levels of mental illness.
- RAFT funds are not a predictable resource; usually they become available after contentious legislative debates. Once the state budget is passed and RAFT funds are released, regional nonprofit agencies are

FIGURE 3:

Average Cost of Homeless Prevention and Homeless Shelter



flooded with applications by households who want to access the funds before they run out. Agencies' capacities to process applications and tailor interventions to the specific needs of each household, are hampered by this dynamic of periodic, unpredictable infusions of funds.

How do housing outcomes for RAFT approved and denied households compare?

- Taking data limitations into consideration, at 12 month follow-up, homelessness was prevented for 79% of approved families as compared to 71% for families who applied for RAFT funds but were denied.
- Among those who were not approved for RAFT assistance, female-headed households, those with a criminal record, and those who experienced prior evictions were less likely to report stable housing at 12 month follow-up.

In what ways did having housing assistance impact housing outcomes?

- Households with housing subsidies were more likely to report stable housing at follow-up than those in private market housing; this was the case even for very low-income HPI households who had multiple barriers to housing.

For which households was achieving positive housing outcomes difficult?

- Housing outcomes were less favorable and follow-up contacts were more difficult to maintain with men and women who had left prison, runaway youth and families escaping domestic violence. In this regard, HPI organizations serving these populations are identifying success indicators, other than housing outcomes, to document small, but meaningful, steps of progress with these populations.
- Evaluation results also clearly indicate that Hispanic/Latino families in Massachusetts are in need of targeted and, perhaps, different homelessness prevention interventions than those provided through RAFT. The majority of Hispanic/Latino families who were served by RAFT lived in Hampden County, near or in Springfield, Holyoke and Chicopee, areas with significant Hispanic/Latino populations and high poverty areas. These families appeared to have multiple risks that impede their housing and economic stability: low educational attainment, low incomes, and overcrowded housing circumstances. In addition, Hispanic/Latino families who were served through RAFT were nonetheless more likely than other families to report unstable housing at follow-up.

Would those served have been homeless if not for the intervention? Are those who participated in an intervention going to be homeless notwithstanding having been given cash assistance and other supports?

- The constraints of the evaluation did not allow for engagement of a control group which, if included, would have allowed us to more definitely answer these questions. However, several indicators lead

us to conclude that the prevention interventions were targeted to households whose housing circumstances would have worsened without assistance.

- First, we carried out a separate follow-up study of RAFT applicants, turned away due to fund depletion in fiscal year 2005, within a three- to six-month period after applying for assistance. Results were:
  - Housing circumstances remained precarious or had worsened for over 75% of those living in unsubsidized rental housing (27% of all applicants) and for 100% of homeowner applicants (5% of all applicants). In contrast, nearly all families with housing subsidies retained those subsidies without RAFT assistance.
  - Hardship persisted for nearly all families without RAFT assistance. At follow-up, only 10% of un-served RAFT applicants reported being able to pay their rent and bills on time.
- Second, service providers carried out rigorous eligibility assessments; in fact, some approvals for the RAFT program involved central office program administrators.
- Third, for those served through RAFT in fiscal year 2007, no families entered a state-funded emergency shelter after having received RAFT as of October 2006.

Geographic Dimensions Of RAFT Service Delivery

To what extent are RAFT prevention services and resources accessible to households throughout the state? (See map next page.)

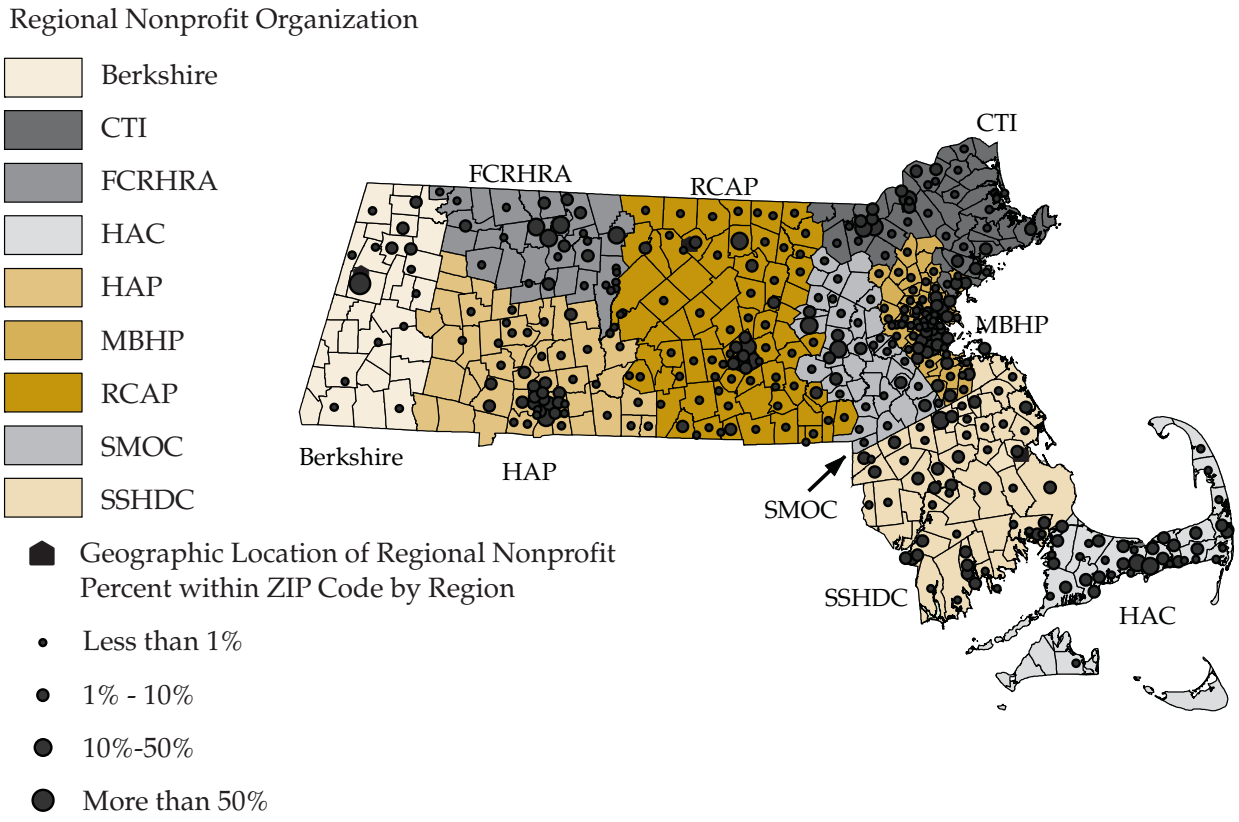
- Prevention resources through RAFT are not as easily accessible to households in rural areas living at a distance from the regional nonprofit agencies in Berkshire, Hampden, Hampshire, Franklin and Essex Counties.
- In these regions, those applying for RAFT tended to be living in close proximity to the regional nonprofit administering RAFT. Nonprofits in these regions may not have developed the capacity, alone or in collaboration with other organizations, to achieve full penetration throughout their catchment areas.
- Community-wide prevention networks, such as those in place in Central Massachusetts and on Cape Cod, appear to have a wide and broad reach to households in need of assistance throughout these regions.

To what extent are promising models of prevention available across the state to families and individuals at risk of homelessness?

- Publicly funded homelessness prevention is not available for some populations at risk of homelessness who benefited from HPI and RAFT Plus prevention interventions.
- For a relatively short period of time, three years for the HPI initiative and 12 months for the RAFT Plus initiative, philanthropic investments enabled many Massachusetts households on the brink of losing their housing to receive effective prevention assistance. Prevention intervention appears to be highly effective with these populations, specifically:
  - single individuals with very low incomes, often facing mental illness and/or substance abuse or other disability challenges;
  - families with higher incomes than those eligible for RAFT, including homeowners;
  - families with much lower incomes and more long-standing barriers to housing stability than those served through RAFT.
- Others who applied for RAFT and were not approved, but appear to be at high risk of housing instability, especially Hispanic/Latino households who appeared to have multiple risk factors that impeded their housing and economic stability: low educational attainment, low incomes, and overcrowded housing circumstances; and other households throughout the state with long-standing and less easily resolved situations. In each of these instances, publicly funded prevention alternatives are not currently available.
- If promising models are to be expanded, replicated and sustained across the state, new public policy and resource priorities are needed in Massachusetts, along with a multi-pronged, multi-sector approach. Specific recommendations follow.

FIGURE 4:

Location of RAFT applicants relative to Location of RAFT Agencies



Recommendations For Public, Philanthropic, Nonprofit Sectors

A multi-pronged, multi-sector approach is essential for creating, replicating and sustaining effective prevention networks and intervention alternatives for at-risk families and individuals. If philanthropy's role is to incubate and test innovations in human service practice, then the proper role for federal, state and local governments is to provide operational funding for replication, expansion and long-term sustainability of effective interventions. Effective partnerships between the state and local communities can and should be utilized to leverage private and voluntary supplementary resources to create community-wide coordinated prevention networks. Public and private investments are likely to be cost effective if informed by what has been learned through this evaluation of promising models of prevention for specific populations.

Recommendations for Government

Replicate and sustain promising models of prevention. Evaluation results suggest a need for state and local government, while continuing some effective prevention programs, to infuse significant new resources and realign state agency resources for replicating and sustaining promising models. Specific recommendations are:

1.Predictable RAFT funding for families and homelessness prevention for individuals. The dynamic of unpredictable, sudden infusions of RAFT funding needs to be modified. In addition, to date, major state-sponsored prevention has been available for families only. Promising models for individuals have been successfully field-tested in Massachusetts, as detailed in the report.

- Ensure steady RAFT homelessness prevention funding for families at risk;

- Create prevention alternatives for individuals; effective models tested and implemented in isolated pockets across the state should be available statewide.

2.Replication, expansion and sustainability of promising models of homelessness prevention. Several models of intervention for families in economic and housing distress and for persons with behavioral, mental illness or substance abuse difficulties or other disabilities were field-tested and have demonstrated cost effectiveness. To facilitate the success of such interventions and make them available statewide:

- Create a closer collaboration between the Office of Housing and Economic Development and the state agencies within the Executive Office of Health and Human Services to increase policy and resource coordination essential for speedy and efficient assistance for households in need.
- Align resources and regulations to provide incentives for field-testing of integrated assessment and screening processes for prevention and shelter by local and regional collaborative nonprofit networks.
- Engage the relevant EOHHS and OHED agencies and local agencies (e.g., community health centers, housing courts, housing authorities, correctional institutions), to promote the incorporation and sustainability of effective prevention models.

3.Expanded access to and use of the state's utility discount program. Create a system for automatic enrollment of low-income households into the state's utility discount program, as well as notification of any and every Massachusetts household about the state's utility discount program at the first signs of utility arrearage trouble.

4.Innovations for early warning systems and elimination of access barriers to housing and income supports for households in need.

- Direct state resources toward implementation of innovations such as co-location of services, information campaigns, coordinated intake protocols and a range of easy-to-access entry points in locations that low-income households frequent. Invest in long-term evaluations of program innovations to maximize the policy impact of program initiatives.
- Ensure the flexible use of cash assistance as part of state-funded prevention options for both families and individuals in the future. Service providers demonstrated judicious use of cash assistance in all three programs and, when not constrained by program regulations, they worked with households to use the cash assistance for many purposes not currently allowable in the RAFT program, such as transportation, school supplies, car repairs and so on. As of Fiscal Year 2007, the RAFT program may be used for car payments and property taxes as well. This flexibility is essential to tailor interventions to households' unique circumstances.
- Identify and implement policies that can help households likely to be at risk of homelessness to obtain housing assistance and other needed public resources. A blend of earned income and public resources has the potential to close the real gap between housing expenses and household incomes for thousands of shelter poor Massachusetts households.

Recommendations for Philanthropy

Advance innovations, best practices and cross-sector planning. The promising models of prevention profiled in this report are the result of pioneering philanthropic organizations collaboratively seeding funds for nonprofit sector innovations in prevention. Facilitative philanthropic leadership will continue to be an essential catalyst for innovative and collaborative multi-sector initiatives to realize the goal of a significant reduction in homelessness and housing instability in the state.

1.Innovation development.

- Invest in the creation of new intervention approaches for those for whom achieving positive housing outcomes are the most difficult: Latino households; runaway youth; families escaping domestic violence; and individuals leaving prison.
- Join with public and local community stakeholders to support the implementation and evaluation of innovations for building community-wide prevention networks designed to (1) reach into all deep poverty pockets of the community, (2) eliminate all families' and individuals' chaotic journeys for help; and (3) maximize cross-sector involvement and resources in local communities.
- Invest in long-term evaluations of program innovations to maximize the effectiveness and policy impact of program initiatives.

2.Facilitation of cross-sector planning processes.

- Continue to provide leadership for convening representatives from federal, state and local government and nonprofit, business, advocacy, constituent and voluntary sectors.
- Support the work of the new legislative commission on homelessness co-led by State Representative Byron Rushing and Tina Brooks, Undersecretary, Massachusetts Department of Housing and Community Development.

3.Facilitation of peer learning processes and dissemination of best practices.

- Host and facilitate peer learning and dissemination of best practices for homelessness prevention providers and planners.
- Ensure a central role for program participants in these educational exchange processes.

Recommendations for Nonprofit Organizations

Expansion, improvements and evaluation. Evaluation results provide direction for promising human service practices and for needed program improvements. The front-line practices of organizations and human service providers make all the difference in households' experiences when they seek help to address housing instability.

1.Implement and expand effective models of prevention for populations with different needs.

- Incorporate promising models of prevention specific to varied populations, as tested through the HPI, RAFT Plus and RAFT programs.
- Special attention should be given to those populations who have not realized positive housing outcomes.

2.Connect households with the utility discount program as early as possible.

- Create the organizational capacity to process transactions with utility companies as quickly as possible.
- For community action agencies, organizational links with the agency's fuel assistance program and, for other regional nonprofit agencies, with the regional CAA's is fuel assistance program are advised.

3.Create community-wide prevention networks.

- Engage the private sector, faith-based organizations and other local community resources for serving those households not eligible for state-funded prevention.
- Develop early warning systems for people at risk of homelessness.
- Tailor a local system for integrating screening and assessment for prevention and shelter. Develop consistent assessment strategies, tools and protocols to identify strengths, barriers and potential resources that may help households sustain their housing and avoid homelessness. Models for screening for multiple barriers do exist, such as Hennepin County, MN, where a screener conducts an assessment for each family entering shelter and determines appropriate services based on the housing barriers level assessment (Burt, 2006).
- Increase service provision in rural areas or improve access to regional centers through transportation innovations. New outreach approaches need to deal directly with the expanse of the rural areas within specific regions of the state and the concomitant transportation challenges for households in need.
- Tailor services to special populations, i.e., families in Latino households; runaway youth; families escaping domestic violence; and individuals leaving prison.

4. Create organizational systems for long–term change and for follow-up with households served

- Create the organizational capacity to maintain connections with households served, beginning with a positive, face-to-face relationship at the first point of contact.
- Use staged cash disbursements as a tool for ensuring that practitioners and households are working together over time to stabilize housing and to leverage change with households, landlords and housing authorities (e.g. agreements on payment plans or lowering rental burdens).
- Create the organizational capacity to assess how interventions are working and use these data to provide direction for program improvements.
- Include both hard numbers and participants' and service providers' qualitative assessments to inform organizations' self-assessments and program development directions.

1.
Introduction

In an effort to generate new thinking and policy alternatives to address homelessness in Massachusetts, public, private and philanthropic sectors have been investing in new models of homelessness prevention. The Boston Foundation/Starr Foundation, Ludcke Foundation, Tufts Health Plan (THP), Massachusetts Medical Society (MMS) and Alliance Charitable Foundation formed a collaboration in 2004 to fund the Homelessness Prevention Initiative (HPI). To maximize policy impact, these philanthropic organizations, along with the Massachusetts Department of Housing and Community Development, contracted with the McCormack Graduate School's Center for Social Policy at the University of Massachusetts Boston to evaluate HPI and two other homelessness prevention projects: Rental Assistance to Families in Transition (RAFT) and RAFT Plus.[5] This evaluation report highlights the need for a comprehensive, multi-sectoral approach to homelessness prevention which includes a combination of services, intensive case management, and flexible cash assistance, discharge planning and supportive services. The report provides detail on: the comparative characteristics and housing stability outcomes of those served; organizational approaches and strategies used by the provider organizations; analysis of the costs and benefits of homelessness prevention; promising models; and recommendations for public, philanthropic, nonprofit sectors.

Background. Homelessness continues to be a major concern in cities and towns across the United States. In recent years, there has been a renewed energy and investment in ending homelessness through prevention and alternative housing models. Nationally the Federal Interagency Council on Homelessness, reintroduced into the federal government in 2003, is leading efforts to end chronic homelessness, while states and localities have developed 10-year plans to end homelessness. These recent efforts come after a nearly thirty year trend of the federal government reducing resources for low-income housing. In the first half of the 20th century, the United States addressed the housing needs of low-income households by creating large scale, public housing developments. Since the late 1960s, government has sought to shift the production and development of affordable housing to the private sector, often relying on nonprofit and community organizations to address local housing needs (O'Reagan & Quigley, 2000; Keyes et al. 1996; Walker 1993). In addition, federal resources have been directed toward urban revitalization and home ownership rather than the production of housing units and housing assistance for low-income households (Dolbeare, 2001). As a result, the demand for affordable housing far outstrips the supply of housing subsidies or low-cost units. On average, an eligible U.S. household faces nearly a two and a half year wait for a Section 8 housing voucher (Bratt et al, 2006). The wait is much longer in many communities across the country. One estimate of need, highlighted in the 2002 Millennial Housing Commission Report and cited in Bratt, Stone and Hartman, indicates that 250,000 low-income housing units would need to be created each year for the next 20 years to meet the demand (Bratt et al, 2006, 12).

