

**Finding Home:**  
A Qualitative Study on Healing Homelessness through  
Expressive Arts Engagement

AN ACADEMIC CAPSTONE PAPER SUBMITTED TO  
THE COLLEGE OF CONTINUING AND PROFESSIONAL STUDIES OF THE  
UNIVERSITY OF MINNESOTA

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

Master of Professional Studies:  
Arts and Cultural Leadership  
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2019

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## Abstract

**Background** - Homeless youth are a subpopulation of the larger homeless population (The Interagency Council on Homelessness, 2003). Park, Metraux, Culhane, and Mandell, (2012) show that “between 12% and 47% of children in homeless families’ experience mental health problems” (p. 1). Gussak, David, Marcia, and Rosal (2016) define “art therapy as a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages” (p.1)

**Aim** - This phenomenological study seeks to expand the understanding of the impacts of expressive arts engagement on mental health and trauma among homeless youth through the experiences of professionals working with those populations.

**Method** - Organizations across Massachusetts and Minnesota were selected based off their organizational mission statements for helping the homeless youth population, as well as referrals. Qualitative methods such as a comprehensive literature review and interviews were administered for data collection. Interviews were then analyzed for themes that emerged within the data. Themes were then grouped together to gain an understanding of their experiences.

**Results** - This study demonstrates expressive arts engagement as one of many tools in working through trauma and mental illness seen in the homeless youth population. All the professionals agreed that they see mental illness in the clients with which they work.

**Conclusions** - Organizations should work towards the successful integration of the arts and healing mental illness found among youth homelessness. Youth in the homeless population need support, guidance, and wisdom as innovative programs working with this population continue to develop.

## Keywords

Homelessness, Art, Health, Youth, Qualitative Research, Affordable Housing, Therapy, Behavior

## Introduction

To better understand the issue of homelessness in America, I studied the methods in healing trauma through expressive arts engagement. I focus on homeless youth and their needs in mental health to contribute to the discourse in solving this issue. This phenomenological study seeks to expand the understanding of the impacts of expressive arts engagement on mental health and trauma among homeless youth through the experiences of professionals working with those populations.

Originally from Texas, I moved to Minnesota for seven years of school work and I now call Boston, Massachusetts my home. Thus, Minnesota and Massachusetts professionals were interviewed for this qualitative study. I agree that the concept of home is subjective, multifaceted, complex, and has the possibility of changing over time (Mallett, 2004). It was in Minneapolis, Minnesota where I would complete my undergraduate and graduate degrees. During this time, I was teaching, and building community in rural and urban areas, utilizing my Bachelors of Fine Arts in Dance. I observed transformational qualities in the behavior of participants as they went through a systematic movement process. The dance company I was with and its members were in no way licensed therapists, but we had the opportunity to work with troubled youth in verbal and non-verbal ways in order to build new pathways of communication. My experience with youth at that time allowed me to engage them in movement to understand basic artistic concepts that I have found to be powerful tools for social development. Dieterich-Hartwell and Koch (2017) agree that “all people have the capacity to express themselves creatively with the process and not the product being the most essential byproduct” (p. 4). As a dance company and a community, we would engage in art very much aware of its power to make us feel connected.

I am an outsider to the homeless community. As an outsider, I learned from others how to ignore people who are considered crazy on the street, making them invisible in a way. Images resonate deeply with me when I see youth on the streets and think of the unavoidable outcomes often associated with their future. I understand now that this ability to render someone invisible is a privilege. There are people literally on the brink of homelessness adding to the already staggering numbers who lack stable housing. Access to affordable housing has proven to be, unfortunately, unequal. I heard stories of homelessness in the histories of others and have come to understand that affordable housing, such as renting and owning property in a large urban city like Boston, is a privilege for few. There is trauma that comes with homelessness and those memories are raw, vulnerable, and unforgettable. The United States Interagency Council on Homelessness (USICH, n.d.) defines chronic homelessness as the most visible form of homelessness; often people on the streets of our neighborhoods and communities. Other homeless subpopulations include families and youth. Youth in the homeless population need support, guidance, and wisdom as innovative programs working with this population continue to develop.

The United States Department of Housing and Urban Development (HUD) and the Office of Community Planning and Development, releases the Annual Homeless Assessment Report (AHAR). This report offers insight into the unique factors impacting homelessness. This issue of homelessness seems to be a moving target in need of a multidisciplinary approach to its solution. To recap AHAR's December 2018 report, the data collected on the homeless population for the past year revealed that numbers have increased. The estimates reported for chronically homeless persons, homeless Veterans, and homeless children and youth. AHAR notes that in 2018 there were just over a half million people experiencing homelessness in the

United States.

The research methods chosen for this study include a comprehensive literature review and qualitative research. I am using a phenomenological approach to interview professionals working with homeless and youth. First I compared the literature on homelessness in the United States to demonstrate the gaps and intersections among the research. Second, I looked at mental illness to closely examine its ties to homelessness. Mental illness has proven to impact youth behavior and continues to impact the generations historically experiencing trauma. Finally, art is explored in its capacity to serve as a catalyst for healing mental illness. Research related to Active Learning states social practices are learned from one individual to another. Findings help explain the behavioral conditions of mental illness and the transformative power of art through facilitated experiences. The social practice of integration with others allows for the transfer of knowledge and cultural practices from one person to another. Healing mental illness lies in the qualitative understanding that building community with others can lead to transformative change. In combination with the therapeutic qualities of art, continued discourse on healing mental illness in the homeless youth population will develop in the wider field of academia, artistry, social work, and public policy.

## Literature review

Although many programs exist to temporarily relieve homelessness, it still remains a national crisis in the United States (Montgomery, et al. 2013). Even less documentation exists at the intersections of youth homelessness, mental illness, and art.

## Continuums of Care

On July 13, 2018, The United States Department of Housing and Urban Development HUD published the Youth Homelessness Demonstration Program (YHDP) Notice of Funding Availability which allocated \$43 million to eleven communities across the United States. The eleven communities across the United States are considered Continuums of Care (CoCs), which help to develop and implement Coordinated Community Plans and fund projects to end youth homelessness in their communities. To build on this research, according to Cortes, Henry, De la Cruz, and Brown (2012) CoCs are local planning bodies responsible for coordinating the full range of homeless services in a geographic area, which may cover a city, county, metropolitan area, or even an entire state. Boston, Massachusetts and Minneapolis, Minnesota are cities focused on their efforts to address homelessness. Two of those eleven communities include Boston, Massachusetts and NW Minnesota (rural). Some cities such as Boston and Minneapolis may reflect higher homeless population numbers in comparison to other surrounding cities because they are CoCs. Cortes, et al. (2012) look specifically at CoCs by rank across the nation. Boston, Massachusetts and Minneapolis, Minnesota are CoCs that have some of the lowest rates with unaccompanied homeless youth who are unsheltered. Data shows that something is working in these areas.

To further refine the definition of homelessness more specifically, Cortes, et al. (2012) defines “Chronic Homelessness as an individual who has been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last three years and has a disability” (p. 1). Numbers in the homelessness community show that on a given night in 2018 Massachusetts shows 17,565, and in Minnesota 7,668 homeless people in shelters and on the streets (State of Homelessness, National Alliance to End Homelessness).

Ringwalt, Greene, Robertson, McPheeters (1998) found difficulties in generating data for the homeless population, a transient population not easy to track. Ringwalt, et al. (1998) delineate the varying degrees of homelessness that youth experience from age 12 to 17. Categories include shelters, public places, abandoned buildings, outside, underground, the home of a stranger, and any. Ringwalt, et al. also address the difficulty in tracking this population, because some youth cannot read, flee from the police or social workers, and sometimes reject help that is being offered to them.

## Youth Homelessness and Mental Illness

AHAR (2018) reports one third of the total homeless population stay in unsheltered locations such as on the street, abandoned buildings, or other places not suitable for human habitation. AHAR (2018) also reveals two thirds of the homeless population to have stayed in a sheltered location, such as an emergency shelter or in transitional housing. Through their research, Park, Metraux, Culhane, and Mandell, (2012) show that “between 12% and 47% of children in homeless families’ experience mental health problems” (p. 1). Mental health problems have proven to be widespread in the homeless population.

Narendorf, Bowen, Santa Maria, and Thibaudeau (2018) find that many programs are able to address the issue of young adults with temporary housing but younger children often need more time than temporary housing allows to actually achieve independent stability. There is a gap in research for the needs of these younger children in building a life of independent stability. To complement these findings, Morton et al. (2018) look at the LGBT community as having a higher risk of homelessness for young adults aged 18-25. Their study documents a twelve-month housing history for youth in the U.S. and found that support for programs that “address prevention and early intervention” (p. 20) are needed in order to create long-lasting change in the



homeless youth population. Morton, et al. found that when it comes to affordable housing for homeless youth, characteristics such as high school dropouts or young parents can be early signs of high risk individuals. Yet, this issue continues to evolve and further investigations have proven to be difficult. At the intersection of homelessness and mental illness I find trauma.

## Mental Illness and Art

Thomas, Gray, McGinty, and Ebringer, (2011) found that “art as therapy is commonly used in mental health settings to promote intrapersonal and interpersonal skills, functional performance and to facilitate personal growth” (p. 2). Griffiths and Corr (2007) note that “occupational therapists do value creative activities as an intervention [for] people with mental health problems” (p. 7). As a movement artist, my experience in expressive art has shown me the power of art as a medium for transformation. One form of expressive art can be found in movement, commonly known as Dance Movement Therapy. I also find that creative expression can lead to a new found sense of identity and empowerment. In my studies I have seen other mediums used that include drawing, painting, drama, singing, playing, pottery, craftwork, writing, and making music (Griffiths & Corr, 2007, p.1).

