

# BUILDING ON SUCCESS



Interagency Supportive Housing Initiative

year three final report / JUNE 2016



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
and  
Department of Housing and Community Development*

CHARLES BAKER  
Governor

KARYN POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary  
Executive Office of Health  
and Human Services

CHRISTAL KORNEGAY  
Undersecretary  
Department of Housing and  
Community Development

June 28, 2016

His Excellency Charles D. Baker  
Governor  
Massachusetts State House  
Office of the Governor  
Room 280  
Boston, MA 02133

Dear Governor Baker:

We are pleased to share with you this report on the accomplishments of the Commonwealth's Interagency Supportive Housing Steering Committee and Working Group. This report marks new milestones, achieved since the Year Two Report, for this group convened to execute the mandates of the Act Relative to Community Housing and Services, St. 2012, c. 58.

Most especially, this Final Report of the Working Group on the Demonstration Program and Report on the Overall Action Plan celebrates the achievement of the Commonwealth's creating 3,507 units of permanent supportive housing. The consistent commitment across administrations of resources for capital, rental assistance and services led to this success. These new units of supportive housing will help elders, veterans, homeless individuals and families, and persons with disabilities, to live independently and stably in the community for many years to come.

This report is the product of the diligent efforts of representatives from the multiple state agencies in the Commonwealth that administer our myriad of services and service-enriched housing for vulnerable populations. We gratefully acknowledge all of those engaged in the planning process. All parties brought a wealth of experience and commitment. As shown in the report, the goals of the legislation have been completed or are well underway.

Given the accomplishments of the supportive housing initiative thus far, and mindful of the overlap in the work of a number of interagency efforts to address housing needs, we are poised to take this initiative in a new direction while retaining the best of the work of the initiative over the past three years. In its June 2016 meeting, the Steering Committee accepted the Final Report of the Working Group, adopted the recommendation of the Working Group to consolidate interagency efforts to address supportive housing, and agreed to amend the Community Housing and Services Memorandum of Understanding (MOU)

accordingly. The Secretaries of EOHHS and EOHED have determined that the collaborative work taking place under the auspices of the MOU is critical to meeting the needs of the low-income citizens of the Commonwealth and will continue as a committee of the Massachusetts Interagency Council on Housing and Homelessness (ICHH). The work and recommendations of the Interagency Supportive Housing Working Group are complementary and synergistic to the ICHH work. The MOU will be amended such that the Interagency Steering Committee, whose membership largely overlaps with that of the ICHH, will sunset and that the Working Group as described in the MOU will continue as a committee of the ICHH.

We invite you to review this report and recognize the important milestones achieved and the continued commitment across secretariats to serving elders, veterans, homeless individuals and families, and persons with disabilities. Congratulations on this lasting achievement.

Sincerely,

  
Marylou Sudders  
Secretary  
Executive Office of Health  
and Human Services

  
Chrystal Kornegay  
Undersecretary  
Department of Housing and  
Community Development

# EXECUTIVE SUMMARY

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The Interagency Supportive Housing Working Group (WG) was established in January 2013 to assist the Commonwealth in fulfilling the requirements of the Act Relative to Community Housing and Services, St. 2012, c. 58. This third and final report of the WG summarizes the accomplishments of the WG as well as its goals to continue to expand permanent supportive housing (PSH) and supportive housing (SH) opportunities for vulnerable low-income populations including homeless families, adults and unaccompanied youth, elders and people with disabilities. These accomplishments include:

- Creating over 1,750 units of PSH and SH, 75% more than that required by the Act, and reaching the 1,000 unit goal 18 months early.
- Increasing state funds for PSH and SH by over 50% from Fiscal Year (FY) 2014 to FY 2017.
- Developing PSH and SH for over eight different target populations including homeless families, homeless adults, pregnant and parenting teens, veterans, elders, and people with disabilities including persons with developmental, psychiatric and/or physical disabilities.
- Creating PSH and SH through competitive funding rounds in which capital, rental assistance and supportive services funds were awarded simultaneously.
- Establishing six subgroups, each with significant accomplishments over the last year:
  - Repurposing Underutilized Housing: Identified three active opportunities for siting permanent supportive housing on land currently controlled by the Division of Capital Asset Management and Maintenance (DCAMM).
  - Targeting PSH and SH Resources: Began negotiations to expand the referrals to the MassHousing set-aside program.
  - Stabilization Services Model/Case Manager Training: Developed consensus on high impact components of the ideal PSH and SH stabilization service model as well as measurable outcomes.
  - Increasing Resources for PSH and SH Expansion/Medicaid Covered Services: MassHealth has proposed a five year Delivery System Report Investment Program to the Center for Medicare and Medicaid Services.
  - Measuring PSH and SH Outcomes: Identified best practice outcome measures for PSH and SH programs and will be establishing a data collection protocol for the Housing Preservation and Stabilization Trust Fund (HPSTF) program.
  - Data Sharing: Developed a data sharing agreement between the Department of Housing and Community Development (DHCD), MassHealth and the University of Massachusetts.

The WG's evaluation of its activities over the last three years indicate that the Community Housing and Services Memorandum of Understanding (MOU) has been very effective. In order to continue agency collaboration and the expansion of PSH and SH and to streamline efforts, the WG recommends continuing its work under the auspices of the Interagency Council on Housing and Homelessness.

# BACKGROUND

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## HISTORY

This report describes the work accomplished between January 2015 and June 2016 by the Interagency Supportive Housing Working Group (WG), a collaborative of state agencies facilitating the creation of permanent supportive housing (PSH) and supportive housing (SH). PSH is affordable, community-based permanent housing that is linked to voluntary and flexible supports and services. For some populations, PSH is an effective and cost-effective solution to intersecting high cost social and housing issues.<sup>1</sup> SH is decent, safe and affordable community-based housing providing residents with supports and services linked to their housing. Such housing includes PSH as well as housing which does not afford the legal status of a tenant, or permanency, such as transitional housing for homeless youth. This report details activities of the WG to create both PSH and SH.

The WG was established in furtherance of the Act Relative to Community Housing and Services of 2012 which was signed into law as Chapter 58 of the Acts of 2012 on March 22, 2012. To fulfill the Act's mandates, either the Secretary of the Executive Office of Housing and Economic Development (EOHED) or the Undersecretary of the Department of Housing and Community Development (DHCD) have co-chaired the initiative with the Secretary of the Executive Office of Health and Human Services (EOHHS).

