



Supportive Housing Pipeline Coalition

- Massachusetts' leaders are coming together to set goals for Supportive Housing creation that meets the needs of our population.
- The Coalition brings together over 80 organizations across systems and sectors to develop public policies, grow community support, and secure the resources to end chronic and high-need homelessness in MA.

The Supportive Housing Pipeline Coalition is Working to End Chronic and high-need Homelessness

- Convening key leaders and stakeholders across all relevant systems and sectors to develop and advance a unified agenda for creating the Supportive Housing* needed to address chronic and high-need homelessness in Massachusetts
- Setting **bold and achievable goals** for Supportive Housing, as part of the market rate, affordable and deeply affordable goals that the administration has already set
- Achieving these goals will **improve our quality of life** *and* improve the way our systems function -- reducing inflow to emergency care and bending cost curves across health and education
- Leveraging a public-private partnership with the Rehousing Data Collective to make data on homelessness accessible for planning and targeting resources

Supportive Housing can produce better housing stability and health outcomes with health care savings

- **Supportive Housing (SH)** refers to housing for people with the most complex needs that is affordable; upholds the rights of tenancy via a lease; and offers voluntary, individualized services and supports.
- SH is a proven solution for addressing chronic homelessness for “high-need” people with disabilities and other complex health challenges.
- A 2020 study from the [Blue Cross Blue Shield of Massachusetts Foundation](#) found decreases in emergency and acute health service utilization and decreased Medicaid costs after individuals had been placed into Supportive Housing in Massachusetts. Individuals enrolled in Supportive Housing programs:
 - had significantly lower total per-person per-year health care costs, on average, than a similar group of chronically homeless individuals
 - received significantly more mental health services than a similar group of chronically homeless individuals

What is the need?

- While progress has been made, homelessness remains an alarming humanitarian and public health crisis, and far too many individuals and families with children are still experiencing chronic and high-need homelessness – ***all at a tremendous, and avoidable cost to their health and to the state.***
- In June 2023, there were **at least 4,210 Households in need of SH.**
 - 2780 people experiencing Chronic Homelessness in 2420 Households, and 2050 people experiencing High Acuity* homelessness in 1790 Households
- There were 1100 people Unsheltered (active in street outreach).*
- A safe, affordable place to live is the foundation for opportunity – it is nearly impossible to focus on one's health, recovery, or employment without a stable home.

* High Acuity = two or more disabling conditions (such as mental illness, substance use disorder, HIV/AIDS, and/or other comorbid chronic health conditions)

*The unsheltered total is not unduplicated from the chronic and high acuity homelessness totals

Current Structure

- Leadership Team/Coordinating Group
- Working Groups – Capacity Building, Data, Municipal/Local Engagement, Lived Experience
- Quarterly Coalition Meetings – full convening of coalition members serving as a steering group

Working Groups

- **Capacity Building Working Group** – building system capacity to create the Supportive Housing needed to end chronic and high-need homelessness, including representatives from all stakeholders in the development pipeline and key representatives of distinct populations and approaches to creating Supportive Housing
- **Data Working Group** - identifying a core population experiencing literal homelessness in need of Supportive Housing, in order to: (1) Understand the scope of chronic and high-need homelessness in the state; (2) Estimate needed Supportive Housing resources statewide; (3) Measure progress toward ending homelessness for the population statewide; (4) Enhance statewide coordination and a statewide system ; (5) Develop shared goals and metrics
- **Municipal/Local Engagement Working Group** - identify and introduce solutions and programming that supports Supportive Housing developers through the siting process, addressing major barriers to the development of Supportive Housing in local communities
- **Lived Experience** - building the leadership and power of people who have experienced homelessness, particularly those who may benefit from Supportive Housing

Policy Priorities

Create a state interagency coordinating and financing team led by Executive Offices of Housing and Livable Communities (EOHLC) and Health and Human Services (EOHHS) to oversee efforts to address homelessness:

- Partner with more diverse leadership and community representation to set and advance goals

Launch a statewide effort to house all individuals and families experiencing chronic and high-need homelessness in MA:

- Stably house **4,000 households** experiencing chronic and high-need homelessness with SH by 2027 as a major step toward ending chronic and high-need homelessness, and creating a system to end all forms of homelessness
- Focus and coordinate efforts across the state, local, and federal levels to meet this goal
- Commit to fully implementing a Housing First model

Coordinate state funding streams to increase Supportive Housing development:

- Establish an initiative to finance SH units for chronic and high-need homeless populations that integrates supportive services, operating, and capital funding into one coordinated funding process through a collaboration between all relevant state funding agencies
- Commit the capital, rental subsidies, and services dollars for **4,000 SH units needed to meet the household target**. The resources can also be paired with existing affordable housing units to create SH units by adding needed services or subsidies

Target more state funded affordable housing as SH units for chronic and high-need households in the homeless system:

- All state rental housing production programs including EOHLC and the quasi-public housing agency programs should include priorities and/or set-asides to incentivize the creation of SH units needed to meet the 4,000 household target.
- Prioritize referrals for state funded SH from the homeless system
- Create 10,000 units of SH by 2030 as part of the state housing development goals and prioritize for this population