Dieterich-Hartwell (2017) describes that Dance/Movement Therapy (DMT) is:

based on the premise that body, mind, and spirit are interconnected and that the body reflects unconscious processes. This work brings with it the vulnerable wounds of the past and can cause some participants to work through old traumas. DMT could promote individuals’ sense of security, control, and comfort, encouraging healthy attachment, authenticity, and an improved body image” (p. 4).

Specifically, for homeless and displaced populations, the exploration of the body as a home can assist in creating, “a mobile sanctuary in the body, or help them to feel the beneficial qualities of home within” (Dieterich-Hartwell, 2017, p. 80). To complement these findings,

Barton (2001) uses a body-based program that is implemented in outpatient rehabilitation facilities. Barton describes that when working with Severe Mental Illness (SMI):

Major goals of Movement and Mindfulness: Skills of Stress Reduction and Relaxation were to increase skills of (1) stress management, (2) coping, (3) relaxation, and (4) communication among participants” (p. 158).

Furthermore, there is a link between trauma and the impacts to the body. Barton states post-traumatic stress disorder (PTSD), “causes memory to be stored at a sensory level - in the body. Yoga offers a way to reprogram automatic physical responses” the study continues to explore mindfulness as it is incorporated into their practice with SMI (p. 161). Thus proving movement as a useful tool for healing and working with trauma and mental illness. At the intersection of mental illness and art I find the potential for communication.

## Art and Homelessness

For an individual, it has been studied that contributing economically and socially has proven to be a major step towards healing, complementing the views of Marmot (2004). Marmot states that there are fundamental human needs: influence on personal life and participation within society to contribute to something bigger than themselves. By looking at animals and humans alike, tests have proven that by taking away control, changes in the brain happen as the body releases hormones such as cortisol, adrenaline, and noradrenaline that eventually lead to “biological changes” (p. 153). The long term effects can lead to higher risks in diabetes and heart disease. Yet, a way to counteract these symptoms relies on the ability of the individual to participate fully in society, “people who are supported and participate in social networks have better health than those who do not” (p. 153). Further investigation may reveal how Marmot’s Fundamental Needs intersect youth homelessness and art. To further evaluate the intersection of

art and youth homelessness Vela, Ikonomopoulos, Dell'Aquila, and Vela, (2016) find “creative journal arts therapy shows promise as an effective method for improving self-esteem and hope” (p.10). Journals were used as a medium for those with low self-esteem to heal themselves. At the intersection of art and youth homelessness I find the potential for healing.

## Youth Homelessness and Mental Illness - Trauma

Literature on homeless youth as a subpopulation of the Homeless population, reveal unique needs that merits further investigation. Narendorf, et al. (2018) state that, “studies suggest that most homeless youth and young adults ... may require more extensive support for longer periods of time than those often provided by rapid rehousing programs to successfully transition to permanent independent housing” (p. 164). Furthermore, investigation into the unique needs of the homeless youth subpopulation reveal a lack of resources for homeless youth with eating disorders (Luongo, 2018).

Luongo (2018) studied and interviewed a select group of individuals in regard to eating disorders and results demonstrated that self-starvation and substance abuse were a means to moderating their “thinness” in most all cases of homeless youth (p.41). The media has impacted these individuals by constructing their ideas around body weight, according to Luongo. Themes that continued to emerge around body image with homeless youth led to a discovery in a lack of programs for homeless youth to address eating disorders, as it was much easier to find resources for substance abuse. As the homeless youth issue is multi-faceted, programs need to address the complexities that surround youth homelessness such as eating disorders and the longer periods of time needed for youth to transition to independence. Narendorf, et al. (2018) also state:

Although the concept of trauma is subjective, incorporating an individual's perceptions, emotions, and responses to an adverse or stressful event, the literature suggests that

abuse, child welfare experiences, and juvenile justice system experiences are indeed traumatic for many young adults experiencing homelessness, and are associated with a variety of negative health and social outcomes (p. 164).

Programs that are developed for this demographic must take into consideration the transformative work that the individual must undergo in order to find success. Evans-Campbell (2008) states that historical trauma is found on various levels that involve “the individual, the family, and the community” (p. 322). Many contributing factors are influencing the individual on many different social and personal levels, not revealing the finer intricacies of the issue.

Certain characteristics have become associated with historical trauma that can be seen as a symptom of the experience. Evans-Campbell refers to the individual showing, “anger, an impaired ability to bond, transposition, guilt and somatic symptoms” (2008, p. 323). Yet through the experience of historical trauma these individuals shared many coping mechanisms such as “deep emotional attachments with others, holding traditional values, helping others, and focusing on future generations” (p. 323). Evans-Campbell (2008) also refers to Microaggressions that are experienced by individuals, communities, and families of diverse ethnic populations that have a “significant toll on the identities of members within the demographic” (p. 327). Finally, Evans-Campbell refers to “Colonial Trauma Response (CTR) which, despite generations of oppression, focuses on strengthening the bonds of the family by focusing on the “need for close community ties” (p. 333). Colonial Trauma Response is a natural instinct to bond closely with one another during times of hardship.

## Mental Illness and Art - Communication

Children have always been an investment in the future. Narendorf, et al. (2018) state that, “the largely untapped resilience of this population is increasingly gaining national

attention, leading HUD [Department of Housing and Urban Development] to establish ending youth and young adult homelessness as a key policy priority” (p.157).

At the center of it all, trauma can be seen in various capacities that show the enduring resilience that homeless youth face each and every day. Processing this trauma is done in a way similar to what Berry, Kim, Minde, and Mok (1987) state that, “some individuals possess a variety of coping strategies that allow them to adapt successfully to acculturation (low acculturative stress) while others are unable to cope, leading to high acculturative stress” (p. 495). They go on to find that “acculturation refers to psychological changes in an individual (in both behavior and internal characteristics) whose cultural group is collectively experiencing acculturation” (p.492). In other words, those experiencing trauma are undergoing psychological changes that have biological impact over time. Berry, Kim, Minde, and Mok (1987) asserts, “acculturation sometimes enhances one’s life chances and mental health and sometimes virtually destroys one’s ability to carry on” (p. 493). There is a spectrum of reaction to the stress that comes with affordable housing leaving some in better positions than others both mentally and physically. Homelessness, acculturation, and stress have an impact on the body in similar ways.

Gussak, David, Marcia, and Rosal (2016) explore cognitive behavioral theoretical perspectives, highlighting Cognitive-Behavioral Therapies (CBTs), a highly effective and useful therapeutic approach for “anxiety disorders including PTSD, depression, eating disorders, schizophrenia, personality disorders, criminality, substance abuse disorders, etc.” Common elements of both CBT include:

(1) developing healthy and flexible adaptation strategies in order to enhance the chances of survival and improve life; (2) understanding cognitions, including inner speech and mental imagery, as antecedents to behavior; and (3) promoting pragmatic solution generation for helping individuals under duress and as an efficient way to relieve stress and enhance coping. (p. 70)

Current knowledge surrounding mental illness in the homeless community is limited. Even less documentation exists for art and the experience of professionals working with traumatized people. Gussak, et al. (2016) note “because of the diversity and intricacy of the practice of art therapy there are... very few texts...that have comprehensively captured all aspects of the field” (p. 1). Having shown change from the past, art therapy has come to be understood as multi-faceted and highly psychological.

To echo Evans-Campbell (2008), there are theories that enlighten the behavioral adaptations involved in social learning. Hogset and Barrett (2010), Dobberfuhr-Quinlan (2018), as well as Foster and Rosenzweig (1995) describe Active Learning, also referenced by Dobberfuhr-Quinlan (2018) as SocioCultural Theory, as a practice that is learned from one individual to another. Hogset, et al. (2010) describes learning as a social exponential growth where individuals learn and construct beliefs from influence others in their community. Dobberfuhr-Quinlan (2018) found that “physiological development alone does not direct the development of a child’s knowledge” but social interaction is also fundamental to development (p. 265). Furthermore, Hogset, et al. (2010) continue to find the construction of belief as reinforced by a desire to harmoniously sync personal belief and social influence. Foster et al. (1995) state “the principal feature that distinguishes external effects due to learning from those due to mere mimicking or social pressure is that an individual's productivity, not just his or her behavior, is affected by his or her neighbor's behavior” (p. 1167). The literature surrounding Active Learning enlightens this study by revealing the behavioral adaptations involved in social learning. Individuals are influenced by those in their community in an effort to harmonize with one another.

## Art and Homelessness - Healing

Art therapy may act as a catalyst for clients to communicate with their professional. Because professionals are trying to communicate with clients who may be unable to verbalize their issues, art acts as a non-verbal way to investigate and communicate with one another. Art builds pathways for connecting with one another as described in Gussak (2016):

The creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight (pg. 1).

In a recent review of the literature on homelessness, Hanratty (2017) argued that “a \$100 increase in median rents would increase the homeless rate by 2 persons per 10,000” showing how close some stand on the brink of homelessness in high rental cost urban cities. People can experience homelessness or become chronically exposed to it. The Interagency Council on Homelessness (2003) states that:

Individuals experiencing chronic homelessness are heavy users of costly public resources, including: emergency medical services, psychiatric treatment, detox facilities, shelters, law enforcement/corrections (p.4). A recent study demonstrated \$16,282 savings in emergency service costs per person placed in supported housing and also showed that more resources [are left] to address other homeless subpopulations, including youth and families (p. 19).