Poverty, Homelessness and Housing in Massachusetts

Poverty. Households living in poverty are at high risk of housing instability. Approximately 8% of families and 10% of individuals in Massachusetts are living below the federal poverty level. The areas with the highest percentage of households living in poverty include urban areas such as Boston (20%), Worcester (18%), Springfield (23%), New Bedford (20%), Lawrence (24%) and non-urban areas such as North Adams (18%), and Amherst (20%).

However, the literature suggests that the federal poverty level may not be the best measure of low-income households' ability to afford their housing. Michael Stone has used the concept of shelter poverty (Stone 1993, 2006) as a more realistic alternative to the use of 30% of household income for rent as a viable housing affordability standard. Using his shelter poverty methodology, Stone found that in 2000, nearly

27% of all Massachusetts' households, roughly 650,000 households, were shelter poor, more than twice as high a percentage than the standard poverty measures suggests. For this group, household incomes were insufficient to cover their housing costs once other basic life necessities had been taken into account. Households headed by people of color across the state were two times as likely to be shelter poor with rates of 55% for Latinos, 42% for Black headed households and 39% for Asian headed households (Stone, 2006).

Shelters as a Response to Homelessness. For over two decades, as a result of the growth in homelessness in the United States, resources to fight homelessness have been directed toward building up the country's emergency shelter system (Sard et al, 2006). Based upon the most extensive and conservative analysis to date, 23 to 35 million people are homeless in the United States annually, that is one percent of the United States population, six to nine percent of those in poverty and six to nine percent of children in poverty (Burt and Aron, 2000). Over a five year period, an estimated three percent of the country's population is homeless (Link, Susser, Stueve, Phelan, Moore, and Streuning, 1994). The use of shelter nationally has increased over the past 15 to 20 years. Between 1987 and 2001, emergency shelters increased in size and were more likely to be full each day and night (Wong and Nemon, 2001). As of 1996, 40,000 homeless assistance programs in 21,000 locations were providing services to homeless men, women and children across the country's urban, suburban and rural communities, nearly half located in central city areas (Burt, Aron, Douglas, Valente, Lee, and Iwen, 1999).

In Massachusetts in FY 2002, 80% of state resources to address family homelessness were allocated for emergency shelter and related services, while only 20% were allocated for prevention (Clayton-Matthews and Wilson, 2003). The Department of Transitional Assistance (DTA), the state agency in Massachusetts which oversees the provision of emergency shelter, reported that in January 2007[6] there were 1,602 families and 3,000 individuals living in shelters administered by the department . Just providing shelter to a single homeless adult in Massachusetts costs the state about $1,000 a month on average. This amount does not include any case management or other services that a shelter program provides, nor does it include the high costs of health related and/or expenses related to prison/jail. Providing shelter to a homeless family costs the state an average of $98 per night. Studies indicate that of the roughly 2,900 homeless families in Massachusetts,[7] 20 to 25 percent stay for close to 15 months, costing the state $48,440 per family just to provide them with shelter and case management services (Culhane, 2006).

Affordable Housing and Access to Employment. Access to affordable housing and adequate income is essential for low-income households' housing security. Housing subsidies play a critical role in lowering the costs of housing and in reducing the risk of homelessness for low-income households. However, Pascale Joassart-Marcelli finds that subsidized housing units are geographically concentrated, in high-poverty, low-income communities, with high racial and ethnic concentration (2006). These locations tend to have limited public transportation and fiscal resources as well as fewer employment opportunities for low skill workers. Joassart –Marcelli (2006) identifies zoning regulations and the role of nonprofit organizations as the two major factors playing a significant role in explaining the concentration of rental housing subsidies. Zoning regulations effectively reduce the proportion of subsidized rental units in some cities and towns. In contrast, the presence of a housing-related non profit agency in a town or city has a positive effect on the availability of subsidized rental housing units. Within greater Boston, subsidized rental housing units are geographically concentrated in and around the city of Boston to include Northern areas (Cambridge, Somerville, Medford, Malden, Stoneham) and Western areas (Newton, Waltham, Framingham, Natick). Concentration of subsidized rental housing units is also evident in Lowell and Lawrence, Taunton, Brockton and Plymouth (Joassart-Marcelli, 2006).

Ending Homelessness

The National Alliance to End Homelessness has identified five promising strategies to end homelessness: prevention, Housing First, assistance paying for housing, such as housing vouchers, targeted services to meet needs, and improvements in data collection, program evaluation and planning (2006).

Prevention Networks. Communities throughout the United States are exploring models of homelessness prevention. In her study of community-wide homeless prevention, Martha Burt identified four promising models: temporary cash assistance; support services in combination with discharge planning and permanent housing; mediation services for tenants in housing court; and rapid exit from shelter (Burt and Pearson, 2006). These strategies echo the priorities set by the Federal Interagency Council on the Homeless in 1994 which stressed the importance of preventing foreclosure and eviction; diffusing potentially violent domestic conflicts; providing supportive services to physically and/or emotionally disabled individuals; and creating discharge plans for individuals about to be released from prisons or hospitals (1994).

Interventions fall into three strategic categories: prevention through placement (secure housing and community integration for vulnerable groups exiting after long periods of custodial care); prevention of relapse: (services, treatments, and supports delivered to formerly homeless people to prevent reoccurrence); and tenancy preservation: (service and intervention directed to housed beneficiaries of social service programs who exhibit risk factors likely to lead to loss of housing) (Leginski, 2007).

A study in Western Massachusetts suggests that implementing a preventive counseling program and redirecting the community's resources from crisis management to education and economic development can lead to better results (Ronnow, 1997).

Other key elements of prevention networks are reviewed in Friedman et al (2006). This review of community-wide prevention networks recommends that, for effective and coordinated intervention, several key elements be incorporated into regional or local homelessness prevention networks:

- the integration of prevention and shelter assessment/eligibility determination processes;
- prevention, rather than shelter, as a primary route to affordable housing;
- flexible use of cash and non-cash prevention resources, pooled from public and other privately-generated resources;
- performance benchmarks and use of cross-organizational outcome measurement to assess progress and inform practice; and
- effective cross-sector partnerships with public resources as a base, privately-generated resources as supplemental.

Addressing the Needs of Households with Multiple Risk Factors. Homelessness prevention should not be a one-size fits all model. While many households may benefit from one-time, limited interventions in the form or cash assistance, other households may be facing numerous challenges that collectively contribute to their risk of homelessness (Friedman, McGah, Tripp, Kahan, Witherbee, and Carlin, 1996). McChesney (1995) developed a cluster model of vulnerability for homelessness in her review of the literature of urban homeless families. The first cluster includes factors related to poverty, including: heads of household who are people of color; young parents; and/or single female parents. The second cluster relates to families' access to new affordable housing and includes: pregnancy or recent birth; current substance abuse of parents or partners; as well as past and current victimization through physical or sexual assault. Other identified risk factors include: educational attainment of less than high school (Bassuk, Weinreb, Buckner, Browne, Salomon, and Bassuk,1996); lack of consistent income (Bassuk et al, 1996); and lack of a social support network (McChesney, 1995; Bassuk, 1996). Models for screening for multiple barriers do exist, such as Hennepin County, MN, where a screener conducts an assessment for each family entering shelter and determines appropriate services based on the housing barriers level assessment (Burt and Pearson, 2006).

Housing Vouchers. Housing vouchers have several positive impacts for families that receive and utilize them. In an evaluation of the effectiveness of Welfare to Work Program Vouchers, the U.S. Department of Housing and Urban Development (HUD) measured four primary areas the vouchers could affect: 1) housing mobility and neighborhood environment; 2) adult employment, education, training and receipt of public assistance; 3) household income and material hardship; and 4) family and child well-being. The HUD study confirmed that vouchers led to a substantial reduction in homelessness, an increase in independent housing; and a corresponding decrease in doubling up and over-crowding (HUD, 2006). Housing vouchers had a significant impact on reduction in the overall number of moves made during the follow up period and also led to better residential location indicated

by lower poverty rates, higher employment rate and lower welfare concentration. Although the study found that having and using a voucher reduced employment rates and earning amounts in the first two years of the program, this small negative impact disappeared over time. In addition, there was no significant impact of the voucher on amount or type of education and training received by the treatment group (HUD, 2006).

Housing First. During the past ten years a new model for housing chronically homeless individuals has emerged. This model, known as Housing First, takes the approach that housing needs should be met prior to receiving other treatment and services. Housing First targets the chronically homeless: long-term shelter or street dwellers with a disability. Proponents of this approach believe that stable housing is required to support the participants as they engage in treatment, counseling and other supportive services. Housing First models continue to achieve positive outcomes. A comparison of this approach with a traditional treatment model revealed that 88% of the Housing First participants in New York City remained in housing after a five-year period as compared to 47% of those in the traditional treatment/housing model (Tsemberis and Eisenberg, 2000). In addition, individuals in the Housing First programs reduced their use of alcohol and drugs and improved their overall health and mental health status (Meschede, 2006).

More recently, Housing First has proven to an effective model for housing families as well. An evaluation of a Housing First program in Santa Clara County, California, found families received housing within short periods of time—19 days—and that all but one of the families housed retained their housing. In addition, more than half of those housed reported that their financial situation had improved. (Schwab Foundation, 2005).

Philanthropic and Public Investments in Prevention Innovations in Massachusetts

In an effort to address these trends and promote policy alternatives to address homelessness in Massachusetts, public, private and philanthropic sectors have been investing in new models of homelessness prevention.

The Boston Foundation (TBF)/Starr Foundation, the Ludcke Foundation, Tufts Health Plan (THP), Massachusetts Medical Society (MMS) and Alliance Charitable Foundation pooled resources in 2004 to fund the **Homelessness Prevention Initiative (HPI)**, dispersing $3 million over a three-year period to 19 service agencies to test strategies for different populations. Each foundation has had a long history of providing leadership on the development of homelessness prevention innovations. In particular, TBF, over many years, has provided support for homelessness shelters and services, for expanding affordable housing. Prior to HPI, TBF and the Starr Foundation, launched the Food and Shelter Initiative, dispersing $1 million in grants to service agencies in 2001.

In addition to funding services, HPI Phase I included an evaluation aimed at documenting best practices and lessons learned. In this, HPI sought to uncover evidence of successful models of prevention which could be replicated at local, regional and statewide levels. To place the HPI funding projects in context, the evaluation included a policy scan of national best practices in Homelessness Prevention (Friedman et al, 2005), an examination of changes in homelessness prevention practices at the Massachusetts Department of Transitional Assistance, and a comparison of HPI evaluation results with those of two other homelessness prevention projects in Massachusetts: **Rental Assistance to Families in Transition (RAFT) and RAFT Plus.**[8]

The Evaluation. Evaluating models of homelessness prevention is challenging. Efforts to document the impact of homelessness prevention programs are promising but lack sufficient outcomes data (Shinn and Baumohl, 1999). Homelessness prevention is often defined as the avoidance of shelter, but from an evaluation standpoint; this definition requires a control group to determine whether those who did not receive an intervention would have ended up in shelter (Shinn and Baumohl, 1999). Another complication is that individuals and families who lose their housing may not immediately enter the shelter system. Instead, they may rely on support networks for temporary housing in doubled-up situations, thereby rendering them invisible.

For evaluating HPI, RAFT and RAFT Plus, programmatic and resource constraints hindered engagement

of a control group which, if included, would have allowed us to more definitely answer two key questions: Would those served have been homeless if not for the intervention? Are those who participated in an intervention going to be homeless notwithstanding having been given cash assistance and other supports? However, several indicators lead us to conclude that the prevention interventions were targeted to households whose housing circumstances would have worsened without assistance. First, we carried out a separate follow-up study of RAFT applicants, turned away due to fund depletion in fiscal year 2005, within a three- to six-month period after applying for assistance. Results were:

- Housing circumstances remained precarious or had worsened for more than 75% of those living in unsubsidized rental housing (27% of all applicants), and for 100% of homeowner applicants (5% of all applicants). In contrast, nearly all families with housing subsidies retained those subsidies without RAFT assistance.
- Hardship persisted for nearly all families without RAFT assistance, with or without a subsidy. At follow-up, only 10% of un-served RAFT applicants reported being able to pay their rent and bills on time.

Second, service providers carried out rigorous eligibility assessments; in fact, some approvals for the RAFT program involved central office program administrators. Third, for those served through RAFT in fiscal year 2007, no families entered a state-funded emergency shelter after having received RAFT as of October 2006. Analysis of emergency shelter use by families and individuals served by the three programs is advised for the future.

Evaluation Focus

The cross-initiative evaluation of the three prevention programs is focused on five goals:

- The added value of varied combinations of direct assistance with other approaches and a comparison of impacts across demographic and sub-population groups, examining what works for whom;
- The cost effectiveness of specific prevention approaches, including a cost comparison of prevention approaches as compared to traditional emergency shelter approaches;
- Identification of resources that have been leveraged by agencies to maximize the impact of prevention resources;
- Variations in outcomes relative to different approaches to homelessness prevention for families (HPI families, RAFT and RAFT Plus);
- Recommendations relative to bringing effective program models "to scale" and lessons learned for future state level program and policy development.

Overview of the Three Homeless Prevention Programs

1. The Homeless Prevention Initiative (HPI[9]). This three year initiative sought to assess the effectiveness of homeless prevention strategies for different populations. The range of program designs included: direct assistance; supportive housing; discharge planning/placement; and specialized treatment, psycho-social and psycho-educational supports. As of December 31, 2006, HPI grantee organizations had served **1,849 families** and **2,417 individuals**, a total of **4,315 households,** at an average expenditure of **$737** per household.

2. Rental Assistance to Families in Transition (RAFT). The RAFT program is administered by the Department of Housing and Community Development, the state agency that oversees all state aided public and private housing programs. To prevent families in Massachusetts from becoming homeless, the RAFT program's stated goal is to assist families who have experienced a significant reduction of income or increase in necessary household expenses to retain housing, obtain new housing or otherwise avoid homelessness. As such, those households that had been experiencing housing instability for shorter lengths of time, those households that could demonstrate the ability to sustain housing going forward, and those households that met the income eligibility requirements were the most likely to receive RAFT assistance. Nine regional nonprofits across the state of Massachusetts received

$5 million in RAFT funding from OHED in FY06 (July 1, 2005-June 30, 2006) to assist families in preventing homelessness. Of the 6,933 applications received, **42% (n=2,890)** were approved and served, an average expenditure of **$1,707** per household; **58% (n=4,043)** were not approved for this assistance.

3. RAFT Plus. The RAFT Plus program, funded by the Oak Foundation, was created to generate new insights into promising prevention approaches for families at risk of homelessness who were either not eligible for RAFT or had needs that did not otherwise conform to RAFT guidelines. Direct assistance was provided by Metropolitan Boston Housing Partnership (MBHP) and Community Teamwork, Inc. (CTI). Together, these two organizations served a total of **91** households in FY06 with a combined total of $154,000 to support their interventions, an average expenditure of **$1,692** per household.

HPI, RAFT and RAFT Plus: An In-Depth and Comparative Analysis

Massachusetts households have struggled to stay housed in a climate of increasing housing costs and declining supplies of housing they can afford. Despite their efforts, many households in Massachusetts are unable to afford their housing costs and are forced to enter emergency shelter. HPI, RAFT and RAFT Plus sought to assist households in retaining their housing, avoiding emergency shelter and other unstable housing situations, and developing supports and safeguards to prevent future threats to housing stability. The findings discussed in the following sections indicate that cost-effective homelessness prevention strategies cannot be a one-size fits all model, but must take into account a multiplicity of issues and concerns. The evaluation of these initiatives offers a unique opportunity to examine the feasibility of prevention strategies for those in the HPI group who were most at risk as compared to the somewhat more housing-stable RAFT households and the RAFT Plus households, the group with the highest incomes.

2.
Homelessness Prevention Initiative (HPI)

During the three year implementation period, HPI grantee organizations served 1,849 families and 2,417 individuals at risk of homelessness. The following section describes the characteristics of these 4,315 households, examines their homelessness risks and analyzes their outcomes at six and 12 months after the intervention.

Characteristics. HPI grantees served a diverse group of households. The following participant characteristics, however, are driven in large measure by program design; that is, HPI grantee organizations were funded to serve populations with specialized needs. Many of the HPI participants were female or female headed households of which the majority were persons of color; a higher proportion of individuals served self-identified as Caucasian. Educational attainment was low: 56% of family heads and 63% of the individuals served through HPI had earned only a high school diploma or GED.

HPI Risk Factors. Addressing the needs of those with health-related risk factors was a priority for many of the HPI grantees, with several programs specifically targeting households with mental illness, substance abuse or other health needs. As such, more than half of the households served through HPI reported at least one medical condition: 57% of families and 92% of individuals.

