Homes Within Reach

SPRINGFIELD'S 10-YEAR PLAN TO END LONG-TERM HOMELESSNESS

Mayor Charles V. Ryan
Springfield, Massachusetts

January 2007

THE CITY OF SPRINGFIELD, MASSACHUSETTS

MAYOR CHARLES V. RYAN

January 10, 2007

To the Citizens of Springfield:

Homes Within Reach, Springfield's 10-Year Plan to End Long-Term Homelessness, sets forth a broad vision of the necessary steps to successfully address homelessness in our community.

Over the last two years, more than 40 individuals representing a variety of institutions, agencies, service providers, homeless clients, faith communities and businesses offered guidance, input and insight into the development of this plan. Their names and affiliations are listed at the back of the Plan, and I offer to them my sincerest thanks for giving of their time so generously.

I endorse the Plan's goals and strategies, which represent a comprehensive approach to a difficult and long-standing problem. Achievement of the Plan's goals would dramatically improve the lives of our poorest and most needy citizens.

While the Plan charts the right course of action for our community, it does not fully identify the funding sources that will enable us to carry it out. Let me be clear: the solutions to homelessness are expensive. We cannot achieve our goals without substantial financial commitment from the state and federal governments, from our local businesses, and from our region. The very difficult road of financing the long-term solutions to homelessness remains ahead of us.

Homelessness is not unique to Springfield. It has grown throughout our state and our nation over the last twenty-five years; during this same period, meaningful support from the state and federal governments to address this problem has not been forthcoming.

Just as the problem must be owned at the state and federal levels, so must it be recognized and addressed at the regional level. Springfield is the urban center of our region. Our regional neighbors benefit from the proximity to a city, but fail to support us

as we serve as the regional center for provision of support and social services, including homeless services. We call on our neighbors—governments and businesses—to contribute financial support for the important emergency services we provide, and on our local communities to provide sites for supportive and affordable housing.

In the next 30 months, provided that we obtain adequate funding from the state and from the local business community, we will construct a new facility, a Homeless Assistance Center. The Center will replace two existing shelters, consolidating shelter beds and providing adequate space to provide health, job training and housing referral services necessary to help individuals exit their existence in a shelter. The new facility will serve up to 150 people per day, remain open twenty-four hours, seven days a week, and will serve meals, enabling homeless people who so choose to be in a safe location off the streets throughout the day. The current funding gap for this new facility is $2.3 million.

It is very important that I underscore the need for a location that is safe. I have long been concerned about the vulnerability of many of our homeless citizens. They themselves are often victimized by crime. In order to protect them, whether young or old, it is imperative that criminal behavior not be condoned or tolerated. I am confident that the Springfield Police Department under its present leadership will continue to regulate behavior in public spaces in a humane, sensitive and appropriate manner.

By consolidating two shelters into the new facility, we reduce our year-round shelter bed capacity from 190 to 150. In order to achieve this reduction, we must provide permanent supportive housing to chronically homeless individuals, who use a disproportionate share of shelter resources. These individuals have multiple disabilities, and are the visible homeless, who live on the streets and in shelters. Although the City and the Springfield Housing Authority can target some housing subsidies to this population, these individuals cannot succeed in housing without supportive services, for which funding is not readily available. These services are expensive: between $3000 and $10,000 per person, depending on the severity of the individual's disabilities.

The needs of chronically homeless individuals have not been met by state systems of care designed to serve them, including mental health, substance abuse, child welfare and correctional systems. When the state systems of care fail, the unfortunate victims are left on the streets of our city, with an expectation that we will meet their needs. We call on the state to provide adequate funding to provide supportive services to address the serious needs of these individuals. With adequate funding, we can provide an appropriate response to this vulnerable population, in the form of permanent supportive housing, while reducing demand on our local shelter system.

The chronic homeless have received a great deal of attention over the past several years. It is believed that they represent a finite, and relatively small, portion of the homeless population. There is a growing belief that we can provide adequate housing and services for this population within ten years.

The great majority of homeless people are not chronically homeless, however. They are poor. About 10% of the poor become homeless each year. These numbers include many families.

When I charged the Mayor's Task Force on Homelessness in 2004 with the task of creating a plan to end homelessness, I directed them to consider the needs of not just the chronic homeless, but also the many families and individuals who experience homelessness as a primarily economic crisis.

The Plan addresses the needs of these many "crisis" homeless by calling for targeting of housing, services, and employment to our lowest-income households. Locally, targeting is what we can do, and targeting will improve the situations of the very poor. But preventing the many poor households from ever experiencing homelessness requires a commitment by our federal and state governments to address poverty in a comprehensive way.

In this Plan, Springfield sets forth its role in ending homelessness. We call on our region, our state, and our federal governments to support and fund our efforts. We must work together if we are to end the tragedy of homelessness.

Sincerely,

Charles V. Ryan

Charles V. Ryan
Mayor

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Overview

Solving homelessness is critical to the economic development and overall health of the city. Homelessness within a community hurts all members of that community, with its impact on economic development, public safety, and community values. Our efforts to address the roots of homelessness will strengthen basic social systems and enhance the community for all citizens. Reducing homelessness will increase the chances of a healthy commercial environment.

Real solutions to homelessness are, in the long run, a better investment of public and private resources than is the constant drain of trying to meet emergency needs. The provision of services at the crisis stage is extraordinarily expensive, and far less effective than providing housing and real job opportunities along with services. Recapture of emergency costs can help fund permanent solutions.

New understanding of homelessness points to new approaches to solve it. There are two homeless populations: the chronic homeless, a limited number of people who live on the streets and in shelters, and the crisis homeless, a larger number of people, who come from the ranks of the very poor and cycle into and out of homelessness. Cities that take new approaches to these different populations are reducing their homeless populations.

Housing First is an effective tool for ending chronic homelessness. The Housing First model focuses on placing homeless individuals and families directly into housing and then providing services to address the problems that led to their homelessness. Housing First has a high level of success in keeping people housed, in effectively intervening with mental illness and substance abuse, and in giving people the stability and support needed to become employed.

We can help the households that become homeless as a one-time crisis by funding prevention and rapid re-housing services and by ensuring that housing and income support address the housing-income mismatch of our poorest residents. Ten percent of those in poverty experience a spell of homelessness each year. Better supports, better jobs, and housing matched to their incomes will keep them stable.

Our strategies emphasize the needs of families, because the impact of homelessness on children is especially severe, and because people who are homeless as children are likely to be homeless as adults. Half of all people experiencing homelessness are people in families. Addressing their needs is a critical component of homelessness prevention.

We can end long-term homelessness in Springfield within 10 years. No one should have to sleep on the streets or remain in shelter for longer than a very brief emergency stay. Targeted strategies, a plan for implementation, and regular measurements and reports of our success will make homes within reach for all Springfield citizens.

Springfield's Homeless

Each year in Springfield, 1200-1400 individuals plus 500-600 families experience a spell of homelessness.[1] Our most recent point-in-time count, in January 2006, identified 237 individuals and 35 families homeless on that one night.

Some of Springfield's homeless are people suffering from mental illness or substance abuse problems, and these people are highly visible on our streets and in our parks. This population—about 20% of the entire homeless population—is referred to as the chronic homeless, and these individuals experience long-term or repeat homelessness.

Many homeless people are not visible, however. They are working and disabled very low-income households, including families, who lose their housing through job loss, illness or eviction. Most people who become homeless experience a one-time crisis that is resolved when they obtain new housing.

This plan considers the needs of both the chronic and the crisis homeless, and sets forth effective strategies to assist both populations.

[1] Appendix 1 details the methods used to estimate the size of Springfield's homeless population. The numbers reflect only those who are "literally" homeless; a much larger number are doubled-up or otherwise precariously housed.

What Causes Homelessness?

There is no one cause of homelessness. Contributing factors include:

Systemic factors:

- a decline in the availability of low cost housing;
- a profound economic transformation that has eliminated manufacturing jobs and replaced them with low-wage service-sector jobs;
- the failure to develop an adequate community health system in the aftermath of deinstitutionalization for persons with mental health difficulties;
- a national substance abuse epidemic;
- persistent and intergenerational poverty; and
- racial inequalities

Individual vulnerabilities, often in combination:

- domestic violence;
- mental illness;
- alcohol and/or drug abuse;
- low levels of education;
- poor or no work history experience; and
- childhood abuse and time in foster care

Erosion of the social safety net:

- welfare reform
- more limited eligibility for public benefits
- oversubscribed and underfunded supportive services

Chronic Homelessness and Housing First

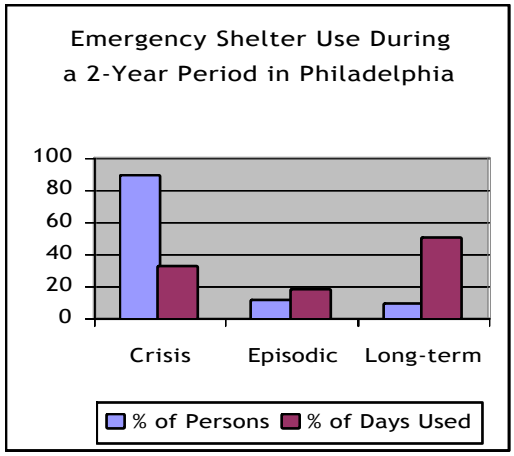
Landmark research by Dennis Culhane and others in Philadelphia and New York has informed us about the different types of homelessness.[2] About 20% of homeless individuals are the chronic homeless. This population—estimated to be 250 people in Springfield—is the extremely visible homeless population. This population uses 50-70% of all nights in shelter beds over the course of a year.

