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Reducing Chronic Homelessness via Pay for Success: A Feasibility Report for Ada County, Idaho

Vanessa Crossgrove Fry
Boise State University



Reducing Chronic Homelessness via Pay for Success

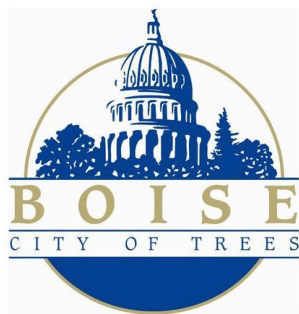
A Feasibility Report for Ada County, Idaho



BOISE STATE UNIVERSITY

Prepared by Vanessa Crossgrove Fry
Boise State University
Policy Innovation Fellow, City of Boise

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In 2009, President Obama authorized the creation of the Social Innovation Fund as part of the Corporation for National & Community Service to find solutions that work, and make them work for more people – by proving, improving and scaling effective models. SIF and its non-federal partners have invested nearly \$1 billion in effective community solutions since the program's inception. Launched in 2014, the SIF Pay for Success (PFS) program is designed to help cities, states, and nonprofits develop Pay for Success projects where governments pay service providers only when there are demonstrable results.

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PURPOSE AND SCOPE

This feasibility assessment explores the City of Boise's ability to utilize Pay for Success financing to address issues related to chronic homelessness in Ada County, Idaho.

The content of this report is drawn from an extensive review of relevant literature (academic and programmatic); an inventory and review of relevant existing data; budget scans to identify spending priorities and potential areas for costs savings and/or avoidance; interviews and meetings with various project-related stakeholders including the local Continuum of Care; Boise/Ada County Housing and Homelessness Roundtable meetings, and financial modeling (including analysis of the costs related to multiple homeless interventions versus the benefits (e.g., cost savings and/or avoidance) of those interventions).

This report was prepared by Vanessa Crossgrove Fry in her role as Policy Innovation Fellow at the City of Boise and Assistant Director of the Public Policy Research Center at Boise State University (now Assistant Director of the Idaho Policy Institute and Assistant Research Professor in the School of Public Service). Ms. Fry had extensive support from the staff at the Sorenson Impact Center at the University of Utah's David Eccles School of Business (technical assistance including the use of templates for this feasibility assessment and the cost-benefit analysis), the Mayor's office at the City of Boise, as well as staff from homelessness service providers across Ada County, Idaho, including: St. Luke's, Saint Alphonsus, Ada County, Ada County Paramedics, Ada County Jail, Charitable Assistance to Community's Homeless (CATCH), Terry Reilly Health Services, Boise City Ada County Housing Authority, Idaho Housing and Finance Administration, City of Boise Housing and Community Development, among many others. Finally, Carl Anderson and Sally Sargeant, graduate assistants with the Public Policy Research Center at Boise State, added their expertise and research skills to the creation of this report. All questions regarding this report and its contents can be directed to Ms. Fry at vanessafry@boisestate.edu or 208.426.2848.

EXECUTIVE SUMMARY

Pay for Success (PFS) is a financing model that uses private sector and/or philanthropic capital to pay for preventative social and environmental services. The services provided are then rigorously evaluated. If the services achieve specific, predetermined outcomes, then the initial investors are paid back, usually by the government entity interested in achieving those exact outcomes. As of November 2016, 12 jurisdictions across the country have launched PFS projects and dozens of other are exploring the model's feasibility.

In spring 2015 the City of Boise received a grant from the Sorenson Impact Center at the University of Utah (a sub-grantee of the Social Innovation Fund at the Corporation for National and Community Service) to test the feasibility of using PFS to address issues related to chronic homelessness in Ada County, Idaho.

Although they only make up about 15% of the population of all individuals experiencing homelessness in the US, the chronically homeless consume a majority of the resources directed towards assisting homeless individuals and families¹. This study found the target population of this analysis (100 individuals experiencing chronic homelessness) is associated with over \$5.3 million annually in costs to the Ada County community.

For the analysis Housing First was selected as the intervention. Permanent supportive housing with a Housing First approach is widely identified as an evidence-based intervention that alleviates the issues related to chronic homelessness. This results of this analysis indicate providing Housing First for the target population would cost the community \$1.6 million on an annual operating basis. One time start-up costs for such a program would vary, depending on the capital necessary to procure or build the housing units.

The study found with the target population in a Housing First program, program participants would spend less time in the emergency medical system, the criminal justice system and the emergency shelters, saving the community upwards of \$2.7 million annually.

The key findings of the analysis concluded:

- There is a targetable, high-need population of 100 chronically homeless individuals that is aligned with the community's policy priorities of ending chronic homelessness.
- Stakeholders across the public, private, and nonprofit sectors are engaged in developing solutions. Stakeholders have been introduced to PFS financing, but agreed that it would be best to launch a pilot project not requiring financing. If the pilot is proven successful then PFS may be used to scale it up.
- A Housing First intervention would provide value (cost savings, cost avoidance and social) to the community, including government entities and financiers involved with the project.
- The data required to track and evaluate a Housing First program is currently being collected, but not in a centralized database. However, the launch of Coordinated

¹ The United States Interagency Council on Homelessness. (2015). "Opening Doors: Federal Strategic Plan to End Homelessness." Washington, DC.

Entry within the Continuum of Care will make the data more readily available and accessible for program evaluation.

- The proposed intervention of Housing First is evidence-based, conducive to rigorous evaluation, and provides safeguards for the target population.
- There is an ability to scale up and replicate the Housing First pilot program with program fidelity.
- There are sufficient government and commercial/philanthropic capital available to fund the Housing First project. If the community were to scale the project up with PFS there is adequate capital available for financing.

Development of a Housing First pilot project in Ada County has commenced. As of November 2016, the Continuum of Care's Housing First Working Group is developing guiding principles, a clearly articulated program description, an operational pro forma, an evaluation methodology, and an implementation plan. Once Housing First is implemented, evaluation of the project should be rigorous. This will allow for any pivots to be made to the project to increase the rates of success. Then, when the community is prepared to scale up Housing First, Pay for Success would be a good fit for financing ongoing operations.

"The idea is simple: find the most effective programs out there and then provide the capital needed to replicate their success in communities around the country. By focusing on high-impact, results-oriented non-profits, we will ensure that government dollars are spent in a way that is effective, accountable and worthy of the public trust."

-First Lady Michelle Obama
5 May 2009

INTRODUCTION: PAY FOR SUCCESS FINANCING

Across the United States, significant resources have been dedicated to reactive social measures such as policing or emergency medical services. This approach has resulted in an under-investment in prevention-related programming, despite the fact that a host of preventative programs have been proven to be more cost-effective over the long run than their more reactive counterparts. Tight budgets can often prevent the exploration of innovative policy solutions. Consequently, without funding support, society is too often unable to test new interventions to address a wide range of social problems.

In 2009, the general level of inactivity of social innovation became a focal point of the Obama Administration. As a result, on April 21, 2009, President Barack Obama signed into law the Edward M. Kennedy Serve America Act; this Act created the Social Innovation Fund (SIF), a program of the federal Corporation for National and Community Service. This fund provides the capital necessary for state and local governments to explore innovative and outcome-oriented approaches to some of the country's most pressing social issues. One such outcome-oriented innovation is Pay for Success (PFS) financing.

PFS is a financing model that uses private sector and/or philanthropic capital to provide the upfront capital to pay for social and environmental services. The services provided are then rigorously evaluated; if the services achieve specific, predetermined outcomes, then the initial investors are paid back by a government entity interested in achieving those exact outcomes. PFS projects are complex, multi-stakeholder partnerships that generally engage the private, public, academic, and nonprofit sectors. PFS has been heralded as a way to both drive government accountability and bring rigor to social service measurement. Further, PFS is differentiated from other pay for performance government contracts because of its ability to attract private finance to areas where public capital has traditionally been limited.

Jurisdictions across the U.S. are feeling the pressure of fiscal constraint. The opportunity to use PFS to leverage private sector and philanthropic dollars to provide effective, evidence-based services can be attractive to jurisdictions seeking fiscal relief and alternative solutions to longstanding problems. Because the government pays only for demonstrated results, private sector/philanthropic investors bear the primary financial risk until outcomes are achieved, reducing the overall financial risk of taxpayer dollars.