FIGURE 5:

Gender, Race and Education Level of HPI Families and Individuals

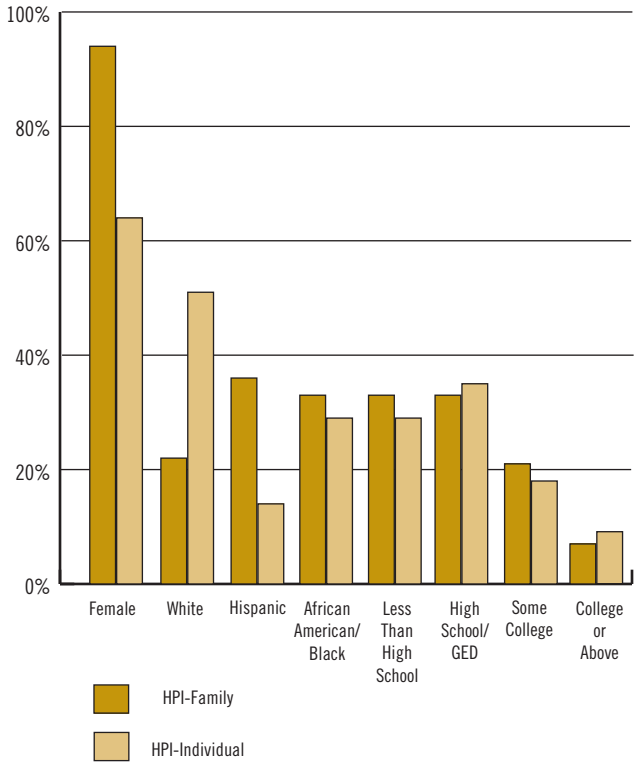


FIGURE 6:

Health Related Risk Factors of HPI Families and Individuals

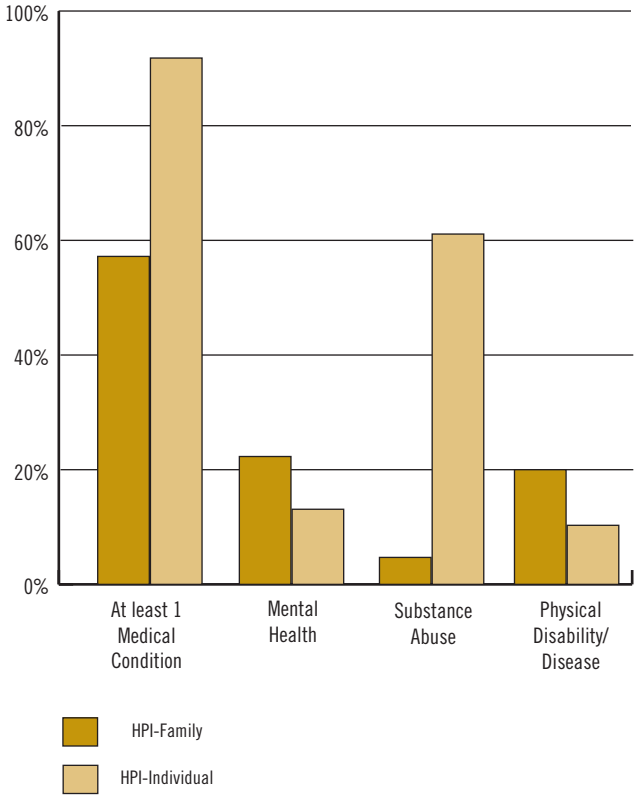
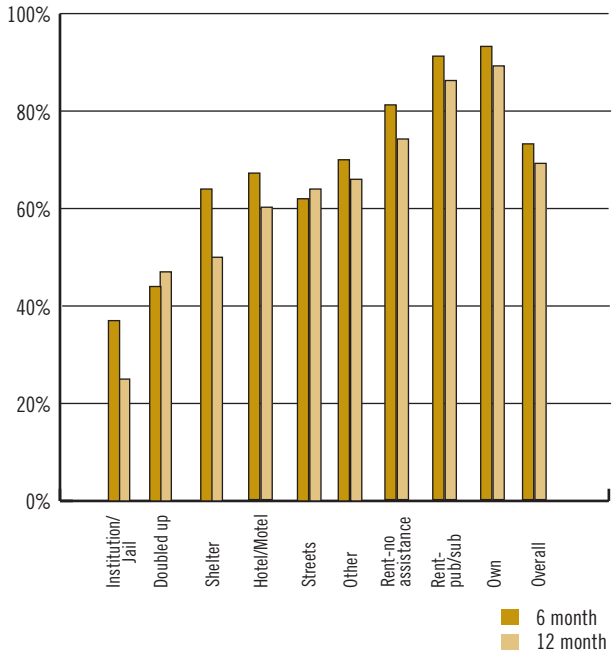


FIGURE 7:

Housing Stability at 6 and 12 Months Follow-up by Housing Situation at Intake[11]



HPI Outcomes at 6 and 12 months

Within those served by HPI, households who were living in public or subsidized housing at intake were more likely than others to report stable housing at twelve month follow-up. In contrast, households who had been living in overcrowded situations or were homeless at intake[10] were less likely to report stable housing at 12- month follow-up. This finding indicates that housing assistance through the receipt of public or subsidized housing may serve as a protective factor. Once the housing crisis has been addressed, these households were able to sustain their housing. On the other hand, households who were living in overcrowding situations or were homeless at intake faced the additional challenge of finding an immediate place to live. Households reporting no medical conditions were more likely to report stable housing at 12-month follow-up. Recognizing the housing challenges faced by households with disabilities, several HPI programs were targeted to specific populations such as those with mental health challenges. Additional information on these programs is available in Chapter VI: Promising Models.

HPI: Three Intervention Strategies

The *range of approaches* to prevention by the 19 HPI grantees and their collaborating partners was broad and included: direct assistance; supportive housing; discharge planning/placement; and specialized treatment, psycho-social and psych-educational supports. The following section compares the housing outcomes by type of HPI intervention.

HPI-funded direct assistance and/or supportive housing programs. These HPI programs used multiple strategies to enable households to stabilize their housing, including the combined use of cash assistance and intensive case management.

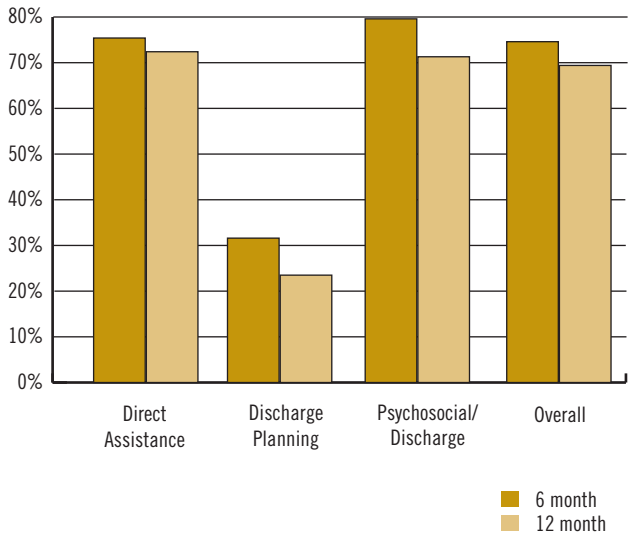
For households served by HPI grantees in this programmatic category, **75%** reported stable housing outcomes at 6-month follow-up. Fourteen percent were reported as other/unknown, of which nearly all were unable to be located. For those households for whom data were available at twelve months post-intervention, **72%** reported positive housing outcomes and 19% were reported as other/unknown. For HPI-funded programs in this category with the most complete outcome data, positive housing outcomes at the **12 month post-intervention** period were **90% or higher** for households served by Family-to-Family, Inc. (92%), the Homes for Families Collaborative (94%), Homestart, Inc./GBLS (95%) and Rosie's Place (90%).

HPI-funded discharge planning and placement programs. Both Project Place and Span, Inc. and their partners make connections with men and/or women prior to their discharge from prison/jail. Project Place has joined with the South End Community Health Center and the Suffolk House of Corrections, as well as McGrath House (a pre-release facility), to provide in-depth connections and attention to women's health, housing, and employment aspirations. SPAN, Inc. offers case management prior to discharge; upon release, SPAN offers sober housing, substance abuse treatment, and rental assistance for a time-limited period.

Of the HPI grantee organizations that provide **discharge planning and placement**, only Project Place[13] had sufficient outcomes data. Of those served by Project Place, at **six months post-intervention, 32%** reported positive housing-**months post-intervention, 23%** reported positive housing outcomes, while **42%** were reported as other/unknown.

FIGURE 8:

Housing Stability at 6 and 12 Month Follow-up for by Agency Type[12]



HPI-funded programs that provide psycho-social and psycho-educational supports. Recognizing the role of personal, psychological, and/or other social challenges that exacerbate housing instability, some HPI grantee organizations developed and implemented psycho-educational interventions.

For those served by HPI programs in this category, **87%** reported that homelessness had been prevented after the initial intervention. At **six months post-intervention, 80%** reported positive housing outcomes. Six percent were unable to be located. At **twelve-months post-intervention, 71%** reported positive outcomes, while **15%** were reported as unknown.

Summary

By design, those served through HPI represented a diverse population. However, nearly all households faced significant challenges to housing stability, be it extremely low household incomes, limited educational achievement and/or minority status for some. Others faced challenges of mental illness, addiction difficulties and/or criminal status. Even so, many interventions tailored to households in these unique circumstances appear to have resulted in positive housing outcomes. Having a housing subsidy appears to be critical. Households who owned or rented apartments which could be retained with prevention services were more likely to be in stable housing at follow-up. Assisting households who had unstable housing at intake appeared to be more challenging. Households exiting prison/jail had the lowest levels of housing stability and were the most difficult to contact for follow-up.

The next section provides a comparison of the characteristics, interventions and outcomes for HPI households with those served through RAFT and RAFT Plus programs.

3.
A Prevention Continuum[14]

Cross Project Comparison

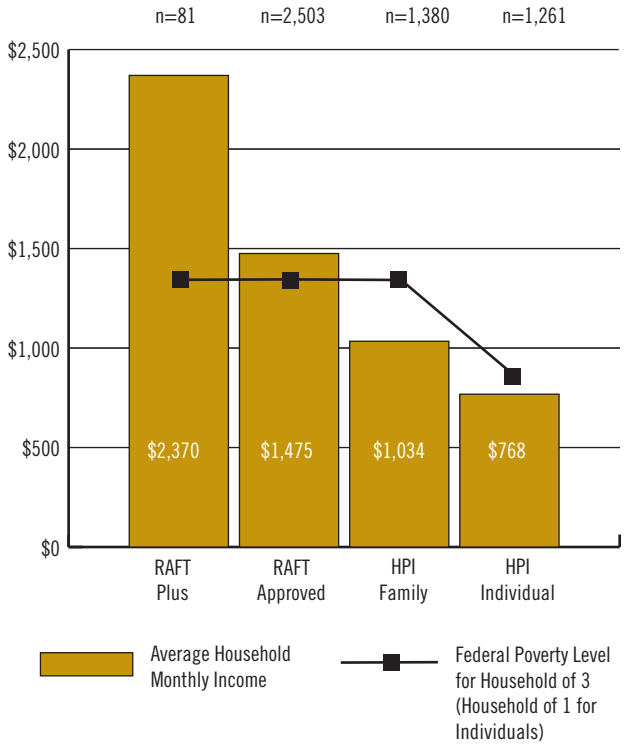
Although all three of the prevention programs evaluated in this report are designed to assist those at risk of losing their housing, there are some significant differences in the characteristics of the households served, the eligibility requirements and the services provided.

A Comparison of Household Income Levels

Income eligibility requirements varied across the three programs. For RAFT, families had to demonstrate that their household monthly incomes were below 50% of the Area Median Income (AMI), while also showing that they had incomes sufficient enough to sustain their housing after the intervention. In contrast, RAFT Plus' target populations included households with incomes above 50% AMI. HPI grantees did not establish set income guidelines; they focused on assessing each household on an individualized basis. Overall, across the three homelessness prevention initiatives, family and individual households receiving HPI assistance had lower monthly incomes and received smaller cash grants than other households served in RAFT or RAFT Plus, while households receiving RAFT Plus had the highest monthly incomes and received the highest levels of cash assistance. To a great extent, RAFT Plus assistance was used by private market renters and homeowners. For the most part, these households would not have been eligible for RAFT even if funds had been available, because their household incomes and/or their rental/mortgage burdens were too high.

FIGURE 9:

Average Household Monthly Income as compared to the Poverty Level across Homelessness Prevention Programs



Household Characteristics

Among family households, HPI had the highest percentage of single parents and the highest percentage of female headed households. On average, the age of family household heads was highest for RAFT Plus at 39 years. The racial and ethnic characteristics of the applicants were similar across programs, with HPI serving the highest percentage of minorities among families.

Health Related Risk Factors at Intake. By design, several HPI interventions specifically targeted to households with health related risk factors. Not surprisingly, HPI households had the highest number of families reporting at least one medical condition (57% HPI vs. 41% RAFT and 20% Raft Plus). RAFT Plus family households had the lowest percentage of medical conditions related to physical disability/disease (11% vs. 20% HPI and 20% RAFT). HPI family households had the highest percentage of reported mental health challenges (22% vs. RAFT-

FIGURE 10:

Demographic Characteristics of Households Served Across All Programs

	RAFT Approved	RAFT Plus	HPI Family	HPI Individual
Mean Age	n=2,890	n=90	n=1,195	n=2,069
	36	39	35	39
Gender	n=2,826	n=91	n=1,830	n=2,430
Female	86%	78%	94%	64%
Race/Ethnicity	n=2,890	n=90	n=1,764	n=2,334
White	40%	32%	22%	51%
Hispanic	30%	29%	36%	14%
African American /Black	22%	29%	33%	29%
Education	n=2,759	n=89	n=1,475	n=2,108
Less than high school	25%	28%	33%	29%
High School /GED	39%	26%	33%	29%
Some college	28%	36%	21%	18%
College or Above	9%	10%	7%	9%

approved-14% and RAFT Plus-7%). Ninety-one (91%) percent of individuals served through HPI reported at least one medical condition. Of the total number of medical conditions reported by individuals, substance abuse was the most frequent (61%) followed by mental health challenges (13%).

Housing Situation at Intake. Housing situations at initial intake varied across the three programs. For HPI, more than half (51%) of families were living in public or subsidized rental units. At intake, both RAFT applicants and RAFT Plus had higher numbers of households who rented with no assistance (52% and 50%, respectively) as compared to 21% of HPI households. Within HPI, 43% of individuals served were living in shelter or residential treatment programs, the majority of whom received services through Victory Programs, whose intervention was targeted to individuals living in residential treatment programs.

Cash Assistance and Services Provided

One hundred percent of all approved RAFT households received cash assistance. When compared to the other two prevention efforts, high percentages of RAFT Plus families, as expected, also received cash assistance (89%), and these clients received the highest average cash amounts ($1,717) when compared to the other two programs. HPI had the lowest percentage of families that received cash (34%), and clients received the lowest average cash amount ($828). Of the 13 HPI grantees that serve families, 11 provided cash assistance. Of the 12 HPI grantees that serve individuals, eight provided cash assistance to a total of 13% of individuals, on average $392.

Uses for Cash Assistance

As expected based on award limitations of the different programs, RAFT Plus had the highest average cash awards overall and across the three categories, ranging from a low of $126 to a high of $6,067. All three homelessness prevention efforts provided family households with cash assistance for rent arrears, utility arrears,

FIGURE 11:

Housing Situation at Intake for All Programs

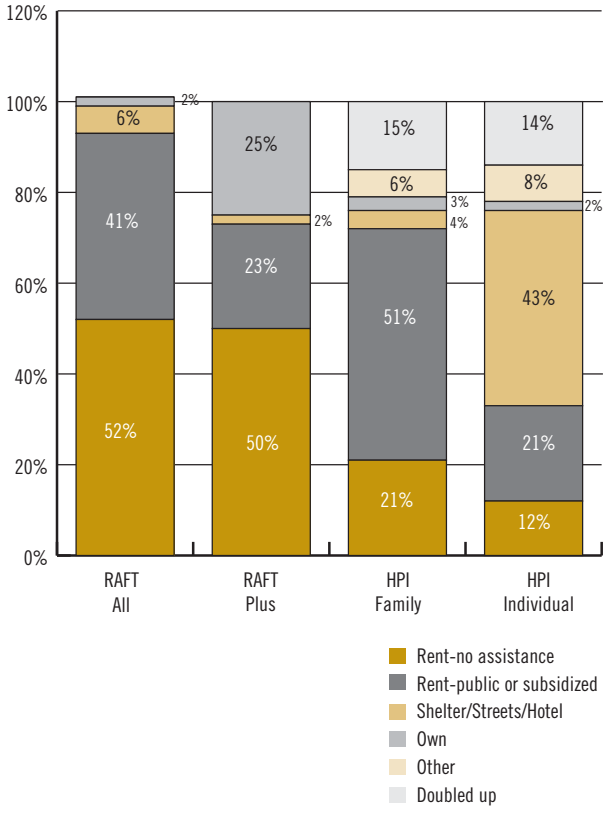
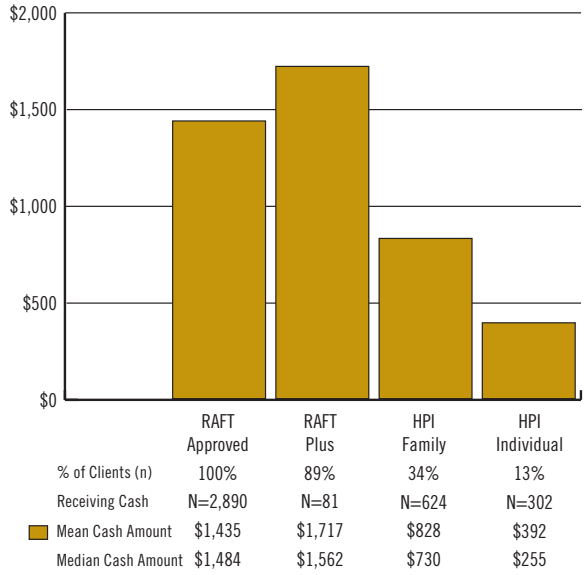


FIGURE 12:

Percent of Households Served who Received Cash Assistance



	RAFT Approved	RAFT Plus	HPI Family	HPI Individual
% of Clients (n)	100%	89%	34%	13%
Receiving Cash	N=2,890	N=81	N=624	N=302
Mean Cash Amount	$1,435	$1,717	$828	$392
Median Cash Amount	$1,484	$1,562	$730	$255

or first/last month's rent or security deposit, or a combination of several of these needs.[15] Cash assistance was most frequently used for rent arrearage across all four groups. Payment of utility bills was higher among RAFT and RAFT Plus participants than among the HPI group. HPI individuals used cash assistance for many other needs, such as phone, transportation, clothing and other expenses.