Chronic Homelessness, Defined

According to HUD, 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 encompasses both the long-term and the episodic homeless.

Springfield is embracing a proven strategy for addressing chronic homelessness: Housing First. In this approach, providers move homeless people directly into affordable rental housing and then provide individualized, home-based social services support after the move to help the person transition to stability. The model has helped over 85% of tenants in permanent supportive housing achieve housing stability and it has helped many to accept treatment for their disabilities.

Over the next 10 years, Springfield will create 250 Housing First opportunities for chronic homeless individuals. These will be provided through a combination of housing vouchers and housing units, both with attached supportive services.



CHRONIC HOMELESSNESS

Two Types:

Long-term homeless experience homelessness for a year or longer. Usually individuals with multiple disabilities; often older.

Episodic homeless have multiple short or long-term episodes of homelessness. Individuals and families with multiple needs; younger, likely to have substance abuse problems; for individuals, frequent interaction with hospitals, detox and jails.

CRISIS HOMELESSNESS

Crisis homeless have usually one, relatively short-term, spell of homelessness. Individuals and families with job loss or crises which are primarily economic.

[2] Culhane et al. 1994 "Public Shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Sheltered Population Counts," Housing Policy Debate 5 (2): 107-139.

Cost-Effectiveness

It is expensive to allow chronically homeless people to continue to live on the streets and in shelters. Many of them have mental illnesses or substance abuse problems, or both. They frequently use costly services such as emergency rooms, psychiatric placements, jails, and inpatient detoxification programs. We do not yet have local data, but we can learn about potential cost savings from other communities. New York City found that, on average, each chronically homeless person used over $40,000 annually in publicly funded shelters, hospitals, emergency rooms, prisons, jails and outpatient health care.[3] Portland, Oregon found that, prior to entering its Community Engagement Program, 35 chronically homeless individuals each utilized over $42,000 in public resources per year. After entering permanent supportive housing, these individuals each used less than $26,000, and that included the cost of the housing.[4]

Local Cost Data Being Compiled

The Mental Health Association, in conjunction with BHN, MBHP, the City of Springfield, DMH, and DTA, have created a pilot program to provide Housing First to 22 chronically homeless individuals in Springfield, beginning July 2006. The pilot has a data collection and analysis component, designed to determine the cost savings to our community of moving these homeless individuals into permanent supportive housing. As results become available, the Mayor's Homelessness Strategy Committee will make public the local savings produced by shifting to a Housing First approach.

[3] 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.

[4] Moore, T.L. 2006 Estimated Cost Savings Following Enrollment in the Community Engagement Program: Findings From a Pilot Study of Homeless Dually Diagnosed Adults. Portland, OR. Central City Concern.

Chronic Family Homelessness

Although HUD's definition of chronic homelessness applies only to individuals, researchers are finding that about 10% of the family homeless population experiences repeated spells of homelessness. This is about 50 Springfield families. Children in these families are at greater risk of school failure, mental health problems and substance abuse. Because of the difficulties they face while young, these children often grow up and fall back into homelessness by themselves or with their own families, creating a multi-generational homelessness problem.

Springfield will create at least 50 permanent supportive housing opportunities to help these families with chronic needs achieve housing stability. Families experiencing chronic homelessness have multiple problems. In addition to providing supportive services to the adults, we will also address the children's needs for intervention, early childhood education, and after-school programs to provide them with the support they need to be able to succeed in school and as adults.

The Crisis Homeless

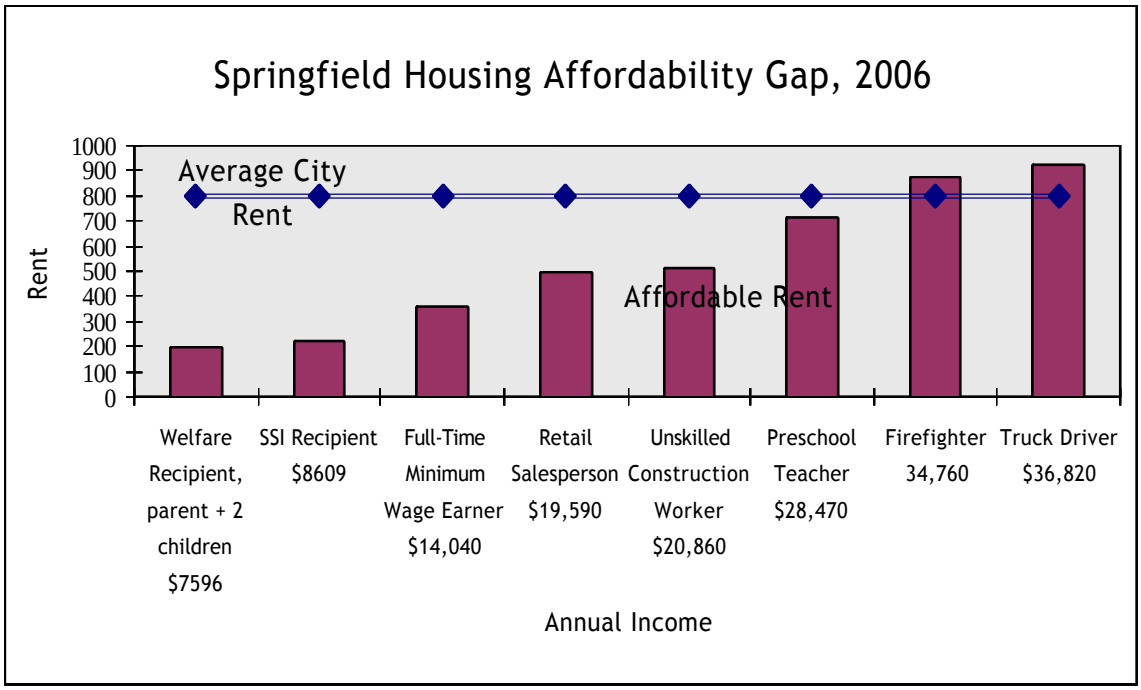
The vast majority of homeless people are the crisis homeless. They have lost permanent housing due to high housing costs and a lack of income to pay these costs. The loss of housing may have been precipitated by a crisis, such as family conflict, divorce, incarceration or illness. These people access shelters as an emergency resource. They stay in the shelter system relatively briefly and, after they leave, usually do not come back.

Crisis homelessness is a direct result of the mismatch between the incomes of low-income people and the cost of housing. Low-income people cannot afford market rents, even in Springfield, where rents are comparatively reasonable.

Using the federal standard of affordability (which considers rent affordable if it is no more than 30% of gross income), Springfield residents working full-time minimum wage jobs are unable to afford housing in the private market. A full-time worker would have to make $12.10 per hour in order to afford a one-bedroom rental unit. A single parent must work a full-time job at $15.37 per hour to afford a two-bedroom unit.[5]

Many members of our community, including minimum wage earners, preschool teachers and people working in unskilled construction and retail sales are unable to afford private market rent, which averages $799 for a two-bedroom apartment.[6] Of occupations illustrated in the following graphic, only firefighters and truck drivers earn enough to pay local market rents.

[5] Out of Reach. 2005. National Low Income Housing Coalition.
[6] Incomes from Bureau of Labor Statistics, 2005, for Springfield Metropolitan Area; Average rent is HUD's 2006 Fair Market rent for Springfield.



High Poverty Rate

The impact of the affordability gap is especially severe in Springfield because the city has a large population living in poverty. U.S. Census data (2000) indicates that over 33,000 individuals and 7100 families—23% of households—have incomes below the poverty line. This compares to 9% of Massachusetts households. These people in poverty include working households, as well as families receiving public assistance and households receiving disability payments. None of these households are able to afford average Springfield monthly rents.

Census data from 2000 also shows that over 5500 Springfield residents pay more than 50% of their income for rent. These households are one emergency away from homelessness. There are 2602 very low income households on the Springfield Housing Authority waiting list. Many of the very poor who avoid homelessness do so by living in substandard housing or overcrowded conditions.

APPROACHES FOR CRISIS HOMELESSNESS

Prevention and Rapid Re-House Services

Households on the verge of homelessness are helped with prevention, including financial assistance, Housing Court mediation, and service intervention for problematic tenant behaviors. For those households unable to avoid the loss of housing, rapid rehouse services can assist in moving households promptly to new housing.

The goal for families and individuals with disabilities is that assessment and appropriate rapid rehouse takes place immediately when the household becomes homeless. Non-disabled individuals will be assisted in quickly making connections to mainstream services that will assist them in exiting homelessness.

Increase Housing and Earning Opportunities

The fact that so many poor households cycle through homelessness indicates that we cannot end homelessness without addressing the housing-income mismatch that occurs for our very lowest-income households. This plan calls for the mismatch to be addressed with complementary strategies: housing subsidies and development to decrease housing costs, and education and job training to increase incomes.

We recognize that services and housing subsidies already exist, but are inadequately funded. We will advocate for increasing these programs. In addition, existing resources must be more directly targeted to our lowest-income households, as these are the people with the greatest need, and the people most likely to become homeless.

ACCESS TO SERVICES

People who are homeless or on the verge of homelessness are eligible for a host of mainstream services funded by the state and federal government: health, social service, and income support programs intended to meet the needs of all low-income people. Mainstream services are offered through a fragmented system that has different office locations and eligibility requirements and complex application procedures. The lowest income people often lack transportation and phones, and many have disabilities or low levels of education. These factors make it difficult for them to access mainstream services. Services become even harder to access once a household becomes homeless and they lack a permanent address and necessary documentation.