Ultimately, PFS is a form of performance-based contracting where the government pays only if specified results are achieved. As a policy tool, it may enable government to be more effective and efficient with its limited resources. A more detailed discussion of the attributes of Pay for Success financing can be found in Exhibit A. Jurisdictions considering a Pay for Success project should first conduct an assessment to determine the feasibility of structuring a PFS initiative.

As of March 2016, 11 jurisdictions (in nine states) have launched PFS projects in the U.S. including: Boston, MA; Chicago, IL; Commonwealth of Massachusetts; Connecticut; Cuyahoga County, OH; Denver, CO; New York City, NY; New York State; Salt Lake County, UT; Santa Clara County, CA; and South Carolina.

DIMENSIONS OF FEASIBILITY

Because Pay for Success is such a new financing mechanism, there has yet to be a formulaic process developed for conducting a feasibility assessment. To fill this gap, the Sorenson Impact Center created a feasibility template to help guide the assessment process. This template, which provides a set of questions to consider when conducting an assessment, was used as a framework for this PFS feasibility assessment.

Seven criteria, outlined below, were used to evaluate the feasibility of using PFS initiatives to address issues related to chronic homelessness in Ada County, Idaho (See Figure 1).

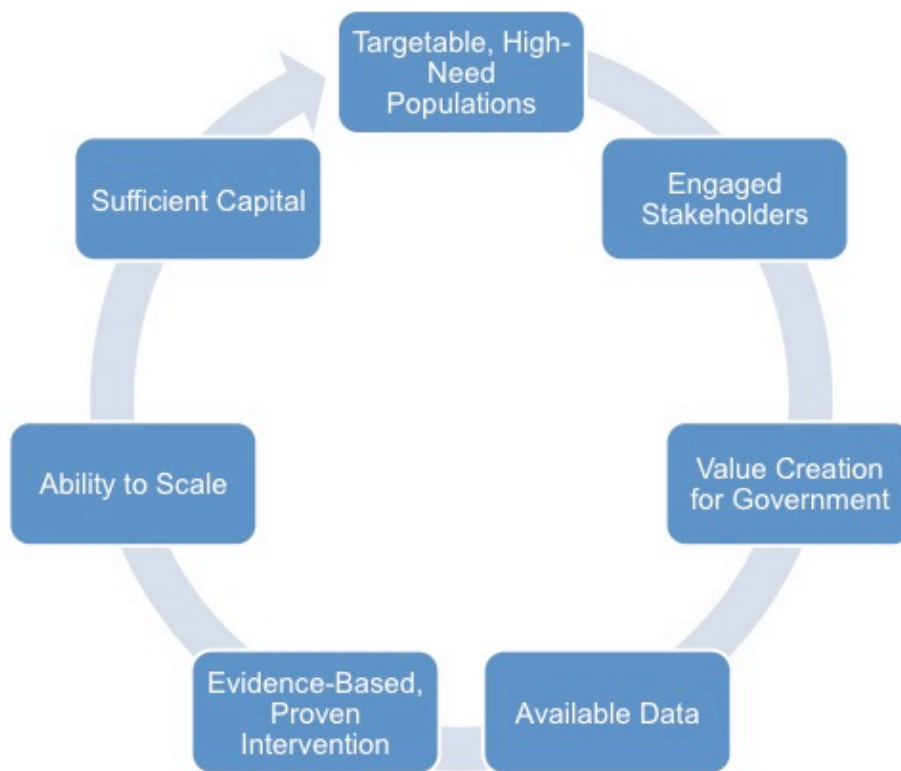


Figure 1: Criteria for Determining Pay for Success Feasibility

1. There must be a targetable, high-need population that is aligned with the community and payor government's policy priorities.
2. Stakeholders across the public, private, and nonprofit sectors must be engaged and interested in PFS financing.
3. A project must provide value to the government entities and financiers involved with the project.
4. Data must be available and easily accessible to track and evaluate the intervention and its effectiveness.
5. The proposed intervention must be evidence-based, conducive to rigorous evaluation, and provide safeguards for the target population.
6. There must be the ability to scale and replicate the chosen intervention with program fidelity.
7. Finally, sufficient government and commercial/philanthropic capital must be available to finance the project.

The typical PFS initiative is comprised of six main sets of actors: a target population, government, nonprofit service provider(s), investors, project intermediaries, and independent, third-party evaluators. Standard roles of the actors are described below (for a diagram of their interactions see Exhibit B):

Target Population – the identified group of people served by a PFS intervention that is currently underserved by other resources and services in the community;

Government Agency (or other “payor” entity such as a school district or hospital) – the entity that defines the desired outcomes and pays back the upfront funding if the outcomes are achieved;

Intermediary – the organization that facilitates the Pay for Success project between the government agency, the private and/or philanthropic investors, and service provider(s) including raising project capital and coordinating service provision;

Service Provider(s) – the provider(s) that is selected to provide the appropriate evidence-based services to the target population;

Private or Philanthropic Investor(s) – the funder(s) that provides the necessary upfront funding to support the project's service provider(s) and is repaid by the government if the predetermined outcomes are achieved; and

Independent Third-Party Evaluator – the evaluator verifies the extent to which the service provider(s) achieve the agreed-upon outcomes.

The Problem and Opportunity

The City of Boise, Idaho, has made a commitment to “Make Boise the Most Livable City in the Country” and considers the community’s housing and homelessness needs as key issues to be addressed in order to achieve this vision. As such, the City recognizes a specific need to address the issues related to chronic homelessness. A family experiencing chronic homelessness has an adult head of household that meets the criteria listed below:²

- Have been homeless for 12 or more months consecutively; or
- Have, in the last 3 years, had 4 or more instances of homelessness totaling 12 or more months; and
- Have a disabling condition (i.e., substance misuse disorder, chronic physical illness or disability, serious mental illness, or developmental disability).

Although they only make up about 15% of the population of all individuals experiencing homelessness in the US, the chronically homeless consume a majority of the resources directed towards assisting homeless individuals and families³. These individuals with the longest history of homelessness often also tend to have the highest use of supportive services. Permanent supportive housing with a Housing First approach is widely identified as an evidence-based intervention that alleviates the issues related to chronic homelessness (see Exhibit C). Housing First minimizes the barriers and pre-conditions related to housing readiness. The intervention also provides wrap around supportive services to clients to support stability and improvement in their overall condition. This feasibility study explores the potential to utilize Pay for Success (PFS) financing to provide Housing First to individuals experiencing chronic homelessness in Ada County, Idaho. Ultimately, it recommends that a Housing First pilot project be implemented and, when proven successful, scaled up with Pay for Success financing.

Geographical Context

Although the jurisdiction initiating the exploration of this feasibility assessment is the City of Boise, it was identified at an early stage that Ada County, Idaho, would provide the geographical boundaries for this study. This rationale is based on the recognition of the Continuum of Care’s⁴ geographical makeup and the location of the services (shelters, hospitals, clinics, etc.) for individuals experiencing homelessness in the greater Boise community.

High-Risk, High-Needs Target Population

There are two main data sources available to track the number of individuals experiencing chronic homelessness in Ada County, Idaho. The annual Point in Time Count (PIT) is used to enumerate the number of people experiencing homelessness on a select day of the year. The

² As defined by section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11360, and utilized by HUD's Continuum of Care Program (24 CFR part 578).

³ The United States Interagency Council on Homelessness. (2015). “Opening Doors: Federal Strategic Plan to End Homelessness.” Washington, DC.

⁴ A Continuum of Care (CoC) is a community-wide program designed to encourage community –wide commitment and collaboration in ending homelessness. The U.S. Department of Housing and Urban Development (HUD) mandates that communities use a CoC to distribute HUD funds.

enumerated individuals are also surveyed to help identify characteristics associated with their experiences of homelessness. The U.S Department of Housing and Urban Development (HUD) mandates PIT counts be conducted by Continuum of Care programs receiving HUD funding. PITs only reflect the number of homeless individuals on a given day, not throughout an entire year. The most recent (2016) PIT identified 130 individuals experiencing chronic homelessness within Ada County, Idaho, on January 27th, 2016.

The Homelessness Management Information System (HMIS) is a localized information technology system used to collect client-level data and data on the provision of housing and homelessness services, as mandated by HUD. Organizations receiving funding support through the Continuum of Care are required to utilize this system. Unlike the PIT, which measures homelessness at a single point in time, HMIS measures homelessness cumulatively and can provide information about homelessness over an extended period of time.

