

# Western Massachusetts Opening Doors

A Collective Impact  
Framework to Prevent and  
End Homelessness

Western MA Opening Doors sets forth a framework to end homelessness in the region by stating our goal and defining where we are, where we want to go, and how we will get there. Made possible with support from the Commonwealth, the Western MA Network to End Homelessness created this Plan to drive ongoing collective impact work to meet the goals of “Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness.”

June 30, 2015

## Acknowledgements

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The Western Massachusetts Network to End Homelessness is grateful to the steadfast support of the Western Massachusetts state legislative delegation, which has demonstrated its tireless commitment to ending homelessness in the region. Specifically, we would like to thank: Senate President Stan Rosenberg, Senator Ben Downing, Senator Don Humason, Senator Eric Lesser, Senator Jim Welch, House Ways and Means Vice-Chair Stephen Kulik, Representative Peter Kocot, Representative Aaron Vega, Representative Tricia Farley-Bouvier, Representative Michael Finn, Representative Carlos Gonzalez, Representative Paul Mark, Representative Angelo Puppolo, Representative John Scibak, Representative Ellen Story, Representative Ben Swan, Representative Jose Tosado, Representative Joseph Wagner and Representative John Velis. Their leadership has made this Plan possible.

The Network is also grateful to The United Way of Pioneer Valley for its fiscal sponsorship and support. This Plan reflects the exceptional collaboration among dozens of Network partners and its Leadership Council, Continuum of Care Leads, Waypoint Consulting, and Simtech Solutions, the lead consultant tasked with developing data integration, analysis and reporting capabilities underlying this effort. Together, the Network created this “living document” that will evolve in response to what we learn through its implementation. We look forward through our continuing collaboration and commitment to outcomes to ending homelessness in Western Massachusetts.

## Executive Summary

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Rare, brief and non-recurring. That is what homelessness must be if we are to declare ourselves successful in responding to it. This Plan offers us a path to get there.

Western Massachusetts both leads and follows in this effort. We have the tremendous benefit of federal leadership that challenges us to follow their framework and retool our crisis response system to be housing focused, data driven and outcome-oriented so that homelessness is indeed rare, brief and non-recurring. We also have our own regional leadership – a vast array of partners across Hampden, Hampshire, Franklin and Berkshire Counties – that continues to demonstrate its innovation and commitment to tackling this challenge and sharing its success for replication across the Commonwealth and beyond.

This Plan provides an overview of our current homeless response system (p.7-10) if you are a newcomer to it or need a refresher. It uses trends and current baseline data to offer a view of how we're doing right now in our effort to end homelessness (p.12-18) and a look at the resources we have now to meet the challenge (p.19-20).

Then the Plan takes us to where we need to go. First, a definition of what it really means to “end homelessness,” how “functional zero” (p. 20) incorporates the recognition that people will continue to experience housing crises. Rare, brief, and non-recurring resurfaces over and over again. How do we get there? Specific goals and targeted strategies for each subpopulation create the roadmap for next steps starting tomorrow (p.22-27).

Finally, the Plan offers a framework for implementation and accountability (p.27-29). This Plan is a living document that will inform the Network every step of the way. It is demanding; and the Network has declared its commitment to be accountable to it.

Together, we are changing our system's response to homelessness. Together, we will make homelessness in Western Massachusetts rare, brief and non-recurring.

Thank you for joining us.

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## Introduction

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The Western Massachusetts Network to End Homelessness came together in 2009 as part of a statewide initiative to create collaborative solutions to end homelessness in the region. In that same year, Congress passed the HEARTH Act, which established the VISION that **no one in this country should be without a safe and stable place to call home**, and which charged the federal government to create the first federal strategic plan to prevent and end homelessness. The plan that was created and is updated annually is [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#).



The HEARTH Act also set the stage for local communities to transform their homeless response systems from collections of individual programs into a unified crisis response system. Borrowing concepts from effective examples of *collective impact*, the Act creates a framework for multiple local stakeholders to come together with a **common agenda** and a **shared measurement system** to evaluate progress toward implementing that agenda. Collective impact efforts acknowledge that the problems they address are complex and cannot be solved by the actions of individual entities—they are addressed through on-going community learning and problem-solving, driven by data.



Through this plan, the Network embraces the challenge to move from collaboration to collective impact. The Network explicitly commits to the goal of making homelessness **rare, brief, and non-recurring**. We will use shared measures to drive our progress toward this overarching goal, and we will work as a team to get there.

**Western Massachusetts Opening Doors: An Action Framework to Prevent and End Homelessness** establishes a framework for the region to rigorously evaluate our ability to provide right interventions at the right time, and to continuously improve the ways we provide services and housing to people in need. The Plan defines **where we are** according to baseline data, **where we want to go** as defined through benchmarks and targets, and **how we will get there** using a data driven, outcome-oriented approach that employs best practices and establishes accountability.

## The Vision

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The Western Massachusetts Network to End Homelessness explicitly adopts the federal vision, goals and themes set forth in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

### VISION

**No one in Western Massachusetts  
should be without a safe and stable place to call home.**

### MISSION

The region will make homelessness **rare, brief and non-recurring** through a **collaborative, data-driven** approach that is **outcome-oriented** and ensures **accountability**.

### *GOALS of Opening Doors Plan*

End veteran homelessness by the end of 2015  
End chronic homelessness by the end of 2017  
End homelessness for families, youth, and children by 2020  
Set a path to ending all types of homelessness

### *THEMES of Opening Doors Plan*

Increase Leadership, Collaboration, and Civic Engagement  
Increase Access to Stable and Affordable Housing  
Increase Economic Security  
Improve Health and Stability  
Retool the Homeless Crisis Response System

## Where We Are: The Homeless Response System

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Locally, as in the rest of the nation, the homeless response system grew in response to crisis. When unsheltered individuals and families first started appearing in the 1980's, multiple agencies and funders created immediate responses, which resulted in a patchwork of programs designed to provide quick help. As immediate responses became institutionalized, agencies refined individual missions and service specialties, and different funding streams established varying priorities and reporting requirements. The variety can make it difficult for a person in crisis to locate the help they need, and competing compliance requirements feel like a burden to an agency with the core mission of meeting the needs of people in crisis.