## STATE'S INTERAGENCY PLANNING PROCESS

The essence of the Act is to draw together state policy makers representing 20 Massachusetts government agencies in an interagency planning process to expand the PSH inventory.<sup>2</sup> As required by the Act, the Community Housing and Services Memorandum of Understanding (MOU) was developed and signed by all named agencies. The MOU describes a planning process to be executed by an interagency working group with oversight of a steering committee comprised of all named agencies. Over a three-year period, these planning bodies were tasked with the development of an Action Plan. They were directed to design a means for coordinating commitments of the three primary types of funding resources needed for PSH development: capital funding, operating subsidies and community-based supportive services. The MOU was signed in December 2012.

# DEMONSTRATION PROGRAM

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One of the key tasks required under the MOU is to "begin creating Permanent Supportive Housing through [a] Demonstration Program." The MOU directs the state agency signatories to:

*Facilitate the creation of a Demonstration Program that creates up to 1,000 units of Permanent Supportive Housing that includes coordination of operating and/or capital subsidies and voluntary Core Community-Based Supportive Housing Services by December 31, 2015.*

In March 2014, the previous Administration announced it had met its goal of creating 1,000 units of PSH; this goal was reached more than 18 months prior to the statutory target. The momentum and significant PSH and SH expansion have continued since then. The total number of PSH and SH units created under the Demonstration Program through June 2016 is expected to be 3,507. Table 1 summarizes the number of PSH and SH units created under the Demonstration Program by target population; a complete list of the developments funded under the Demonstration Program is provided in Appendix A.

<sup>1</sup> Larimer, M.E., Malone, D.K., Gardner, M. et al. (2009). *Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems*. *Journal of the American Medical Association* 301(13): 1349-1357; Heartland Alliance Mid-America Institute on Poverty (2009). *Supportive Housing in Illinois: A Wise Investment*. Chicago, IL: Heartland Alliance Mid-America Institute on Poverty; Massachusetts Housing and Shelter Alliance (2009) *Home and Healthy for Good: A Statewide Housing First Program Progress Report*. Boston, MA: Massachusetts Housing and Shelter Alliance.

<sup>2</sup> The original MOU was an agreement of the 18 agencies named in the legislation. In 2015, the MOU was amended to add the Executive Office for Administration and Finance (EOAF) and MassHealth.

**Table 1: Summary PSH and SH Units Created Under Demonstration Program**

<b>Target Population*</b>	<b>Number Projects</b>	<b>Number PSH and SH Units</b>
<b>Elders** including homeless elders</b>	12	462
<b>Homeless Individuals</b>	26	396
<b>Homeless Families</b>	22	345
<b>Persons with Intellectual/Developmental Disabilities</b>	72	283
<b>Persons with Physical/Medical Disabilities</b>	17	64
<b>Persons with Serious Mental Illness</b>	23	146
<b>Veterans</b>	20	437
<b>Youth including pregnant/parenting teens</b>	4	66

\* Projects are listed by their primary target population but may serve more than one population depending on their program goals and funding sources. As a result, the total number of PSH and SH units in Table 1 is greater than 3,507, the total of unduplicated PSH and SH units.

\*\* The definition of "elders" varies among funding sources. Some programs include persons ages 60 and older; other programs include persons 62 and older. Elders as used here includes all programs that identify themselves as primarily serving elders.

DHCD created some of the Demonstration units through competitive funding rounds in which capital, rental assistance and supportive services funds were awarded simultaneously. Provided to DHCD for the first time by the state legislature in Fiscal Year (FY) 2014, the Housing Preservation and Stabilization Trust Fund (HPSTF) enabled these consolidated awards. DHCD has invested over \$23 million of these flexible funds as well as \$38 million in other sources to create over 600 units of supportive housing for very low-income veterans, homeless individuals and families, elders, persons with disabilities and unaccompanied homeless youth.<sup>3</sup> A total of 425 Massachusetts Rental Voucher Program (MRVP) vouchers have been awarded to support these 600 HPSTF units, each voucher providing a rental subsidy and an additional \$1,500 to \$2,500 annually for supportive services. Overall, HPSTF has awarded funds for 32 PSH and SH projects in 24 different communities. The consolidation of capital, operating assistance and supports expedites the housing development process, saving money and more expeditiously delivering units available for occupancy. The MRVP provides both the operating assistance and supportive service funding for HPSTF.

During this period, DHCD also awarded project-based MRVP vouchers for supportive housing for non-HPSTF units to support populations that benefited from tenancy supports. In FY 2013, DHCD awarded 126 project-based MRVP vouchers including \$2,500 annual funds for services per unit for homeless families exiting Emergency Assistance.

In addition to developing PSH and SH with capital and project-based rental assistance, the agencies have used mobile vouchers to expand opportunities. In FY 2016, DHCD awarded 65 tenant-based vouchers for chronically homeless veterans and 156 tenant-based vouchers for chronically homeless individuals that were conditioned on the provision of 12 months of services funding through local Continuums of Care. In FY 2014, DHCD committed 145 tenant-based MRVP vouchers to the Pay for Success Social Innovation Financing Homeless Initiative (SIF Homeless Initiative) to provide housing for chronically homeless individuals. SIF is a five-year pilot partnership of DHCD, The Executive Office of Administration and Finance (EOAF), EOHHS and MassHealth, contracting with Massachusetts Housing and Shelter Alliance (MHSA) and other private partners to provide funding and investment, as well as supportive and evaluation services.

The Commonwealth has also developed PSH and SH in existing housing, i.e. housing that has already been made affordable with capital and/or operating/rental assistance but that does not have services. For example, the Executive Office of Elder Affairs' (EOEA) Supportive Housing Program provides public housing complexes (including both state and federally funded) with supplementary service supports to create an environment for seniors to "age in place" rather than in long term care facilities. The program

<sup>3</sup> As defined by the Commission on Unaccompanied Homeless Youth, this term includes pregnant and/or parenting youth who are not accompanied by parents or guardians.

currently serves over 6,100 tenants in 66 properties around the state. Other EOHHS agencies also layer services into affordable housing to create PSH and SH for target populations.

Although the legislative goal of 1,000 units has been achieved, the WG strongly recommends continuing the development of PSH and SH. DHCD's FY 2017 capital budget includes \$12 million for the Facilities Consolidation Fund (FCF), \$12.4 million for the Housing Innovations Fund (HIF), and \$5 million for the Community Based Housing (CBH) Program. The FY 2017 Capital Budget includes a \$355,000 increase in FCF and additional \$5 million in state bond funds specifically for SH, for a total increase of 18% more than the FY 2016 Capital Budget. In addition, Massachusetts has been awarded \$3 million from the National Housing Trust Fund; the state plans to allocate these funds to SH projects.

