Photo by Heather Brandon

All roads lead home

THE PIONEER VALLEY'S PLAN TO END HOMELESSNESS

This plan has been supported by the Cities of Holyoke, Northampton and Springfield, MA, and funding from One Family, Inc.

February 2008

table of contents

executive summary

In November 2006, the Mayors of Holyoke, Northampton and Springfield began a conversation about homelessness in the Pioneer Valley, which led to a regional symposium that launched the year-long process that produced this plan. The planning group, co-chaired by Northampton Mayor Clare Higgins and Holyoke Mayor Michael Sullivan, ultimately drew on the knowledge and talents of more than 100 people throughout the Pioneer Valley, with input from Mayors or staff from four more towns and cities—Easthampton, Greenfield, Springfield and West Springfield—as well as from the offices of Senator John Kerry and Representative John Olver, and multiple state agencies, provider agencies, advocates, consumers, leaders of faith communities, educators, and business leaders. The work was done by workgroups that focused on Homelessness Prevention; Housing; Mainstream Services; Chronic Homelessness; and Data and Research. Additional consumer input was collected through interviews of homeless individuals and families. One Family, Inc provided funding support for this plan.

This plan reflects our collective commitment to end homelessness in our region in the next ten years. It sets forth six broad strategies encompassing more than 80 discrete action steps. We will ensure implementation of the plan through creation of the Pioneer Valley Committee to End Homelessness (PVCEH), a volunteer board reflecting community stakeholders, staffed with a full-time director. At the January 2007 Symposium, our regional legislative delegation pledged its support for our agenda.

Specific benchmarks we will achieve include:

PREVENTION: Creation of a collaborative prevention and rapid rehouse network, in which local, state and federal funds are allocated in a coordinated and easy-to-access manner, and which is supported by at least $200,000 per year in flexible regional funds and $150,000 per year in new funds for the Tenancy Preservation Project.

SUPPORTIVE HOUSING: Creation of 260 supportive housing opportunities for individuals; 50 supportive housing opportunities for families; and 4 small Safe Havens housing projects for seriously mentally ill individuals throughout the region.

AFFORDABLE HOUSING: Creation of a regional affordable housing plan and agenda which leads to development of 300 housing units throughout the Pioneer Valley which are affordable to households with incomes at or below 30% of area median income.

EMPLOYMENT: Development of employment and training collaborations involving the Regional Employment Boards, One-Stop Career Centers, employers and homeless providers which will enable at least 100 homeless and at-risk persons to obtain employment each year.

The principles that guide this plan:

- Our community's concern and respect for each of our neighbors, and understanding that it is less costly to end homelessness than to manage it, draws us together to **share the responsibility** of ending homelessness in our region.
- **Every community** in our region needs to contribute and be a part of the solution for us to end homelessness.
- Our region is enhanced by the **diversity of people who live here**, and we support people's opportunity to have stable housing in the community of their choice.
- Solutions to homelessness must be **housing-focused**.
- **Varied, flexible, and accessible supports** must be available to help people retain their housing.
- **Prevention** must be a key part of our strategy, because it is humane, cost-effective, and critical to ending homelessness.
- Strategies that **increase the incomes and assets** of our low-income neighbors provide long-term protection against risk of homelessness.
- The **level of support we provide to our neighbors should be matched to level of need**, and we should create uniform ways to quickly assess level of need.
- **Our plan's success** in increasing housing stability will be ensured through the setting of measurable goals; data collection & analysis; regular assessment of performance; and adjustment of strategies where necessary to achieve our goals.
- **Community education** is necessary to broaden our ability to create policy change at the local, regional, state and federal levels.

The Pioneer Valley

The Pioneer Valley is defined by the Connecticut River, flowing through our three-county area from Vermont to Connecticut. Throughout the region, we are connected by water, which begins in small tributaries and flows into our major river. This interconnectedness is reinforced by the highways that join our region north to south and east to west, and by the farms that supply locally grown food to city tables.

Our region is varied. Franklin County, to the north, is predominantly rural, with open fields and space between towns. Hampshire County, in the middle, is defined by academics, containing five major colleges and universities. And Hampden County, to the south, is predominantly urban, with a suburban ring around its cities. The region is full of natural beauty and cultural amenities, and is cherished by those who live here.

This plan recognizes that among our neighbors are people who live with the crisis of losing their housing. In the same way that we are connected and enhanced by our geography, we are connected and enhanced by community. Our region is strengthened when we see and address need within our community.

Homelessness in the Pioneer Valley

On a single night, January 30, 2007, there were more than 1000 of our neighbors in Franklin, Hampshire and Hampden counties staying on the streets and in shelters.[1] Of these, 349 were single individuals and 636 were persons in families.

Homelessness is a surprisingly frequent occurrence for people living in poverty: almost one in ten experience some homelessness each year. Most of these people fall into homelessness and get back out of it relatively quickly. Usually, homelessness is caused by economic hardship or crisis and is a one-time event.

Over the course of a single year, almost 5000 people in the Pioneer Valley region experience some period of homelessness.[2] Close to half of these are families with children.[3]

Homelessness Is Regional

The causes of homelessness are complex, and include both societal factors—such as housing costs that have outpaced income growth and the loss of manufacturing jobs—and individual factors. At the individual level, the causes of homelessness are most often associated with poverty and disability.

No community in our region is immune from these problems. Your town likely has **poverty** in its midst if it includes child care and retail workers, elderly people on fixed incomes, parenting college students, one-income families split apart by divorce, or young adults with limited education. Your community is also likely to have people with **disabilities** that are severe enough to limit their ability to support themselves. These include people with chronic health problems, people with serious and persistent mental illness, and people with alcohol or drug dependencies.

All of these people throughout our region are at risk of homelessness.

Photo by Heather Brandon

[1] These numbers refer to the entire region, including Springfield.

[2] Number calculations are provided in Appendix B.

[3] These are people in the three-county area who experience "literal" homelessness and spend time in shelters. It does not include the very large number of households that are doubled-up, or are otherwise precariously housed; these households are considered "at risk."

Homelessness Is Not Just an Urban Condition

Homelessness occurs in the rural landscape of Franklin County, amidst the college towns of Hampshire County, and in the urban downtowns of Hampden County.
Homelessness in rural and semi-rural communities, like those in Franklin or Hampshire County, is partly defined by the landscape. Unlike urban communities, where homelessness requires living in public spaces, being homeless in Franklin or Hampshire County might include living in old tobacco barns or garden sheds, living in small encampments in the woods, or living in the floodplains and fields along the Connecticut River.

Sometimes called "hidden homelessness" due to its lack of visibility—and accompanying lack of awareness—non-urban homelessness has been on the rise in communities across the county. Research indicates that the rural hidden homeless are two to four times more likely to be living "doubled up" than their urban counterparts, and local data shows that 37% of people entering shelter in Franklin County have come from a doubled-up situation that could not continue.

Think homelessness is just in Springfield and Holyoke? Think again.

Families and individuals from all these villages and towns spent time in shelters in our region in 2006-07:

Agawam	Deerfield	Holyoke	Pelham	Sunderland
Amherst	East Longmeadow	Huntington	Rowe	Turners Falls
Ashfield	Easthampton	Ludlow	Shelburne	Ware
Athol	Florence	Millers Falls	Shelburne Falls	Warwick
Belchertown	Gill	Monson	Shutesbury	Wendell
Brimfield	Granville	Montague	South Deerfield	Westfield
Charlemont	Hampden	Northampton	Southampton	Westhampton
Chesterfield	Hatfield	Northfield	South Hadley	West Springfield
Chicopee	Hawley	Orange	Southwick	Wilbraham
Colrain	Heath	Palmer	Springfield	Williamsburg

Homelessness Knows No Boundaries

People who are homeless or at risk of homelessness come from every community, but they are unable to access services they need in some communities. Just as many of us who are not poor move to other places for education, jobs, or other opportunities, people in poverty go to places where they can access the services and supports they need.

In our region, many of the supports are located in Springfield and Holyoke, and, to a lesser degree, Northampton, Westfield and Greenfield. If you are disabled, you go to Springfield or Holyoke for disability benefits. If you need welfare or food stamps, you go to Springfield, Holyoke or Greenfield. And if you or your family becomes homeless, you most likely go to a shelter in Springfield or Holyoke.

There are a few small shelters in other towns: family shelter units in South Hadley, Amherst, Greenfield and Orange, and small shelters for individuals in Westfield, Turner's Falls, Northampton, and Easthampton. But the overwhelming majority of shelter beds are in Springfield and Holyoke.

Our towns attract people beyond the three-county area for services and other reasons. The VA Hospital in Northampton and some substance abuse facilities in Springfield and Holyoke serve a broad region that may extend beyond state borders. Northampton is believed to be a particular draw for homeless youth.

Wherever you start your homeless journey, you are likely to move—either for additional services or because you cannot or do not want to stay at the shelter you started in. Local data shows a regular ongoing movement of homeless people from one shelter to another, up and down the I-91 corridor. This movement extends homelessness because it interferes with efforts to achieve housing stability: caseworkers start over at each new shelter admission, homeless people lose ties to family and friends who may provide support, address changes mean lost mail, and health care and mental health services are interrupted.

What Causes Homelessness?

Staff notes from interviews
of people entering shelter

"Was abused by father, in state custody to age 18, can't stay with parents."

"Family kicked him out for being homosexual."

"He got laid off and two deaths in family. Wife wanted a divorce. His drinking and drugs got out of control."

"Father died and owed taxes on the house--so he was evicted."

"House foreclosed in 2002. Had physical and mental issues. Homeless since then."

"Was working at Wendy's and the store closed without notification."

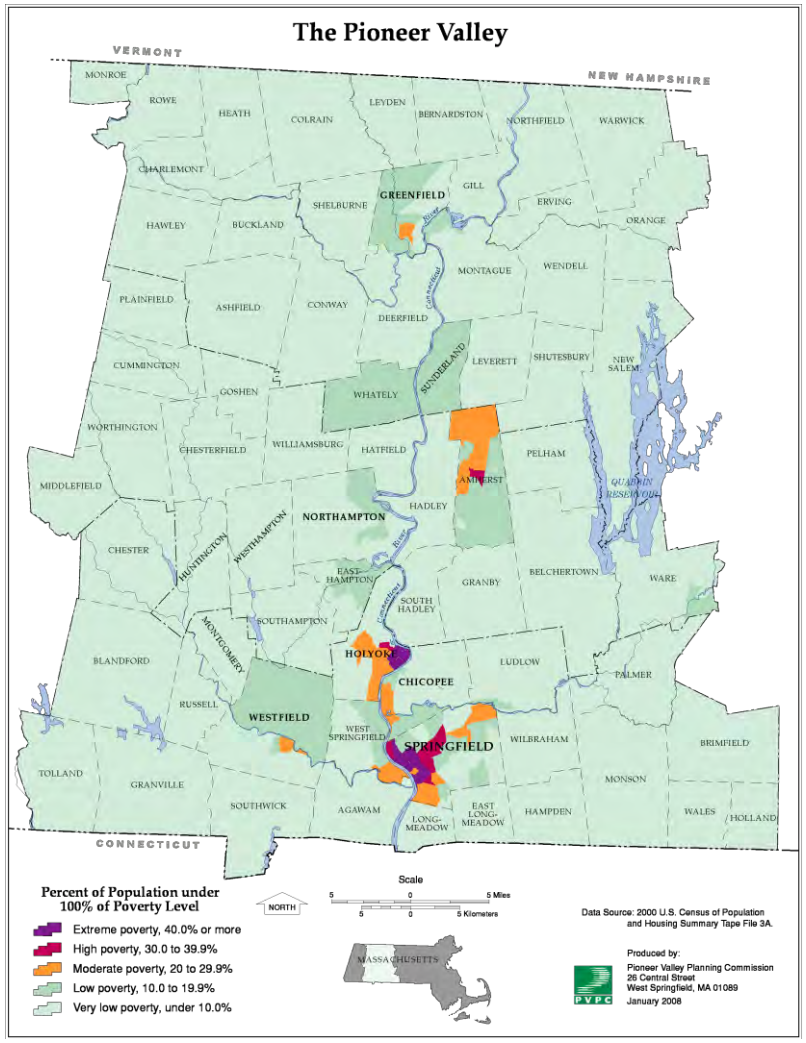
"Roommates threw her out--they were uncomfortable with her bipolar status."

