

HOME&HEALTHY FOR GOOD

A solution-driven permanent supportive housing model

Progress Report: July 1, 2022 - December 31, 2022

Prepared by the Massachusetts Housing & Shelter Alliance (MHSA), a nonprofit, public policy advocacy organization dedicated to ending homelessness in Massachusetts.

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Home & Healthy for Good

Ending chronic and long-term homelessness for unaccompanied adults in Massachusetts

A New Approach

In Fiscal Year 2007, the Massachusetts Legislature included funding in the state budget for a statewide Housing First program for individuals experiencing chronic homelessness. This program became known as **Home & Healthy for Good (HHG)**, and presented an alternative to temporary emergency shelter.





Housing First

The Housing First model is a cost-effective and evidence-based strategy that replaces reliance on emergency resources with an end to homelessness. Individuals are placed in permanent, affordable housing without preconditions, and then assisted in achieving long-term stability.

Provider Network

HHG participants receive case management services through one of 20+ providers across Massachusetts. Providers help participants to sustain housing and connect with behavioral health services, medical care, job training, and other resources.





Flexible Funding

HHG funds are flexible, which means they can be used for housing operations, supportive services, and even the development of new housing units.

Home & Healthy for Good BY THE NUMBERS

July 1, 2006 - December 31, 2022



1,457 individuals housed through HHG since the beginning of the program

900+ units of PSH supported with HHG funding since program inception

\$5,267

Estimated annual health care savings, per person, per year, to the Commonwealth with implementation of HHG program

Link to BCBS of Massachusetts Foundation study

Permanent supportive housing saves money and provides stability.



The average HHG cost per participant in FY22 was \$11,082. HHG is used as flexible, gap-filler funding that leverages other government and private resources to fully fund permanent supportive housing.

Why Housing First?

The Housing First model recognizes that individuals experiencing homelessness can more easily maintain their sobriety, find employment, and achieve other health and life goals when they have a permanent place to live.



Individuals experiencing homelessness face many unique health challenges that cannot be addressed without housing.

Lack of transportation to appointments, lack of privacy for taking medicine, lack of safety while healing, and an increased risk for stress and physical/sexual violence, all contribute to worsening health.



By removing the barriers to housing, the Housing First model allows us to reach individuals struggling with complex medical and disabling conditions and help them achieve stability. The HHG program supports efforts to keep participants housed and connected to services.

There are no compliance requirements to enter or stay in the HHG program, apart from those required in a standard tenancy. Participants are offered permanent housing, and case managers work to connect them with services based on their individual needs.

HHG offers housing and services to both individuals experiencing chronic homelessness and individuals experiencing long-term homelessness with a disabling condition, who may rely on costly emergency services (also known as "high utilizers").

This allows HHG to reach some of the most vulnerable populations and generate significant cost savings.

Who Does HHG Serve?

A Six-Month Snapshot of HHG Participants

July 1, 2022 - December 31, 2022

Race

American Indian, Alaska Native, or Indigenous	5	1%
Asian or Asian American	4	1%
Black, African American, or African	120	25%
Multi-Racial	4	1%
Native Hawaiian or Pacific Islander	0	0%
White	328	68%
Data Not Collected	19	4%

Ethnicity

Hispanic/Latinx	55	<u> 11%</u>
Non-Hispanic/Latinx	406	85%
Data Not Collected	19	4%

Gender

<u>Female</u>	140	29%
Male	333	69%
<u>Transgender</u>	4	1%
Non-binary	1	0%
Data Not Collected	2	0%

Age

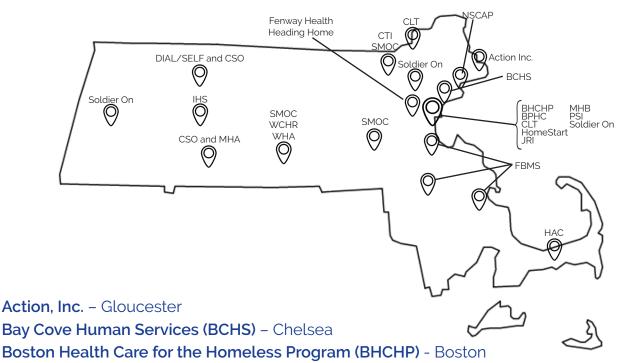
18-24	27	6%
25-34	32	7%
35-44	61	13%
45-54	100	21%
55-61	<u>113</u>	24%
62+	146	30%
Data Not Collected	1	0%