For the purpose of this feasibility assessment, the target population has been selected to be 100 individuals experiencing chronic homelessness. Individuals experiencing chronic homelessness, rather than families with children, were selected because there are fewer resources available to individuals and also a higher number of individuals, rather than families, experiencing homelessness⁵.

Target Population Considerations	
Does the target population represent a significant unmet need in Ada County?	PIT and HMIS data for Ada County, Idaho indicated that over the last 5 years, chronic homelessness in Ada County has increased. This indicates that the needs of these individuals are unmet and continue to increase overtime.
Is the target population a current policy priority in Ada County?	The City of Boise, Ada County, the local Continuum of Care, the Housing and Homelessness Roundtable meetings, and other organizations have identified chronic homelessness as a top priority in the local community.
Does the target population disproportionately, or significantly, utilize government resources and services?	As stated, individuals experiencing chronic homelessness utilize supportive services at a greater rate than other homeless individuals.
Can a service provider or a collection of service providers provide a proven, evidence-base intervention to this target population?	There are a number of service providers able to provide the selected evidence-based intervention of Housing First. See Service Provider Landscape Scan for more details.
Is the target population of sufficient size to produce a statistically significant	Targeting 100 of the chronically homeless individuals in Ada County allows for an

⁵ Many of the housing programs available in Ada County, Idaho, prioritize families with children over single adults or families without children under the age of 18.

effect size?	intervention group large enough to test statistical significance.
Is harm avoidance taken into account when determining the target population and developing the intervention program?	<p>It has been identified that the VI-SPDAT will be used during the Coordinated Entry⁶ process to assess the health and social needs of all homeless persons in Ada County and match them with the most appropriate support and housing interventions that are available. This is how the target population will be identified and prioritized for services.</p> <p>The VI-SPDAT tool is a combination of the Vulnerability Index (VI) survey, created by Community Solutions for street outreach purposes, (according to OrgCode Consulting, this survey “helps to determine the chronicity and medical vulnerability of homeless persons”), and the Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode “as an intake and case management tool”.</p> <p>The chosen intervention is evidence-based and had not been shown to negatively impact clients receiving the intervention.</p>

Evidence Based Intervention Conducive to Evaluation

There have been a number of interventions used in the U.S. to address issues related to chronic homelessness. After assessment of the literature and engagement with community members through the Housing and Homelessness Roundtables and other meetings, Permanent Supportive Housing, with a Housing First approach, has been selected as the preferred intervention for a Pay for Success project in Ada County. In addition, in 2007 the Boise City/Ada County Continuum of Care released its [10 Year Plan to Reduce and Prevent Chronic Homelessness](#). Part of this plan outlined the need to determine the most cost-effective, efficient and humane way to address chronic homelessness. The plan also identified Housing First as the preferred methodology.

Housing First, as outlined in Exhibit C, has the ability to offer mental, emotional and physical relief for an individual experiencing chronic homelessness. Evidence-based research confirms that Housing First offers benefits to both the housing provider, in the form of resource savings,

⁶ Coordinated Entry is a system-wide intake process mandated by HUD to be used by Continuums of Care (CoC) to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. The Boise/Ada County CoC is in the process of building its Coordinated Entry program.

and to the tenant, in the form of overall stability, safety and satisfaction. Considerable reductions in the costs incurred by the criminal justice system, emergency health service and local shelters can be expected when PSH options are offered to those experiencing chronic homelessness. Currently, local shelters see large portions of their resources spent on repeat users who are unable to alter their lifestyle without additional supports. Housing First serves the homeless population in a holistic and strategic manner (see Figure 2) by minimizing barriers to housing entry (e.g., eliminating sobriety requirements) and providing intensive team-based supportive services (e.g., housing counseling, access to preventive medical care, transportation assistance, substance abuse treatment, etc.). Exhibit C provides for a detailed assessment of the impact of previous interventions and highlights components that are considered by scholars, practitioners and advocates to be vital to the success of a Housing First intervention.

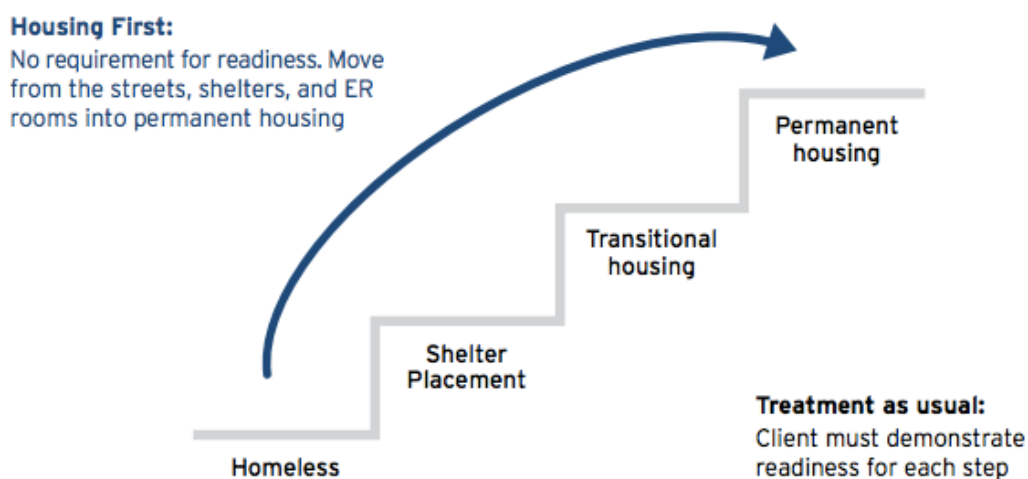


Figure 2: Housing First Versus Treatment as Usual

The City of Boise has taken the lead in launching two Housing First programs. A partnership between the City and Idaho Housing and Finance Association (IHFA) has released a Request for Proposals for a single site Housing First project. The project will have access to \$5.6 million in Low Income Housing Tax Credits for construction and \$1 million for programmatic expenses. It is estimated to serve 35-40 clients. A second partnership (the Housing First Working Group), between the City, Boise City/Ada County Housing Authority, Terry Reilly Health Services, Charitable Assistance for the Community's Homeless (CATCH), Saint Alphonsus Health System and St. Luke's Health System is developing a scattered site Housing First project. This project will initially serve 15 clients. These projects will also serve as pilots for Housing First program development and evaluation, which is being developed by the Continuum of Care's Housing First Working Group. Pay for Success could then be used to scale up these interventions and serve more clients.

Intervention Considerations	
Does research from a range of sources support the application of this intervention?	Yes, see Exhibit C.
Is this intervention selected conducive to rigorous evaluation techniques?	A number of rigorous studies across the U.S. have been completed on PSH projects (see studies at CSH , SAMHSA , Pathways , HUD).
Does scholarly research suggest that the effect size of the intervention is meaningful and robust enough?	Research has found that a Housing First/Permanent Support Housing intervention has a statistically significant effect on the population receiving the intervention when compared to a control group not receiving the intervention.
Can key assumptions about the programs and services delivered through the intervention actually be tested?	The Housing First working group, in conjunction with the Continuum of Care's Performance Measure working group, is developing a methodology for rigorous evaluation of the programs and services delivered through the intervention. Although this level of evaluation of Housing First / Permanent Supportive Housing (HF/PSH) has not yet been conducted in Ada County, prior research provides much direction on the best practices for such measurement.
Has a process been identified as to how participants will be recruited for the proposed intervention?	The Housing First working group, in conjunction with the Continuum of Care's Coordinated Entry working group, is in the process of developing recruitment and prioritization methodologies. Recruitment will be heavily supported by an Assertive Community Treatment team.

Data Requirements

This feasibility assessment provided the first comprehensive analysis of the effects of homelessness in Ada County, Idaho. Through the efforts of the research team, a community-level understanding for the need to access and share data was established. Data accessed for this research was provided by the Continuum of Care's annual Point in Time Count and Homelessness Management Information System, the City of Boise, the Boise Police Department, the Ada County Jail, Ada County Paramedics, Ada County Indigent Services, the office of the Ada County Public Defender, St. Luke's Health System, Saint Alphonsus Health System, Terry Reilly Health Services, Boise City Ada County Housing Authority, Idaho Housing and Finance Association, and CATCH. Moving forward with a Pay for Success project would require streamlining the data collection and analysis process, which could be accomplished with help from various local project partners, the PFS intermediary, and the external evaluator.