"Lost driver's license due to unpaid fines. Couldn't get to work. Also, has back problems."

"Mom passed away two years ago. Was living with grandparents-- they didn't want anything to do with him after he graduated high school--asked him to leave. Not enough money for his own place."

"My expenses were greater than my rent when my employer ended my long term disability."

Springfield and Holyoke have among the most entrenched poverty problems in the country, with 34 and 51 percent of their poor living in high-poverty neighborhoods. By comparison, New Orleans had a concentrated poverty rate of 38 percent on the eve of Hurricane Katrina.
[Reconnecting Mass Gateway Cities, MassInc. 2007]



Concentrated Poverty

While homelessness touches virtually every community, some communities are more heavily impacted than others. The state has tracked last addresses for people entering shelter, and has identified 'hotspots'--communities in which large numbers of families become homeless. **Springfield and Holyoke are two of seven hotspots statewide**.

Our existing housing options are structured in a way that concentrate poverty and disability. Our core cities, with their older housing stock and strained infrastructure and services, tend to provide housing to those with the least options.

The concentrated poverty of Springfield and Holyoke is a critical issue for the entire Pioneer Valley. Research indicates that, within metropolitan regions, the economic fortunes of one municipality are linked to the fate of the entire metropolis.[4]

It is beyond the scope of this plan to end poverty. But this plan does aim to end homelessness, the most shameful and visible face of poverty. Achievement of this goal throughout all of our cities and towns would stabilize troubled neighborhoods, improve the lives of our very poorest neighbors, and likely provide an economic boost for our region.

[44] Rusk, Inside Game/Outside Game: Winning Strategies for Saving Urban America, Brookings Institution Press, Washington, DC (1999).

Changing the Response

Homelessness presents as an immediate crisis. Locally and throughout the country, service providers and government agencies have responded admirably to the immediate needs of people on the streets with emergency shelter beds and services, saving many lives by doing so. Once people are in shelter, providers have focused on providing assistance to help move households from crisis state to 'housing ready,' when they are referred to permanent housing.

While this emergency response has eased some of the worst impacts of homelessness, it was not meant to and does not address the systemic causes of homelessness. This regional plan is a commitment to a **significant shift in our approach**, in which we will focus on the root causes of homelessness**.**

Instead of focusing all of our resources on crisis management, we will **prevent homelessness** in the first place. Instead of building our response around shelters, we will build it around **permanent housing.** And instead of assisting homeless households to a 'housing ready' state before graduation to permanent housing, we will employ a **Housing First** strategy that starts with housing and provides wrap-around services as needed.

Photo by Heather Brandon

Our new approach is based on a detailed understanding of the categories of people who become homeless, and the strategies that work for each category, as set forth in the table below. We will carefully target interventions to need.

Category	Type	Definition	Characteristics	Number	Strategies
Economic homelessness	Crisis	One relatively short-term, spell of homelessness	Individuals and families with job loss or primarily economic crises.	**75% of homeless individuals and 75% of homeless families**	Prevention; Rapid Rehouse
	Short- or long-term economic	Unable to afford market housing	Families with limited skills & education; may remain in shelter for long periods	**20% of homeless families**	Rapid rehouse; Short- or long-term housing subsidy, plus tools to increase income
Chronic homelessness	Episodic	Multiple episodes of homelessness	Individuals & families with multiple needs; often with substance abuse problems.	**9-16% of homeless individuals, 5-8% of homeless families**	Housing First; Supportive housing; Discharge planning
	Long-term	Homeless for a year or longer	Usually older individuals with multiple disabilities	**4-10% of homeless individuals.**	

Crisis & Economic Homelessness

Homelessness is strongly correlated with extreme poverty. Households with incomes at or below 30% of the area median income are at highest risk. In our region, these extremely low-income households have monthly incomes below $1300 in Hampshire and Franklin Counties, or $1100 in Hampden County. These households include all families on welfare, individuals whose sole source of income is Social Security disability payments, and full-time minimum wage earners. Earning just above the 30% mark—if they are able to get full-time hours—are child care workers, personal care attendants, short-order cooks, crossing guards, pharmacy aides, housekeepers, retail workers and gas station attendants.[5]

Photo by Heather Brandon

Our region has 19,500 extremely-low-income households that are paying more than 50% of their income for rent, an indication that they do not have a housing subsidy. The mismatch between income and housing cost makes these households one crisis away from homelessness.

Housing-Income Mismatch

At 30% of area median income, market rents are not affordable. In the Pioneer Valley region, the HUD-established Fair Market rent is $844 per month for a two-bedroom unit. Exacerbating the problem, there are few communities with rents in this range, which is based upon a regional median rent. Two-bedroom apartments in Northampton and Amherst rent for more than $1000, and many communities are made up almost entirely of detached houses, which typically rent for more. Without a housing subsidy, extremely low-income households must spend virtually all their income for housing; live in substandard housing; or double-up with other households in overcrowded housing.

Prevention and Rapid ReHouse

For those who experience homelessness as an economic issue, the most cost-effective response is **prevention**, such as cash assistance for rent or utility arrears. A related strategy, when homelessness cannot be prevented, is **rapid rehouse**, a collection of strategies designed to move households quickly to new housing.

[5] Bureau of Labor Statistics, May 2006 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Springfield Metropolitan Area

Prevention and rapid rehouse programs are highly effective, and relatively inexpensive. A recent study of Massachusetts prevention programs found that the average cash assistance grant to families was less than $1700, the average cash assistance to individuals was less than $800.[6] Hennepin
County, Minnesota, has developed a rapid rehouse program which has reduced shelter length of stay by half and has reduced the number of families in shelter by 63%.[7]

In contrast, Massachusetts pays an average of $2940 per month to maintain a homeless family in shelter, not including case management or health-related expenses. Of the roughly 2,900 homeless families in Massachusetts, almost 25% stay in shelters for 15 months, which costs nearly $50,000 per family. One of the most disturbing facts about the cost of long-term stayers in shelters is that the families that stay the longest seem to be in shelter due primarily to economic reasons—they have low incomes but do not have high service needs. [8]

Homeless children have the right to remain in the school they were in prior to becoming homeless. This policy increases stability in the child's life, but the required cost of transporting homeless children to school is high: last year, the cost to school districts in our region was more than $1,000,000.[9]

High rates of homelessness have a destabilizing impact on communities. One elementary school in downtown Holyoke, a community with a high number of family shelters, started the 2007 school year with 20% of its student body living in shelter or other temporary housing. Some neighborhood schools experience a 25-35% turnover rate in the student population during the school year. The transience these numbers reflect makes teaching very difficult, negatively impacts school test scores, and is reflected in high drop-out rates.

Long-Term Solutions

The long-term solutions to the housing-income mismatch are increasing incomes and decreasing housing cost. This plan identifies strategies to do both.

Increased income starts with education at the earliest level, and continues with skill training and employment opportunities. Increasing our stock of deeply subsidized housing will stabilize those unable to increase incomes, and those in the process of increasing education and skills.

[6] Haig Friedman et al., 2007, *Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis*, The Boston Foundation and the McCormack Graduate School.
[7] Burt et al. 2005, *Strategies for Preventing Homelessness*, U.S. department of Housing and Urban Development, Office of Policy Development and Research.
[8] Culhane, D.P. (2006) *Testing a typology of family homelessness in Massachusetts: Preliminary Findings.* Proceedings from the Ending Homelessness, Housing First in Policy and Practice Conference, Worcester, MA.
[9] See Appendix B for a breakdown by school district.

Chronic Homelessness: Long-Term & Episodic

A subset of the homeless population is chronically homeless, which is associated with abuse during childhood, interaction with the foster care system, serious and persistent mental illness, chronic illness, substance abuse or co-occurring mental illness and substance abuse.

Individuals

In our region, among individuals, the chronic homeless make up **about 25% of the population**. A number of studies have documented that individual chronic homelessness is **extremely expensive** for the community. One study found that frequent interaction with emergency systems of care, including hospital emergency room, jail, detox programs and crisis psychiatric care averages more than $40,000 per chronic homeless person per year.[10] The costs associated with some individuals are extraordinarily high. In Springfield, Baystate Hospital found that the hospital costs associated with the visits of 10 high-frequency/high-need chronically homeless individuals averaged $100,000 per person over the course of one year. Chronic homelessness has a **very high human cost** as well, as is indicated by the fact that the average age of death individuals who have died while homeless is 48.

Families

The **5-8% of homeless families** with high service needs do not have long shelter stays, a phenomena believed to be associated with an inability to comply with shelter rules and a fear of having children removed from the family. Instead, these families exhibit chronic housing instability. This instability, combined with family disabilities or substance abuse, can be particularly damaging to children.

For high-need families, the public cost is primarily due to impacts other than shelter. Housing instability can be a contributing factor for removal of a child to foster care, and it can prolong foster care placements when a parent lacks appropriate housing. The cost of foster care in Massachusetts is $6552 per child per year. When a mother of two goes to shelter and the children to foster care, the annual cost is over $22,000, not including services to any family members.

Chronic Homelessness, Defined

Individuals. According to the US Department of Housing and Urban Development, a *chronically homeless* person is an individual with a disabling condition who has been *continuously homeless for a year* or has had *at least four episodes of homelessness in the past three years*. This definition includes both long-term and episodic individuals.

Families. According to the US Substance Abuse and Mental Health Administration, a *chronically homeless family* is one in which there is an adult with a disabling condition and has been *continuously homeless for six months*; or has had *two or more episodes of homelessness in the past two years*; or has had a *history of residential instability* (5 or more moves in the past two years)

[10] Culhane et al. 2002, *Public Service Reductions Associated With Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*. Housing Policy Debate 13(1): 107-163.