**Table 2: Bond Cap Allocated to Capital Programs Funding PSH and SH FY 13 - FY 17**

Capital Program	FY 2013 Bond Cap	FY 2014 Bond Cap	FY 2015 Bond Cap	FY 2016 Bond Cap	FY 2017 Bond Cap
Housing Innovation Fund	\$ 10 million	\$ 8 million	\$ 12.4 million	\$ 12.4 million	\$ 12.4 million
Facilities Consolidation Fund	\$ 7.5 million	\$ 7.5 million	\$ 11.6 million	\$ 11.6 million	\$ 11.96 million
Community Based Housing	\$ 5 million	\$ 5 million	\$ 5 million	\$ 5 million	\$ 5 million
Supportive Housing	\$ 0 million	\$ 0 million	\$ 0 million	\$ 0 million	\$ 5 million
<b>TOTAL</b>	<b>\$ 22.5 million</b>	<b>\$ 20.5 million</b>	<b>\$ 29 million</b>	<b>\$ 29 million</b>	<b>\$ 34.4 million</b>



**Concepcion: EOEA Supportive Housing Program**

Concepcion - who prefers to be called Connie - moved to the Brookline Supportive Housing program in early 2015 when a unit in an accessible building became available through the housing authority. Connie has lived in Brookline for a number of years and loves the area. With roots in Cuba, she has been a United States citizen for over fifty years. After her husband passed away at a young age, Connie worked while raising her three sons. Access to services including homemaker, on-site overnight workers, personal emergency response system and the support of the Supportive Housing case manager provides Connie with a sense of security and peace of mind. She likes being able to maintain her independence while still receiving the help that she needs and wants in her home. Connie expressed that the best part of living in the Supportive Housing program is that she can enjoy time with her nearby son and grandchildren.

**STRATEGIES FOR PERMANENT SUPPORTIVE HOUSING AND SUPPORTIVE HOUSING EXPANSION**

One of the WG's key roles and responsibilities under the MOU is to facilitate interagency coordination and collaborative efforts to develop and expand PSH and SH. The WG concentrated much effort in this area, identifying policies and practices that challenge expansion of PSH and SH and exploring potential actions to overcome these challenges. Beginning in Year Two, the WG identified critical policy areas and established subgroups to focus more intensively in those areas. Each of these subgroups and their goals, achievements and recommendations for future work are described below. A summary of the subgroup goals and members is provided in Appendix B.

## REPURPOSING UNDERUTILIZED HOUSING

Even in a time of great housing need, affordable housing can be underutilized. Underutilization can occur for a variety of reasons including lack of income-based subsidy, changes in state agency mission, inability to make units accessible, and other factors.

The WG recognized that this underutilization offers potential opportunities for expansion of PSH and SH through “repurposing” including the designation of state owned land for affordable housing and PSH and SH. Over the last six months, the subgroup has identified three active opportunities for siting permanent supportive housing on land currently controlled by the Division of Capital Asset Management and Maintenance (DCAMM). People with disabilities previously lived in state schools and institutions located on these sites, making them suitable locations for PSH and SH. DCAMM staff has indicated that the towns where the sites are located are currently engaged in a planning process and have expressed an interest in including affordable housing as part of the future use. Non-DCAMM sites in two other locations have also been identified. In addition to continuing to meet with DCAMM, the subgroup has identified the following goals for the next year:

- Outline and explain the process by which Local Housing Authorities (LHA) and EOHHS agencies determine potential reuse of LHA-controlled/EOHHS-targeted properties.
  - Develop protocols to ensure timely connections are made with EOHHS agencies about existing/potential repurposing sites.
  - Streamline and improve disposition process.
- Identify tools and resources needed to promote the development of PSH and SH on state-owned land wherever practical and feasible, as part of the Governor’s Open for Business Initiative.
- Partner with the Open for Business initiative to determine feasibility of developing and monitoring a pipeline of potential sites based on review of portfolio(s) of state-owned properties.
- Establish goals to replace PSH and SH units lost through redevelopment of state-owned land.
  - Goals developed through the Governor’s Open for Business initiative would support and strengthen DCAMM’s demonstrated commitment to encouraging the development of affordable housing through its new Master Planning Disposition process.
- Develop a protocol for communicating with DCAMM, local municipalities and DHCD regarding development of PSH and SH on appropriate parcels of state-owned land.

## TARGETING PSH AND SH RESOURCES

PSH and SH represent scarce, intensive interventions to be used as effectively as possible. In part, this means targeting PSH and SH resources to households with the greatest risk factors who will therefore benefit the most. There is increased recognition that programs often have incentives to select participants who are likely to succeed in order to demonstrate positive outcomes, although these households may have been able to be equally successful with a less expensive intervention. Designating target populations for PSH and SH programs and developing tools that can identify individuals and families who are members of the target populations and best “matches” for a program are methods for maximizing use of these important resources.

Making these “matches” is challenging for a number of reasons. Many programs are constrained in whom they may select for their program by the requirements of the program’s services and/or housing funding, fair housing regulations and/or the validity or usability of assessment tools. The subgroup explored these issues extensively over the last year and came up with the following future goals:

### **Short Term**

- Piloting a Young Adult Assessment Tool developed by DHCD and South Middlesex Opportunity Council (SMOC) to determine its reliability for selecting residents and applicability for other populations.
- Expanding referrals for the MassHousing 3% set-aside (currently serving Department of Mental Health (DMH) and Department of Developmental Disabilities Services (DDS) clients) so that a



portion of these units, particularly elderly units that DMH and DDS have not been able to utilize due to age restrictions, can also serve clients of Massachusetts Rehabilitation Commission (MRC) and Executive Office of Elder Affairs.

### **Ongoing/Medium Term**

- Collaboration between EOHHS agencies and DHCD to ensure that various forms of rental assistance are appropriately allocated based on availability, DHCD and EOHHS priorities, and EOHHS service dollars available, including:
  - Development of forum(s) for ongoing collaboration/sharing information, updating EOHHS agencies on DHCD housing programs and initiatives and updating DHCD on housing needs of EOHHS clients and service initiatives of EOHHS agencies, and
  - Increasing coordination between appropriate EOHHS agencies and DHCD relating to other procurements to promote alignment of housing and service dollars.
- Update and revise *Olmstead* Plan to reflect needs of targeted populations and identify specific *Olmstead* remedial actions in response to those needs.
- Establish better systems to manage referrals for targeted PSH and SH units, with robust data collection, ongoing assessment of housing inventory and needs, monitoring, and coordination of targeted PSH and SH units including those units with Section 811 project-based rental assistance.
- Facilitate communication among state, local and regional agencies serving housing needs of target populations.
- Explore replicating the MassHousing set-aside in other affordable housing programs.

