Housing and Services Partnership Academy
Final Evaluation Report

Prepared for:

The Texas Housing and Health Services Coordination Council

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I. INTRODUCTION

Background and Context

The demand for accessible, affordable, and integrated housing in this country far outweighs the need. This is especially true for households that include older individuals or those with a disability. According to the U.S. Department of Housing and Urban Development (HUD), there were over 7.5 million households made up of very low-income renters who do not receive government housing assistance and who paid more than one-half of their income for rent, lived in severely inadequate conditions, or both. Of these households:

- 38.7 percent include a non-elderly person with disabilities;
- 2.8 million low-income renter households include an individual with disabilities;
- 46.2 percent of households are those of elderly adults with severe housing problems (rent >50% of income or inadequate housing); and over 1 million households are families with children.

Many people with disabilities confronting housing challenges reside in Texas. According to the US Census American Community Survey, Texas has the second largest number of individuals with disabilities of all the states in the U.S. with over 3.4 million individuals, or about 13% of the total population. In addition, nearly 22 percent of individuals with a disability live below the poverty line, as compared to the statewide average of 18.5 percent of renters in Texas below the poverty line. Approximately 41 percent of households 65 years and older in the state have a person with a disability. For individuals with disabilities in Texas, particularly those with low or very low incomes, opportunities to reside in integrated, accessible housing are rare, and such opportunities are almost never affordable.

In response to these challenges, the Housing and Health Services Coordination Council (Council), staffed by the Texas Department of Housing and Community Affairs (TDHCA) and supported by other State departments and Governor appointees, launched the Housing and Services Partnership (HSP) Academy. In 2013, an Academy funded by a Real Choice Systems Change Grant and coordinated by the Texas Department of Housing and Community Affairs in partnership with the Texas Center for Disability Studies, provided training and information to teams representing communities across Texas to help them develop comprehensive plans for improving the quantity and quality of Service-Enriched Housing (SEH) for people who are aging or with disabilities. In 2016 the Council supported another Academy, providing technical assistance and a two-day Academy. To date, two separate cohorts of community teams (sixteen communities in 2013 and nine communities in 2016) have taken part in an HSP Academy.

For the second round of the HSP Academy, TDHCA contracted with the Corporation for Supportive Housing (CSH) to develop and deliver a robust package of training and technical assistance (TA) to nine community teams that were competitively selected from across the state of Texas (shown in Table 1). CSH was also asked to conduct a

comprehensive evaluation of services and outcomes. This report provides an overview of the training and technical assistance efforts and summarizes findings from the evaluation.
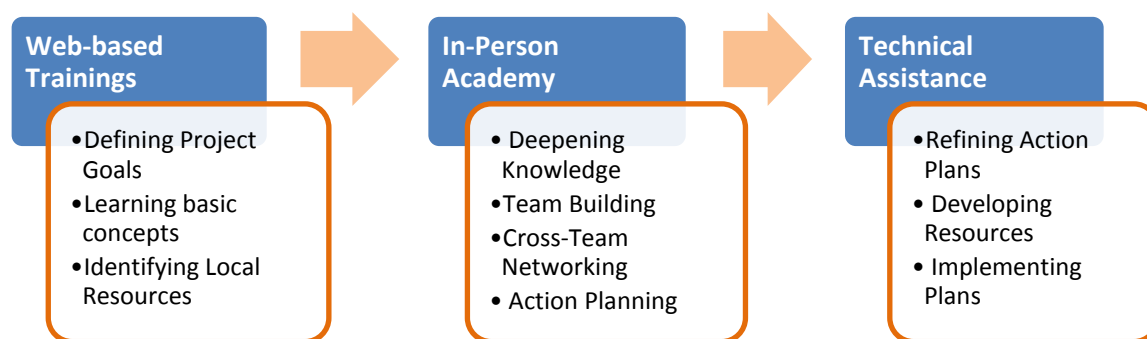
Table 1. Profile of Nine HSP Academy Teams

Community Teams	Agencies Represented by Team Members	Coverage Area
• Alamo Affordable Accessible Housing Co-Operative	Center for Independent Living, Bexar County Area Agency on Aging, San Antonio Housing Authority, Molina Healthcare	San Antonio and Bexar County
• Coastal Bend	Coastal Bend Area Agency on Aging, Behavioral Health Center of Nueces County, Coastal Bend Center for Independent Living, Nueces County Community Action Agency, Corpus Christi Housing Authority	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio Counties
• Dallas County Housing Alliance	Dallas Housing Authority, Community for Permanent Supported Housing, Dallas County, Metrocare, Citywide CDC	Dallas and Dallas County
• East Texas Housing Coalition	East Texas ADRC, Longview Housing Authority, East Texas Center for Independent Living, Community Healthcore, East Texas Human Needs Network	Longview and Tyler
• Greater Houston Area Housing & Services Partnership Team	Houston Housing Authority, Houston Center for Independent Living, Houston Area Agency on Aging, United Healthcare	Greater Houston
• Heart & Home Communities	Central Texas Opportunities, Inc., Heartland Association of Realtors, Brownwood Housing Authority, West Central Texas Council of Governments	Brown, Callahan, Comanche, Eastland, McCulloch, Mills, San Saba, Runnels Counties
• Housing and Services Roundtable of Tarrant County	MHMR of Tarrant County, Arlington Housing Authority, Tarrant County Housing	Tarrant County

Community Teams	Agencies Represented by Team Members	Coverage Area
	Assistance, Samaritan House	
• Lubbock County	Carpenters Church, Lubbock Housing Authority, GM Evans, Inc.	Lubbock County
• San Benito Housing and Services Group	San Benito Housing Authority, Conde Homecare Services, START Center, San Benito Homeless Coalition	San Benito

Overview of Training and Technical Assistance

To meet the objectives of the initiative, CSH, in collaboration with TDHCA, developed and implemented a robust package of training and TA services following a blended learning model. This package weaved together web-based learning, intensive in-person training, and both remote as well as on-site TA. The web-based learning modules and intensive in-person training (HSP Academy) primarily focused on providing teams with a wealth of information and materials to increase their knowledge and understanding of key concepts, strategies, best practices and resources for developing SEH in their communities. These training components allowed teams to develop a broad foundation of knowledge from which to build and act upon. Following the in-person Academy, CSH provided a comprehensive package of TA, designed to position the teams to apply the lessons learned and knowledge gained from the online and in-person training and further flesh out their plans for developing new SEH in Texas communities. Figure 1 illustrates CSH's blended learning model and identifies the goals of each training component.

Figure 1: CSH's Blended Learning Model of Training and Technical Assistance

Web-based Trainings
• Defining Project Goals
• Learning basic concepts
• Identifying Local Resources

In-Person Academy
• Deepening Knowledge
• Team Building
• Cross-Team Networking
• Action Planning

Technical Assistance
• Refining Action Plans
• Developing Resources
• Implementing Plans

Web-Based Learning Modules

CSH and TDHCA developed two distinct webinars to help participants build a common base of knowledge as they prepared for the Academy in February 2016. These webinars, which occurred during November and December 2015, covered the basics of

SEH, history of the Council and HSP Academy logistics and also assisted teams in identifying resources for developing Local Resource Guides and Action Plans.

The kickoff webinar gave participants in-depth information about the definition of SEH and how it differs from other types of affordable housing, what might be included in SEH and how it became a priority for the Council. CSH also covered relevant State and Federal regulatory, legal and policy requirements for serving people who are aging and those with disabilities. In addition to housing and housing types, the webinar discussed the array of service options for individuals with disabilities. These included State waivers and resources along with information on traditional Medicaid and other federal resources available for people with disabilities and older Texans. The webinar encouraged teams to identify team leaders, begin working as a team prior to the Academy and to begin the development of their local resource guides.

The second webinar provided teams with more information on how to best identify local resources for their community resource guide. This webinar went through each section of the Comprehensive Action Plan that sites would be completing at the Academy and helped teams think through how to identify local needs, opportunities and resources. Teams were then asked to identify their target population(s) and pinpoint which resources and/or partners would be most important to support the planning for increasing SEH for the target population(s).

Housing and Services Partnership Academy

On February 9-10, 2016 CSH, in partnership with TDHCA, hosted the *Housing and Services Partnership (HSP) Academy*, which brought together the nine selected teams for an intensive 1.5 day training. A total of 40 representatives to teams across the State participated in the Academy. The HSP Academy aimed to equip service and housing providers, property managers, and housing developers with the knowledge, tools, and skills needed to develop and execute plans to increase access to SEH for a number of vulnerable populations. The primary goals of the Academy were to increase knowledge and expertise among the nine community teams to:

1. Develop beneficial partnerships between providers of Medicaid services, housing, and other social services to create increased availability of integrated, affordable, accessible housing for people with disabilities and aging Texans.
2. Understand how and begin to develop comprehensive action plans for improving the quantity and quality of affordable,
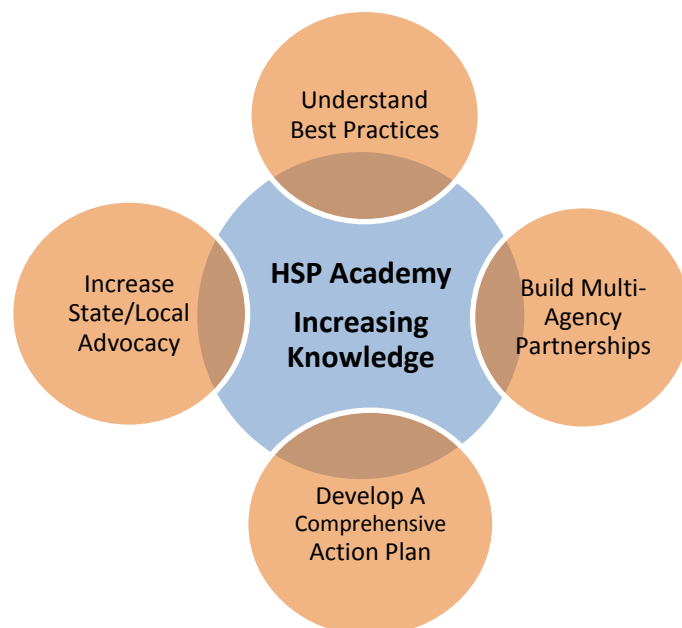
accessible, integrated housing and supportive services for persons with disabilities and aging Texans.

3. Understand best practice approaches to housing and serving people with special needs
4. Advocate and establish an ongoing work group responsible for advancing the goal of increasing Service-Enriched Housing in the community.