These numbers show the finances associated with homelessness if left unaddressed while population numbers continue to grow. Besides the chronically homeless, there are homeless individuals, veterans, families, and youth.

The issue of homelessness is complex and the psychological perspective of the individual needs further investigation. What I set out to learn was how art and homelessness intersect. I found mental illness as a contributing factor holding enough value in regard to art and homelessness. The three categories of homelessness, mental illness, and expressive arts

engagement are intrinsically tied. To understand what was at the intersection of all three topics I turned to professionals in social service organizations for their experience after having found limited research in my investigation.

## Literature Review Summary

Although HUD stated the goal to end youth homelessness, healing mental illness must be integrated into the solution. Studying mental illness in the homeless youth community, I am looking to discover methods that contribute to healing. These methods may help develop a greater understanding of well-being and its relationship to mental illness and youth homelessness. This issue is complex because basic needs such as shelter and food trump other needs such as mental health. Typically, assisting the homeless community is left to social service organizations. Employees involved in these programs have critical insight to understanding the complex ecosystem that surrounds homelessness.

First I compared the literature on youth homelessness and mental illness in the United States to demonstrate the gaps and intersections among the research. Second, I looked at mental illness and art to closely examine their ties. I found that expressive art engagement and homelessness may act as a catalyst for healing mental illness by helping to achieve Marmot's Fundamental Human Needs, control and contribution. Research related to Active Learning states social practice is learned from one individual to another. Active Learning impacts behavioral and mental health.

Findings help explain the behavioral conditions of mental illness and the transformative power of art through facilitated experiences. The social practice of integration with others allows for the transfer of knowledge from one person to another. Healing mental illness lies in the



qualitative understanding that building community with others can lead to transformative change. In combination with the therapeutic qualities of art, continued discourse on healing mental illness in the homeless youth population will develop.

## Methods

The chart below represents the two sources for prospecting professionals to interview. First, GuideStar was used as an online search engine for exploring registered legal entities. Second, referrals from those interviewed allowed me to expand on the pool of professionals being interviewed.

| Source                                  | Aim   | Data Collection   |
|---|---|---|
| <b>GuideStar</b>                        | <b>Find eligible nonprofits whose mission incorporates art and homelessness in Boston, MA and Minneapolis, MA</b> | <b>Nonprofit organizations</b>                                      |
| <b>Referral Partners and Interviews</b> | <b>Leverage the relationships of professionals working in the prospected social service organizations</b>         | <b>Experience of the professionals working with mental illness.</b> |

In the following, I research methods used by professionals working with traumatized communities to gain a better understanding of how those methods can be applied to solving homelessness. I then use the themes sourced from interviews to discover a model that integrates the arts into the healing practices of mental illness in the homeless community. By looking at homelessness through the lens of healing, personal well-being, and expressive arts engagement, a different way of communicating can develop in the multi-faceted phenomena surrounding

homelessness and the path of healing mental illness. The research methods chosen for this analysis includes a comprehensive literature review and qualitative research.

In pursuing a phenomenological study, I chose an interview method to gather qualitative data. Interviewing professionals seemed to be the most efficient method to conduct research for this study because of the ability to interview professionals in Minnesota and Massachusetts, via telephone. I then reviewed measurable comparisons to create an objective analysis with the large amounts of data sourced from the telephone interviews. Analysis of this data then identifies the themes found in the interviews. This method helps me understand the perceptions and experiences of professionals working with mental illness. The focus of the interviews was to illuminate ways in which professionals experience and work with expressive arts engagement, mental illness, and youth.

Creswell (2007) describes phenomenological study as “the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (p. 76). Homelessness as a phenomenon is complex. Thus the answer is complex. Two phases were followed to acquire professionals working in social service programs. Phase one required research on GuideStar, a database for nonprofits that allowed me to focus in on keywords in the mission statements of nonprofit organizations in Minneapolis and Boston. During the database search of applicable resources there were keywords used such as: mental health, art therapy, music, complementary therapies, sensory art, psychotherapy, rehabilitation, homeless youth, health, housing and homeless.

A prospective list was gathered for organizations working at the intersection of art, mental illness, and homelessness. These included: Shelter Music Boston, zAmya Theater Project Minneapolis, Kulture Klub Minneapolis, and Eureka Ensemble Boston. Phase two obtained the

personal recommendations of referrals and were noted as a Dance Movement Therapist in Minneapolis and three social workers employed with Minneapolis public education working with youth, totaling eight participants. The application of both phases allowed me to work simultaneously in recruiting and interviewing participants.

## Findings

### Limitations

Although the phenomenological study was designed in a way to ensure the accuracy of findings, there were influences that inevitably impacted the way research was conducted. My undergraduate degree in dance introduced me to the Dance Movement Therapy referenced in this study. The nonprofit organizations selected were music oriented arts entities working with the homeless population. My background as a french horn player and professional dancer influenced the bias this study has for music, and dance mediums, and less for others. Referrals were given to me to gain access to the social workers involved. Also, the organizational locations were chosen because I have called both cities of Minneapolis and Boston home. Finally, time to conduct the study was also a limitation to this study. While some professionals indicate success with the practice of arts engagement, it is not possible to do more than make simple correlations between these practices and these successes. Furthermore, measures of success used by different professionals are, for the most part, subjective and show variation. Limitations include bias, the inaccuracy in participant responses, the inability to monitor the validity of responses, the inability to record all observations, the assumption that participants understand the questions being asked, and the amount of time needed to interview participants.

## Interviews with Eight Professionals

There were consistent questions throughout the eight interviews with professionals working in social service programs. Clients of the professionals interviewed included youth in schools, as well as homeless and mentally ill individuals, families, and youth. Answers are kept anonymous and I screened the responses for themes that emerged in each question. Furthermore, the answers to these questions illuminate the experiences of professionals with valuable information on how to work with homeless and mentally ill youth.

Question 1: What is your understanding of the difference between arts therapy and arts engagement?

*Eight out of eight people answered affirmatively*

Arts therapy was defined as certified, licensed and trained professionals working with clients to address behavior. Arts engagement was defined as more communal, expressive and inclusive with no objective for behavioral change or a psychoanalytic perspective.

Question 2: Have you seen mental illness within the members your organization works with?

*Eight out of eight people answered affirmatively*

Yes

Question 3: What does mental illness look like based on your experience?

*Eight out of eight people answered affirmatively*

Seen by professionals in the field are chronic behaviors that are diagnosed and undiagnosed (such as depression, PTSD, schizophrenia, aggression, narcissism, bipolar disorder, anxiety) across cultures and genders.

Question 4: Do you currently implement any art therapy workshops or residencies for your members?

*Seven out of eight people answered affirmatively*

A range of residencies exist from theater warm ups, drawing, painting, dancing, singing, animal therapy, and chill zones in specific spaces.

Question 5: What are some of the success stories in your method of working?

*Eight out of eight people answered affirmatively*

Connecting people with parts of themselves, small victories in behavior based changes, improved self-esteem, learning self-care and teamwork, a shift from isolated to connected bonding with others.

Question 6: What negative experiences have participants had?

*Seven out of eight people answered affirmatively*

You can't make someone change, only when ready can clients change their behavior. It was noted that some sessions have triggered past experiences re-opening traumatic emotional wounds requiring the facilitation of a licensed professional.

Question 7: What are the core elements that contribute to the success of these models?

*Seven out of eight people answered affirmatively*

Journals to carry with them acting as stability in a world of little control, reading aloud a code of ethics before beginning exercises, humbled honor to be chosen by the person to help them, relationship building, peer leadership where the client is contributing and reflecting on themselves and their behavior.

Q8 - What approaches would improve the operating environment for member's engagement with art?

*Six out of eight people answered affirmatively*

More flexible tools for complex trauma kids, a need for trauma-informed doctors in schools. The Institutions receiving the workshop need an open mind, a really great staff member acting as a liaison for the partnered organizations, the included participation of social workers during workshops at the shelter, a social understanding of *houselessness* and the ability to instill a spiritual sense of home in people. Other topics included more groups doing creative interventions, grants, resources, capacity, and artists growing with this work as an outlet for their talents.

Q9 - Do you have anyone that you recommend I interview based on your knowledge of the study?

*Four out of eight people answered affirmatively*

Four referrals were given and interviewed for this study

## Analyses

Five key themes emerged from the interviews exploring what qualitative research reveals about professionals working with mental illness:

- 1) Art can be therapeutic which is different from art therapy that is facilitated with a licensed professional

During my interview with a Dance Movement Therapist they were able to specify the ethical issues in the difference between arts engagement and creative arts therapy. They agreed that the mediums for comparing arts engagement and creative arts therapy are the same. Furthermore, art can lead to transformative impacts. Art therapies, they defined in particular to Dance Movement Therapy, focus on therapy trained by clinical professionals that are experienced in the psychological and personal growth of an individual. These professionals are able to focus on deeper issues, as seen in more extreme cases like guiding a highly volatile and suicidal client toward a feeling of safety and comfort, without harming themselves. There is an ethical code that these professionals adhere to guiding them in what they can and cannot do with a client. Arts therapists were described as having no priority for the final product but rather a priority for the ability to respond to extreme mental states that can be diagnosed. They then concluded their answer by noting that art therapists are not prioritizing a finished product unless psychologically relevant, as opposed to an artist with a final product. The Dance Movement Therapist interviewed expressed a clear understanding of the difference between arts engagement and creative arts therapy. Art remains to act as a catalyst for connecting more deeply with one another. This power is reinforced by those that work in the field, alluding specifically to individuals with trauma.