### **Long Term**

- EOHHS agencies explore development of housing-centric programs, to increase opportunities for EOHHS clients to access housing, based on successful models.
  - DMH rental assistance model
  - DMH/DDS group home model
  - EOEA Supportive and Congregate Housing model
  - Commitment of service resources to serve targeted populations living in housing supported by DHCD commitment of capital and rental assistance dollars.



### **Troy: Money Follows the Person (MFP) Success Story**

Paralyzed as the result of a gunshot wound, Troy spent many years in rehabilitation facilities. With the assistance of the Money Follows the Person (MFP) Program, Troy was able to move into his own apartment in Pittsfield.

Housing was a challenge because Troy uses a wheelchair and needs an accessible apartment. His apartment – which the AdLib Center for Independent Living helped him locate - is close to the services and activities that are important to Troy. Troy says of his new home, “The location is convenient, I have a washer and dryer in the unit, and lots of space.” The location will also make it easy for Troy to continue to be a community volunteer.

Troy is very excited to have his own place and get back into cooking and managing his day to day life. He is utilizing the State Plan Personal Care Attendant (PCA) program for support services. Troy will hire his own personal care workers, who will assist Troy to get ready in the morning and perform activities of daily living. They will also assist with shopping and homemaking as needed. Troy will also receive waiver services through the Money Follows the Person Community Living waiver (MFP-CL). An Individual Support Worker will assist Troy to coordinate his appointments.

## **STABILIZATION SERVICES MODEL/CASE MANAGER TRAINING**

Transitioning an individual or family from the streets, shelter or an institution is the first step in assisting vulnerable populations to live independently in the community. Among the next critical steps is providing homelessness prevention services as well as housing stabilization or retention services that can assist tenants to learn the skills to maintain and retain their housing and to continue to support them as needed. Housing stabilization services are specific to assisting a tenant in housing-related activities such as learning to maintain their apartment or pay rent; these supports are in addition to any needed individual services such as medical, behavioral health or other supports. These stabilization services, identified as Core Community-Based Supportive Housing Services (Core Services) in the MOU, are provided by case managers, service coordinators, independent living skills specialists and other professionals. Despite the need for these stabilization services to preserve housing, these services are not systematically incorporated across PSH or SH programs.

Having developed a consensus on high impact components of the ideal PSH and SH stabilization service model as well as measurable outcomes, the subgroup developed a detailed outline for the components of a training program. The purpose of the training will be to provide basic information necessary for case managers - both those employed by the Commonwealth directly and those working through funded contractors and provider organizations - to understand how to support consumers in a positive tenancy and what services and supports are available to tenants in PSH and SH. The training outline has been reviewed by all the EOHHS agencies as well as Department of Veterans Affairs (DVA), DHCD and Department of Correction (DOC).

The subgroup's next steps are to develop consensus among all state agencies and key stakeholders on the curriculum and to further identify best practices. As the subgroup comes closer to consensus on a curriculum, the group will begin to identify a process for creating and delivering the training. The subgroup will continue to explore strategies intended to establish consistent competency in housing stabilization, possibly including identification of a single location/agency for placement of training notices, exploration of a certification program, and other strategies and incentives to universalize housing stabilization services skills training for all case managers across state agencies including contracted service providers.

The subgroup is working with the Department of Youth Services (DYS), the Regional Housing Network of Massachusetts and MassHousing on the development of a pilot training curriculum for caseworkers to assist youth and their families around housing access and stabilization as well as cross training for housing providers to better understand the DYS system.

## **INCREASING RESOURCES FOR PSH AND SH EXPANSION/MEDICAID COVERED SERVICES**

The three main components of PSH and SH resources - housing capital, rental assistance and support services - are vital in preventing and mitigating homelessness of individuals and families. Identifying funds to increase/enhance the service component, such as the housing stabilization supports described above, is challenging. Currently MassHealth - the most likely source of such funding for this service component - is experiencing unsustainable growth. MassHealth is now almost 40% (over \$15 billion) of the Commonwealth's budget. Further, the current fee-for-service model for health care providers results in fragmented, siloed care for Medicaid-eligible populations.

In order to address these and other concerns, the Administration is in the process of restructuring the MassHealth delivery system, transitioning from fee-for-service siloed care into integrated, accountable care organizations (ACO). In order to support such a transition, MassHealth has proposed a five-year Delivery System Reform Investment Program (DSRIP) investment to the federal Center for Medicare and Medicaid Services (CMS). The Commonwealth has proposed a major and unique focus on better integrating physical health, behavioral health and long term services and supports, as well as building linkages to social determinants of health. The proposal provides incentives for the development of partnerships between ACOs and community organizations that can cost-effectively provide services not traditionally reimbursed as medical care to address health-related social needs. These would include the housing stabilization supports described above.

The DSRIP proposal is expected to be submitted to CMS this summer. A pilot is being designed presently and will be launched by the end of calendar year 2016. The hope is that CMS will approve the investment allowing funds to flow by FY 2018.

In addition to the innovative DSRIP proposal, MassHealth is exploring a number of other options to expand supportive housing services for homeless individuals and families in the Commonwealth. One area of exploration is the expansion of an existing behavioral health diversionary service under the Community Support Program of the MassHealth 1115 Waiver: Community Support Program for People Experiencing Chronic Homelessness (CSPECH). Created and managed by Massachusetts Behavioral Health Partnership (MBHP), MassHealth's behavioral health managed care contractor, CSPECH supports the Housing First model by providing supportive services after people experiencing chronic homelessness are housed. Researchers from the Boston University School of Social Work are evaluating the CSPECH program; data suggesting healthcare utilization and cost reductions as a result of CSPECH services will substantially inform these expansion efforts.

## **MEASURING PSH AND SH OUTCOMES**

Over the last decade, private and public funding sources have increasingly emphasized the importance of data driven decision-making. Today, the vast majority of Massachusetts state-funded services programs require vendors to collect and report on objective data to measure performance (outputs and/or outcomes). Demonstrating how the PSH and SH programs and program models funded in Massachusetts achieve positive outcomes for targeted populations is critical to maintaining on-going support for these programs and for securing additional resources.