Data Considerations	
Can government, external databases, and service providers provide sufficient and reliable levels of data to assess the needs of the target population?	Although all of the data required to assess the target population's needs are not currently in one data system, the required data is available.
Is data available to generate target estimates for proposed outcomes?	Yes, data is available to generate target estimates.
Is data available to project the outcomes of the target population in the absence of the intervention?	Yes, data is available to generate the outcomes for individuals not selected into Housing First.
Is administrative data available to help determine the baseline outcomes for the target population and opportunities for cost avoidance/reduction?	Yes, baseline data will be available and accessible for the target population.
Will these data sources be accessible for the span of years required to track outcomes of the PFS project?	Yes, the data sources will be accessible to track outcomes.
Has the government or local service providers demonstrated a willingness and/or capacity to successfully share data across systems or programs in the past?	Nearly all stakeholders engaged in this feasibility assessment and the Housing First effort in Ada County have readily shared data throughout the development of this feasibility assessment. Moving forward with the project, it is anticipated that these collaborative efforts will continue and further expand.
Do any data privacy regulations limit the ability to use and share data for the purpose of the PFS project?	The Health Insurance Portability and Accountability Act of 1996 (HIPPA) and HMIS will require data releases to be signed. It is not anticipated that this will be an issue as the project progresses.

Evaluation Design

The evaluation design for PFS will be modeled after the evaluation developed for the aforementioned Housing First pilot projects. The Housing First Working Group, in conjunction with the Continuum of Care's Performance Measure working group, is developing a methodology for rigorous evaluation of the programs and services delivered through the intervention. Although this level of evaluation of Housing First has not yet been conducted in Ada County, prior research provides much direction regarding best practices for such measurement. In addition, the Sorenson Impact Center in the David Eccles School of Business at the University of Utah will be providing technical assistance in developing the methodology.

Evaluation Design Considerations	
Has a specific evaluation methodology been identified to assess the impact of the intervention?	It is anticipated that the Housing First pilot project will be set up in a fashion that enables evaluation of clients receiving the intervention and those not receiving the intervention.
Does the evaluation design involve the appropriate level of rigor to provide the desired level of certainty about proposed PFS outcomes?	The evaluation design, in process, will provide for an appropriate level of rigor.
Is the evaluation design suitable for the government's intended performance targets and payable outcomes?	The evaluation design, in process, will be set up in a way that is suitable for measuring performance targets and payable outcomes.
Is this sample size large enough to yield statistically significant results.	100 individuals provides for a large enough sample size.
What safeguards have you implemented to protect program participants and ensure that limited resources are fairly distributed?	The VI-SPDAT will be used during Coordinated Entry to assess the health and social needs of homeless persons in Ada County and match them with the most appropriate supports and housing interventions that are available. This is how the target population will be identified and prioritized for services. The tool is a combination of the Vulnerability Index (VI) survey and the Service Prioritization Decision Assistance Tool (SPDAT) (see page 16 for further information).
Have the range of necessary components been considered for the successful implementation of the proposed evaluation design?	As the evaluation design is created, necessary components such as release forms and data storage plans will be taken into consideration.
Has a suitable external evaluation partner been identified to conduct the evaluation over the course of the PFS project?	A number of evaluation partners have been considered for the pilot project and PFS project, including Boise State University.

Service Provider Landscape Scan

This section addresses the readiness and capacity of service providers to support a PFS project in the City of Boise. The ability of local agencies to adequately deliver services to the target population is paramount to the success of any PFS program. To determine the readiness of service providers to meaningfully contribute to the PFS project, an initial scan of service providers operating in the local community was completed. Results show that there are currently 40 service providers active in providing services to individuals experiencing homelessness. 20 of these providers are engaged in the provision of housing and/or temporary shelter, and 33 are working to provide services to the largest number of people experiencing chronic homelessness. This research shows that adequate resources can be made available through community partnerships to support a PFS project serving individuals experiencing chronic homelessness in the City of Boise. For a more detailed description of the current service provider landscape in the region, please see Exhibit D.

Service Provider Considerations	
Do the jurisdictions involved utilize an outcomes-based metric when procuring for services in the jurisdiction?	Although outcomes-based metrics are not currently in place, project partners will work to determine them for a PFS project.
Has a service provider or multiple service providers been identified to deliver the proposed outcomes for the identified target population?	Yes, the initial scan of the service provider landscape has identified multiple potential service providers available to deliver the proposed outcomes of the PFS project.
Have additional partner agencies been identified to deliver the necessary wrap-around supports for the identified target population?	Yes, potential partner agencies (funders, providers, etc.) have been identified to deliver the necessary wrap-around supports for the identified target population.
Have the service providers in the field of interest been cataloged and assessed in a systematic and objective way(s)?	Yes, the service providers active in the proposed target area have been cataloged and assessed in a systematic way. For further information on the service providers see Exhibit C.
Have the various programmatic components been categorized as essential or “nice-to-have” for the identified target population?	By reviewing evidence-based studies of the proposed intervention, the essential programmatic components have been identified.
Are there any impediments to success facing all service providers in the PFS policy area or are certain constraints service provider-specific?	No impediments to success have been identified in regards to the service providers that would potentially deliver the intervention.
Have the specific public procurement processes of the local jurisdictions been considered for choosing and engaging a service provider?	Procurement of services will be directed through Ada County’s procurement process which is the fiscal agent for the single site Housing First project.

Scalability

As mentioned, Pay for Success could be used in Ada County, Idaho, to scale the Housing First pilot project.

Scaling Considerations	
Could a PFS project scale necessary programs and services to sufficiently meet the needs of the target population?	Pay for Success has been used in other communities, like Santa Clara County, California, to scale similar programs.
Have mechanisms been identified to ensure and maintain program fidelity after programs and services have been scaled and/or replicated?	Program fidelity assurances will be developed and put in place when the Boise/Ada County Housing First program is scaled up.
Can the proposed intervention deliver the same or similar social and economic benefits at scale?	The cost-benefit analysis conducted for this feasibility assessment indicates that scaling up the Housing First pilot program will actually result in greater efficiencies in service delivery and increased economic benefits.

Financial Feasibility Cost-Benefit Modeling

An extensive cost-benefit analysis has been conducted as a part of this overall feasibility assessment for a PFS project to address chronic homelessness in Ada County, Idaho. It is estimated that the target population of 100 individuals experiencing chronic homelessness cost the community \$5.3 million annually (this is without inclusion of any initial capital costs). A Housing First intervention would cost the community \$1.6 million annually. The estimated reduction in emergency medical services, shelter utilization, and interactions with the criminal justice system would result in a net cost avoidance of \$2.7 million annually. Figure 3 provides for a breakdown of the costs associated with chronic homelessness of the target population. Figure 4 provides the costs associated with a Housing First intervention.

Chronic Homelessness Cost Breakdown

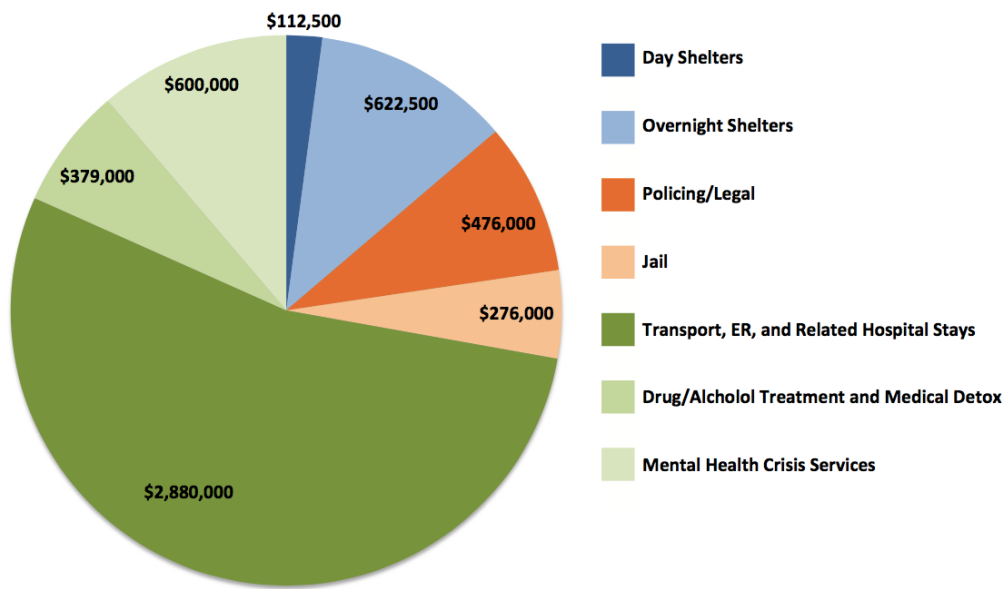


Figure 3: Costs Associated with Chronic Homelessness Total Over \$5.3 Million Annually