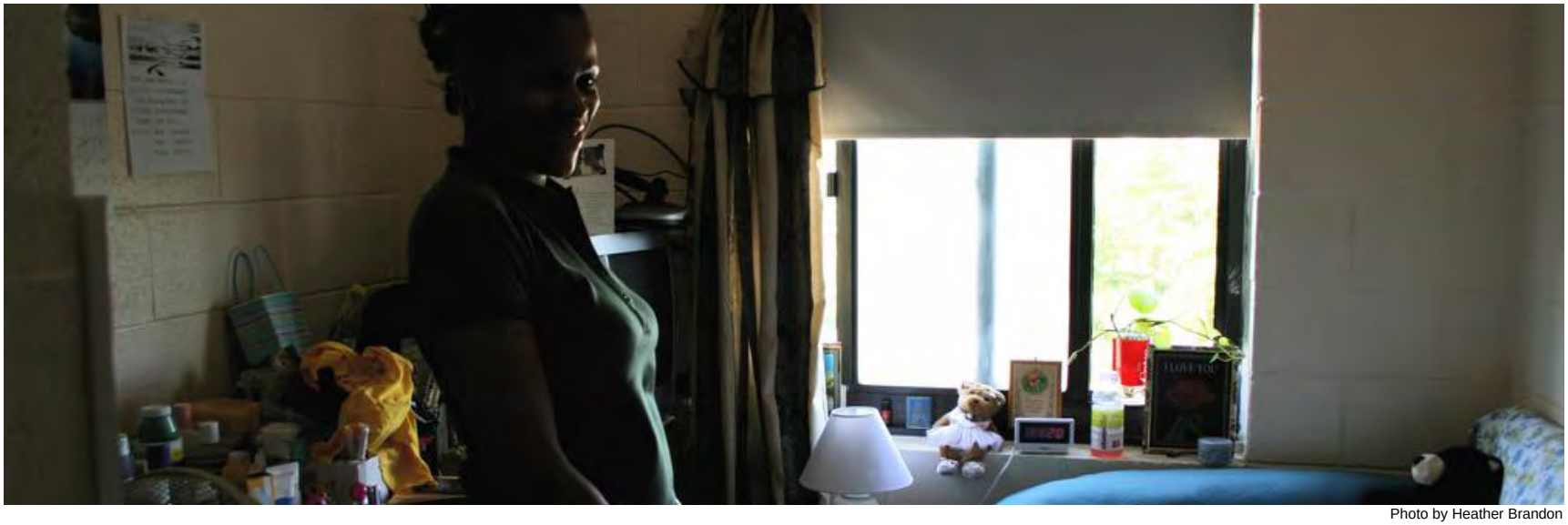


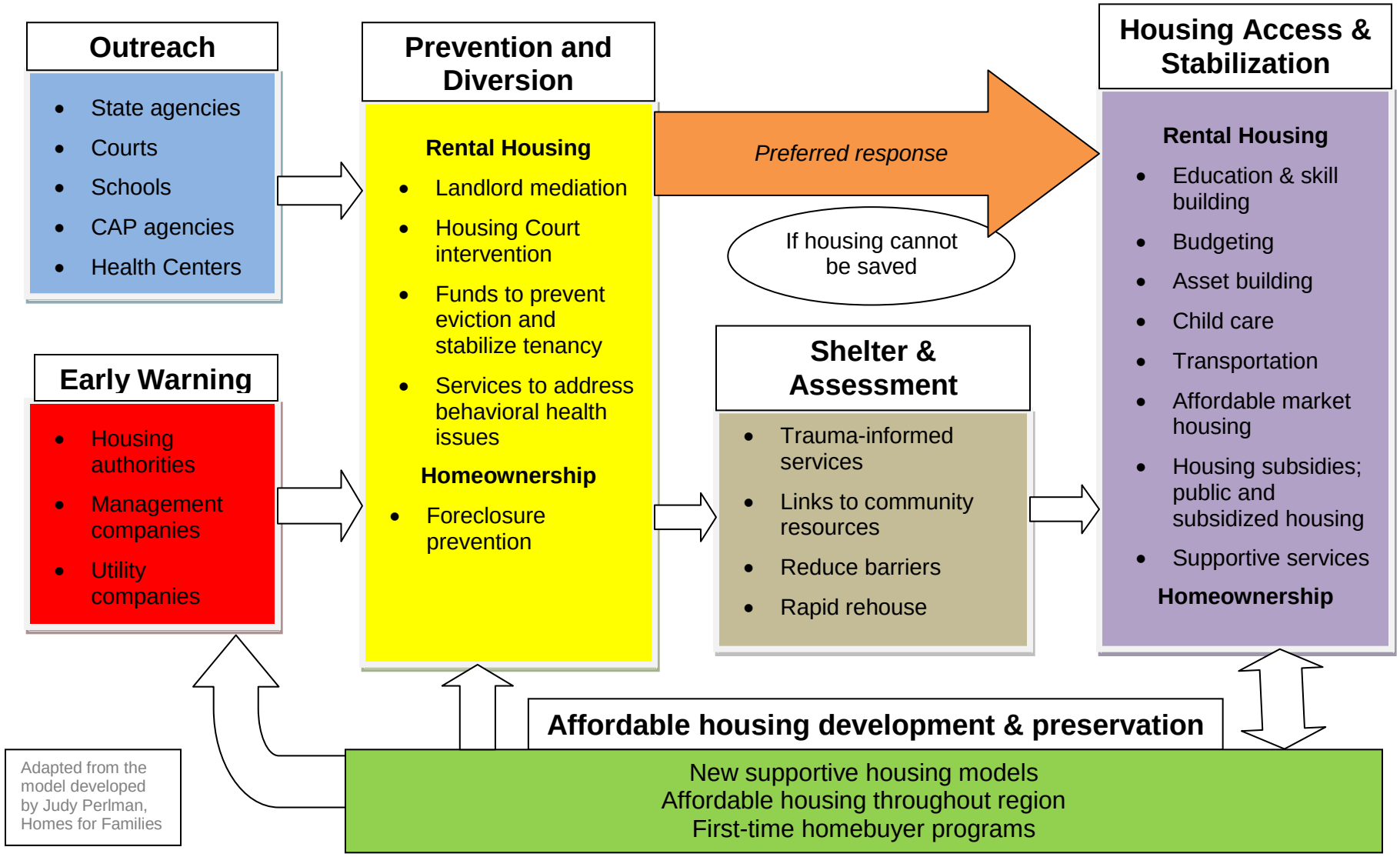
Photo by Heather Brandon

While it is true that all homelessness negatively affects emotional and physical well-being, these effects are compounded by chronic instability. Homeless children suffer very high rates of chronic illness, including asthma rates four times the rate of housed children. Close to half of homeless children have problems with depression, anxiety, or withdrawal, and school-age homeless children have high rates of delinquent behavior and lower rates of school completion.

Housing First & Supportive Housing

Immediate movement from homelessness to affordable housing with supportive services—**Housing First**—is an extremely effective tool for stabilizing individuals and families that experience chronic homelessness. While this strategy may appear costly—about $16,000 per year for a chronically homeless individual—the cost is far less than the cost of emergency services if homelessness continues. In this model, chronically unstable individuals and families are provided with a deeply subsidized housing unit and wrap-around supportive services, which may include case management, health and mental health care, drug and alcohol counseling, job counseling and placement, life skills classes, financial literacy training, parenting classes, children's program and support groups. Studies have demonstrated that more than 80% of households served in a Housing First model achieve and maintain housing stability.

A HOUSING-FOCUSED RESPONSE TO HOMELESSNESS



Pioneer Valley Strategies to End Homelessness

Ending homelessness requires concentrated focus on three areas: **closing the front door to homelessness**, or stopping homelessness before it occurs; **opening the back door out of homelessness**, or helping people who are homeless to access appropriate housing and services as quickly as possible; and **building the infrastructure**, or improving the safety net for our most at-risk neighbors.

Rates of homelessness are influenced by local, regional, state and federal policies. Individual actions are also a factor. This plan sets forth the strategies that must be implemented at the local and regional levels to end homelessness. We recognize that we must have support at the state and federal levels to be successful. Our plan builds on the same strategies as the recently-released Massachusetts state plan, and we will partner with the state to accomplish these common goals. We know that to increase government funding at all levels, and particularly to increase federal funding for affordable housing, we must build political will. Our plan calls for building **community support in order to influence policy and funding priorities**.

We reflect these broad themes in our **six key goals**, which are expanded upon in the pages that follow:

1. Build **Community Support** for Ending Homelessness
2. Fund and Coordinate **Prevention and Rapid Rehouse**
3. Create **Supportive Housing** for Vulnerable Populations
4. Increase the Stock of **Affordable Housing** for People At or Below 30% Area Median Income
5. **Increase Incomes and Assets** of Homeless and At-Risk Households
6. Make **Supportive Services** Available and Accessible

We have **planned for outcomes**, by setting forth specific strategies, action steps, responsible parties and timelines. We will **measure our progress** through our Homeless Management Information System (HMIS), and will regularly report on our progress and adjust our strategies as necessary. We commit to establishment of an ongoing and active Pioneer Valley Committee to End Homelessness to provide oversight to our efforts and to **ensure accountability.**

1. Build Community Support For Ending Homelessness

Homelessness impacts everyone, due to its high public and human cost. Those involved in this planning process represent a core group who have come together to create a plan. An early part of our work will be reaching out and engage others who have not understood homelessness to be their problem. Participation by all communities in the region is essential to our success. We will reach out to our neighbors by **systematically seeking support** for our plan in our neighboring communities and engaging them in the plan's strategies.

Implementation of this plan is an active process, which requires advocacy for system change, funding shifts, creation of new programs and housing units. This process will not happen on its own. We will establish a **Pioneer Valley Committee to End Homelessness** (PVCEH) to lead and oversee this effort. We will specifically seek support from business, to assist us in being strategic and efficient in our efforts. We will look to our colleges and universities for greater understanding of this social problem, and for strategies to enhance academic opportunity. We look to faith communities to remind us of the moral imperative of ensuring that none of our neighbors are without a home.

"The business mindset to solutions is vital to get the job done."

--Philip Mangano, Director, US Interagency Council on Homelessness

Many different government bodies and foundations provide funding that addresses aspects of homelessness. We will work to bring those funders together to collaborate on funding priorities to support a unified strategy to end homelessness.

We look to bring significant new funds into this effort. To justify funding increases, we must demonstrate our results and **be accountable** to the regional community. We will seek to inform the community through frequent press coverage of our effort, and we will regularly report on our successes and challenges.

THE IMPORTANCE OF DATA

Local data both informs us in creating response to homelessness and in measuring the effectiveness of our approaches. A **Homeless Management Information System** (HMIS) gives us a tool for data collection and analysis. HMIS, which is required for HUD-funded programs, is a means of collecting community data about persons experiencing homelessness. We recognize that HMIS costs money. We commit to **collectively invest in a HMIS** for our region.