2) Mental illness is broadly defined as behavioral, psychological, and encapsulates a wide range of diagnosed and undiagnosed illnesses

All eight professionals agreed they saw mental illness in their clientele. Professionals provided their experience on what mental illness looks like in their work. The relevance of mental illness in homelessness is confirmed and was described as generational. The scope of homelessness and mental illness are explained to be stemmed from communities deprived of resources leading to generational traumas that never heal. The findings that mental illness is seen by all professional interviewed make a major contribution to the understanding of healing that trauma. Mental illness was also seen specifically as anxiety, depression, grief, very creative, aggressive, narcissistic, debilitating. and as post-traumatic stress. Additionally, it was noted that there were differences in the way mental illness is expressed between genders, male and female clients. Interviews revealed that feeling these emotions of anxiety, depression, stress and grief are felt by everyone but when these emotions prevent the individual from their daily functions it can be debilitating. Mental illness was defined in two interviews as being unable to function in society due to a behavioral issue. These experiences of the professionals working with clientele whose mental health is compromised further illustrate the complexities involved in their line of work. There are confirmed responses to support that there is a wide range of diagnosed and undiagnosed mental illness in the individuals in which they work. Another participant estimated that 20-30% of the young people they work with had a mental illness that they were working through. One professional working in homeless shelters described the environment as volatile. High stress, traumatic experiences, and substance abuse creates a need for healing.

### 3) Success stories with clients

There were many stories of success in the experiences of these professionals. Success has manifested in different ways for their clients, each having unique needs. One professional interviewed expressed a rewarding feeling that comes from connecting clients with parts of themselves that they feel disconnected to such as growing up terrified and not being able to defend themselves or working through pieces of a relationship and sexuality. Similarly, in another interview with a trauma focused professional it was the ability to tell the story of their client. By telling their story the client is able to build different mental pathways in the reflection of trauma so as to access different parts of the brain that calm the body. Prefacing that this particular client was constantly in a state of fight or flight they continued to explain a high priority for the professional during sessions was to address the issue every time. Further discussion led to the neurobiology of trauma and how the hippocampus shrinks and cortisol increases when exposed to trauma. In fact, it was agreed upon that trauma manifests in the body and can be seen as any number of the previously discussed diagnosed and undiagnosed issues.

Continuing to expand on the success stories of these professionals, topics on space and physical objects were explored. One professional working in the nonprofit sector in Boston mentioned establishing a safe space. They were able to create a safe space for the group by reading aloud a code of ethics to anchor their interactions. Phrasing includes key words in the code of ethics such as respect, equality, vulnerability, phrasing as a request, raising your hand, being kind, and growing together. By reading aloud the full text at the beginning of every group session, participants showed significant success. Another nonprofit, in Minneapolis, revealed that distributing journals was highly successful. They mentioned that the journal acted as an anchor in a chaotic world that made the client feel like they had control and a sense of safety. Finally, a



Boston based nonprofit mentioned their success in that they were able to share live music with a shelter, offering relief in the present moment. Clients in this session mentioned the live music sessions at the shelter were life saving for some. These clients were left with a feeling of release, safety, stimulation of auditory pleasure, and made to feel like a human in a world that constantly dehumanizes them. Other methods of resources for counseling included chill zones, animal therapy, motivational interviewing, drawing a picture of their family with verbal reflection, an 8-12-week residency with a licensed facilitator in art therapy integrated with professional working artists, theater warm ups, exploratory writing exercises for theater plays complete with role play, professional singers working with women in shelters to use their voice, and shared leadership roles to feel empowered.

In one specific example, this organization goes into the shelter and performs a concert and workshop with professional singers. During the interview it was revealed that surveys were taken after the concert and statistically there was a significant mood improvement before and after the concert. Employees of the shelter explained that after the concert they could sense a difference in the culture. Perhaps for someone who is suffering because of their circumstances in the shelter they may sleep better, no fights break out after the concert, no one calls 911 for disturbances, and the overall environment is calmed. Finally, our professional brought up the Smithsonian Magazine and a program in Great Britain where doctors are now prescribing art to people.

4) The arts integrate into the successful practice of healing mental illness in the homeless community

A Minneapolis based professional described one experience with expressive arts that was integrated into understanding one clients' non-verbal communication associated with mental

illness. The young client used a journal to write down and reflect on their ideas. As time passed the journal began to slowly change from words to images. The young client had slowly lost the ability to speak verbally as a symptom of his deteriorating mental health and during this time could document the change through his journal. The pages contained images that were described as symbols and shapes. The art in this journal was the only means to communicating with the client in order to stay connected to aiding services. Art was a conduit for communication during this non-verbal time. Slowly as the young client regained mental health the symbols and shapes became words again evolving back into written sentences like the original journal entries.

Another interviewee described using theater as a method in expressive art to connect clients to one another, building community. During this time, it was described that art was used as a method for slowly appreciating the slight shifts in client behavior as they evolve from isolation to connection. Finally, a professional working in voice used the power of a concert to heal their clients. The concert, made up of professional singers, was noted to improve self-esteem. The concerts were interactive and ultimately communicated to the client that their input was valuable - that they, as homeless women in a shelter, were valuable. Those in the shelter described feeling isolated, stressed, and lack self-esteem prior to the concert.

5) Six out of eight professionals have had a negative experience when working with clients who have experienced trauma.

One social service professional shared a negative experience. While on a field trip with, a young teenager began breaking down emotionally. A theater play was the focus of the field trip. During the show, the young teenager watched an aggressively sexual scene which re-triggered their trauma as a survivor of sexual abuse. The symptoms of extreme hysteria were spotted and

addressed constructively by the group facilitator to calm the student. To ensure that the actress was well and to bring closure for the young teenage audience member, the social service group stayed behind to meet the performers after the show. This helped to reiterate that the show was only pretend, the actors were only acting. This is an important experience that is now used as a compass for the conscious effort in investigating content during field trips. Newfound awareness brings with it the responsibility of perspective. Operational practices have used this as a learning experience for the organization and used as an opportunity to adapt appropriately.

For another professional working with the vulnerable homeless population, the theater is used as a means to perform and tell their story. Through a guided process, the participants are able to create a show. This show is prepared in a highly meticulous way alleviating many of the anticipated difficulties their clients may find. Although well planned, it was discussed how sometimes the stress of performing triggers anxiety and trauma. For some, the anxiety leads to a relapse in drug addiction and substance abuse. The very same things that can connect people to one another allowing new relationships to be made, can also cause others to turn to old habits.

Similarly, another interviewee working with traumatized youth emphasized the complexity of these clients lives. On any given day professionals are seeing adolescent girls with a sex abuse background, an unregulated home, and extreme disruption. It was noted that these kids hardly had the time to sit down and breathe, let alone reflect on their lives. The professional mentioned what was taught in academia for social work did not necessarily apply directly to the real world.

Another professional working in homeless shelters shared their story about trauma. One of the clients at the shelter had a habit of grabbing your arm as they spoke to you. For some of the people in the group it was uncomfortable. For the women in the group that are survivors of

sexual abuse would shut down when being touched. For survivors of abuse sometimes being touched can re-trigger old trauma. This experience led to what became a code of conduct that is read aloud at the beginning of every meeting. When read aloud, participants were seen as more calm and willing to participate. Trauma manifests differently for everyone. At the shelter it was common to have paramedics rushing overdosed persons to the hospital. The professional musicians were asked to continue playing despite them asking if it was appropriate to stop. At the shelter there was no shortage of tension. The surprised musicians kept playing and found that for some this was their only moment of peace from the chaos. The music grounded and relaxed the extremely tense atmosphere.

Finally, healing trauma was confirmed to be a slow process that unfolds over time. A Dance Movement Therapist stated that it takes time to understand a client's limits, how far they are willing to go, and if they are ready to be helped. Not all clients are ready to be helped which is something that must be honored. This professional works from a healing and transformative method. There is a perspective for the client that must be realistic in what can be done, what is appropriate, what is possible, how to shift focus, and how to work in a dysfunctional system that does not create more danger for the person. It is a delicate balance.

## Summary of Findings

The relevance of mental illness impacting the homeless community is one small subsection of the larger and more complex issue of affordable housing. The scope of homelessness reaches across the United States casting a shadow encompassing youth, families, and adult individuals.

The findings make a major contribution to the understanding of what lies at the intersection of art, healing, and youth homelessness. The cost of homelessness relies heavily on emergency services, shelters, and rapid rehousing initiatives as described in The Interagency Council on Homelessness (2003, p. 19). This study adds to the research surrounding homelessness by exploring the experiences of those working first hand with a vulnerable population. Findings include:

- 1) Art can be therapeutic which is different from art therapy that is facilitated with a licensed professional
- 2) Mental illness is broadly defined as behavioral, psychological, and encapsulates a wide range of diagnosed and undiagnosed illness
- 3) Success stories with clients
- 4) The arts integrate into the successful practice of healing mental illness in the homeless community
- 5) Six out of eight professionals have had a negative experience when working with clients who have experienced trauma.