In preparation for the Academy, CSH staff developed and administered a pre-Academy needs assessment to understand the needs and learning goals for participants. Based on this feedback, CSH worked closely with State agency staff and SEH advocates to create tailored training materials and resources for the Academy. Specific topic areas covered during the presentations included:

- Housing development resources and strategies
- Special service programs
- Housing models: scattered site, single site
- SEH targeting strategies
- State and federal funding sources for housing and support services
- Building community support for SEH
- Working with landlords and existing properties
- Coordinating property management and services
- Advocacy for special populations
- Best practices in local communities
- Olmstead and community integration

The first day of the Academy focused intensively on deepening participants' knowledge on the various topics and information sharing between teams through roundtable sessions and presentations by CSH, TDHCA, state agencies, and advocates. The second day reviewed information from Day 1 and dug deeper into community engagement and developing advocacy and outreach strategies. The second half of Day 2 focused on working with teams to provide TA around developing and finalizing their Comprehensive Action Plans (CAPs) as well as beginning the process of creating a TA calendar for teams following the Academy. In addition to deepening participants' knowledge, the Academy provided a unique and valuable opportunity for teams to strengthen working relationships between team members and also network with other individuals working on similar efforts in communities across the state.

Technical Assistance

Following the Academy, CSH provided a robust package of TA to all nine sites between the months of March and June 2016. These services included both on-site as well as remote TA and were designed to support community teams to further refine and advance their CAPs.

In order to get a better overall understanding of the TA needs of communities, CSH developed and administered a web-based TA needs assessment survey that team members were asked to fill out. A total of 28 individuals from across all teams

responded to the survey. The survey included questions around four key domains of TA identified by communities in prior conversations: 1) Services Quality, 2) Housing Development and Resources, 3) Building Partnerships and Community Support and 4) Promoting Tenant Leadership. Under each domain, participants were asked to rate the need for training and/or TA for various topics with responses ranging from 1 (no assistance needed) to 5 (a great deal of assistance needed). Results from the survey are summarized in Table 2.

Among the four key domains, the mean scores ranged between 2.92 (promoting tenant leadership) to 3.52 (housing development and resources). Overall, the results seem to indicate that teams were primarily interested in receiving concrete assistance around expanding affordable housing resources in the community, in particular, understanding funding opportunities, leveraging local/state housing programs/policies, trainings on outreach/marketing strategies, and landlord/Public Housing Authority engagement approaches. Less interest was expressed around assistance with improving service quality or tenant engagement/empowerment strategies.

Table 2. TA Needs Assessment Results

Survey Question:	Mean Score
Please rate the extent to which your team needs assistance with Service Quality:	**3.0**
Cross-system collaboration and care coordination strategies	2.84
Identifying and implementing evidence-based practices for target population(s)	2.72
Identifying service gaps in the community	2.60
Strategies to solicit and integrate tenant input to develop tenant-centered services	2.88
Leveraging/managing mainstream funding streams to support services (Medicaid, CoC funding, City/county general funds, etc.)	3.68
Please rate the extent to which your team needs assistance with Housing Development and Resources:	**3.52**
Understanding opportunities and strategies for creating new units (developing new units, rehabilitation, identifying existing units, etc.) and refining your unit creation strategy	3.68
Understanding and leveraging local/state/federal opportunities for expanding affordable housing in your community (e.g., national housing trust fund, HUD/state housing assistance programs, etc.)	3.72
Trainings or information on engaging landlords or public housing authorities	3.32
Understanding federal/state/local regulations surrounding zoning practices, tenant rights, fair housing laws or other legal issues that may impact your housing plan	3.0
Please rate the extent to which your team needs assistance with Building Partnerships and Community Support:	**3.04**
Assistance with creating a public relations/community engagement plan	3.16
Trainings on marketing and outreach strategies (social media campaigns, community organizing strategies, etc.)	3.32
Assistance with developing and designing marketing/advocacy materials	3.2
Assistance with developing partnerships and building/sustaining a multi-agency coalition of community stakeholders	3.04
Developing, collecting, analyzing and reporting performance metrics to communicate impact of housing	3.36
Please rate the extent to which your team needs assistance with promoting tenant leadership:	**2.92**
Assistance with outreaching, engaging and organizing tenants to participate in your community action plan	2.96
Trainings in tenant leadership, including training materials for training tenants on how to effectively advocate for themselves and build skills around advocacy, storytelling, narrative development, and public speaking	3.17
Supporting the development of a community-wide association of supportive housing tenants	3.13

Using the results from the needs assessment, CSH devised a comprehensive TA strategy for the nine community teams. An overview of the TA services is presented in Table 3. Each site received two on-site visits, phone-based consultations as a team as well as electronic communication and informal phone calls with individual team members. The TA team provided *general services* that were made available for all sites that included activities such as training, information sharing, peer networking, resource dissemination and plan development. CSH also provided *tailored services* and customized consultation, training, coaching, and facilitation services to meet the specific needs of particular communities.

CSH provided TA in response to jurisdictions' requests, but the TA team also actively engaged sites to offer different services and resources. Early TA focused on helping communities refine and complete their CAPs. Once plans were finalized, CSH engaged in several different types and modes of TA based on individual team need to increase development of and access to SEH within those communities. Some specific examples of TA provided to sites included:

- Development of comments for City Housing Plan
- Community event to engage new landlords
- Development of marketing materials for outreach
- Community training on SEH
- SEH Housing Development and Financing Training for Developers
- Budget and Development planning for SEH site

Table 3. Characteristics of CSH Technical Assistance

Content Areas of TA
- Best practices – housing and services approaches   - Fund development   - Community engagement and advocacy   - Cross-sector collaboration   - Partnership development   - Program design and review   - Housing development - finance, budget development/planning   - Tenant advocacy and leadership   - Landlord outreach   - Identifying rental subsidies   - Cross-sector partnership development   - Federal, state, local housing policy

Activities
- Individualized consultation, problem solving and discussion   - In-depth CAP review and feedback   - Development of resources and materials   - Meeting facilitation   - On-site trainings   - Coaching   - Peer-to-peer networking and information sharing

Modes of TA Delivery
- Telephone conference calls and one-on-one phone calls   - In-person, on-site work in communities   - Web-based meetings   - Email and electronic information exchange

II. EVALUATION GOALS AND METHODOLOGY

Logic Model and Scope of Evaluation

As depicted in the logic model in Figure 2, CSH and TDHCA identified several short-term, intermediate and long-term outcomes for the training and TA initiative. Ultimately, the long-term goals (3 – 5 year time horizon) of this project are to help communities increase access to SEH for vulnerable populations, reduce rates of homelessness or inappropriate institutionalization, improve cross-system coordination in the delivery of services to vulnerable populations, improve the overall quality of services, and reduce stigma associated with people with disabilities. Toward these long-term ends, the training and TA efforts seek to help communities achieve a number of short-term and intermediate outcomes including strengthening cross-system partnerships, identifying

target populations, learning/implementing best practices in housing vulnerable populations, increasing knowledge/capacity around affordable housing development, developing a CAP for change, and increasing the use of local data to understand need and system gaps.

While the long-term outcomes are of particular interest to TDHCA, communities are not likely to achieve any measureable change in these outcomes during the period of evaluation (completed 2 months after the completion of TA). Therefore, this evaluation focuses primarily on if, how and to what extent the training and TA directly helped communities achieve the short-term and intermediate outcomes. These findings are then used to infer the likelihood of communities achieving long-term goals and outcomes.

Data Sources and Methods

The evaluation utilizes a mixed-method approach that draws on multiple data collection strategies to capture quantitative and qualitative information. Quantitative data were collected through a number of participant survey instruments (included in the appendix of this report) including:

1) HSP Academy Efficacy Assessment (paper survey),
2) HSP Academy pre-post learning test (paper survey),
3) TA Needs Assessment (online survey),
4) Post-TA Evaluation survey (online survey).

The evaluator collected qualitative data primarily through in-depth, 90-minute key informant interviews with at least two members from each of the nine teams. These interviews took place between June – July 2016. In addition to interviews with sites, the evaluator also conducted phone interviews with CSH staff members that served as trainers and/or TA providers for the nine communities.

Figure 2. Logic Model for Service-Enriched Housing Training and Technical Assistance Initiative

INPUTS OR RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
9 community teams Council TDHCA – TA funder CSH – Trainer and TA provider TA funding (through TDHCA contract)	Pre-Academy Webinars HSP Academy in - person training One-on-one TA to sites: • Action Plan Review/Feedback • Phone conferences • On-site TA meetings/trainings Academy/TA Evaluation • Academy/TA efficacy assessments • TA needs assessment • Impact evaluation • Cost benefit analysis	9 communities receive training/TA 12 hours of training for each community 20 hours of on-site TA for each community 5 hours of phone-based consultations 2 webinars 9 CAPs	Team members gain new knowledge about housing development and identification of best practices for serving people with special needs Teams identify a target population for their community to target SEH Teams develop CAPs to expand SEH Teams develop ongoing workgroups responsible for the goal of increasing SEH in the community	Teams develop effective partnerships with Medicaid, housing, and other social services to create increased availability of integrated, affordable, accessible housing Organizations use best practices for serving individuals with special needs Communities accomplish work plan goals Increased cross-system coordination and efficiency in housing development and service delivery	Increased affordable, accessible, and integrated SEH for vulnerable populations Reduced rates of homelessness or inappropriate institutionalization Increased cross-system coordination and efficiency in housing development and service delivery Expanded access and improved quality of services for vulnerable populations Reduced stigma associated with people with disabilities

Evaluation Framework

The structure of the evaluation is based on a well-known framework for training and TA evaluation developed by Donald L Kirkpatrick, a Professor Emeritus at the University of Wisconsin and former President of the American Society for Training and Development. The Kirkpatrick framework identifies four levels of evaluation:

Kirkpatrick Framework of T/TA Evaluation
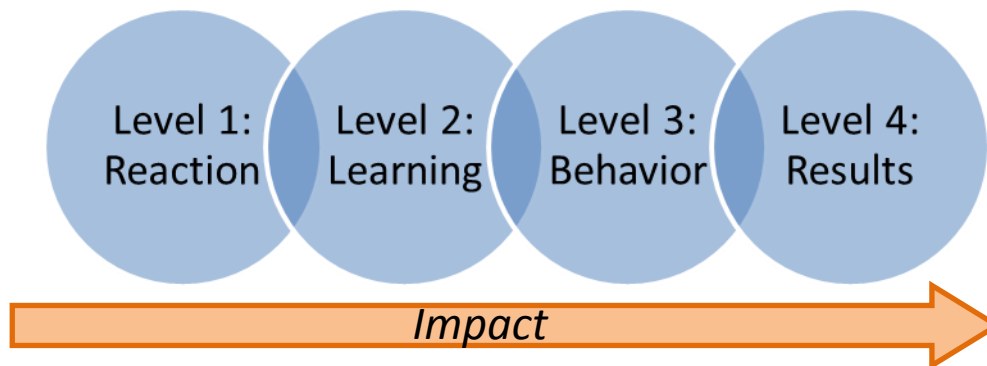
- Level 1-Reaction: The first level of evaluation measures participants' opinions of the training or service delivered. This part of the evaluation will focus on participants' overall satisfaction with the training and TA, measured primarily through two survey tools. The first was administered immediately after the HSP Academy and the second was administered after all TA services were completed for the nine sites.