The more effective the homeless assistance system is in caring for people, the less incentive mainstream public systems have to deal with the most troubled people. While the homeless system can meet immediate needs, it does not have the resources to prevent homelessness, and it cannot meet very low income peoples' fundamental need for housing, income and services. Only the mainstream system has the resources to do this.

It is critical to target mainstream services to those who are homeless or most at risk of homelessness.

A Gateway to Services: The Homeless Assistance Center

This plan calls for the building of a new easy-access, rapid-exit Homeless Assistance Center, which will serve as a one-stop location for homeless individuals needing assistance. This 24-hour-per-day shelter and day center will bring together the resources individuals need to reestablish housing and employment. It will be able to serve up to 150 people.

The Homeless Assistance Center will enable us to consolidate shelter beds and services at one location. It will provide offices for mainstream service workers to station intake workers, and a housing and employment resource room. The center will provide healthcare, showers, storage, laundry and telephones. The vision of this plan is that the Homeless Assistance Center will serve crisis homeless individuals whose exit from homelessness will be expedited by the access to services provided by the Center.

Friends of the Homeless has completed architectural plans for the Homeless Assistance Center, and is currently seeking to close a $2.3 million funding gap for the project. FOH expects construction of the Center to take place in 2008.

RELATIONSHIP TO OTHER PLANS

CONTINUUM OF CARE

The problems of homelessness generated an emergency response in the 1980's, including the creation of emergency homeless shelters. In the 1990's, there was a recognition of the need to provide and coordinate a full range of emergency services. This effort has been called the Continuum of Care. Springfield has in place a Continuum of Care plan, under which it has received over $20 million under HUD's McKinney-Vento Homeless Assistance Programs, which it has used to leverage many more millions from other funding sources.

Continuums of care represent a successful model of social support and care for people who are homeless. The Continuum programs do not, however, start from the goal of ending homelessness. Springfield will continue to coordinate emergency service delivery through its Continuum of Care, and will consider gaps in its existing emergency service delivery system in the Continuum of Care planning process. For this reason, this 10-year plan does not address emergency service provision except in relation to the goal of ending long-term homelessness.

PUBLIC SAFETY AND QUALITY OF LIFE

The Mayor's Homelessness Strategy Committee recognizes our community's concerns around public safety and our city's quality of life, and the perception that homelessness contributes to public disorder. Concerns are raised specifically about public drinking and intoxication, illegal drug use, and aggressive panhandling. The Committee recognizes that most homeless people do not engage in criminal behavior and that homeless people are themselves often victimized by crime. We are reluctant to put forth public safety strategies to address street disorder in a plan to end long-term homelessness, because we do not want to contribute to the false belief that homeless people commonly engage in criminal behavior.

Some of the strategies that we recommend for ending long-term homelessness have the additional benefit of enhancing public safety. These include the designation of two police officers to serve as homeless liaisons, the creation of adequate day shelter space, and improved outreach to persons living on the streets and in shelters. We are aware that the City of Springfield is developing a public safety plan for the downtown area. We expect that the public safety plan will complement the goals of this plan and will address public illegal behavior.

Concerns are also raised about the visible homeless and the belief that the visibility of people who are homeless contributes to a general sense of disorder and that this sense of disorder, in turn, impedes economic development. The "visible" homeless are a small part of the homeless population, those referred to in this plan as the chronic homeless. The way to stop this population from living on our streets is to provide them with permanent supportive housing, and this plan sets forth the strategies to do just that. As numerous other cities have recognized, providing permanent supportive housing for chronically homeless people improves the quality of life for the entire community.

PLANNING FOR RESULTS

Accountability

Springfield's response to homelessness has not always benefited from ongoing accountability and quality improvement efforts based on emerging research and data. This plan recognizes the central importance of evaluation and data analysis in creating effective programs and practices. The plan includes implementation of a homeless data management information system (HMIS), into which providers will input information about persons served and services provided. This data will be regularly reviewed and analyzed in order to continually improve our response. In addition, specific targets and evaluation components will be built into initiatives, so that all partners involved in their implementation can be held accountable for producing the results envisioned in this plan.

The Mayor's Homelessness Strategy Committee will regularly monitor the efforts and outcomes associated with this plan, and will report its progress to the public. The City will continue its commitment to ensure that a staff person is responsible for ensuring that the work of the plan is carried out.

8 GOALS

These goals make up our plan to end homelessness:

1. Provide housing and services for the chronic homeless
2. Provide assistance to prevent homelessness, especially among families
3. "Rapid Re-House": move crisis households into housing as soon as possible
4. Increase incomes of Springfield's homeless and at-risk households
5. Increase housing opportunities for Springfield's lowest-income households
6. Ensure that services are available for homeless and at-risk households
7. Work with our partners to end homelessness
8. Be accountable for results

On the following pages, each of these broad goals is explained in greater depth and the strategies and action steps needed to reach these goals are listed in detail.

Goal

1

Provide housing and services for chronic homeless

Shared vision:
Chronic homeless are served with the humane and cost-effective Housing First model

The chronic homeless include long-term homeless individuals—those who live permanently on the streets and in shelters, and episodic homeless individuals—those who shuttle between shelters and jails, detox centers and hospitals, and usually have alcohol or drug addictions. The chronic homeless also include families that experience repeated spells of homelessness.

Long-term homeless individuals usually require subsidization of both housing and services because of their disabilities. To end homelessness for the long-term homeless in Springfield would take 125 permanent supportive housing opportunities, units or vouchers, provided in connection with wrap-around supportive services.

Episodic homeless individuals—125 in Springfield—require a strategy that addresses both their housing needs and their need for treatment. When they are in treatment, or compliant with treatment regimens, supportive housing or private sector housing are good options. When they are unable to find acceptable treatment, or unwilling to partake in treatment or treatment regimens, other housing options must be found. The housing needs of people not in treatment can be met through "low demand" housing that recognizes the addiction, makes services available, and makes sobriety encouraged but not required; or through the development of low cost hostel or dormitory type housing with daily or weekly rental terms. For some in this group, the problem is a lack of long-term treatment and follow-up sober housing. This plan calls for development of a variety of housing and treatment options for this population.

A number of chronic homeless individuals are veterans. As we develop outreach, residential substance abuse and housing programs, we will take into account that this population responds best to veteran-specific services.

The 50 Springfield families that are homeless repeatedly have multiple problems and barriers to employment and housing stability. They include families in which a parent has a mental illness or substance abuse addiction. These families can be stabilized with permanent housing with family-centric services. Provision of services to the adults and children in these families will help to prevent foster care placements and help to prevent homelessness in the next generation.

STRATEGIES FOR ENDING CHRONIC HOMELESSNESS

Strategy	Action Steps	Partners	Timeframe	Cost
1.1 Provide Housing First to 300 chronically homeless individuals and families	1.1.1 Develop 125 permanent supportive housing opportunities for long-term homeless individuals, scattered throughout the city or in small clusters, with wrap-around supportive services offered on site	Federal, State, City, SHA, nonprofits, developers, foundations	Years 1-10	$$$$$, portion identified
	1.1.2 Develop 125 housing opportunities targeted to episodically homeless individuals, which shall be provided as a combination of "low demand" housing, single room occupancy units, Oxford houses, or other models, scattered throughout the city or in small clusters; these shall include wrap-around supportive services offered on site	Federal, State, City, SHA, nonprofits, developers, foundations	Years 1-10	$$$$$, portion identified
	1.1.3 Develop 50 permanent supportive housing opportunities for families with mental illness or chemical dependency, which shall include wrap-around supportive services offered on site	Federal, State, City, SHA, nonprofits, developers, foundations	Years 2-10	$$$$$, portion identified
1.2 Target available resources to supportive housing	1.2.1 Maximize available McKinney dollars by targeting them to housing activities; use bonus incentive dollars for housing persons experiencing chronic homelessness	Federal, City	Ongoing, beginning year 2	No additional cost
	1.2.2 Use Medicaid and other health care funding to provide rehabilitation and case management services linked to appropriate housing	Federal, City, nonprofits	Ongoing, beginning year 2	No additional cost

1.3 Use outreach to engage chronic homeless individuals and families, in an effort to move them to appropriate housing and services	1.3.1 Coordinate existing outreach efforts to allow each to take advantage of specialties within teams, including cultural sensitivity, language skills or specialized knowledge; encourage multi-agency outreach teams	City, nonprofits	Ongoing, beginning year 1	No additional cost
	1.3.2 Improve outreach by adding specialized staff available to work with all outreach teams, including a clinical mental health worker and a benefits eligibility technician; consider peer outreach	Federal, State, City, nonprofits, foundations	Year 2, ongoing	$$, not identified
	1.3.4 Provide training in engagement skills and Housing First model	City, nonprofits	Ongoing, beginning year 1	$
	1.3.5 Enable outreach workers to directly access a range of options for immediate housing placement	Housing & outreach providers	Ongoing, beginning year 1	No additional, once housing in place
	1.3.6 Designate 2 police officers to serve as homeless liaisons	City	Ongoing, beginning year 1	No additional
	1.3.7 Establish protocol for police officers responding to homeless individuals; conduct training for police officers	City, nonprofits	Ongoing, beginning year 2	No additional
	1.3.8 Establish protocols and training to assure necessary training and back-up from mental health and substance abuse treatment providers	City, nonprofits, health providers	Ongoing, beginning year 2	No additional
	1.3.9 Convene regular problem-solving meetings between outreach workers, case managers, and staff at entities with regular contact with homeless, including police, detox, emergency room and park staff	City, nonprofits	Ongoing, beginning year 2	No additional

1.4 Establish locations where contact can be made with chronic homeless	1.4.1 Develop adequate day center space in the Homeless Assistance Center for homeless individuals to access case management services, while continuing to provide outreach and case management at other locations, as necessary	Federal, State, City, nonprofits, business community, foundations	Years 2-3	$$$
	1.4.2 Develop a sobering center, where inebrieted people who are not in need of medical attention can be brought to become sober in a safe place, and can be engaged around treatment options	Federal, State, City, health providers, nonprofits, business community, foundations	Years 2-6	$$$
	1.4.3 Track emerging research on chronically homeless families, to better understand these families and how to reach them; identify outreach strategies and locations	State, City, SHA, nonprofits, foundations	Years 2-5	Unknown

Goal

2

Provide assistance to prevent family and individual homelessness

Shared vision:
No one will be discharged from an institutional setting into homelessness; and households most at risk of homelessness will be identified timely and can access financial or other crisis assistance to prevent homelessness.