Over the last year, the subgroup has worked on a number of projects. The group has reviewed existing research on supportive housing programs to identify best practice outcome measures that could potentially be standardized and incorporated across state-funded programs. The subgroup is also identifying existing efforts to track and measure PSH and SH outcomes and the data gathered and conclusions drawn from these efforts. The subgroup wants to collect and assess these efforts and help to disseminate their results, including for example, identifying or establishing a potential clearinghouse so research methods and outcomes can be shared effectively.

The subgroup is currently in the process of developing outcome measures for projects funded through the HPSTF Program (see above). Likely variables include length of tenure, tenant income, service utilization, target population and other variables. A Request for Proposals for a consultant to establish a data collection protocol for HPSTF was issued in June. It is hoped that the standardized data collection and reporting requirements can be incorporated into project contracts as well as in the Notice of Funding Availability (NOFA) for future rounds.

## **DATA SHARING**

Many state and federal agencies are the depositories for large amounts of data regarding the individuals served by their programs. For a variety of reasons including privacy concerns and compatibility of data sets, sharing these data between state agencies can be challenging. When it can be accomplished, however, data sharing offers a number of benefits including opportunities for program refinement, planning for services and cost-effective policy research.

The Data Sharing subgroup is exploring (1) the potential for data sharing across Massachusetts state agencies, and (2) how to address the technical and regulatory barriers to such data sharing. Over the last year, DHCD, MassHealth and the University of Massachusetts Boston (UMass) have developed a data sharing agreement and begun to implement a number of projects including Oak Foundation funded research regarding homeless families and their access to health centers, a Boston Foundation funded report card on the Emergency Assistance system and work with UMass Boston to identify MassHealth members who are chronically homeless. These initial projects are focused on homeless individuals and families; if the data sharing work is successful, it is expected to be expanded to other populations.

# FINAL REPORT, WORK GROUP STATUS AND NEXT STEPS

The Steering Committee previously submitted two annual Status Reports to the Governor. This report comprises the Working Group's Final Report on the Demonstration Program and Report on Overall Action Plan as required by Section VI.B.5 of the MOU.

## EVALUATION OF PROGRESS ACHIEVED

- 1. Need for PSH and SH:** The Action Plan required an assessment of the needs for PSH and SH to serve people who are experiencing homelessness or are at risk of homelessness, people with disabilities, and elders. This assessment of current inventory and need was conducted in Year One through cross education of state housing and services staff about each agency's respective programs for its client populations.
- 2. Elimination of Barriers:** The Action Plan required the identification and determination of methods and procedures for eliminating barriers and reducing fragmentation for the provision of affordable housing and Core Services. The HPSTF Program described above is the primary way in which the WG worked to break down silos between housing and services over the last three years. The WG also identified and reviewed methods used by other states and cities.
- 3. Demonstration Program:** Subject to funding, the Action Plan required development and oversight of a Demonstration Program to create up to 1,000 units of PSH. As described extensively above, this goal was achieved early in the three-year Action Plan and has been exceeded.
- 4. Coordination of Housing and Services:** Subject to funding, the Action Plan required the coordination of the procurement and availability of Core Services and capital and/or operating subsidies for new and existing affordable housing. As described above, the HPSTF Program demonstrated effective coordination of housing and services procurement with Core Services for tenancy-support in a model where capital, rental assistance and services funding were provided under a single funding stream and administered by a single agency (DHCD). Both the Commonwealth's process for allocating capital (including the Facilities Consolidation Fund (FCF) and Community Based Housing (CBH) Fund), and the DMH rental assistance program, involve coordination of housing with DMH, DDS and MRC services and funding.<sup>4</sup>
- 5. Financial Savings:** Subject to funding, the Action Plan required the establishment of benchmarks to assess financial savings to the Commonwealth resulting from the avoidance of institutionalization, shelter or nursing care due to the availability of PSH and SH. An early assessment of savings for individuals receiving housing vouchers who are eligible for the Money Follows the Person Demonstration program was conducted.<sup>5</sup> Other critical benchmarks such as household tenure and change in income (by target population) are currently being explored for HPSTF; as HPSTF-funded housing units became occupied only in the last year, data are currently insufficient for assessing savings. The SIF program provides for performance-based repayment to investors, and evaluation services to assess outcomes in housing tenure and reduced utilization of costly services; evaluation results are not yet available.
- 6. Long Term PSH and SH Need:** The Action Plan required the establishment of a long term target to produce new PSH and SH opportunities to meet the Commonwealth's need, including those populations who do not require PSH or SH but do require some services connected with housing. The WG's Target Population subgroup is in the process of updating need across EOHHS agencies.

## EVALUATION OF MOU AND ROLES

The MOU also required the evaluation of the MOU and the roles of the Steering Committee and WG. The Steering Committee consists of the agency head of each party to the MOU or a designee and is chaired jointly by the Undersecretary of DHCD or a designee and the Secretary of EOHHS or a designee. The

<sup>4</sup> Services are always coordinated with housing, although procurement of services may not have occurred simultaneous with housing.

<sup>5</sup> The report can be found at: <http://www.mass.gov/eohhs/docs/masshealth/mfp-demo/811-project-rental-assistance-year-one-report.pdf>.



## Transition to the Community

Prior to receiving services from Advocates, Heidi lived independently but was frequently hospitalized due to lack of on-going supports. Heidi first came to Advocates in 2006, when she was referred to a Group Living Environment, as an alternative to a state hospitalization. After two years she was offered a housing opportunity in an unstaffed subsidized building that she shared with a roommate. The building housed eight individuals all receiving Outreach Services. Heidi had a goal of obtaining a more independent setting in mainstream housing. In 2009, Heidi started working at Advocates as a Peer Specialist part-time. Shortly after she was offered a Department of Mental Health Rental Assistance (DMHRA) voucher and Advocates assisted her with finding a one bedroom apartment.

Heidi shared that having a DMHRA voucher and support services led her to building a support network outside of the DMH system so services were eventually no longer needed. She described having both the services and housing as key factors in her ability to maintain her employment. Today Heidi works full-time as a Peer Support Coordinator at Advocates and leases her own apartment independently, without the need of a housing subsidy.

Steering Committee is required to meet biannually. The primary role of the Steering Committee is to oversee the implementation of the Action Plan, including the Demonstration Program, and other interagency Supportive Housing efforts executed by the WG.