This Plan aims to acknowledge all these strands of our system, while pointing the way to knit them together into a single response which is easy to navigate and gets people the help they need when they need it. As a first step, the Plan maps our system.

### Parts of the System

The homeless response system in Western Massachusetts is made up of dozens of programs with multiple funding sources, serving thousands of people each year. In addition to primary governmental funding sources identified for parts of the system below, most individual programs also receive grant funding, and some emergency shelters and transitional housing facilities—particularly those with a faith-based emphasis—are entirely privately funded.

#### **OUTREACH AND ENGAGEMENT**

Outreach and engagement is about finding homeless people and helping them to find the resources they need to end their homelessness. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides funds for street and shelter outreach for homeless individuals. The U.S. Department of Health and Human Services (HHS) funds health care and services for homeless persons, which includes an outreach component. The Commonwealth of Massachusetts provides a single point of entry for all families experiencing homelessness at Department of Transitional Assistance (DTA) offices. The MA Department of Housing and Community Development (DHCD), co-located at the DTA offices, directs families to appropriate interventions.

#### **PREVENTION, DIVERSION AND RAPID REHOUSING**

*Prevention* is services or funding which assist a household experiencing a housing crisis to address the crisis without becoming homeless. *Diversion* assists households at the point they are becoming homeless, and attempts to intervene so that they can avoid literal homelessness. *Rapid rehousing* provides funds and services to assist homeless households re-enter stable housing quickly. Major funding sources for these interventions are the Massachusetts Department of Housing and Community Development (DHCD), the U.S Department of Housing and Urban Development (HUD), and the Veterans Administration (VA).

## **EMERGENCY SHELTER**

Emergency shelter provides an immediate, short-term, safe overnight accommodation for people who would otherwise be on the streets or in a place not fit for human habitation. Some emergency shelter providers serve women and children who are victims of domestic violence. Major funding sources for all emergency shelter are the state of Massachusetts, HUD, and the Federal Emergency Management Agency (FEMA). The federal Administration for Children and Families (ACF) funds emergency shelter for runaway and homeless youth.

## **TRANSITIONAL HOUSING**

Transitional housing is time-limited housing (no more than 2 years) that assists people who have experienced homelessness to achieve stability before moving to permanent housing. A common intervention in the 1990's, this intervention is more limited now and is seen as appropriate for specific populations: youth, victims of domestic violence, and people in the early stages of substance abuse recovery. HUD has been a major funder, but has moved away from funding these projects. The VA is a major funder of transitional housing for homeless veterans.

## **PERMANENT SUPPORTIVE HOUSING**

Permanent supportive housing (PSH) combines an affordable housing unit with wrap-around services designed to assist a disabled person to maintain stable housing. Major funders of combined programs are HUD and the VA. Many PSH programs are created by agencies which creatively combine funding from housing sources and services to provide the mix of housing and services needed to stabilize vulnerable populations. In recent years, there has been experimentation with using Medicaid as a funding source for services. SAMHSA also provides major grant funding for services that support people living in permanent supportive housing.

## **System Coordination**

There are different sources and levels of coordination among the multiple providers who serve people experiencing or at risk of homelessness.

## **CONTINUUM OF CARE**

HUD initiated an effort to improve coordination among homeless providers in the early 1990's, when it established the Continuum of Care (CoC) construct. The HUD vision of the CoC is a broad collection of community stakeholders who undertake annual gaps analysis and planning for homelessness services, and apply for funding for housing and services in a coordinated application to HUD. The CoC is both the organizing principle that was an early version of trying to create collective impact, as well as a competitive funding vehicle for the services that make up the core of a system.

In practice, CoCs have felt primarily like funding entities. A single entity, the Collaborative Applicant, receives funds from HUD and distributes them to a number of non-profit agencies which carry out programs that provide services and housing to people experiencing homelessness. The HEARTH Act and implementing guidance pushes these entities to work more like the centers of collective impact efforts,

by requiring them to report on systemic performance measures, and to work toward the federal *Opening Doors* goals.

There are two CoCs in Western Massachusetts: the Hampden County CoC, (collaborative applicant City of Springfield); and the Three-County CoC, which covers Berkshire, Franklin and Hampshire Counties (collaborative applicant Hilltown Community Development Corporation). The two CoCs are very different in many ways, including population, services available and geography (urban / rural), as well as governance structures and involvement in national strategies. Both CoCs are challenged by the requirements that the HEARTH Act imposes to lead a collective impact effort without sufficient dedicated resources to do so. This Plan and Network support seek to close this gap.



An important requirement is that each CoC establish a Homeless Management Information System (HMIS), which collects client-level data from multiple providers serving people who are homeless. Unified data standards have created the opportunity for CoCs, and any defined region, to produce unduplicated counts of people experiencing homelessness. The Hampden County CoC meets this requirement through operation of its own HMIS, an online service provided by Social Solutions, Inc. The Three-County CoC meets this requirement by participation in the Commonwealth’s Social Solutions HMIS, which is called ASIST. Both systems are capable of producing many types of aggregate data; however, to truly understand homelessness in the region, data from additional sources—including agencies providing outreach, community-based case management, and specialized services—need to be integrated.

### **ENTITLEMENT COMMUNITIES AND CONSOLIDATED PLANS**

Western Massachusetts includes six entitlement communities—Springfield, Chicopee, Holyoke, Westfield, Northampton and Pittsfield—which are required, as part of their planning for HUD Community Development Block Grant (CDBG) funds, to create five-year strategic plans, including plans to address homelessness. Following enactment of the HEARTH Act, these communities must coordinate with CoCs in collecting data, reviewing available resources, and creating local strategies aligned with the federal *Opening Doors* plan. (To access all of the MA Consolidated Plans, click [here](#).) The City of Springfield, as the largest entitlement community in Western Massachusetts, also receives HUD ESG funds and must coordinate this program with the CoC, and describe this coordination in its Consolidated Plan.