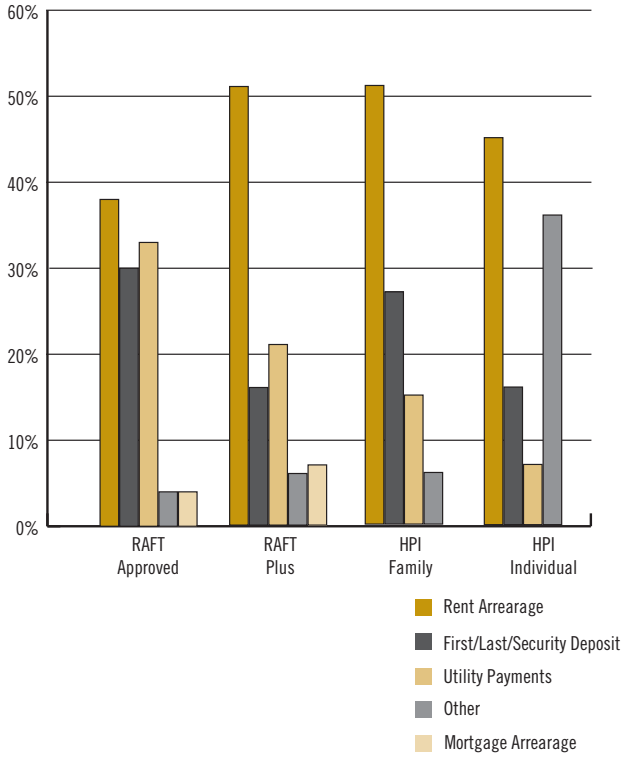
Income maximization and service supports. In addition to providing cash assistance, each of the three programs assisted households in accessing other essential services. Assessing needs and connecting economically and residentially vulnerable households to needed resources contributed to their abilities to sustain their housing. For RAFT and RAFT Plus agencies, this involved connecting households to some of the other services available through the community action agencies including fuel assistance, housing search and budgeting classes. For HPI, organizations provided services in-house or leveraged their collaborative relationships by referring households to other providers. By assisting households with their immediate needs through cash assistance for rental, mortgage and/or utility arrears, and identifying additional services and avenues for maximizing household incomes, each of the three prevention programs aimed to resolve the current crisis and help households prepare for a future with housing stability. This process involved assessing a family's needs and risk factors for homelessness, and connecting families to appropriate supportive services.

There were important differences among the programs and across the HPI program types regarding how and if cash assistance was paired with other supports. Specifically, core interventions in addition to cash assistance provided to households by program were:

- **HPI programs:** Ninety-five percent of participant households received at least one service resource other than cash assistance. Two-thirds (66%) referrals, 42% case management, 33% housing search, and 25% transportation assistance. Some 12% received other services, such as health care counseling, financial literacy, legal counseling, mediation and training or employment services.
- **RAFT Plus programs:** Cash assistance was paired with other services for two-thirds (66%) of families served. The most common other services, in order

FIGURE 13:

Uses of Cash Assistance



of use, were housing advice, case management and budgeting skills/financial literacy. Households renting with no housing subsidy at intake were more likely to receive case management and housing advice than those in other housing situations.

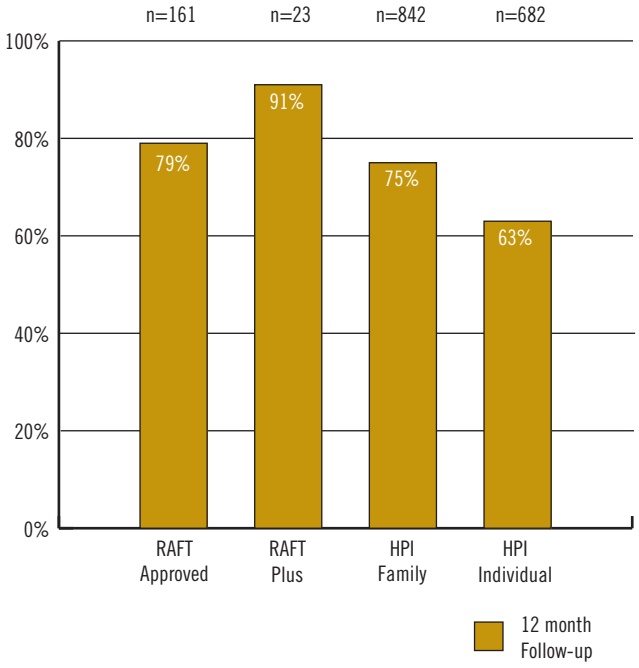
- **RAFT programs**: In addition to cash assistance, only 25% of RAFT-approved households requested other supports. The most frequently requested service was assistance with budgeting. Single-expectant heads of households were more likely to request assistance with education and childcare. Households with rental arrearages were more likely than others to request help with housing and employment searches.

Housing Outcomes

All of the households served were at risk of losing their housing before receiving the intervention. Households were considered stable at follow-up if they owned their housing, or lived in private or public/subsidized rental housing. For households living in doubled-up situations, shelters, residential treatment or other temporary situations at intake, housing stability was measured by comparing the households' housing situation at intake to their housing situation at follow-up. For example, households who had retained their rental housing at follow-up were considered stable as were households who had relocated from a residential treatment facility to permanent housing. Housing Stability varied at 12 months after intake, ranging from 91% for the RAFT Plus participants to 63% for HPI individuals.

FIGURE 14:

Housing Stability at 12 Months by Program



Housing outcomes are high for several of the programs serving families in economic and housing distress, with Homes for Families, Family-to-Family and RAFT Plus reporting 94%, 93% and 91% positive housing outcomes respectively. These outcomes are comparable to the 95% success rate achieved in Hennepin County, Minnesota through its community-wide homelessness prevention network (Burt and Pearson, 2005).

For persons with behavioral, mental illness or substance abuse difficulties or other disabilities, several HPI supportive housing models resulted in positive housing outcomes for high percentages of those served: Homestart/GBLS (95%); Rosie's Place (90%);and the Mental Health Association's Western Massachusetts Tenancy Preservation Program (75%). Other successful interventions, in the category of psycho-educational/psycho-social supports for these populations, were those implemented by the Somerville Mental Health Center collaborative (75%), Advocates, Inc. (71%) and Gosnold, Inc. (72%).

Overall, families served through the RAFT program had slightly better outcomes than those served through HPI. This is to be expected as HPI was designed to meet the needs of those with multiple barriers. As such, families receiving HPI had lower monthly incomes, and higher levels of mental illness.

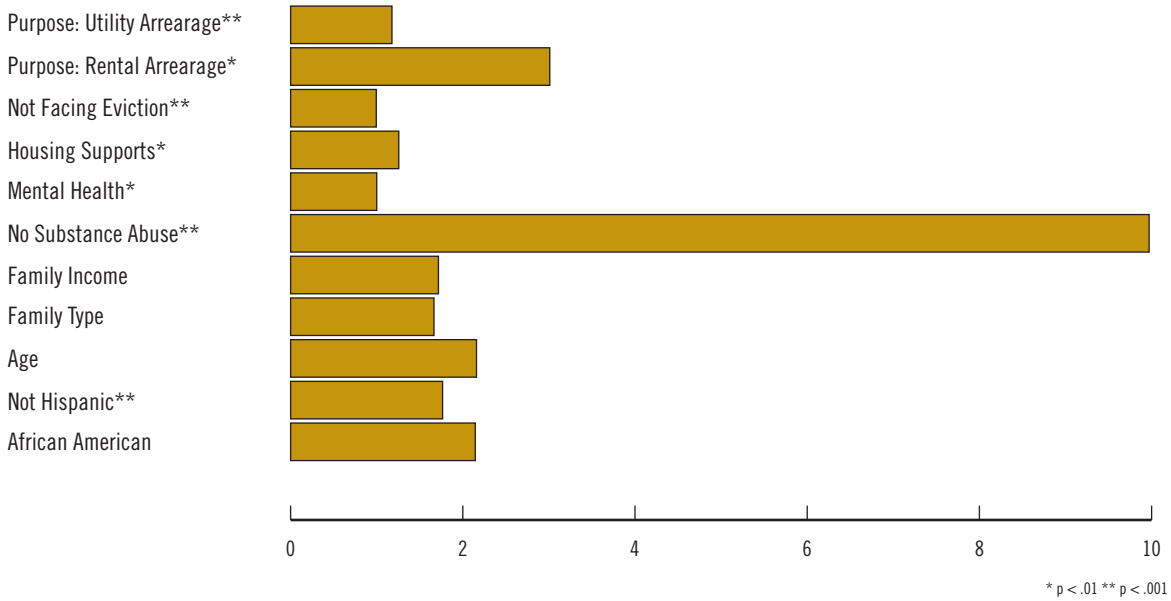
Predicting Housing Outcomes

Statistical modeling was conducted to explore the extent to which certain characteristics predict housing stability at 12 months follow-up for families served within HPI and RAFT. The model included variables such as household characteristics, specifically health status of the head of household, reasons for requesting services and the purpose of using the cash awards.

These exploratory analyses point to the following factors as important predictors of housing stability, presented in **Figure 15**. Please note that the initial

FIGURE 15:

Predictors of Housing Stability for HPI and RAFT Families



model included additional factors that were taken out for the final model as they did not significantly impact housing stability.

Of the demographic variables, only race was identified as a significant predictor of housing instability, that is, Hispanic/Latino households demonstrated less housing stability at follow-up. Within HPI, the majority of Hispanic/Latino headed families were served through HarborCov, whose program targeted survivors of domestic violence, many of whom were living in shelters[16]. Within families served through RAFT, the majority of Hispanic/Latino households were served by HAP, Inc. in Hampden/Hampshire Counties, Community Teamwork Inc. in Lowell/Lawrence region, (CTI) and RCAP Solutions in Worcester County. These agencies serve cities and towns in Massachusetts with large Hispanic/Latino populations and extremely high poverty rates. For example, Lawrence, in CTI's catchment area has a population that is 21% Hispanic/Latino; 60% of families have incomes below the federal poverty level.

The presence of a primary medical condition of mental health issues or substance abuse was also an important factor. Heads of households with a mental health problem had better outcomes than others, and those facing substance abuse problems had worse housing related outcomes. As stated previously, several HPI programs specifically targeted their programs toward assisting families with mental illness. The positive outcomes may be related to the level of intensive case management and support services provided by these agencies. Those benefiting from either public housing or other housing assistance supports at intake also reported more housing stability than others while those facing eviction from their housing had worse outcomes. This finding suggests the protective nature of housing subsidies. Finally, both using the received cash amounts for rental arrearage or utility arrearage predicted more housing stability as compared to those who used the cash amounts for first, last, or security deposit or other reasons. It appears households who owned or rented their housing at intake had higher levels of stability than those who had to acquire and sustain new housing.

Differences among Households Approved and Denied RAFT Assistance.

Nearly 7,000 families applied for the RAFT program: 42% (2,890 families) were accepted and 58% (4.043) were denied. As mentioned previously, RAFT had the most inflexible eligibility requirements. In order to be approved, families had to demonstrate the ability to sustain their housing post-intervention. Therefore, households who could not do so were not approved. When comparing the characteristics of households served and not served, we found several significant predictive factors related to demographic characteris-

tics, health status, reasons for applying for RAFT, and initial housing situations and RAFT approvals or denials. In summary:

- **Households less likely to be approved for RAFT were those in which:**
  - The head of household was Black/African-American or Hispanic/Latin
  - The head of household self-reported mental health issues
  - The family applied for rent, mortgage or utility arrearages assistance
  - The household was living in public or subsidized housing
  - The head of household reported unemployment as a barrier to housing
- **Households more likely to be approved for RAFT were those in which:**
  - The head of household was White
  - The head of household self-reported no medical condition
  - The family applied for help with first/last month's rent or security deposit
  - The household was living in private rental housing
  - The head of household self-reported a history of substance abuse.
  - There was clear evidence of an immediate housing threat such as an eviction notice or utility shut-off notice

Detail follows. Findings point to the race of the head of household as a significant predictor of RAFT approvals or denials. Hispanic/Latino heads of household had education levels that were significantly lower than the other two groups, with 46% having earned neither a high school diploma nor a GED, as compared to only 23% of households headed by Blacks/African Americans and 24% of households headed by Whites. These differences in educational attainment translate into differences in average household incomes which are lowest for Hispanic/Latino families. Households in which the head of household were White tended to have higher monthly incomes than those who were Black/African-American or Hispanic/Latino ($1, 592 vs. $1,470 for Black/African American and $1,391 for Hispanic/Latino). Lower incomes may have made it more difficult for a household to demonstrate the ability to sustain their housing going forward.

White heads of household were more likely to report having received an eviction notice than those who were Black/African American or Hispanic/Latino. An eviction notice was seen as evidence of an immediate threat to a family's housing situation. In contrast, Hispanic/Latino households were more likely to report their current situation as overcrowding, and Black/African American households were more likely to live in public or subsidized housing. There were also geographic differences in terms of race/ethnicity. While White heads of household were distributed evenly across all nine regions, 49% of families whose heads of household were Black/African American were served by MBHP in the Boston area and 35% of families whose heads of household were Hispanic/Latino were served by HAP, located in Hampden County, the Springfield area of Western Massachusetts.

In addition to demographic, housing and geographic factors, self-reported substance abuse and mental health challenges were also found to be significant predictors of RAFT approvals or denials. Heads of household with a self-reported history of substance abuse were more likely to be approved than those with no medical conditions. It may be that these heads of household demonstrated their commitment to recovery in ways that providers determined added to the likelihood of their potential for housing sustainability. On the other hand, heads of household with self-reported mental health issues were less likely to be approved than those with no medical conditions. This difference could be related to the need to demonstrate one's ability to sustain their housing post-intervention. In one of our interviews with a regional nonprofit, staff described an increase in the number of people suffering from depression who were applying for RAFT. In a different interview, staff explained that the struggle many who are depressed might have with budgeting and financial management may have an impact on RAFT denial. "If you're going to do budgeting with people you have to first talk about

the psychological and mental aspects that happen to people… a big part of why so many of these clients are depressed is because they just don't see a way out of their life (situation)." Several regional nonprofits described their efforts to link those households with services other than RAFT that were considered more appropriate to provide additional support regarding mental health and stabilization.

Another predictor of RAFT approval or denial relates to the reasons noted for applying for the RAFT supports. Those applying for rent, mortgage or utility arrearages were less likely to be approved for RAFT funds than those applying for first/last months rent or security deposit. One reason for this could be that moving expenses such as first/last month's rent and security deposits were indicative of a positive step forward, whereas arrearages signal an inability to pay one's housing expenses. A history of arrearage may be indicative of a long-term problem. This finding is consistent with the perspectives of RAFT providers and administrators indicating that selection criteria for receipt of RAFT included evidence that families would be able to sustain housing over the long run; in the words of a provider, "RAFT is intended to be used to help a family during a temporary and extraordinary economic setback."

Those with evidence of an immediate housing threat such as an eviction notice or utility shut-off notice were more likely to be approved than those without. This finding suggests that providers used the RAFT assistance for those households with definitive evidence of imminent loss of housing. Households living in public or subsidized housing were less likely to be approved than those without a subsidy. This finding is at the heart of a larger debate regarding the appropriateness of using RAFT funds for those in public or subsidized housing. In FY '07, the state disallowed the use of RAFT funds for rental arrearage for those in public or subsidized housing.

Implications for RAFT policies and assessment approaches. These demographic, geographic, housing circumstance and social-psychological differences in households approved for and denied RAFT assistance underscore the complexity and importance of comprehensively assessing housing instability risks. Having a housing subsidy does not necessarily, on its own, indicate that a household will be able to sustain housing without cash assistance and other targeted supports. McChesney's (1995) cluster model of vulnerability for homelessness or the Minnesota Hennepin County approach may be useful frameworks for the state and regional nonprofits to explore for more effective RAFT eligibility determination approaches. In addition, the geographical reach of organizations in some regions requires attention. Also, educational attainment and income inequities for Hispanic/Latino households, specifically, require sustained attention by public, philanthropic, business, nonprofit and voluntary sectors in the state.

Program Outcomes and Housing Stability for RAFT Approved and Denied Families.

Within a complex analytical model differentiating[17] those who received RAFT assistance, families whose head of household was Hispanic/Latino were significantly less likely to report stable housing at 12-month follow-up. Among those who were not approved for RAFT assistance, female headed households, those with criminal records, and those who experienced prior evictions were less likely to report stable housing at 12-month follow-up.

Finally, based on results of a separate follow-up study of RAFT applicants that were turned away due to fund depletion in fiscal year 2005, housing circumstances for unsubsidized rental and homeowner applicants worsened without cash assistance and other service supports. In contrast, nearly all families with housing subsidies retained those subsidies without such assistance.

Because outcome data from the RAFT program are limited and not entirely representative, findings from the data should be interpreted with caution. Taking data limitations into consideration, the data show that, at 12 month follow-up, homelessness was prevented for 79% of approved families as compared to 71% for families who applied for RAFT funds but were denied. These families may currently be doubled up and may not be using any of the DTA funded homeless shelters but may do so at any time in the future. For those served in the current fiscal year, no families entered an Emergency Assistance shelter after having received RAFT as of October 2006.