The WG is comprised of at least eight (8) but no more than fifteen (15) members. Permanent representation on the WG includes three to four members selected by EOHHS, three to four members selected by DHCD, one member selected by DOC and one member selected by EOAF. These members have expertise in PSH, SH or related areas and have the authority to facilitate and implement policy and staffing decisions on behalf of their agency.

Since its inception, the WG has engaged in discussions of the roles of the Steering Committee and the WG in furthering the goals of the supportive housing initiative. In FY 2016, in particular this discussion has focused on aligning the efforts of the WG and the interagency supportive housing initiative with other interagency efforts regarding housing.

**MOU:** The MOU has been an effective tool for providing structure to the process of bringing a large number of state agencies together for a single goal. The MOU provided not only an initial structure for the agencies to work collaboratively together but also to continue this work when agency personnel change. Further, the MOU provided initial goals and overall direction for the WG.

**Steering Committee and Working Group Roles:** The WG believes that the roles of the Steering Committee and the WG were appropriate and useful to the goal of expanding PSH and SH. The members of the WG have both the expertise to assist the WG achieve its goals and appropriate authority within the agency to provide advice and consent. While the WG conducted all the work required under the MOU, the Interagency Steering Committee provided a structure to ensure the continued commitment across the agencies at the highest levels of the Administration to expansion of PSH and SH and the goals of the MOU. The combined roles allowed for continued movement forward.

The WG members strongly recommend the continuation of the WG as an invaluable opportunity for the agencies to continue their collaboration across agencies and programs. Given the significant overlap of personnel between the Steering Committee membership and the membership of the Interagency Council on Housing and Homelessness (ICHH), the Steering Committee noted at its November 30, 2015 meeting that it was important to consider the best use of resources in assessing the future of the MOU as a framework for future efforts regarding supportive housing. The WG agrees that it is important to optimize resources

through streamlining the interagency collaborations regarding housing for elders, veterans, homeless individuals and families, and persons with disabilities.

## **RECOMMENDATION FOR FUTURE INTERAGENCY COLLABORATION IN SUPPORTIVE HOUSING**

The MOU requires recommendations for an interagency Action Plan going forward beyond the end of the Demonstration period, including a recommendation, with explanation and support, regarding continuation, amendment, or termination of the MOU, including the specific proposed amendments if any.

The WG has determined that the collaborative work taking place under the auspices of the MOU is critical to meeting the needs of the low-income citizens of the Commonwealth and should continue, including leaving the MOU in place. However, in order to limit duplication of activities and expand the identified populations to be supported, the WG recommends modification of the MOU to allow for more flexibility to permit the inclusion of the WG in other interagency collaborations to limit duplication and better ensure continuity of policy across programs. The oversight exercised by the Steering Committee could be adopted by the ICHH, on which generally the same state agencies are represented. The WG recommends that the Steering Committee end its role separate from the ICHH, but allow the WG to continue as a committee of the ICHH which has a formal relationship with additional groups having overlapping jurisdictions. In order to achieve this reorganization, the WG recommends amendment of the MOU to reflect that the Steering Committee will sunset as a separate body and that the work of the WG as described in the MOU will continue under the ICHH.

# APPENDIX A

## INTERAGENCY SUPPORTIVE HOUSING WORKING GROUP PSH AND SH UNIT COUNT

Project Name	Community	Target Population	Supportive Housing Units
Washington Street Group Residence	Abington	DDS	5
Meadow Street (Agawam)	Agawam	DDS	5
Hancock Road	Barre	DDS	5
Bedford Green Apartments	Bedford	Homeless Individuals Veterans	69
547 North Washington Road	Belchertown	DDS	5
555 North Washington Road	Belchertown	DDS	5
39 Oak Street	Boston	DDS	5
208 Cummins Highway	Boston	DDS	5
Bridgeview Center	Boston	DDS DMH* MRC Homeless Families	19
Court Street Facility (NECHV)	Boston	Homeless Individuals Veterans	35
Four Corners/Upper Washington	Boston	Homeless Families	35
Patriot Homes	Boston	Veterans with Families	24
RMSC Family House	Boston	Homeless Families	8
Roxbury Crossing Senior Building	Boston	Elderly	39
St. Kevin's Residential	Boston	Homeless Families	9
St. Mary's Clinic	Boston	Pregnant/Parenting Young Adults	12
Upham's Corner Residential	Boston	Homeless Individuals	12
Wales Street	Boston	Homeless Individuals	11

\* These DMH projects are affiliated with the Facilities Consolidated Funds (FCF) approved projects.

Project Name	Community	Target Population	Supportive Housing Units
Walnut Avenue Apartments	Boston	Homeless Individuals	30
75 Amory Avenue	Boston	MRC	4
RTH Riverway	Boston	DMH	15
Coppersmith	Boston	Homeless Families DMH	8
Waverly Abby	Boston	Homeless/Parenting Teens	26
Brookview House III/Hansborough	Boston	Homeless Families	12
374 Dorchester Street	Boston	DMH	21
Cortes Street	Boston	Homeless Individuals	40
Howard House Vets Supportive Housing	Brockton	Veterans	13
Montello Welcome Home	Brockton	Homeless Individuals Homeless Families Veterans	21
South Shore Supportive Housing	Brockton	Homeless Families	8
Duley House II	Cambridge	Homeless Individuals	14
Stage Coach Residences	Centerville	MRC Homeless Families	2
CHOICE Veterans Housing - Manahan/ Carlisle Street	Chelmsford	Veterans Homeless Individuals Homeless Families	13
Bellingham Hill Family Homes	Chelsea	Homeless Families	7
North Bellingham Veterans Home	Chelsea	Veterans Formerly Homeless	9
Lewis Latimer Place	Chelsea	At Risk Youth Parents	4
Chapin School Veterans Housing	Chicopee	Veterans	43
The Kendall*	Chicopee	SPO	38
Springfield Street	Chicopee	Homeless Individuals	16

\* Single Person Occupancy (SPO).