### **MASSACHUSETTS FAMILY HOMELESSNESS SYSTEM**

Massachusetts is unique among states in that it has created a statewide homeless response system for families, operated by the Department of Housing and Community Development (DHCD) in collaboration with the Department of Transitional Assistance (DTA). DHCD provides prevention and rapid rehousing services through a network of regional housing authorities, and provides emergency shelter to all eligible families through the centralized Emergency Assistance (EA) program. The state EA program contracts with

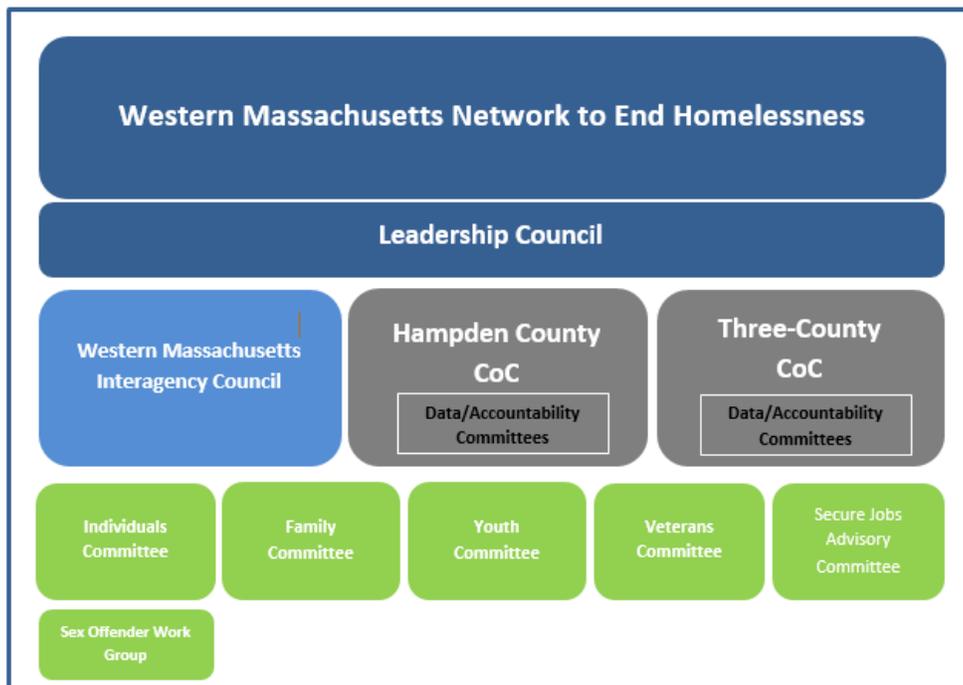
nonprofit organizations and local hotels to provide shelter beds and services to more than 4000 families experiencing homelessness throughout the Commonwealth. Although the state attempts to shelter families close to their home community, the need for shelter has strained the ability to make local placements and families can be placed at a distance. The centralized state control combined with family relocations make it difficult for local actions to impact levels of family homelessness.

**WESTERN MASSACHUSETTS INTERAGENCY COUNCIL**

The Western Massachusetts Interagency Council includes regional directors of state agencies such as the Dept. of Mental Health, Dept. of Housing and Community Development, Dept. of Transitional Assistance, Dept. of Public Health, Dept. of Elementary of Secondary Education, and Regional Employment Boards, in conjunction with nonprofit housing and healthcare providers. Bimonthly meetings are used as a vehicle to increase coordination and collaboration in response to homelessness in our region.

**WESTERN MASSACHUSETTS NETWORK TO END HOMELESSNESS**

The Network was started in 2009 as part of the state’s call for regional coordinating entities to improve the state’s homelessness response system, particularly for families. This region embraced the charge to improve overall coordination, and created a system that would drive the response to homelessness for all populations and for all four counties of the region. The Network has become the overall coordinating body, with the mission to “create collaborative solutions to end homelessness through a housing first approach that prioritizes prevention, rapid re-housing and housing stabilization.” The Network works closely with the two CoCs and the region’s entitlement communities to advance their goals. In particular, the Network and CoCs have combined efforts to address veteran, chronic, youth and family homelessness through population-specific joint committees.



## Where We Are: Baselines

In order to define where we are going and set goals for progress, we need to understand the current data on homelessness. We use two types of counts because we know that the homeless population turns over frequently—homeless people become housed, and other people become newly homeless. CoCs around the country, in accordance with HUD requirements, collect data on homelessness in a standardized way. The [Point-in-Time \(PIT\) Count](#) takes place in the last 10 days of January each year and counts the number of people experiencing homelessness on a given night. The [Annual Homeless Assessment Report \(AHAR\)](#) identifies the number and characteristics of people who experience homelessness over the course of a year.

## Homeless Counts

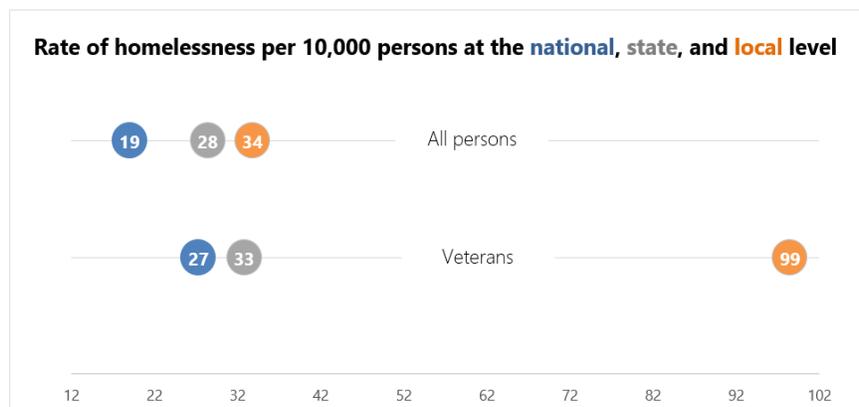
### POINT-IN-TIME COUNTS FOR THE REGION



Data Source: Three-County and Hampden County CoC point-in-time counts

### COMPARING LOCAL RATE OF HOMELESSNESS TO THE STATE AND NATION (2014)

Calculation of the [rate](#) of homelessness—the number of people who are homeless at a point in time out of every 10,000 people—allows us to compare local levels of homelessness with levels at the state and national level. Western Massachusetts has a higher than average rate of homelessness as a result of several factors related to Veteran and Family homelessness that are addressed below on pages 12 and 14.