## Conclusions and Recommendations

An often overlooked contributing factor to healing mental illness may be found in expressive arts engagement. The solution to youth homelessness is complex. Affordable housing, mental illness, and trauma intersect one another adding more layers to the already difficult issue. In my exploration of a path toward healing I have found that a solution to healing youth homelessness can be found in expressive arts engagement. After interviewing professionals in the field, it is apparent that Marmot's theme of control and contribution are apparent in

successful practices. Whether through journals, consistent meetings, or coping exercises there is sense of control instilled back into the client that empowers them to heal. Marmot (2004) looks at “two fundamental needs” as it applies to the individual (p. 153). These needs in the life of an individual are seen as having control and participation within society. By looking at animals and humans alike, tests have proven that by taking away control, changes in the brain happen as the body releases hormones such as, “cortisol, adrenaline, and noradrenaline” that eventually lead to “biological changes” (p. 153). The long term effects can lead to higher risks in diabetes & heart disease (p.153). Yet, a way to “counteract” these symptoms rely on the ability of the individual to participate fully in society, “people who are supported and participate in social networks have better health than those who do not” (p. 153).

The second fundamental need of contribution to society that Marmot mentions may be achieved using the Active Learning Theory. Active Learning states that knowledge is passed from one individual to another. The fundamental need of Marmot for social contribution reveals Active Learning as a tool for successful integration.

Foster et al. (1995) similarly assert that social practice is learned from one individual to another. This exchange from one person to another references similar practices much like the experience of the professionals with clients during a session. Professionals are teaching clients different avenues to access healing and coping. In my artistic work I have noticed the power of expressive art as a tool for social transformation. I would witness unengaged youth transform into empowered leaders. I also saw some youth respond to movement in ways that would surface old traumas resulting in behavioral outbursts. Integrating expressive art into the solution of youth homelessness may in fact facilitate entry into forming the deep emotional relationships needed in healing with others and feeling a sense of contribution to society. To echo Evans- Campbell

(2008) “yet through the experience of historical trauma these individuals shared many coping mechanisms such as “deep emotional attachments with others, holding traditional values, helping others, and focusing on future generations” (P. 323). Focusing on the mental health needs of children may help break the generational trauma experienced by some marginalized communities.

Art may facilitate the entry point toward building the successful deep and meaningful relationships needed for healing trauma. This is especially true for clients that are non-verbal, unwilling, or unable to speak. Furthermore, current programs do not show capacity for the long term care that is needed for homeless youth throughout their lives.

Organizations should work towards the successful integration of the arts and healing mental illness found among youth homelessness. Youth in the homeless population need support, guidance, and wisdom as innovative programs working with this population continue to develop. Further research is needed on a national and global scale. Many entities are continuing the investigative pursuit of a solution. Attached, are a list of CoCs for Massachusetts and Minnesota that may be reviewed for further investigation as well. This study faces the reality of homelessness in America. It is not surprising that homelessness is complex involving issues in mental health, affordable housing, and trauma. Thus, a solution must ethically answer the simple question: how are homeless youth cared for in America? Taking into consideration the multifaceted phenomena that surrounds homelessness.

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## Appendix 1

# Fiscal Year 2018 Continuum of Care Competition Homeless Assistance Award Report

State

CoC Name

Project Name

Program

Awarded Amount

**Massachusetts**

**MA-500 - Boston CoC**

|  |      |             |
|--|------|-------------|
| Bay Cove Human Services, Inc. – Home At Last   | CoCR | \$581,957   |
| Bay Cove Human Services, Inc. - Winston Road Residence                                       | CoCR | \$59,679    |
| Boston CoC Homeless Management Information System Consolidated                               | CoCR | \$524,480   |
| Bridge Over Troubled Waters, Inc. - Youth Housing Pathways Program                           | CoCR | \$578,614   |
| Casa Myrna Vazquez, Inc. – Survivors Transitioning to Empowerment Program (STEP)             | CoCR | \$269,968   |
| FamilyAid Boston - Home Advantage Collaborative  | CoCR | \$711,509   |
| Heading Home, Inc. - Boston Homeless to Housing  | CoCR | \$187,989   |
| HomeStart, Inc. – Chronic Consolidated Leasing   | CoCR | \$1,653,160 |
| HomeStart, Inc. - Chronic Housing Search Program   | CoCR | \$198,945   |
| HomeStart, Inc. - Chronic Stabilization Program  | CoCR | \$221,371   |
| HomeStart, Inc. - The Apartment Connection   | CoCR | \$1,699,212 |
| HomeStart, Inc. - The Welcome Home Project   | CoCR | \$619,798   |
| Kit Clark Senior Services, Inc. - Walnut Community House                                     | CoCR | \$81,390    |
| Little Sisters of the Assumption d/b/a Project Hope - RRH for Students and Families          | CoCR | \$284,767   |
| MA-500 Coordinated Access Project  | CoCR | \$200,000   |
| Massachusetts Housing & Shelter Alliance, Inc. - Home and Healthy for Good                   | CoCR | \$433,889   |
| Massachusetts Housing & Shelter Alliance, Inc. - Home Front                                  | CoCR | \$235,238   |
| Massachusetts Housing & Shelter Alliance, Inc. - Rapid Re-Housing for Families (R2F2)        | CoCR | \$272,200   |
| MBHP SRO Program   | CoCR | \$376,826   |
| Metropolitan Boston Housing Partnership, Inc. - 2005 Project Based Rental Assistance         | CoCR | \$47,727    |
| Metropolitan Boston Housing Partnership, Inc. - 2006 Sponsor Based Rental Assistance         | CoCR | \$63,622    |
| Metropolitan Boston Housing Partnership, Inc. - Consolidated Sponsor Based Rental Assistance | CoCR | \$2,620,712 |

**State****CoC Name**

| <b><u>Project Name</u></b>  | <b><u>Program</u></b> | <b><u>Awarded Amount</u></b> |
|---|-----------------------|------------------------------|
| Metropolitan Boston Housing Partnership, Inc. - Consolidated Tenant Based Rental Assistance | CoCR                  | \$6,792,230                  |
| Metropolitan Boston Housing Partnership, Inc.- 1999 Tier 1 Project Based Rental Assistance  | CoCR                  | \$93,261                     |
| Metropolitan Boston Housing Partnership, Inc.- 1999 Tier 2 Project Based Rental Assistance  | CoCR                  | \$286,364                    |
| Metropolitan Boston Housing Partnership, Inc.- 2000 Project Based Rental Assistance         | CoCR                  | \$58,546                     |
| New England Center And Home For Veterans - Veterans Welcome Home                            | CoCR                  | \$339,949                    |
| Pine Street Inn - First Home Consolidated   | CoCR                  | \$516,997                    |
| Pine Street Inn, Inc. - Chronically Homeless Housing  | CoCR                  | \$386,679                    |
| Pine Street Inn, Inc. - Housing Works Partnership Consolidated                              | CoCR                  | \$1,878,396                  |
| Pine Street Inn, Inc. - Long Term Stayers Consolidated                                      | CoCR                  | \$1,363,271                  |
| Pine Street Inn, Inc. - Place Me Home Chronic Housing                                       | CoCR                  | \$664,609                    |
| Pine Street Inn, Inc. – REACH Consolidated  | CoCR                  | \$1,497,087                  |
| Saint Francis House, Inc. - Access to Employment  | CoCR                  | \$301,276                    |
| Victory Programs, Inc. - Home Soon Rapid Re-housing Program                                 | CoCR                  | \$181,886                    |

|                       |                     |
|-----------------------|---------------------|
| <b>MA-500 Total :</b> | <b>\$26,283,604</b> |
|-----------------------|---------------------|

**MA-502 - Lynn CoC**

|                                  |      |           |
|----------------------------------|------|-----------|
| Bridgewell Dedicated PLUS        | CoCR | \$172,188 |
| Bridgewell LSA PSH               | CoCR | \$246,695 |
| Bridgewell-Project COPE, Inc. PH | CoCR | \$102,042 |
| HMIS                             | CoCR | \$12,352  |
| LEO AHL PH                       | CoCR | \$52,038  |
| LEO Coordinated Entry            | CoCR | \$40,614  |
| Lynn Shelter Plus Care           | CoCR | \$903,064 |
| Lynn Shelter Plus Care II        | CoCR | \$274,106 |
| Lynn Shelter PSH                 | CoCR | \$49,184  |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-502 Total :</b> | <b>\$1,852,283</b> |
|-----------------------|--------------------|

**MA-503 - Cape Cod Islands CoC**

|                            |      |           |
|----------------------------|------|-----------|
| Cape Cod Supported Housing | CoCR | \$239,817 |
|----------------------------|------|-----------|

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| Cape Homes V   | CoCR | \$432,568 |
| Cape Regional Housing Initiative                       | CoCR | \$243,109 |
| Coordinated Entry System Consolidated Application FY18 | CoCR | \$85,292  |
| HMIS MA -503   | CoCR | \$67,356  |
| Housing First  | CoCR | \$149,474 |
| Journey Home   | CoCR | \$109,273 |
| Mainstay   | CoCR | \$73,176  |
| Parkway House  | CoCR | \$85,618  |
| Welcome Home 6   | CoCR | \$132,955 |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-503 Total :</b> | <b>\$1,618,638</b> |
|-----------------------|--------------------|

**MA-504 - Springfield/Hampden County CoC**

|  |      |           |
|--|------|-----------|
| Catholic Charities - RRH 3                     | CoCR | \$465,652 |
| CHD Family PSH                                 | CoCR | \$362,647 |
| CSO-FOH Coordinated Assessment                 | CoCR | \$250,000 |
| CSO-FOH PSH                                    | CoCR | \$246,806 |
| Gandara SHINE RRH                              | CoCR | \$415,760 |
| HMIS   | CoCR | \$61,992  |
| MHA Consolidated S+C                           | CoCR | \$645,696 |
| RVCC CoC Program                               | CoCR | \$316,661 |
| SMOC - Bowdoin/Tranquility Home                | CoCR | \$65,373  |
| Viability Next Step                            | CoCR | \$531,169 |
| VOC - Scattered Site Family Supportive Housing | CoCR | \$131,271 |
| Way Finders - Turning Point                    | CoCR | \$65,112  |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-504 Total :</b> | <b>\$3,558,139</b> |
|-----------------------|--------------------|