- Level 2-Learning: The second level of evaluation measures whether or not the training or service resulted in knowledge gain for the recipients. Within the package of services provided to communities, the HSP Academy was geared specifically toward helping teams gain new knowledge and understanding around various concepts, practices, resources, policies, etc. Accordingly, this part of the evaluation will focus on measureable knowledge gain among team members who participated in the HSP Academy. This will be assessed through pre- and post-event tests that were taken by all HSP Academy participants before and after the training.

- Level 3-Behavior: Level 3 assessments inquire as to whether an individual actually applied the knowledge they gained in a valuable way. This section will summarize quantitative and qualitative results gleaned from both the post-TA survey and the in-depth phone interviews conducted by the evaluator with team members from the nine communities. The analysis will focus on changes in behavior or attitudes among team members with respect to the following key areas derived from the intermediate outcomes identified in the logic model:

    o Building a Comprehensive Action Plan
    o Cross-sector partnerships and collaboration
    o Advocacy and public education
    o Implementing new programming or preferences to increase SEH

- Level 4-Results: The fourth and final level of assessment explores return on investment by showing that changes in behavior led to consequent changes in program outcomes. Again, while the relatively short timeframe for the evaluation (2 months post-TA) will not allow for a formal cost-benefit study, we will infer cost savings resulting from the training and TA services in the following ways:

    - Analyze cost effectiveness of training/TA efforts relative to other ways of achieving the same outcomes through other methods/modes of delivery
    - Review current evidence around cost savings associated with supportive housing and evaluate potential cost savings resulting from the development of SEH in the nine communities

The final section of the report will review key lessons learned from implementation of the training and TA initiative. This information was gleaned from the key informant interviews conducted with the nine communities as well as interviews with CSH staff members that served as training and TA providers for the project. This section seeks to inform TDHCA's planning efforts for future training and TA initiatives for communities across the state and will address the following questions:

- What were the primary challenges/barriers cited by communities around expanding SEH?
- What were the most helpful and least helpful aspects of the Academy and what are key areas for improvement?

III.   FINDINGS

Level 1: Reaction – *What were Academy participants' opinions of the training and TA received?*

HSP Academy

Immediately following the completion of the HSP Academy, all participants were asked to fill out an Efficacy Assessment (included in appendix) that contained 11 questions, 4 covering learning objectives and 7 covering content and process. Among the 45 Academy participants, 31 individuals completed the survey. The evaluation asked participants to respond to a series of questions where the responses ranged from 1 (strongly disagree) to 5 (strongly agree). The questions were formulated in such a way that strongly agree indicates the most positive response. The results of the survey are summarized in Table 4.

Table 4. Results from the HSP Efficacy Assessment

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Objectives: *Upon completing this program, you, the participant are able to:*					
Develop beneficial partnerships between providers of Medicaid services, housing, and other social services to create increased availability of integrated, affordable, accessible housing for people with disabilities and aging Texans.	11 (35%)	16 (52%)	4 (13%)		
Understand how and begin to develop comprehensive plans for improving the quantity and quality of affordable, accessible, integrated housing and supportive services for people with disabilities and aging Texans.	8 (26%)	20 (65%)	2 (6%)	1 (3%)	
Remove stigmas associated with people with disabilities and understand the best practice approaches to housing people with special needs.	10 (32%)	17 (55%)	3 (10%)		1 (3%)
Be able to advocate and establish an ongoing group responsible for the goal of increasing SEH in the community.	13 (42%)	17 (55%)		1 (3%)	
Content/Process: *Upon completing this program, you, the participant believes that:*					
The content presented met the stated objectives.	16 (52%)	13 (42%)	2 (6%)		
	Strongly Agree (5)	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)
The presenter(s) platform skills were effective (organized, enthusiastic, knowledgeable, etc.).	23 (74%)	8 (26%)		
The teaching methods and strategies used were conducive to learning (lecture, discussion, exercises, audio-visual, materials, etc.).	20 (65%)	10 (32%)	1 (3%)	
The information presented was useful and applicable to my job.	14 (45%)	14 (45%)	3 (10%)	
My personal objectives for attending this event were met.	17 (55%)	11 (35%)	2 (6%)	1 (3%)
I was satisfied with this training and would recommend it to colleagues.	18 (58%)	11 (35%)	2 (6%)	
The training space was functional for the purpose of the day.	16 (52%)	9 (29%)	4 (13%)	2 (6%)

Overall, the Academy received very high marks from respondents. Across all 11 questions, the vast majority of respondents answered that they strongly agreed (highest available) or agreed (next highest) with the stated objective. On average, across all 11 questions, 93 percent of responses fell within one of these two categories. The two survey items that received the highest number of strongly agree responses were:

1) The presenter(s) platform skills were effective (organized, enthusiastic, knowledgeable, etc.)
   o 74 percent strongly agree, 100% strongly agree or agree
2) The teaching methods and strategies used were conducive to learning (lecture, discussion, exercises, audio-visual, materials, etc.)
   o 64 percent strongly agree, 97% strongly agree or agree

These results indicate that Academy participants were highly satisfied with both the quality of the trainers and method of delivery, which are sentiments that were later confirmed in responses to the TA evaluation.

The survey items that received the least favorable responses (though still very positive with 87 percent agree/strongly agree) were related to learning objectives:

1) Upon completion of this program, you, the participant are able to: Develop beneficial partnerships between providers of Medicaid services, housing, and other social services to create increased availability of integrated, affordable, accessible housing for people with disabilities and aging Texans
   a. 87 percent strongly agree/agree; 12 percent neutral responses
2) Upon completion of this program, you, the participant are able to: Remove stigmas associated with people with disabilities and understand the best practice approaches to housing people with special needs.
   a. 87 percent strongly agree/agree; 9 percent neutral; 3 percent strongly disagree

Again, while the majority of participants (87 percent) reported that they either agreed or strongly agreed with these statements, the less enthusiastic response compared to other subject areas could point to the need for incorporating more material on these topics (partnerships, removing stigma, and best practices) in future Academies.

Only five of the 31 respondents included qualitative comments to support the evaluation. Three of the five comments were about the inefficiency of the space, indicating that the venue was either a bit crowded or challenging for individuals with mobility issues. This is certainly an area that could be improved for a future Academy. Another comment indicated that the participant would have liked to delve more deeply into actual funding opportunities and identifying fiscal resources to develop housing. The final comment indicated that the Academy far exceeded their expectations.

Technical Assistance

Following the completion of TA services to all nine sites, participants were asked to fill out an online Post-TA evaluation survey with a series of questions around the quality of services received and perceived impact of those services on supporting team goals. A total of 23 participants responded to the survey. Table 5 summarizes participant responses to a series of questions related to various dimensions of TA performance. For each survey item, respondents were asked to rate performance based on a scale of 1 (Poor) to 5 (Excellent).

Overall, the results suggest that Academy participants were highly satisfied with the TA received. The average score across all items ranged between 3.8 and 4.4 indicating that the vast majority of respondents thought that TA services either met or exceeded their expectations. The survey item that received the highest average score (4.4) and the most "excellent" responses (48%) was around staff knowledge and expertise. This sentiment was reaffirmed throughout the key informant interviews as well, with many team members noting their appreciation for both the breadth and depth of knowledge that TA providers brought, particularly around supportive housing development, financing, and operations. The survey items that received the lowest average scores (though still very favorable at 3.8) related to the quality of TA/training materials and timeliness in delivering assistance. Interviews with team members provide some context for these responses. Some teams indicated that they would have liked more hands-on

assistance with developing and disseminating materials and resources for outreach and advocacy purposes. In terms of the lower average score for timeliness, a couple of the teams noted delays in scheduling calls and on-site visits, mainly due to significant challenges around coordinating the schedules of several team members with TA provider schedules.

Table 5. Summary of Results: TA Performance Measures

TA Performance Measure	Excellent	Great	Good	Fair	Poor	Average Score
Attentiveness to our team/community's needs and input	7 (30%)	9 (39%)	5 (22%)	2 (9%)		3.9
Timeliness in delivering assistance	4 (17%)	11 (48%)	7 (30%)	1 (4%)		3.8
Accessibility to me/my team	3 (13%)	15 (65%)	5 (22%)			3.9
Communication with me/my organization	4 (17%)	14 (61%)	5 (22%)			4.0
Quality of TA/training materials	7 (30%)	6 (26%)	9 (39%)	1 (4%)		3.8
Staff knowledge and expertise	11 (48%)	10 (43%)	2 (9%)			4.4
Staff accountability	6 (26%)	15 (65%)	2 (9%)			4.2
Customer service/working relationship	9 (39%)	9 (39%)	4 (17%)	1 (4%)		4.1
Overall assessment of TA services?	8 (35%)	7 (30%)	7 (30%)	1 (4%)		4.0

In addition to satisfaction measures, respondents were also asked to answer a series of questions related to the perceived impact of TA services on meeting action plan goals. Results for these questions are summarized in Table 6. Again, overall results suggest that the vast majority of respondents believed that TA services had a significant impact on furthering team goals and project outcomes. An impressive ninety-six percent of respondents agreed (70%) or strongly agreed (26%) that the TA had a positive and significant overall impact on their organizations; 82 percent believed that the TA had a significant impact on their broader community. Given the relatively short period of TA engagement (approximately 2 – 3 months) with communities, these results demonstrate the high impact value of the services delivered.

Results indicate that the TA was also helpful in assisting teams meet specific planning goals. Ninety-two percent of respondents agreed (57%) or strongly agreed (35%) that the TA was helpful in assisting teams with the task of developing and refining a comprehensive action plan; 91% reported that the TA was helpful in enhancing their

team's capacity to meet the goals identified in the plan. The survey item with the least favorable responses (though the majority – 69% - still agreed) was around the extent to which TA services were helpful in assisting communities to develop beneficial partnerships with various housing and service providers. Interviews with team members provide some clarity around this result. A few teams noted that cross-sector collaboration in their communities had always been great so there was not much room for improvement in this area. Others noted that while the TA was helpful in initiating new partnerships in their communities, the full impact and benefit of these partnerships was yet to be seen.