Data sources: National Alliance to End Homelessness State of Homelessness Report, U.S. Census ACS, 2014 Point in Time Count; analysis by Waypoints Consulting

## ANNUAL COUNTS FOR THE REGION

While it would be ideal to have a true count of people experiencing homelessness over the course of a year, there are limitations to the data. Therefore, standardized estimating techniques are used. Some agencies do not use HMIS. The Network and its CoCs continue to work with DHCD, which is responsible for data on homeless families, to improve data quality. Below are the estimates of the annual number of people experiencing homelessness in Western Massachusetts over the past three years.

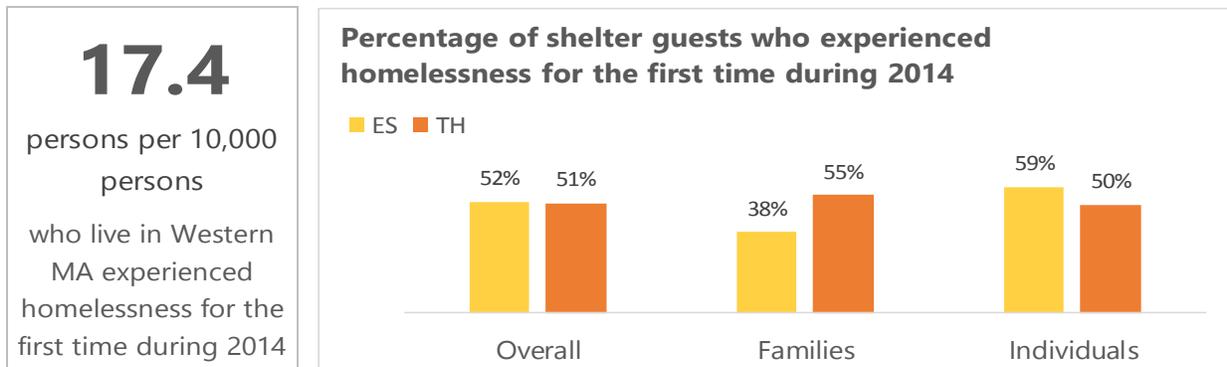
	INDIVIDUALS	PEOPLE IN FAMILIES	TOTAL HOMELESS
2012	3,232	8,901	12,133
2013	3,126	9,070	12,196
2014	3,275	7,030	10,305

Data Source: AHAR; Extrapolation provided by Waypoint Consulting

## INCIDENCE OF NEW HOMELESSNESS IN 2014

While the annual count indicates how many people experienced homelessness throughout the year, **incidence** of homelessness indicates how many people become **newly** homeless over the course of a year. Incidence of homelessness can be a useful gauge for determining how well the region is doing at preventing homelessness.

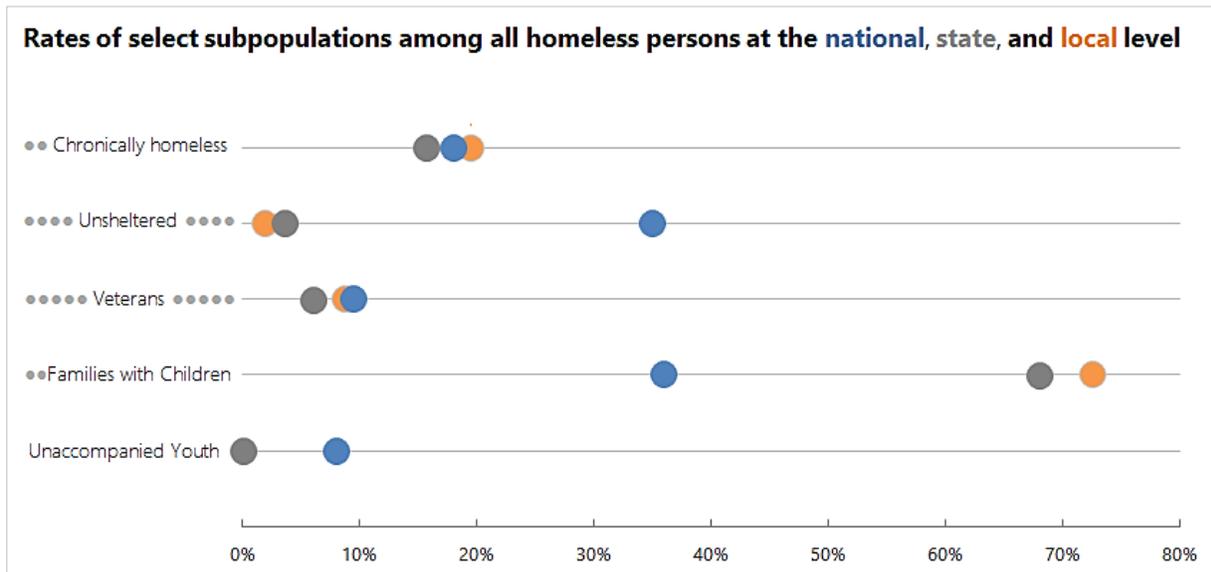
	INDIVIDUALS	FAMILIES	TOTAL FIRST-TIME HOMELESS
2014	1670	577	2247



Data Source: Analysis of HMIS data by Waypoints Consulting

## Counts of Homeless Subpopulations

Different subpopulations of people experiencing homelessness have unique needs or circumstances. The federal framework for preventing and ending homelessness looks at each of these subpopulations separately: veterans, chronically homeless individuals, families with children, and youth. This graph shows the rates of homelessness among subpopulations, compared with state and national data:



Data sources: National Alliance to End Homelessness State of Homelessness Report and 2014 Point in Time Count; analysis by Waypoints Consulting

At the subpopulation level, there are different factors that lead to different trends in each of the two CoCs in Western Massachusetts. For this reason, subpopulation data is presented by CoC, along with brief descriptions of the factors that cause each CoC to vary from the average regarding that subpopulation.