Housing First Cost Breakdown

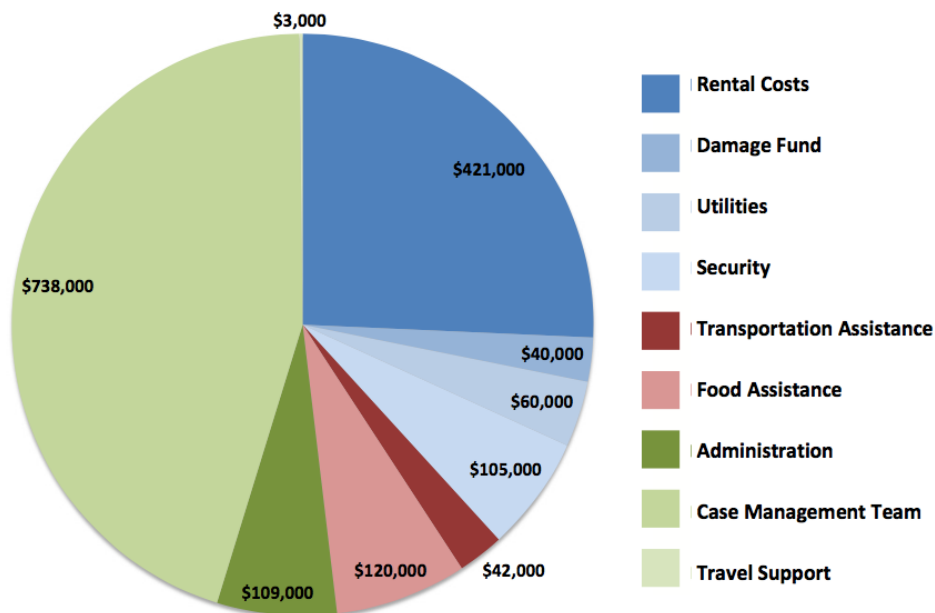


Figure 4: Costs Associated with Housing First Equal \$1.6 Million Annually

Financing Considerations	
Has a budget scan been completed to understand the policy / spending priorities and potential areas for significant measurable cost savings / cost avoidance for government entities and other potential payors?	Through various meetings and analyses of comprehensive plans, budgets, and other relevant documents, it has been determined that addressing issues related to chronic homelessness is both a political and economic priority for the potential partners on this project. The main payors of this project stand to achieve significant cost avoidance via implementation of the proposed intervention.
Has a high-level financial analysis been completed to approximate cashable savings associated with the PFS project and the overall PFS value proposition?	A thorough financial analysis has been completed that supports the use of PFS to finance a Housing First intervention in order to address issues related to chronic homelessness.
Can the project manager of the PFS project explain the rationale for excluding/including individual components in the cost-benefit model?	As mentioned, the cost-benefit model used for this analysis was developed by the Sorenson Impact Center. This comprehensive model was modified to provide for a model specified for Boise/Ada County's target population (individuals experiencing chronic homelessness) and intervention (Housing First).
Has a sensitivity analysis been completed to establish upper and lower boundaries for the intervention's cost and parameters of the PFS project?	Upper and lower boundaries of the intervention's cost have been established, as outlined in the financial model.

Availability of Capital

Pay for Success is ultimately a form of performance-based contracting where private or philanthropic funders provide capital for an evidence-based intervention. Upon the intervention's delivery of specific results, government, or another entity, pays the funders back. In Ada County, a number of potential entities have been identified to provide 'funder capital' and 'payor capital' for a PFS project. After completion of the cost-benefit analysis in January 2016, the project team gave presentations across the community. Through these presentations and subsequent meetings, investors and project partners have provided both verbal and formal commitments to financially support the pilot phase of a Housing First intervention in order to address chronic homelessness. These commitments have been made by United Way (\$25,000), City of Boise (\$1 million), Idaho Housing and Finance Association (\$5.6 million in Low Income Housing Tax Credits), St. Luke's (\$100,000), Saint Alphonsus (\$100,000) and Ada County (\$250,000)

Financers: private or philanthropic backer that provides initial capital
Payors: government, or other entity, that pays funders upon successful completion of project metrics

Financer Considerations	
Has research been conducted to identify potential and appropriate local, regional, and national funders for the PFS project?	Extensive research and outreach has been done to identify potential project funders.
Do potential funders have previous experience in working in PFS projects? Are potential funders knowledgeable about the PFS financing mechanism and their role?	Although some of the funders have prior PFS experience, many local funders under consideration do not.
Have a preliminary fundraising plan been created? Has a timeline and strategic plan been developed to engage with potential PFS funders going forward?	The Housing First Working Group is in the process of creating funding plans for the Housing First pilot project. The plan will be strategic and include timelines. It is likely that funders of the pilot project could become payors and financiers of a Pay for Success project.
Has the community convened a funders' council to inform potential funders of the scope of the PFS project?	At this point in time, it is premature to host a funders' council for the PFS project, but this will likely be completed as the PFS project advances.
Have lending terms and conditions been explored for this particular PFS project? For example, what is the longest-term outcome that funders are willing to support?	We have not done a comprehensive exploration of the tolerable terms for this particular project.
Do the jurisdictions have previous experience working with the funders under consideration for this PFS project?	The jurisdictions have experience working with the local funders under consideration.

Payor Considerations	
Have main stakeholders (departments, agencies, and/or municipalities) been identified that stand to realize cost savings and/or cost avoidance from the proposed PFS project?	The stakeholders identified to realize the largest proportion of cost-avoidance include: Ada County (Ada County Jail, Ada County Paramedics, Indigent Services, Public Defender), St. Luke's Health System, Saint Alphonsus Health System and the City of Boise (Police Department).
Have these stakeholders been strategically engaged with the PFS project?	The above entities have been engaged with the feasibility study since the beginning of the process. They have been collaborative partners for data and analysis and have also helped engage other entities in project-related discussion.
Is the payor the main budget beneficiary?	As multiple entities stand to realize significant cost savings/avoidance, this will likely be a multi-payor project.
Is the payor willing to monetize societal gains?	It is unlikely that it will be necessary to monetize social gains, as the cost-avoidance is estimated to be significant.
Are the jurisdictions willing to make the necessary success payments if the PFS project proves successful? Are other affected jurisdictions willing to make success payments?	As mentioned above, this is likely to be a multi-payor project. Currently, each of the aforementioned entities are negotiating the terms for supporting the Housing First pilot project. When the pilot is ready to be scaled with Pay for Success, similar negotiations may take place.
Have the full costs of programs and services for a PFS project been identified? How does this potentially impact the service provider's overall financial health?	A thorough financial analysis has been conducted for this PFS project. The service providers will need to scale up current services in order to provide the proposed intervention. The budget for provision of services has taken into consideration the financial means necessary for this scaling.

Operational Feasibility

Agnew::Beck, a consulting firm with an office in Boise, has been facilitating the Housing First Working Group meetings (comprised of the City of Boise (Mayor's Office, Housing and Community Development, Policy Department), Boise City/Ada County Housing Authority, Boise State University (Public Policy Research Center), CATCH, Terry Reilly Health Systems, St. Luke's and Saint Alphonsus). The Working Group is in the process of developing an operations plan for the Housing First pilot project. Pay for Success may be one option for scaling up this Housing

First initiative. If that is the case, a Pay for Success project would likely use the operations plan as an integral component.