Table 6. Summary of Results: Perceived Impact of TA

Perceived Impact Measure	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Was helpful in assisting us with developing a comprehensive plan for increasing access to and stock of SEH in our community	8 (35%)	13 (57%)	1 (4%)		1 (4%)
Was helpful in assisting us with developing beneficial partnerships between providers of Medicaid services, housing, and/or other social services to create increased availability of integrated, affordable, accessible housing	6 (26%)	10 (43%)	3 (13%)		4 (17%)
Enhanced our team/community's capacity to reach the goals identified in our comprehensive action plan	6 (26%)	15 (65%)	2 (9%)		
Has had a positive and significant impact on our organization	6 (26%)	16 (70%)			1 (4%)
Has had a positive and significant impact on our community	7 (30%)	12 (52%)	2 (9%)		2 (9%)

Level 2: Participant Learning – *Did the Academy training result in knowledge gain for the recipients?*

In developing the training curriculum for the HSP Academy, CSH and TDHCA intended to help participants increase their knowledge and gain clarity in four key areas:

1. Opportunities and Strategies for Housing/Unit Development
2. Housing-based Services and Quality
3. Advocacy Strategies
4. Team Objectives

To measure whether the HSP Academy resulted in knowledge gain for the participants, CSH developed and administered a pre-/post-test that participants were asked to fill out before and after the Academy. The test included several questions under each of the four focus areas and respondents were asked to rank their knowledge of each item based on a scale of 1 (strong knowledge) to 5 (no knowledge). Overall results comparing mean pre-and post-test scores and percent change in scores are summarized in Table 7.

The results clearly demonstrate that the Academy was successful in meeting its learning objectives and resulted in measureable knowledge gain among participants across all four subject areas. Average post-test scores across *every single survey item* increased by at least 10% or more relative to pre-test scores. Many Academy participants came to the training with years of experience working in the housing and health services sector so the across-the-board increase in scores indicates that training materials were well-tailored to the level of knowledge and expertise of the audience. The subject areas where participants appeared to show the greatest increase in knowledge and understanding were 1) Opportunities and Strategies for Housing/Unit Development and 2) Advocacy strategies, where average pre and post-test scores increased by approximately 21 percent. Mean pre-test scores were also lowest in these categories, indicating that these were the two areas where participants had the most to learn.

The subject area that saw the least amount of knowledge gain among participants was Category 4, Team Objectives. However, it is important to note that mean scores within this category still increased by an average of 16 percent. This may be a positive finding that TDHCA appropriately vetted applications to select teams that had a strong foundation and vision for the work they wanted to accomplish in their communities. It may also be indicative of the pre-Academy homework and efforts to prepare and coordinate teams ahead of Academy attendance. Results also suggest that the selected teams came in with relatively strong knowledge around housing-based services. Average pre-test scores for these items hovered around 3.1 and the changes in average pre-post test scores were moderate. If these communities are representative of most communities in Texas, these results suggest that TDHCA may want to focus HSP Academy learning objectives on housing development and advocacy strategies.

Table 7. HSP Academy Pre and post Test Results

Survey Questions	Mean Pre-test	Mean Post-test	% Change
Opportunities and Strategies for Housing/Unit Development			
1. I am familiar with considerations in determine siting opportunities	2.44	3.71	+25.4
2. I am familiar with prospective funding sources	3.00	4.03	+20.6
3. I am familiar with general phases of Affordable Housing Development	2.86	4.10	+24.8
4. I am familiar with considerations of cost estimates (for development or existing units)	2.61	3.77	+23.2
5. I am familiar with how to negotiate with landlords	2.92	3.68	+15.2
6. I am familiar with the concept of Fair Market Rent	3.67	4.16	+9.8
7. I am familiar with the Olmstead Act and it's relevance for Service – Enriched Housing	2.94	4.19	+25.0
Housing-based Services and Quality			
1. I am familiar with the principles of Service – Enriched Housing	3.53	4.32	+15.8
2. I am familiar with strategies to solicit and use tenant input to ensure quality SEH	3.08	4.26	+23.6
3. I am familiar with Housing Quality Standards	3.36	4.13	+15.4
4. I am familiar with Landlord coordination	2.92	3.74	+16.4
Advocacy			
1. I am familiar with strategies for building community support	3.42	4.16	+14.8
2. I am familiar with Political strategies for building community support	2.89	3.90	+20.2
3. I am familiar with Legal Strategies for building community support	2.58	3.77	+23.8
4. I am familiar with Media Strategies for building community support	2.75	3.87	+22.4
5. I am familiar with effective strategies for addressing community concerns	2.94	4.10	+23.2
Team Objectives			
1. We have a clear target population for our plan	3.86	4.58	+14.4
2. We are confident we can create a mutually beneficial relationship among stakeholders	3.78	4.42	+12.8
3. We have a clear understanding of TA that may be needed for meeting our objectives	3.19	4.23	+20.8

Level 3: Individual and Organizational Behavior Change – *Did the training or technical assistance lead to any observable changes in individual or organizational behavior?*

This section assesses how participants or organizations applied the new knowledge gained through the training or TA in a valuable way. Specifically, the analysis will assess whether and how the training and TA directly led to changes in individual or organizational behavior during the project period and how those changes helped to advance the goal of increasing SEH in their communities. Data for this analysis was derived from key-informant interviews with the nine community teams and from interviews with CSH staff. Table 8. presents a summary of indicators for individual/organizational behavior change and actions across the nine communities.

Table 8. Indicators of Change in Individual and Organizational Behavior by Community

The Training and Technical Assistance our team received directly led to…	East Texas	Central Texas	Corpus Christi	San Benito	Houston	Dallas	Alamo	Lubbock	Tarrant
Development of a strategic Comprehensive Action Plan around increasing Service Enriched Housing in the Community	X	X	X	X	X	X	X	X	X
Increased engagement by local or state government agencies around the issue of developing more SEH in our community	X	X			X	X	X		X
Increased visibility, public awareness and understanding of the need for more SEH in our community	X	X	X	X	X	X	X	X	X
Increased communication and collaboration between housing, health/behavioral health, and human service sectors and/or organizations	X	X	X	X	X	X	X	X	
Implementation of a policy change that will expand/improve housing and services for the target population	X		X		X	X			X
Implementation of a special project or pilot that will expand housing and services for the target population		X	X			X	X		
Development of an ongoing workgroup or Taskforce that will be responsible for implementing the Comprehensive Action Plan	X	X	X		X	X	X	X	

The following section synthesizes information from the in-depth interviews conducted with community teams and CSH staff about how training and TA led to individual/organizational behavior change and examples of the progress teams made in furthering the goals of their action plans.

Development of a Comprehensive Action Plan (CAP)

All nine community teams successfully developed a CAP for expanding SEH in their communities and stated that the training and TA was helpful in assisting them complete this task.

In addition to establishing a formal plan, team members noted multiple benefits to developing a CAP. First, the CAP helped teams create a sense of collective accountability within the group to achieve their goals with a concrete set of actions, timelines, and work-plan that assigned roles and responsibilities for each member of the team. Individuals from the Houston, East Texas, Central Texas and Tarrant County teams specifically noted that their organizations had been speaking about the need to collaborate on an effort to increase SEH for their target populations for several years but the Academy gave them the first opportunity to focus their efforts on this goal and sketch out a formal plan of action. The TA following the training then pushed sites to stay focused on achieving the goals of the plan rather than simply falling back into the day-to-day routines of their jobs, though the extent to which teams were able to maintain momentum varied by site.

> *"One of the most helpful things about the TA is that it got us all on the same page and more focused. Without this project, housing authorities and other agencies have their own agendas, their own clients, their own jurisdictions, but this project really brought us together to talk about collective impact and community-wide outcomes; it set the foundation for more strategic, community-wide planning."*
>
> - Team Member, Tarrant County

Another very important outcome of developing the CAP is that it encouraged many communities to take a more strategic, long-term, collective approach toward developing SEH in their communities. Prior to the Academy, participants noted the lack of any strategy or long term vision around how to expand and improve housing and services in their community for their target populations. Housing development and system change takes time and requires significant planning, cross-sector collaboration, and investment. The time spent at the Academy and the process of developing a CAP gave communities a clear path forward for achieving their goals.

Cross-sector Partnerships and Collaboration

A central goal of the HSP Academy is to increase cross-sector collaboration in communities in order to increase the quantity and quality of SEH within communities. Eight of the nine teams noted that the training and TA helped expand and strengthen

partnerships between housing, health/behavioral health and human service sectors in ways that have facilitated progress toward improving housing and services for vulnerable populations.

The Academy was particularly helpful in strengthening relationships and communication between team members and the multiple organizations they represented, including housing developers, public housing authorities, managed care organizations, behavioral health agencies, independent living service organizations, homeless service providers, and other human service agencies. Attending the HSP Academy, participating in regular TA calls/visits, developing a collaborative action plan, identifying collective goals, and planning other events or activities together helped team members learn about the services, resources, goals and operations of each other's organizations and facilitated information sharing and trust-building between members. This learning and trust-building led to more frequent and efficient communication between team members, improvements in the coordination of services, joint planning of trainings or projects and an increased sense of collective accountability for health and housing outcomes of shared clients. In seven of the nine communities, teams have agreed to meet regularly as a group to advance the goals of the action plan. Three communities – East Texas, Dallas and Corpus Christi – have successfully engaged other important community partners and have either developed an ad hoc taskforce to further the goals of the plan or incorporated their action plan objectives into an existing community workgroup.

> *"The Academy helped us realize that many of our organizations were duplicating efforts or sometimes even working at cross-purposes; we all get caught up in our own organizational missions and populations, so the training and TA helped us come together around a collective vision and goal for the work"*
>
> - Team Member, Corpus Christi

In addition to improved coordination between team members and their organizations, several communities noted that the TA was particularly helpful in supporting activities that led to improved cross-sector partnerships within the broader community. For example, in East Texas, the TA provider helped the team plan and deliver a cross-regional training that brought together local government officials, developers, housing authorities and service providers from Tyler and Longview - the two largest cities in the region. The training directly led to the development of new partnerships across systems and across regions. Similarly in Alamo, the TA provider helped organize and deliver a community-wide training on SEH that helped to form new relationships between local developers, researchers, advocates and service providers around the goal of expanding SEH in their community. Given its success, a second workshop is planned for August 26, 2016. In other sites, TA providers helped support similar trainings, webinars and community meetings that helped strengthen partnerships and spark new collaborations between agencies.

> *"The training not only helped us improve public knowledge about the need for affordable housing in our city but it directly led to the creation of important*

partnerships that will help us achieve this goal – like the conversations now happening between local developers and banks, this is new and really exciting!

- Team Member, Alamo

Advocacy

Across all nine communities, participants affirmed that throughout the course of the Academy, the training and TA spurred advocacy and public education efforts around the need to expand SEH in their communities. These efforts helped to build issue awareness, increase engagement with key stakeholders and, in some cases, garner local support for policy changes or special pilot projects.