4.
Organizational Approaches / Strategies

Agencies and programs utilized different strategies to maximize prevention efforts and address high demand for services. In addition, the eligibility distinctions for RAFT also influenced their organizational approaches and strategies. The following section incorporates information gathered from agency staff in the three initiatives and consumers. It highlights those interventions that are associated with positive prevention impacts.

Maximization of Prevention Impacts

Leveraging resources and connections in locations precariously housed families and individuals frequent: In order to assist households at the earliest stages of housing instability, several HPI grantees developed programs linking homelessness prevention to existing healthcare programs. MCH's First Stop and the Family Health Center of Worcester are examples of programs that utilize existing healthcare settings to maximize the routine connections healthcare professionals have with families; these are customary settings for low-income families and individuals.. Their housing outcome success rates at 12-months post-intervention are 59% and 54% respectively.

Flexibly tailoring interventions. Among the three programs, only RAFT had a cap on the amount of assistance that a family could receive. In addition, only RAFT had a prescribed list of acceptable uses of cash assistance. HPI and RAFT Plus results show that being able to individualize services is crucially important. In many cases, a household's housing crisis was due to non-housing resource needs such as child care, transportation, school supplies or other essential expenses. The lack of prescribed uses for cash assistance enabled providers to individualize services to effectively meet the households' needs. The average cash assistance amounts provided to households served by all three initiatives were much lower than the $3,000 RAFT cap. This finding suggests that providers, including RAFT providers, were mindful of the need to spread limited prevention resources judiciously across all of the households they were serving, rather than providing fewer households with higher amounts.

Connecting households to other public resources that could help them to maximize their incomes. In all three of the homelessness prevention programs, providers made efforts to connect households to public resources including the TANF, Food Stamps, Social Security and SSI, as well as child care vouchers, fuel assistance and WIC.

Connecting households to the Utility Discount Program. At intake, 9% of HPI families, 33% of RAFT Plus families and 44% RAFT families that applied, requested cash assistance for serious utility arrearage and/or utility shutoff problems. Only 40% of families applying for RAFT Plus and 36% of families applying for RAFT reported having received fuel assistance for heating costs. Only 23% of those families who applied for RAFT and 13% of those who applied for RAFT Plus reported that they had received the utility discount. Information on HPI households' use of fuel assistance and/or the utility discount program is not available.

Overall, RAFT and RAFT Plus providers reported that they had positive experiences when working with the utility companies to receive discount rates for their clients, especially if they had a contact person at the company they had worked with before. NSTAR was cited as an agency that was easier to work with than the smaller, local companies. In some areas, local companies did not have utility discount programs in place. Many consumers were not aware of the utility discount option. In response, the providers developed several strategies to address this issue. Agencies prioritized the use of utility discount programs; required their clients to show documentation that they had applied for these discounts; leveraged resources for utility arrearages so that RAFT funds could be spent on rent or other needs; assigned a volunteer that handled only the utility arrearages and fuel assistance programs; and trained staff members on how to read bills and utilize these discount programs. However, several of the agencies expressed concern that the

payment plans developed by utility companies were often unrealistic, creating impossible situations for these families.

High Demand and Limited Prevention Resources

Front-door assessments to determine most feasibly effective prevention plan. The process of assessment varied across the agencies that administered the three programs, While some agencies required an in-depth assessment and face-to-face meeting, others reported that they could not do so due to the high demand and limited resources; this was clearly the case for some regional nonprofit agencies that served large numbers of households who sought assistance as soon as they knew the state funds were available. Those agencies that carried out in-depth assessments reported that this was a critical tool for determining the households' needs and identifying appropriate resources.

Eligibility constraints. **Raft Plus** and **HPI** did not have set income limits or eligibility criteria. These organizations used a range of approaches to allocate limited prevention resources in the face of high demand, including: first come, first served; tight eligibility guidelines; and limited outreach. Within HPI, the eligibility requirement varied across programs, depending on the program's target population and type of intervention.

RAFT. RAFT had strict eligibility guidelines limiting cash assistance to $3,000 per family for those earning up to 50% of the Area Median Income (AMI). The agency staff revealed that there were both advantages and disadvantages to the criteria set aside to determine eligibility for the RAFT funds. The agencies found that the criteria, including the income and rent burden requirements, were fair and straightforward. On the other hand, a few RAFT providers felt that the income calculation should not have been based on gross income, and that other significant expenses, like medicine or health care, should have been taken into account in the calculations. In addition, providers had to determine whether or not a family would be able to sustain their housing after the intervention, without additional financial supports from RAFT. The interpretation of sustainability was not consistent across the nine agencies. Strategies that were used to determine sustainability included doing an overall assessment of the family's situation (usually through face-to-face interviews with clients), reviewing the client's payment history and/or speaking with landlords, documentation of income sources and considering the immediacy of the situation. Despite the increased income limits, agencies found that there were still clients they would have liked to have been able to help, but didn't meet the eligibility criteria. These included single individuals, elderly people and families with incomes higher than the criteria allowed but who had housing subsidies.

HPI. As stated earlier, HPI organizations used their collaborations to leverage resources including cash assistance that, would increase households' incomes and connect them to support services they needed.

RAFT Plus. The RAFT Plus model was designed to allow flexibility and discretion in decision making. As such, these providers were able to help families who were not eligible for RAFT because their incomes and/or rent burdens exceeded allowable levels, as well as some families whose needs were more long-standing. RAFT Plus families were able to receive assistance with expenses not allowable through the RAFT program, such as student loans, property taxes, car payments and insurance and other transportation costs.

Consumer perspectives. In focus groups held with consumers served through RAFT Plus and HPI, participants had many ideas about criteria for assessing clients for their potential to sustain housing. They indicated that clients should show some evidence of having ambition, motivation and willingness to help themselves by doing the footwork and keeping their appointments. They thought that people with children should be prioritized, and that people should be emotionally stable and drug-free or willing to work on these issues. "It is not fair to put resources toward someone who is (mis)using (drugs or alcohol)," stated one participant. Other participants thought that caseworkers needed to look at each client's history—for example, the frequency of late rental payments or previous eviction or eviction notice, etc. But, they asserted, caseworkers should use other resources to try to help those who might not have the potential to sustain housing in the present.

Outreach: The Geography of Assistance

The RAFT program is administered through nine regional nonprofits across the state. While taking a regional approach to delivering homelessness prevention services was useful in ensuring that resources are distributed statewide, it included other challenges. Each of the regional nonprofit organizations covered a large geographic area. This created challenges for both the providers and the consumers. The greatest of these challenges were related to transportation access and outreach. Since the geographic areas were so large, and included rural areas, lack of available public transportation was an issue. To address this, several providers use existing local networks, and/or other local social service providers to reduce the link to households in need of RAFT. For example, RCAP worked collaboratively with the Central Mass Housing Alliance to address the needs of those families in the Worcester area, which is nearly 40 miles from RCAP's location.

RAFT agencies differed in the levels of outreach activities, with some focusing on clients already served by their agency and others reaching out to network with other local providers. Four agencies (Berkshire Housing Development Corporation in Pittsfield, Housing Assistance Corporation (HAC) in Hyannis, Franklin County Regional Housing & Redevelopment Authority (FCRHRA), and RCAP solutions in Gardner), reported that they did moderate to extensive outreach to other agencies in order to publicize the RAFT program. Some of the methods used included producing brochures, posting information on the agency's website or announcing the program on listservs, notifying other departments within their own agency (such as fuel assistance or community development departments), conducting presentations for other agencies, contacting or sending mailings to other agencies, and conducting training sessions or in-services for other agencies.

The types of agencies that were contacted varied, and included fuel assistance agencies, shelters, community action agencies, housing courts, banks, the welfare department, DSS, legal services, mental health services, independent living centers, legislators, child care agencies, schools, social service agencies, local churches, and hospitals. Several agencies included outreach efforts because they were in a rural location,

FIGURE 16:

Location of Regional nonprofit RAFT providers

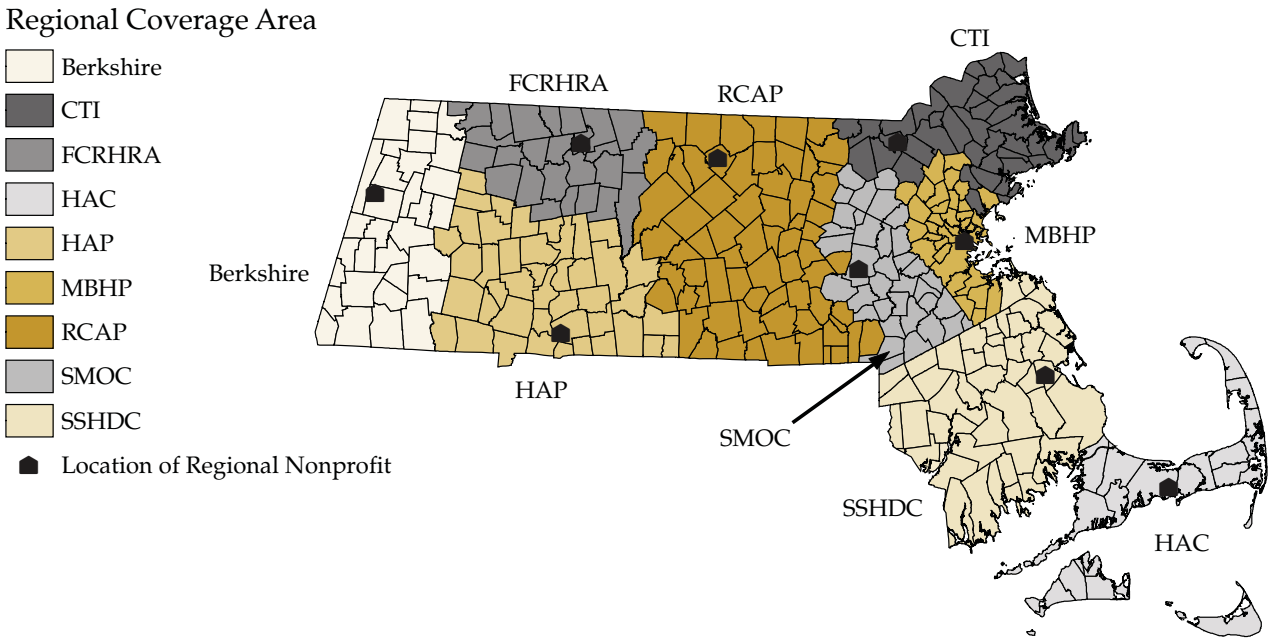
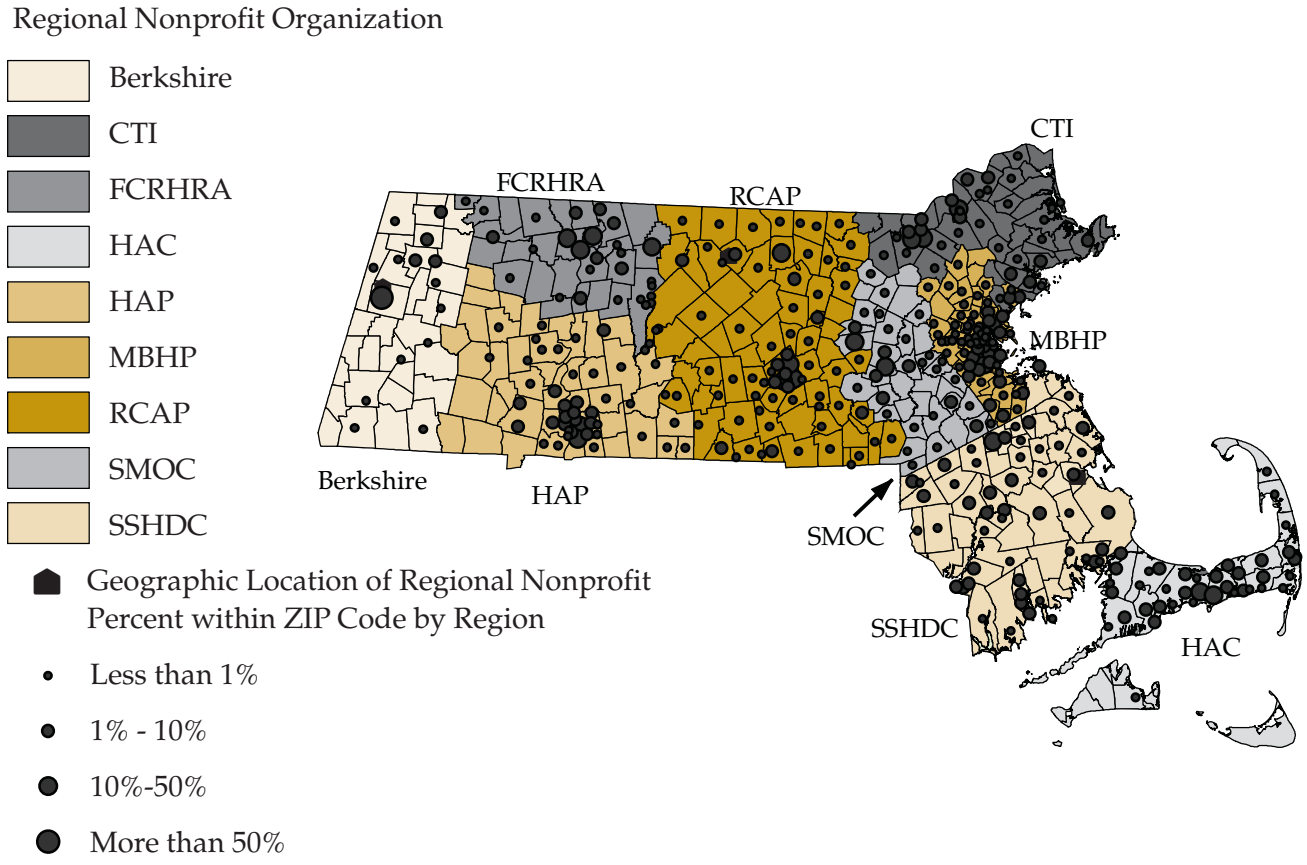


FIGURE 17:

Location of RAFT Applicants Relative to Location of RAFT Provider



and felt that conducting outreach would enable them to remove barriers to access for their clients.

Three agencies stated that they did not have to do much outreach: Metropolitan Boston Housing Partnership (MBHP) located in Boston; HAP, Inc. located in Springfield; and Community Teamwork, Inc. (CTI) in Lowell. They were either overwhelmed with applications or did not perceive a need to do extensive outreach. However, these agencies stated that they would like to do targeted outreach in order to reach populations that they do not usually serve, such as those with higher incomes who "…weren't used to tapping into the system." [Quote from MBHP] For example, they are considering new outreach activities with schools and medical centers. In addition, some agencies stated that people in the community knew about the program from the previous year or from other clients (that is, FCRHRA, HAP and South Shore Housing Development Corporation [SSHDC]). Two agencies (FCRHRA, RCAP) reported that they offered training to local social service agencies as an outreach approach, and two agencies (CTI, HAP) stated that they would offer training to their staff if they administered the RAFT program again, because they thought it would help reduce their workload and make the process faster.

Figure 17 illustrates the geographical distribution of households served within each region. The concentration of households near the location of an RNP suggests the need for additional outreach to ensure that households across all of the areas within each region of the state have the opportunity to receive services if they need them. While some regions, such as Cape Cod, Greater Boston and Central Massachu-

setts, appear to reach households widely dispersed in their catchment areas, others such as Berkshire, FCRHRA, HAP and CTI, tended to connect with applicants who lived in close proximity to the RNP location. This suggests that regional nonprofits, especially those whose regions include rural areas, need to find ways to increase access for those families for whom transportation to the agency may be a hindrance to connection. One successful way that other agencies have done this is through community prevention networks, such as those in Central Massachusetts and on Cape Cod. Other strategies include conducting outreach to other service providers in the region so that they can act as an intermediary for clients in need.

RAFT Plus. The majority of families served by MBHP and CTI through RAFT Plus lived in close proximity to the agencies, in urban centers, presumably already connected to formal or informal service networks. Other households in great need may not have been aware of the prevention resource nor ways of accessing such assistance.

Consumer perspectives. Obtaining help was an arduous process for families whose situations, for the most part, had reached the crisis stage prior to their seeking help. An overarching theme for participants as they described effective prevention help was the value of having a compassionate caseworker or housing advocate who treated clients with respect and maintained that connection to prevent homelessness. Participants characterized such service providers as those with commitment, sensitivity to mental health and disability issues, and knowledge of and connection to resources. Participants emphasized the importance of outreach from caseworkers, through phone calls and visits. Having easily accessible help with housing, available at the treatment program participants attend, was mentioned, as was rental assistance. While participants described ways in which individual motivation was a key to success, many told stories in which social service agencies used their connections to open doors that they did not have the power or knowledge to access.

Collaboration

Collaboration and results. Ten **HP**I grantees represent collaboratives that include one lead organization and one or more other organization(s). Very positive housing outcomes are associated with five of these collaboratives: Homestart, Inc./GBLS (95%) Homes for Families Collaborative (94%); Family-to-Family, Inc. (92%); Somerville Mental Health Association (76%); and Gosnold (72%). Characteristics of successful collaborations, according to providers, were: mission and values alignment; complementary skills and resources; mutuality in relationships; priority given to the common goal; regular, predictable communication; and clarity and agreement on each organization's implementation roles.

Reasons for collaboration. Organizations collaborate to maximize their impact by adding expertise, serving higher numbers of people, increasing their clients' access to other organizations' resources and to resources closer to home, developing new entry points for early identification and building solidarity for system change. In addition, clients are better served and the time it takes to resolve issues is shortened.