Many people who are homeless have interacted with, and have at one point been discharged from, various systems of health, substance abuse treatment, mental health, managed care, incarceration, youth detention and foster care. Often, people are discharged from these systems with no plan for permanent housing, and, too often, they are discharged to the streets. A lack of coordination between the institutions and community-based providers means these individuals fall through the cracks in the system and become homeless. The absence of available resources is a significant barrier to helping people successfully make these transitions.

The Commonwealth requires discharge planning, and is strengthening its discharge requirements. Community-based appropriate resources must be identified prior to discharge. Locally, we will monitor discharge from institutional care to ensure that these links are made. In addition, we will work with our community institutions to create new housing options which bridge the gap between institutional care and independent living. These housing options must be integrated into the appropriate health or human service system.

Local Program that Works

Foundation House is a 36-bed sober transitional housing program for men leaving the Hampden County jail. Operated by the Hampden County Sheriff's Office and Northern Educational Services, Foundation House provides a place for ex-offenders to live while they become employed and maintain sobriety and become ready to move on to independent living.

Prevention also takes place by targeting resources to those individual households at the greatest risk of homelessness. Strategies for direct prevention include providing cash assistance for rent arrears, Housing Court mediation, and supportive services to intervene when behavioral issues put tenancies at risk. These programs are inadequately funded and need more resources; we will advocate for expansion of these critical supports. In addition, these existing programs can improve their use of limited funds by using emerging research to narrowly target their resources to those households most at risk of homelessness. Dr. Dennis Culhane has found that homeless people come primarily from the poorest neighborhoods, so we should concentrate our prevention resources in those areas.

Families are a particularly important focus of our prevention efforts, because stopping family homelessness today decreases the number of people likely to be homeless in the next generation. We recognize that the state Department of Transitional Assistance has primary responsibility for prevention of homelessness among families, and we do not intend to duplicate the state's programs. We advocate for DTA to expand its programs. We have designed our strategies to address family homelessness so that they complement the state strategies.

STRATEGIES FOR PREVENTION

Strategy	Action Steps	Partners	Timeframe	Cost
2.1 Ensure that service systems do not discharge people into homelessness	2.1.1 Coordinate with institutional systems to understand and improve discharge policies and practices; work with institutions to initiate pre-release applications for public benefits and low-income housing	Federal, State, MHSC,* city	Year 2, ongoing	No additional
	2.1.2 Encourage providers to ask about discharge prior to homelessness, and to assist people subject to inappropriate discharge to advocate for alternate discharge services	Nonprofits, with city support; State	Year 2, ongoing	No additional
	2.1.3 Track instances of discharge into homelessness and work to change policies at agencies that regularly discharge inappropriately	State, City, MHSC	Year 3, ongoing	No additional
	2.1.4 Continue and expand partnerships with correctional facilities, DYS, substance abuse programs and foster care system to create transitional housing and employment programs for people coming out of those systems	Federal, State, City, nonprofits, developers, foundations	Years 3-10	$$$$, possibility of reallocation
	2.1.5 Partner with child welfare to create reunification housing opportunities and to provide permanent supportive housing for families in which there is mental illness or behavioral health issues	Federal, State, City, nonprofits, developers, foundations	Years 5-10	$$$$, possibility of reallocation
	2.1.6 Carefully target existing or new transitional programs to those most likely to achieve self-sufficiency within limited timeframe; ensure that households that do not achieve financial self-sufficiency in transitional programs are provided with permanent housing subsidies at the expiration of the transitional time	Federal, State, City, Nonprofits, SHA	Years 2-10	$$

* Mayor's Homelessness Strategy Committee

2.2 Provide coordinated crisis intervention for those most at risk of homelessness	2.2.1 Create crisis intervention teams available to train and provide back up to neighborhood and community organizations, schools, health clinics, and other settings likely to serve households at risk of homelessness; workers should have access to flexible funding to support prevention, as well as knowledge of public benefits acquisition and retention, landlord/tenant issues, Fair Housing issues, and community resources	Federal, State, City, nonprofits	Year 3, ongoing	$$
	2.2.2 Provide coordinated crisis intervention services in neighborhoods most heavily impacted by poverty	Federal, State, City, nonprofits	Year 3, ongoing	$$
	2.2.3 Target prevention resources effectively by developing common targeting standards for all entities providing prevention services; creating screening tool for prevention efforts; and training community partners to use tools and make appropriate referrals	Federal, State, City, nonprofits	Year 3	No additional
	2.2.4 Partner with Housing Court, Springfield Housing Authority and landlords to provide information about prevention resources to tenants at the earliest possible stage of eviction proceedings	City, Housing Court, SHA, nonprofits	Year 2	No additional
	2.2.5 Continue to provide advocacy in Housing Court, targeted to those households most at risk for homelessness, coordinated through crisis intervention teams	Federal, State, City, Housing Court, nonprofits	Ongoing	Existing contracts
	2.2.6 Expand the Tenancy Preservation Project	Federal, State, City, nonprofits	Year 2, ongoing	$$

Goal

3

Rapid Re-House: move crisis households into housing as soon as possible

Shared vision:
Households that become homeless will move immediately to new housing or, if that is not possible, will spend just a short period in emergency shelter before accessing appropriate housing

A key step in ending homelessness is to quickly re-house everyone who becomes homeless. The majority of people who become homeless are the crisis homeless, who have relatively short stays in the homeless assistance system, exit it and return infrequently if at all. The real cause of the problem for these people is poverty and the near universal shortage of housing that is affordable for poor people. The strategy to be employed for these households is to move them as quickly as possible to permanent housing and link them with appropriate mainstream services. Where needed, housing services, case management services and follow-up services can be effectively utilized to maximize housing stability.

Some households that become homeless rehouse very quickly, even now. They can be further helped with readily available information and application forms for housing units. A portion, however, fall into the category of "hard to house", and these households currently take up to a year to be housed again. Their barriers include poor credit, prior evictions, and criminal records. Even if they have overcome any issues that caused their initial problems, the negative information remains on their records and delays their re-entry to housing. These households need concerted effort and support to enable them to demonstrate that they can live according to their lease terms, and to find landlords willing to take a chance on them.

Local Program that Works

In the Springfield Housing Authority's Transitional Housing program, developed in partnership with DTA and DHCD, families experiencing homelessness are placed directly into a public housing unit on a temporary basis. After six to nine months of successful residency, the family is eligible to remain in the unit on a permanent basis.

In Massachusetts, the Department of Transitional Assistance provides shelter and housing search services for most families with children that become homeless. DTA is moving to a Housing First model, and Springfield will not duplicate DTA's efforts. There are some families, however, that are ineligible for DTA assistance, including families that have been evicted from public or subsidized housing for nonpayment of rent, or evicted from any housing for certain lease violations. We will include these families in our efforts, but we will also advocate that DTA expand its eligibility so that the needs of these families do not fall on local communities.

STRATEGIES FOR RAPID RE-HOUSE

Strategy	Action Steps	Partners	Timeframe	Cost
3.1 Make accurate housing information readily available to individuals and caseworkers, and make the housing application process easier	3.1.1 Compile and make available on-line a comprehensive up-to-date list of housing providers; compile and make available on-line information about landlord-tenant laws and applying for housing	State, City, SHA, nonprofits	Year 1	$
	3.1.2 Create housing resource room in Homeless Assistance Center, which includes computer access to on-line materials and phones, a fax machine, and housing applications; continue to provide housing resource information at other sites	Federal, State, City, nonprofits, businesses, foundations	Years 2-4	$
	3.1.3 Work with housing providers to allow on-line housing applications, with back-up information sent by fax; and to create a standard application form and process	State, City, SHA, nonprofits	Years 3-5	No additional
3.2 Provide each household with the level and type of assistance needed	3.2.1 Develop screening tool to determine level of assistance needed by identifying types and severity of housing barriers (e.g., CORI, previous evictions, poor credit, lack of income); train caseworkers to use tool and direct clients to appropriate resources; seek access for caseworkers to Housing Court information and CORI	State, City, nonprofits	Year 2, ongoing	No additional
	3.2.2 Develop source of flexible funding to assist in re-housing	Federal, State, MHSC, city, nonprofits	Year 2, ongoing	$$
	3.2.3 Consider creation of one or more “community rooms,” where families not eligible for DTA shelter may stay on an emergency basis, as they are being assessed for rapid rehouse	MHSC, city, nonprofits, faith community	Year 2	$$

3.3 Assist hard-to-house households	3.3.1 Provide information and advocacy about overcoming barriers	State, City, nonprofits	Year 2, ongoing	No additional
	3.3.2 Develop network of landlords willing to provide housing to hard-to-house households	City, nonprofits	Year 3, ongoing	No additional
	3.3.3 Initiate church/congregation sponsorship program for hard-to-house families, where the church provides flexible funding and assists with connections to needed services	MHSC, faith community, city, nonprofits	Year 2, ongoing	No additional
	3.3.4 Initiate education campaign for landlords about mental health and substance abuse issues and services available when these issues cause problems; increase community education and enforcement of Fair Housing laws	Federal, State, MHSC, city, nonprofits	Year 3, ongoing	No additional
	3.3.5 Empower caseworkers to provide “what is needed” to get particular hard-to-house households into housing, including incentives to landlords to rent to hard-to-house; certificates of "housing readiness" for hard-to serve households that have worked to improve barriers; and commitments from service agencies to provide services to assist households in complying with lease requirements	Federal, State, City, nonprofits, MHSC	Year 3, ongoing	$$
	3.3.6 Make follow-up services available for hard-to-house crisis households in first 6 months of housing	Federal, State, City, nonprofits, MHSC	Year 3, ongoing	$$
	3.3.7 Increase public housing Housing First model for families, in which homeless families are placed in transitional unit and are able to transition to permanent housing; explore creation of similar program in federal public housing units	Federal, State, SHA	Year 2, ongoing	$$

Goal

4

Increase incomes of Springfield's homeless and at-risk households

Shared vision:
Very low income households are provided the supports they need to earn sufficient income to pay for housing.