Strategies to Build Community Support for Ending Homelessness

Indicators:

- Pioneer Valley Committee to End Homelessness established and meeting regularly
- Combined HMIS established and data analyzed

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Provide ongoing leadership to implement the plan	Create Pioneer Valley Committee to End Homelessness (PVCEH) to implement plan	Mayors, City staff, Leadership Council	Year 1	No cost	N/A
	Recruit Mayors, Town Managers, Select Board members, city councilors, business leaders, faith community leaders, foundations, advocates, persons who have experienced homelessness, state and local government agencies, and state legislators to participate on PVCEH	Mayors, City staff, Leadership Council	Years 1-2	No cost	N/A
	Raise funds for and hire a director of implementation	PVCEH	Year 1	$70,000	Unidentified
	Organize Homeless Funders Collaborative to align funding with goals of plan	PVCEH	Years 1-2	No cost	N/A
Educate community about regional plan to end homelessness	Produce and distribute summary marketing piece about regional plan	PV CEH, local governments	Year 1	Limited	In-kind or foundation
	Organize an education session for state & federal legislators	PVCEH, local governments	Year 1	No cost	N/A
	Seek endorsements of plan from Pioneer Valley communities and organizations	Mayors, PVCEH	Years 1-3	No cost	N/A
	Organize speaking opportunities for plan leadership to present plan throughout region	PVCEH	Years 1-3	No cost	N/A
	Educate public about homelessness and poverty in the context of faith and spirituality	Interfaith Councils, Councils of Churches, clergy associations, faith communities	Years 1-10	No cost	N/A
	Create web site with information about plan, progress, resources to assist people experiencing homelessness, and volunteer opportunities	PVCEH	Year 2	Limited	In-kind or foundation

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Engage community in supporting effort to end homelessness	Seek regular press coverage of events and achievements related to plan	PVCEH, local governments	Years 1-10	No cost	N/A
	Provide annual report to the public of plan accomplishments and progress toward reducing homelessness	PVCEH	Years 1-10	$1000/year	In-kind or foundation
	Collaborate with faith communities in the work to end homelessness	PVCEH, faith communities	Years 1-10	No cost	N/A
	Conduct an annual Project Homeless Connect event, produced and staffed by community volunteers	PVCEH, Springfield PHC leadership	Annually	$10,000/year	Corporate donations
	Expand volunteer opportunities in agencies that serve or advocate for homeless and at-risk households	PVCEH, nonprofits	Ongoing	No cost	N/A
Use data collection and analysis to improve effort to end homelessness in the Pioneer Valley	Establish an HMIS throughout the region, either through a mechanism that unduplicates data for Springfield & the 3-County CoC, or is a new combined HMIS	PVCEH, CoCs, PVPC	Year 1 and ongoing	Unknown	HUD, local governments, foundations
	Require all providers to submit data as condition of funding	CoCs, local government, foundations	Ongoing	No additional cost	N/A
	Fund and hire data coordinator	PVCEH, CoCs	Year 2, ongoing	Unknown	To be determined
Recalibrate plan regularly to ensure that goals are relevant and being met	Analyze data and use results to make adjustments to plan	PVCEH, CoCs	Ongoing	No additional cost	N/A
	Develop tools for regular feedback from providers and service participants and address action plan accordingly	PVCEH, CoCs	Ongoing	No cost	N/A

2. Coordinate And Fund Prevention And Rapid Rehouse

Prevention and Rapid ReHouse

One of our major initiatives is a commitment to coordinate and seek funds for **prevention and rapid rehouse**. This includes the establishment of a regional network of coordinated agencies to provide prevention and rapid rehouse services, and a commitment to a community fundraising effort.

For most households that experience homelessness, it is a one-time, relatively short-term event. We seek to prevent much of this homelessness through **prevention strategies**. Unfortunately, some households will not access or not be able to be assisted by prevention resources, and will become homeless. Our goal for these households is to assist them in getting **back into stable housing as soon as possible**.

Homeless and at-risk households must be able to access affordable housing resources. We will target resources to those households where possible; we will make housing information readily available; we will provide assistance to those households that are "hard-to-house"; and we will reach out to landlords with information about supportive services to assist these households in maintaining stability.

An important part of a prevention and rapid rehouse strategy is screening to differentiate each household's level of need and offer the right amount of assistance that corresponds to that need. Use of screening tools can assist in making the match between need and intervention. We endorse the state's decision to use a **Uniform Assessment Tool**, and commit to shift to use of such a tool in our local programs.

Behavioral Health Issues

Our region is fortunate to have created an approach that is now a national model for connecting supportive services to tenants with behavioral health problems that interfere with tenancy—the Tenancy Preservation Project. TPP works in Housing Court to provide tenants with intensive case management in order to prevent eviction. We support **continuation and expansion of TPP**.

Strategies to coordinate and fund prevention and rapid rehouse

***Indicators**:*

- Reduce number of people entering shelter for the first time
- Reduce average length of stay in emergency shelter

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Coordinate prevention and diversion efforts through a Regional Coordinating Network	Bring together stakeholders to form a Regional Coordinating Network (RCN), choose lead agency to apply for pilot funds from DTA; designate PVCEH as RCN's Advisory Council	PVCEH, CoCs, WM Interagency Council	Year 1	Limited	Foundation, local governments
	Adopt uniform screening tool and standards for participating entities; train other providers on screening tool and reason for it	RCN	Years1 & 2	No cost	N/A
	Coordinate intake and referral protocols to make prevention assistance accessible to those most in need; coordinate with food pantries, utility assistance programs, DTA offices and health clinics	RCN	Year 1 and ongoing	No cost	N/A
	Require providers to enter data into HMIS so that success and challenges of interventions can be tracked	CoCs, state and local governments, HMIS coordinator, foundations	Year 2 and ongoing	Unknown	N/A
Increase and improve prevention, diversion and rapid rehouse efforts	Identify and seek financial resources to use for homelessness prevention and rapid rehouse, including a regional fundraising effort	PVCEH, United Way, faith communities	Begin years 1-2, then ongoing	Initial goal: $200,000 per year	Fundraising; CPA, FEMA, HOME, CDBG, ESG, DTA, DSS
	Identify and seek commitments for housing resources to use for homelessness prevention and rapid rehouse	PVCEH	Begin years 1-2, then ongoing	Unknown	DHCD; DTA, DSS, housing authorities, governments, landlords
	Expand Tenancy Preservation Project	MHA, DMH	Ongoing	$150,000 annually	DMH, DTA, DHCD, local governments, foundations

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Leverage prevention resources through coordination with other programs	Screen recipients for eligibility for all income-assistance and in-kind assistance available, and assist with appropriate applications and referrals	Prevention & Rapid Rehouse Providers; other providers	Year 2 and ongoing	No cost	N/A
	Make financial education/counseling available; consider incentives or requirement for receipt of certain types of assistance	Prevention & Rapid Rehouse Providers; CAP agencies, nonprofits	Year 2 and ongoing	Unknown	Financial institutions; foundations
	Combine financial assistance with financial education—for example, Housing Authorities forgive some arrearage upon completion of budgeting/financial information class	Prevention & Rapid Rehouse Providers; Housing Authorities; CAP agencies, nonprofits	Year 3 and ongoing	Unknown; depends on program	Housing Authorities, utility companies, others
	Screen prevention/rapid rehouse households for earning capacity, and link to employment and training resources	Prevention & Rapid Rehouse Providers; One-Stop Centers; community colleges	Year 2 and ongoing	No cost	N/A
Make prevention and rapid rehouse information readily available	Create and widely distribute informational materials targeted to tenants and to landlords	PVCEH, CoCs, nonprofits, Housing Court, legal services	Year 3	Limited cost	Seek in-kind donations; foundations
	Advocate with early warning sites to make prevention and rapid rehouse information readily accessible to those they serve, and to screen regularly for housing stability	PVCEH, CoCs, nonprofits, Housing Court, health clinics, utility companies, landlords, schools	Year 4	Limited cost	Seek in-kind donations; foundations
Increase access of homeless and at-risk households to affordable housing opportunities	Provide information and training for landlords and for tenants	CoCs, Housing authorities, nonprofits, landlord associations, local governments, Housing Court, legal services	Years 1-10	Limited cost	Housing authorities; nonprofits; landlord associations; foundations
	Create programming for “hard-to-house” households, who have barriers to housing (CORI, credit), but do not need intensive supportive services	PVCEH, Housing authorities, nonprofits, faith communities	Year 2, ongoing	Unknown	Nonprofits; local governments; foundations

3. Create Supportive Housing For Vulnerable Populations

Housing First/Supportive Housing

In our region, **about 520 individuals and up to 100 families** who experience homelessness are **chronically homeless**.
We are embracing a proven strategy for addressing chronic homelessness: **Housing First**.

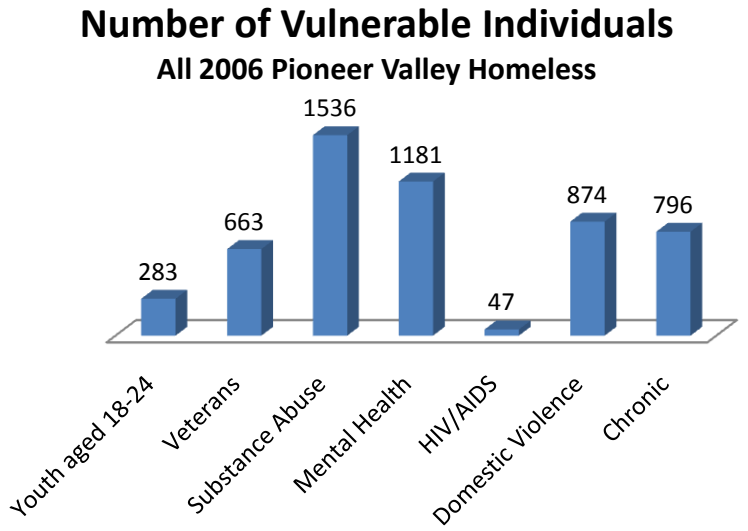
Housing First providers move homeless people directly into affordable housing and then provide individualized, home-based social services support after the move to help the person or family transition to stability.

Our region needs **520 supportive housing units for chronically homeless individuals** and **100 supportive housing units for chronically homeless families**. In its Homes Within Reach plan, Springfield has committed to develop about half of these units. This regional plan is a commitment to develop the rest of these units dispersed **throughout the Pioneer Valley**.

Photo by Mike Cass

Who Is Vulnerable to Homelessness?

There are certain populations that are at high risk for homelessness, and that are more prone to chronic homelessness.



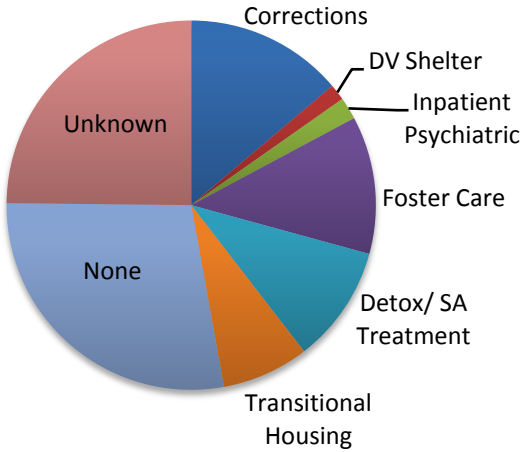
Note: Rates of HIV/AIDS likely to be artificially low due to under-reporting.

Some people are vulnerable because of experiences they have had, including victims of domestic violence and veterans. Specific housing and targeted assistance can stabilize these individuals and their families.

Many people who are vulnerable interact with public systems of care, such as correctional facilities, mental health and substance abuse programs, and the foster care system. The time of discharge from these systems is a time when homelessness is likely to occur, so careful discharge planning and creation of appropriate housing models is critical for stabilization of these individuals. These **public systems must play a role to ensure housing stability for persons in their care**.

Discharged Into Homelessness

Adults, Springfield Point-in-Time, January 30, 2008



Housing Models

No one housing model can work for all vulnerable individuals and families. The region must use and develop an **array of housing types**, which may include public housing, privately owned rental housing, single person occupancy units, boarding houses, shared living arrangements, safe haven models and respite facilities. These models may be created by targeting subsidies, rehabilitating existing housing resources, or through new development.

Photo by Mike Cass

There is a need for **greater connection between housing and service providers.** Homeless service providers must consider developing their own housing or entering into partnerships with developers in order to meet the region's need for supportive housing units.