**MA-505 - New Bedford CoC**

|                                      |      |           |
|--------------------------------------|------|-----------|
| City of New Bedford HMIS Project 2.0 | CoCR | \$74,524  |
| Family Preservation Program          | CoCR | \$274,604 |



**State****CoC Name****Project Name****Program****Awarded Amount**

|                         |      |           |
|-------------------------|------|-----------|
| Portico                 | CoCR | \$622,163 |
| Prism                   | CoCR | \$114,233 |
| Step Up                 | CoCR | \$286,082 |
| The Call                | CoCR | \$46,757  |
| Transition to Stability | CoCR | \$159,109 |
| Welcome HOME            | CoCR | \$181,445 |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-505 Total :</b> | <b>\$1,758,917</b> |
|-----------------------|--------------------|

**MA-506 - Worcester City & County CoC**

|   |      |           |
|---|------|-----------|
| Central Massachusetts Housing Options                   | CoCR | \$56,299  |
| Coordinated Assessment Program                          | CoCR | \$246,602 |
| Family Housing for the Disabled                         | CoCR | \$300,729 |
| Friendly Family Housing                                 | CoC  | \$391,019 |
| Genesis Supportive Housing                              | CoCR | \$154,172 |
| Green House   | CoCR | \$128,955 |
| GWHC Welcome Home Countywide Supportive Housing Program | CoCR | \$376,299 |
| HIV Supportive Housing                                  | CoCR | \$534,051 |
| Homeless Management Information System                  | CoCR | \$106,999 |
| Leighton Street   | CoCR | \$109,705 |
| North County Supportive Housing                         | CoCR | \$121,933 |
| Oasis House   | CoCR | \$251,683 |
| Safe Haven  | CoCR | \$370,862 |
| SMOC Greater Worcester Housing Connection SHP           | CoCR | \$199,600 |
| South County Homeless Project                           | CoCR | \$163,302 |
| Supportive Housing for the Disabled                     | CoCR | \$110,225 |
| Worcester Area Rental Assistance Project                | CoCR | \$553,422 |
| Worcester County Leased Housing                         | CoCR | \$992,454 |
| Worcester Housing Plus Support                          | CoCR | \$839,031 |

**State****CoC Name****Project Name****Program****Awarded Amount**

Worcester Transitional Housing Consortium

CoCR

\$477,145

Young Adult Rapid Rehousing

CoCR

\$67,140

**MA-506 Total :****\$6,551,627****MA-507 - Pittsfield/Berkshire, Franklin, Hampshire Counties CoC**

3 County CoC Coordinated Assessment

CoCR

\$111,543

3 County HMIS Project

CoCR

\$80,079

A Positive Place

CoCR

\$127,886

Adult Independent Living Program

CoCR

\$43,412

Louison House

CoCR

\$139,091

Northern Berkshire PH

CoCR

\$137,368

Paradise Pond Apartments

CoCR

\$27,247

Project Reach

CoCR

\$24,290

Shelter Plus Care North

CoCR

\$211,239

Village Center SHP

CoCR

\$65,117

**MA-507 Total :****\$967,272****MA-508 - Lowell CoC**

Alternative House, Transitional Housing Program

CoCR

\$169,754

City of Lowell HMIS/Coordinated Entry II

CoCR

\$66,224

Community Teamwork, Inc. Youth RRH

CoCR

\$88,700

Pathfinder Consolidated PH

CoCR

\$338,021

**MA-508 Total :****\$662,699****MA-509 - Cambridge CoC**

AAC: Supportive Housing Ending Homelessness

CoCR

\$121,314

Bridge PSH Expansion

CoCR

\$106,157

Cambridge Coordinated Intake Consolidated

CoCR

\$477,575

Cambridge Dedicated HMIS Consolidated

CoCR

\$35,000

**State****CoC Name****Project Name****Program****Awarded Amount**

|   |      |           |
|---|------|-----------|
| Heading Home: Cambridge Homeless to Housing PSH | CoCR | \$326,129 |
| Heading Home: Cambridge Stepping Stone PSH      | CoCR | \$487,315 |
| Heading Home: Solid Ground PSH                  | CoCR | \$100,589 |
| HomeStart: Going Home PSH                       | CoCR | \$603,712 |
| HomeStart: Key PSH                              | CoCR | \$923,777 |
| Just-A-Start: Rapid Rehousing Project           | CoCR | \$300,448 |
| PRA: YMCA SRO Project                           | CoCR | \$310,817 |
| TRA Consolidated                                | CoCR | \$251,049 |
| Transition House: T-House PSH Consolidated      | CoCR | \$280,043 |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-509 Total :</b> | <b>\$4,323,925</b> |
|-----------------------|--------------------|

**MA-510 - Gloucester, Haverhill, Salem/Essex County CoC**

|                                      |      |           |
|--------------------------------------|------|-----------|
| Campus Apartments Consolidation      | CoCR | \$425,397 |
| Campus TH RRH                        | CoC  | \$126,655 |
| Emerson Street Shelter Plus Care     | CoCR | \$244,097 |
| Evergreen Place I                    | CoCR | \$114,847 |
| HMIS renewal 2018                    | CoCR | \$14,000  |
| North Shore CofC - Coordinated Entry | CoCR | \$128,890 |
| Welcome Home 1                       | CoCR | \$316,456 |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-510 Total :</b> | <b>\$1,370,342</b> |
|-----------------------|--------------------|

**MA-511 - Quincy, Brockton, Weymouth, Plymouth City and County CoC**

|                                       |      |             |
|---------------------------------------|------|-------------|
| BCIJ Consolidated Project             | CoCR | \$2,066,705 |
| HMIS Brockton                         | CoCR | \$113,007   |
| Louis Consolidated Project            | CoCR | \$1,790,099 |
| My Home Consolidated Project          | CoCR | \$776,634   |
| Nicole's Consolidated Project         | CoCR | \$465,615   |
| South Shore Coordinated Entry Project | CoCR | \$165,309   |
| Supportive Housing for Families II    | CoCR | \$231,430   |

**State****CoC Name****Project Name****Program****Awarded Amount**

Work Express Housing

CoCR

\$122,912

**MA-511 Total :****\$5,731,711****MA-515 - Fall River CoC**

|  |      |           |
|--|------|-----------|
| Cornerstone                            | CoCR | \$489,671 |
| Francis House                          | CoCR | \$100,033 |
| Home First                             | CoCR | \$84,611  |
| Home First 2                           | CoCR | \$97,826  |
| Homeless Management Information System | CoCR | \$32,662  |
| Next Step Home Program                 | CoCR | \$465,682 |
| Stone Residence                        | CoCR | \$398,315 |
| The CALL - Fall River                  | CoCR | \$100,088 |

**MA-515 Total :****\$1,768,888****MA-516 - Massachusetts Balance of State CoC**

|   |      |             |
|---|------|-------------|
| Advocates Supported Housing                                   | CoCR | \$542,408   |
| Aggressive Treatment and Relapse Prevention Program (ATARP)   | CoCR | \$766,860   |
| Bedford Veterans Quarters                                     | CoCR | \$73,208    |
| Brookline Rental Assistance for the Chronically Homeless      | CoCR | \$51,700    |
| Brookside Terrace S+C   | CoCR | \$271,035   |
| Chelsea-Revere Homeless to Housing                            | CoCR | \$584,882   |
| Community Housing Initiative                                  | CoCR | \$128,400   |
| Community Housing S+C   | CoCR | \$771,307   |
| Corley's Project  | CoCR | \$333,835   |
| Disabled Family Leasing                                       | CoCR | \$312,985   |
| Greater Boston Mobile Stabilization Team                      | CoCR | \$198,955   |
| Greater Boston Rental Assistance for the Chronically Homeless | CoCR | \$365,402   |
| Greater Boston Sponsor Based S+C                              | CoCR | \$867,941   |
| Greater Boston Tenant Based S+C                               | CoCR | \$1,092,722 |

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| HMIS Continuous Quality Improvement                          | CoCR | \$157,873 |
| HOAP S+C   | CoCR | \$400,335 |
| Home Again/Fresh Start                                       | CoCR | \$188,947 |
| HomeRISE   | CoCR | \$211,672 |
| Housing Pronto   | CoCR | \$195,822 |
| Journey to Success   | CoCR | \$329,268 |
| JRI Supportive Housing-Hope for Families Program             | CoCR | \$113,844 |
| Julie House  | CoCR | \$111,194 |
| LINCOLN ST   | CoCR | \$91,661  |
| METROWEST LEASED HOUSING                                     | CoCR | \$125,279 |
| Metrowest SH   | CoCR | \$132,839 |
| Mystic Valley Homeless to Housing                            | CoCR | \$923,875 |
| NEW BEGINNINGS   | CoCR | \$128,710 |
| North East Scattered Site Tenancy S+C                        | CoCR | \$186,694 |
| North Star Housing   | CoCR | \$552,562 |
| Oxford House   | CoCR | \$40,019  |
| Post-Acute Treatment Services / Pre-Recovery Services (PDPR) | CoCR | \$552,017 |
| Proyecto Opciones  | CoCR | \$248,439 |
| Scattered Site Transitional Apartment Project                | CoCR | \$211,891 |
| SMOC MetroWest Permanent Supportive Housing Program          | CoCR | \$310,983 |
| Supportive Occupant Services                                 | CoCR | \$80,862  |
| Tri-City Rental Assistance Project                           | CoCR | \$145,076 |
| TSS TH-RRH   | CoC  | \$260,815 |
| Vietnam Veterans Workshop S+C                                | CoCR | \$270,346 |
| YWCA Fina House Project                                      | CoCR | \$23,626  |

|                       |                     |
|-----------------------|---------------------|
| <b>MA-516 Total :</b> | <b>\$12,356,289</b> |
|-----------------------|---------------------|