"This project has ignited energy into this issue (Intellectual and Developmental Disability population) in our community; the focus thus far has only been on chronic homelessness but because of our efforts, they are now having serious conversations about how we address the needs of this population"

- Team Member, Dallas

In Dallas, the TA provider helped the team gather a collective voice within the community to build support around including SEH in the new city affordable housing plan. They worked together to draft a letter to the City Council, which was shared and reviewed by key stakeholders in the community. They also hosted a meeting on the issue, which received local media attention, and garnered support from a wide variety of supporters.

TA providers also helped a number of communities – like Dallas, Alamo, and Houston – develop and disseminate advocacy and marketing materials (white papers, brochures, newsletters, etc.) that were targeted to various audiences, including landlords, housing developers, public housing authorities, consumers, service providers and the general public. These materials helped to both increase awareness and garner support for their efforts.

The community-wide trainings in Alamo and East Texas mentioned above helped to generate broader and more significant attention around the need for SEH in their communities, in addition to strengthening cross-system collaboration. Similarly in Corpus Christi, the TA provider helped plan and participated in a community-wide Affordable Housing Summit, which was specifically intended to raise awareness and build a strong coalition of support among stakeholders to advance the goals of their CAP. Interestingly, this Summit was a culmination of efforts from the original Housing and Services Partnership Academy in 2013 and the 2016 Academy.

Program and Policy Innovation

As a direct result of the training and TA, seven of the nine communities were able to initiate concrete policy changes or spur the development of projects that will lead to expanded affordable housing opportunities for their target populations. Four communities (East Texas, Corpus Christi, Tarrant County and Houston) are working with their local public housing authorities to create or expand a voucher preference for their target populations. The other three teams have initiated efforts to spur the development of new affordable housing units or rehabilitation of existing units in their communities. Table 9 summarizes these various community initiatives and the status of these efforts.

Table 9. Policy and Project Innovations

Community	Policy Change/Project	Status
Alamo	Land development deal	Connection to Bexar County Appraisal District; beginning the process of applying for tax exempt status for development.
East Texas	Voucher preference	Submitted recommendations to PHA to create Project-Based Voucher preference for target population
Central Texas	Rehab of building	Connecting with development partner or consultant to support project; team currently seeking permanent financing to finalize deal once that is in place
Corpus Christi	Voucher preference	Pursuing VASH project with local Housing Authority
Tarrant County	Voucher preference	Drafting language for a "Moving On" program in partnership with local mental health authority for individuals with a serious mental illness
Dallas	Inclusion of SEH in new affordable housing plan	Recommendations submitted and being considered by City council
Houston	Vouchers preference	PHA engaged and interested in increasing preference, new process put in place to track placements for non-Medicaid individuals

Level 4: Results: *Will the Academy lead to changes in program outcomes that result in cost savings for the community? Do the benefits of the Academy outweigh the costs?*

The following section will weigh the benefits of implementing the training and TA relative to the cost of developing and implementing the program. As noted previously, a formal cost-benefit analysis is not feasible due to several reasons. First, the intended short-term and intermediate outcomes of the initiative (e.g., knowledge gain, improved ways of working, changes in attitude/behavior, new partnerships, etc.), which are the primary outcomes that can be observed during the period of this evaluation, are very difficult to

monetize. Second, the period of observation for the evaluation is not sufficient to assess whether and how the training and TA will contribute to quantifiable long-term outcomes like reductions in homelessness/institutionalization or the development of new housing units. The time horizon for such outcomes, if achieved, is at least 1 – 3 years away for most sites.

In light of these limitations, the analysis will take two different approaches to answering this question. First, the analysis will compare the cost of delivering the training and TA relative to other comparable types of services or resources that may achieve the same goals or outcomes for the communities. This section will attempt to answer the following question: *was the training and TA provided through the Academy a cost effective way of achieving the outcomes of this initiative relative to other methods of delivery*?
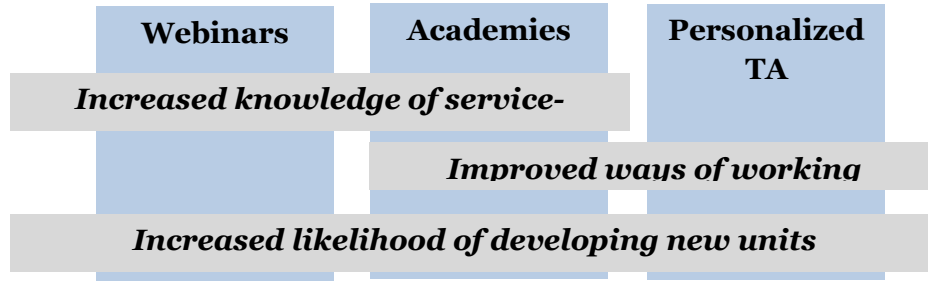
The second part of the analysis will consider the evidence surrounding the costs of homelessness and inappropriate institutionalization (e.g., nursing homes, state psychiatric hospitals) to various public systems (Medicaid, hospitals, jails/prisons, shelter systems, etc.) relative to the cost of housing people in SEH. From the cost saving figures derived from the literature, the analysis will infer the potential cost savings to various public sectors resulting from the (future) development of SEH in the nine communities. This section will attempt to answer the following question:

Costs:

Under the contract terms, CSH was awarded a total of $149,489 to deliver training, TA and evaluation to nine sites. If we subtract the cost of evaluation from the total contract (as it is not a cost related to program implementation) the resulting contract fee is $137,989. The estimated cost of services delivered to each of the sites is therefore $15,332.

Part 1: Delivering similar outcomes through different methodology

To determine the cost-effectiveness of the training and TA services, we compare the actual cost of the contract relative to the market value of other methods of delivery that would achieve the same outcomes. The contracted services were delivered by CSH through a mixture of online webinars, in-person Academies and personalized TA. At the most basic level, the outcomes or benefits of these services to communities include 1) increased knowledge around SEH, 2) improved ways of working (e.g., partnerships, collaboration, data-driven decision making, etc.) and 3) development and improved access to SEH.

Webinars	Academies	Personalized TA

Increased knowledge of service-

Improved ways of working

Increased likelihood of developing new units

A number of alternative methods could be pursued by TDHCA to help communities achieve these outcomes. Several of these are outlined below.

	CSH delivery method	Alternative delivery methods
Increasing knowledge of SEH	Access to three online training courses + Full day of in-person training through HSP Academies	Online courses on SEH + Attendance at a SEH conference
Improving ways of working	Partnership working at full day HSP Academies + Calls/ webinars/ meetings to advise on applying knowledge provided by three staff members	Attendance at a SEH conference with appropriate partners + SEH consultants OR internal hire with relevant skillset

Approximately five individuals from each site benefitted from training and TA, so all costs of alternative delivery methods are estimated for five individuals per community to reflect the total cost per community.

The online training courses provided by CSH included: Housing 101, Services & Medicaid 101, and Innovations in Housing and Services. Rates for CSH courses and comparable online courses are below.

Online courses on SEH

Source	Costs
CSH online courses	$50 pp per course x 5 people x 2 courses = $500
T3 online courses, including 'Homeless Youth' and 'Behind the Numbers: Who is Homeless and Why'	$45 pp per course x 5 people x 2 courses = $450
Average cost per site for comparable online courses	*$475*

As part of the CSH Academy support, communities attended in-person sessions on the following topics:

- Service-Enriched Project Planning Steps and Stages
- Housing Development and Financing Options
- Assembling a Successful Project Team
- Identifying your Role and Coordination Strategies
- Designing Service Delivery Strategies
- Garnering Community Support for Projects
- Project Budgeting
- Rental subsidies and Service Funding
- Subpopulations (Youth and Intellectual Disabilities)

These are targeted sessions aimed at supporting communities to improve their ways of working and increase their likelihood of developing new SEH units. While it is unlikely that similar conferences go into the level of detail outlined in the sessions above, we consider as an alternative delivery method attendance at large, national SEH conferences. Costs are estimated below.

Conference on SEH

Source	Costs
National Housing Conference 2016	$1,000 pp x 5 = $5,000 (Non-member rate)
CSH Summit 2016	$625 pp x 5 = $3,125 (Regular rate)
Housing First Partners Conference	$650 pp x 5 = $ 3,200 (Regular rate, conference only)
Travel costs and expenses (Dallas to NYC/Chicago)	$500 pp x 5 = $2,500
Average cost for conferences plus travel	*$6,275*

The most valuable portion of the CSH support is the provision of personalized TA to communities to review and advise on program design and outreach, service coordination, project budgets, site assessments, and funding sources. A comparable way of delivering this support would be to hire consultants with expertise in SEH to deliver on-site and remote TA.

Consulting fees

Source	Costs
Consultancy fees from mid-level consulting firms (based on the level of knowledge CSH has acquired over 20 years) for 40 hours of TA per site + travel/expenses (2 trips @ $1500 per trip)	$250 per hour x 40 hrs of TA (including preparation, onsite/remote services & travel time) + $3,000 travel expenses = $13,000

Drawing together all of these costs, we estimate that comparable methods of training and consulting support that could achieve similar outcomes for communities would cost nearly $4,400 more per site than the fee paid for this contract, resulting in an estimated savings of $39,519 for the entire contract. Based on these calculations, we find that CSH provided its support in a highly cost-effective manner for this contract. This is particularly true given the level of experience and track record of CSH in the SEH space.

Cost comparison for delivery of outcomes

CSH delivery method	Alternative delivery methods	Cost Savings
Total Cost of Contract (minus evaluation cost): $137,989 Cost per site: $15,334	Online courses on SEH ($450 per site) + Attendance at a SEH conference ($6,275 per site) + Hiring Professional Consultant ($13,000 per site) = Total Cost for 9 sites: $177,525 Cost per site: $19,725	Per Site: Alternative Method ($19,965) – CSH Method ($15,334) = **$4,391 per site** Total Cost for All 9 sites: Alternative Method ($179,685) – CSH Method ($137,989) = **$39, 519 Total**

Part 2: Potential Cost Savings Resulting from the Development of SEH and Reductions in Homelessness/Inappropriate Institutionalization

SEH is housing that connects social and health related services to integrated, accessible and affordable housing. By increasing the likelihood of developing more SEH units in Texas communities, the support delivered under this contract is likely to lead to public sector savings. In this section, we consider the costs to the public sector of the 'status quo' scenario versus the benefits that could result from the development of additional units of SEH as a result of the training and TA efforts. All costs are estimates based on published evaluations of SEH interventions in peer-reviewed journals from across the United States. Actual costs will vary locally.

Cost of homelessness

Homeless individuals incur costs to the public sector based on their interaction with homeless services, criminal justice services and healthcare services. In addition, individuals living in nursing homes who could live independently with the appropriate

supports pose high costs to our public health system. The most common cost drivers for each of these systems are detailed below.