MA Housing Bond Bill is a historic investment in Supportive Housing that will meaningfully impact housing supply compared to recent years

The Housing Bond Bill, a comprehensive package of spending, policy, and programmatic actions, is the **largest housing investment in MA history and prioritizes the most vulnerable households**

- Proposed investment (\$4.12B) is more than 2.5X greater than the next largest Housing Bond Bill
- Up to 80% of funds will benefit low-income households, with up to 50% of proposed spending benefitting Extremely Low-Income households or residents with disabilities

Bond Bill will fund or enable **40,000+ homes** that otherwise wouldn't be built

- Funds or enables ~22,000 new homes for low-income households, including 4,000+ homes for ELI Households

Supportive Housing Pool Fund

- Creates a flexible Supportive Housing pool program to provide critical assistance for Supportive Housing by funding staffing, case management, service coordination and other tenancy-related services not funded through other sources

Massachusetts Must Expand Affordable and Supportive Housing Options for its Residents

- State leaders agree that Massachusetts has a shortage of about 200,000 housing units
- State development efforts **must** include below market, deeply affordable, subsidized, public, and **Supportive Housing units**, to respond to the needs of MA residents
- The state housing wage in MA is \$41.64 per hour to afford a two-bedroom rental at Fair Market Rent (FMR) – ranked 3rd highest in the nation
- 31% (or 312, 607) of renter households in MA are extremely low income (ELI)
- 64% of ELI renter households are *severely cost burdened* (spending more than half of their income on housing)
- MA has a rental vacancy rate of only 2.8%, the lowest rate in the nation
- 50% of Housing Choice Voucher holders are not securing leases within 6 months

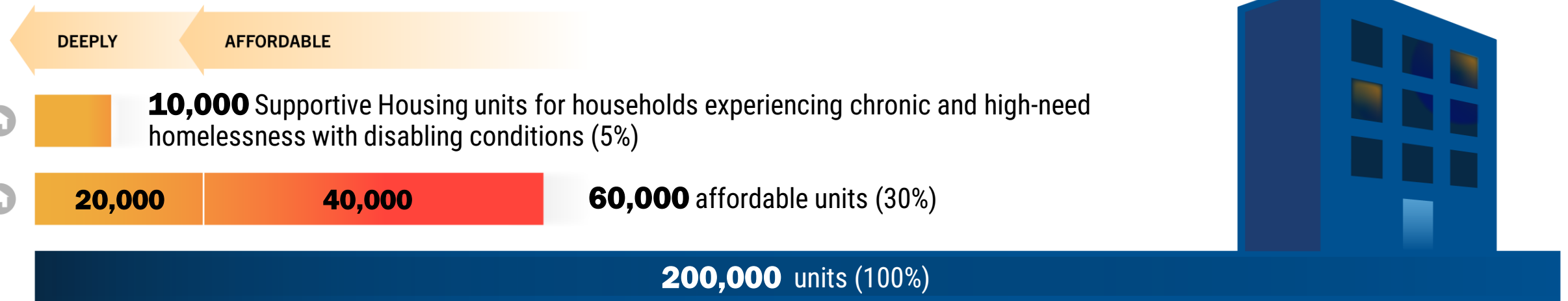
Massachusetts is addressing an estimated shortage of 200,000 housing units – 10,000 must be Supportive Housing

Over the next decade, the Commonwealth must create within this total:

- 40,000** affordable housing units (or 20%) and
- 20,000** deeply affordable units for the lowest-income households (10%) – including:
- 10,000** units paired with Supportive Housing services (5%) for households experiencing chronic and high-need homelessness with disabling conditions.



Supportive Housing units created in the first 4 years must be dedicated to help meet the Coalition's initial goal of housing **4,000** households experiencing chronic and high-need homelessness **by 2027** – along with a mix of other housing options.* ***An ongoing pipeline of Supportive Housing is essential to achieving this goal.***



United Way of Massachusetts Bay and Merrimack Valley



In 2021, United Way of Massachusetts Bay, Citizens' Housing and Planning Association (CHAPA), and the Massachusetts Housing and Shelter Alliance (MHSA) launched a Supportive Housing Pipeline Coalition. By convening key stakeholders, the Coalition aims to develop and advance a unified agenda for creating the Supportive Housing needed to address chronic and high-need homelessness in MA.

**Including but not limited to scattered site Supportive Housing (SH), integrated SH models, turnover in SH units, and other SH rehabs or development units coming online.*

Definitions

- Supportive Housing pairs affordable housing that is safe, secure, and permanent, and supportive services that are flexible, person centered and voluntary to increase housing stability and improve wellbeing.
- “Chronic and high-need” is intended to encompass individuals, families, and young adults who are experiencing chronic and/or long-term or episodic homelessness and have disabling conditions such as mental illness, substance use disorder, HIV/AIDS, and/or other comorbid chronic health conditions.
- Housing is considered affordable if tenants or homeowners pay no more than 30% of their gross income on housing costs.
- When stakeholders refer to “Affordable Housing,” this is specifically to mean “below market” or “subsidized” housing, which can include: “Middle Income” (80-100% of Area Median Income) or “Deeply Affordable” at 0-60% of Area Median Income. Other strategies to make housing affordable include voucher and rental assistance programs as well as Master Leasing.



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