Strategies to create supportive housing for vulnerable populations

Indicator:

- Reduce the number of chronically homeless individuals and families

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Provide Housing First opportunities for 260 chronically homeless individuals and 50 chronically homeless families, throughout the Pioneer Valley, outside of Springfield	Develop 130 permanent supportive housing opportunities throughout the region for long-term homeless individuals	PVCEH, CoCs, nonprofits, for-profit developers, financial institutions, state and local government	Years 1-10; average 13 per year	$40 million capital cost for 200 units; remaining units to use subsidies in existing units; *plus* $4.96 million per year to fund supportive services	HUD, DHCD, DMH, DPH, DTA, DSS, DYS, DOC, Foundations, tax credit equity, CEDAC, Home Loan Bank Board, MassHousing, financial institutions
	Develop 130 supportive housing opportunities throughout the region targeted to episodically homeless individuals, which shall be provided as a combination of "low demand" housing, single person occupancy units, Oxford houses (sober housing), or other models		Years 1-10; average 13 per year		
	Develop 50 permanent supportive housing opportunities throughout the region for families with mental illness or chemical dependency		Years 1-10; average 5 per year		
	Advocate with housing authorities, city governments, and DHCD to create housing set-asides and to identify and use under-utilized public housing units for supportive housing	PVCEH, CoCs, housing authorities	Years 1-3	No new cost	HUD, DHCD
	Advocate for Sheriff's Departments, DSS, DYS, DMH, DMR, DPH, VA and independent living programs to provide housing to persons in their care, and collaborate with these entities on supportive housing models	PVCEH, CoCs, WM Interagency Council	Years 1-5	Unknown	DOC, DSS, DYS, DMH, DMR, DPH, VA, independent living programs
	Develop 4 new Safe Havens projects, located in different communities in our region	DMH, MHA, PATH, nonprofits, housing authorities	Years 1-8	$5-700,000 capital cost, $250,000/yr. operating	HUD, DMH, DHCD, MassHousing

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Target available resources to services in supportive housing	Maximize available McKinney dollars by targeting them to housing activities and matching with other sources for supportive services	CoCs	Years 1-10	Changed funding priority	HUD
	Advocate for increased Department of Mental Health Homeless Initiative funding	PVCEH, CoCs, DMH, WM Interagency Council	Year 1-10	Seeking additional $260,000 per year	DMH
	Fully utilize Massachusetts Behavioral Health Partnership services	MBHP, Housing First providers	Years 1-10	Unknown	MassHealth
	Use Medicaid and other health funding, and targeted service dollars to provide case management and supportive services linked to appropriate housing	Housing First providers	Years 1-10	No additional local cost	MassHealth, health insurance
Create specialized housing options for very hard to house populations	Advocate for systems of care to create housing for very hard to house populations, particularly Level III sex offenders, highlighting the burden these populations place upon shelter providers	PVCEH	Years 1-3	Unknown	DOC, others

Program Highlight: REACH Housing First Program

The Regional Engagement and Assessment Center with Housing (REACH) program, a local pilot begun in 2006, has been successful in stabilizing the most hard to engage homeless population in supportive housing. REACH uses flexible funds for outreach and housing support for chronically homeless individuals who are not affiliated with existing programs and agencies. Because there is no requirement for affiliation, outreach workers can begin to engage and house homeless individuals without regard to diagnosis or eligibility criteria.

The program, which serves 12 individuals, is collaboration between the Mental Health Association, Health Care for the Homeless, and the Behavioral Health Network. It uses blended funding resources from DMH, DTA, and other sources, and HOME housing resources from the City of Springfield.

REACH was created by Western Massachusetts Interagency Council on Homelessness, which is seeking to expand the program to stabilize 50 chronically homeless individuals and families throughout the Pioneer Valley and Berkshire County.

4. Increase Affordable Housing for Extremely Low Income Households

To decrease homelessness, we must **invest in affordable housing**—particularly housing that is affordable to our most at-risk neighbors, those whose incomes are at or below 30% of area median income. We must then target the units affordable to extremely low income households to those who are homeless or at risk of homelessness.

Equally critical to investment in affordable housing is housing investment **in the right areas**. Development of affordable housing in areas with high concentrations of poverty adds to social problems, rather than solving them. At the same time, development of affordable housing in places inaccessible to public transportation sets up tenants for failure. We must develop a plan to increase affordable housing in accessible locations not heavily impacted by poverty. We commit to develop such a plan and to work as a region to advocate with potential host towns to undertake such development. In order to meet our goal of increased production throughout the region, we will increase awareness of various models of affordable housing, particularly those types most suited to low-density areas; we will commit to educate the public about the need for such housing and the fact that it can boost surrounding property values; and we will set sub-regional numeric production goals.

Affordability in the existing housing stock can be attained through the use of **tenant-based subsidies.** We will advocate with federal and state governments for expansion of these critical programs and to improve these programs to make these resources usable throughout our region.

As we seek to expand resources, we also commit to **preserve our existing affordable housing stock**, especially those units threatened by expiring use restrictions or condemnation.

Strategies to Increase Affordable Housing

Indicators:

- Complete Regional Housing Market Assessment and set sub-regional targets for affordable housing production
- Increase number of units in region available to extremely-low-income households

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Plan to meet the region's need for housing affordable to those with 30% or less of area median income	Produce a regional housing market assessment and strategy, with a plan to increase the region's housing available to very-low-income households by at least 300 units over 10 years; the plan should develop numbers of units to be developed in each sub-region of the Pioneer Valley	PVCEH, local governments, PVPC, private and non-profit developers, CDCs	Years 1-2	$50-75,000	CDBG, CPA, foundations, corporate donations
	Prioritize development of deeply subsidized housing opportunities along public transportation corridors, primarily outside urban core areas	PVCEH, local governments, PVPC, private and non-profit developers, CDCs	Years 2-10	No additional cost	N/A
	Seek support for regional housing plan and commitment to work toward plan goals from all regional municipalities	Mayors, PVCEH, local governments, Mass. Municipal Assoc.	Years 1-2	No cost	N/A
	Target new units to homeless households or those at risk of homelessness	PVCEH, RCN, CDCs	Ongoing	No add'l cost	N/A
Build support for a variety of housing options throughout the region	Increase awareness throughout the region of the importance and benefits of affordable housing in all communities	Mayors, PVCEH, PVPC, WM AIA, faith communities	Year 2, ongoing	Limited	Foundations
	Create marketing booklet demonstrating affordable housing types, including photographs of local attractive types of affordable housing	PVCEH, local Governments, PVPC	Year 4	$20,000	AIA, APA, foundations, corporate donations

Support housing mobility	Work with housing authorities and government officials to advocate for increased Section 8 and MRVP rent levels	PVCEH, local governments, landlords, housing authorities	Year 1, ongoing	No local cost	N/A
	Advocate for increased Section 8 and MRVP	PVCEH, housing authorities	Ongoing	Unknown	HUD, DHCD
Preserve existing housing resources	Ensure that no affordable housing units are lost due to expiring use restrictions	PVCEH, local governments, landlords, financial institutions	Years 1-10	Unknown	HUD, DHCD, CPA, CDBG
	Preserve housing at risk of foreclosure	PVCEH, local governments, financial institutions	Year 1	Unknown	DHCD, local governments

5. Increase Education, Employment & Assets

Households with extremely low incomes are at highest risk of homelessness, and low levels of education correlate with extremely low incomes. To have a long-term impact on rates of homelessness, we must focus on education and training at all levels.

The effort to enhance our community's educational level begins with **early childhood education.** Investment at the pre-school level is not only most beneficial to the long-term success of a child, but is also the most cost-effective time for intervention that ensures long-term success. We will advocate at the state level for universal, high-quality, early childhood education for all Massachusetts 3-, 4- and 5-year-olds.

At the next level, we must focus on keeping youth in school and on providing **vocational alternatives** for those unable to complete high school. For adults, we must make **educational opportunities** available, starting with Adult Basic Education, GED classes, literacy, and English as a Second Language, and continuing through vocational education, community college, and four-year college.

Among homeless individuals surveyed for this plan, **almost half of those who had been previously homeless reported that they got back into housing due to work and income.** Fifty-three percent of families and 46% of individuals reported that employment could have prevented them from becoming homeless.

The region's service providers, along with schools, colleges, career centers and private employers, must **elevate the importance of work and training for those who are homeless.** In order to stabilize housing, people who have been re-housed must be linked with longer-term, **career-based employment** services. Some individuals will benefit from supportive employment opportunities.

As we look to target available housing resources to those most in need, we will assist those no longer in need of subsidies to move on to **greater independence and asset-building**. Assisting households to move to homeownership accomplishes both of these goals. We will provide education, individual development accounts and first-time homebuyer programs to assist households to become homeowners. We will also work to build financial literacy among at risk households.

Strategies to Increase Education, Employment & Assets

Indicators:

- Increase number of homeless households with employment income
- Increase number of chronically homeless individuals with employment income

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Ensure that at-risk and homeless households are able to access basic educational opportunity	Advocate for universal early childhood education for 3, 4 and 5 year olds	PVCEH, WM Interagency Council	Ongoing	Unknown	DOE, DEEC
	Advocate for and create programs that address school drop out prevention and reasons for drop out, including violence, teen pregnancy and substance abuse	PVCEH, WM Interagency Council, local governments, school committees, DOE, DPH, health clinics	Ongoing	Unknown	To be determined
	Advocate and create programming for increased availability of literacy, ABE, GED, ESOL	PVCEH, WM Interagency Council,	Ongoing	Unknown	DOL, DOE
Increase skill training among homeless and at-risk households	Target training opportunities to homeless and at-risk households	Community colleges, REBs	Ongoing	No additional cost	N/A
Increase level of employment among homeless and at-risk households, assisting at least 100 homeless and at-risk persons obtain employment each year	Improve links between mainstream employment services through education, outreach & training	PVCEH, CoC, REB, One-Stops, nonprofits	Years1-3	Minimal	In-kind donations
	Provide job-readiness, "job-hardening," supportive employment, mentoring and case management as tools to move "hard-to-employ" people into employment	Nonprofits, REB, One Stops	Ongoing	Unknown	DOL, DMH, DPH, others to be determined
	Advocate for and create vocational training opportunities for youth unlikely to graduate due to inability to pass MCAS	PVCEH, WM Interagency Council, REB, vocational schools	Years 2-4	Unknown	DOE, DOL
	Advocate for and create programs to increase education and skill training for 17-year-olds about to age out of DSS, DYS, DMH and independent living programs and foster homes	PVCEH, WM Interagency Council, nonprofits, vocational schools	Years 3-6	Unknown	DSS, DYS, DMH
	Increase the availability of supportive employment options	DMH, DMR, nonprofits	Year 2	Unknown	DMH, DMR, DOL, others

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Create employment options for homeless and at-risk persons	Recruit employers to provide employment opportunities for homeless and at-risk individuals, including youth, those coming out of corrections, and persons with mental illness, developmental disabilities, or in recovery from substance abuse	PVCEH, Nonprofits, employers	Year 2	Unknown	DOC, DMH, DMR, DSS, DPH
	Increase opportunities to participate in the federal Homeless Veterans Reintegration Program (HVRP) and the Veterans Workforce Investment Program	VA, Soldier-On, Community Outreach Centers, One-Stop-Career Centers	Year 1, ongoing	Unknown	VA, DOL
	Consider creation of a social enterprise to provide employment and training to people who are homeless or at risk of homelessness	PVCEH, nonprofits	Year 4	Unknown	To be determined
Address barriers that hinder homeless and at-risk persons from accessing employment	Explore work-specific transportation strategies, including van pools and off-hour options	PVTA, FRTA, REB, One Stops, employers, nonprofits	Ongoing	Unknown	To be determined
	Provide off-hour child care	Nonprofits	Ongoing	Unknown	DTA, DEEC, employers, foundations
	Explore use of the federal bonding program for employers hiring persons with criminal records	PVCEH, employers, One Stops, sheriffs	Year 3	Unknown	DOC, others
Assist low-income households to increase assets	Use Individual Development Accounts, the Family Self-Sufficiency program, and volunteer tax assistance to assist low-income households to increase assets	Financial institutions, CAP agencies, nonprofits, housing authorities	Ongoing	Unknown	To be determined
	Advocate for state to initiate a family self-sufficiency program in state public housing	PVCEH	Year 2 and ongoing	Unknown	DHCD
	Increase homeownership through outreach, peer mentoring, use of Section 8 homeownership and first-time homebuyer programs	Housing authorities, nonprofits, CDCs	Ongoing	Unknown	DHCD, local governments
	Increase access to bank services for homeless and at-risk households	Financial institutions, nonprofits	Ongoing	Unknown	Financial institutions

6. Make Supportive Services Available & Accessible

Homelessness is triggered by the loss of housing, but the loss of housing is usually precipitated by the presence of other risk factors. By the time individuals and families reach out for shelter, many have had long histories of interaction with other social service agencies and providers. Yet these agencies do not routinely or easily share information with each other to **create integrated service plans, maximize resources available to clients, and decrease housing instability that may lead to homelessness**.