### VETERANS

	3 COUNTY	HAMPDEN COUNTY	WESTERN MA
2013	244	33	277
2014	256	42	298
2015	217	38	255

Data Source: Annual Point-in-Time Counts

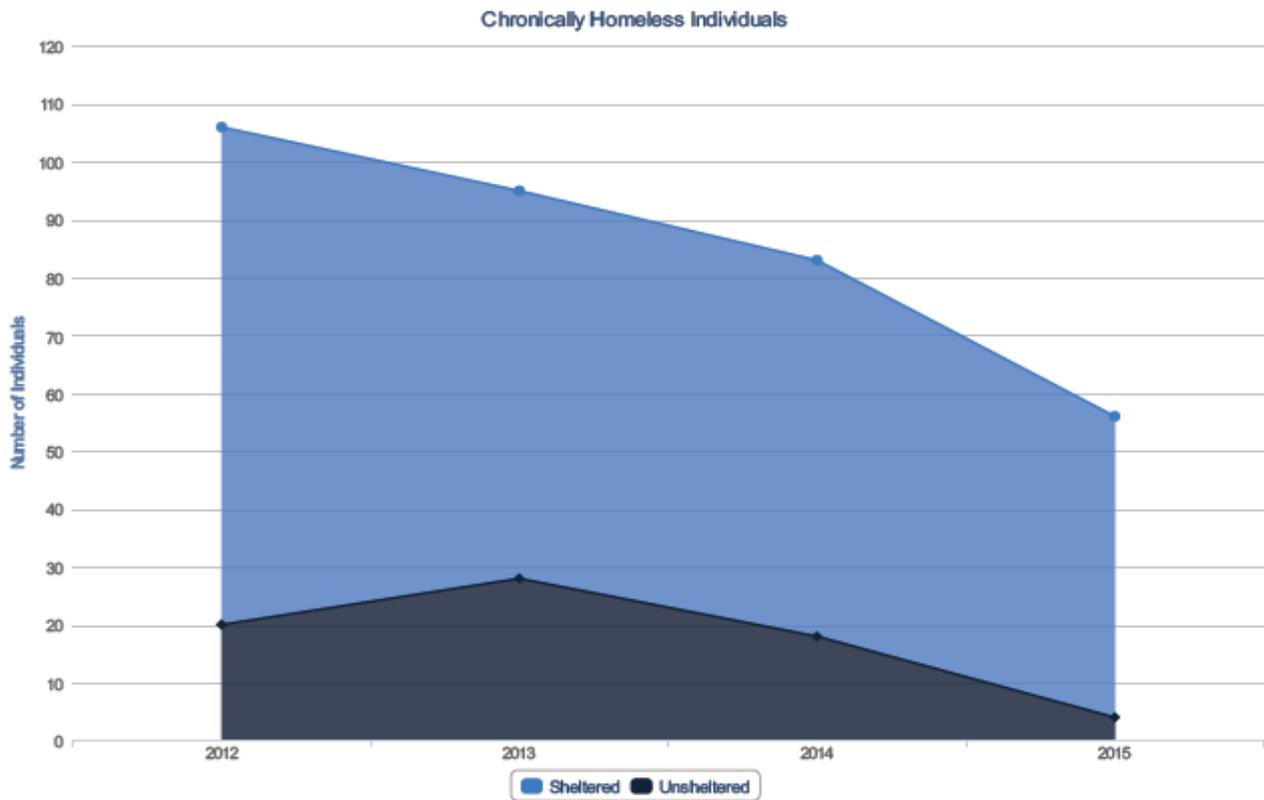
The Three-County CoC contains a regional Veterans Administration Hospital (one of five in the state) as well as a high number of Grant-per-Diem beds, the transitional housing program funded by the VA. There are also significant PSH programs for veterans. As a result, the CoC attracts veterans from a broader service area, resulting in what is a high prevalence of homeless veterans as well as a disproportionately larger share of the homeless population that are veterans. The Hampden County CoC has a lower-than-average proportion of homeless veterans.

## CHRONICALLY HOMELESS INDIVIDUALS

	3 COUNTY	HAMPDEN COUNTY	WESTERN MA
2013	93	95	188
2014	112	83	195
2015	78	69	147

Data Source: Annual Point-in-Time Counts

HUD defines a chronically homeless individual as a person who has a disabling condition and has been either continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. The City of Springfield has had a long-standing focus on ending chronic homelessness. Since 2007, the community plan [Homes Within Reach: A Ten-Year Plan to End Long-Term Homelessness](#) has driven progress toward this goal. The community has created 250 new units of permanent supportive housing, development of a comprehensive homeless resource center, and made a community-wide commitment to a Housing First model. The City has seen the rate of chronic homelessness drop by 50% since 2007, and trend analysis indicates that it on track to end chronic homelessness by 2016.