Project Name	Community	Target Population	Supportive Housing Units
1 Wellesley Road	Danvers	DDS	4
O'Connor Sission House for Veterans	Dartmouth	Veterans Homeless Individuals	9
Village at Lincoln Park	Dartmouth	MRC	3
Route 134 Housing	Dennis	Homeless Families	7
Bridgewell Mammoth Group Home	Dracut	DDS	5
Knitting Mill	Fall River	Elderly	25
Fitchburg Yarn Mill	Fitchburg	DMH MRC	10
Tribune Apartments	Framingham	Elderly	53
Leyden Woods Apartments, Phase 1	Greenfield	DMH	6
Groton Medical Residential	Groton	DDS	5
1 High Meadow Road (Hadley)	Hadley	DDS	5
The Elms	Harvard	Homeless Families	3
Welcome Home Vets (aka Veterans Outreach)	Haverhill	Veterans	27
Kimberly Way	Haverhill	DDS	5
Town Center Apartments aka Haydenville Village Center	Haydenville Williamsburg Chesterfield	Veterans Homeless Families	5
Spring Lane	Holbrook	DDS	5
Lyman Terrace	Holyoke	MRC	4
Town Farm Group Home	Ipswich	DDS	5
Wapping Road Group Home	Kingston	DDS	5
Duck Mill	Lawrence	DMH MRC	7
Malden Mills Phase II	Lawrence	MRC	5

Project Name	Community	Target Population	Supportive Housing Units
315 East Haverhill Street	Lawrence	DMH	6
Lincoln Woods	Lincoln	DMH MRC	9
430 Broadway	Lowell	Homeless Families	3
Gorham Street Apartments	Lowell	Homeless Families MRC	7
New Hope II	Lowell	Homeless Families	7
480 Central Street	Lowell	DMH	6
Burlington Avenue	Lowell	DMH	9
Stevens Memorial Senior Housing	Ludlow	Elderly DMH	28
Ludlow Mill	Ludlow	Elderly DMH	4
115 Washington Street	Malden	SPO DMH	14
Kaszenek House	Malden	SPO	11
Mashpee Village Phase II	Mashpee	DMH	7
Summer Street Group Home	Maynard	DDS	5
Main Street Group Home	Monson	DDS	5
Waid Road Group Home	Monson	DDS	5
20 Willis	New Bedford	Veterans	40
Gordon H. Mansfield Veterans Cooperative Housing	Northampton	Veterans	44
Leeds Transitional Housing	Northampton	Veterans	16
Live 155	Northampton	Homeless Individuals DMH	47
266 Main Street	Oxford	Homeless Individuals	16
East Howard Street Veterans Housing	Quincy	Veterans	12
Kendrigan Place	Quincy	MRC	4

Project Name	Community	Target Population	Supportive Housing Units
Judson Street	Raynham	DDS	5
525 Beach Street	Revere	MRC	3
Connor House (aka Rolland Revere)	Revere	DDS	6
189 Broadway	Revere	DMH Elderly	39
15 Harbor St / 104 Lafayette St.	Salem	Homeless Individuals Unaccompanied Youth DMH	26
Congress Street	Salem	Homeless Families	7
Independence Hall (aka Veterans Retreat Center)	Shrewsbury	Veterans	35
181 Washington Street	Somerville	Homeless Individuals	11
Mystic Waterworks	Somerville	Elderly/Disabled	25
Sydney and Otis Street	Somerville	Homeless	4
Bixby Road	Spencer	Homeless Families	42
Cass Street Veterans Housing	Springfield	Homeless Individuals Veterans	19
Springfield House	Springfield	DMH	16
E. Henry Twiggs	Springfield	Homeless Families DMH	16
West Street Group Home	Stoughton	DDS	5
Group Home IV at Carpenter's Glen	Taunton	DMH	8
25 River Pines Drive	Taunton	DDS	5
Fiske Street	Tewksbury	DDS	5
14 Wildflower Drive Group Home	Ware	DDS	5
16 Wildflower Drive Group Home	Ware	DDS	5
Cranberry Manor and Carpenters Glen	Wareham	MRC	4
Gull Pond Road	Wellfleet	Homeless Families	2

Project Name	Community	Target Population	Supportive Housing Units
Aviator Way	Westfield	DDS	5
Our House	Westfield	Homeless Individuals Youth	10
Weymouth Veterans House	Weymouth	Homeless Veterans	6
Highland Woods	Williamstown	Elderly	40
16 Cottage Street	Worcester	Homeless Individuals	15
Salisbury Street Group Home	Worcester	DDS	8
Worcester Loomworks	Worcester	MRC	4
1 Kilby Street	Worcester	Homeless Veterans	3
Forbes Street	Worcester	Homeless Individuals DMH	8
<b>Total</b>			<b>1,553</b>

The following projects are categorized as Preservation; however, under new ownership each program has adopted or deepened their supportive services:

Project Name	Community	Target Population	Supportive Housing Units
Harborlight House	Beverly	Elderly	30
Residencia Betances	Boston	DMH	11
51-57 Beals Street	Brookline	Homeless Individuals	30
Putnam Square	Cambridge	Elderly	94
4 Leighton Street	Fitchburg	Homeless Individuals Substance Abuse	15
St. Joseph Hall	Watertown	Elderly DMH	25
<b>Total</b>			<b>205</b>

<b>Totals</b>	
<b>Total of PSH and SH Units</b>	<b>1,758</b>

The following initiatives added services and/or rental assistance to existing properties:

Project Name	Community	Target Population	Supportive Housing Units
DHCD Supportive Housing Initiative/ Project-Based MRVP	Statewide	Homeless Families	126*
EOEA Supportive Housing Program**	Statewide	Elders and People with Disabilities	1,483
Housing for Persons with Acquired Brain Injuries	Statewide	DDS: People with Acquired Brain Injuries	140
<b>Total</b>			<b>1,749</b>

\* This number differs from previous reports based on changed circumstances.

\*\* See program description on page 5.

# APPENDIX B

## WORKING GROUP SUBGROUP MEMBERSHIP AND GOALS

Subgroup	Chair	Initial Goals
Repurposing State Property	Linn Torto (ICHH) Joanne McKenna (DHCD)	<ul style="list-style-type: none"> <li>• Create opportunities within the master planning efforts of various communities for representatives from the WG to participate and inform the process of the value and resources available to develop permanent supportive housing. Partner with the Governor’s Office Open for Business initiative to be informed of existing master planning efforts and new surplus land opportunities which might be feasible options for housing development.</li> <li>• Explore development of an assessment tool to help determine if repurposing is appropriate or possible.</li> <li>• Identify opportunities and obstacles to repurposing – identify gaps and disconnects in skills and organizational capacity between property owners and developers as well as gaps and disconnects between state agencies and municipalities.</li> <li>• Best practices in repurposing properties – general recommendations for a process – currently in process with DHCD for state-aided Chapter 667 housing for elderly and handicapped persons of low income and state-aided Chapter 689 housing for adults with special needs.</li> </ul>
Stabilization Services Model and Case Manager Training	Courtenay Loiseau (EOHHS)	<ul style="list-style-type: none"> <li>• Review training consensus items with state agencies to ensure topics are inclusive of all populations.</li> <li>• Identify what agencies/contractors are doing training now and identify best practices.</li> <li>• Make recommendations on institutionalizing training requirements across EOHHS agencies.</li> </ul>