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

Types of collaboration. Connections between and among organizations can be characterized along a continuum from those that involve limited, short-term, or periodic interactions (cooperation) to those that involve the integration of one or more program's operations across organizations (collaboration).

Impacts of Prevention Resources on Organizational Capacities

The regional nonprofit agencies were asked about homelessness prevention services that they provided prior to the implementation of the RAFT program, and how the RAFT program changed the way they were able to engage in homelessness prevention activities.

A summary of their responses is provided in the chart below. Primarily, RAFT funds enabled agencies to assist more people, to transition people from shelter or doubled up situations to apartments, to provide cash assistance which was not available before, or to relieve the volume of requests for help for other agency services and increase the quality of service administered by those parts of their agency.

FIGURE 18:

Changes to Regional Nonprofit Prevention Services as a Result of RAFT

Agency	Homelessness Prevention before RAFT	RAFT Enabled them to:
Berkshire Housing Development Corporation	Case management, referral to other agencies, goal was to keep clients from losing subsidized housing.	Offer Services to people who didn't have subsidies, but not many fit this category
Housing Assistance Corporation	EA (Emergency Assistance), private fundraising with the aid of a local faith-based organization	Additional resources to assist the working poor
Franklin County Regional Housing & Redevelopment Authority	Referrals to other agencies, income maximization, referral to shelter, subsidized housing or Section 8, negotiation to keep people in units.	'Lease up' a lot more people, especially single moms and children moving from shelter or doubling up to apartment (Section 8) due to availability of first/last/security deposits, assist with heating and fuel prior to assistance saving homes from foreclosure
HAP, Inc.	HCEC (Housing Consumer Education Center), INR, Section 8, home ownership program which works to prevent foreclosures, property management group at agency.	Refer RAFT clients to HCEC, Section 8, financial help through RAFT funds
Metropolitan Boston Housing Partnership, Inc.	Referrals to other agencies such as fuel assistance	Offer prevention services and funds
RCAP Solutions, Inc.	HCEC (Housing Consumer Education Center)	Allow HCEC more time to work with clients, helped income-qualified people move from shelter to apartment by providing first/last/security, kept people warm for the winter w/utility assistance
South Middlesex Opportunity Council, Inc.	FEMA money for rental assistance and foreclosure prevention, small pools of money from other programs (Salvation Army, Jewish Family Services, Catholic Charities), ISSY, welfare toolbox, tenancy preservation efforts, private sector (Middlesex Savings Bank)	Open up services to a wider array of individuals and families
South Shore Housing Development Corporation	Subcontract with DTA for housing search, prevention and stabilization, toolbox, some cash assistance for those fleeing DV, HCEC	Continue with these programs
Community Teamwork, Inc.	Advocacy funding from CTI (Limited ability to provide cash assistance, ~$200/family), FEMA, prevention pilot program through private coalition-Stabilizing Housing for Individuals and Families in Transition	Increased ability to provide cash assistance for rent and utility arrearages; shift away from helping those with subsidies

5.
Homeless Prevention: Costs and Benefits

Cost studies on homelessness have emerged in recent years documenting cost effective housing interventions for mostly homeless mentally ill individuals by comparing the cost of their homelessness to providing supportive housing (Culhane, Metreaux, & Hadley, 2002; Tsemberis & Eisenberg, 2000). The methodology underlying these studies relies upon an assessment of public costs before and after providing supportive housing for homeless individuals who, for the most part, have been homeless for long periods and also have a disability. This cited research concludes that homelessness costs (including expenses for shelter, health care, mental health and the criminal justice system) offset expenses for supportive housing programs with much better outcomes for the formerly homeless individuals. Comparable cost studies for homeless families have not been conducted to date.

Cost studies on homelessness prevention face the challenge of comparing the costs of prevention activities to the potential cost of homelessness. This approach is premised on assessing a homeless prevention rate based on a range of different interventions, and includes the challenge of determining who is really at risk to become homeless. For example, facing eviction predicted later homelessness for only 20% of families (Shinn et al., 1998). Other predictors of homelessness include very low incomes, presence of mental health problem, substance abuse or chronic illness, incarceration or placement in a foster home during childhood (Burt, Aron, & Lee, 2001) but the extent of each factor's contribution to homelessness is unknown.

As summarized earlier, homeless prevention efforts in Massachusetts include a wide variety of approaches and target populations. In order to assess the actual rate of homeless prevention in each of these approaches, randomized control studies would need to be carried out. As the current evaluation research is more exploratory in nature, a firm cost/benefit ratio of homelessness prevention cannot be calculated. However, the cost analyses below provide a first glimpse of costs and cost offsets based, in part, on a quasi experimental research design absent a randomized control group. The RAFT data in particular compare information on applicants who were denied and approved assistance, providing the opportunity to base analyses of outcomes and associated costs on a non-randomized control group.

As stated earlier, providing shelter for a single adult in Massachusetts costs the state about $1,000 a month on average, without including any case management or other services that a shelter program provides, nor the high costs of health related and/or expenses related to prison/jail. Providing shelter to a homeless family costs the state an average of $98 per night with includes a small portion of service costs. Studies indicate that of the roughly 2,900 homeless families in Massachusetts[18], 20 to 25% stay for close to 15 months, costing the state $48,440 per family just to provide them with shelter and case management services (Culhane, 2006). Health related expenses for parents and their children are not included in these estimates. Further, long-term effects of children experiencing homelessness include various public expenses. Children in about one fifth of homeless families are placed in the foster care system, costing more than $45,000 per year for the average family (Harburger & White, 2004). Other long-term effects of homelessness on children and their costs to society (for example, special needs in education and the criminal justice system) are difficult to assess but are nevertheless important to consider.

The costs of providing shelter to the three main groups of homeless families are substantial: $11,550 per family for transitional stayers; $21,450 per family for episodic stayers; and $48,440 per family for long stayers in shelters (Culhane, 2006). Based on these patterns, investing in homelessness prevention and other supportive housing models could result in significant cost-saving for the Commonwealth. In 2006, DTA received Emergency Shelter Grants (ESG) through HUD of approximately $2.5 million dollars to provide emergency shelter, and other services for those who are homeless or at-risk of homelessness. Of this, no more than $750,000 could be used for prevention services, with up to $300,000 allocated in FY 2006 for Housing Court

and Tenancy Preservation Program (TPP). Other allowable prevention categories included: short term (one-month) housing subsidies; rent and utility arrearages; security deposits and first months rent; mediation assistance and other legal services; housing search; and discharge planning (HUD 2006). Based on the cost estimates presented above, allocating a larger proportion of HUD funds to homelessness prevention would free public expenses currently used for supporting families in shelter. Doing so would also reduce the costs of long-term impacts of homelessness on homeless individuals and families, money which could be efficiently spent in supporting these individuals and families in housing.

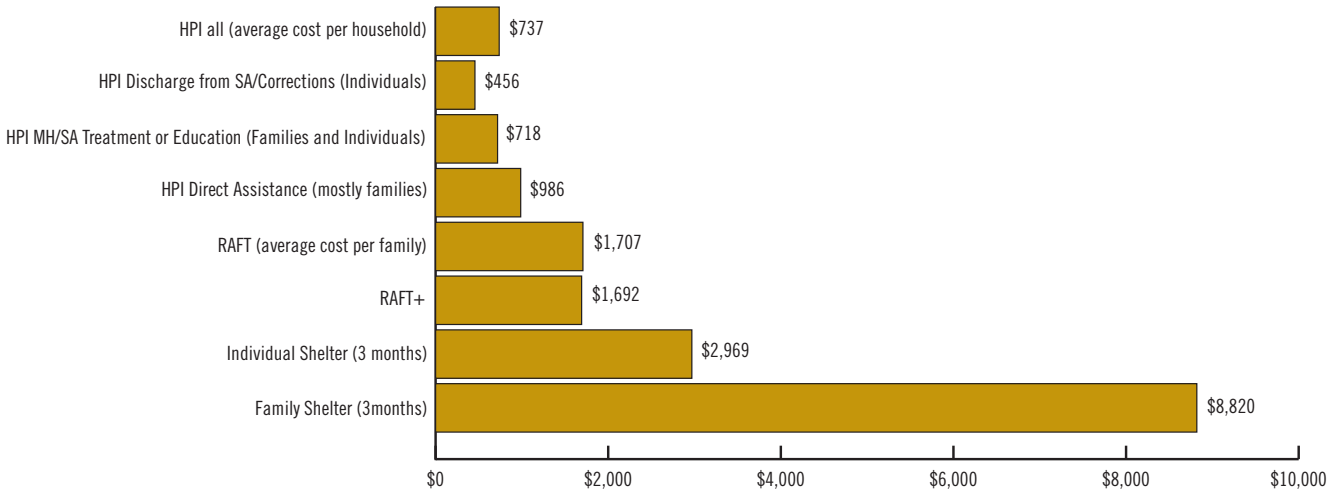
Prevention Costs Compared to Shelter Costs.

A simple analysis compares prevention costs to the costs of providing shelter to homeless individuals or families. Average homeless prevention costs per household were based solely on grant amounts and do not include additional programmatic costs. Intensive case management, additional psycho-social interventions, other educational activities or other services provided by the agencies, but not covered under the homelessness prevention grant, could not be included in the costs of providing prevention. Prevention costs range from $737 for households served by any of the HPI programs regardless of whether they were single adults or families, to $1,692 for RAFT Plus, and $1,707 on average for families participating the RAFT program. Comparing these cost estimates to shelter costs for those who become homeless—still a very conservative cost estimate on homelessness—depicts much higher costs for sheltering individuals and families who fall into homelessness. As stated above, shelter costs for individuals are based on the cost of the bed per night, and do not include service costs. For families, some of the service costs are included in the per night dollar amount. However, this figure does not reflect the total service costs.

As illustrated in **Figure 19**, a family in shelter costs the state close to $9,000 for a period of three months which is the average stay for short-term shelter users (Culhane, 2006). Sheltering a single adult costs close to $3,000 on average for three months; this estimate does not include any service related expenses.

FIGURE 19:

Average Cost of Homeless Prevention and Homeless Shelter



Not surprisingly, average expenses for direct assistance that serve mostly families are highest among the HPI programs, $986 on average, and prevention interventions serving mostly individuals (such as discharge planning from prison or jail) are lowest, $456 on average. These costs for prevention for families are somewhat higher than those for families served in County, Minnesota through its community-wide homelessness prevention network; in 2002-2003, the County spent $472 on average per family for prevention services, with a 95% success rate—no use of shelter for at least 12 months after intervention (Burt and Pearson, 2005). However, Rental housing costs for Hennepin County are lower, on average, than rental costs in Massachusetts. According to the National Low Income Housing Coalition, the average Fair Market Rent (FMR) for a two-bedroom apartment is $858 in Hennepin County and $1,178 in Massachusetts (2006).

The following case studies show how homelessness prevention programs save significant dollars for the state and local communities. Prevention of homelessness may also prevent re-arrest and incarceration, shelter costs, and/or expensive mental health crises.

HPI Case Study #1:

Pre-Release Intervention/Project Place

Project Place received $180,000 in funding over a three year period, serving 148 at risk women a few months prior to discharge from a correctional facility. Seventy-eight percent of these women were mothers with 2.4 children on average. Women with children may face additional challenges in finding affordable and safe housing upon release from prison or jail. Over 50% of women released from correctional facilities are rearrested within three years of discharge (Bates, 2004). Predictors of re-arrest include unstable housing, unemployment, substance abuse and health problems.

On average, Project Place spent $1,216 on each woman they served, linking them with community agencies and attending to their health, housing and employment needs. For each woman successfully reintegrated into her community and not at risk of re-arrest, the state saves on average $117.08 per person in prison costs per day, and $91.78 per person in jail costs per day, in addition to expenses related to homelessness.

Example: A single mother of two boys received case management, training, mental health counseling and health services through Project Place. Having experienced homelessness in the past, she was stable in permanent subsidized housing 12 months after release from jail. Potential public costs of not supporting her transition into housing and re-integration into her community include cost of homelessness, cost of re-arrest and jail time, cost of caring for her children, and long-term societal costs for her children due to adverse childhood events.

HPI Case Study #2:

Tenancy Preservation/Homestart/GBLS

Focusing on tenancy preservation, Homestart received $225,000 over the three-year funding period for an average cost of $1,957 per household, serving 84 families and 31 individuals facing evictions whose average monthly income was $962. Targeting mostly single mothers in subsidized or public housing, of which close to half had experienced homelessness previously, Homestart was able to prevent immediate homelessness for 95 percent of its program participants by providing cash assistance ranging from $106 to $1,150 which was used mostly for rent arrearage. At 6 months, 81 percent had retained their housing. For each homelessness episode prevented, this intervention saved the state an average of $98 per day in a family shelter and $33 per day for an individual in shelter. These estimates are conservative in that they do not include the additional costs for services and other homelessness related public expenses (e.g. emergency health care, mental health and substance abuse treatment).

Example: A single mother of three, with children ages five, six and nine years, residing in public/subsidized housing and earning $1,927 each month with additional public assistance income for a total monthly household income of $2,116, was facing eviction due to rent arrearage. She received legal and financial literacy counseling and a cash amount of $795 to pay for the outstanding rent, preventing her from losing her home. At the 12-month check-in, she was still residing at her residence. Cost of homelessness for this family would have been high, as it most likely would have resulted in her loss of employment, as well as shelter and case management costs for the mother and her three children, not to mention the long-term impact of homelessness on her children.

HPI Case Study #3:

Supportive Behavioral Health Services/Somerville Mental Health Collaborative

Over a three-year period, Somerville Mental Health received $155,000, providing supportive services to 50 families and 53 individuals at risk of losing their housing due to mental health and/or substance abuse problems. Of the persons served, 37% had experienced prior homelessness. At intake 55% lived in subsidized housing, 13% in private rentals, and 2 percent owned their residence. Others were doubled up, in a shelter, or hotel/motel. Close to one-third had employment income, $973 on average, and 75% were receiving public assistance. In addition to mental health, substance abuse and legal counseling, most (70 percent) received cash, mostly for rent arrearage. Sixty-five percent of program participants were in stable housing at 12 month follow up. The average cost of this homeless prevention intervention was $1,505 per household.

Supporting mentally ill individuals in housing is very cost effective. Studies on housing homeless mentally ill individuals indicate that the costs for housing them with supportive services almost equal the costs of keeping them homeless (Culhane, Metreaux, & Hadley, 2002). Not surprisingly, housing improves general health and mental health symptoms and it also reduces the rate of substance abuse, dramatically reducing the need and costs of mental health and substance services for the housed individuals (Meschede, 2006).

Example: A 55 year old women with physical and mental disabilities, relying on alimony and public assistance income totaling $1,511 per month, was facing eviction due to un-reimbursed medical expenses. Receiving $878 for rent arrearage, legal counseling and receiving a waiver from MassHealth helped stabilized her housing situation. Costs of homelessness for this individual would have included shelter costs ($33/day) plus case management services, increased health costs (on average $640 for an ER visit and $1,770 for a day in the hospital) and mental health costs (average of $541 per day).

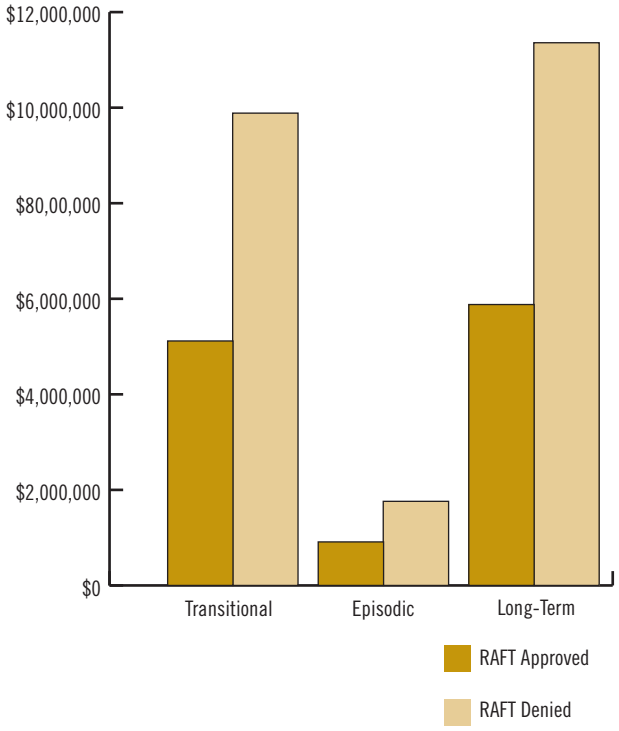
RAFT Approved and Denied Families.

Cost analyses assessing public cost savings build on data from groups that could be compared to those who receive services. As RAFT provided data on families who were not approved for funding, this group of families not receiving prevention services was used as a comparison group in the following cost analysis. Keeping in mind that the data were limited and not entirely representative[19] , at 12 month outcome data for the RAFT program indicate that homelessness was prevented for 79% of approved families as compared to 71% for families who applied for RAFT funds but were denied. Based on total numbers served (N=2,890) and denied (N=4,043), homelessness was not prevented for 607 families who received assistance, and 1,172 families not approved for RAFT funding. These families may currently be doubled up, for the most part, and not be using any of the DTA funded homeless shelters but may do so at any time in the future.