Veteran

<u>Veteran</u>	59	<u> 12%</u>
Not A Veteran	407	85%
Data Not Collected	14	3%

Total: 480 unique individuals

FY23 HHG Provider Network



Boston Public Health Commission (BPHC) - Boston

Clinical and Support Options (CSO) - Springfield, Greenfield

Commonwealth Land Trust (CLT) - Boston, Lawrence

Community Teamwork, Inc. (CTI) - Lowell

DIAL/SELF Youth & Community Services – Greenfield*

Father Bill's & MainSpring (FBMS) - Quincy, Brockton, Plymouth

Fenway Health - Cambridge*

Heading Home - Cambridge

HomeStart - Boston

Housing Assistance Corporation (HAC) - Cape Cod

Independent Housing Solutions (IHS) - Northampton

Justice Resource Institute (JRI) - Boston*

Mental Health Association (MHA) - Springfield

Metro Housing Boston (MHB) - Boston

North Shore Community Action Programs (NSCAP) - Peabody

Pine Street Inn (PSI) - Boston

South Middlesex Opportunity Council (SMOC) - Framingham, Worcester, Lowell

Soldier On - Pittsfield, Boston, Tewksbury

Worcester Community Housing Resources (WCHR) - Worcester

Worcester Housing Authority (WHA) A Place to Live - Worcester

*Provider for Young Adult LGBTQ+ Pilot Program

Program Outcomes

A Six-Month Snapshot July 1, 2022 - December 31, 2022

Out of 480 HHG participants...

464 Remained housed

- 437 Remain in housing obtained through HHG
- Exited HHG to other permanent housing
- Passed away in permanent housing
- 5 Exited to a long-term care setting
- 8 Exited to an unknown destination
- 4 Are known to have returned to homelessness
- Have exited to other desinations:
 - 2 to stay temporarily with family 1 to a substance use treatment facility or detox center 1 to incarceration

Subpopulation Highlights

In FY14, MHSA launched a pilot program specifically targeting young adults between ages 18 and 24 who identify as LGBTQ+ and who are experiencing homelessness. This pilot currently provides services for 30 people in the Boston, Cambridge, and Greenfield areas.

In addition to positive housing outcomes, HHG helps to decrease use of emergency and acute health services, and decreases Medicaid costs.¹



New Permanent Supportive Housing (FY20-FY23)

HHG flexible funding helps agencies cover construction and other development costs for new projects, as well as housing operations and/or supportive services once the projects are established. Over the past four fiscal years, these targeted funds have supported the creation of 21 projects by 17 providers, totaling 600+ new PSH units.

Berkshire Housing Development Corporation (Pittsfield) – 37 units

Clinical and Support Options (Greenfield) - 36 units

Commonwealth Land Trust (Boston) (one-time grant) - 25 units

Community Teamwork, Inc. (Lowell) - 17 units

Father Bill's & MainSpring (Brockton) - 99 units

Heading Home (Cambridge) - 12 units

Independent Housing Solutions (Northampton) - 16 units

Pine Street Inn (Boston) - 146 units

Soldier On (Boston, Pittsfield, Tewksbury) - 60 units for veterans

South Middlesex Opportunity Council (Lowell) - 31 units

St. Francis House (Boston) (one-time grant) - 25 units

Worcester Community Housing Resources (Worcester) - 90 units

Worcester Housing Authority - A Place to Live (Worcester) - 25 units



Through Home & Healthy for Good, MHSA continues to demonstrate that providing housing and supportive services to individuals through a Housing First model is less costly and more effective than managing their homelessness and health problems on the street or in shelter.

References

1 Brennan, K., Buggs, K., Zuckerman, P., Muyeba, S., Henry, A., Gettens, J., & Kunte, P. (2020). The Preventative Effect of Housing First on Health Care Utilization and Costs Among Chronically Homeless Individuals: New Evidence Using Propensity Score Analysis. Blue Cross Blue Shield of Massachusetts Foundation. https://www.bluecrossmafoundation.org/publication/preventive-effect-housing-first-health-care-utilization-and-costs-among-chronically

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