



# Home & Healthy for Good Prospectus



## overview

**FOUNDED** as a program of the Massachusetts Housing and Shelter Alliance (2006)

**CURRENT REVENUE** \$1.27 million

**DESCRIPTION:** *Home & Healthy for Good* (HHG) provides housing, support services, and advocacy for chronically homeless people across Massachusetts. Chronically homeless individuals, those who have experienced repeated or extended stays on the street or in temporary shelter, have unique vulnerabilities and have been underserved by the traditional emergency shelter model. HHG has shown that housing is the most effective starting point for intervention to chronic homelessness, leading to better outcomes and lower overall cost. Thus, the first step in HHG's intervention is permanent housing. HHG has successfully advocated for state funding of the Housing First model, and, operating through its 14 partner agencies, HHG has provided housing and support services for more than 400 individuals since 2006. HHG aspires to house one-third of the 3,000 chronically homeless individuals in Massachusetts by 2012 and eliminate chronic homelessness in the commonwealth by 2015.

**INVESTMENT OPPORTUNITY:** *Home & Healthy for Good* is seeking \$440,000 in private investment over two years to scale its Housing First strategy. Private investment will be used to augment an expected \$2.4 million in government funding over the two-year period.

### THE NEED

Historically, the needs of chronically homeless individuals have not been met by the traditional emergency shelter model because they are uniquely vulnerable to a complex interplay of medical, mental, and addiction disabilities that are virtually impossible to manage in the setting of homelessness.

- In Massachusetts, chronically homeless people are 18% of the homeless population but use 50% of the resources allocated to addressing homelessness.
- Chronically homeless individuals require a high level of state funds. Annual costs per person are estimated at over \$33,000 for Medicaid, shelter, and incarceration.
- The estimated average annual Medicaid cost for those who remain on the street (\$26,124) is three times higher than for those who become housed (\$8,499).

### THE OPPORTUNITY FOR SOCIAL IMPACT

Having established a successful model for reducing chronic homelessness, improving quality of life, and cutting costs, HHG is well positioned to increase its scale of impact throughout the Commonwealth of Massachusetts.

- Through its statewide network of 14 partner agencies, HHG has provided housing and support services to 432 individuals since 2006, with 84% retention in housing.
- Since securing state budget funding of \$600,000 in 2006, HHG has doubled public support to \$1.2 million through advocacy and demonstrated social impact.
- HHG has been named a "best practice" by the Massachusetts Commission to End Homelessness and a "model response" by the state Interagency Council on Housing and Homelessness.

### TWO-YEAR GOALS

- House 1,000 of the 3,000 chronically homeless individuals in Massachusetts, via Housing First network, by 2012
- Strengthen statewide database used to evaluate success of HHG housing initiatives
- Direct existing state resources toward the most effective solution to chronic homelessness, a Housing First response
- Improve financial sustainability: increase percentage of revenue from corporations, foundations, and individuals

### WAYS TO INVEST

#### Financial

- \$15,000 – Provide housing and services for one person for one year
- \$10,000 – Underwrite training, assistance and evaluation for network partners implementing Housing First model
- \$5,000 – Provide supportive services for one person for one year

#### In-kind

- Housing units
- Program research and evaluation consulting
- Fundraising and development consulting

“When I have a home, I can maintain my health.”

– Street Dweller in Boston

**SOCIAL INNOVATION IN ACTION – THE HOME & HEALTHY FOR GOOD MODEL**

Home & Healthy for Good provides housing, support services, and advocacy for the poorest and most disabled segment of the homeless population, chronically homeless individuals. Since its inception, HHG has led the housing revolution in Massachusetts, moving the commonwealth closer to a humane, efficient, and cost-effective solution to homelessness.

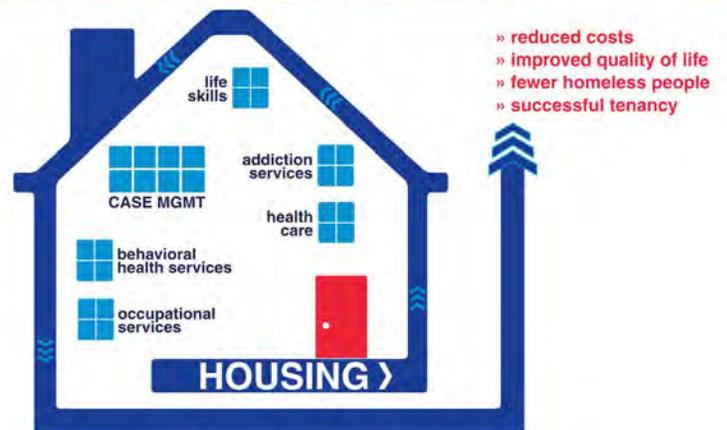
At a broad level, HHG is actively engaged in the following four interrelated activities: (1) providing housing, medical, and other services to support HHG participants; (2) offering training and other technical assistance to a range of HHG network partners, who assist in carrying out the Housing First strategy; (3) managing a statewide outcomes database and evaluating the HHG program on an ongoing basis; and (4) advocating for existing resources to be directed toward the most effective solution to chronic homelessness.

