

METRO HOUSING|BOSTON COLOCATIONS:

**Integrating and Expanding Access to
Housing Services in Greater Boston**

MAY 2019



Metro Housing[™]
B O S T O N

People First. Housing Always.

ACKNOWLEDGEMENTS

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METRO HOUSING'S CURRENT COLOCATION SITES:

- **Boston Medical Center**
- **Bunker Hill Community College (Charlestown)**
- **Cambridge Multi-Service Center**
- **Children's Hospital (Boston)**
- **CONNECT (Chelsea)**
- **Epiphany School (Dorchester)**
- **Family Resource Center (Roslindale)**
- **Georgetowne Homes (Hyde Park)**
- **Health Starts at Home (Chelsea)**
- **Interfaith Social Services (Quincy)**
- **Madison Park High School (Roxbury)**
- **Salem Heights**
- **Somerville Homeless Coalition**
- **WATCH CDC (Waltham)**
- **Council of Social Concern (Woburn)**

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EXECUTIVE SUMMARY

METRO HOUSING|BOSTON, a nonprofit organization serving residents of Boston and 32 surrounding communities, provides comprehensive services and programming to address a range of housing-related needs.

In 2007, under new leadership, Metro Housing began to explore opportunities to expand access to its services among residents living outside of Boston and in areas with limited transportation options to the main office. By partnering with organizations located in areas with reduced access to and high need for housing services, Metro Housing developed a new service delivery strategy characterized by collocating – defined as the sharing of physical space by partnering organizations – with partner agency sites to serve participants directly in their communities. These efforts developed into a planful service integration effort, which came to be known as colocations.

With a total of 15 sites as of January 2019, colocations vary in terms of intensity of services provided and level of service integration.

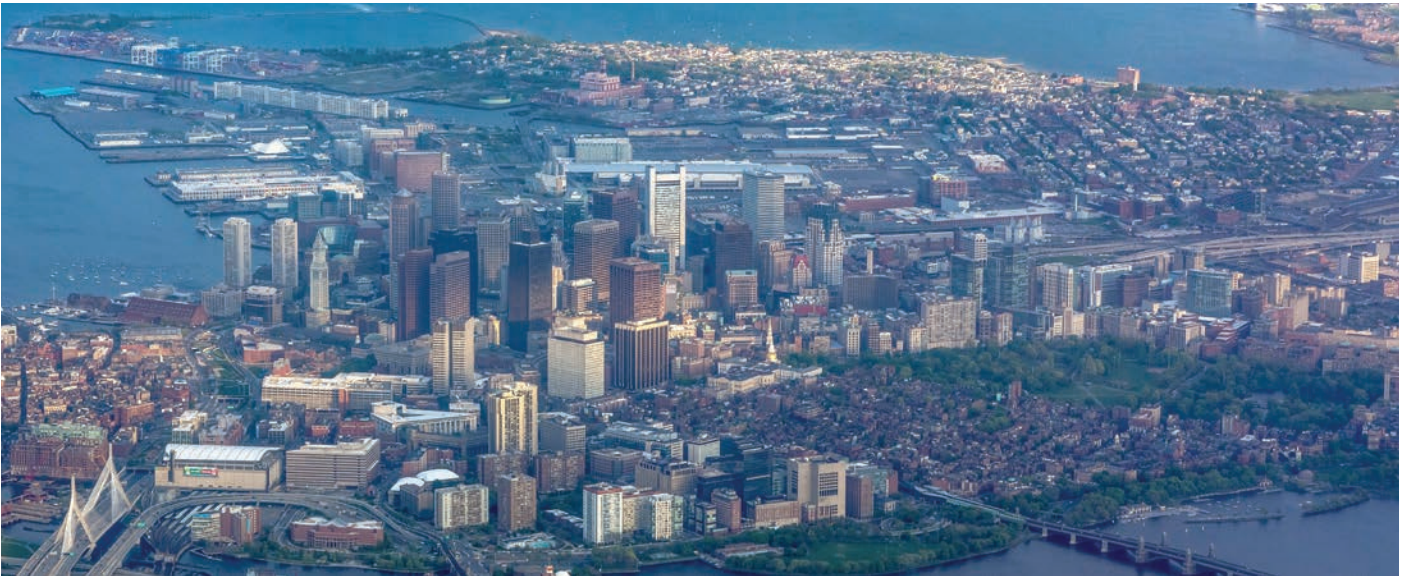
The partnerships with local organizations not only increase access to services geographically but also provide more personalized and integrated services embedded within local service ecosystems.

Adopting a broad view of housing needs as fundamentally connected to other social needs and social determinants of health, colocation represents an innovation in Metro Housing's service delivery system aimed not only at addressing immediate housing needs but also at improving longer-term health and social outcomes.

This report explores how Metro Housing colocations fit within the trend toward service integration in health and human services, as well as the history, development and implementation, strengths and challenges, and future directions of colocations. Three case studies serve to illustrate the unique structures, strategies, and site-based outcomes for different colocation sites.

THE REPORT IS DIVIDED INTO SEVEN SECTIONS:

- 1. METRO HOUSING BACKGROUND.** Provides a brief overview of Metro Housing and describes the types of services its staff members provide.
- 2. SERVICE INTEGRATION.** Discusses the literature on service integration, colocation as an approach to service integration, and the links between housing and health.
- 3. COLOCATION AT METRO HOUSING.** Discusses the history of Metro Housing's colocations, the design and implementation of colocations, three types of colocations, and staff and leadership perspectives on the strengths and challenges of colocations.
- 4. CASE STUDIES.** Three case studies explore the development, implementation, and available outcome data for three colocation sites:
 - **Chelsea CONNECT** at The Neighborhood Developers.
 - **Georgetowne Homes**, owned by a subsidiary of Beacon Communities LLC.
 - **Boston Medical Center** Pediatrics Department.
- 5. MOVING FORWARD.** Explores ideas and goals for the future of Metro Housing's colocations.
- 6. CONCLUSION AND RECOMMENDATIONS.** Discusses lessons learned to date, implications for policy and practice, and a brief framework for organizations considering adopting colocation or other service integration efforts.
- 7. APPENDIX.** Includes a table listing all 15 colocation sites by type, endnotes, and references.



Metro Housing is a nonprofit organization providing innovative, comprehensive services to address the housing needs of individuals and families living in Boston and 32 surrounding communities. Metro Housing's targeted services reach more than 25,000 households each year, helping them to access safe, decent, and affordable housing, and to bridge gaps and navigate challenges in the housing sector. Metro Housing also works to advance policy and practice within the housing sector through service delivery innovation and advocacy.

Metro Housing's services are designed to address housing needs along the continuum from homelessness prevention to housing stability and economic security. Services are organized within three overarching program areas: leased housing rental assistance, inspections and property owner services, and housing supports. Rental assistance programming includes administration of federal, state, and local rental assistance and asset development programs tied to housing vouchers. Inspections and property owner services staff help ensure that the properties Metro Housing participants live in are safe and comply with state and federal requirements. Housing supports includes a broad range of services that can address a variety of needs with the primary purposes of helping families secure and maintain housing.

Within housing supports services, Metro Housing operates one of nine state-funded Housing Consumer Education Centers (HCEC). The HCEC provides education, housing search, workshops, referrals to related services, and case management. One popular and very effective tool of the HCEC is Residential Assistance for Families in Transition (RAFT), a state-funded homelessness prevention program that provides up to \$4,000 to individuals and families experiencing housing crises to prevent eviction. Other housing supports programs include Specialized Intensive Programs & Services (SIPS) and the Center for Hoarding Intervention, in which highly skilled case management specialists provide long-term assistance to participants with complex needs.

This paper explores the development and implementation of Metro Housing's colocations, an emerging administrative program and service delivery method aimed at increasing access to housing support services. Colocations emerged as a new service delivery strategy as part of an ongoing process of partnership development aimed at increasing access to Metro Housing services among residents living within its broad service area by partnering with community development corporations (CDCs) to do recertifications for the Housing Choice Voucher Program (also known as Section 8). The first robust colocation site was developed at Chelsea Neighborhood Developers to

improve access to the housing voucher recertification process for residents by locating Metro Housing staff within the centrally located partner agency site. Over time, many more colocations have been developed to address a range of housing support needs, with a total of 15 sites as of January 2019.

SERVICE INTEGRATION

Metro Housing's colocations emerged in response to growing awareness of the need for improved access to affordable housing and housing support services, gaps and limitations within local service delivery systems and the housing market, and in the context of service integration efforts elsewhere. These strategies have gained prominence as important methods for increasing quality, accessibility, and cost effectiveness, and for reducing fragmentation and gaps in services.¹ In fragmented systems, patients in health care environments and clients with complex needs face considerable obstacles in accessing needed services, such as navigating the demands of multiple agencies or being passed back and forth between agencies.² Service integration is thought to enhance access to and coordination of services, make services more responsive to client needs, and improve client outcomes through increased access and continuity of care.³ Rosenheck et al.⁴ propose a "services integration hypothesis" which considers a pathway through which service integration

leads to improved client outcomes by increasing access to and continuity of services.

