

# UNITE TO CREATE POSITIVE LASTING CHANGE



## Strengthening the State-level Commitment and Structure to End Homelessness in Massachusetts

**We recommend that Governor Healey launch a public-private partnership to prevent and end homelessness in MA through the expansion of permanent housing and supportive services. Make a coordinated, data-driven approach and expansion of cross-agency collaboration the cornerstones of the initiative.**

While progress has been made, homelessness remains an alarming humanitarian and public health crisis in MA. Far too many individuals and families with children are still experiencing chronic and high need homelessness at a tremendous, avoidable cost to their health and to the commonwealth. Over 19,000 people experienced homelessness in MA in 2022.<sup>1</sup> In the first quarter of 2022, there were 3,464 people in households experiencing chronic homelessness (long-term homelessness + disabling condition) in MA. An overreliance on emergency crisis response with insufficient permanent housing and service solutions has resulted in gridlock and extreme length of stays. Prioritizing the longest stayers with chronic and complex needs will free up shelter capacity and reduce system costs.<sup>2</sup>

### **Background**

The commitment from the Governor to address homelessness will provide the state leadership and partnership necessary to solve this complex social problem. An effort to permanently house 4,000 of the most high-need individuals and families in the state will create housing stability for the vast majority of households currently experiencing chronic homelessness, as well as accounting for some additional inflow into the system. Success will require partnership and coordination across multiple systems, sectors, and stakeholder groups with shared data to drive strategies and outcomes. If the Administration acts with urgency to build the necessary system, resources and collaboration to meet this initial goal, it will set a path for ending all forms of homelessness in MA.

**To that end, we recommend the following structure: Revamp the state's Interagency Council on Housing and Homelessness (ICHH),** in order to elevate its role and incorporate more cross sector leadership and diverse representation to plan for better integration and targeting of permanent supportive housing (PSH) and other resources through collaboration between housing, health, and human services secretariats.

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<sup>1</sup> [The Rehousing Data Collective Public Dashboard | Mass.gov](#)

<sup>2</sup> <sup>2</sup> Connecticut Supportive Housing Demonstration Project Program Evaluation Report 2002

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**Make the ICHH the state’s coordinating and financing council to oversee efforts to address homelessness.**

With the support of a neutral backbone organization, the ICHH can partner with more diverse leadership and community representation to inform the development and implementation of strategies and funding opportunities for ending homelessness, here in the commonwealth. The ICHH can provide coordinated leadership, resources, and support for statewide efforts to:

- Stably house **4,000 households** experiencing chronic and high need homelessness with PSH across the state by December 2027, as a major step toward ending chronic and high need homelessness.
- Focus and coordinate efforts across the state, local, and federal levels to address homelessness.
- Commit to fully implementing a Housing First model, which treats individuals and families with the respect and dignity they deserve by getting them into housing quickly, while simultaneously providing support services for other issues such as behavioral health needs and unemployment.

A few examples of others states using cross-agency planning and financing models for housing resources include CT’s Interagency Council on Supportive Housing, WA’s recently legislated Apple Health and Homes initiative, and the Michigan Interagency Council on Homelessness.

Early findings show a positive correlation between a community’s collective impact score and their housing placement rate.<sup>3</sup> CT and Los Angeles County are just two examples of communities that accelerated progress on ending homelessness through collective impact efforts. Both adopted and scaled Coordinated Entry Systems, developed public facing data dashboards, and realized substantial increases in housing placements. LA reduced chronic homelessness 35% from 2007-2018, and CT saw a decrease of over 70% since 2014. Several interagency groups across the country have implemented flexible housing funding pools to centralize the management of homeless system resources and allow for a more strategic and nimble funding approach.<sup>4</sup>

**Outcomes**

Create an effective statewide coordinated entry system with real-time data on individuals and families experiencing homelessness

Improve the coordination between health, behavioral health, homeless and other service providers

Achieve significant measurable reductions in homelessness

Develop clear estimates of need for housing resources and interventions

Secure significant public and private investment in needed resources

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<sup>3</sup> [Using Collective Impact to End Homelessness \(ssir.org\)](https://ssir.org)

<sup>4</sup> [Flexible Housing Subsidy Call Out Sheet \(usc.edu\)](https://usc.edu)

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## **Target Populations**

The target populations include individuals, families with children, and youth and young adults at serious risk of and experiencing homelessness.

## **Approach**

- Revive the ICHH with a kick off meeting focused on the Governor’s goal of housing 4,000 chronic and high need individuals and families.
- Solidify a Core Committee of partners who provide leadership and support of the initiative
- Develop and begin a process for ensuring racial equity and lived experience are embedded in the structure and driving the work
- Launch enhanced structure
- Action planning process
- Plan Implementation
- Frequent, regular communication and tracking of progress on shared measures and troubleshooting