When asked what type of assistance they need to escape homelessness, most homeless people say a job. Even when there are jobs available for which homeless people are qualified, there are extraordinary barriers that keep homeless people from getting those jobs. These include: lack of storage for possessions, which means that homeless people must carry their possessions with them to apply or go to work; lack of transportation, making jobsites difficult to access; shelter rules which make it difficult to work evening or night jobs; and, for some, criminal backgrounds which make employers unwilling to hire. For many homeless people, the only contact phone number they can provide is that of a shelter or service agency, which immediately signals to a potential employer that the applicant is homeless, and may also be an unreliable way to get messages. For homeless families, lack of child care is also a barrier.

For homeless and extremely low income people, what is needed is a job that pays a livable wage. Minimum wage jobs do not pay enough to pay for housing. It takes education and training to get decent-paying work. High school dropouts and those for whom English is a second language may need education before they are even ready for vocational training. There is a need to provide paid work while also offering education and training.

We recognize the interplay between economic development and reducing homelessness. Economic development assists our residents out of poverty and thereby lessens the likelihood that they will become homeless. We propose that we seek development that pays livable wages, and connect our residents to new jobs through hiring goals and training programs.

Family homelessness has the potential to disrupt learning for homeless children. These children may not get the education they need to be able to earn a livable wage once they are adults. We will partner with the Springfield Public Schools, through its homelessness liaison, to assist homeless families in achieving educational stability, so they can obtain the education needed to get well-paying jobs.

Long-term housing stability is enhanced with financial literacy and the opportunity to build assets. We will seek to provide financial education and develop Individual Development Accounts (IDAs) to assist low-income people to accumulate assets.

STRATEGIES TO INCREASE INCOMES

Strategy	Action Steps	Partners	Timeframe	Cost
4.1 Provide education, job training and employment services for homeless and at-risk people	4.1.1 Inventory existing mainstream and homeless employment programs and their accessibility to homeless persons; recommend and implement new models	Federal, State, MHSC, city, SHA, REB, Futureworks	Year 2	No additional
	4.1.2 Cultivate employment opportunities for the homeless among area employers; reach out to and educate local businesses of the advantages of hiring this population; promote the skills and expertise of homeless individuals	State, MHSC, city, nonprofits, REB, Futureworks	Year 3, ongoing	No additional
	4.1.3 Explore viability of a social enterprise—a venture run by a non-profit—to provide homeless and formerly homeless people with opportunities to work immediately	State, MHSC, city, nonprofits, Chamber of Commerce	Year 2, ongoing	No additional
	4.1.4 Develop opportunities for homeless people to obtain paid work and education/vocational training at the same time; increase the availability of vocational training programs consistent with labor market demands	Federal, State, MHSC, city, nonprofits, unions, REB, Futureworks	Year 2, ongoing	$$
	4.1.5 Create employment resource room at the Homeless Assistance Center, equipped with computers, telephone, facsimile machine, and information about employment opportunities; continue to provide employment services at other locations	State, City, nonprofits	Years 2-4	$
	4.1.6 Address problems associated with day labor agencies by expanding transitional employment opportunities with area staffing agencies and nonprofit providers	MHSC, city	Year 3, ongoing	$
	4.1.7 Seek grant funding to provide self-sufficiency services to public housing tenants	State, SHA, nonprofits	Year 1, ongoing	No additional

4.2 Provide education necessary to ensure that Springfield citizens are employable	4.2.1 Increase availability of and access to Adult Basic Education (ABE), GED, English for Speakers of Other Languages (ESOL) and job readiness classes	Federal, State, City, nonprofits	Ongoing	$$
	4.2.2 Collaborate with providers of post-secondary education to create educational opportunities accessible and available to very-low income persons; and to market educational opportunities to our at-risk population	State, Post-secondary educational providers, nonprofits, REB, Futureworks	Ongoing	Unknown
	4.2.3 Expand current strategies to intervene with youth dropping out of school to provide them with training necessary to earn a livable wage	State, City, nonprofits, Springfield schools	Ongoing	$
	4.2.4 Collaborate with Springfield Public Schools homeless liaison to provide resources needed for homeless children and youth to access schools in an immediate and uncomplicated manner.	Federal, State, MHSC, city, Springfield schools, nonprofits	Ongoing	$
4.3 Increase employment opportunities for residents of Springfield's poorest neighborhoods	4.3.1 In new development projects, recommend that developers set hiring goals for persons from low- and moderate-income neighborhoods	City	Year 2, ongoing	No additional
	4.3.2 Coordinate training opportunities for low-income people with job opportunities created by new development projects; market these training opportunities to persons living in very-low-income neighborhoods	State, City, nonprofits, REB	Year 2, ongoing	$$
4.4 Provide education and tools to assist Springfield residents in financial literacy and asset building	4.4.1 Provide financial literacy programs and financial education	State, City, nonprofits, public schools	Year 2, ongoing	$
	4.4.2 Create an Individual Development Account program to assist low-income households to build assets	Nonprofits, financial institutions	Years 2-5	Unknown

Goal

5

Increase housing opportunities for Springfield's lowest-income households

Shared vision:
Springfield's very poorest residents will be provided with necessary housing supports

There are insufficient deeply subsidized units in the city for Springfield's existing extremely low income population. Targeting both existing and new resources to those most in need can increase the units affordable to this very vulnerable population.

Targeting resources represents a change of policy for the city. Springfield, like many communities, has spread public funds shallowly across many housing development projects. This strategy assists in spurring production of housing affordable to those with incomes between 30-60% of area median income. The city is now committing to use its public funds to increase production of units targeted to those with incomes of less than 30% of area median income, in order to increase housing stability among that population. The city will further assist with development in identifying appropriate locations and providing technical assistance.

The Springfield Housing Authority primarily serves those with incomes of less than 30% area median income, and it will continue to do so. SHA is seeking grant funding to increase housing opportunities and to provide services to housing authority tenants at risk of losing their tenancies.

Providers of services to the homeless often have the expertise to operate permanent supportive housing, but they lack the staff and experience to develop housing units. This plan recommends that this issue be further assessed to determine whether training and partnering is sufficient to increase development capacity, or whether a new or separate entity should be established to develop housing units targeted to homeless households.

Redevelopment and new development should take place in a manner that does not create or add to concentrated areas of poverty, and that increases opportunities for individual development. Our goal is that development of low-income housing should be dispersed throughout the city and the region, with small scale developments or units scattered throughout market-rate developments or those developments targeted for moderate and median income residents. We propose that service-providing agencies enter into "good neighbor agreements" demonstrating their readiness to provide services if tenants begin to experience problems living in the community.

STRATEGIES TO INCREASE AFFORDABLE HOUSING

Strategy	Action Steps	Partners	Timeframe	Cost
5.1 Make housing units available to households with incomes at or below 30% of area median income	5.1.1 Use public funds to ensure 10% of units in each new Springfield project developed with the Low Income Housing Tax Credit (LIHTC) program are affordable to very-low-income households	Federal, State, City	Year 1, ongoing	Reallocation of existing funds
	5.1.2 Seek new funding sources to increase the city's supply of deeply subsidized units	Federal, State, City, nonprofits, developers	Year 2, ongoing	$
	5.1.3 The Springfield Housing Authority will continue to seek to expand the availability of units/subsidies for households with incomes at or below 30% of annual median income; and will seek commitments from service agencies to provide supportive services to at-risk tenants	Federal, State, SHA	Year 1, ongoing	Existing HUD/DHCD funding
5.2 Increase capacity for housing development in Springfield	5.2.1 Increase non-profit development capacity through trainings, partnering, involving the Corporation for Supportive Housing	State, City, nonprofits, developers	Year 2, ongoing	$
	5.2.2 Assess the need for creation of a new CHDO/CDC specifically to develop housing for homeless; create entity if need exists	State, MHSC, city, nonprofits, developers	Year 2	Unknown
	5.2.3 Convene developers, funders and officials to review codes, permitting processes, and funding procedures in order to modify to ease the process of developing housing for very low income households	State, City, developers, funders	Year 2	No additional