Service integration can take different forms.⁵ At its core, it involves efforts to improve quality and efficiency by bringing together expertise and resources from different organizations.⁶ Service integration ranges from structural integration (e.g., a merger of previously separate organizations) to interorganizational collaboration, the latter of which includes many forms of formal and informal relationships across agencies.⁷ Examples of collaboration in service delivery include single (shared) service plans, consolidated intake procedures, integration of specific services or referral systems, joint programming, and sharing or collocation of personnel.⁸

The implicit goal of interorganizational collaboration is the development of collaborative advantage, an added capacity or benefit in addressing social needs that is only possible through collaboration.⁹ Collaborative advantage is seen in rationales for service integration citing increased effectiveness, enhanced access for all participants, and efficient use of resources.¹⁰

A number of prominent service integration efforts have highlighted the potential benefits of these approaches. The U.S. Department of Health and Human Services' (DHHS) ACCESS program created in 1993 was a five-year demonstration program aimed at ending homelessness among persons with serious mental illness by providing funding to nine states to develop local strategies for service system integration.¹¹ Service integration strategies developed by demonstration sites included interagency coalitions; shared information management and client tracking systems; cross-training; interagency agreements or memorandums of understanding; joint or flexible funding; shared applications, eligibility criteria, and intake assessments; and collocation of services.¹² A study of ACCESS found that service integration was associated with better housing outcomes and increased access to housing services.¹³

Service integration represents a priority within many health and human service systems, including within health care settings aiming to target social determinants of health and implement behavioral health and primary care

integration strategies. A common model of service integration in community settings utilizes "hubs," or one-stop centers based in hospitals, schools, universities, housing authorities, and other institutions, where participants can access services from different sectors or systems.¹⁴

In addition to the benefits afforded by service integration, challenges have been reported, reflecting a need for effective management to support success.¹⁵ Barriers to service integration identified in the literature include organizational culture and value differences between partner agencies, interagency conflict,¹⁶ lack of shared or clearly defined goals or sense of direction,¹⁷ and structural factors such as limited resources and turf issues.¹⁸ Strategies identified as having the potential to strengthen interagency collaboration and service integration include supportive leadership, collocation, training and team development, building trust and understanding, information exchange, and shared mission, strategy, values and goals.¹⁹

COLOCATION

Collocation is one specific approach to service integration defined by sharing of physical space by partner organizations. Collocation has been identified as an important strategy for supporting interorganizational collaboration. The structures of collocations vary considerably according to factors such as degree of service integration²⁰ and types of services delivered, as each model develops according to local contexts.²¹ Research into nonprofit collocation is limited;²² however, some studies have attempted to understand the experiences and perspectives of providers engaged in collocation efforts.

Bradbury et al.²³ surveyed 100 local Indianapolis and national sites involved with collocation efforts in urban areas. The authors found that collocations were seen as leading to benefits such as increasing client access to services, improving client outcomes, supporting successful referrals, and reducing need for transportation between services.²⁴ Packard et al.²⁵ conducted a survey of providers involved with human service integration efforts in seven counties and found that collocation was an important strategy used by counties pursuing interorganizational collaboration. Providers described

collocations as providing "one-stop shopping" that allows participants to access multiple services in one location and coordinated services tailored to the needs of local communities. They found that with leadership encouragement and support and staff discretion to navigate local and case-specific solutions, collocation allowed for relationship building and interagency understanding through increased physical proximity and opportunity for face-to-face interaction.

HEALTH AND HOUSING

The Metro Housing collocation model draws on evidence that housing is a key social determinant of health (SDOH), along with other factors such as education and access to healthy food. Substandard housing quality, lack of affordable housing, and homelessness have been associated with issues such as infectious disease, chronic illness, injuries, poor nutrition, and mental health problems.²⁶ Improvements in housing have been connected to improvements in health outcomes.²⁷

There is growing acknowledgement of the relationship between housing and health as an imperative area of focus in both sectors.²⁸ The health care sector increasingly recognizes the importance of addressing SDOH in provision of health services, as is evidenced by growing numbers of interventions within health care settings targeting SDOH.²⁹ Within the housing sector, the Affordable Care Act's "health in all policies" imperative to consider health outcomes in policy decision-making led to adoption of this approach within the U.S. Department of Housing and Urban Development (HUD), paving the way for housing policy to play a key role in advancing public health.³⁰

Housing programs, in particular, serve populations with high health needs.³¹ HUD-assisted adults have higher reported health needs, emergency room use, and rates of disability compared to the general population.³² Similarly, individuals with complex health needs have both health and social needs and frequently require both medical and social services.³³ Service integration has been identified as particularly important for reducing homelessness and addressing co-occurring health and social issues due to the number of interrelated obstacles to accessing services for homeless populations.³⁴

HISTORY OF COLOCATIONS

Metro Housing historically has served individuals and families residing throughout its service area at its headquarters located in Boston. However, internal assessments of service delivery and an extensive three-year evaluation of statewide housing services published in 2007 by The Boston Foundation contributed to growing awareness that residents of communities further away from the offices of administering agencies faced barriers to accessing services. These barriers include transportation difficulties and the lack of awareness of the services of Metro Housing and its partner organizations across the state.³⁵ In 2007, Metro Housing hired a new executive director, who in response sought to address barriers to accessing services and to improve community safety nets and neighborhood supports within the service area.

The evolution of this effort began in 2007, as Metro Housing sought to build upon existing relationships with organizations located in communities with high housing-related needs and limited transportation access to the main office. Early efforts focused around expanding partnerships with community development corporations (CDCs), including Chelsea Neighborhood Developers (now TND), Codman Square Community Development Corporation, Dorchester Bay Economic

Development Corporation, Quincy Community Action Program, Somerville Homeless Coalition, and Urban Edge to facilitate recertifications for Section 8 participants. Using these emerging collaborations, Metro Housing began to craft a new service delivery model defined by collocation, or placement of a Metro Housing case manager at a partner agency site. By placing staff in community organizations which were centrally located and had longstanding relationships with the surrounding communities, Metro Housing leadership hoped to enhance accessibility for residents in need of housing support and to help facilitate community connections.

Referred to internally as collocations, this approach began as a series of sporadic collaborations with CDCs and had limited planning. Over time, collocations evolved into a formal and planful service delivery model and administrative program of Metro Housing. Along with this growth, the focus of collocations has shifted from housing voucher recertifications, which are now completed by mail, to comprehensive case management and housing support services. The evolution of collocations into a formal model for delivery of comprehensive housing supports services is described further in the case studies presented below.

Centered around the work of case managers who deliver housing services

at partner agency sites, collocations are designed to create a tightly woven net of complementary services aimed at addressing interconnected social service and health needs. Due to the demand for staff time, the number of sites, and funding limitations,³⁶ most case managers split their time among multiple assigned locations. A team of six case managers is supervised by a collocation manager who is responsible for training, oversight, and partnership management.

Case managers work closely with individuals and families to address a range of housing-related needs, emphasizing Metro Housing's housing supports strategy of "ask the next question." Using this approach, case managers seek to understand the root causes of the presenting housing issue or intersecting challenges impacting participants' well-being. This may include issues such as food insecurity, difficulty managing household or rental obligations, healthcare needs, or more. This approach is aimed at promoting housing stability by addressing the multiple causes of housing crises and supporting development of resources to maintain housing in the future.

Figure 1 depicts the collocation case management approach characterized by addressing immediate housing needs, evaluating other issues that contribute to housing instability or homelessness, and providing supports to help participants remain housed.