Cost drivers for homeless individuals

Homeless services	Criminal justice services	Healthcare services
•Emergency shelters •Outreach teams	•Local police force contact time •Jail and prison days •Court costs	•ER visits •Hospitalizations •Ambulance trips •Medicaid costs •Nursing home costs

Based on a literature review conducted by CSH on thirty-one evaluations of SEH interventions published between 2002 and 2011, we have estimated service usage of individuals in population sub-categories including: chronically homeless individuals, high utilizers of healthcare and individuals with substance or alcohol misuse. Please note that all figures are subject to change and this data should not be published or distributed without permission.

Annual Service usage for homeless sub-populations

Cost driver	Average		Chronic homeless		Alcohol/ substance misuse		High utilizers of healthcare	
Emergency shelter days	81	Knoxville (2012) NY/ NYIII (2013)	133	Hirsch (2008) Mondello et al (2009) Aidala et al (2013)	78	Mondello et al (2007)	32	Hall (2008)
Emergency Room visits	4	Linkins et al (2008) SH in Illinois (2009) City of Knoxville (2012) CORE (2014)	3.4	Colorado Coalition (2006) Hirsch et al (2008) Mondelo et al (2009) MA H&SA (2012) Aidala et al (2013) Thomas et al (2014)	2.3	Martinez et al (2006) Mondello et al (2008)	6.4	Hall (2008) Sadowski et al (2009)
Hospitalizations	2	Linkins et al (2008) Flaming et al (2009) Knoxville (2012) CORE (2014)	2.8	Denver (2006) Mondello et al (2009) MA H&SA (2012) Aidala et al (2013) Thomas et al (2014)	0.3	Martinez et al (2006)	2.4	Hall (2008) Sadowski et al (2009) Flaming et al (2013)
Ambulance trips	1	SH in Illinois (2009)	1.0	Mondello et al (2009) MA H&SA (2012) Aidala et al (2013)	0.7	Mondello et al (2007) Larimer (2009)	0.4	Larimer (2009)
Jail bed days	11	SH in Illinois (2009) Knoxville (2012) NY/ NYIII (2013)	13.4	Denver (2006) Hirsch et al (2008) Mondello et al (2009) MA H&SA (2012) Aidala et al (2013)	3.3	Mondello et al (2007) Larimer (2009)	15.8	Hall (2008) Larimer (2009)
Number of arrests	1	Knoxville (2012)	0.7	Thomas et al (2014)	0.2	Larimer (2009)	1.6	Hall (2008) Larimer (2009)

The communities supported across Texas focused on different population groups, so we use an average across the three populations listed above to predict the current cost of an individual remaining homeless. Based on the figures below, we have estimated the cost of services used by homeless individuals to be $35,896 per person per year.

Estimated annual public sector costs per homeless individual

Cost driver	Usage	Unit costs	Cost sources
Emergency shelter days	81	$24	Larimer et al (2009)
Emergency Room visits	4	$648	Aidala et al (2012)
Hospitalizations	2	$15,200	Aidala et al (2012)
Ambulance trips	1	$704	Aidala et al (2012)
Jail bed days	11	$280	Aidala et al (2012)
Number of arrests	1	$25	Assumption
Cost per person		**$35,896**	

Evidence suggests that SEH may be effective in reducing service usage for homeless individuals. It is particularly effective for reducing emergency shelter days, numbers of arrests and jail bed days. It is also effective in reducing emergency room visits. The figures below estimate changes in service usage in the first year of being housed.

Estimated reduction in service usage

Cost driver	Average		Chronic homeless		Alcohol/ substance misuses		High utilizers of healthcare	
Emergency shelter days	-95%	Knoxville (2012) NY/ NYIII (2013)	-98%	Hirsch (2008) Mondello et al (2009) Aidala et al (2013)	-97%	Mondello et al (2007)	-91%	Hall (2008)
Emergency Room visits	-52%	Linkins et al (2008) SH in Illinois (2009) City of Knoxville (2012) CORE (2014)	-51%	Colorado Coalition (2006) Hirsch et al (2008) Mondelo et al (2009) MA H&SA (2012) Aidala et al (2013) Thomas et al (2014)	-54%	Martinez et al (2006) Mondello et al (2008)	-52%	Hall (2008) Sadowski et al (2009)
Hospitalizations	-44%	Linkins et al (2008) Flaming et al (2009) Knoxville (2012) CORE (2014)	-30%	Denver (2006) Mondello et al (2009) MA H&SA (2012) Aidala et al (2013) Thomas et al (2014)	-44%	Martinez et al (2006)	-57%	Hall (2008) Sadowski et al (2009) Flaming et al (2013)
Ambulance trips	-53%	Assumption based on average	-48%	Mondello et al (2009) MA H&SA (2012) Aidala et al (2013)	-60%	Mondello et al (2007) Larimer (2009)	-50%	Larimer (2009)
Jail bed days	-76%	SH in Illinois (2009) Knoxville (2012) NY/ NYIII (2013)	-76%	Denver (2006) Hirsch et al (2008) Mondello et al (2009) MA H&SA (2012) Aidala et al (2013)	-81%	Mondello et al (2007) Larimer (2009)	-71%	Hall (2008) Larimer (2009)
Number of arrests	-87%	Knoxville (2012)	-78%	Thomas et al (2014)	-100%	Larimer (2009)	-83%	Hall (2008) Larimer (2009)

Using the average of service reduction figures listed below, we estimate that savings associated with housing a homeless individual in a service-enriched environment may be $17,905 per year.

Estimated public sector savings

Cost driver	Usage	Reduction	Unit cost	Saving
Emergency shelter days	81	-95%	$24	$1,826
Emergency Room visits	4	-52%	$648	$1,373
Hospitalizations	2	-44%	$15,200	$12,145
Ambulance trips	1	-53%	$704	$253
Jail bed days	11	-76%	$280	$2,290
Number of arrests	1	-87%	$25	$18
Saving per person per year				**$17,905**

From the figures above, we conclude that if the training and TA services resulted in **housing even one individual experiencing homelessness in SEH, the savings accrued to various systems of care would more than offset the cost of the contract.** This is based on a saving of $17,905 per person as a result of being housed versus the cost of contract support at $15,332 per site.

Costs of nursing home care

In addition to considering the impact of SEH on those who are homeless or at risk of homelessness, some communities looked at the benefits of transitioning individuals who are inappropriately institutionalized in state psychiatric hospitals, nursing homes or assisted living facilities into SEH in the community. Given that individuals in nursing homes or other institutional settings are a relatively new target population for SEH, there are fewer studies on this population than on individuals experiencing homelessness but we consider three published studies on this topic.

Gulcur et al (2003) found that individuals recruited from state psychiatric hospitals into SEH cost on average $125 per day less after six months than individuals who were offered normal Continuum of Care services. This gap had closed to $50 per day less one year after recruitment. The majority of these cost savings were derived from less time spent in psychiatric residences. From these figures we can roughly calculate the annual cost avoidance of SEH for inappropriately institutionalized individuals as approximately $31,500 per person, or ($125 x 6 months x 30 days) + ($50 x 6 months x 30 days).

An Ohio study (Health Management Associates, 2012) found that a SEH model for low-income seniors saved the state of Ohio $26,674 per person, annually in Medicaid costs over living in a nursing facility, while also allowing seniors to live in communities more independently. The cost of the nursing home bed averaged $54,545 per person per year, while the average cost for individuals in SH averaged $26,674, representing a 49% savings over the cost of the nursing home bed.

Finally, a HUD study (Haley et al., 2008) estimated the cost savings of a 340-day stay in SH ranged from $25,000 to $36,000. In 2004, a stay in a nursing home funded by Medicaid cost about $49,000 on average, while Section 202 SEH (a less intensive services model) is estimated to cost only about $13,000.

Based on these studies, the potential savings attached to appropriately housing and supporting previously institutionalized individuals (or those at risk of institutionalization) is even larger than that of housing individuals experiencing homelessness due to the high costs of institutional care. Reported savings range between $25,000 and $36,000 annually per person. While we must be cautious when translating these figures to the Texas context, we believe it is reasonable to say that **if the training and TA resulted in transitioning at least one individual from nursing home care to SEH in each community, the savings would more than offset the cost of the contract.**

Non-quantifiable impacts of the CSH support

In addition to the calculations illustrated above, the support provided through this contract to nine communities in Texas includes numerous benefits that cannot be easily quantified. These impacts include:

- Stabilization of individuals' lives: The increased likelihood of developing SEH will create positive impacts on the quality of life, emotional well-being and resilience of homeless individuals.
- Creation of social capital: The design of delivering Academies and support across the sites has created state-wide connections and learning communities.
- Maximization of public sector resources: The lessons imparted to each site and the delivery of the contract itself have maximized public sector resources.

In conclusion, the two-pronged cost-benefit analysis demonstrates that 1) the Academy represents a cost-effective approach to increasing the capacity of communities to develop SEH and 2) the benefits and potential savings generated by this contract outweigh the costs. The promising findings presented in the previous sections of this report around knowledge gain, individual/organizational behavior change, improvements in cross-sector collaboration, community-wide action planning, successful advocacy efforts, and policy reform initiatives resulting from the Academy indicate a strong likelihood that the nine teams will be successful in their efforts to increase access to

SEH for vulnerable populations in their communities and realize the associated cost savings.

IV.   Lessons Learned and Recommendations

Over the course of the Academy, the nine teams and CSH staff identified a number of key lessons that can inform future training and TA efforts aimed at helping communities increase SEH. The collective experiences of the nine communities – both successes and challenges – generated significant lessons around:

> i.   Challenges/barriers to expanding SEH in Texas communities
> ii. Most/least helpful aspects of Academy and areas for improvement

Key lessons learned through the course of the Academy and some suggested recommendations are summarized below.

Challenges/Barriers to Expanding SEH

The nine communities represented in this year's Academy were very diverse in geography, urban landscape, population size, housing market maturity, service capacity, infrastructure, and political/civic cultures. This diversity highlighted the different barriers and opportunities that each community faced in expanding SEH in their communities. Despite these differences, interviews with team members and CSH staff identified five common challenges that several communities experienced:

1) *Lack of affordable housing/rental subsidies*: Perhaps the most intractable challenge that every team mentioned as a challenge in their communities is the lack of affordable housing and/or publicly funded rental subsidies. In every community, team members noted that the demand for affordable housing far outstripped the supply of available units or vouchers. The issue stemmed from a variety of deficits: lack of capital dollars for funding new developments, lack of funds to support the rehabilitation of existing substandard affordable housing units, lack of affordable developers in the area, lack of rental subsidies/vouchers, and the lack of landlords willing to rent to individuals with vouchers. Understanding how to engage foundations, banks, local/state housing agencies and other potential funders to increase funding for the development of affordable housing in their communities was perhaps the most commonly cited need in terms of future TA.