5.3 Disperse affordable housing throughout the community	5.3.1 Use education and good neighbor policies to combat NIMBYism	City, Region, nonprofits, developers	Year 1, ongoing	No additional
	5.3.2 Prioritize creation of small-scale housing development throughout all city neighborhoods	State, City, nonprofits, developers	Ongoing	No additional
	5.3.3 Identify sites throughout Springfield appropriate for development or rehabilitation	City	Ongoing	No additional
	5.3.4 Prioritize mixed income housing development	State, City, nonprofits, developers	Ongoing	No additional
	5.3.5 Create opportunities for homeownership among low and moderate income households	Federal, State, SHA, city, nonprofits, developers	Year 2, ongoing	Unknown
5.4 Preserve existing affordable housing	5.4.1 Use housing code enforcement, combined with rehabilitation money, to preserve deteriorating housing stock	Federal, State, City	Ongoing	Existing programs
	5.4.2 Create strategy to preserve existing SROs, board and care homes, rooming houses, and other low-cost housing	Federal, State, MHSC, city, nonprofits	Year 2	Unknown
	5.4.3 Monitor expiring use contracts and create preservation strategies to ensure that no subsidized units are lost	Federal, State, City, nonprofits	Ongoing	Unknown
	5.4.4 Work in partnership with state and local government, housing authorities and advocacy organizations to protect and preserve affordable housing in the area	State, MHSC, city, SHA, nonprofits, developers, funders	Ongoing	No additional

Goal

6

Ensure that services are available for homeless and at risk households

Shared vision:
Homeless and at-risk households will be able to access the healthcare, mental health and substance abuse services, income support, education and training, childcare, transportation and other supports they need to keep stable housing and employment.

People often need services, and low-income people must turn to overburdened public systems to secure the services they need. Some need services in order to work and earn the money to pay rent. Others need services, regardless of their income, in order to meet their basic responsibilities as a tenant and remain in housing.

Homeless and at-risk households face multiple barriers to accessing services and, as a result, may not be able to access them at all. Sometimes the funding source sets up the dynamic. For example, employment and training programs are expected to meet certain targets, which provide agencies an incentive to pick the most employable among their applicants. Other times, barriers such as mental illness make it difficult to complete necessary paperwork—for example, for Social Security benefits or public or subsidized housing.

This plan proposes that, instead of being screened out of programs, homeless and the most at-risk households are screened in. Their vulnerabilities and barriers mean that they are often most in need of services, so they should be prioritized for receipt of services. Outreach to homeless people and training in methods of engagement and culturally sensitive ways of providing services are necessary components.

In many systems, the problem is cutbacks and the lack of resources. For example, substance abuse rehabilitation beds have been reduced in Western Massachusetts in recent years from 154 to 90. Homeless people seeking substance abuse treatment are unable to get it. Community mental health services are only now being built up, to replace the system of state mental hospitals that were closed decades ago, but the available services are still not adequate.

Families are unable to access childcare—whether to go to welfare, housing, and job application appointments, or to work. Children in homeless families are unlikely to be provided with early childhood education or after-school programs, the very services that might stabilize them and enable them to gain the skills necessary to avoid homelessness as adults.

There are some services that the rest of us take for granted which make it very difficult for homeless people to meet their needs. These include transportation and phone service. Providing these services would help crisis homeless households to move on quickly.

STRATEGIES TO INCREASE ACCESS TO SERVICES

Strategy	Action Steps	Partners	Timeframe	Cost
6.1 Improve access to mainstream programs for homeless and at-risk households	6.1.1 Conduct a study to determine what factors create barriers to access and create action plan to address those barriers; include evaluation of utilization of individual programs by homeless and at-risk households	State, MHSC, city	Year 3	$
	6.1.2 Urge mainstream services to conduct intake at homeless service locations, particularly the Homeless Assistance Center, and to accept applications on-line, with backup documentation sent by mail or fax	Federal, State, MHSC, city, nonprofits	Year 2, ongoing	No additional
	6.1.3 Advocate to create priority slots for homeless households in some programs, where necessary to ensure that homeless are able to access services	State, City, MHSC, nonprofits	Year 3, ongoing	No additional
	6.1.4 Develop a mainstream referral checklist, to be incorporated into city's Homeless Management Information System (HMIS); train case workers and outreach workers to use	Federal, State, City, nonprofits	Year 1, ongoing	No additional
	6.1.5 Explore use of "Real Benefits" web-based program to simplify enrollment to mainstream programs (www.realbenefits.org)	State, City, nonprofits	Year 2	Unknown
6.2 Improve access to behavioral health services for homeless and at-risk households	6.2.1 Increase access to substance abuse treatment, by increasing number of treatment beds in Springfield area and by increasing mobile van transportation to treatment centers outside Springfield	Federal, State, City, nonprofits	Year 1, ongoing	$$$
	6.2.2 Promote integrated treatment for substance abuse and mental illness; provide cross-training on these issues	Federal, State, City, nonprofits	Year 2, ongoing	$

6.3 Improve access to services for homeless and at-risk families	6.3.1 Explore ways to provide adequate child care, early childhood education, and parenting support for homeless and at-risk families	Federal, State, City, MHSC task force, nonprofits	Year 2, ongoing	Unknown
	6.3.2 Work with the DSS and child welfare agencies to prioritize needs of families that are homeless or at risk of homelessness, and to provide those families with needed services	Federal, State, City, MHSC task force, nonprofits	Year 2, ongoing	Unknown
6.4 Improve access to health care, dental care and social services for homeless and at-risk households	6.4.1 Locate health care, dental care and social services for homeless individuals at the Homeless Assistance Center; continue to provide services at other locations that serve homeless families and individuals	Federal, State, City, nonprofits	Years 2-4	No additional cost once facility in place
	6.4.2 Improve health insurance enrollment	State, City, nonprofits	Year 1, ongoing	No additional
6.5 Increase access to income from public benefits	6.5.1 Improve access to Social Security benefits through outreach, presumptive eligibility, Health Care for the Homeless SSI evaluation, federal funding for SSI outreach, establishment of a representative payee program	Federal, State, MHSC, city, nonprofits, health providers	Year 2, ongoing	$$
	6.5.2 Coordinate taking of applications for public benefits at homeless service locations	Federal, State, MHSC, city	Year 3, ongoing	No additional
6.6 Address the needs of homeless youth	6.6.1 Identify the needs of the population of homeless youth and plan to provide necessary services to this population	Federal, State, MHSC task force	Year 2	Unknown
6.7 Provide necessary basic services to homeless households, to enable them to conduct housing and employment search	6.7.1 Investigate possibilities for providing voicemail service to homeless households	State, MHSC, city, nonprofits, businesses	Year 3	Unknown
	6.7.2 Ensure that homeless are able to access public transportation	State,city, MHSC,PVTA, businesses	Year 2, ongoing	Unknown
	6.7.3 Advocate with state agencies to ensure that homeless people are able to get state identification	State, MHSC, city	Year 2, ongoing	No additional cost

6.8 Provide substance abuse prevention education and services	6.8.1 Increase substance abuse prevention education and programming	Federal, State, City, nonprofits	Year 3, ongoing	$$

Goal

7

Work with our partners to end homelessness

Shared vision:
Springfield will have the support of the state and federal governments, our regional partners, and our local community in our effort to end homelessness

The solutions to homelessness are expensive. We cannot achieve our goals without substantial financial commitment from the state and federal governments, from our local businesses, and from our region. We now face the very difficult task of financing the long-term solutions to homelessness.

The causes of homelessness include shifts in policies and reduced funding at the state and federal level. We do not have the local resources to solve problems created at those levels. Our state and federal governments must fund solutions to homelessness if we are to succeed.

We will do our share to create the necessary political will to end homelessness by educating businesses, providers and individuals about the causes of homelessness and effective solutions for responding to the crisis. As communities around the Commonwealth and the nation create their own plans to end homelessness, we hope they will join us in this educational effort.

We commit to advocate for the necessary funding and policy changes. We call on the federal government to restore decreased housing budgets; to provide new funding for housing for the very poor; to adequately fund substance abuse and mental health treatment and support services; and to support cities in addressing persistent poverty.

We call on the Commonwealth to fund the critical initiatives set forth in this Plan; to provide funding parity for our city with Boston and Worcester; to restore important programs which have been cut in recent years, including substance abuse treatment and the Emergency Assistance rent arrears program; and to improve corrections, transitional assistance, child welfare, substance abuse and mental health systems, so that their failures do not end up homeless on the streets of Springfield.

Urban centers such as Springfield serve many regional needs, including providing a disproportionate share of social and homeless services. We need our region to join us in our efforts to end homelessness. We call on our neighboring communities to share the financial burden of our plan; to provide sites for supportive housing; and to produce their fair share of affordable housing. We commit to working together with our regional partners to end homelessness.

Our local business community expresses concerns that the visible homeless interfere with economic development. We call on them to provide the financial assistance and leadership necessary to end homelessness for the unfortunate people who live publicly on our streets.

Finally, we call on the faith-based community, our local foundations, our neighborhoods and our schools to join in our efforts by volunteering, by educating, by advocating, and by funding our initiatives.