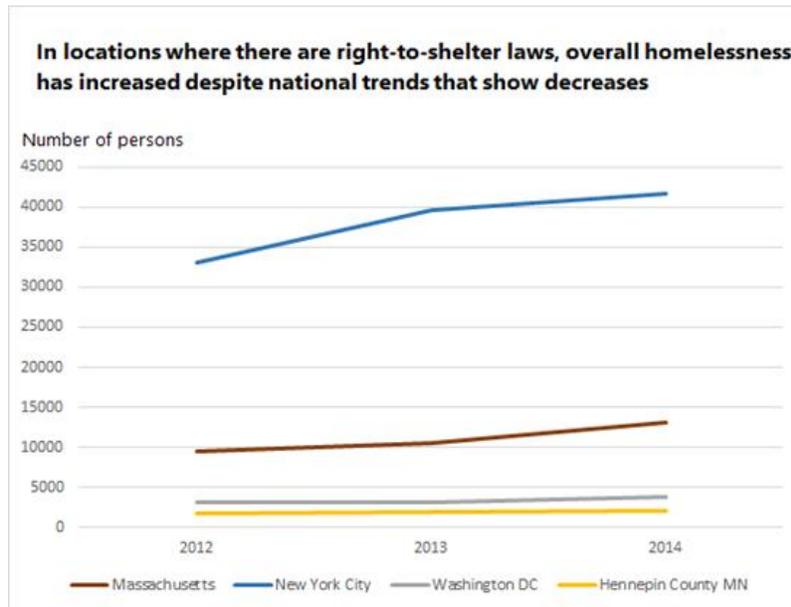


## FAMILIES

	3 COUNTY	HAMPDEN COUNTY	WESTERN MA
2013	71	560	631
2014	84	702	786
2015	122	756	909

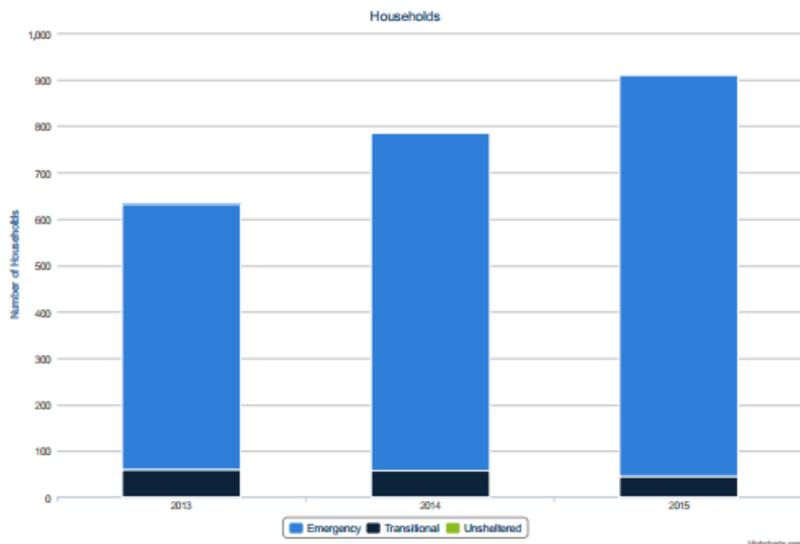
Data Source: Annual Point-in-Time Counts

Massachusetts as a whole has very high rates of family homelessness. In Western Massachusetts, homeless counts do not find unsheltered homeless families, but there are high numbers of families in emergency shelter and overflow shelter motels. The state is unique in that it provides emergency shelter to every eligible family that applies.



Analysis by Waypoints Consulting

Numbers of homeless families have been rising in Western Massachusetts and statewide, even as numbers of homeless families are decreasing nationally. The large number of homeless families is the primary factor why Western Massachusetts has a much higher-than-average rate of homelessness per 10,000 people.



Data Source: Annual Point-in-Time Counts

## YOUTH

Homeless youth fall into several categories of homelessness. HUD defines homeless youth as those who are **24 and under** who meet the definition of *literally homeless* as defined in the HEARTH Act. Beginning in 2015, HUD has required CoCs to begin separating data regarding homeless youth and the initial year's data is provided below.

The 2015 Point in Time Count revealed that 280 of the youth identified were parents, and had a total of 325 young children with them. The majority of these very young families were in the family shelter system.

	3 COUNTY	HAMPDEN COUNTY	WESTERN MA
2015	52	287	339

Data Source: Annual Point-in-Time Counts

Homeless youth without children tend to avoid traditional shelter and services due to their age and lack of legal status, resulting in a likely undercount of this population.

The [MA Commission on Homeless Youth](#) targets unaccompanied youth who are **24 and under** who are homeless or at risk of homelessness. In both 2014 and 2015, Western Massachusetts CoCs participated in statewide outreach efforts to better identify homeless youth and survey them about their needs. The [Massachusetts Youth Count 2014](#) reports on this effort. To see the Hampden County CoC report go [here](#); the 3-County CoC report is [here](#).

The school system captures a broader homeless population and includes young students who are living doubled-up. In MA, the Department of Education tracks homeless students in the schools. Information about this population can be found [here](#).

### ADDITIONAL POPULATIONS

While the federal Opening Doors plan focuses on these priority populations, Western MA recognizes additional especially vulnerable populations who are at risk of becoming chronically homeless. They include: people who live unsheltered, people with sex offense histories, and elders.

#### *People who Live Unsheltered*

	3-COUNTY	HAMPDEN	WESTERN MA
2013	40	45	85
2014	37	35	72
2015	19	10	29

Western MA has focused in recent years on reducing the number of people who live outside or in places not meant for human habitation such as the street, park, car or abandoned building. Largely due to the state's family shelter program as well as domestic violence and faith based services, the region reported no unsheltered homeless families during the 2015 PIT count. Additionally, for the second year in a row, the region also reported no homeless veterans. Springfield has placed a strong emphasis on housing its unsheltered population.

*People with Sex Offense Histories*

The Network does not currently track the number of people with sex offense histories who are experiencing homelessness so no baseline data is available at this time. The Network’s Work Group to House People with Sex Offense Histories outlines its strategies pertaining to this population on page 24.

*Elders*

The Network Individual Services Committee has expressed its commitment to more specifically address the needs of homeless elders. Baseline data is not currently available but obtaining and tracking elders is a key strategy for this population detailed on page 25.

## Resources

### HOMELESS SYSTEM RESOURCES

Western Massachusetts has approximately 4,400 beds dedicated to homeless persons in a variety on program types: emergency shelter, transitional housing, permanent supportive housing, and rapid rehousing ‘slots’. Emergency shelter beds comprised 32% of all beds while permanent and rapid rehousing beds comprised about 54% of all beds.

	HOUSEHOLDS WITH CHILDREN	HOUSEHOLDS WITHOUT CHILDREN	ONLY CHILDREN HOUSEHOLDS	TOTAL
EMERGENCY SHELTER (ES)	1,048	369	4	1,421
TRANSITIONAL HOUSING (TH)	167	444	8	619
PERMANENT HOUSING (PH)	375	954	0	1,329
RAPID RE-HOUSING (RRH)	1,024	0	0	1,024

Data Source: 2014 CoC Homeless Assistance Programs Housing Inventory Count Report

The federal strategy of “retooling the crisis response system” includes reworking the mix of resources dedicated to assisting people to resolve their housing crisis. The initial crisis response to homelessness resulted in the establishment of emergency shelter and transitional housing units that inadvertently prolonged homelessness. Over the last 10 years, data has shown that allocating prevention, rapid rehousing and permanent supportive housing resources decreases the demand for shelter and increases housing stability.

In comparison to the rest of the nation, Western Massachusetts has significant resources dedicated to rapid rehousing, a reflection of the state investment in rehousing homeless families.