Services can help individuals and families stabilize following a successful housing placement and provide the supports necessary to ensure that they are able to sustain their housing and access other community-based services. The majority of individuals and families who experience homelessness do not require permanent supportive housing (where supports are linked to the housing permanently), but benefit from intensive services available on a transitional basis before and after they move into housing.

We will work to create mechanisms to enable and ensure that agency case workers collaborate with colleagues at other agencies. This will help to avoid contradictory decisions and reduce duplicated efforts.

The size of our region dictates that we designate **sub-regional service areas in which providers will have regular contact**. Inter-agency interaction is enhanced through regular sub-regional meetings of groups serving the same population—for example, a "Teen Parent Network" which meets monthly.

We believe that the optimal model for provision of services and benefits is based on community health and wellness. In this model, services are universally available, instead of being made available based on narrow eligibility criteria. **Community-based case management** is available to "unaffiliated" individuals and families, facilitating the development of holistic service plans that build on clients' strengths and minimize their frustrations. This model is particularly appropriate in neighborhoods of concentrated poverty, which the state has identified as hotspots for family homelessness.

Because so many service funding streams are administered at the state level, it is not possible to undertake this model in all communities of need without broad changes at the state level. Locally, we commit to one or more **pilot programs** using this approach.

Strategies to Make Supportive Services Available & Accessible

Indicators:

- Increase number of homeless people accessing mainstream services
- Increase length of stay among formerly homeless people living in supportive housing

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Coordinate provision & referral of services	Use WM Interagency Council and RCN as overarching mechanisms to improve provisions of services and benefits across agencies	WM Interagency Council RCN	Year 1 and ongoing	No cost	N/A
	Use existing sub-regional CoCs and other networks to improve coordination among agencies in catchment areas throughout the region	CoCs, Franklin County Resource Network, North Quabbin Community Coalition, Hampshire Next Step Collaborative, Westfield Continuum	Year 2 and ongoing	No cost	N/A
	Use listservs and websites to provide regularly updated information about available services, benefits and programs	CoCs	Ongoing	No cost	N/A
	Create standard forms and protocols to facilitate exchange of information about individual clients	CoCs, HMIS Coordinator	Years 1-3	No cost	N/A
	Advocate with state to allow information-sharing and to ease cross-referrals among state health and human service agencies	WM Interagency Council, HMIS Coordinator	Year 2 and ongoing	No local cost	N/A
	Co-locate agencies where possible to make medical, substance abuse, mental health & housing assistance easily accessible	State agencies, nonprofits	Unknown	Unknown	Unknown
	Consider new models for providing services and social support, including clubhouse and community support centers, especially in hotspots	State agencies, CoCs, nonprofits	Years 3-6	Unknown	Unknown

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Increase access to behavioral health services	Advocate for and create programs that provide treatment on demand, adequate length of stay for treatment, and sufficient aftercare alternatives	PVCEH, CoCs, detox, hospitals, health facilities	Years 1-6	Unknown	DPH, SAMHSA
	Promote integrated treatment for mental illness and substance abuse	PVCEH, detox, hospitals, health facilities, nonprofits, consumers	Years 1-6	Unknown	DPH, DMH, SAMHSA
	Explore treatment programming for individuals with chronic and long-term substance abuse	PVCEH, detox, hospitals, nonprofits	Years 4-8	Unknown	DPH, DMH, SAMHSA
	Address gaps in substance abuse service components in rural/semi-rural counties (Franklin and Hampshire Counties).	WM Interagency Council, CoCs	Years 1-6	Unknown	DPH, SAMHSA
Improve outreach and engagement for chronically homeless, in an effort to identify and move them toward supportive housing	Improve and expand engagement and assessment services regionally	CoCs, nonprofits	Years 2-5	Unknown	DMH
	Consider damp/wet emergency shelter beds in parts of the region other than Springfield, in order to foster engagement in those other areas	CoCs, emergency shelter providers	Years 1-3	No cost	N/A
Improve services for homeless and at-risk youth	Seek federal grants for targeted youth outreach, and drop-in location(s)	CoCs, youth providers	Years 2-5	Unknown	HHS
	Advocate with Juvenile Court to conduct Court review of each DSS youth at age 16, to determine risk of homelessness and require independent living skills instruction for any at-risk youth	PVCEH, CoCs, youth providers, CASA, Juvenile Court	Years 2-3	Unknown	To be determined
	Advocate with Probate Court to refer all DSS youth at risk of homelessness to CASA for advocacy regarding adequate instruction/counseling of independent living skills	PVCEH, CoCs, youth providers	Years 2-3	Unknown	To be determined

Strategy	Action Steps	Partners	Time Frame	Projected Cost	Funding Source(s)
Improve services for veterans	Educate community providers on resources, assessment and early identification of at-risk veterans.	Soldier On, VA, Veterans Agents, Resource Ctrs. VEP	Ongoing	Limited	VA
	Promote collaboration among service providers, VA, veterans agents, and family of veterans' support programs, regionally and within sub-areas	Soldier On, VA, Veterans Agents, Resource Ctrs. VEP	Ongoing	No cost	N/A
	Identify targeted outreach, prevention, and family support strategies to young veterans, female veterans, and veterans with children.	Soldier On, VA, Veterans Agents, Resource Ctrs. VEP	Ongoing	Unknown	VA, others
Improve access to health care, dental care, and social services for homeless and at-risk households	Identify specific barriers to access and improve access by service in each sub-area	CoCs, service providers, WM Interagency Council	Years 1-5	Unknown	Unknown
	Identify strategies with state/federal agencies to mitigate physical access issues to mainstream resources (DTA, SA services, etc.) for households in each sub-area	PVCEH, WM Interagency Council, CoCs	Years1-5	Unknown	Unknown
	Ease transportation practices that function as barriers to health/services access to households	PVTA/GMTA, WM Interagency Council, CoCs	Years 3-6	Unknown	Unknown
Increase access to income from public benefits	Improve access to Social Security benefits through SOAR, outreach, presumptive eligibility, Health Care for the homeless SSI evaluation, federal funding for SSI outreach, and a representative payee program	Nonprofits	Ongoing	Unknown	SSA
	Expand use of Virtual Gateway and use to screen for mainstream supports for which households are eligible	CoCs, providers	Year 2, ongoing	Unknown	DTA, foundations

Appendix A: Participants

Leadership Council

Mayor Clare Higgins, City of Northampton, Co-chair
Mayor Michael Sullivan, City of Holyoke, Co-chair
Rev. Stanley Aksamit, Our Lady of Peace, Turner's Falls
Stuart Beckley, City of Easthampton
Natalie Blais, Office of Congressman John Olver
Sherie Bloomberg, Black Orchid
Tim Brennan, Pioneer Valley Planning Commission
Pat Byrnes, Massachusetts Non-Profit Housing Association
Leida Cartegena, Valley Opportunity Council
Christine Citino, UMass Donahue Institute
Richard Courchesne, Olde Holyoke Development Corp.
Donna Crabtree, Amherst Housing Authority
Paul Douglas, Franklin County Regional Housing & Redevelopment Authority/Rural Development Inc.
Hank Drapalski, Center for Human Development
Doreen Fadus, Health Care for the Homeless
Heriberto Flores, New England Farm Workers Council
Mayor Christine Forgey, Greenfield
Peter Gagliardi, HAP
Maura Geary, United Way of Pioneer Valley
Mayor Ed Gibson, West Springfield
Alan Gilburg, United Way of Hampshire County
Hwei-Ling Greeney, Amherst Select Board
Jeff Harness, Cooley Dickinson Hospital/Center for Healthy Communities
Margaret Jordan, Human Resources Unlimited
Peg Keller, City of Northampton
Ed Kennedy, Kennedy Ford Realty Group
Doug Kohl, Kohl Construction
Kim Lee, Square One
Ann Lentini, Domus, Inc
Jim Lynch, Chicopee Housing Authority
Rita Maccini, Holyoke Housing Authority
Gerry McCafferty, City of Springfield
Andrea Miller, ServiceNet
David Modzelewski, Department of Mental Health
Steve Meunier, Office of Senator John Kerry
Hank Porten, Holyoke Medical Center
Jerry Ray, Mental Health Association
Bill Rosen, Cardinal Strategies
Roy Rosenblatt, Town of Amherst
Tom Salter, New England Farmworkers Council
Jane Sanders, Community Action
Russell Sienkiewicz, Northampton Police Chief
Larry Shaffer, Amherst Town Manager
Susan Stubbs, ServiceNet
Sr. Kathleen Sullivan, Mercy Medical Center
Liz Sullivan, Department of Mental Health
Steve Trueman, Hampden Regional Employment Board
Rev. Carmen Vasquez-Andino, Church of Jesus Christ Agape Ministries
Kim Wells, Holyoke Public Schools
Lisa Wyatt Ganson, Holyoke Community College
Linda Williams, Mental Health Association
Cheryl Zoll, Amherst Survival Center

Project Staff

Peg Keller, City of Northampton
Gerry McCafferty, City of Springfield
Andrea Miller, ServiceNet
Christina Quinby, Pioneer Valley Planning Project

Data & Evaluation Workgroup and Support

Andrea Miller, ServiceNet, Co-Chair
Jeff Harness, Western Mass Center for Healthy Communities, Co-Chair
Jocelyn Ayer, Pioneer Valley Planning Commission
Justine Calcina, Pioneer Valley Planning Commission
Christine Citino, UMass Donahue Institute
Samalid Hogan, City of Springfield
Shaun Hayes, Pioneer Valley Planning Commission
Molly Jackson-Watts, Pioneer Valley Planning Commission
Jennifer Luddy, Community Action
Gerry McCafferty, City of Springfield
Bill Miller, Springfield Friends of the Homeless
Rebecca Muller, GrantsWork
Christina Quinby, Pioneer Valley Planning Commission.
Doug Tanner, Northeast Network for Child, Youth & Family Services
Marcia Webster, Consumer Quality Initiatives

Homelessness Prevention and Family Stabilization Workgroup

Synthia Scott Mitchell, SPCA, Co-Chair
Jane Banks, Jessie's House, Co-chair
Joni Beck Brewer, Square One
Tami Butler, Community Action
Steve Como, Soldier On
Andrea Fistner, Department of Transitional Assistance
Keith Hedlund, Center for Human Development
Marion Hohn, Western Massachusetts Legal Services
Nealon Jaynes Lewis, Springfield Public Schools
Rita Maccini, Holyoke Housing Authority
Gerry McCafferty, City of Springfield
Andrew Morehouse, Food Bank of Western Massachusetts
Mitch Moskal, City of Holyoke
Vickie Riddle, Catholic Charities
Laurie Rosario, Department of Youth Services
Tom Salter, New England Farm Workers Council
John Shirley Department of Transitional Assistance
Lauren Voyer, HAP
Kally Walsh, Committee for Public Council Services