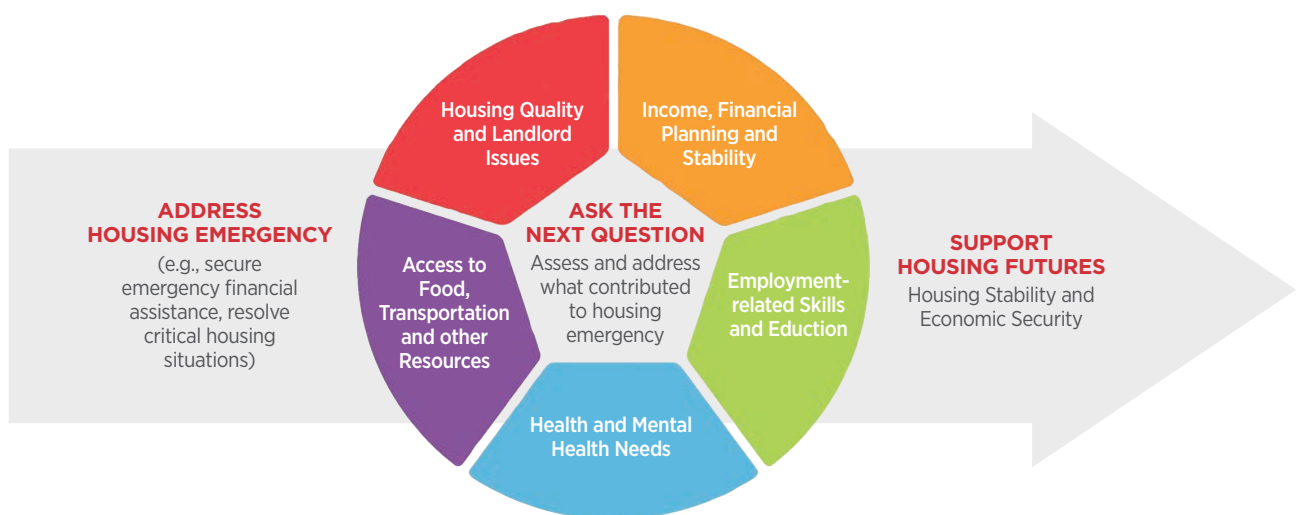


FIG. 1: HOUSING CASE MANAGEMENT CONTINUUM



determine which services to offer, the role and schedule of the Metro Housing case manager, the processes for setting appointments and referrals, and other aspects of collaboration.

The resulting structure and scope of each colocation varies in terms of characteristics that include intensity and types of services provided, number of case manager hours per week, degree of service integration (e.g., data sharing arrangements, intake and referral procedures, coordination of cases), electronic resources (e.g., databases), community or client characteristics, funding sources, and type of partner agency (e.g., hospital, community development corporation, housing development). Although initial colocations were informal and based on a “handshake” between executive directors, now, after development of each colocation, the formal partnership structure determined by both parties is formalized in a memorandum of understanding (MOU).

Metro Housing case managers provide housing case management and a

Due to continued demand for expanded services, Metro Housing has continued to establish colocations, reaching a total of 15 colocation sites in operation by January 2019. Between July and December 2018, 803 households received services across all of the sites. Metro Housing continues to receive requests for expansion of colocations, indicative of the needs among the region’s residents for housing they can afford and services to maintain their housing stability.

The need for expanded housing services in the greater Boston area is also reflective of the crisis in affordable housing across the metropolitan region caused by high housing costs coupled with low rates of new housing permits. Surging home prices across Massachusetts have far outpaced growth nationally, and even outpaced that of states with high home price index growth such as California and New York over the period from 1980 through 2015. Median rents in Massachusetts were fourth highest nationally based on American Community Survey 2017 data, and rents in the Metro Boston area lagged behind only the most expensive urban areas such as San Francisco

“Metro Housing and the host agency work together to design systems that are suited to local agency and community needs.”

and Los Angeles.³⁷ In addition to rising housing costs, federal rental assistance programs have not kept up with need. According to a Center on Budget and Policy Priorities analysis of 2015 and 2016 federal data, more than half of Massachusetts families in need did not receive rental assistance, leaving households to pay more than 50 percent of income on housing and putting more people at risk of homelessness. This number grew by 14 percent between 2007 and 2015.³⁸

DESIGN AND IMPLEMENTATION

The structure of each colocation site is designed by the partners. Metro Housing and the host agency work together to design systems that are suited to local agency and community needs, prevent duplication, and reduce gaps in services. Based on the needs of partner agencies and local communities, they

range of housing supports services based on participant needs. Common services provided include eviction prevention, rental assistance, housing search support, and referrals to outside resources and services. However, the case manager role varies by site. At some colocations, case managers act as a point person, assessing and coordinating each client’s social service needs within the setting. At other sites, case managers receive referrals from the host agency to work with participants primarily around specific housing needs. Colocation sites also differ in the intensity of case management and relative amount of each service provided based on the needs in each community.

A preliminary categorization of colocations groups the sites into three types, each representing a different structure of colocation. Due to the large number of characteristics defining each site, criteria were selected according

“Colocations are seen as resolving multiple barriers to accessing services and reducing gaps in services, thereby reducing the likelihood of families ‘falling through the cracks’.”

to three key characteristics: level of service integration, intensity of services provided, and the frequency of staff presence at the site. **Figure 2** describes the criteria for each type. A list of existing colocations by type is included in the Appendix.

TYPE 1 colocations are defined by a limited level of integration in which partner agencies operate independently aside from mutual referrals, and Metro Housing services are limited to less intensive supports such as providing RAFT resources. A Type 1 colocation, the Cambridge Multi-Service Center focuses on prevention of eviction among residents primarily through cash assistance (e.g., RAFT) and a financial asset coaching model called GreenSpace. The center houses a Metro Housing case manager one day per week.

TYPE 2 colocations reflect a moderate level of service intensity, partner integration, and frequency of case manager presence, or mixed levels of these factors (e.g., more integration

but less intensity). For example, the Georgetowne Homes site (described in detail in the Case Study section) has a number of elements of service integration with the partner organization, including a formal referral system and regular and significant collaboration on cases with partner agency staff. However, it is not a Type 3 colocation because the intensity of the types of services provided are not as high.

TYPE 3 colocations are characterized by more intensive services, a higher level of service integration with partner agencies, and more frequent case manager presence. These sites often serve higher or more complex client needs. At Type 3 sites, Metro Housing provides more in-depth case management and support, drawing on a range of tools including but not limited to RAFT. For example, at its colocation with Boston Medical Center, Metro Housing provides a range of housing supports services tailored to individual needs, with a high degree of service integration

including “housing rounds” (regularly-scheduled, cross-departmental meetings to discuss specific participant cases), a comprehensive referral system, and collaboration with other providers around emergency situations related to health, housing, and other needs.

Another version of a Type 3 colocation is Salem Heights, a housing development owned and managed by Preservation of Affordable Housing (POAH). Unlike other sites, this site utilizes a fee-for-service payment model and employs a full-time Metro Housing case manager five days per week. The case manager works closely with POAH staff to provide housing stability and search services. The site also features additional elements of integration. Among the more intensive colocation sites, Salem Heights remains true to the concept of Metro Housing providing services that are needed and desired by the community.

Implementation of new colocations and management of each colocation site is an ongoing process led by the Metro Housing colocation manager and director of housing supports, who continue to work with each partner agency to address issues that arise and to strengthen each partnership. Leadership has worked to ensure effective integration of case managers into partner agency settings. Aside from coordinating referrals, data collection, and other aspects of service delivery

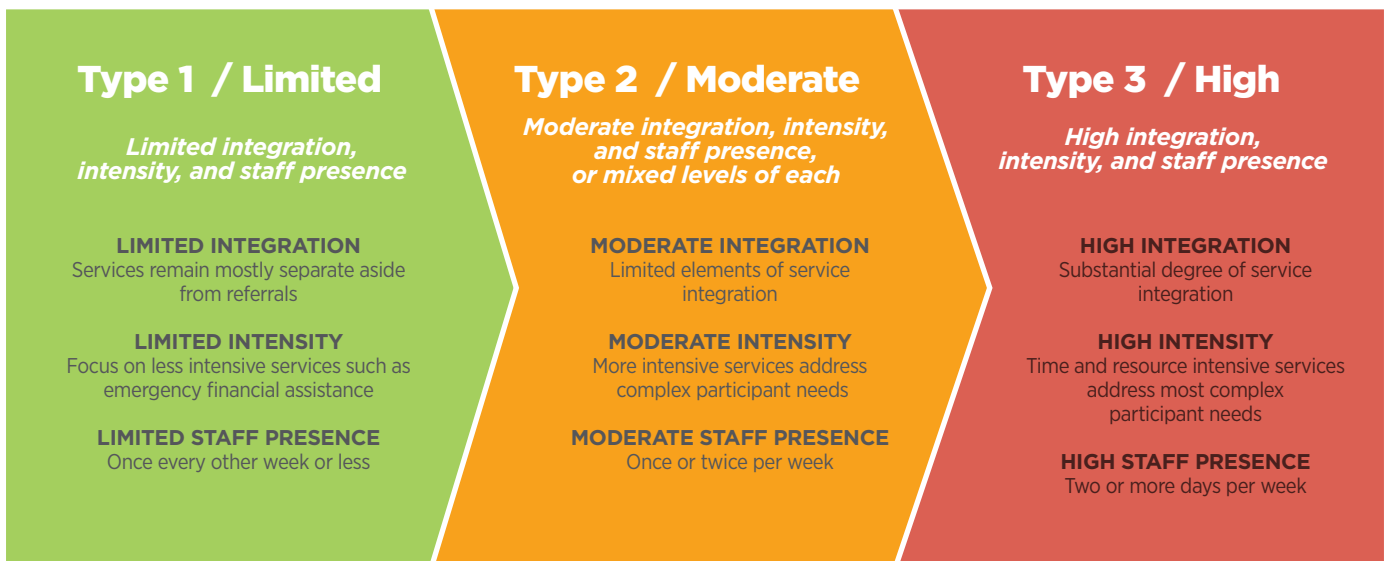


FIG. 2 CHARACTERISTICS OF COLOCATION TYPES



“Rather than more services, our providers and clients have expressed a desire for more capacity from service providers already present.”