Operational Considerations	
Do the jurisdictions have the necessary physical capital (i.e. physical space, equipment, etc.) to successfully implement a Pay for Success project of the recommended scale and scope?	The rental vacancy rate in Boise/Ada County is below the national average of 3%. Although there will be some units available through the housing units owned by the City of Boise and the Boise City/Ada County Housing Authority, it is likely additional housing stock will need to be introduced when the Housing First pilot is scaled.
Do the jurisdictions have the necessary personnel/staff to successfully implement a Pay for Success project of the recommended scale and scope?	This will be a complex, multi-sector partnership and, as such, each entity engaged will need to make sure there is necessary staff support. Right now, staffing for the pilot project is being determined, with the majority of the work being done in the Housing First Working Group. The consulting group Agnew::Beck has also been an important facilitator for the Housing First pilot project.
Have departments impacted by this PFS project and line departments demonstrated the ability to engage in projects that are outside the typical purview of day-to-day operations?	The City of Boise, in its efforts to be “the most livable city in the country,” has created a working ethos of innovation. Therefore, most entities within the city have had experience testing the boundaries of their ‘ordinary’ work. However, as a PFS project in Ada County will likely be a multi-payor project all stakeholders should be engaged and informed of PFS moving forward.
Has a formal, binding commitment been passed (i.e. legislation, board resolution, appropriation of funds into a sinking fund, full faith and credit backing, diversion of funds from the operating budget into escrow account) for the PFS project? If so, at what level of government?	At this phase of the PFS project, no formal binding commitment is necessary. However, commitments are in the process of being made for the Housing First pilot project. When PFS is used to scale up the pilot, then commitments will be renegotiated.

Sustainability

Sustainability Considerations	
Has a realistic plan been developed to fund programs and services that have a significant, meaningful impact on the target population after the PFS project concludes?	Upon completion of the Housing First pilot project and scaling of the pilot via PFS, it is estimated that the payor entities will be able to reallocate resources towards preventive interventions that support the target population.
Has analysis been completed of possible factors that may limit program fidelity, participation, or even evaluation multiple years after PFS project launch?	Due to the track record of long-term, multi-entity partnerships regarding housing, homelessness, and health in Ada County, it is unlikely that program fidelity, evaluation or participation will be negatively impacted over the course of the PFS project.
Is there an established process for incorporating measurable results into the jurisdiction's decision-making processes?	The City of Boise is in the process of creating a Department of Strategic Innovation. This department will use data to provide analysis for projects and programs across the multiple layers of services the City provides and, ultimately, inform the City's decision-making.

Political Feasibility

PFS projects are complex, multi-stakeholder partnerships that involve coordination across actors representing diverse interests and agendas. All parties involved must be in agreement for a PFS project to launch to the transaction-structuring phase. In addition, these actors must possess the relevant expertise, will, and dedication to carry out a full PFS initiative. This section discusses the level of partnership and commitment already in place in regards to housing and homelessness in Ada County.

To address the complex issues of homelessness and affordable housing, the City of Boise administers more than \$4 million in federal and local funding annually and manages more than 300 units of affordable housing for families and individuals across a number of locations in the City. In 2015, Mayor Bieter and City staff led a number of Housing and Homelessness Roundtable sessions with more than 30 representatives from local governmental, non-profit, corporate and faith-based partners in attendance in order to discuss the complexity of homelessness and develop a working agenda. The ongoing roundtables are co-sponsored by the City of Boise, Ada County, City of Meridian, the Idaho Department of Health and Welfare and the Boise City/Ada County Housing Authority.

The City of Boise also serves as the lead agency for the Boise City/Ada County Continuum of Care (CoC). The CoC is a coordinated community approach to addressing the various needs of people experiencing homelessness in Ada County. As the CoC's facilitator, the City coordinates communication, facilitates meetings, and manages [strategy development](#), annual reporting, and the Housing and Urban Development application process. Idaho Housing and Finance

Association (IHFA) manages the Continuum of Care’s [Homeless Management Information System \(HMIS\)](#), [although this is scheduled to shift to another partner in 2017](#). According to the City of Boise, the local CoC works to provide “outreach, engagement, assessment, emergency shelter, rapid re-housing, transitional housing, permanent housing and homelessness prevention strategies”. Further, CoC members “represent provider and community organizations, local governments, and citizens who are engaged in the initiatives to prevent and reduce homelessness”.

A presentation of the cost-benefit analysis portion of this feasibility assessment has been given across the community, with formal presentations given to the City of Boise Mayor’s office, Boise City/Ada County Housing and Homelessness Roundtable, Ada County Commissioners, St. Luke’s Health Center Administration, Saint Alphonsus Health Center Administration and Boise State University School of Public Service staff, faculty and students. In conjunction with a February 9, 2016 presentation to the Housing and Homelessness Roundtable, it was announced that two Housing First pilot projects would be considered in Boise/Ada County. One, a scattered site project, would target 15 chronically homeless individuals. The other, a single site project, is estimated to house 35-40 chronically homeless individuals. These pilot projects are the result of partnerships cultivated through the Housing and Homelessness Roundtables as well as this PFS feasibility assessment. Once these projects are underway and proven successful, PFS can be used to scale up the projects. Because of the aforementioned partnerships developed, scaling with PFS will likely receive full political and community support.

Political Considerations	
Have the elected bodies that hold formal legislative authority over the PFS project been identified?	Boise City Council and the Ada County Commissioners are the elected bodies that will hold authority over this PFS project.
Are these elected authorities knowledgeable about the proposed Pay for Success project and have you received demonstrable buy-in from each of these authorities?	Both elected bodies have been engaged in the PFS feasibility assessment and have been supportive of the work.
Have the elected authorities and community leaders who hold <i>informal</i> authority over this project been identified?	Through the extensive work put into this feasibility assessment, it is estimated that over 100 different entities have been engaged in supplying relevant data, attending PFS-related meetings, or attending community PFS-related educational sessions.
Are these authorities knowledgeable about the proposed Pay for Success project and have you received buy-in from each of these authorities?	Buy-in for PFS is likely, but has not been formally received.
Is the general public perception favorable of the proposed PFS project?	Although there has been no formal measurement of the public’s perception, anecdotal information has indicated the public

	is supportive of the project.
Have the other governmental departments who have authority over this project been identified? Are these departments knowledgeable and supportive of the project?	All stakeholders have already been addressed.
Have national, regional, and local supporters and detractors of the PFS project been identified?	Yes.
Are these potential supporters and detractors knowledgeable about the proposed Pay for Success project and have you engaged these individuals with the project?	This project has been communicated about extensively to the media, elected officials, and advocacy groups in the region. Many of the stakeholders that will be necessary to engage for a Pay for Success initiative have been involved with the Boise/Ada County Housing and Homelessness Roundtables as well as the Boise/Ada County Continuum of Care. PFS has been extensively incorporated into these meetings since February 2015.
Have the ultimate political champions of the PFS project been identified? What level of government they can influence?	The political champions necessary for this PFS project to move forward are local and have all been engaged in the feasibility assessment in some fashion.
In addition to a main government point person or champion, senior government staff across various agencies and departments must help coordinate the necessary resources for project success. Do senior staff participate in regular check-ins, expedite requests, review materials, give their time, dedicate resources, etc.?	Staff within the departments impacted by the pilot project and a PFS project have been engaged with and are dedicated to this feasibility assessment and moving both projects forward.

Legal Feasibility

Legal Considerations	
Does the intervention align with state and federal regulations?	State and local regulations in Idaho are somewhat of concern in regards to how a city or county in Idaho could be a payor involved in a PFS project. However, through the pilot project, we are exploring how best this could happen.
If statutory or regulatory changes are needed to implement the Pay for Success project, have the proper mechanisms/channels been engaged to start this process?	This has yet to be determined.
Is the in-house (or retained) legal department aware of the project, and do they fully understand its scope?	Legal has been informed of a PFS project, and they are aware of its breadth and depth. Key legal counsel has been connected with legal counsel from other jurisdictions that have engaged in PFS projects.
Have you followed procurement requirements and stayed in contact with legal counsel throughout?	Legal counsel has been intimately involved with the pilot project and has been in communication about using PFS to scale the Housing First pilot projects.

Feasibility

As mentioned above, there are seven key components with regard to assessing the feasibility of a jurisdiction to further pursue a Pay For Success project:

1. There must be a targetable, high-need population that is aligned with the community and payor government's policy priorities.
2. Stakeholders across the public, private, and nonprofit sectors must be engaged and interested in PFS financing.
3. A project must provide value to the government entities and financiers involved with the project.
4. Data must be available and easily accessible to track and evaluate the intervention and its effectiveness.
5. The proposed intervention must be evidence-based, conducive to rigorous evaluation, and provide safeguards for the target population.
6. There must be the ability to scale and replicate the chosen intervention with program fidelity.
7. Finally, sufficient government and commercial/philanthropic capital must be available to finance the project.