Mainstream Services Workgroup

Rebecca Muller, Grantworks, Co-Chair
Roy Rosenblatt, Town of Amherst, Co-Chair
Jim Bastion, Zen PeaceMakers
Joni Beck-Brewer, Square One
Ben Cluff, Department of Public Health
Doreen Fadus, Mercy Medical Center
Sue Fortin, Department of Mental Health
Jim Keefe, Holyoke Medical Center
Kimberley Lee, Square One
Mark Maloni, Community Action
Sr. Kathleen Sullivan, Mercy Medical Center
Additional Input from:
Elaine Arsenault, Family Outreach of Amherst
Randa Nachbar, Amherst Family Center
Killeen Perras, WIC
Francine Ronriguez, Family Outreach of Amherst
Bill Simmons, Department of Social Service
Cheryl Zoll, Amherst Survival Center

Housing Workgroup

Joanne Campbell, Valley CDC, Co-Chair
Peg Keller, City of Northampton, Co-Chair
Jane Banks, Center for human Development
Jim Bastien, Zen Peacemakers
Pat Byrnes, Massachusetts Non-Profit Housing Association
Steve Como, Soldier On
Steve Connor, Veterans Agent, Hampshire County Services
Paul Douglas, Franklin County Regional Housing and Redevelopment Authority/Rural Development, Inc.
Alan Gilburg, Hampshire County United Way
Nancy Gregg, Amherst Housing Partnership
Joanne Glier, Franklin County Regional Housing Redevelopment Authority
Hwei-Ling Greeney, Amherst Select Board
Charlie Knight, Consumer Advocate
Doug Kohl, Kohl Construction
Fran Lemay, ServiceNet
Ann Lentini, Domus, Inc.
Tracey Levy, Amherst Survival Center
Jen Lucca, Samaritan Inn
Jim Lynch, Chicopee Housing Authority
Stanley Maron, Amherst Committee on Homelessness
David Modzelewski, Department of Mental Health
Mitch Moskal, City of Holyoke
Tom Salter, New England Farmworkers
Reikka Simula, Amherst Committee on Homelessness
Flo Stern, Amherst Housing Partnership
Melinda Thomas, Womanshelter Campañeros
Carol Walker, HAP
Rick Wilhite, ServiceNet
MaryAnne Woodbury, ServiceNet

Chronic Homelessness Workgroup

Dave Modzelewski, Department of Mental Health, Chair
Audrey Higbee, Center for Human Development
Sheree Bloomberg, Black Orchid, Northampton
Pam Brown, ServiceNet
Ben Cluff, Department of Public Health
John Cremins, Community Action
Lisa Downing, Forbes Library
Henry Drapalski, Center for Human Development
Seth Dunn, ServiceNet, Inc,
Yvonne Freccero, Northampton Friends of the Homeless
Margaret Jordan, Human Resources Unlimited
Jim Keefe, Holyoke Health
Ed Kennedy, Kennedy Ford Realty Group
Jay Levy, PATH Program
Hwei-Ling Greeney, Amherst Select Board
Stanley Maron, Town of Amherst
Ceil Moran, Clinical & Support Options
Janet Moulding, Forbes Library
Claudia Phillips, Health Care for the Homeless
Jerry Ray, Mental Health Association
Michael Schoenberg, Massachusetts Behavioral Health Partnership
Laura Waskiewicz, Franklin County Sheriff's Department
Rick Wilhite, ServiceNet
Amy Winters, ServiceNet

Appendix B: Data Tables

Baseline Data: Numbers and Characteristics of Homeless Individuals and Families

Multiple strategies were used to estimate some of the figures in these tables. The intention is to define the problem so that we can plan interventions, but these figures may change slightly as we improve our capacity to collect and integrate data regionally (rather than shelter-to-shelter, town-by-town, county-by-county).

January 2007 Point-in-Time Count, Combined for Pioneer Valley Region
Unsheltered and in shelter

	3 County	Springfield	Total
Individuals	163	259	422
Families (HHs//people)	131//493	62//183	193//676

January 2007 Point-in-Time Count, Combined for Pioneer Valley Region
Unsheltered, in shelter, and in transitional housing

	3 County	Springfield	Total	Percent
Individuals	417	405	822	
Substance Abuse	363	191	554	67%
Mental Health	250	78	328	40%
HIV/AIDS	2	12	14	2%
Domestic Violence	88	18	106	13%
Young Adults 18-24	46	20	66	8%
Veterans	188	42	230	28%
Families (HHs//people)	156//547	116//324	272//871	
Substance Abuse (HHs)	17	8	25	9%
Mental Health (HHs)	9	0	9	3%
Domestic Violence (HHs)	51	56	107	39%

2006 Annual Count, Individuals, Combined Pioneer Valley Region

	3 County	Springfield*	Total	Adjusted Total, -15.5%[§] (to account for double-counting)	Percentage
Total Individuals	1366	1430**	2796	2435	
Gender					
Women	222	315	537	454	19%
Men	1144	1115	2259	1981	81%
Race & Ethnicity					
African American or Black	213	386[†]	995	506	21%
Non-Hispanic White	918	501[†]	1419	1199	49%
Hispanic	183	529[†]	712	600	25%
Other	37	143[†]	180	152	6%
Subpopulations					
Young Adults 18-24 yrs	135	200	335	283	12%
Veterans[1]	556	143[†]	699	663	28%
Substance Abuse[††]	888	930	1818	1536	65%
Mental Health[††]	683	715	1398	1181	50%
HIV/AIDS[††]	27	29	56	47	2%
Domestic Violence[††]	505	529	1034	874	37%
Chronic Homeless[2]	410	386	796	673	28%

[1] The high proportion of veterans is due to the presence of the United Veterans of America (UVA) in Northampton MA, which provided shelter and housing in 2006 to 464 veterans originally from towns and cities throughout Western MA.

[2] HUD defines a chronic homeless person as an individual who has a disabling health or mental health condition and who has been homeless for a) 1 year or more, or b) at least four times in the previous 3 years.

* Estimated, applying percentage of persons/households with this characteristic in the 3-County area (exclusive of the UVA).

**Estimated, based upon 1320 individuals through October 2006, and FOH 2007 average of 55 new persons per month for November-December 2006.

[†] Estimated, applying percentage of persons with this characteristic who stayed at Friends of the Homeless in 2006.

[††] Estimate based on 2006 rate among a representative sample of shelter guests (n=510)

[§] Based on 2006 rate of overlap between FOH and 3-County sites (exclusive of the UVA).

Families, 2006 Annual, Combined Pioneer Valley Region

	3 County	Springfield*	Total	Adjusted Total, -5%[§] (accounts for double-counting)	Percentage
Families (HHs/people)[1]					
Number of families	394	261	655	622	
Number of people	1174	809	1983	1884	
Gender (HHs)					
Women	360	238	598	568	91%
Men	34	23	57	54	9%
Race & Ethnicity (HHs)					
African American or Black	66	44	110	104	17%
American Indian, Alaska Native	3	2	5	5	1%
Asian	2	1	3	3	1%
Hispanic	149	99	248	236	38%
Multiracial	13	8	21	20	20%
Non-Hispanic White	161	107	268	255	40%
Subpopulation (HHs)					
Young Adult (< 25 yrs)	134	89	223	212	34%
Domestic Violence[2]	201	133	334	317	51%

[1]HH= Head of Household

[2]The 2007 reauthorization of the Violence Against Women Act (VAWA) prohibits HUD-designated CoCs from collecting information about families staying in DV shelters, in order to protect their safety. More than 400 persons stayed in DV shelters in Greenfield, Northampton, and Holyoke in 2006 but they excluded from this data. There is a high rate of overlap between the DV shelters and non-DV family shelters, since many families leave DV shelters and enter non-DV shelters due to time limits imposed upon DV shelters. Similarly, many families fleeing domestic violence must stay initially in non-DV shelters due to the lack of available DV shelter beds.

* Estimated, applying percentage of persons/households with this characteristic in the 3-County area.

** Estimated, based upon a complete count through October 2006 (n=207), plus estimate of 44 families per year at YWCA DV shelter. Number of persons in families estimated at 3.1 persons per family, the average in the 3-county annual count.

§ Based on 2006 proportion of families who moved between shelters within the 3-Cty region.

Regional Cost of Transporting Homeless Children, 2006-2007 School Year

Franklin County/North Quabbin			**Hampshire County**			**Hampden County**		
School	# Youth	Cost	School	# Youth	Cost	School	# Youth	Cost
Athol/Royalston	33	$23,947	Amherst	13	$ 7,500	Chicopee	95	$85,000
Frontier	4	$9,388	Amherst-Pelham	11	$17,262	East Longmeadow	2	$2,205
Gateway	8	$11,000	Easthampton		**	Hampden-Wilbraham	4	$1,200
Gill-Montague	5	$2,356	Granby	3	$656	Holyoke	1156	$353,736***
Greenfield	12	$25,156	Hampshire	2	$6,594	Monson	7	$1,591
New Salem/ Wendell	1	$3,300	Hatfield	2	$1,160	Palmer	9	$27,242
Pathfinder Voc	1	$172	Northampton	37	$18,235	Springfield	1400	$270,000
Quabbin	6	$8,223	Northampton-Smith	13	0	West Springfield	178	$10,683
Ralph Mahar	11	$7,487	Pioneer Valley	1	$4,322	Westfield	43	$48,805
			South Hadley	26	$27,956			
			Ware	18	$14,151			
TOTAL	81	$91,029	TOTAL	126	$97,836	TOTAL	2894	$885,462
Average Cost/Youth		$1,124	Average Cost/Youth (114)*		$858	Average Cost/Youth (1738)**		$306
			3-Counties	**3101**	**$1,104,327**	**Average Cost/Youth (1933)**		**$388**

*Cost calculated by youth with transportation costs

** Easthampton data excluded because not available

***Holyoke cost estimated, using number of homeless youth and average cost per youth.

Appendix C: Results From a Survey of Sheltered Individuals and Families in the Pioneer Valley

With the assistance of the Pioneer Valley Planning Commission and local shelter providers, 78 family head-of-householders and 40 individuals were surveyed during November-December 2007 in order to gather input for the Pioneer Valley regional plan. Most of the families were living in scattered shelter sites in Holyoke, MA and most individuals were living in shelters in Westfield, MA.

Some key findings:

- Families were more likely than individuals to experience homelessness due to housing-related crises such as buildings being condemned; individuals were more likely to experience homelessness due to an interaction of poverty with medical/ mental health problems and substance use.
- Families reported that financial assistance would have helped them avoid homelessness; individuals reported that mental health and substance use services would have helped them avoid homelessness, suggesting the need for treatment on demand.
- Most respondents indicated that they want to achieve long-term economic self-sufficiency through employment but that the biggest challenge related to homelessness was trying to find a job ~ followed by the challenge of living in emergency shelter.
- Families reported the need for child care and transportation, and they were more likely than individuals to report that they would like to live in a city; individuals were more likely to want to live in a small town.