Measuring Supportive Housing Outcomes	Sara Barcan (CEDAC)	<ul style="list-style-type: none"> <li>• Identify and report on efforts at state agencies and elsewhere to track and measure PSH and SH outcomes, and the conclusions drawn or data gathered from those efforts.</li> <li>• Identify and report on key measurement questions not currently being addressed.</li> <li>• Identify and report on best practices and tracking tools for data gathering related to outcomes.</li> </ul>
Targeting	Commissioner Osborne (MRC) Roberta Rubin (DHCD)	<ul style="list-style-type: none"> <li>• Explore development of an assessment tool (vulnerability index) to use in selecting residents for supportive housing.</li> <li>• Gather information needed to align available housing resources (through DHCD and the quasi-public agencies also providing affordable housing) with EOHHS priorities and client needs, taking into account restrictions under various housing assistance programs (e.g., elderly housing, DMH housing, etc.).</li> <li>• Explore potential to increase utilization of underutilized DMH/DDS set-aside units in affordable housing projects to serve other EOHHS clients.</li> <li>• Explore potential for aligning EOHHS resources to provide supportive services to residents in housing units set aside for persons eligible for EOHHS-funded services.</li> </ul>
Data Sharing	Deputy Undersecretary Evans (DHCD)	<ul style="list-style-type: none"> <li>• DPH, DHCD, UMass and UMass Medical to explore sharing data on high users of services.</li> <li>• Identify the social determinants of homelessness.</li> <li>• Develop effective strategies to deploy resources to end homelessness including family, chronic and veterans homelessness.</li> </ul>

<p>Increased Resources for PSH and SH - Medicaid Covered Services</p>	<p>Scott Taberner (MassHealth)</p>	<ul style="list-style-type: none"> <li>• Seek to build upon MassHealth’s major initiative to move from a largely fee for service (FFS) healthcare payment and service delivery system for its nearly 1.8 million members, to a value-based approach that explicitly incorporates social determinants of health, such as housing, through the development of an Accountable Care Organization (ACO) model.</li> <li>• MassHealth is evaluating how to most effectively utilize Medicaid reimbursement for certain housing related activities as outlined in a bulletin titled Coverage of Housing Related Activities and Services for Individuals with Disabilities issued on 6/26/2015 by the Center for Medicaid and CHIP Services (CMCS).</li> </ul>
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# APPENDIX C

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## WORKING GROUP MEMBERSHIP

### MEMBERS

#### **APPOINTED BY UNDERSECRETARY OF DHCD:**

Chair: Roger Herzog, Executive Director, Community Economic Development Assistance Corporation (CEDAC)  
Rose Evans, Deputy Undersecretary, Department of Housing and Community Development (DHCD)  
Ayana Gonzalez, Manager of Supportive Housing and Special Projects, DHCD  
Joanne McKenna, Special Programs Coordinator, DHCD

#### **APPOINTED BY SECRETARY OF EOHHS**

Victor Hernandez, Deputy Assistant Commissioner, Department of Developmental Services (DDS)  
Robyn Kennedy, Deputy Assistant Secretary, Children, Youth, and Families, Executive Office of Health and Human Services (EOHHS)  
Adelaide (Nicky) Osborne, Commissioner, Massachusetts Rehabilitation Commission (MRC)  
Scott Taberner, Chief of Behavioral Health and Supportive Care, MassHealth

#### **APPOINTED BY COMMISSIONER OF DOC**

Claire Kilawee-Corsini, Deputy Director, Reentry, Department of Correction (DOC)

#### **APPOINTED BY SECRETARY OF EOAF:**

Katie Alijewicz, Fiscal Policy Analyst, Executive Office for Administration and Finance (EOAF)

### STAFF

Shelagh Ellman-Pearl, Counsel, DHCD  
Ian Meyer, Legal Office Manager, Office of Chief Counsel, DHCD

### SUBGROUP MEMBERS

#### **REPURPOSING OF UNDERUTILIZED PROPERTY**

##### Co-Chairs:

Linn Torto, Chair Interagency Council on Housing and Homelessness (ICHH)  
Joanne McKenna, DHCD

##### Members:

Secretary Alice Bonner, Executive Office of Elder Affairs (EOEA)  
Victor Hernandez, DDS  
Joe Valley, Department of Mental Health (DMH)  
Emily Cooper, EOEA

#### **Targeting**

##### Co-Chairs:

Commissioner Adelaide "Nicky" Osborne, MRC  
Roberta Rubin, DHCD

##### Members:

Robyn Kennedy, EOHHS  
Joe Valley, DMH

Victor Hernandez, DDS  
Claire Makrinikolas, Department of Veteran Services (DVS)  
Sara Barcan, CEDAC  
Secretary Alice Bonner, EOE  
Ayana Gonzalez, DHCD  
Margaux LeClair, DHCD  
Scott Taberner, MassHealth  
Linn Torto, Chair, ICHH  
Emily Cooper, EOE

### ***HOUSING STABILIZATION SERVICE MODELS / CASE MANAGER TRAINING***

#### Chair:

Courtenay Loiselle, EOHHS

#### Members:

Emily Cooper, EOE  
Devon Garon, EOE  
Susan Tompkins-Hunt, EOE  
Dave Eng, MassHousing  
Cheryl Kennedy-Perez, Department of Public Health (DPH)  
Linn Torto, ICHH  
Joseph Valley, DMH  
Amy Mullen, Department of Children and Families (DCF)

### ***INCREASED RESOURCES FOR PSH – MEDICAID COVERED SERVICES***

#### Chair:

Scott Taberner, MassHealth

### ***Measuring PSH Outcomes***

#### Chair:

Sara Barcan, CEDAC

#### Members:

Roger Herzog, Executive Director, CEDAC  
Joanne McKenna, DHCD  
Courtenay Loiselle, EOHHS  
Cheryl Kennedy-Perez, DPH  
Katie Alijewicz, EOAF

### ***Data Sharing***

#### Chair:

Deputy Undersecretary Rose Evans, DHCD

#### Members:

Scott Taberner, MassHealth  
Bill Bartosch, DHCD