2) *Lack of "friendly" landlords*: Related to the general problem of affordable housing, every community cited the challenge of finding landlords that are willing and able to rent to their target populations. In larger cities, like Houston and Dallas, team members noted the challenge of increasingly steep rental prices and low vacancy rates where competition for units is formidable and landlords can be choosy with renters. Many landlords complain about the hassles of accepting a tenant on

federal assistance, including reams of paperwork and an overbearing inspection process. Also, many landlords fear that someone who has been homeless or institutionalized, perhaps struggling with mental illness, addiction, developmental disability, or chronic health issues, will be a difficult, disruptive tenant. Identifying units for individuals with a criminal history is particularly difficult. In some communities, individuals and families are sitting on vouchers, unable to find landlords willing to rent to them. Furthermore, even when landlords are willing to rent to their population, many do not understand or have the capacity to successfully house individuals with high needs, resulting in high eviction rates and returns to homelessness.

3) *Lack of services funding:* Another challenge that some communities (4 teams) cited was the lack of services funding, particularly for flexible, community-based, wrap-around mental health services. This was especially true for individuals who did not have Medicaid. This was an issue that was cited most commonly by communities that were targeting homeless populations. This was not cited as an issue in communities targeting individuals in institutional settings (Intellectual and Developmental Disability, elderly in nursing facilities or assisted living). In addition to insufficient funding, a lack of coordination between systems (addiction services, mental health, aging, ID/DD, etc.) resulted in poor, fragmented service delivery for individuals, particularly those with multiple complex needs.

4) *Conservative political/civic culture*: several teams noted a predominant "anti-government" or "pull yourself up by your own bootstraps" culture that often challenged their ability to advocate for greater investment of public dollars in housing or services for low income families and individuals. Many attributed this resistance to a lack of education or understanding among local policymakers and the general public about the needs and circumstances of the target population and the value that SEH could bring to their communities. In East Texas, participants noted that public housing resources do exist but the political will to direct those resources toward what many perceive as an "undeserving" population does not.

5) *NIMBYism:* Five of the nine communities cited NIMBYism or "Not In My Back Yard" sentiments in particular neighborhoods or business districts as a barrier to expanding SEH in their communities. Businesses owners were concerned about losing business as a result of increased "loitering" or "panhandling" and homeowners and renters were concerned about reduced property values and increased crime. Again, many attributed this to the lack of education or understanding about the population and the value that SEH could bring to the area, noting the need for more outreach, education and advocacy around these issues.

6) *Time and Capacity:* The system change required to bring SEH to scale takes time and enormous capacity. Making measureable progress on any single goal - developing resources, strengthening partnerships, raising awareness, garnering buy-in among stakeholders, demonstrating value, and making policy changes – is challenging in a 3-month period. Nearly all teams noted that the TA, while tremendously helpful, was too short to help them achieve the goals of their action plans. Members from all teams are incredibly busy fulfilling the responsibilities of their full-time jobs so dedicating the time needed to create and implement their action plans in such a short period was very challenging. Many participants suggested that in order to have significant impact, the TA should be delivered over a period of at least 12 months.

These key challenges cited by communities highlight areas that future training and TA efforts may want to focus. In particular, emphasis should be placed on providing deeper support in the following areas:

1) Housing development and financing (including in-depth training and direct assistance with making connections to potential funders/funding sources; Pay-for-Success[1] opportunities)
2) State/local strategies for increasing access to vouchers and rental subsidy funding pools (including PHA strategies and examples of innovative public-private collaborations)
3) Public outreach and education strategies around SEH, homelessness, fighting NIMBYism, etc. (including assistance with the development and dissemination of resources and materials)
4) Landlord outreach and engagement strategies (including examples of innovative landlord incentive programs and direct assistance with landlord engagement meetings)
5) Service funding strategies (including a primer on leveraging various public - Medicaid, Continuum of Care, criminal justice, etc. - and private - philanthropy, Pay-For-Success, managed care organizations – sources to support integrated, housing-based services)
6) Extend the period of TA to 12 months

Most/least helpful aspects of training and TA and areas for improvement

Throughout the course of the Academy, evaluators collected feedback from participants about the training and TA through the use of surveys and interviews. The following summarizes feedback and comments from participants regarding how the Academy can

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[1] ***Pay for Success (PFS)*** *is a general term for performance-based contracting between*

be improved for future cohorts. The comments and recommendations are categorized under HSP Academy, TA and General.

HSP Academy:

1) Conduct an initial pre-Academy assessment that identifies what communities want to learn and tailor the trainings more closely to fit the varying needs of sites; many of the topics covered in the training were broad and general, not offering new knowledge or learning for communities that were more advanced;
2) Offer opportunities for mini break-out sessions and allow sites to choose which sessions they want to attend; sessions should facilitate deeper conversations on particular topics (housing development, financing, services, outreach strategies, landlord engagement, etc.)
3) Provide more opportunities for networking and information sharing *between* teams from different communities
4) Provide more opportunities for interactive dialogue between trainers and participants - too much time was spent sitting and watching power point presentations
5) Provide more materials and information to prepare teams for the Academy (for example, inform teams about what data we need to bring to develop comprehensive action plans)
6) Provide more concrete examples of success stories and/or invite representatives from communities that have successfully increased Service Enriched Housing in their communities to present at the Academy

Technical Assistance

1) Spread out the TA over a longer period of time (12 months)
2) Consider eliminating the requirement that all communities create a resource manual; many communities found the process to be very time consuming, but not very beneficial
3) Provide more hands-on support around developing and disseminating advocacy and outreach materials (public education documents, brochures, data sheets, etc.)
4) Incorporate more opportunities for peer-to-peer interactions (e.g., peer-to-peer site visits, quarterly all-site conference calls, facilitate connections between communities doing similar work or having similar challenges)

General:

1) Vetting applicants: provide comprehensive information to applicants about the time commitment involved in the work; vet team applications to ensure that team members are aware of the time commitment; choose teams that clearly demonstrate both the dedication, time and capacity to carry through with all activities for the entire duration of the contract

2) Develop a structure for additional resources for the Academy that incentivizes teams to participate and take full advantage of TA services (e.g., provide a small planning grant to teams)

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Appendix

Contents:

- **HSP Pre-Academy Assessment**
- **HSP Academy Efficacy Assessment**
- **HSP Academy Evaluation**
- **Technical Assistance Needs Assessment**
- **Site Interview Protocol**
- **Technical Assistance Evaluation**

Housing & Services Partnership Academy: Pre-Academy Assessment

Please rank your knowledge on each topic (from 1 = most knowledge to 13 = least)

1. Budgeting for Services
2. Building community support for your project
3. Eviction Prevention
4. Fair Housing Laws
5. Accessibility Issues
6. Housing First
7. Partnerships to create and operate housing
8. Housing Development Financing
9. New development or integrating into existing housing
10. Fostering tenant leadership
11. Helping individuals transition from institutions
12. Service delivery for your project's target population
13. Service-Enriched Housing

Please rank the order of priority that each topic should receive in the Academy (from 1 = highest to 13 = lowest)

To increase access to Service-Enriched Housing, is your team planning to (ranked in order of most to least)

1. Learn more about funding opportunities
2. Create a new housing development
3. Identify existing properties that could be enriched with services
4. Learn more about housing programs
5. Learn more about services
6. Rehab an existing structure
7. Create a housing coalition
8. Unsure at this time
9. Other (please specify)

What questions do you have about developing your plan?

What are you hoping to gain from this Academy?

Housing and Services Partnership Academy
Efficacy Assessment

Date(s)   February 9/10, 2016
Presenter(s)
Site and Room

_____

Prior to, and upon completing the Academy

please circle one   **strongly agree**   →   **strongly disagree**

....

Opportunities and strategies to create new units in my community through building or leasing

1.	I am familiar with considerations in determine siting opportunities	5	4	3	2	1
2.	I am familiar with prospective funding sources	5	4	3	2	1
3.	I am familiar with general phases of Affordable Housing Development	5	4	3	2	1
4.	I am familiar with considerations of cost estimates (for development or existing units)	5	4	3	2	1
5.	I am familiar with how to negotiate with landlords	5	4	3	2	1
6.	I am familiar with the concept of Fair Market Rent	5	4	3	2	1
7.	I am familiar with the Olmstead Act and it's relevance for Service – Enriched Housing	5	4	3	2	1

Services and Quality

1.	I am familiar with the principles of Service – Enriched Housing	5	4	3	2	1

2.   I am familiar with strategies to solicit and use tenant input to ensure quality Service-Enriched Housing   5   4   3   2   1

3.   I am familiar with Housing Quality Standards

                                                5   4   3   2   1

4.   I am familiar with Landlord coordination

                                                5   4   3   2   1

Advocacy

1.   I am familiar with strategies for building community support   5   4   3   2   1

2.   I am familiar with Political strategies for building community support   5   4   3   2   1

3.   I am familiar with Legal Strategies for building community support   5   4   3   2   1

4.   I am familiar with Media Strategies for building community support   5   4   3   2   1

5.   I am familiar with effective strategies for addressing community concerns   5   4   3   2   1

Our Team

1.   We have a clear target population for our plan   5   4   3   2   1

2.   We are confident that we can create a mutually beneficial relationship among stakeholders   5   4   3   2   1

3.   We have a clear understanding of Technical Assistance that may be needed/useful for meeting our objectives   5   4   3   2   1

Housing and Services Partnership Academy
Evaluation Form

Date(s)   February 9/10, 2016
Presenter(s)
Site and Room

A. Objectives:
 Upon completing this program, you, the participant are able to:
  please circle one **strongly agree** → **strongly disagree**

....

1.	Develop beneficial partnerships between providers of Medicaid services, housing, and other social services to create increased availability of integrated, affordable, accessible housing for people with disabilities and aging Texans.	5 4 3 2 1
2.	Understand how and begin to develop comprehensive plans for improving the quantity and quality of affordable, accessible, integrated housing and supportive services for people with disabilities and aging Texans.	5 4 3 2 1
3.	Remove stigmas associated with people with disabilities and understand the best practice approaches to housing people with special needs.	5 4 3 2 1
4.	Be able to advocate and establish an ongoing group responsible for the goal of increasing Service-Enriched Housing in the community.	5 4 3 2 1

B. Content/Process:
 Upon completing this program, you,
 the participant believes that:
   please circle one **strongly agree** → **strongly disagree**

....

1.	The content presented met the stated objectives. 5 4 3 2 1

2.	The presenter(s)' platform skills were effective (organized, enthusiastic, knowledgeable, etc.). 5 4 3 2 1

3.	The teaching methods and strategies used were conducive to learning (lecture, discussion, exercises, audio-visual, materials, etc.). 5 4 3 2 1

4.	The information presented was useful and applicable to my job. 5 4 3 2 1

5.	My personal objectives for attending this event were met. 5 4 3 2 1

6.	I was satisfied with this training and would recommend it to colleagues. 5 4 3 2 1

7.	The training space was functional for the purpose of the day. 5 4 3 2 1

In order to improve our trainings, if you answer 3 or less on any item please list why you responded with this rating.