PARTNER AGENCY RESPONSE

with partner agency staff, Metro Housing case managers attend partner agency events, participate in meetings, and engage in shared programming, such as regularly scheduled trainings and cross-team review of individual cases, when requested. Metro Housing case managers also work to connect to local communities by attending events and meetings, including districtwide “system of care” meetings, which bring together staff and leaders from various agencies within the community. Case managers are supported through regular supervision with the colocation manager, who is also available for unusually complex or urgent cases. Case managers also serve as important sources of peer learning and consultation for one another.

STRENGTHS AND CHALLENGES OF COLOCATIONS

Methods

Semistructured qualitative interviews were conducted with Metro Housing staff and board members (n=10) to understand individual experiences related to colocation. Each interview was approximately 45 minutes in length. Interview questions were developed based on a review of the published literature on service integration and the Consolidated Framework for Implementation Research (CFIR), an evidence-based guide to implementation research.³⁹ The following section describes interviewees’ perspectives on colocation strengths and challenges.

A survey also was sent to partner agencies to seek anonymous feedback about each agency’s experience as

a colocation partner. Questions were organized around three domains: colocation development, organizational background, and colocation impact. Qualitative analysis of open-ended responses revealed common themes related to partner agency respondents’ perspectives.

Strengths

Strengths of Metro Housing’s colocations are seen in terms of benefits to partner agencies, to participants, and to Metro Housing. Partner agency survey respondents described benefits to the organizations and to clients resulting from colocations. These benefits included access to RAFT and other housing services, a warm hand-off and streamlined referral process, and addition of housing expertise and increased capacity to navigate housing resources. For example, one respondent described the colocation as allowing for a “deeper level of eviction prevention support than we’re typically able to provide.” The importance of housing services was a common theme in responses. Respondents explained that housing needs reflect a central concern for many families and a need which one respondent described as seeming to be “inexhaustible.” Respondents also discussed colocations as allowing for provision of more services on site and described strengths of individual case managers who are integral to providing high-quality services. For some respondents, service integration was seen as critical for the success of colocations. One respondent shared that “our close communication with Metro has enabled us to work closely together on highly challenging cases which has resulted in better care under very difficult circumstances.”

Partner agency respondents and Metro Housing interviewees saw participants as benefiting from the convenience and service integration offered by colocations. Colocations were seen as resolving multiple barriers to accessing services and reducing gaps in services, thereby reducing the likelihood of families “falling through the cracks.” Colocations not only reduce transportation barriers by providing a convenient central location, but they also provide a more familiar environment by offering services at a location within an agency in which many in the community are already comfortable.

Both groups of respondents discussed the level of personalized service and connection between case managers and participants as a beneficial aspect of colocations, a resource acknowledged by one respondent as otherwise “scarce and ... difficult to connect with.” These factors were seen as further contributing to increased access by reducing interpersonal barriers to services.

Interviewees felt that colocations benefited Metro Housing by allowing it to better serve all residents in its service area and supporting advancements in service delivery with more integrated, comprehensive services. The flexibility of the model and range of skills of case managers were seen as allowing for more comprehensive services compared to the main office. Locating services throughout the region was seen as enabling Metro Housing to better reach participants with limited transportation to the main office in Boston and as benefitting Metro Housing staff with increased knowledge of local communities.

Challenges

Challenges of colocation were discussed in relation to funding limitations, a need to establish standardized data collection processes at sites that often have unique

processes and systems, diversity of colocation models and partners, and systemic barriers in the housing sector. A demand for more frequent presence of case managers and a greater depth of services rather than increased breadth at some colocation sites were identified by both Metro Housing interviewees and partner agency respondents. Metro Housing interviewees similarly noted a desire of Metro Housing to continue to expand access to services. Despite the willingness to expand, the most frequently identified challenges to expansion were the need for additional funding, specifically for additional staff capacity, data collection and monitoring, reporting, and analysis. The second-most identified challenge was recruiting and retaining trained and skilled staff.

The development of colocations has focused primarily on designing integrated service delivery systems and reducing access barriers. Partner agencies work closely to create service integration strategies to fit local agency contexts. This flexibility is an important strength of the colocations model; however, due to the variability in colocation partnerships, standardized intake and data management procedures have been difficult to achieve. At each site, data management varies depending

on the level of integration of the partnership and system(s) used by the partner agency. Intake procedures also vary depending on the structure of the partnership. Due to this variability in data collection and management, and although there are some site-specific formal data procedures and analysis, there are not yet standard measures of client outcomes across the colocation sites. To address these challenges, Metro Housing is undertaking a systematic process to standardize data procedures across its services and programs. Newer colocation sites also have included more formal data procedures in the colocation development process.

The inadequate supply of housing that is affordable to households with the lowest incomes was discussed as a key systemic barrier to the ability of case managers to meet client needs. One interviewee noted the increasing need seen by Metro Housing as housing prices have skyrocketed in the area. These systemic challenges, which included immigration barriers such as undocumented status of some participants and federal program restrictions, create a context in which Metro Housing’s case managers work to meet participant needs in an environment of limited resources and great demand. ■



CASE STUDIES: CHELSEA CONNECT



When Metro Housing first sought to expand access to its services in 2007, housing voucher recertifications, a lengthy and complex process, was identified as an area of priority for expanded services due to the difficulty of completing the applications for already overburdened families. To identify geographic priority areas, Metro Housing assessed the distribution of housing vouchers and identified Chelsea, a city adjacent to Boston with a high concentration of vouchers, as a priority for expanding access to these services.

METRO HOUSING had an existing relationship with The Neighborhood Developers (TND), formerly Chelsea Neighborhood Developers, a CDC based in Chelsea, whereby Metro Housing administered housing vouchers for TND's resident population. The executive directors began to explore the possibility of further integrating services around housing vouchers to bring housing services to the existing employment and financial services offered at the site and to expand access to Metro Housing's services in Chelsea.

At the same time, TND was exploring additional opportunities for service delivery transformation through partnerships with the United Way of Massachusetts Bay and Merrimac Valley, the Local Initiative Support Corporation, Citi, and other community organizations. This process resulted in development of a service hub called CONNECT, which originally brought together at one site six agencies (now five agencies) providing a comprehensive array of services focused on employment, career, and financial services, as well as Metro Housing services. CONNECT's model was designed to improve outcomes for residents through enhanced access with the centrally-located hub, reduced gaps in service delivery,

and service integration. Elements of service integration focused on sharing of program-level data, direct referrals to services provided by the partners, and coordination of a "coach" to assist participants to navigate the services available.

Over time, changes to the recertification process at Metro Housing resulted in less need for intensive staff support in this task. As a result, the focus of colocations has transitioned from recertifications to providing eviction prevention resources (such as RAFT) and comprehensive case management (including individually tailored housing supports services), depending on the needs of each partner.

Structure

CONNECT is categorized as a Type 3 colocation site due to its high level of service integration and high intensity of services provided.

Governance and Funding

The four managing partners and operational partner (TND) are responsible for governance, and TND is responsible for the day-to-day functioning of the hub. Although the services provided at CONNECT are integrated at the point of delivery and partners participate in occasional

collaborative funding ventures, each partner is primarily responsible for using existing funds to cover its services.

Services Provided

CONNECT families can have multiple case managers, each focused on specific areas of need. Services fall into four main categories: income and housing stabilization, financial capabilities, educational and occupational skill development, and employment. Metro Housing provides the housing stabilization services at CONNECT. All participants referred to the Metro Housing case manager receive comprehensive case management and additional housing supports services based on their specific constellations of needs.

Based on the common needs of participants who are referred, the case manager primarily assists with rent or utility arrears and cash resources using the RAFT program or city-specific funds, and also assists with completing rental assistance applications, housing search, and referrals to other agencies as needed. Along with the colocation manager, the case manager works to support participants with mental health- or domestic violence-related housing and legal needs.



FIGURE 3. SERVICES OFFERED AT CONNECT

As part of the collaboration with TND, the Metro Housing case manager also helps participants apply for TND’s low-income affordable and tax-credit units. TND, in turn, refers residents who are behind on rent to the case manager to address barriers to on-time payment and to work to avoid eviction. The case manager mediates meetings between landlords and tenants and negotiates with landlords to not move forward with eviction. The Metro Housing case manager reports having positive relationships with landlords around these issues.

Service integration is supported at CONNECT through a shared intake, use of a common case management database, and shared referrals. The physical proximity afforded by bringing together staff from multiple agencies allows for collaboration and communication to support the unique pathway of each participant.