If any one of these components cannot be fulfilled, then that Pay for Success project will not prove successful. In addition to these required components to conduct a PFS project, the full range of criteria listed above should be thoughtfully considered when assessing the capacity of a jurisdiction to engage in a PFS project. This report has indicated that a PFS project, using a Housing First/Permanent Supportive Housing intervention and targeting a population of 100 chronically homeless individuals in Ada County, is feasible and, perhaps, a necessary approach to tackling one of the community's largest social issues.

Recommendation/Next Steps

Development of a Housing First pilot project in Ada County has commenced. It is imperative that as development of the pilot moves forward, relevant stakeholders take into consideration all of the components of this feasibility assessment. As of November, 2016, the Housing First Working Group is developing guiding principles, a clearly articulated program description, an operational pro forma, an evaluation methodology, and an implementation plan. Pay for Success, should be taken into consideration throughout the entire pilot process. Once implemented, evaluation of the Housing First pilot project should be rigorous. This will allow for any pivots to be made when the community is prepared to use Pay for Success to scale the intervention.

EXHIBIT A: CHALLENGES AND BENEFITS ASSOCIATED WITH PAY FOR SUCCESS⁷

Benefits

Government decides what outcomes it desires, how much it is willing to pay for those outcomes, and will only pay if outcomes are achieved

- Program evaluation is at the core of Pay for Success -- we know definitively if a program is working or not based on clear, rigorous, objectively verifiable performance outcomes
- PFS helps capture the future value of improved social / health outcomes and helps drive resources to preventative rather than remedial programs, services, and policies
- Collaboration across public, private, non-profit, and academic sectors, producing an innovative, multidisciplinary approach to complex, interrelated policy issues
- Governments buy an outcome, not a process, leaving service providers to innovate freely in pursuit of that outcome and be the service provision experts
- Service providers are guaranteed funding for a set period of years to run the evidence-based program (not confined to a one year funding cycle)
- Double bottom-line: “impact investors” can earn a financial return while also generating social impact with their charitable giving
- PFS builds the field of social / health science through rigorous evaluation of programs – finding and driving resources to “what works”

Challenges

- Overemphasis on cost savings
- Lack of emphasis on intangible outcomes associated with project
- “Wrong pockets” problem: entity that bears cost of implementing an evidence-based program does not realize a proportionate benefit
- Identification and application of transferrable evidence-based interventions
- High transaction costs

⁷ From [Sorenson Impact Center Pay](#) for Success Template

EXHIBIT B: MECHANICS OF PAY FOR SUCCESS FINANCING⁸



Mechanics of Pay for Success Financing

⁸ Gustafsson-Wright, E., Gardiner, S., & Putcha, V. (2015). *The potential and limitations of social impact bonds: Lessons from the first five years of experience worldwide* (Global Economy and Development Program). Washington, D.C.: Brookings Institute.

EXHIBIT C: LITERATURE REVIEW

Homeless individuals with high-needs are often repeat users of public services due to increased rates of physical and mental instability. A meta-analysis of literature surrounding Permanent Supportive Housing (PSH) interventions published in the *Psychiatric Services Journal* revealed an overall consensus that PSH consistently reduces service costs for high-need, chronically homeless populations (Rog et al. 2014). More recent assessments of PSH interventions support these findings and also extend support for adopting a Housing First approach for individuals in PSH. This section will provide an overview of literature to provide evidence in support for the proposed intervention for Ada County, Idaho.

A large portion of public resources are consumed by individuals experiencing chronic homelessness. In 2002 the Coalition for the Homeless reported that New York City shelters use 46.8% of their resources to serve individuals who are “chronic users” of their services while only 18.1% of their resources aid episodic users. Another case study from New York City tracked a total of 4,579 homeless individuals from 1989 to 1997 and found that PSH produced a significant reduction in the use of shelters and, consequently, a significant financial saving to public service (Culhane, Metraux, and Hadley, 2002). Savings may happen in two distinct ways. First, when a chronically homeless individual does not use a public service, a direct saving instantly occurs. Secondly, when this happens, a public service is now able to redirect their resources to another person in need. In response to a PSH program, Family Housing Fund in Minnesota, the Urban Initiatives and Research at the University of Wisconsin-Milwaukee found that the PSH program led to a 51% reduction in costs per year in the public sector (specifically the health sector) and that the increased costs of the housing were offset by the impressive savings in the health care sector (Siletti, 2005).

Regarding the impacts to the criminal justice system, the literature shows substantial support that PSH reduces criminal offenses and number of nights spent in a jail cell by individuals who enter into PSH (Echo, 2014). An extensive analysis of the impacts of PSH on jail utilization and costs to the criminal justice system in King County, Oregon, by the King County Department of Community and Human Services (DCHS) reveals positive and significant effects from PSH. DCHS funds and oversees a range of PSH programs, wherein the housing is considered a permanent residence and clients have the rights and responsibilities associated with tenancy. The report examines the impacts that 13 PSH programs, funded by DCHS, are having on acute care services and jail utilization. Analyses looked at services used by tenants one-year prior to program admission compared to services used in the year following program admission and found significant reductions in bookings and days spent in jail. This translated to a total estimated savings of between \$225 and \$7,978 per person enrolled in the PSH program (King County Department of Community and Human Services, 2013). A survey analysis of formerly homeless individuals living in PSH in Oregon between 2010 and 2014 found that the tenants experienced improved access to healthcare, superior primary care connections, and better healthcare outcomes after they entered into PSH (Wright et al. 2016). PSH accommodates the identification of high-need individuals and facilitates purposeful connections between healthcare providers and tenants. Thus, the interaction between healthcare providers and tenants can be more efficient and effective within the context of PSH.

An important component of the programs that DCHS oversee the heavy investment in cultivating relationships with the tenants so that their individual needs are adequately assessed and attentively addressed. In the King County case, this translated into supportive services that are non-office based and offered 24/7.

Similarly, a PSH case study conducted in Minnesota found that a vital component to the success of the intervention was purposefully strengthening the relationship between housing provider and tenant (The National Center on Family Homelessness, 2009). A very practical way to encourage the use of supportive services is to have a low tenant to service provider ratio: this allows the individual needs of a tenant to be effectively addressed (Collins, Susan E. 2012).

An approach that validates the importance of relationship between client and service-provider is the Housing First approach to PSH. Housing First is an approach to addressing homelessness that removes traditional barriers that stand between a client and housing. The U.S. Department of Housing and Urban Development (HUD) highlights that Housing First aims to connect individuals and families experiencing homelessness to permanent housing, as quickly and successfully as possible, without preconditions (HUD Exchange). Housing First places clients in a permanent housing situation, and then provides wrap-around services that support tenants with the physical or mental health assistance that they may need. Evidence has shown that when engagement with supportive services is not required for the client to maintain their housing, then a client is more likely to remain stable and engaged in services over the long-term. Therefore, this makes Housing First a highly recommended PSH approach to adopt, specifically for those experiencing chronic homelessness, one of our hardest to serve populations (Tsemberis, Gulcur, and Nakae, 2004).

Housing First has proven to be very successful in retaining clients and cost-effective in comparison to other PSH options or public services costs associated with homeless individuals not participating in Housing First interventions (Pearson, Montgomery and Locke, 2009). A randomly controlled four-year study of Housing First placement found that Housing First successfully retained more tenants than other PSH programs; the cost per-client was also significantly less than the costs those individuals would have incurred in shelters (Stefanic, A., and Tsemberis, S. 2007).

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EXHIBIT D: BOISE CITY/ADA COUNTY SERVICE PROVIDER LANDSCAPE SCAN

This list of service providers was created through a multiple phase process. First, service providers were selected using local knowledge of organizations in the region regarding their involvement providing housing and services to the area's disadvantaged populations. Organizations were then added to the list after review of the Boise City/Ada County Continuum of Care (CoC) memberships on file. To ensure adequate coverage of organizations not directly involved with the CoC, a quasi-snowball sampling method was used, and additional organizations were added to the list of service providers after review of organizational partnerships.

Second, a review of individual organizational websites was conducted of the services providers identified in phase one. Organizational mission and vision statements were used to narrow the list of service providers to organizations working to serve the local area community. The stated services and programs provided by organizations were collected and categorized. Additionally, to better triangulate service providers, organizations that were known to provide services

and/or housing to the region's disadvantaged population were selected. The resulting number of active organizations identified in the region was 44, meaning 44 organizations known to provide housing and/or services to the area's vulnerable populations.