HHG’s work is comprised of the following program components:



**Housing First:** Massachusetts has traditionally reacted to homelessness through an emergency shelter response. Under this approach, participants are moved through a “continuum of care” based on their compliance with a sequential service program. This approach has been largely ineffective for chronically homeless individuals, many of whose complex interplay of medical, mental, and addiction disabilities have interfered with their ability to comply with services.

Home & Healthy for Good turns the old model on its head. Operating on the belief that housing is a fundamental human need, not a reward for clinical success, the *first step* in HHG’s intervention is permanent housing.



Since 2006, HHG has successfully housed 432 individuals who were previously homeless, achieving an 84% retention rate in permanent housing. Tenants live in independent apartments, which are provided by HHG’s network of 14 partner agencies located throughout the Commonwealth of Massachusetts.

**Annual Costs, per Chronically Homeless Person**



**\$9,400 net savings per person housed**

**Support Services:** Tenants placed through HHG work closely with a case manager to access a broad range of services, including medical and mental health care, substance abuse treatment, and vocational training. As time in permanent housing increases, health care service use typically shifts from frequent use of emergency rooms and inpatient hospitalizations to participation in primary medical and mental health care. As a result, health outcomes for tenants are greatly improved and medical costs decrease significantly. Before housing, annual Medicaid costs averaged \$26,124 per person. After housing, this figure dropped 67% to \$8,499.

Overall, taking into consideration costs for support services, Medicaid, incarceration, and housing, HHG has shown an annual net savings of \$9,400 per person housed.



**Advocacy:** As a result of HHG’s advocacy efforts and mounting evidence from around the country that Housing First is cost-effective and decreases the incidence of chronic homelessness, the Massachusetts Legislature doubled the HHG program’s initial funding from \$600,000 to its current level of \$1.2 million. Advocacy efforts extend well beyond securing state and other funds, however. HHG is committed to enlisting the support of an active network of partner agencies and supporting them in their implementation of the Housing First approach. Currently, HHG establishes guidelines for its partner agencies, while also providing funding for tenants’ housing and support services. In the next two years, HHG intends to expand the size of the existing network beyond the current level of 14 participants, thus increasing its capacity to house chronically homeless people. This network of partner agencies is critical to scaling the Housing First model across the commonwealth—providing a way to combine resources to target homelessness while building momentum for, and demonstrating the success of, the Housing First model in solving chronic homelessness.

**TEAM AND GOVERNANCE**

President and Executive Director Joe Finn joined the Massachusetts Housing Shelter Alliance (MHSA) in 2003 and co-founded HHG with Dr. Jessie Gaeta in 2006. Joe has worked on homelessness issues for 20 years. Prior to coming to MHSA, Joe served as executive director of Shelter, Inc. (now Heading Home) in Cambridge and Quincy Interfaith Sheltering Coalition (now Father Bills & MainSpring) in Quincy. Throughout his career, Joe has concentrated on the expansion of permanent supportive housing opportunities for individuals, including chronically homeless individuals. Dr. Jessie Gaeta is co-founder of HHG, a physician advocate with MHSA and medical director of the Barbara McInnis House at Boston Health Care for the Homeless Program. Dr. Gaeta draws upon her specific knowledge of the health issues facing her homeless patients living on the streets and advocates for appropriate health care and housing resources to meet the needs of this population. Erin Donohue, HHG’s development and communications director, joined MHSA in May 2006 after graduating with a Master of Social Work degree, concentrating in policy, from Boston College.

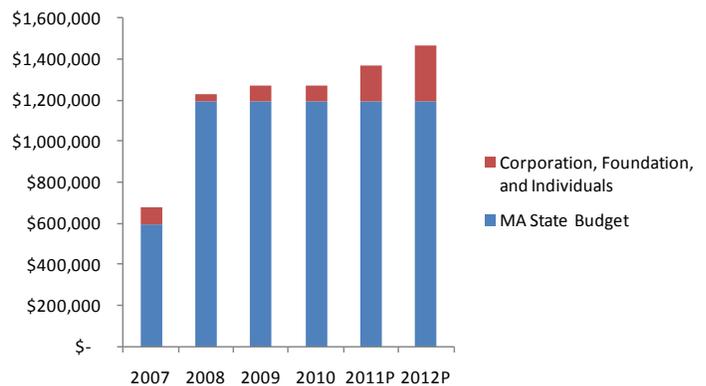
The 23-member Board of Directors is comprised of a diverse group of business leaders, as well as formerly homeless individuals, experienced homeless service providers, advocates, and researchers.