Referral Process

All new clients using the services of any of the partner organizations are encouraged to complete a CONNECT intake in addition to any intake required by the initial agency. The online intake system uses the client’s responses to match him or her to other services available at CONNECT. Clients who

screen positive for a housing crisis, for example, automatically get a referral to the Metro Housing case manager. Staff at any of the partner organizations may also create a referral at any time during the course of services to route a client to the Metro Housing case manager. The case manager in turn refers individuals to other CONNECT partners or outside services if any non housing needs arise during the course of working with an individual or family.

Challenges

Chelsea has a large population of families in which some or all family members are undocumented and whose primary language is not English. These families are often frightened, and working with undocumented families presents additional challenges for Metro Housing staff. Many families do not receive the help they need in the community, and many report being turned away from services or may withdraw from services or benefits due to fear of repercussions. Because of these challenges and the lack of affordable housing, many families end up living in illegal apartments. Broader community-level challenges also affect the services provided by Metro Housing. Poor quality housing, gang violence, and other challenges can make it particularly difficult to find adequate housing for families.

Strengths

By organizing services in a hub or “one-stop-shop,” CONNECT is designed to improve access to a range of services and improve outcomes through greater service integration. This model allows participants to access multiple related services in one visit and reduces gaps with communication and coordination. Through its central location in Chelsea, CONNECT strives to build a sense of community and serves as an anchor within the community. CONNECT staff speak Spanish, Portuguese, and French, ensuring that the large numbers of families who speak these languages feel comfortable and confident that staff will understand their needs.

Outputs and Outcomes

In coordination with the CONNECT partners, Metro Housing reports that 256 clients were served in 2018 at the Chelsea office, with 83 percent of them participating in the common CONNECT intake. Additionally, more than one-third (36 percent) of those who entered with housing as the primary service need received an additional service from another partner. The 256 clients received a total of 333 housing sessions, with an average session lasting 30 minutes. ■

CASE STUDIES: GEORGETOWNE HOMES



Photo Andy Ryan

After the development of the initial colocation sites in Chelsea and at other CDCs in Boston, Somerville, and Waltham, Metro Housing sought to explore cost-effective, scalable models for colocations to continue its efforts to increase access to its services. In 2015, Georgetowne Homes, a 967-unit housing development with 2,249 residents in the Hyde Park neighborhood of Boston and owned by a subsidiary of Beacon Communities LLC, was identified as a potential colocation partner due to a need for housing support and eviction prevention services and an existing relationship between the organizations.

METRO HOUSING worked with staff members at Georgetowne Homes to develop a colocation partnership in May 2016 designed to bridge gaps in services, reduce rental delinquencies, and prevent evictions. The resulting colocation centered on helping residents easily access services to prevent eviction by locating a Metro Housing case manager at Georgetowne to serve residents identified by the property manager as at risk of eviction and others in need of housing support. Last year, HomeStart joined the partnership, adding additional services focused on helping residents once they were in summary process for eviction, the legal procedure landlords must follow when seeking to evict tenants.

Structure

The Georgetowne colocation is categorized as a Type 2 colocation site due to inclusion of certain core elements of service integration, such as streamlined referrals and regular collaboration, and due to being somewhat lower intensity of services compared to Type 3 sites with a more limited frequency of Metro Housing staff presence.

Governance and Funding

Governance of the colocation partnership is shared between partners. Currently, staffing of the colocation is funded out of Metro Housing's operating budget, and Georgetowne provides meeting space and related materials.

Services Provided

The Georgetowne colocation consists of two primary structural components: physical placement of a Metro Housing case manager on site and an established referral pathway with the property manager. Due to the common needs of residents, the primary focus of the colocation is to maintain tenancy among residents at risk for eviction because of difficulty paying rent. Like other colocations, the case manager works with residents to address immediate needs and to "ask the next question," assessing and making appropriate referrals for other needs. The primary service provided by the Metro Housing case manager is assistance in accessing RAFT resources and other emergency funds. The case manager also helps with payment plan negotiations, fuel assistance, housing search application for non subsidized residents, and recertification process assistance.

Referrals to external agencies are made for furniture assistance and income maximization through such resources as food stamps and Social Security. The case manager is present at Georgetowne one day per week.

Referral Process

All 2,249 Georgetowne residents receive a monthly flyer in the Georgetowne Homes newsletter that highlights the services offered by Metro Housing. Metro Housing also receives referrals from the property manager if residents are behind on rent or have other resident needs. After receiving a referral, the case manager meets with the resident or family to complete an intake, assess what services are needed, and identify any needs that require referral to outside organizations.

Challenges

The primary challenges associated with the Georgetowne colocation model revolve around funding limitations related to staffing and expansion. With a schedule split among multiple colocation sites, the case manager works to prioritize participant needs. At times, this means that participants with less urgent needs may wait longer to meet

with or receive responses from the case manager. Although mostly focused on cash assistance, Metro Housing has the potential and willingness, subject to the availability of funding, to expand into other areas of housing support around issues affecting Georgetowne residents and residents in nearby communities. These issues include hoarding, housekeeping challenges, and unauthorized guests. Although current funding is able to support the existing operations, limitations restrict the growth potential of the colocation at this site.

Strengths

The Georgetowne colocation model allows for a highly flexible, rapid, and targeted approach to preventing eviction and delivering housing services. The limited participant population and on-site service delivery allows for enhanced accessibility through flexible walk-in hours for residents, delivered in a child-friendly setting. By locating staff at the housing development, the colocation reduces the burden of transportation and reaches residents who may otherwise be unable to access services.

Outputs and Outcomes

Using existing data collection processes, Metro Housing and the property manager assessed key outcomes of the Georgetowne colocation partnership. These data suggest that Metro Housing was able to support households effectively to avoid eviction. From July 1, 2017 through December 31, 2018, Metro Housing supported 81 percent of the 108 referred households to avoid eviction and become current on rent, and 71 percent to receive rental or utility assistance. Another 13 percent moved out or were in negotiations at the time of analysis. RAFT was received by 62 households, and only 3 percent were ultimately evicted. These services are estimated to have saved a subsidiary of Beacon Communities a total of \$646,289.



Starting in 2015, Dr. Sandel and Metro Housing Executive Director Christopher Norris discussed developing a colocation partnership to bring Metro Housing’s services to BMC. The goal of the partnership was to provide eviction prevention services “upstream” to families at risk for homelessness in an environment where they already are receiving other services. Dr. Genevieve Preer and Metro Housing senior staff members oversaw the implementation of the resulting colocation project. The group worked to establish procedures such as referral processes, paperwork flow, a data collection and sharing agreement, defined roles, and communication systems.

Structure

The BMC colocation is classified as a Type 3 colocation due to the high intensity of services and degree of service integration.

The partnership launched with Metro Housing staff onsite in early 2018.

Governance and Funding

The partners share governance of the colocation partnership. Staffing of the colocation is funded by Metro Housing. Fundraising efforts include a mix of government contracts, a core of private funders, special fundraising events, and individual solicitations. BMC provides office space, materials and logistical support. The colocation partnership is primarily based in the Department of Pediatrics.

Services Provided

A Metro Housing case manager is present at the BMC colocation site at least two full days per week. Patients referred to the case manager frequently present with extremely complex housing-related needs and other compounding issues such as very low



Boston Medical Center (BMC), a large safety net hospital in Boston, serves a higher percentage of families and individuals with lower incomes compared to their industry peers. Recognizing the effects of social factors such as housing instability on the health of patients, Dr. Megan Sandel, a BMC pediatrician and principal investigator for multiple related research projects, sought avenues for addressing these social determinants of health (SDOH) among the patient population.

income, immigration status, and multiple health issues, requiring in-depth and comprehensive case management. Services depend on individual or family needs as determined during a referral and housing assessment conducted at intake. Types of services generally are focused on obtaining and retaining housing and include prevention resources, housing assistance applications, and crisis intervention. Prevention resources include financial assistance, landlord-tenant mediation, hoarding intervention, and referral to legal services.

The case manager works to help families navigate housing systems, complete applications for other services such as child care or fuel assistance, and will accompany patients to court or school meetings. Additionally, the case manager is available to

answer BMC staff questions and respond to requests for consultations. In emergency situations, the case manager helps families access shelter when they may have been denied it previously. The case manager also refers participants to other agencies for financial coaching, employment, education, and legal and/or immigration services when necessary. Housing services such as RAFT, which form the foundation of many other colocation sites, are used less frequently within the BMC colocation due to the complexity of participant needs, which require more comprehensive and intensive approaches. Many families at BMC do not qualify for RAFT assistance because they make too little money and are not able to maintain market rent after the assistance ceases.

Service integration is fostered through several partnership components.