Finally, categories were finalized after a review of the general services and programs provided, and themes were identified. An additional review of a similar list looking at only CoC membership was conducted to validate the categories previously identified. The resulting overarching categories were identified, including: the type of housing offered, the type of services provided and the style of engagement and/or outreach the organization was known to be involved in.

The type of housing offered was further broken down into seven categories: permanent supportive housing, rental assistance, rapid re-housing, emergency shelter, transitional housing, other, and only services. The type of services provided were broken down into 16 categories which were: addiction recover/substance abuse, case management, domestic violence, education, financial, general health services, job services, life skills, mental health, basic needs, landlord/tenant training, transportation, utilities, voucher programs, women and/or children's services and other. Lastly, the style of engagement and/or outreach was further categorized into four sub-categories, which were: formal/informal information sharing, program information, conducting surveys, and advocacy.

Boise City/Ada County Homelessness Service Provider Landscape

ORGANIZATION NAME	PROGRAM TYPE		
	HOUSING	SERVICES	ENGAGEMENT
Ada County	R	G,M,N	1
Ada County Sheriff's Office	OS	O	1
Allumbaugh House (Terry Reilly)	OS	A,M,O	1
Boise Alternative Shelter Coop (BASC)			4
Boise City/Ada County Housing Authority (BCACHA)	T,P,R	C,F,L,U,V	1,2
Boise Police	OS	O	1,2
Boise Rescue Mission	S,T	C,A,G,J,F,L,M,N,O	1,2
Boise School District	R	C,A,E,M,N	1,2
BPA Health (Business Psychology Associates, Inc.)	OS	M	
Catch, Inc. - Charitable assistance to community's homeless	RR	C,J,E,F,L,N	1,2
Catholic Charities	OS	C,A,F,L,M	
City of Boise	P		2
City of Meridian			2
City of Nampa			2
Corpus Christi House	S	E,N,X	1
Easter Seals-Goodwill	OS	G,J,O	
EL-Ada, Community Action Partnership	T,RR,P,R	C,J,E,F,L,N,U,X,Z	1,2
Good Samaritan House	O	O	
Homeless Coalition			4
Housing and Urban Development			1,2,3
Idaho Department of Health and Welfare	R	A,M,N	1,2
Idaho Foodbank	OS	F,L,N	1,2,3
Idaho Housing and Finance Association			1
Idaho Office for Refugees	R	C,E,F,N,Z	
Idaho Tiny House Association	O		4
Idaho Youth Ranch (Hays Shelter)	S	C,J,E,D,L,N,X	1
Interfaith Sanctuary Housing Services	S	C,J,L,N,X	1,2
International Rescue Committee (IRC)	O	G,W,O	4
Project for Assistance in Transition from Homelessness (PATH)	R	C,J,E,F,L,M,N	1,2,3
Jesse Tree of Idaho	R	C,E,F,N,Z	1,2
Living Independence Network Corporation (LINC)	OS	C,J,E,L,M,N	
NeighborWorks Boise	T,R	O	3
OCAFA - Office of Consumer and Family Affairs	O	M	1
Occupy Homeless			4
Peer wellness Center	OS	A,O	
Saint Alphonsus	OS	G	
Saint Luke's	OS	G	
Salvation Army - Boise	RR	C,J,E,F,L,N,X,U	1,2,3
Supportive Housing & Innovative Partnerships (SHIP)	T,P	C,A,J,L,N,X	1,2
Terry Reilly Health Services	P	C,A,G,L,M,O	1,2
Transform Idaho			4
U.S. Department of Veterans Affairs –VA Medical Center	T,R	C,A,G,J,M,V,O	1
United Way of Treasure Valley	OS	O	1
Women's and Children's Alliance	S,T	M,N,T,W	1,2

Service Provider Landscape Guide		
Housing	Services	Engagement
OS - Only Services P - Permanent Housing R - Rental Assistance RR - Rapid Re-Housing S - Emergency Shelter T - Transitional Housing O - Other	A - Addiction Recovery/Substance Abuse C - Case Management D - Domestic Violence E - Education F - Financial G - General Health Services J - Job Services L - Life Skills M - Mental Health N - Basic Needs Z - Landlord/Tenant Training X - Transportation U - Utilities V - Voucher W - Women and/or Children's Services O - Other	1 - Formal/informal information sharing 2 - Program Information 3 - Surveys 4 - Advocacy

Landscape Scan Definitions

Housing

The housing category was determined to be any form of the active involvement of a potential service provider in the form of procurement and/or provision of the housing unit. These categories were determined based on a) the self-identification of an organization of being actively engaged in the activity in question or b) based on local knowledge of organization, but not explicitly stated by organizations.

Only Services: Defined as an organization not known to be directly involved in the provision and/or procurement of housing, but is involved with the provision of a service.

Permanent Housing: Defined as the provision of housing that is permanent (i.e. residence without a required exit date) and may or may not provide some sort of service.

Rental Assistance: Defined as the provision of rental assistance granted to individuals or families to assist in the financing of a rental unit.

Rapid Re-Housing: Defined as connecting individuals or families to a housing that is either transitional or permanent. Tenancy in rapid re-housing is often usually occurs over a short period of time until more long-term housing is identified.

Emergency Shelter: Defined as facility or organization involved in the provision of temporary shelter for people experiencing some form of displacement

Transitional Housing: Defined as the provision of housing for a pre-determined period of time.

Other: The provision and/or assistance in the procurement housing in a form not already listed.

Services

The service sub category is further sub-divided into the types of services the organizations identified are actively engaged in providing to the target population. These categories were determined based on a) the self-identification of an organization of being actively engaged in the activity in question or b) based on local knowledge of organization, but not explicitly stated by organizations.

Addiction Recovery/Substance Abuse: are characterized in the provision of services aimed at adding an individual recovery process from drug and alcohol use.

Case Management: are characterized as the provision of case management services which may involve a variety of services including the coordination of care, patient advocacy and support aimed at meeting the needs of the target population.

Domestic Violence: are characterized as any services pertaining to the provision of aid in order to support victims of domestic violence.

Education: are characterized as the provision of education services to the target population which may include activities including but not limited to general education, higher-education entrance counseling, and GED preparation.

Financial: are characterized as the provision of financial support to the target population.

General Health Services: are characterized as any organization directly involved in the provision of, or access to general physical health care.

Job Services: are characterized as the provision of support services pertaining assisting an individual in obtaining a job including but not limited to: job training, resume support, interview preparation an

Life Skills: are characterized as the any services directed at providing an individual with the basic skills necessary to achieve independence.

Mental Health: this category is characterized as any services provided that are related to the field of mental health care such as treatment for mental illness and/or general therapy.

Basic Needs: are characterized as services that support the basic needs of an individual not related to housing such providing to food and clothing.

Landlord/Tenant Training: is characterized as the provision of training aimed at ensuring positive outcomes between landlords and tenants.

Transportation: is characterized as services aimed at providing an individual with access to transportation. (e.g., bus passes.)

Utilities: are characterized as supportive services that provide specifically to reduce the cost burden of utilities. (e.g., utility vouchers/aid)

Voucher: are characterized as any program aimed at providing relief to an individual or family to provide more affordable housing. (e.g., Section 8 project based housing voucher; see also rental assistance).

Women and/or Children's Services: are characterized as any services aimed at meeting the specific needs of women and/or children.

Other: is characterized as any services not previously mentioned with the intent of meeting the needs of the target population.

Engagement

The engagement category was determined to be any form of activity involving topics surrounding the defined target population, not directly related to the provision of housing or services. These categories were determined based on a) the self-identification of an organization of being actively engaged in the activity in question or b) based on local knowledge of organization, but not explicitly stated by organizations.

Formal/informal information sharing: is made up of any involvement of an organization involved in sharing information with institutional partners or community at large. This may be done in a manner that is either formal or informal in nature.

Program Information: is made up of any organization involved in providing information on programs available to the target population either which may be offered by the organization in question or other organizations in the region.

Surveys: Defined as an organizations activity in conducting any surveys designed at assessing the target population in any way. (e.g., needs, demographics, etc.)

Advocacy: Defined as an organization/agency actively engaged in advocating for certain policies and/or interventions guided by the organization mission or philosophy.