Cost implications. Even though there are differences between the RAFT approved and denied families, the following analysis uses the RAFT denied families as a comparison group to assess potential costs that these families could add to public expenses for not being served. Regardless of whether families were served by RAFT or not, the following cost analysis is based on the assumption that all families for whom home-

FIGURE 20:

Potential Shelter Costs for RAFT Approved and RAFT Denied Families



lessness could not be prevented enter a homeless shelter at some point. If we apply Culhane's (2006) typology of Massachusetts homeless families in shelter (73% transitional, 7% episodic, and 20% long-term stayers) to all families for whom homelessness could not be prevented and apply the average costs for each homeless family type, we arrive at close to $12 million in potential state spending for the families who became homeless even though they were served by RAFT, and $23 million for the families denied by RAFT. **Figure 20** depicts the potential shelter expenses of RAFT approved and denied families for whom homelessness was not prevented. The difference between the potential state spending for the approved and denied families yields $11.1 million. Serving the 4,043 families who applied but were not served by RAFT would cost the state $6.9 million. Consequently, the difference between providing RAFT to all of the families who applied, compared the potential shelter costs of those not served, would yield $4.2 million. These are costs that potentially could have been avoided if these families had been served by RAFT.

6.
Promising Models

For family households in economic and housing distress, the RAFT Plus and RAFT programs were highly successful, with 91% and 79% having positive housing outcomes at 12-month follow-up respectively. RAFT Plus providers served homeowners facing foreclosure and private market renters, through providing cash assistance, housing advice, case management and budgeting skills/financial literacy. Providers were able to follow their best judgments as to the levels and uses of cash assistance along with other support services to provide to these families. As stated previously, RAFT targeted those families who were at-risk of losing their housing due to a temporary hardship. These families were required to demonstrate their ability to sustain their housing after the intervention.

HPI Direct Assistance/Supportive Housing Models:

Other prevention interventions for families in economic and housing distress:

Profile: Homes for Families Collaborative
Ninety-four percent (**94%**) of families served through this collaborative had positive housing outcomes at 12-month follow-up. Grounded in past positive work together, Homes for Families led a collaboration that includes Project Hope, Metropolitan Boston Housing Partnership, and Traveler's Aid Society of Boston, Inc. The collaborative provided immediate cash and resources to families who were at risk of homelessness and were not eligible for state-funded emergency assistance. HPI grant funds were shared across organizations; the eligibility criteria and data collection approach were the result of consensus decision making. Homes for Families was responsible for follow-up contacts with participants and for data management. This collaborative is oriented toward advocacy and systems change. In that regard, HFF partners plan to work together to create a tool for identifying early warning signs. This document will be derived from the results of focus groups with HPI participants that HFF carried out in collaboration with the Center for Social Policy.

Profile: Family-to-Family
Family-To-Family, Inc., Ensuring Stability through Action in our Community (ESAC), Second Step, Cambridge Multi-Service Center, and Housing Families, Inc. collaborated to carry out the HPI-funded Homelessness Prevention Partnership. The collaborative's interventions resulted in positive housing outcomes 12 months post intervention for **93%** of those served. Like other HPI partnerships, the agencies' past positive histories working with one another provides a strong foundation for their current collaboration. HPI grant funds are shared among organizations. With Family-To-Family in the lead, they are using an in-depth assessment process to determine whether or not families requesting help are in a position to sustain their housing through leveraging the cash assistance and other resources the partnership can offer.

For persons with behavioral, mental illness or substance abuse difficulties or other disabilities:

Profile: Homestart, Inc./Greater Boston Legal Services.
Aimed at enabling individuals/ families with disabilities to stabilize their housing, this collaborative's interventions resulted in positive housing outcomes for **95%** of those served. The program targeted individuals or family members with a disability who have a housing subsidy, and have been served an eviction court order. The intervention was characterized by a single point of entry; provision of legal services in conjunction with assessments of client need; flexible use of cash assistance; and regular monthly contacts with clients.

Profile: Rosie's Place
Ninety percent (**90%**) of women served through this program had positive housing outcomes at 12-month follow-up. The Rosie's Place HPI initiative offered non-judgmental, non-stigmatizing, in-home support to women with long-standing mental illness. Based upon its successes, Rosie's Place is expanding the

model to other groups of women they serve elderly and disabled women. The women served have lived in housing in the community for less than a year. Because Rosie's has a full range of low demand support services, women participating in this HPI funded program are known to many staff members and are usually referred through the internal staff network. The program provides personalized and intensive, in-home case advocacy, as well as limited cash assistance, mostly for utilities and security deposit costs. The home visit model of services is designed to provide women with a low demand opportunity to develop a trusting relationship with their service provider. At the first visit, a Rosie's advocate brings each woman a welcome basket filled with toiletries and other essentials for her apartment. During this and subsequent home visits, the advocate visually assesses the woman's living situation and condition of the apartment, completes a budget worksheet, assists with requests and referrals, and checks in on the woman's health and medication, if appropriate. In addition, the outreach worker reaches out via phone calls or second visits to assist these women as needed with critical resource help, such as assisting with reducing outstanding debts, paying bills, budgeting, or making connections with other needed community resources such as mental health services, substance abuse treatment, job placement, housing support, social support, primary health care, financial assistance and credit counseling. When providing cash assistance, an outreach worker reviews existing bills with the clients, determines the amount required, and works to develop a plan for maintaining financial stability beyond this intervention.

Discharge Planning Model

For women prior to discharge from prison:

Profile: Project Place's Comprehensive Homelessness Intervention Program (CHIP)
CHIP is unique in its sole focus on women, with and without mental illness, who are about to be discharged from the Suffolk County House of Corrections (SHOC). At **12 months post-intervention 14%** of women served by Project Place had retained their housing and **10%** had relocated to other housing including residential treatment and supportive housing programs, **11%** were re-incarcerated and **8%** were homeless, while **42%** were reported as other/unknown. Women are sometimes mandated or strongly pressured by jail or other service personnel to participate in the program. Women earn "good time" or sentence reduction for such participation. Through a collaboration among Project Place, the South End Community Health Center (SECHC), and the Suffolk House of Correction (SHOC), women are offered extensive psycho-social assessment, counseling, and primary health care, development of a stable discharge plan, and follow-up services, as well as career coaching and transitional employment where possible. Services begin three months prior to release and extend for two years post-release. Beyond the comprehensive assessment, staff provide intensive case management and the partnership with SECHC assures that case managers can effectively connect women who have unmet health needs with health care providers. Beyond health issues, the program also works with the SHOC to help with clients' employment prospects and housing needs when they leave prison. The most frequent services provided are case management, education and training, health care and mental health counseling. Post-release case management and coaching includes regular phone contact and in-person visits whether at Project Place or at a café or library in the woman's neighborhood. Although the program is not limited to women with mental illness, many (67%) of the women served by CHIP readily self-report a range of mental health problems, including anxiety, depression, bipolar and post traumatic stress disorders (PTSD).

Psycho-Educational & Psycho-Social Models

For persons with behavioral, mental illness or substance abuse difficulties or other disabilities:

Profile: Mental Health Association's Tenancy Preservation Program
Seventy-five percent (**75%**) of households served through this Springfield, MA program had positive housing outcomes at 12-month follow-up. This program is designed to prevent individuals and/or families challenged by mental illness from losing their housing by addressing problematic behaviors that

lead to lease violations. Most referrals are made by the Housing Court, a pressure point that acts as a motivator for women to accept services. This program serves women and children with a history of domestic violence and trauma, as well as mental disabilities, which, taken together, interfere with stable housing tenancies. Staff conduct assessments, link clients to necessary treatment and services, and offer cash assistance (when available) to pay off rental and utility arrearages. A clinician connects with families and provides intensive, short-term case coordination to stabilize the housing situation. During Housing Court mediations and hearings, the clinician makes recommendations to the court on services needed to preserve the tenancy, as well as the baseline requirements for tenant follow through with those services. Extensive collaborations with state agencies and other referral resource organizations enable MHA staff to connect their clients to services and resources quickly, bypassing bureaucratic hurdles. This program is an extension of the larger Tenancy Preservation Program (TPP) of MHA, in existence for over eight years, which has received national recognition.

Profile: Somerville Mental Health Association
For this prevention initiative, the Somerville Mental Health Association joined forces with the Somerville Homeless Coalition, Somerville Community Corporation, and Community Action Association of Somerville. Seventy-five percent (75%) of households served had positive housing outcomes at 12-month follow-up. These organizations have developed a shared process for making eligibility decisions, and are coordinating referral, outreach, and engagement services. Each of the partners has contributed to a pool of cash assistance funds used as needed for HPI families and individuals with behavioral health challenges who are at risk of losing their housing.

Profile: Metropolitan Boston Housing Partnership.
Seventy-seven percent (77%) of those served had positive housing outcomes at 12-month follow-up. Through the Staying Home Program, Metropolitan Boston Housing Partnership (MBHP) assists elders and people with physical or mental disabilities, who are at risk of losing their housing due to health and sanitation issues. Services provided include direct cash assistance, case management, referrals, and home visits.

Profile: Advocates, Inc.
Seventy-one percent (71%) of those served had positive housing outcomes at 12-month follow-up. Its focus was to assist people with mental illness or other disabilities to identify and secure housing, access benefits and support services, and address their rent arrears. Specific supports target assistance during the early stages of tenancy, the resolution of conflicts with landlords and Housing Authorities. A unique dimension of the program was its multicultural expertise.

Profile: Gosnold:
This program resulted in positive housing outcomes at 12-month follow-up for 72% of those served. Gosnold, Inc., a Falmouth-based rehabilitation center, offers mental health inpatient and outpatient services, and collaborated in its prevention project with Hyannis-based Independence House, an agency that serves survivors of violence and sexual assault. These organizations joined forces to intervene with women experiencing mental health, domestic violence, and/or substance abuse challenges who are at risk of homelessness. As a result of their collaboration, Gosnold's cognitive behavioral training program is now accessible to women in several locations on the Cape. In addition to their direct intervention with participants, the collaborators are working to build expertise across the community through conducting cross-training sessions with staff members in both organizations.

Early Warning Systems

Broad access to utility discount program. The development and implementation of strategies for notifying any and every Massachusetts household about the state's utility discount program or automatically enrolling Local Housing Authority or assisted households in the program at the first signs of utility arrearage trouble is a worthy focus for prevention. According to Charlie Harack of the National Consumer Law Center (NCLC) (personal communication, November 22, 2006), such a strategy for DTA-assisted households through electronic matches between utility company residential files and the Massachusetts Department of Transitional Assistance files has been taking place for over a year. In fact, over five consecutive quarters, an estimated 60,000 low-income Massachusetts households have been automatically enrolled in the program.

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

7.
Conclusions

A broad spectrum of families and individuals were served cost effectively through the three prevention initiatives.

Across three initiatives, **4,830 families** and **2,417 individuals** received homelessness prevention interventions, at an average expenditure of **$1,436 per household**. These households' circumstances spanned a broad spectrum—economically and in other ways. Those served by HPI programs had the lowest incomes; many had housing assistance at intake; many needed and received intensive case management, increased access to public income maximization resources and other support services. Those served by RAFT were in temporary and extraordinary, but imminent, housing crises; for the most part, they were living without a housing subsidy in private market housing. They received cash assistance and other support services. Those served through RAFT Plus had the highest incomes among all those served; they were homeowners and private market renters. Cash assistance was the most consistent resource utilized by these families.

Investments in prevention resulted in positive housing outcomes for the majority of households served by all three prevention initiatives.

Resources used for prevention were considerably lower than those that would be required to provide shelter for these families or individuals in Massachusetts. The prevention interventions were, for the most part, highly successful: **75%** of family and **63%** of individual **HPI** households, **79%** of **RAFT** households, and **91%** of **RAFT Plus** households reported stable housing at **12 month follow-up**. Core components of success included: cash assistance, flexibly used, in concert with intensive case management supports; income maximization strategies; and use of interagency and local/regional collaborations to leverage resources for households served.

Promising models of intervention differed for different populations.

One size does not fit all when it comes to implementing prevention interventions effectively. Philanthropic leadership that led nonprofits to develop innovative prevention approaches for specific populations at risk of homelessness have made a clear contribution to learnings about what works for whom. These learnings provide solid grounding for nonprofit organizations, community-wide prevention networks and government in their considerations about how, in the future, to address the needs of households with varying housing and economic circumstances.

Housing subsidies were a protective factor in stabilizing housing for many households seeking and/or receiving prevention assistance.

Across all three initiatives, households with housing subsidies were more likely to report stable housing at follow-up than those in private market housing. Relatively speaking, at intake, HPI family households were more likely than those served by other prevention initiatives to have housing subsidies. Their incomes were the lowest among all family households served and yet prevention interventions were highly successful with these families. These findings suggest that the housing subsidies were an important stabilizing force for these households. Other results highlight the importance of housing subsidies for precariously housed families—those with housing subsidies not approved for RAFT reported stable housing at follow-up.

For some households, achieving positive housing outcomes was difficult.

As expected, simply keeping a connection with runaway youth, those in prison and those escaping domestic violence appears to present a daunting challenge for service providers. Some HPI programs that served these persons/households were identifying more realistic benchmarks than stable 12-month post intervention housing outcomes. Other success indicators capture the smaller steps of progress that these programs expected and witnessed for those served. However, maintaining productive follow-up connections is critical and requires alternative approaches than those that were used by the HPI programs serving these populations.

Evaluation results also clearly indicate that Hispanic/Latino families in Massachusetts are in need of targeted and, perhaps, different homelessness prevention interventions than those provided through RAFT. The majority of Hispanic/Latino families who were served by RAFT lived in Hampden County, near or in Springfield, Holyoke and Chicopee areas with significant Hispanic/Latino populations and high poverty areas. These families appeared to have multiple risks that impede their housing and economic stability: low educational attainment, low incomes, and overcrowded housing circumstances. In addition, Hispanic/Latino families who were served through RAFT were nonetheless more likely than other families to report unstable housing at follow-up.

Those with long standing housing instability, that is those with a history of evictions, were also less likely to report positive housing outcomes after being served through RAFT. It may be that other interventions, such as those provided by HPI organizations, are more appropriate to enable these households to achieve housing stability.

The development of early warning systems is needed to catch households earlier in their housing instability trajectories.
Households who sought prevention assistance for utility arrearages were more likely to report stable housing at follow-up than those who needed assistance with rental arrearages. Many households had not accessed the state's utility discount program prior to seeking prevention assistance; this became a focus of agency interventions for many households. These findings, along with evidence that RAFT assistance worked less well for those with long standing housing instability, strongly suggest implementation of streamlined access to the state's utility discount program and/or automatic enrollment of low-income households into the program. Broad-based information campaigns are needed to publicize this important homelessness prevention tool. Another promising early warning model is the Massachusetts Coalition for the Homeless' First Stop program of locating housing clinics in community health centers. All such efforts should be linked to community-wide prevention networks (e.g., SHIFT Coalition in Lowell; Clearinghouse in Boston)[20].

Prevention resources through RAFT are not as easily accessible to households living at a distance from the Regional Nonprofit agencies in Berkshire, Hampden, Hampshire, Franklin and Essex Counties.
In these regions of the state, those applying for RAFT tended to be living in close proximity to the Regional Nonprofit administering RAFT. Other households in great need may not have been aware of the prevention resource or ways of accessing such assistance. New outreach approaches are called for that deal directly with the expanse of the rural areas within these regions and the concomitant transportation challenges for those households with housing and economic instability. Community-wide prevention networks, such as those in place in Central Massachusetts and on Cape Cod appear to be contributing to a wide and broad reach to households throughout these regions in need of assistance.

Developing Multi-Sector Approaches

Publicly funded homelessness prevention is not available for some populations at risk of homelessness who benefited from HPI and RAFT Plus prevention interventions. A multi-sector approach is essential for creating and sustaining effective prevention networks and intervention alternatives for at-risk families and individuals.

For a relatively short period of time, three years for the HPI initiative and 12 months for the RAFT Plus initiative, philanthropic investments enabled many Massachusetts households on the brink of losing their housing to receive effective prevention assistance. These populations are: single individuals with very low incomes, often facing mental illness and/or substance abuse or other disability challenges; families with higher incomes than those eligible for RAFT, including homeowners; and families with much lower incomes and more long-standing barriers to housing stability than those served through RAFT. Prevention intervention appears to be highly effective with these households. Others applied for RAFT, were not approved but appear to be at high risk of housing instability. In particular, Hispanic/Latino households appeared to have more long-standing and less easily resolved situations that impeded their housing and economic stability: low educational attainment, low incomes, and overcrowded housing circumstances. In all of these instances, publicly funded prevention alternatives are not currently available.

8.
Recommendations for Public, Philanthropic, Nonprofit and Voluntary Sectors

A multi-pronged, multi-sector approach is essential for creating, replicating and sustaining effective prevention networks and intervention alternatives for at-risk families and individuals. If philanthropy's role is to incubate and test innovations in human service practice, then the proper role for federal, state and local governments is to provide operational funding for replication, expansion and long-term sustainability of effective interventions. Effective partnerships between the state and local communities can and should be utilized to leverage private and voluntary supplementary resources to create community-wide coordinated prevention networks. Public and private investments are likely to be cost effective if informed by everything that has been learned through this evaluation about promising models of prevention for specific populations.

Recommendations for Government

Replicate and sustain promising models of prevention. Evaluation results suggest a need for state and local government, while continuing some effective prevention programs, to infuse significant new resources and realign state agency resources for replicating and sustaining promising models. Specific recommendations are:

1.Predictable RAFT funding for families and homelessness prevention for individuals. The dynamic of unpredictable, sudden infusions of RAFT funding needs to be modified. In addition, to date, major state-sponsored prevention has been available for families only. Promising models for individuals have been successfully field-tested in Massachusetts, as detailed in the report. In the future, it is important to:

- Ensure steady RAFT homelessness prevention funding for families at risk;
- Create prevention alternatives for individuals—effective models tested and implemented in isolated pockets across the state should be available statewide.