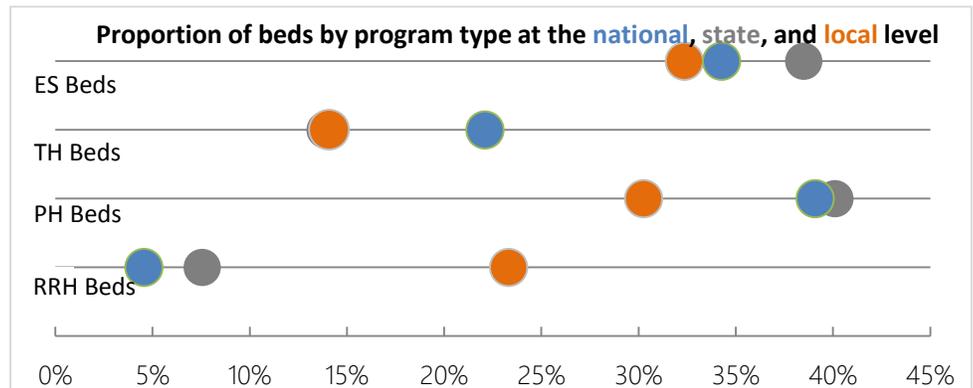


Diagram by Waypoints Consulting

## Mainstream and Community Housing Resources

While the most obvious and accessible housing resources for persons experiencing homelessness are the HUD-funded ESG and CoC resources that are provided as part of the homeless response system, these are only a portion of the housing resources available. Included among the *Opening Doors* strategies are the recommendation that affordable housing units be targeted to people experiencing or at most risk of homelessness. The following are mainstream and community housing resources that can be part of the solution to housing homeless people:

### **PUBLIC HOUSING AUTHORITIES**

Local public housing authorities (PHAs), quasi-governmental agencies that provide affordable housing to low-income individuals and families through federal and state programs, can play an important role in responding to homelessness. Key programs include public housing owned and operated by the PHA, and Section 8 Housing Choice Vouchers, which provide subsidies for tenants renting in the private market. Additional avenues to partner include: creating priority status for people experiencing homelessness, operating prevention programs that help public housing tenants avoid homelessness, providing unit set-asides to be used for homeless individuals or families, and using the section 8 project-based program to create permanent supportive housing for chronically homeless individuals or families. [The PHA Guidebook to Ending Homelessness](#) is an excellent resource describing PHA strategies.

### **HOME-FUNDED TENANT-BASED RENTAL ASSISTANCE**

The federal HOME Partnerships Investment Program provides annual allocation to those cities and states that are designated *Entitlement* communities to use to increase affordable housing opportunities. HOME funds can support rental subsidies for homeless persons, which can be used in two key ways to assist people experiencing homelessness: 1) combined with supportive services as permanent supportive housing; and 2) as bridge funds to provide a rental subsidy while a person is on a wait list for an affordable housing program. In Western Massachusetts, the following communities receive HOME funds: Chicopee, Holyoke, Springfield, and Westfield. Springfield uses HOME funds for tenant-based rental assistance in a permanent supportive housing program.

### **PRIVATELY OWNED HOUSING**

Each privately-owned subsidized housing complex maintains its own wait list, and these tend to be shorter than PHA wait lists. Through the state-funded New Lease Program, owners commit deeply subsidized units to families exiting the state's emergency shelter system. In addition, because there is such a large mismatch between the number of households with very low incomes and the number of public and subsidized units available, private unsubsidized rental housing must also be part of the solution for people experiencing homelessness. In Western Massachusetts, average rents are about 40% lower than in the eastern part of the state, making this resource more useful here than in the Boston area. In this region, private rents can be manageable for households in which a temporary financial setback led to homelessness, or where the household is able to obtain employment to increase income, as well as those who can live with roommates, in multi-generational households, or in Single Room Occupancy (SRO) units. Rapid rehousing assistance can provide these households with initial move-in funds and rent for some period, before the household reaches a point of self-sufficiency.

## Where We Want To Go

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Our community is in agreement that no one in Western Massachusetts should be without a safe and stable place to call home. We recognize that “ending homelessness” can be a confusing goal, because we know that people will continue to experience housing crises, and that individual people and families will continue to become newly homeless. We are making clear that our Network’s goal is to make homelessness *rare, brief, and non-recurring*.

We are adopting the following descriptor for what we intend to accomplish:

### Functional Zero

The concept of functional zero means: At any point in time, the number of people experiencing sheltered and unsheltered homelessness is no greater than the current monthly housing placement rate for people experiencing homelessness. In other words, communities understand that even with effective prevention programs, new people (including all subpopulations) lose their housing every day so some degree of homelessness is expected. Functional zero means that those who are currently homeless are housed and that the *rate* of rehousing exceeds the *rate* of new homelessness.

### Shared Indicators

A collective impact initiative is based on many actors working toward a shared vision and using shared indicators to show progress toward that vision. HUD has charged CoCs with measuring and reporting progress toward indicators it has established as a result of research and best practices for making homelessness rare, brief and non-recurring. All indicators are applied to the system as a whole—that is, at a minimum at the CoC level, but potentially also at the regional level. Some indicators are also applied to specific programs, in order to understand how individual programs contribute to the system as a whole. An important key to understanding these indicators is that they work in concert to capture the functionality of the system.