In the memorandum of understanding, the parties laid out a plan to initiate twice-monthly housing rounds, regular meetings in which Metro Housing staff communicate with BMC, Medical-Legal Partnership, Health Leads, and other providers. Housing rounds was established to allow for regular communication and coordination of services. Metro Housing also hosts workshops for BMC staff about housing-related issues. The parties also established a clear and thorough data tracking and outcome measurement system with predefined output and outcome variables.

Health Leads has been instrumental in operationalizing the partnership. They have shared and adapted their data system "REACH" which has resulted in a streamlined referral system, and are leading the team to review

and evaluate the partnership through the data collected from this system. Health Leads patient navigators also have been key to the referral process, collaborating with Metro Housing staff to identify and offer comprehensive services for clients.

Referral Process

Referrals come from Health Leads, the Department of Pediatrics, the Emergency Department, and occasionally OB-GYN services. Each week, the Metro Housing case manager receives between five and fifteen referrals. Referrals are separated into three groups: general, urgent, or emergency. This system helps the case manager triage the most urgent needs. However, the urgency of referrals can also be difficult to assess given the complexity of participant needs, and prioritizing referrals reflects an ongoing challenge for the case manager.



“Having a Metro Housing case manager physically present at BMC allows easier access to housing services for patients. Being located within the hospital allows for effective referral networks to bridge health and housing needs.”

Challenges

Metro Housing and BMC leadership worked to ensure effective implementation of the colocation. System-level challenges presented barriers to the original plans laid out in the MOU. For example, finding time when all relevant staff could attend housing rounds proved to be difficult given the already full staff schedules. That problem initially led to limited attendance at these meetings.

The complexity of participants' situations also presents an ongoing challenge as the case manager works to navigate systems-level barriers to remedy often urgent housing-related needs. The intensity of services provided at the colocation results in a large workload for the case manager, who serves as the point person for all housing-related questions. To address this challenge, Metro Housing staff leads workshops and trainings

for BMC staff regarding the housing process and how to help families with basic housing issues. Sharing this knowledge is intended to alleviate some of the strain on the case manager, help manage expectations, and open up more availability for the case manager to help families with the most complex needs.

Additionally, although a data management and sharing system is in place, leadership continues to work through challenges related to procedures for sharing participant health outcomes. Tracking the impact of colocation housing services on participants' health outcomes requires access to long-term health information which is protected under HIPPA. Leadership is working to identify HIPPA-compliant avenues for sharing of de-identified data so that the impact of colocation services on health outcomes can be better assessed.

Strengths

Since providing regular services at BMC, the colocation has become a referral source for BMC staff and an emergency housing assistance option for referred patients. Having a Metro Housing case manager physically present at BMC allows easier access to housing services for patients. If patients are in the hospital, the case manager can meet with them there about housing needs rather than having the families call into the housing support line or wait for a day with walk-in hours. Participants also can meet with the case manager when they come for other appointments at BMC.

Being located within the hospital allows for effective referral networks to bridge health and housing needs. The highly integrated service delivery system helps to ensure that each participant's service needs are addressed. These strengths of the BMC colocation model

allow for more personal attention and care through a longstanding relationship in close collaboration with participants' medical providers. Especially for patients with health-related housing issues, this collaboration can help bridge gaps, address a range of social determinants of health, and promote both health equity and housing stability.

Outputs and Outcomes

Metro Housing received 175 referrals between July 1 and December 31, 2018. The vast majority of these referrals resulted in access to or referrals for housing and shelter assistance, food resources, and child care. While outcomes are not available for these households because the colocation site is so new, these households received help in the form of direct rental assistance, housing search support, property owner mediation, and fair housing and immigration assistance. ■

Metro Housing staff and leadership interviews explored ideas for future directions for colocations. Interviewees agreed that options for future sites can build upon the variety of models currently in operation.

From the POAH model that incorporates a fee-for-service payment system where the host pays Metro Housing, to the Chelsea CONNECT “hub” model which integrates multiple services at one site, to partnerships with single neighborhood-based nonprofits, each option strives for maximum benefit to participants, hosting partners, and Metro Housing.

There was strong agreement around the importance of establishing systems for collecting data to assess outcomes. Interviewees agreed that the process

of data collection and analysis needs to be bolstered, and they identified the challenge of designing standardized systems for data collection and tracking long-term outcomes due to the variation among sites and the varying number of meetings with individual participants. When considering a vision for a standardized data collection process, interviewees identified outputs and outcomes of interest for evaluating the effectiveness of colocations. Outputs and short- and long-term outcomes are listed in **Figure 4**.

OUTPUTS

Demographics of those utilizing services at colocations compared to at 1411 Tremont

Services Provided

Amount of each type of service provided

Average length of case by service type/category (service type/category to be categorized by level of intensity)

Referrals made to other services within and/or outside of colocation (cold handoff)

Number of case manager-facilitated and accompanying referrals to other services (warm handoff)

Number of participants that receive in-depth services

Access

Percentage/number of participants who would not have used Metro without colocations

Percentage of participants who learn about Metro through colocation partner

Percentage of participants who went without needed housing services due to lack of access/knowledge of services

Percentage of participants who said they would not have used Metro Housing services if not for the colocation

A change in the number of people Metro Housing sees at colocations

Increased program penetration (e.g., RAFT) within communities

Number of participants that report easier access to Metro Housing services due to colocation

Monetary value of the resources accessed by colocation participants

FIGURE 4. POTENTIAL COLOCATION OUTPUTS AND OUTCOMES

When asked about next steps for colocations, interviewees discussed the potential of further standardizing the case manager role to include data collection, intake, and assessment. Expansion of services to new communities and within existing sites was seen as a future goal, and interviewees acknowledged a need to ensure funding and recruit skilled case managers to ensure sustainability of high-quality service delivery. Also discussed was a desire to continue to build a stronger focus on addressing the connections between housing stability and positive health outcomes.

SHORT-TERM OUTCOMES

An increase of family living situation satisfaction over time (to be defined, self-reported in a survey)

Improved health and education outcomes as determined with our partners at the appropriate sites

Percent who obtain quality housing placements (to be defined)

Percent of participants who avoid eviction compared to those referred who did not receive services

Percent of households whose housing problems are resolved (e.g., paid utility bill)

LONG-TERM OUTCOMES

Change in health and education outcomes as determined with our partners at the appropriate sites

Percent of participants who maintain housing of any type over time

Change in housing stability (fewer moves compared to other households or compared to their own history)

Participants who obtain or retain housing in their community of choice

Increased community engagement (e.g., become a member of CDC; participate regularly in neighborhood civic meetings; PTA membership; voting; as self-reported)

Change in awareness of community resources

KEY LEARNINGS FOR COLOCATION DEVELOPMENT

A successful design and implementation process is critical for developing effective colocations. This process helps build interpersonal and interagency collaborative relationships and establishes the structure of the colocation to best meet the needs and capacities of each partner. Based on the Metro Housing staff interviews and colocation partner surveys, several elements of colocation were identified as integral to successful partnership. Based on Metro Housing's experience, **Figure 5** presents a framework for colocation development centered on key considerations for organizations wishing to explore colocations as a means of increasing access to services and enhancing service integration. ■



FIGURE 5. COLOCATION DEVELOPMENT KEY CONSIDERATIONS:

- Identify potential partner agencies and explore receptivity to partnership and colocation.
- Assess partner and local community needs, assets, and capacities.
- Agree upon shared goals and communicate each partner agency's mission and values.
- Identify physical space and resource requirements for colocated staff.
- Determine funding sources and organizational capacities.
- Establish scope of services to be provided by each agency, based on needs and capacity of each partner.
- Establish a joint set of goals and define the process by which programs will be assessed.
- Consider formal elements of service integration (e.g., shared procedures, meetings, referral procedures, communication channels).
- Determine intake and referral procedures.
- Establish guidelines for communication and sharing of appropriate client information among participating agencies.
- Create a data collection and management plan for service delivery and evaluation, including process, output, and outcome data.
- Establish roles and responsibilities and ensure colocated staff are adequately supported and integrated within each organization (e.g., supervision, training).
- Clarify colocation structure, roles, and responsibilities in a Memorandum of Understanding (MOU) or similar agreement.

CONCLUSION



Metro Housing began development of colocation partnerships in 2007 as a means of improving access to its services across its large service area of 32 communities and the City of Boston. By locating services directly within communities, leadership sought to reduce transportation and related barriers to accessing services. Beginning as a gradual, sporadic partnership development effort, colocations have emerged into a playful service delivery innovation for Metro Housing.

By reducing silos in service delivery landscapes and integrating services across specialty areas of expertise, colocation holds promise for development of more individualized, comprehensive, and high-quality services, with the ultimate goal of improving immediate and long-term health and social outcomes.

The flexibility of colocations allows for service delivery tailored to local community needs and assets, personalized and long-term relationships with staff, and coordinated services aimed at reducing gaps and meeting a range of related participant needs. As new colocations have been developed, Metro Housing and the partners have continued to learn and identify new strategies for effective service integration. Recent colocations within health care settings reflect a growing commitment and desire to integrate housing services into broader efforts to address interconnected health and housing needs, target social determinants of health, and integrate service delivery to improve health and social outcomes.