Survey responses from individuals (n=40) and family head of households (n=78)

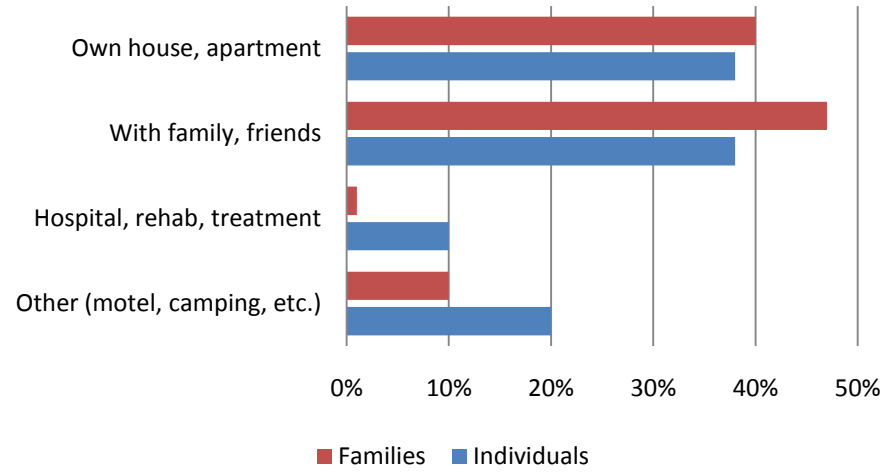
	Individuals	Families
Housing and homelessness		
Current living situation		
Greenfield emergency shelter or transitional housing	8%	4%
Holyoke emergency shelter or transitional housing	8%	77%
Springfield emergency shelter or transitional housing	--	19%
Westfield emergency shelter or transitional housing	84%	--
Living situation prior to entering shelter		
Own apartment, house	38%	40%
With family, friends	38%	47%
Hospital, treatment setting, jail	10%	1%
Other (e.g., motel room, shelter, camping)	14%	12%
Circumstances related to loss of housing		
Couldn't afford rent or mortgage	25%	39%
Health, disability, mental health, substance use	35%	13%
Unemployment	33%	5%
Domestic violence	2%	15%
Illegally doubled up (in public housing)	2%	14%
Health or safety code violations/ building condemned	2%	13%
Other	1%	1%

	Individuals	Families
Housing and homelessness, continued		
Previous episode(s) of homelessness		
None	56%	76%
One	18%	8%
Two to three	21%	12%
Four or more	5%	4%
Biggest challenge related to homelessness*		
Finding a job	42%	72%
Living in a shelter	45%	55%
Obtaining services	34%	--
Finding transportation	--	54%
Preferred living situation*		
My own apartment	73%	92%
My own apartment with occasional supportive services	40%	49%
In a city	--	35%
In a small town	30%	--
Biggest obstacle related to preferred living situation*		
Insufficient income	28%	49%
Lack of employment and/or education	19%	17%
Waiting lists	--	8%
Housing policies (related to credit, rental history, CORI)	--	8%
Transportation	--	--
Health, disability, mental health, substance use	19%	--
Community ties (Born or raised/ Children raised)		
Eastern or Central MA	7%	27%
Western MA	60%	54%
Out of state – CT, NY	22%	2%
Out of state - Puerto Rico	3%	12%
Out of state - Other	10%	5%
Family is nearby	55%	47%

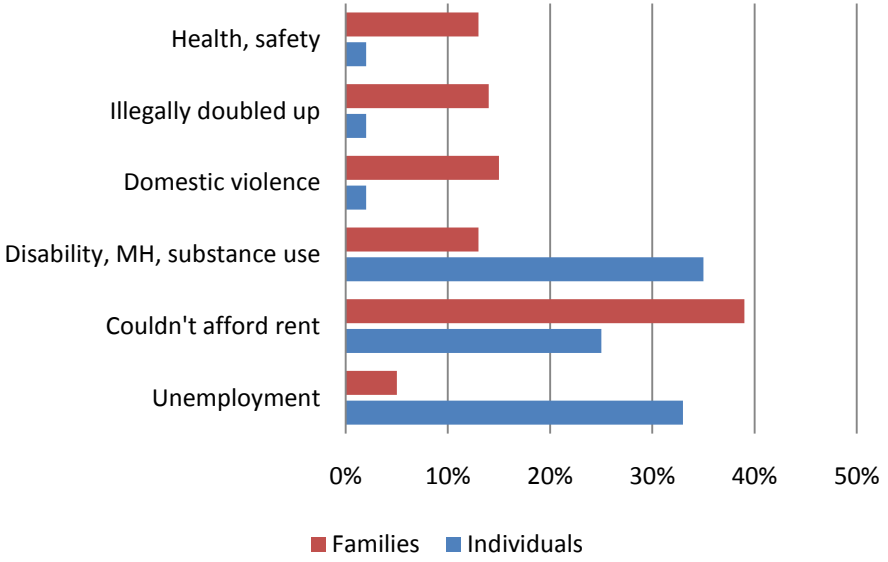
	Individuals	Families
Resources, services, support		
Services or situation that would have prevented homelessness*		
Employment	46%	53%
Financial assistance, food stamps	23%	72%
Counseling or treatment, medical care	57%	--
Support from family, friends	--	43%
If previously homeless, factors that helped change the situation*		
Work, income or savings	44%	33%
Services available through shelter	--	22%
Affordable housing	--	17%
Housing subsidy	6%	17%
Counseling or treatment, medical care	25%	--
Services that are currently being received		
Food stamps	46%	96%
Financial assistance (AFDC / TANF)	3%	82%
Social security income	38%	22%
Veteran's benefits	5%	--
Medical care	51%	56%
Dental care	16%	26%
Mental health counseling	30%	35%
Alcohol or drug use counseling	30%	10%
Child care	--	23%
Faith-based support	16%	15%
Support from family, friends	30%	15%
Job training	5%	17%
Most important services of those being received*		
Financial assistance, food stamps	32%	57%
Counseling or treatment, medical care	53%	19%
Job training	9%	--
Support from family, friends	--	6%
Most important services needed to maintain housing*		
Financial assistance, food stamps	59%	100%
Counseling or treatment, medical care	65%	--
Employment opportunity	41%	45%
Childcare	--	29%

**Items consist of ranked choices or open-ended question; top 3 responses reported; percentage can exceed 100%.*

Before becoming homeless, I/ my family was staying…



My/ our housing was lost due to…



Appendix D: Shelter and housing resources in region

Hampden County

Emergency Shelter: Individuals

Safe Havens/MHA, Springfield	6 beds, mentally ill, referral required
Safety Zone/CHD, Springfield	2 beds, youth
Samaritan Inn, Westfield	37 beds
Taylor Street/Springfield Rescue Mission, Springfield	36 men
Worthington Street Shelter/Friends of the Homeless, Springfield	103 men, 30 women; 30 seasonal

Emergency Shelter: Families

Broderick House/Providence Ministries, Holyoke	15 families, DTA referral required
Family Place Shelter, NEFWC, Holyoke	61 families, DTA referral required
Jefferson Avenue Shelter /Open Pantry, Springfield	9 families, DTA referral required
Main Street Shelter, VOC, Holyoke	11 families, DTA referral required
New Horizon Shelter/MLKCC, Springfield	4 families, DTA referral required
Our Place, New England Farmworkers, Holyoke	25 families, DTA referral required
Prospect House/HAP, Springfield	9 families, DTA referral required
Scattered site, New England Farmworkers, Holyoke & Springfield	46 families, DTA referral required
Womenshelter Campañeros, Holyoke	5 women & their children, domestic violence
YWCA, Springfield	48 women & their children, domestic violence

Transitional Housing

Annie's House/MCDI, Springfield	16 women
Arbor House/Cooley Dickinson Hospital, Holyoke	25 individuals, sober
Bliss Street, Springfield Rescue Mission, Springfield	40 men, sober
Families First/MCDI, Springfield	12 families, referral required
GARP/Gandara, Springfield	10 men & women, substance abuse, referral required
Jorge O. Barreto Transitional Home, Springfield	10 veterans
The Kendall Sober House, Springfield	20 men and women, referral required
Loreto House/Providence Ministries, Holyoke	20 men
Majestic House/MCDI, Springfield	8 men, sober
My Sister's House/Baystate, Springfield	20 women, substance abuse
New Horizons/MLKCC, Springfield	15 families
Opportunity House/Baystate, Springfield	38 men, substance abuse
Rutledge House/Open Pantry, Springfield	6 women, sober, referral required
Safe Step/HAP, Holyoke	12 families
SafeStep/HAP, Springfield	15 families

Samaritan Inn Transitional Housing, Westfield	10 individuals
Springfield Housing Authority, Springfield	15 families, DTA referral required
Teen Living Program/Open Pantry, Springfield	6 teen mothers & their children, DSS referral required

Permanent Housing

Leahy House/MHA, Westfield	6 individuals
The Meadows Apts./Domus, Inc., Westfield	8 individuals
Next Step/HRU, Westfield	10 individuals
Next Step/HRU, Springfield	12 individuals
Rainville Apts./Home City Housing, Springfield	52 SROs
Reed House/Domus, Inc., Westfield	9 individuals
REACH/CSPECH Program/MHA, Springfield	24 subsidies, chronically homeless individuals
Recovery Home/NES, Springfield	18 men & women
River Valley Counseling Center, Springfield	17 families, 24 individuals, HIV/AIDS, referral required
River Valley Counseling Center, Holyoke	6 men, HIV/AIDS, referral required
Project-Based Subsidies for Chronically Homeless/SHA, Springfield	20 individuals, 8 families
Shelter + Care/MHA, Springfield	38 subsidies + supportive services, referral required
Tranquility House/Open Pantry, Springfield	6 women, sober
Worthington House/Friends of the Homeless, Springfield	78 SROs and enhanced SROs

Hampshire County

Emergency Shelter: Individuals

Grove Street Inn/ServiceNet, Northampton	20 beds
Friends of the Homeless/ServiceNet, Northampton	21 beds, seasonal
Northampton Fiends of the Homeless, Easthampton satellite	6 beds, seasonal
UVA Homeless Shelter/Soldier On, Northampton	30 beds, veterans

Emergency Shelter: Families

Jessie's House/CHD, Amherst & South Hadley	18 families, DTA referral required
Safe Passage, Northampton	5 families, domestic violence

Transitional Housing

Beacon Recovery Programs, Greenfield	13 men, 13 women, sober
Dwight Clinton/Her, Inc. Holyoke	20 families
Grace House/CHD, Northampton	9 families
Hairston House/Cooley Dickinson Hospital, Northampton	14 individuals, sober
Soldier On Transitional Housing, Northampton	125 veterans, sober
Wright House/SMOC, Easthampton	16 individuals

Permanent Housing

Florence Inn/ServiceNet, Northampton	14 individuals
Go West SRO/Valley CDC, Northampton	7 individuals
Hawley St, ServiceNet, Northampton	5 individuals
Paradise Pond/HAP, Northampton	4 families
Shelter + Care North, MHA, Greenfield & surrounding	22 individuals
Valley Inn/ServiceNet, Northampton	14 individuals
Vets Village/Soldier On, Northampton	13 individuals
Vikings Landing/SMOC, Easthampton	19 men, veterans

Franklin County

Emergency Shelter: Individuals

Franklin County Emergency Shelter/ServiceNet, Turners Falls	20 beds

Emergency Shelter: Families

Athol-Orange Inn/ServiceNet , Orange	6 families, DTA referral required
Greenfield Family Inn/ServiceNet, Greenfield	6 families, DTA referral required

Transitional Housing

Community Action/YMCA, Greenfield	6 young men
Dial/Self, Greenfield	4 youth
Ferron House, ServiceNet, Greenfield & Turners Falls	13 individuals
Hawley St, ServiceNet, Northampton	5 individuals
School Street/ServiceNet, Greenfield	5 individuals
Silver Street Inn/ServiceNet, Greenfield	10 individuals

Permanent Housing

Permanent Supportive Housing/ServiceNet,	9 individuals
Moltenbrey SRO/Franklin County Regional Housing Authority	25 individuals