STRATEGIES TO INCREASE COMMUNITY RESPONSE

Strategy	Action Steps	Partners	Timeframe	Cost
7.1 Cooperate and coordinate with state and federal governments and with our regional partners	7.1.1 Create policies, plans and programs that coordinate with state and federal plans and funding priorities	MSHC, city, nonprofits	Year 1, ongoing	No additional
	7.1.2 Participate in the state planning process	MSHC, city, nonprofits	Year 1, ongoing	No additional
	7.1.3 Collaborate with the three-county continuum and the Berkshire county continuum in efforts to end long-term homelessness	MSHC, city, nonprofits	Year 1, ongoing	No additional
7.2 Use education as a tool to build policy and financial support	7.2.1 Create public relations/media campaign; educate the public about homelessness and what it will take to end it	MSHC, city	Year 1, ongoing	$
	7.2.2 Use planning committee members and homeless and formerly homeless persons as spokespersons	MSHC	Year 1, ongoing	No additional
	7.2.3 Create an annual advocacy agenda to target advocacy on administrative or legislative issues most critical to the success of the plan; seek stakeholder support for the advocacy agenda	MSHC	Year 1, then annually	No additional
7.3 Ensure adequate funding	7.3.1 City and nonprofits shall investigate and apply for all appropriate government and foundation funding	City, nonprofits, foundations	Year 1, ongoing	No additional
	7.3.2 The Mayor's Homelessness Strategy Committee shall support funding applications and shall seek financial support from local businesses, the faith-based community, and the community at large	MHSC	Year 1, ongoing	$

	7.3.3 Springfield businesses will actively participate in efforts to solicit adequate resources to eradicate homelessness	Business community	Year 1, ongoing	$
	7.3.4 Partner with local funders to target resources to plan priorities	MHSC, city, nonprofits, foundations	Year 1, ongoing	No additional
	7.3.5 Create an annual advocacy agenda to seek increased state and federal resources to address homelessness and persistent poverty; seek stakeholder support for the advocacy agenda	MSHC	Year 1, then annually	No additional

Goal

8

Be accountable for results

Shared vision:
This effort will inspire community confidence and participation because it will be driven by research and data, and it will demonstrate results.

To end homelessness, we need solid information about who is homeless, why they became homeless, what homeless and mainstream assistance they receive and what is effective in ending their homelessness. Our current picture is based on program-by-program data, national studies, studies done in other cities, and the experience of those working with our local homeless population.

The city is in the process of bringing on-line a Homeless Management Information System (HMIS), to be shared by homeless service providers. The HMIS will provide demographic profiles and trends among homeless persons, an ongoing "point-in-time" count of shelter populations, program/service tracking reports to measure the length of homeless episodes and the number of households experiencing multiple episodes, and indicators of the use and success of mainstream services and prevention resources. The HMIS will avoid duplication by showing service providers when other agencies are providing the same or similar services to their clients.

The data produced by HMIS will be essential in tracking progress made toward the goal of ending long-term homelessness. The data will also be regularly monitored and assessed in order to improve outcomes. To do this most effectively, the Mayor's Homelessness Strategy Committee will seek research and data analysis expertise from local colleges and universities. The Committee expects that the data will point to new areas for program or policy improvement. In the event that the data indicates that there are publicly funded programs that are ineffective, these programs will lose funding.

This plan to end homelessness is ambitious, and seeks substantial government and community support. The Mayors Homelessness Strategy Committee shall demonstrate its sound use of resources by making public its activities and progress toward its goals.

STRATEGIES TO ENSURE ACCOUNTABILITY

Strategy	Action Steps	Partners	Timeframe	Cost
8.1 Track outcomes to determine if approaches are successful, and improve approaches	8.1.1 Implement a city-wide Homeless Management Information System (HMIS)	Federal, City, nonprofits	Year 1, ongoing	Already allocated
	8.1.2 Establish benchmarks and indicators to measure success	MHSC	Year 1	No additional
	8.1.3 Conduct regular review of HMIS data to measure success	MHSC, city	Ongoing	No additional
	8.1.4 Use research, data collection, and assessment to improve approaches and outcomes	State, MHSC, city, nonprofits	Ongoing	No additional
	8.1.5 Track outcomes of housing placements to ensure stability	City, nonprofits	Ongoing	No additional
	8.1.6 Conduct annual counts of homeless to measure progress	City, nonprofits	Annually	Already allocated
	8.1.7 Recruit research study team from local colleges to provide advice about and analysis of data	MHSC, city, nonprofits	Year 2	No additional
	8.1.8 In grant contracts, set performance-based goals with measurable outcomes; de-fund programs unable to produce results	State, City, foundations	Year 1, ongoing	No additional
	8.1.9 Conduct focus groups of people who are homeless and formerly homeless to provide feedback about plan implementation	City	Year 1, ongoing	No additional
8.2 Ensure plan implementation	8.2.1 Assign a city staff person the task of monitoring implementation	City	Year 1, ongoing	Already allocated

	8.2.2 Hold meetings of the Mayor's Homelessness Strategy Committee (organized by city staff person) to track progress, and amend plan when needed	MHSC, city	Ongoing, at least quarterly	No additional
	8.2.3 Continue full ongoing participation by all stakeholders; recruit additional stakeholders	MHSC	Ongoing	No additional
	8.2.4 Seek resources from governments, foundations, local businesses, and the faith-based community	Federal, State, MHSC, city, business, foundations, faith community	Ongoing	No additional
	8.2.5 Coordinate and approve existing and new funding through 10-year planning process	State, City, foundations	Ongoing	No additional
8.3 Make results public	8.3.1 Create and publicize annual progress report	MHSC, city	Year 1, then annually	$
	8.3.2 Create website with information about the plan, what is needed from the community, and our progress and results	MHSC, city	Year 1, ongoing	$

IMPLEMENTATION

This plan requires substantial government and private funding and other resources to carry it out. It is difficult to anticipate the priorities and allocations of these resources years in advance. This plan therefore sets forth broad action areas. We acknowledge that there are specific action areas that may shift or become better understood, particularly in the later years of the plan.

We do know the major initiatives that are critical to undertake in the next three to five years. These initiatives, along with their costs, are set forth on the next several pages.

It is our intent that this Plan be a living document. The Mayor's Homelessness Strategy Committee will ensure that the Plan is implemented, through political and funding changes, by maintaining oversight and management of the Plan. In addition, with the broad guidance this Plan provides, the Committee will create annual strategies and action steps to carry implementation forward.

Just as homelessness is a problem for the whole community, so too must the response to homelessness come from the whole community. This plan will require commitments and funding from the state and federal government, from multiple city departments, nonprofits, the business community, the faith community, foundations and our regional partners. We hope the entire community will commit to working with us to end long-term homelessness in Springfield.

MAJOR INITIATIVES & COSTS, First 3-5 Years

SHELTER

Creation of a new shelter and day center will facilitate consolidation of our existing facilities, which lack room for services, into one facility which will provide shelter and access to medical care and services. The new facility will be open 24 hours per day, and will serve meals, enabling homeless people to be off the streets during day hours. This facility will reduce our year-round shelter bed capacity from 190 to 150, a reduction made possible by providing permanent housing to our chronic homeless population.

Homeless families that are not eligible for DTA shelter have no other shelter options in Springfield. A community shelter room would provide a safe place for these families.

Homeless Assistance Center Sponsor: Friends of the Homeless Day Center and Shelter, capacity up to 150 Resource Center to provide access to services; Existing facility converted to 12 SRO units; If funding committed early '07, construction '08	Outstanding needs: • Approval of One-Stop application for funds spring '07 ($3.6 mil. tax credit; $550,000 DHCD HOME; $700,000 HIF) • Commitment of funding gap, $2.3 mil. (business community) • Operating costs $1.3 mil. annually (DTA $750,000; other state and federal grants; fundraising)
Community Family Shelter Space Sponsor: not yet determined Location: not yet determined	Outstanding needs: • Location • Cost to depend on location (Potential sources: DTA, faith community, local businesses, SHA, foundations)

HOUSING FOR CHRONIC HOMELESS

We will reduce our street homeless population and reduce need for shelter by providing these individuals with subsidized housing with permanent supportive services to help them retain the housing. We will also develop supportive housing for the families that have multiple problems and are chronically homeless.

Moderate Need Chronic Individuals Sponsors: SHA to provide 100 project-based vouchers Private property owners to provide units Supportive services from various providers	Outstanding needs: • $180,000 to fund Housing Retention Specialists for 48 units (Potential source: DTA)

High Need Chronic Individuals Expand existing programs to serve 50 more Sponsors: to be identified City TBRA provides some, but not all housing	Outstanding needs: • Services funding: $500,000 (Sources: DMH/DTA, foundations) • Additional housing vouchers (Sources: DHCD, SHA, HAP)
Low-Demand SROs for Episodic Individuals Rehab or construct 40 enhanced SRO units in one or more locations Sponsors: Not yet identified	Outstanding needs: • Capital funding, estimated: $2.4 mil ($60,000 per unit) (Sources: DHCD, HUD, MHFA, Veteran's Affairs, local businesses and foundations) • Housing subsidies, annual estimated cost: $200,000 ($5000 per unit) (Sources: SHA, HAP, DHCD) • Case management: $120,000 (DPH)
Chronically Homeless Families 20 units supportive housing Rehab or new construction Sponsors: not yet identified	Outstanding needs: • Capital funding, estimated: $1.2 mil ($60,000 per unit) (Sources: DHCD, HUD, MHFA, Veteran's Affairs, local businesses and foundations) • Housing subsidies, annual estimated cost: $120,000 ($6000 per unit) (Sources: SHA, HAP, DHCD) • Case management support $80,000 (DPH)

OUTREACH

Persuading chronically homeless people to move off the street and into housing can take concentrated outreach and engagement. When outreach efforts involve police, the efforts have the added benefit of enhancing public safety.