Metro Housing's experience with colocation has implications for the field of service integration and service

delivery, and for related policy. Through the planning and development of colocations, Metro Housing and partner agencies have demonstrated the potential to develop moderate to high levels of service integration with flexible delivery strategies organized around placement of staff at partner agency sites. The adaptability of the colocation model allows for continual modification and improvement based on participant or partner needs while maintaining the integrity of service delivery through effective leadership and agreed-upon strategies for collaboration in service delivery.

For agencies with service areas spread across large geographic areas, colocation represents an important strategy not only for increasing access to services, but also for building partnerships in communities, better understanding local community

contexts, and achieving enhanced service delivery through integrating services with other agencies. Metro Housing's experience developing and maintaining 15 separate colocations in slightly more than 10 years demonstrates the potential for a single agency to develop multiple separate colocations tailored to partner agency and community needs.

Furthermore, Metro Housing's experience supports the potential for such an approach to improve access to housing supports services, reduce fragmentation in the human services sector through service integration, and develop greater community- and person-centered service delivery methods. Increasing access to services and reducing gaps through integration also holds promise for reducing overall costs to systems and enhancing cost effectiveness.

Perhaps most notably, colocation represents an important tool for increasing person-centered care within social service delivery. Through development of colocations, agencies can provide services in familiar and accessible locations within partner agencies that are knowledgeable about local cultural and socioeconomic contexts. Colocation partnerships also may allow for more personal and tailored services, which seek to best support each participant. ■

METRO HOUSING COLOCATION SITES BY CATEGORY

TYPE 1

Limited integration, intensity, and staff presence

- Bunker Hill Community College (Charlestown)
- Epiphany School (Dorchester)
- Interfaith Social Services (Quincy)
- Somerville Homeless Coalition

TYPE 2

Moderate integration, intensity, and staff presence, or levels of each

- Cambridge Multi-Service Center
- Children's Hospital (Boston)
- Family Resource Center (Roslindale)
- Georgetowne Homes (Hyde Park)
- Madison Park High School (Roxbury)
- WATCH CDC (Waltham)
- Council of Social Concern (Woburn)

TYPE 3

High integration, intensity, and staff presence

- Boston Medical Center
- CONNECT (Chelsea)
- Health Starts at Home (Chelsea)
- Salem Heights

ENDNOTES

¹ R Kusserow, "Service Integration: A Twenty Year Retrospective," 1991, <https://doi.org/10.1177/1084822307310924>; T Packard et al., "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties," *Administration in Social Work* 37, no. 4 (2013): 356-71, <https://doi.org/10.1080/03643107.2012.714719>; R Axelsson, "Integration and Collaboration in Public Health - A Conceptual Framework," *International Journal of Health Planning and Management* 21, no. 1 (2006): 75-88; E.G. Guerrero, B Henwood, and S Wenzel, "Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives," *Human Service Organizations Management, Leadership & Governance* 38, no. 1 (2014): 44-54, <https://doi.org/10.1080/03643107.2013.853009>; S Vangen and C Huxham, "Nurturing Collaborative Relations," *The Journal of Applied Behavioral Science* 39, no. 1 (2003): 5-31, <https://doi.org/10.1177/0021886303253179>.

² Rafael Lindqvist and Owe Grape, "Vocational Rehabilitation of the Socially Disadvantaged Long-Term Sick: Inter-Organizational Co-Operation between Welfare State Agencies," *Scandinavian Journal of Public Health* 27, no. 1 (1999): 5-10, <https://doi.org/10.1177/14034948990270010901>; Kusserow, "Service Integration: A Twenty Year Retrospective"; T Corbett and J Noyes, "Human Services Systems Integration: A Conceptual Framework," *Institute for Research on Poverty Discussion* (2008), <https://doi.org/10.1177/0003122410363563>.

³ Robert Rosenheck et al., "Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness," *American Journal of Public Health* 88, no. 11 (1998): 1610-15, <https://doi.org/10.2105/AJPH.88.11.1610>; J Noyes and T Corbett, "Cross-Systems Innovation: The Line-of-Sight Exercise, or Getting from Where You Are to Where You Want to Be," *Focus* 24, no. 1 (2005), <http://www.irp.wisc.edu/publications/focus/pdfs/foc241f.pdf>; Kusserow, "Service Integration: A Twenty Year Retrospective."

⁴ Rosenheck et al., "Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness."

⁵ Corbett and Noyes, "Human Services Systems Integration: A Conceptual Framework."

⁶ Axelsson, "Integration and Collaboration in Public Health - A Conceptual Framework."

⁷ Packard et al., "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties."

⁸ Kusserow, "Service Integration: A Twenty Year Retrospective"; Noyes and Corbett, "Cross-Systems Innovation: The Line-of-Sight Exercise, or Getting from Where You Are to Where You Want to Be."

⁹ Chris Huxham and Siv Vangen, "What Makes Partnerships Work?," in *Public-Private Partnerships*, ed. S Osborne (Routledge, 2000).

- ¹⁰ Michael P. Fisher and Christine Elnitsky, "Health and Social Services Integration: A Review of Concepts and Models," *Social Work in Public Health* 27, no. 5 (2012): 441-68, <https://doi.org/10.1080/19371918.2010.525149>; Kusserow, "Service Integration: A Twenty Year Retrospective."
- ¹¹ Rosenheck et al., "Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness"; Frances Randolph et al., "Creating Integrated Service Systems for Homeless Persons with Mental Illness: The ACCESS Program," *Psychiatric Services*, 1997, <https://doi.org/http://dx.doi.org/10.1176/ps.48.3.369>.
- ¹² Randolph et al., "Creating Integrated Service Systems for Homeless Persons with Mental Illness: The ACCESS Program."
- ¹³ Rosenheck et al., "Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness."
- ¹⁴ S Butler and M Cabello, "Housing as a Hub for Health, Community Services, and Upward Mobility," 2018, https://www.brookings.edu/wp-content/uploads/2018/03/es_20180315_housing-as-a-hub_final.pdf.
- ¹⁵ Vangen and Huxham, "Nurturing Collaborative Relations."
- ¹⁶ Huxham and Vangen, "What Makes Partnerships Work?"
- ¹⁷ Lindqvist and Grape, "Vocational Rehabilitation of the Socially Disadvantaged Long-Term Sick: Inter-Organizational Co-Operation between Welfare State Agencies."
- ¹⁸ J. Banaszak-Holl et al., "Organizational Characteristics Associated with Agency Position in Community Care Networks," *Journal of Health and Social Behavior* 39, no. 4 (1998): 368-85, <https://doi.org/10.2307/2676345>; Kusserow, "Service Integration: A Twenty Year Retrospective."
- ¹⁹ C Huxham, "Pursuing Collaborative Advantage," *The Journal of the Operational Research Society* 44, no. 6 (1993): 599-611, <https://www.jstor.org/stable/2584516>; Axelsson, "Integration and Collaboration in Public Health - A Conceptual Framework."
- ²⁰ S Bradbury et al., "Building Co-Location: A Report for the Marion County Commission on Youth (MCCOY) and the Early Intervention and Prevention (EIP) Initiative" (Indianapolis, Indiana, 2011), <http://www.ctnnonprofits.org/ctnnonprofits/sites/default/files/fckeditor/file/other/Karen/CoLocationCaseStudy.pdf>; L Levin, "The Nonprofit Colocation Revisited: Why It Is a Better Option Than Ever Before," *Nonprofit Quarterly*, September 13, 2017, <https://nonprofitquarterly.org/2017/09/13/nonprofit-colocations-path-unusual-mainstream/>.
- ²¹ Bradbury et al., "Building Co-Location: A Report for the Marion County Commission on Youth (MCCOY) and the Early Intervention and Prevention (EIP) Initiative."
- ²² Noyes and Corbett, "Cross-Systems Innovation: The Line-of-Sight Exercise, or Getting from Where You Are to Where You Want to Be."
- ²³ Bradbury et al., "Building Co-Location: A Report for the Marion County Commission on Youth (MCCOY) and the Early Intervention and Prevention (EIP) Initiative."
- ²⁴ Ibid.
- ²⁵ Ibid.
- ²⁶ Packard et al., "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties."
- ²⁷ James Krieger and Donna L. Higgins, "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health* 92, no. 5 (2002): 758-68, <https://doi.org/10.2105/AJPH.92.5.758>.
- ²⁸ Hilary Thomson, Mark Petticrew, and David Morrison, "Health Effects of Housing Improvement: Systematic Review of Intervention Studies," *BMJ* 323 (2001): 187-90; Krieger and Higgins, "Housing and Health: Time Again for Public Health Action."
- ²⁹ R Bostic et al., "Health In All Policies: The Role Of the US Department of Housing and Urban Development and Present and Future Challenges," *Health Affairs* 31, no. 9 (2012): 2130-37, <https://doi.org/10.1016/j.str.2017.08.004>.
- ³⁰ Laura M. Gottlieb, Holly Wing, and Nancy E. Adler, "A Systematic Review of Interventions on Patients' Social and Economic Needs," *American Journal of Preventive Medicine* 53, no. 5 (2017): 719-29, <https://doi.org/10.1016/j.amepre.2017.05.011>; Bostic et al., "Health In All Policies: The Role Of the US Department of Housing and Urban Development and Present and Future Challenges"; Stephen Lucas, "Connecting Fragmented Systems : Public Housing Authority Partnerships With the Health Sector," *Cityscape* 20, no. 2 (2018): 85-106; Butler and Cabello, "Housing as a Hub for Health, Community Services, and Upward Mobility."
- ³¹ US Department of Housing and Urban Development, "Strategic Plan 2014-2018," 2014; Bostic et al., "Health In All Policies: The Role Of the US Department of Housing and Urban Development and Present and Future Challenges."
- ³² Lucas, "Connecting Fragmented Systems : Public Housing Authority Partnerships With the Health Sector."
- ³³ Veronica Helms et al., "A Health Picture of HUD-Assisted Adults, 2006-2012," 2017, 2006-12, <https://www.huduser.gov/portal/portal/sites/default/files/pdf/Health-Picture-of-HUD-Assisted-Children.pdf>.
- ³⁴ Banaszak-Holl et al., "Organizational Characteristics Associated with Agency Position in Community Care Networks."