**FINANCIAL SUSTAINABILITY**

Since its inception in 2006, HHG has doubled its revenue base from \$600,000 to \$1.27 million. Approximately 95% of its funding is drawn from state government grants or contracts, with the remaining 5% coming from foundation grants. Past foundation supporters include The Boston Foundation, Blue Cross Blue Shield of Massachusetts Foundation, and The Paul and Phyllis Fireman Charitable Foundation.

While HHG is proud of the funding it has secured from the Commonwealth of Massachusetts in its first years of operation—the \$1.2 million line item represents a firm endorsement of the HHG program program model—it also recognizes that public funding has been constant at \$1.2 million since FY 2008. Thus, HHG will need to secure funding from alternative sources to fund future growth and achieve its goals. The program is now looking to corporations, foundations, and individuals to support this next phase of expansion and is seeking \$440,000 from private investors over two years. In addition to providing housing and services, private funds will allow HHG to work with the state and its partner agencies to direct existing homeless resources to the Housing First approach.

Revenue Sources and Projections



*“Housing itself, and the stability it affords a person, is the most important medical intervention. Housing itself is a treatment for chronic illness. It is the most basic starting point from which we can begin to build health equity and equity of opportunity.”*

– Jessie Gaeta, M.D.

Boston Health Care for the Homeless Program & Massachusetts Housing and Shelter Alliance



## PERFORMANCE MEASUREMENT

**Program Performance and Organizational Health:** Below is a summary of the key measures that HHG will be tracking to demonstrate progress, capture lessons learned, and make course corrections as needed. *Note: Fiscal year is July 1 – June 30.*

Indicator	FY 2010	FY 2011 (P)	FY 2012 (P)
<b>Program Performance</b>			
Number of individuals housed	440	940	1,440
Retention rate in permanent housing	84%	87%	90%
Annual average dollars saved per participant	\$9,400	\$9,682	\$9,972
Number of partner agency trainings	Planning	Pilot	Pilot
<b>Organizational Health/Capacity Building</b>			
Number of partner agencies	14	16	20
Number of HHG FTEs	1.5	2.0	2.0
Government funding	\$1.2 million	\$1.2 million	\$1.2 million
Percentage of revenue from corporations, foundations, individuals	5.5%	12%	18%
Total revenue	\$1.27 million	\$1.37 million	\$1.47 million

**Social Impact:** Currently, HHG uses the metrics in the table below to measure its impact on homelessness in Massachusetts. As of February 2010, 432 formerly chronically homeless people have been housed through HHG. The program is committed to rigorous evaluation, knowing it must establish evidence-based rationale to continue to attract support. HHG has partnered with the University of Massachusetts Medical School, the Massachusetts Office of Medicaid and Massachusetts Behavioral Health Partnership to collect and evaluate data on HHG participants.

Case managers interview tenants upon entry into housing and at one-month intervals thereafter.

Interview questions pertain to demographic information, quality of life, nature of disabilities, health insurance, sources of income, and self-reported medical and other service usage.

MassHealth (Medicaid) analysts reviewed billing

claims data in March 2009 for participants who had Medicaid eligibility in the year before and the year after moving into housing.

Additionally, at the initial entrance into housing and at six and eighteen month follow up interviews, case managers survey their tenants on their life, health, and housing satisfaction. Statistically significant client interview data shows that the lives of participants dramatically improve after leaving shelters or the streets. The experience of HHG shows that meeting an individual's primary housing need first allows the person to better adapt to whatever other circumstances they may be facing, whether they be healing medical conditions, managing mental illness or gaining new vocational and life skills.

Indicator	FY 2010
Percentage reduction in Medicaid costs, post-housing	67%
Reduction in Medicaid costs, per person	\$17,625
Percentage reduction in inpatient hospital stays, post-housing	72%
Percentage reduction in emergency room visit costs, post-housing	40%
Percentage reduction in incarceration costs, post-housing	93%



### Success Story: Jim

Jim is from Dorchester. He's a veteran. He's also a father and a grandfather.

But for more than five years, Jim was without a home. In the evenings, he waited in lines for shelter beds. Some nights he got one, other nights he didn't. This was his routine for more than 1,800 days—and in this unpredictable environment, he found himself sick and in the hospital "all the time."

Through *Home & Healthy for Good*, Jim found a permanent bed and home. He has a place to treat his emphysema, a bed in which to rest, and most importantly, he's reconnected with his family and regained his independence.

He's also learning to use a computer and spends much of his time boasting about his 11-year-old grandson.

Jim is proud of his healthy new life, and HHG is very proud to have helped make it happen.