2.Replication, expansion and sustainability of promising models of homelessness prevention. Several models of intervention for families in economic and housing distress and for persons with behavioral, mental illness or substance abuse difficulties or other disabilities were field-tested and have demonstrated cost effectiveness. To facilitate the success of such interventions and make them available statewide:

- Create a closer collaboration between the Massachusetts Department of Housing and Community Development and the state agencies within the Executive Office of Health and Human Services to increase policy and resource coordination essential for speedy and efficient assistance for households in need.
- Align resources and regulations to provide incentives for field-testing of integrated assessment and screening processes for prevention and shelter by local and regional collaborative nonprofit networks.
- Engage the relevant EOHHS and OHED agencies and local agencies (e.g., community health centers, housing courts, housing authorities, correctional institutions), to promote the incorporation and sustainability of effective prevention models.

3.Expanded access to and use of the state's utility discount program. Create a system for automatic enrollment of low-income households into the state's utility discount program, as well as notification of any and every Massachusetts household about the state's utility discount program at the first signs of utility arrearage trouble.

4.Innovations for early warning systems and elimination of access barriers to housing and income supports for households in need.

- Direct state resources toward implementation of innovations such as co-location of services, information campaigns, coordinated intake protocols and a range of easy-to-access entry points in locations that low-income households frequent. Invest

in long-term evaluations of program innovations to maximize the policy impact of program initiatives.

- Ensure the flexible use of cash assistance as part of state-funded prevention options for both families and individuals in the future. Service providers demonstrated judicious use of cash assistance in all three programs and, when not constrained by program regulations, they worked with households to use the cash assistance for many purposes not currently allowable in the RAFT program, such as transportation, school supplies, car repairs and so on. As of Fiscal Year 2007, RAFT funds may be used for property taxes and car insurance. This flexibility is essential to tailor interventions to households' unique circumstances.
- Identify and implement policies that can help households likely to be at risk of homelessness to obtain housing assistance and other needed public resources. A blend of earned income and public resources has the potential to close the real gap between housing expenses and household incomes for thousands of shelter poor Massachusetts households.

Recommendations for Philanthropy

Advance innovations, best practices and cross-sector planning. The promising models of prevention profiled in this report are the result of pioneering philanthropic organizations collaboratively seeding funds for nonprofit sector innovations in prevention. Facilitative philanthropic leadership will continue to be an essential catalyst for innovative and collaborative multi-sector initiatives to realize the goal of a significant reduction in homelessness and housing instability in the state.

1.Innovation development.

- Invest in the creation of new intervention approaches for those for whom achieving positive housing outcomes are the most difficult: Latino households; runaway youth; families escaping domestic violence; and individuals leaving prison.
- Join with public and local community stakeholders to support the implementation and evaluation of innovations for building community-wide prevention networks designed to: (1) reach into all deep poverty pockets of the community; (2) eliminate all families' and individuals' chaotic journeys for help; and (3) maximize cross-sector involvement and resources in local communities.
- Invest in long-term evaluations of program innovations to maximize the effectiveness and policy impact of program initiatives.

2.Facilitation of cross-sector planning processes.

- Continue to provide leadership for convening representatives from federal, state and local government, nonprofit, business, advocacy, constituent and voluntary sectors.
- Support the work of the new legislative commission on homelessness led by State Representative Byron Rushing and Tina Brooks, Undersecretary, Massachusetts Department of Housing and Community Development.

3.Facilitation of peer learning processes and dissemination of best practices.

- Host and facilitate peer learning and dissemination of best practices for homelessness prevention providers and planners.
- Ensure a central role for program participants in these educational exchange processes.

Recommendations for Nonprofit Organizations

Expansion, improvements and evaluation. Evaluation results provide direction for promising human service practices and for needed program improvements. The front-line practices of organizations and human service providers make all the difference in households' experiences when they seek help to address housing instability.

1.Implement and expand effective models of prevention for populations with different needs.

- Incorporate promising models of prevention specific to varied populations, as tested through the HPI, RAFT Plus and RAFT programs.

- Special attention should be given to those populations that have not realized positive housing outcomes.

2.Connect households with the utility discount program as early as possible.

- Create the organizational capacity to process transactions with utility companies as quickly as possible.
- For community action agencies, organizational links with the agency's fuel assistance program and, for other regional nonprofit agencies, with the regional CAA's is fuel assistance program are advised.

3.Create community-wide prevention networks.

- Engage the private sector, faith-based organizations and other local community resources in serving those households not eligible for state-funded prevention.
- Develop early warning systems for people at risk of homelessness (rent arrearages, utility arrearages, etc.). Put in place supports to ameliorate these problems.
- Tailor a local system for integrating screening and assessment for prevention and shelter. Develop consistent assessment strategies, tools and protocols to identify strengths, barriers and potential resources that may help households sustain their housing and avoid homelessness. Models for screening multiple barriers do exist, such as Hennepin County, MN, where a screener conducts an assessment for each family entering shelter and determines appropriate services based on the housing barriers level assessment (Burt, 2006)
- Increase service provision in rural areas or improve access to regional centers through transportation innovations. New outreach approaches need to deal directly with the expanse of the rural areas within specific regions of the state and the concomitant transportation challenges for households in need.
- Tailor services to special populations, i.e., families in Latino households; runaway youth; families escaping domestic violence; and individuals leaving prison.

4.Create organizational systems for long-term change and for follow-up with households served

- Create the organizational capacity to maintain connections with households served, beginning with a positive, face-to-face relationship at the first point of contact.
- Use staged cash disbursements as a tool for ensuring that practitioners and households are working together over time to stabilize housing and to leverage change with households, landlords and housing authorities (e.g. agreements on payment plans or lowering rental burdens).
- Create the organizational capacity to assess how interventions are working and use these data to provide direction for program improvements.
- Include both hard numbers and participants' and service providers' qualitative assessments to inform organizations' self-assessments and program development directions.

Endnotes

[1] The Massachusetts Department of Housing and Community Development is a division of the Office of Housing and Economic Development.

[2] Average monthly caseload 2004-2006, Massachusetts Department of Transitional Assistance. Please note that the annual caseload is much higher.

[3] Cost calculations included staff time.

[4] Because outcome data from the RAFT program are limited and non-representative, findings from the data should be interpreted with caution.

[5] The Boston Foundation, the Paul and Phyllis Charitable Fireman Foundation and the Massachusetts Department of Housing and Community Development funded the evaluation of RAFT; the RAFT Plus evaluation was funded by the Oak Foundation through One Family, Inc.

[6] www.mass.gov downloaded 3/23/07. Numbers are based on a point in time count, not on yearly totals.

[7] Average monthly caseload 2004-2006, Massachusetts Department of Transitional Assistance. Please note that the annual caseload is much higher.

[8] The Boston Foundation, the Paul and Phyllis Charitable Fireman Foundation and the Massachusetts Department of Housing and Community Development funded the evaluation of RAFT; the RAFT Plus evaluation was funded by the Oak Foundation through One Family, Inc.

[9] HPI grantees include: Advocates, Inc; Bridge Over Troubled Waters (BOTW); Caritas Communities; Family Health Center (FHC) of Worcester; Family-to-Family; Gosnold, Inc.; HarborCov; Homes for Families (HFF); HomeStart; Mental Health Association, Inc. (MHA); Massachusetts Coalition for the Homeless (MCH); Metropolitan Boston Housing Partnership; Newton Community Service Center (NCSC); Project Place; Span, Inc.; Rosie's Place; Somerville Mental Health Association; Tri-City Community Action Program (Tri-CAP); and Victory Programs, Inc.

[10] Nearly all of the homeless households received services through Victory Programs, whose intervention targeted individuals living in residential treatment programs.

[11] Housing stability includes all HPI Individuals and Families with the exception of HarborCov, which conducted follow-up with a randomized sample of participants due to the large volume. Follow-up data for Victory Programs and SPAN were excluded due to poor quality of follow-up data.

[12] Ibid.

[13] Outcome data are not complete for Span, Inc. and are not available for Victory Programs, Inc.

[14] A more detailed comparison is available in Appendix A.

[15] The 3,555 number for uses of cash assistance for Approved RAFT households reflects requests that included more than one use.

[16] These factors are not controlled for in the model since the model did not include variables for agency provider and domestic violence.

[17] Multivariate logistic regression analyses were conducted which revealed these relationships at the .05 significance level while controlling for the impact of the other variables in the model.

[18] Average monthly caseload 2004-2006, Massachusetts Department of Transitional Assistance. Please note that the annual caseload is much higher.

[19] A large proportion of a random sample of RAFT approved and denied families could not be reached to collect follow-up information.

[20] The SHIFT coalition is a partnership of over 30 members in the Greater Lowell who are committed to ending homelessness. The Boston Homelessness Prevention Clearinghouse (BHPC), headed by MBHP, is designed to strengthen homelessness prevention efforts in Boston.

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Appendices

Appendix A: Summary of Methods

Summary of Methods This cross site/cross program homelessness evaluation utilized a mixed method data collection and analysis approach to enhance the validity of the research findings.

Site Visits and Staff Interviews In-person interviews were conducted during site visits will all of the programs providing homelessness prevention through HPI, RAFT and RAFT Plus. The interviews included questions on program design; intervention strategies; resources they are leveraging; client selection and other program policies; and data collection/outcome measurement approaches.

Consumer Focus Groups In order to ensure the voice of people who had experienced homelessness throughout the evaluation and report, the Center for Social Policy worked collaboratively with Homes for Families and a consumer advisory board made up of individuals who had experienced homelessness in the past. Together, CSP, HFF and the consumer advisory board held ten focus groups with seventy-two parents and individuals who had received prevention services. Focus group participants were recruited through the provider organizations and groups were held at multiple locations across the state in an effort to accommodate participants.

Two focus groups were held with nine heads of households who had received Raft Plus.

Administrative Data Collection Participant-level data were collected from all of the programs providing prevention services through HPI, RAFT and RAFT Plus. Data were collected at program intake and 6-month and 12-month follow-up for HPI and RAFT Plus. Follow-up data for RAFT was collected at one point in time, 9-12 months from intake.

Data Analyses All interview and focus groups discussions were transcribed into written form. Qualitative analysis software was used by the evaluation team to assist in systematically analyzing the site visit and focus group session notes to identify recurring themes and exceptions. To ensure confidentiality of those who participated in interviews and focus groups, names of participants are not provided. For quantitative data, charts and graphs are used to display the frequency and percentage of participants who displayed a particular characteristic (e.g., race/ethnicity, housing type, etc.) or who demonstrated a particular need (e.g. rent arrearage).

Administrative data were cleaned, and coded for consistency across the program sites and tabulated for across site comparisons. Quantitative data were analyzed using SPSS software to highlight trends and the dimension of change. Analyses and data presentation include descriptive information by program (e.g. frequency and percentages of participant characteristics, housing situation and service needs), tests of significance for differences among programs, and multi-variate modeling to identify predictors of stability at follow-up as well as predictors of receiving RAFT funding. Randomized outcome data were weighted for the multivariate analyses. However, since the response rates for the outcome data were very low (ranging by agency from 18 to 72 percent for RAFT), the results of these analyses should be treated as preliminary, pointing to important differences of participant characteristics as they relate to housing stability to be further tested by future studies. Because outcome data from the RAFT program are limited and not entirely representative, findings from the data should be interpreted with caution.

Appendix B: HPI Program Design Summary

	Geographic Priorities	Program Goals	Interventions	Eligibility Criteria
Direct Assistance/ Supportive Housing				
Caritas Communities	Greater Boston	To reduce the rent burden for extremely low income individuals, enabling them to sustain SRO housing	Short-term subsidy; connection with other services	Extremely low income individuals at high risk of homelessness
Family Health Center (FHC) of Worcester	Worcester	To enable families to stabilize housing	Integrated team approach to holistic provision of services, inc. primary health care; family advocacy/case management; outreach; parent education, training, support; mental health, substance abuse, children's assessment & treatment services	Doubled up' families who are clients of the FHC or UMass Medical collaborating medical depts.
Family-to-Family	Greater Boston	To position clients to sustain housing	Use of 'gap' funds; in-depth connection with families before cash assistance is provided; repayment plan	Families at risk of losing their housing
Homes for Families	Greater Boston	To enable families to stabilize housing	In-depth need assessments, cash assistance, and connection to other housing and support resources	Families with shaky tenancies who are not eligible for the state's Emergency Assistance and who have sustainable budgets
HomeStart/ GBLS	Boston	To enable individuals/ families with disabilities to stabilize housing	Single point of entry; legal services in conjunction with assessment of client need; flexible use of cash assistance; monthly contacts with clients	Individuals or family members with a disability who have a housing subsidy, and have been served an eviction court order
MCH	Boston and Lynn	To intervene early with families/ individuals to stabilize housing	Early warning system, early intervention; housing stability screenings; distribute educational information; short-term financial assistance; connection to food and income support programs; housing search assistance	Families or individuals at risk of losing their housing who are clients of the Codman Square or Lynn Health Centers
Tri-CAP	Malden, Everett and Medford	To enable families/ individuals in public and subsidized housing to stabilize their housing	Legal assistance, arrearage payments, supportive services	Families or individuals who live in public housing or have a Section 8 in Malden, Everett, or Medford, served by the court
Discharge planning and placement				
Project Place	Boston	To prevent homelessness for incarcerated women upon their release	Extensive psycho-social assessment; counseling and primary healthcare from SECHC; development of stable discharge plan; follow-up services upon release; career coaching and transitional employment as possible	Incarcerated women at the Suffolk House of Correctionor McGrath House, a pre-release facility
Span, Inc	Boston	To prevent homelessness for incarcerated women/ men upon release	Rental assistance; placement in substance abuse treatment/ sober housing; pre-release intake, assessment, discharge and service planning; job development/placement; clothing, transportation; life-skills classes; relapse prevention; recovery group and other re-integration supports	Re-integrating offenders at risk of homelessness

Appendix B: HPI Program Design Summary

	Geographic Priorities	Program Goals	Interventions	Eligibility Criteria
Psycho-social or psycho-educational supports and/or direct assistance				
Advocates, Inc.	Metrowest	To address unmet housing needs of persons and families at risk of homelessness	Identifying and securing housing; accessing benefits and support services; rent arrears; housing start-up during early stage of tenancy; resolution of conflicts with landlords	People with mental illness or other disability
Bridge Over Troubled Waters	Boston	To enable youth to move along the continuum of care, to increase self-sufficiency and to gain stable housing	Low barrier, drop-in service; assessments; informal counseling; referrals to primary healthcare, substance abuse treatment and other services; education on housing search, budgeting, living with roommates; job development services	Young people 18-24 yrs who are living with friends or are 'couch surfing'
Gosnold, Inc.	Cape Cod, MA	To prevent homelessness; empower women to achieve self-sufficiency; reduce impact of substance abuse, mental illness and DV	Cognitive behavioral training program; skill building in group setting	Women at risk of losing their housing due to substance abuse, mental illness and/or domestic violence
HarborCov/ CAPIC	Chelsea	To prevent homelessness caused or compounded by domestic violence for low income Harbor area families	Early identification; assessment/referral; extensive support services; cash stabilization services	Low income women escaping violence
MHA	Springfield, MA area	To prevent homelessness caused or compounded by mental illness	Assessment, treatment planning referrals and supportive services	Women and women with children at risk of homelessness resulting from lease violations due to domestic violence and trauma
Newton Community Services Center	Newton area	To interrupt cycles of chronic trauma and poverty and ameliorate mental health symptomatology that leads to homelessness	Comprehensive clinical services; clinical home visiting; psycho-educational group services; peer support for young parents; outreach to young parents' families; transitional living program	Young parents at risk of losing their housing
Somerville MHA	Boston	To reduce behavioral-health problems that impact housing stability	Housing assistance; training/treatment services; coordinated system of referral, outreach, engagement; cash assistance	Families or individuals at risk of losing their housing with behavioral-health problems
Rosie's Place	Somerville	To enable newly housed women with mental illness to sustain their housing	In home support; connection to mental health services, medications, substance abuse treatment or referral, job placement, housing support, social support, primary health care; financial assistance and credit counseling	Women with chronic mental illness; housed for less than 1 year
Victory Programs, Inc.	Boston	To provide clients recovering from substance abuse with knowledge and skills to increase housing retention	Housing group, housing case management sessions, technical assistance, education and training for Victory program staff related to homelessness prevention	People with substance abuse problems in one of Victory's programs

Appendix C: Percent of Records Contributed by Agency

HPI Agency	Percent of Total Records
Direct Assistance / Supportive Housing	**32%**
Caritas Communities, Inc.	2.3%
Family Health Center of Worcester Inc.	1.9%
Family-to-Family Project, Inc.	2.3%
Homes for Families	3.5%
HomeStart, Inc. / GBLS	2.7%
Massachusetts Coalition for the Homeless	14.5%
Rosie's Place	3.2%
Tri-City Community Action Program	1.7%
Discharge Planning Programs	**25%**
Project Place	3.4%
SPAN, Inc.	3.2%
Victory Programs, Inc.	18.8%
Psycho-Social/ Educational Programs	**43%**
Advocates, Inc.	5.8%
Bridge Over Troubled Waters	1.6%
Gosnold, Inc.	5.3%
HarborCOV	19.7%
Mental Health Association, Inc.	1.4%
Newton Community Service Center Inc.	2.9%
Somerville	2.4%
	3.4%

RAFT Agency	
Berkshire Housing Development Corporation	**7%**
Community Teamwork, Inc.	**11%**
Franklin County Regional Housing & Redevelopment Authority	**3%**
Housing Assistance Corporation	**5%**
HAP, Inc.	**22%**
Metropolitan Boston Housing Partnership, Inc.	**24%**
RCAP Solutions, Inc.	**15%**
South Middlesex Opportunity Council, Inc.	**6%**
South Shore Housing Development Corporation	**8%**