³⁵ Guerrero, Henwood, and Wenzel, "Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives."

³⁶ Donna Haig Friedman et al., "Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis," 2007.

³⁷ To fund colocations, Metro Housing has relied on general programmatic support through its Housing Supports department as well as support from the Bank of America Charitable Foundation, specifically for the colocation manager position. One colocation site (Health Starts at Home) is funded in part through a grant from The Boston Foundation. As of January 2019, only one colocation partner (Salem Heights) provides funding for Metro Housing's colocated services at the partner site.

³⁸ Massachusetts Housing Partnership (MHP), "The Link between Housing Supply and Transportation in Greater Boston," 2018, www.mhp.net.

³⁹ Center on Budget and Policy Priorities, "Massachusetts Fact Sheet: Federal Rental Assistance," 2016.

⁴⁰ The Consolidated Framework for Implementation, "Consolidated Framework for Implementation Research," 2018, cfirguide.org.

REFERENCES

Axelsson, R. "Integration and Collaboration in Public Health - A Conceptual Framework." *International Journal of Health Planning and Management* 21, no. 1 (2006): 75-88.

Banaszak-Holl, J., S. Allen, V. Mor, and T. Schott. "Organizational Characteristics Associated with Agency Position in Community Care Networks." *Journal of Health and Social Behavior* 39, no. 4 (1998): 368-85. <https://doi.org/10.2307/2676345>.

Bostic, R, R Thornton, E Rudd, and M Sternthal. "Health In All Policies: The Role Of the US Department of Housing and Urban Development and Present and Future Challenges." *Health Affairs* 31, no. 9 (2012): 2130-37. <https://doi.org/10.1016/j.str.2017.08.004>.

Bradbury, S, K Edwards, G Laca, and A Maher. "Building Co-Location: A Report for the Marion County Commission on Youth (MCCOY) and the Early Intervention and Prevention (EIP) Initiative." Indianapolis, Indiana, 2011. <http://www.ctnonprofits.org/ctnonprofits/sites/default/files/fckeditor/file/other/Karen/CoLocationCaseStudy.pdf>.

Butler, S, and M Cabello. "Housing as a Hub for Health, Community Services, and Upward Mobility," 2018. https://www.brookings.edu/wp-content/uploads/2018/03/es_20180315_housing-as-a-hub_final.pdf.

Center on Budget and Policy Priorities. "Massachusetts Fact Sheet: Federal Rental Assistance," 2016.

Corbett, T, and J Noyes. "Human Services Systems Integration: A Conceptual Framework." Institute for Research on Poverty Discussion (2008). <https://doi.org/10.1177/0003122410363563>.

Fisher, Michael P., and Christine Elnitsky. "Health and Social Services Integration: A Review of Concepts and Models." *Social Work in Public Health* 27, no. 5 (2012): 441-68. <https://doi.org/10.1080/19371918.2010.525149>.

Friedman, Donna Haig, Jennifer Raymond, Kimberly Puhala, Tatjana Meschede, Julia Tripp, Mandira Kala, and Prepared For. "Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis," 2007.

Gottlieb, Laura M., Holly Wing, and Nancy E. Adler. "A Systematic Review of Interventions on Patients' Social and Economic Needs." *American Journal of Preventive Medicine* 53, no. 5 (2017): 719-29. <https://doi.org/10.1016/j.amepre.2017.05.011>.

Guerrero, E.G., B Henwood, and S Wenzel. "Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives." *Human Service Organizations Management, Leadership & Governance* 38, no. 1 (2014): 44-54. <https://doi.org/10.1080/03643107.2013.853009>.

- Helms, Veronica, Barry L. Steffen, Elizabeth C. Rudd, and Jon Sperling. "A Health Picture of HUD-Assisted Adults, 2006-2012," 2017, 2006-12. <https://www.huduser.gov/portal//portal/sites/default/files/pdf/Health-Picture-of-HUD-Assisted-Children.pdf>.
- Huxham, C. "Pursuing Collaborative Advantage." *The Journal of the Operational Research Society* 44, no. 6 (1993): 599-611. <https://www.jstor.org/stable/2584516>.
- Huxham, Chris, and Siv Vangen. "What Makes Partnerships Work?" In *Public-Private Partnerships*, edited by S Osborne. Routledge, 2000.
- Krieger, James, and Donna L. Higgins. "Housing and Health: Time Again for Public Health Action." *American Journal of Public Health* 92, no. 5 (2002): 758-68. <https://doi.org/10.2105/AJPH.92.5.758>.
- Kusserow, R. "Service Integration: A Twenty Year Retrospective," 1991. <https://doi.org/10.1177/1084822307310924>.
- Levin, L. "The Nonprofit Colocation Revisited: Why It Is a Better Option Than Ever Before." *Nonprofit Quarterly*, September 13, 2017. <https://nonprofitquarterly.org/2017/09/13/nonprofit-colocations-path-unusual-mainstream/>.
- Lindqvist, Rafael, and Owe Grape. "Vocational Rehabilitation of the Socially Disadvantaged Long-Term Sick: Inter-Organizational Co-Operation between Welfare State Agencies." *Scandinavian Journal of Public Health* 27, no. 1 (1999): 5-10. <https://doi.org/10.1177/14034948990270010901>.
- Lucas, Stephen. "Connecting Fragmented Systems : Public Housing Authority Partnerships With the Health Sector." *Cityscape* 20, no. 2 (2018): 85-106.
- Massachusetts Housing Partnership (MHP). "The Link between Housing Supply and Transportation in Greater Boston," 2018. www.mhp.net.
- Noyes, J, and T Corbett. "Cross-Systems Innovation: The Line-of-Sight Exercise, or Getting from Where You Are to Where You Want to Be." *Focus* 24, no. 1 (2005). <http://www.irp.wisc.edu/publications/focus/pdfs/foc241f.pdf>.
- Packard, T, R Patti, D Daly, and J Tucker-Tatlow. "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties." *Administration in Social Work* 37, no. 4 (2013): 356-71. <https://doi.org/10.1080/03643107.2012.714719>.
- Randolph, Frances, Margaret Blasinsky, Walter Leginski, Laurie Buckely Parker, and Howard H Goldman. "Creating Integrated Service Systems for Homeless Persons with Mental Illness: The ACCESS Program." *Psychiatric Services*, 1997. <https://doi.org/http://dx.doi.org/10.1176/ps.48.3.369>.
- Rosenheck, Robert, Joseph Morrissey, Julie Lam, Michael Galloway, Matthew Johnsen, Howard Goldman, Frances Randolph, et al. "Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness." *American Journal of Public Health* 88, no. 11 (1998): 1610-15. <https://doi.org/10.2105/AJPH.88.11.1610>.
- The Consolidated Framework for Implementation. "Consolidated Framework for Implementation Research," 2018. cfirguide.org.
- Thomson, Hilary, Mark Petticrew, and David Morrison. "Health Effects of Housing Improvement: Systematic Review of Intervention Studies." *BMJ* 323 (2001): 187-90.
- US Department of Housing and Urban Development. "Strategic Plan 2014-2018," 2014.
- Vangen, S, and C Huxham. "Nurturing Collaborative Relations." *The Journal of Applied Behavioral Science* 39, no. 1 (2003): 5-31. <https://doi.org/10.1177/0021886303253179>.



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