Outreach Staff and Van	Outstanding needs: • $150,000, annually, for mental health and peer outreach (Sources: Federal SAMHSA, DMH, DTA) • $25,000 for purchase of van (Sources: DMH, businesses, foundations)
Two Police Officers To work directly with the homeless population	Outstanding needs: • $170,000, annually

SUBSTANCE ABUSE SERVICES

More than 50% of homeless adults have a substance abuse disorder, and 10-20% have a co-occurring serious mental illness. A Sobering Center is a safe location for people not in need of medical attention to regain sobriety; it provides a place to make contact with people abusing alcohol and drugs in order to engage them in treatment. Step Down detox beds are a location for people to begin treatment and education after they complete medical detoxification. Sober SRO housing is needed for homeless people who are attempting to maintain sobriety and do not want to be exposed to others using drugs or alcohol.

Sobering Center To serve up to 10 individuals at a time Sponsor: not yet identified Location: not yet identified	Outstanding needs: • Location or capital costs • Operating costs: $280,000 annually
Step Down Detox Beds 60 beds Sponsor: not yet identified	Outstanding Needs: • DPH Funding allocated, to be allocated through competitive process; must ensure that sufficient beds come to Western Mass. • Regional sponsor(s), preferably outside Springfield
Sober SRO 20 SRO units Sponsor: not yet identified	Outstanding needs: • Capital funding, estimated: $1.2 mil ($60,000 per unit) (Sources: DHCD, HUD, MHFA, Veteran's Affairs, local businesses and foundations) • Housing subsidies, annual estimated cost: $200,000 ($5000 per unit) (Sources: SHA, HAP, DHCD) • Case management services: $40,000 (DPH)

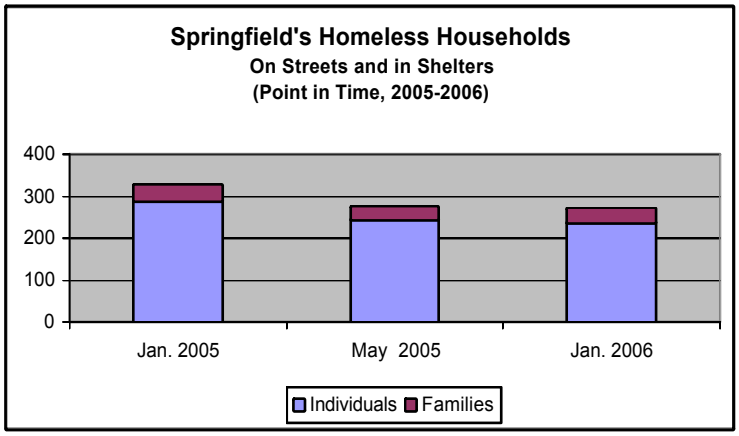
Appendix 1

Counting Springfield's Homeless Population

Point-In-Time Counts

The current methodology for counting Springfield's homeless population is the city's Point-in-Time study. This study involves the collective efforts of many service providers and volunteers, who count the number of people and households living on the streets and in shelters on a given night. (People living in transitional housing are also counted, but these are not included in the figures discussed in this section.)

The PIT survey most likely misses some hard-to-find homeless people as research shows that point-in-time efforts undercount those who do not access shelters, meals and other outreach services. These factors cause the count to vary from year to year. Despite the shortcomings this method may have, it is the best data available for determining a snapshot picture of homelessness. For planning purposes, the Plan is using averaged data from three counts conducted in 2005 and 2006 to show Springfield's homeless PIT demographic.



Springfield's PIT count shows an average of 291 homeless households. Of these households, 257 were single individuals, and 33 were family households. Because each family household is made up of 2.8 people, the number of homeless people on a given night is higher than the number of households. The number of homeless people on a given night is 350. This number does not include those persons living in transitional housing on the night of the count.

Annual Figures

The homeless population is not constant. Many people are homeless for a short period of time, so there is a constant flow of people into and out of homelessness.

Researchers have used a variety of methods to estimate the number of people who experience homelessness over the course of a year. The methods and the Springfield numbers they yield are summarized below, along with other raw data regarding homelessness in Springfield. The data has been analyzed and compared with the experiences of Springfield service providers in order to reach an overall estimate of the number of people who experience homelessness over the course of a year in Springfield. It should be noted that, with one exception, the numbers

provided indicate households that are "literally" homeless, that is, they do not include families that are doubled-up, or otherwise precariously housed.

Total homeless persons over the course of a year

- National data indicates that 1% of population experiences homelessness over the course of a year (Burt et al. 2001) = 1521 Springfield residents
- National data indicates that 10% of the population below the poverty level experiences homelessness over the course of a year (Burt et al. 2001) = 3513 Springfield residents
- National data indicates that over the course of a year, 50% of homeless people are individuals, and 50% are people in families (Burt et al. 2001).

Homeless individuals

- If the range of Springfield homeless population over the course of a year is 1521-3513, it is expected that half of these are homeless individuals: or 760 to 1757 individuals.
- Studies of shelter users in New York and Philadelphia indicate that, for homeless individuals, the annual population is 3 (Culhane, New York) to 6 (Culhane, Philadelphia) times the PIT: this yields 771 to 1542 Springfield individuals, or an average of 1157.
- During the years 2002-03, Friends of the Homeless operated the only year-round shelter for single individuals in Springfield, and had 1153 (2002) and 1130 (2003) unduplicated guests. In 2005, Friends of the Homeless and Open Pantry operated year-round shelters, with unduplicated counts of 900 and 660, respectively. Assuming an overlap of 20% between the two shelters (per Open Pantry staff) yields a total of 1248 unduplicated individuals for 2005.

Homeless families

- If the range of Springfield homeless population over the course of a year is 1521-3513, it is expected that half of these, or 760-1757, are persons in homeless families.
- Springfield PIT data indicates that the average Springfield homeless family household size is 2.8. Dividing the number of homeless persons in families by the average family size yields an estimate of 271 to 1255 homeless Springfield families.
- DTA placed 178 homeless Springfield families in the first 8 months of 2005. Restrictive eligibility means that not all homeless families are housed; DTA denied 246 shelter applications in Springfield in the first 8 months of 2005. The total number of applications processed was 424, which would mean an annual rate of 636 families, if all denied families were homeless and were Springfield residents.
- The Springfield Public Schools identified 1400 homeless students during the 2005-06 school year. If each of these families included one adult and 1.8 children, this would yield 778 families. The Department of Education guideline used by the public schools includes doubled-up households in its definition of homeless; all other counts discussed in this section refer to those who are "literally" homeless.

Appendix 2

Mayor's Homelessness Strategy Committee

This Plan was developed with the input and guidance of the following individuals, who gave generously of their time and wisdom over a period of two years. We are grateful to them for their assistance.

Co-Chairs:
Helen Caulton-Harris, City of Springfield, Department of Health and Human Services
Russell Denver, Springfield Chamber of Commerce

Members:
Paul Bailey, Springfield Partners for Community Action
Michaelann Bewsee, ARISE for Social Justice
David Carlson, South Congregational Church
Susan Chamberlain, Banknorth NA
Anthony Cignoli, A.L. Cignoli Company
Ben Cluff, Massachusetts Department of Public Health
Christina Densmore, ARISE for Social Justice
Stephen DiNoia, Eastern Advertising Novelty, Inc.
Utako Dwyer, Christ Church Cathedral
Doreen Fadus, Mercy Health Care for the Homeless
Gumersindo Gomez, Springfield Bilingual Veterans
Eileen Hurley, The Gray House, Inc.
Officer Robert Jacobson, Springfield Police Department
Art Jasper, Courier Express
Mary Johnson, YWCA of Western Massachusetts
Paul Kalill, Kalill, Glasser & Associates
Debbie King, Springfield Technical College Enterprise Center
Kim Lee, Springfield Day Nursery
Kathleen Lingenberg, City of Springfield, Office of Housing and Neighborhood Services
Gerry McCafferty, City of Springfield, Office of Housing and Neighborhood Services
Betsy McCright, Springfield Housing Authority
Barry Metayer, Massachusetts Career Development Institute
Bill Miller, Friends of the Homeless
Jane Moser, National Alliance for the Mentally Ill
Kevin Noonan, Open Pantry
Evan Plotkin, NAI Samuel D. Plotkin & Associates, Inc.
Linda Randall, Open Pantry Community Services
Jerry Ray, Mental Health Association
Susan Rice, South Congregational Church
Dora Robinson, Martin Luther King Center New Horizon Shelter
Rev. Karen Rucks, Council of Churches of Greater Springfield
Thomas Salter, New England Farm Workers Council
Ramon Solivan, Jr., Friends of the Homeless
Mary Walachy, Irene & George A. Davis Foundation
Kevin Weir, Massachusetts Behavioral Health Partnership
Rev. Dr. Howard John Wesley, St. John's Congregational Church
Katherine Wilson, Behavioral Health Network
Ron Willoughby, Springfield Rescue Mission

Housing Sub-Committee:
Paul Bailey, Springfield Partners for Community Action
Dena Calvanese, Open Pantry Community Services
David Carlson, South Congregational Church
Anthony Cignoli, A.L. Cignoli Company
Melanie Cooper, HIV/AIDS Law Consortium
Christina Densmore, ARISE for Social Justice
Kathleen Lingenberg, City of Springfield, Office of Housing and Neighborhood Development
Dale Lucy-Allen, Springfield College
Betsy McCright, Springfield Housing Authority
Diane Pallatino, HIV/AIDS Law Consortium
Jerry Ray, Mental Health Association
Rev. Karen Rucks, Council of Churches of Greater Springfield

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Ben Cluff, Massachusetts Department of Public Health
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Jane Moser, National Alliance for the Mentally Ill
Kevin Noonan, Open Pantry Community Services
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Katherine B. Wilson, Behavioral Health Network

Economic Sub-Committee:
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Art Jasper, Courier Express
James Morton, Massachusetts Career Development Institute