**MA-517 - Somerville CoC**

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| Better Homes 4                         | CoCR | \$96,863  |
| Coordinated Entry                      | CoCR | \$100,605 |
| HMIS Dedicated                         | CoCR | \$69,300  |
| Shelter Plus Care                      | CoCR | \$168,427 |
| ShortStop Transitional Housing Program | CoCR | \$240,315 |
| Somerville Better Homes 3              | CoCR | \$164,984 |
| Somerville Stepping Stones             | CoCR | \$62,953  |
| Turn the Key                           | CoCR | \$993,189 |

|                       |                    |
|-----------------------|--------------------|
| <b>MA-517 Total :</b> | <b>\$1,896,636</b> |
|-----------------------|--------------------|

**MA-519 - Attleboro, Taunton/Bristol County CoC**

|   |      |           |
|---|------|-----------|
| Homes With Heart                                      | CoCR | \$190,081 |
| Moving Forward II                                     | CoCR | \$385,526 |
| Steadfast   | CoCR | \$191,813 |
| The CALL Attleboro/Taunton and Greater Bristol County | CoCR | \$27,357  |

|                       |                  |
|-----------------------|------------------|
| <b>MA-519 Total :</b> | <b>\$794,777</b> |
|-----------------------|------------------|

|                              |                     |
|------------------------------|---------------------|
| <b>Massachusetts Total :</b> | <b>\$71,495,747</b> |
|------------------------------|---------------------|

# Fiscal Year 2018 Continuum of Care Competition Homeless Assistance Award Report

State

CoC Name

Project Name

Program

Awarded Amount

**Minnesota**

## **MN-500 - Minneapolis/Hennepin County CoC**

|   |      |             |
|---|------|-------------|
| Alliance Apartments Renewal 2018                                | CoCR | \$40,240    |
| Anishinabe Wakiagun Renewal 2018                                | CoCR | \$81,111    |
| Avenues Rapid Rehousing for Young Families                      | CoCR | \$182,656   |
| Cabrini Partnership FY 2018                                     | CoCR | \$277,983   |
| Central Apartments Renewal 2018                                 | CoCR | \$228,087   |
| Collaborative Village FY 2018                                   | CoCR | \$128,625   |
| Consolidated Prosperity Village and Camden FY2018               | CoCR | \$408,060   |
| Coordinated Entry Assessors                                     | CoCR | \$165,115   |
| Emanuel Housing Renewal 2018                                    | CoCR | \$84,800    |
| Employment Enriched Family Rapid Rehousing Project FY 2018      | CoCR | \$888,922   |
| Hennepin - Hearth Consolidated 2018                             | CoCR | \$1,160,126 |
| Hennepin County Family Rapid Rehousing Program FY 2018          | CoCR | \$503,868   |
| Hennepin County Project Connect 2018                            | CoCR | \$353,977   |
| Higher Ground Minneapolis 2018                                  | CoCR | \$140,769   |
| HOPE Harbor   | CoCR | \$241,784   |
| Hope Street 2018  | CoCR | \$112,365   |
| Journey Homes   | CoCR | \$161,023   |
| Lydia Apartments Renewal 2018                                   | CoCR | \$292,491   |
| Matrix Rapid Rehousing  | CoCR | \$376,857   |
| Metro HRA Hennepin County COC 2018                              | CoCR | \$1,924,368 |
| Metro/Hennepin ELTH Project IV (aka Hearth Connection CoC 2009) | CoCR | \$209,284   |
| MN HMIS Hennepin  | CoCR | \$298,733   |

**State****CoC Name**

| <b><u>Project Name</u></b>                            | <b><u>Program</u></b> | <b><u>Awarded Amount</u></b> |
|---|-----------------------|------------------------------|
| MPHA Project Connect Family Rental Assistance FY 2018 | CoCR                  | \$94,896                     |
| Perspectives Housing Rental Assistance FY2018         | CoCR                  | \$141,048                    |
| Perspectives Permanent Housing Program                | CoCR                  | \$184,784                    |
| Perspectives Transitional Housing Program             | CoCR                  | \$171,173                    |
| Portland Village Renewal 2018                         | CoCR                  | \$161,368                    |
| RESOURCE Inc 2017 Expansion                           | CoCR                  | \$834,841                    |
| Simpson Family Housing Renewal FY2018                 | CoCR                  | \$213,910                    |
| Simpson Site-Based Supportive Housing Renewal FY2018  | CoCR                  | \$74,929                     |
| Simpson Young Parent Renewal FY2018                   | CoCR                  | \$177,573                    |
| Stevens Supportive Housing Program                    | CoCR                  | \$408,162                    |
| The Link LGBTQ Rapid Rehousing Program 2018           | CoCR                  | \$238,363                    |
| The Link Transitional Housing Program 2018            | CoCR                  | \$537,236                    |
| Tubman Transitional Housing                           | CoCR                  | \$97,085                     |
| Youth Housing Project 2018                            | CoCR                  | \$236,803                    |
| <b>MN-500 Total :</b>                                 |                       | <b>\$11,833,415</b>          |

**MN-501 - St. Paul/Ramsey County CoC**

|  |      |           |
|--|------|-----------|
| ADYC Permanent Supportive Housing 2018                   | CoCR | \$199,280 |
| Avenues to Independence                                  | CoCR | \$223,551 |
| Coordinated Entry 2018                                   | CoCR | \$203,000 |
| Crest View Community FY2018                              | CoCR | \$292,896 |
| East Metro Place II Permanent Supportive Housing         | CoCR | \$68,977  |
| Emma's Place 2018  | CoCR | \$143,217 |
| Families First Supportive Housing Program                | CoCR | \$231,846 |
| Fort Road Flats FY 2018                                  | CoCR | \$103,072 |
| Higher Ground St. Paul 2018                              | CoCR | \$543,471 |
| Homeless Youth Programs Transitional Living Program 2018 | CoCR | \$51,739  |
| Hospital to Home Consolidated                            | CoCR | \$520,276 |



**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |             |
|--|------|-------------|
| Lexington Commons Renewal 2018                           | CoCR | \$86,825    |
| MN HMIS Ramsey Consolidated                              | CoCR | \$144,758   |
| MN Place Wilder Renewal FY20                             | CoCR | \$36,179    |
| Prior Crossing 2018                                      | CoCR | \$130,160   |
| PSH Cleveland Saunders 2018                              | CoCR | \$20,002    |
| PSH MLK Court 2018                                       | CoCR | \$25,000    |
| Ramsey Co Coordinated Entry                              | CoCR | \$122,042   |
| Ramsey Coordinated Entry for Youth 2018                  | CoCR | \$81,191    |
| Ramsey County COC 2018                                   | CoCR | \$846,144   |
| Ramsey RA 2018   | CoCR | \$1,046,352 |
| Rezek House 2018   | CoCR | \$107,518   |
| ROOF Project Wilder Renewal FY20                         | CoCR | \$832,498   |
| Seventh Landing Renewal 2018                             | CoCR | \$46,396    |
| St. Philip's Gardens SHP 2018 NOFA Renewal               | CoCR | \$23,606    |
| Theresa Living Center - Caroline Family Services FY 2018 | CoCR | \$54,852    |
| Upper Post Veterans Community Renewal 2018               | CoCR | \$60,798    |
| Village Place 2018                                       | CoCR | \$466,996   |
| YWCA THP 2018  | CoCR | \$80,585    |

|                       |                    |
|-----------------------|--------------------|
| <b>MN-501 Total :</b> | <b>\$6,793,227</b> |
|-----------------------|--------------------|

**MN-502 - Rochester/Southeast Minnesota CoC**

|   |      |           |
|---|------|-----------|
| BEC RA 2018   | CoCR | \$130,485 |
| Castleview 1  | CoCR | \$57,042  |
| Castleview Apartments                               | CoCR | \$84,128  |
| Cherry Ridge Consolidated Rental Assistance FY 2018 | CoCR | \$54,707  |
| Coordinated Entry System FY2018                     | CoCR | \$134,047 |
| Gage East   | CoCR | \$85,295  |
| Hearth SE 2018                                      | CoCR | \$62,558  |

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| Maxfield Place                                     | CoCR | \$163,216 |
| MN HMIS Southeast                                  | CoCR | \$62,480  |
| Prairiewood PSH Expansion                          | CoCR | \$178,043 |
| Progress Program FY 2018                           | CoCR | \$36,098  |
| PSH Zumbro Valley 2018                             | CoCR | \$171,932 |
| Radichel Veteran Townhomes 2018 Renewal            | CoCR | \$163,328 |
| Red Wing Shelter + Care, 2 Units 2018 (MN0246)     | CoCR | \$20,538  |
| Ruth's House of Hope- Permanant Supportive Housing | CoCR | \$185,680 |
| SE MN Rapid Rehousing                              | CoCR | \$172,439 |
| Silver Creek Corner                                | CoCR | \$59,335  |
| The Francis  | CoCR | \$87,312  |

|                       |                    |
|-----------------------|--------------------|
| <b>MN-502 Total :</b> | <b>\$1,908,663</b> |
|-----------------------|--------------------|

**MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC**

|  |      |           |
|--|------|-----------|
| 2018 SMAC PSH Project  | CoCR | \$253,969 |
| Anoka County COC 2018  | CoCR | \$228,984 |
| CCCD A CoC PSH   | CoCR | \$85,284  |
| Dakota County CDA Shelter + Care 2018                                | CoCR | \$232,320 |
| Dakota Permanent Supportive Bryant & Aldrich Operations Renewal 2018 | CoCR | \$27,751  |
| Granada Lakes Renewal 2018   | CoCR | \$20,085  |
| Hearth SMAC 2018   | CoCR | \$113,888 |
| MN HMIS SMAC   | CoCR | \$140,872 |
| Mosaic2018   | CoCR | \$41,874  |
| Permanent Housing for Chronic Homeless                               | CoCR | \$218,928 |
| Scott Carver Dakota Permanent Supportive Housing Project 2018        | CoCR | \$45,546  |
| Scott Carver HUD Rapid Re-housing 2018                               | CoCR | \$175,076 |
| Scott Carver Permanent Housing Combo Grant 2018                      | CoCR | \$82,417  |
| Supportive Housing Program - Dakota                                  | CoCR | \$617,454 |

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| The Link SMAC Youth Rapid Rehousing Program 2018 | CoCR | \$430,525 |
| The Link Youth PSH 2018                          | CoCR | \$59,544  |
| Washington County S Plus C 2018                  | CoCR | \$256,128 |

|                       |                    |
|-----------------------|--------------------|
| <b>MN-503 Total :</b> | <b>\$3,030,645</b> |
|-----------------------|--------------------|

**MN-504 - Northeast Minnesota CoC**

|   |      |           |
|---|------|-----------|
| Fond du Lac Veterans Housing 2018               | CoCR | \$28,195  |
| Itasca County HRA SPC Renewal 2018              | CoCR | \$73,800  |
| Itasca Transitional Housing 2018 MN0079L5K41810 | CoCR | \$30,867  |
| LIFE Transitional Housing 2018                  | CoCR | \$19,879  |
| MN HMIS Northeast                               | CoCR | \$19,999  |
| North Shore Horizons Rental Assistance 2018     | CoCR | \$13,464  |
| Northeast Minnesota Rapid Re-Housing            | CoCR | \$102,481 |
| Outreach Center Apartment FY 2018-B             | CoCR | \$19,518  |
| Transitional Housing Lake/Cook Counties         | CoCR | \$26,271  |
| Veteran Outreach Program NECOC 2018 Renewal     | CoCR | \$99,234  |

|                       |                  |
|-----------------------|------------------|
| <b>MN-504 Total :</b> | <b>\$433,708</b> |
|-----------------------|------------------|

**MN-505 - St. Cloud/Central Minnesota CoC**

|  |      |           |
|--|------|-----------|
| 2018 FY Cass County Scattered Site Rapid Rehousing | CoCR | \$83,405  |
| 2018FY Cass County Permanent Supportive Housing    | CoCR | \$41,143  |
| Belle Haven Renewal 2018                           | CoCR | \$40,229  |
| Central Coordinated Entry Navigator 2018           | CoCR | \$64,197  |
| Central MN Rapid Re-housing 2018                   | CoCR | \$174,691 |
| Coordinated Entry 2018                             | CoCR | \$50,000  |
| Eastern Region Coordinated Entry Housing Navigator | CoCR | \$64,197  |
| Ex-Offender and other Rapid Re-Housing Program     | CoCR | \$119,145 |
| FY2018 Our Home                                    | CoCR | \$111,171 |
| MN HMIS Central                                    | CoCR | \$41,099  |

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| Northern Coordinated Entry Navigator 2018                | CoCR | \$64,197  |
| Rapid Rehousing-Central Minnesota-Single Households 2018 | CoCR | \$74,537  |
| River Crest  | CoCR | \$41,555  |
| Shelter Plus Care Five                                   | CoCR | \$68,676  |
| Shelter Plus Care One                                    | CoCR | \$324,252 |
| Shelter Plus Care Seven                                  | CoCR | \$33,036  |

|                       |                    |
|-----------------------|--------------------|
| <b>MN-505 Total :</b> | <b>\$1,395,530</b> |
|-----------------------|--------------------|

**MN-506 - Northwest Minnesota CoC**

|  |      |           |
|--|------|-----------|
| 2018FY AI Permanent Supportive Housing       | CoCR | \$62,045  |
| 2018FY Beltrami Permanent Supportive Housing | CoCR | \$112,266 |
| 2018FY Conifer Transitional/Rapid Rehousing  | CoCR | \$40,255  |
| Evergreen Youth PSH Renewal 2018             | CoCR | \$163,647 |
| ICCC 2018 Permanent Supportive Housing       | CoCR | \$42,169  |
| MN HMIS Northwest                            | CoCR | \$10,658  |
| Northwest Coordinated Entry 2018             | CoCR | \$36,217  |
| Tri-Valley PSH 2018                          | CoCR | \$138,146 |
| VIP Transitional Housing 2018                | CoCR | \$21,656  |
| VIP-RRH-2018                                 | CoCR | \$35,258  |

|                       |                  |
|-----------------------|------------------|
| <b>MN-506 Total :</b> | <b>\$662,317</b> |
|-----------------------|------------------|

**MN-508 - Moorhead/West Central Minnesota CoC**

|  |      |           |
|--|------|-----------|
| HRA Cares                                  | CoCR | \$573,297 |
| MN HMIS West Central                       | CoCR | \$33,359  |
| Permanent Supportive Housing Project 19-20 | CoCR | \$186,488 |
| WCMCA Rapid Rehousing Renewal 2018         | CoCR | \$46,251  |

|                       |                  |
|-----------------------|------------------|
| <b>MN-508 Total :</b> | <b>\$839,395</b> |
|-----------------------|------------------|

**MN-509 - Duluth/St. Louis County CoC**

**State****CoC Name****Project Name****Program****Awarded Amount**

|  |      |           |
|--|------|-----------|
| Alicia's Place/New San Marco PSH FY2018          | CoCR | \$69,745  |
| Bill's House                                     | CoCR | \$46,029  |
| Bois Forte Shelter Plus Care 2018                | CoCR | \$51,326  |
| Catherine Booth Residence                        | CoCR | \$109,635 |
| Coordinated Entry Project 2018                   | CoCR | \$85,610  |
| Duluth Veterans Place 2018 Renewal               | CoCR | \$71,376  |
| Gimaajii Mino Bimaadizimin 2018                  | CoCR | \$121,218 |
| Homeless Youth Outreach                          | CoCR | \$38,809  |
| Ivy Manor Project                                | CoCR | \$38,056  |
| MACV Duluth SIL 2018 Renewal                     | CoCR | \$46,797  |
| Memorial Park Apartments                         | CoCR | \$45,880  |
| MN HMIS St. Louis                                | CoCR | \$39,280  |
| Permanent Housing Chronic Homeless Project       | CoCR | \$248,706 |
| Permanent Housing Program                        | CoCR | \$402,276 |
| Rapid Rehousing CHUM 2018                        | CoCR | \$117,003 |
| Rapid Rehousing TSA I 2018                       | CoCR | \$113,486 |
| Rapid Rehousing TSA II 2018                      | CoCR | \$71,832  |
| Renaissance 2018 Renewal                         | CoCR | \$42,466  |
| Rental Assistance Combined Grant 2018            | CoCR | \$417,830 |
| Rental Assistance Virginia Youth Foyer FY 2018   | CoCR | \$51,567  |
| Rural St. Louis County Permanent Housing Project | CoCR | \$140,605 |
| S+C I HDC 2018                                   | CoCR | \$135,559 |
| S+C II CHUM 2018                                 | CoCR | \$258,952 |
| San marco  | CoCR | \$62,968  |
| Sheila's Place                                   | CoCR | \$37,925  |
| Steve o'Neil Apartments                          | CoCR | \$97,260  |
| Transitional Housing                             | CoCR | \$128,703 |
| Youth Foyer Operations                           | CoCR | \$68,668  |

**State****CoC Name****Project Name****Program****Awarded Amount**

|                       |                    |
|-----------------------|--------------------|
| <b>MN-509 Total :</b> | <b>\$3,159,567</b> |
|-----------------------|--------------------|

**MN-511 - Southwest Minnesota CoC**

|   |      |           |
|---|------|-----------|
| Country View Place 2018                     | CoCR | \$24,804  |
| Finding a Home 2018                         | CoCR | \$30,426  |
| MN HMIS Southwest                           | CoCR | \$26,500  |
| Permanent Supportive Housing for Youth 2018 | CoCR | \$105,262 |
| Rental Assistance SPC3 2018                 | CoCR | \$126,704 |
| Safe at Home FY2018                         | CoCR | \$103,732 |
| SWHMC HUD SHP FY2018                        | CoCR | \$39,118  |
| UCAP PSH M&M KANDI                          | CoCR | \$148,857 |
| UCAP RRH Consolidated FY18                  | CoCR | \$298,223 |
| Westwind Townhomes FY2018                   | CoCR | \$96,070  |

|                       |                  |
|-----------------------|------------------|
| <b>MN-511 Total :</b> | <b>\$999,696</b> |
|-----------------------|------------------|

|                          |                     |
|--------------------------|---------------------|
| <b>Minnesota Total :</b> | <b>\$31,056,163</b> |
|--------------------------|---------------------|