PLEASE MAKE ANY <u>ADDITIONAL COMMENTS OR SUGGESTIONS</u> ON THE <u>REVERSE SIDE</u>.

Name (optional): _____ Telephone Number (_____) _____-_____

TDHCA Technical Assistance Needs Assessment

CSH is dedicated to meeting the training and technical assistance needs of Academy participants to successfully develop and implement a comprehensive action plan to increase service enriched housing for vulnerable populations. We would like to take this opportunity to learn from you about the training and technical assistance that would be most helpful to your work. It is expected that this needs assessment will take approximately 10 minutes to complete. This needs assessment effort will give you a voice in the planning of responsive, effective and customized technical assistance services.

1. **Team Name: open text field**
2. **Target population: Physical disabilities, SMI, IDD, SUD, transitioning from institutional care, Aging, Homeless with disability, youth aging out of foster care, other**

The following are 4 key domains of technical assistance that have been identified by participating communities. For each of the following categories, you will be asked to rate the need for training and/or technical assistance in that category.

Domain 1: Services Quality

Domain 2: Housing Development and Resources

Domain 3: Building Partnerships and Community Support

Domain 4: Promoting Tenant Leadership

<u>Domain 1: Services Quality</u>

3a. Please rate the extent to which your team needs assistance with Service Quality: (rate 1 – 5)

1 - no assistance,

2 - very little assistance,

3 - some assistance

4 – a good deal of assistance

5 – a great deal of assistance

3b. Focus Areas: Within the category of Service Quality, these are topics that may be of interest to you. Please rate how much assistance your organization would need with each topic using the same scale as above (rating: 1 – 5):

- Cross-system collaboration and care coordination strategies
- Identifying and implementing evidence-based practices for target population(s)
- Identifying service gaps in the community
- Strategies to solicit and integrate tenant input to develop tenant-centered services
- Leveraging/managing mainstream funding streams to support services (Medicaid, CoC funding, City/county general funds, etc.)
- Other (fill in)

3c. What level of assistance do you think you need in this topic area: (rate: Beginner, intermediate Advanced)

Domain 2: Housing Development and resources

4a. Please rate the extent to which your team needs assistance with Housing Development and Resources: (rate 1 – 5)

4b. Focus Areas: Within the category of Housing Development and Resources, these are topics that may be of interest to you. Please rate how much assistance your organization would need with each topic using the same scale as above (rating: 1 – 5):

- Understanding opportunities and strategies for creating new units (developing new units, rehabilitation, identifying existing units, etc.) and refining your unit creation strategy
- Understanding and leveraging local/state/federal opportunities for expanding affordable housing in your community (e.g., national housing trust fund, HUD/state housing assistance programs, etc.)
- Trainings or information on engaging landlords or public housing authorities
- Understanding federal/state/local regulations surrounding zoning practices, tenant rights, fair housing laws or other legal issues that may impact your housing plan
- Other (fill in)

4c. What level of assistance do you think you need in this topic area: (rate: Beginner, intermediate Advanced)

Domain 3: Building Partnerships and Community Support

5a. Please rate the extent to which your team needs assistance with Building Partnerships and Community Support: (rate 1 – 5)

5b. Focus Areas: Within the category of Housing Development and Resources, these are topics that may be of interest to you. Please rate how much assistance

your organization would need with each topic using the same scale as above (rating: 1 – 5):

- Assistance with creating a public relations/community engagement plan
- Trainings on marketing and outreach strategies (social media campaigns, community organizing strategies, etc.)
- Assistance with developing and designing marketing/advocacy materials
- Assistance with developing partnerships and building/sustaining a multi-agency coalition of community stakeholders
- Developing, collecting, analyzing and reporting performance metrics to communicate impact of housing
- Other (fill in)

5c. What types of systems or agencies do you need support in engaging? (check all that apply)

- Housing agencies: developers, SEH providers, public housing authorities, landlords/property managers
- Health and/or behavioral health system/providers (including Medicaid)
- Homeless services (Continuum of Care)
- Local or state government agencies
- Local advocacy organizations and the general public
- Philanthropy
- Other (fill in)

5d. What level of assistance do you think you need in this topic area: (rate: Beginner, intermediate Advanced)

Domain 4: Promoting Tenant Leadership

6a. Please rate the extent to which your team needs assistance with promoting tenant leadership: (rate 1 – 5)

6b. Focus Areas: Within the category of promoting tenant leadership, these are topics that may be of interest to you. Please rate how much assistance your organization would need with each topic using the same scale as above (rating: 1 – 5):

- Assistance with outreaching, engaging and organizing tenants to participate in your community action plan
- Trainings in tenant leadership, including training materials for training tenants on how to effectively advocate for themselves and build skills around advocacy, storytelling, narrative development, and public speaking

- Supporting the development of a community-wide association of SEH tenants
- Other (fill in)

6c. What level of assistance do you think you need in this topic area: (rate: Beginner, intermediate Advanced)

7. Please select the type of technical assistance you think would be most helpful in meeting your needs: (select all that apply)

- Peer to peer learning opportunities
- Training of trainers
- 1-day Workshop
- On-site consultation
- Phone conference
- Webinar
- Written Resources or materials (publications, toolkits, manuals, etc.)
- Conference/Charrette style meeting

TDHCA Site Interview Protocol

Intro

The purpose of this 90 minute call is to gather information from site representatives about the outcomes, achievements and overall progress you all have made in your communities toward developing service enriched housing or meeting any other goals you set forth in your community action plan as a result of the training and technical assistance you have received through the HSP Academy. We also want to learn about what factors have facilitated or impeded your efforts so far in this project so I'll be asking some questions about the context and the process that you all went through in developing your plans and implementing them. I won't be asking too many questions about your experience with the training or TA since that will be collected in a separate satisfaction survey later on but I certainly welcome any feedback you might have on this issue if you want to provide that.

Background

I've had a chance to review your comprehensive plans but I want to start by getting some background on your team and the project.

- Can you talk about the target population for this project and how that became the focus for your community?
- Who are the main collaborating entities for this project? And how did this collaboration come about?
- Was there a lot of activity around this issue prior to the Academy?

Great, thanks for that very helpful background. I'm now going to ask you about outcomes or the progress that you all have made around specific issues that CSH and TDHCA targeted for technical assistance to communities.

Building a Comprehensive Action Plan

- Can you tell me a bit about the process of developing your comprehensive action plans? Was it a highly collaborative process? Was the training or TA helpful in this process and how?
- What do you see as the primary short and long term goals for your community coming out of that action plan?
- How hopeful do you feel about meeting these goals? What will it take and what tasks or activities will you be most focused on over the next year?

Implementation

- What are the main challenges that you have experienced so far to expanding housing for this population or reaching the other goals you identified in the plan?
- What have been or do you think will be the main strengths of your team or your community for facilitating change?

Cross-sector partnerships and collaboration

- An important goal of the initiative is to promote greater cross-sector collaboration in communities as they work toward developing more service enriched housing; How has this process, and particularly the training and TA, been helpful in promoting cross-sector partnerships or collaborations?
- Can you point to any concrete examples of changes, in terms of organizational practices or policies, that have resulted from the project? Are you doing more cross-sector trainings? Have you formed any collaborative work groups to move the plan forward? Are organizations engaging in more cross-organizational strategic planning? Is there more communication between sectors that were not formerly coordinating?

Advocacy and public education

- Has there been any work done around advocacy and public education around your efforts in the community or about issues relevant to the plan?
- How do you think these activities have helped you achieve some of your goals? Has anything concrete come from these efforts?

Creating and using data for local policy and decision making

- Has this project helped your community create or use data to inform local policy and decision making? How?

Implementing new programming or preferences to increase service enriched housing

- Have you implemented any specific programs in the community or are there any specific policies you can point to, like for example, preferences in administrative plans for housing authorities, as a result of this project or the TA that was delivered?

Overall what would you say is your biggest accomplishment resulting from this initiative?

Overall, what would you say were the most helpful aspects of TA? What could be improved?

Future TA needs?

TDHCA Technical Assistance Evaluation

CSH is dedicated to meeting the technical assistance needs of Academy participants to successfully develop and implement a comprehensive action plan to increase service enriched housing for vulnerable populations. It was a pleasure working with you and we hope it was a great experience for you as well. CSH and TDHCA would like to take this opportunity to get your feedback on the technical assistance delivered to your team and identify concrete outcomes resulting from the TA services. We will use this information to continuously improve the quality of our work with communities.

Team Name: open text field

1. How would you rate CSH in the following areas of performance?
   a) Attentiveness to our team/community's needs and input
   b) Timeliness in delivering assistance
   c) Accessibility to me/my team
   d) Communication with me/my organization
   e) Quality of TA/training materials
   f) Staff knowledge and expertise
   g) Staff accountability
   h) Customer service/working relationship
   i) Overall assessment of TA services?

Possible Responses:
   - Poor – did not meet expectations
   - Fair – met some expectations
   - Good – met most expectations
   - Great – met all expectations
   - Excellent – exceeded expectations
   - Don't Know

2. Do you have any specific feedback about any of the items above? (open text box)

3. The technical assistance that CSH provided: (Please check the box that best represents your current opinion)

   a) Was helpful in assisting us with developing a comprehensive plan for improving quantity and quality of affordable, accessible, integrated housing and supportive services in our community
   b) Was helpful in assisting us with developing beneficial partnerships between providers of Medicaid services, housing, and/or other social services to create increased availability of integrated, affordable, accessible housing

c) Enhanced our team/community's capacity to reach the goals identified in our comprehensive action plan
d) Has had or will have a positive and significant impact on our organization
e) Has had or will have a positive and significant impact on our community

Possible Responses:
- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Don't Know

4. What is your team's total unit development goal? (open text box)

5. What is your best guess for when your team/community will reach your unit goal? (choose one)
- Less than a year from today
- Within 1- 2 years
- Within 3-4 years
- Within 5 years
- More than 5 years from today

6. What were the most helpful aspects of the technical assistance process?

- Conference calls
- On-site visits
- Webinars
- Educational/training materials or resources
- Training Academy
- Other (open text box)

7. Would you recommend CSH's technical assistance services to other communities looking to increase service-enriched housing for vulnerable populations?

- - Yes
- - No
- - Not sure

8. Do you have any recommendations for how CSH/TDHCA can improve our technical assistance services? (open text box)

9. What kinds of training or technical assistance would be helpful for your team/organization in the future as you work to achieve the goals of your comprehensive action plan? (Open text box)