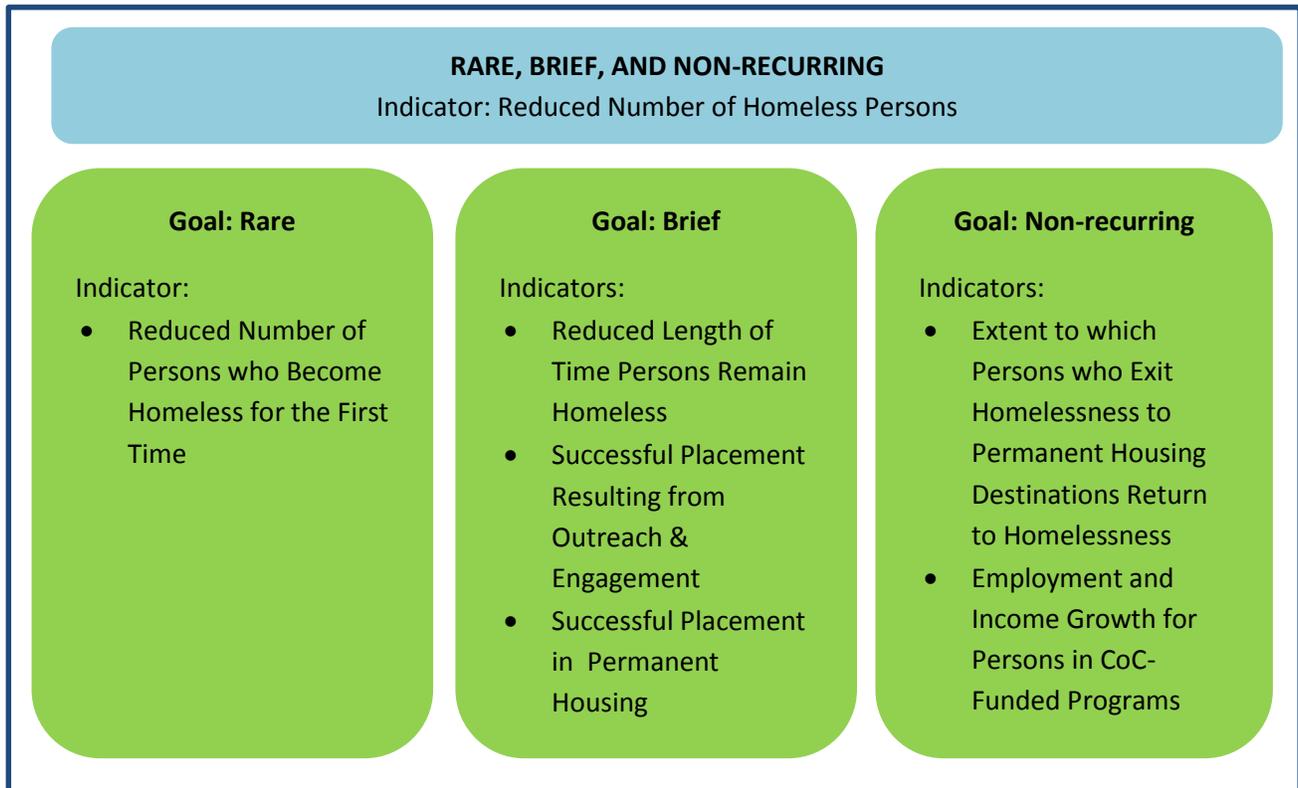
Currently, each CoC collects HMIS data on many programs. All programs funded by the CoCs or through the ESG program are required to participate in HMIS (with the exception of providers of services to victims of domestic violence, which are prohibited from using HMIS). HMIS data specifications are established by HUD in order to lead to a data set that can provide information on the mandated indicators.

CoCs are responsible for encouraging providers funded with other sources to use HMIS, and non-HUD federal agencies are now encouraging or requiring grantees to use HMIS. The goal is to create sufficient data to be able to understand community progress toward shared indicators. However, this goal faces a few challenges: many funding sources require their own electronic reporting systems that may not be compatible with HMIS; and some organizations for which HMIS reporting is not required are reluctant to add an additional reporting burden to their already taxed workloads. In order for our region’s collective impact to grow, we must demonstrate the value of every partner’s participation in shared data and indicators. The Network’s recent acquisition of the data warehouse tool AgencyDash is one example of the technology available that allows the Network to obtain data from HMIS and run automated reports

on chosen indicators. The Network will continue to facilitate the best data technology possible to streamline the regional effort and provide meaningful results.

## The Relationship between Goal and Indicators

The table below ties together the goal of “rare, brief, and non-recurring” with the HUD performance indicators. While the performance measurements are described below, the CoCs and the Network will establish local targets and integrate reporting into a continual evaluation and improvements process to measure success.



## How We Get There: Population-Specific Goals & Strategies

The overall goal to make homelessness **rare**, **brief** and **non-recurring** involves transforming the homeless response system so that the solution leads to housing as opposed to shelter. It emphasizes increasing resources dedicated to prevention and rapid rehousing as the demonstrated paths to housing success.

The Western MA Plan aligns with the federal priorities' focus on specific subpopulations. The Network has adopted strategies below for each subpopulation that will provide guidance for the appropriate Network committee's development of a detailed workplan and timeline for state Fiscal Year 2016 and beyond.

### VETERAN HOMELESSNESS

The federal goal is to end veteran homelessness by the end of 2015. Our local goals are:

	2015 PIT BASELINE	GOAL FOR 2016 PIT
HAMPDEN COUNTY COC	38 (22 in ES; 17 in TH)	0 unsheltered; 0 in emergency shelter; No more than 10 veterans in TH and each has a housing plan
THREE-COUNTY COC	220 (30 in ES, 190 in TH)	0 unsheltered; 0 in emergency shelter; Every veteran in TH has a housing plan

#### Strategies:

- Integrate veterans into a **Coordinated Entry** system that quickly directs people in crisis to needed resources, establishes criteria for housing prioritization, and effectively links people experiencing homelessness with the appropriate housing resource
- While ensuring privacy protection, create a **by-name list** of all homeless veterans (across agencies) and assign each one to a Housing Navigator who will continue to work with the veteran until housed
- Establish **data sharing agreements** in order to streamline the rehousing efforts and enhance coordination and collaboration among all state agency and non-profit providers serving veterans, including those not eligible for VA services
- Identify the **baselines**, the number of veterans to be housed, and set monthly rehousing targets
- Increase **outreach** to unsheltered veterans and veterans in individual and family shelters, as well as veterans among the youth population
- Integrate outcome data on SSVF and VASH and **track tenancy** as well as exits to permanent housing; establish baselines and housing placement goals
- Increase **public awareness** of veteran resources including emergency housing assistance, SSVF and VASH programs
- Work to reclassify the **grant-per-diem beds** from transitional housing to permanent housing
- Create **preferences** for veterans in housing programs, including PHAs
- Continue to incorporate **workforce development** efforts such as the Secure Jobs program in each veteran's rehousing plan to strengthen housing stability and economic self-sufficiency



## CHRONICALLY HOMELESS INDIVIDUALS

The federal goal is to end chronic homelessness by the end of 2017. Our local goals are:

	2015 PIT BASELINE	GOAL FOR 2018 PIT
HAMPDEN COUNTY COC	78	0
THREE-COUNTY COC	69	TBD by 6/30/2016

### Strategies:

- Integrate chronically homeless individuals into a [Coordinated Entry](#) system that quickly directs people in crisis to needed resources, establishes criteria for housing prioritization, and effectively links people experiencing homelessness with the appropriate housing resource, including PSH for those who are most vulnerable
- While ensuring privacy protection, create a [by-name list](#) of all chronically homeless people (across agencies) and assign each one to a Housing Navigator who will continue to work with the person until housed
- Identify the number of chronically homeless individuals to be housed and [set a target](#) for how many to be housed each month
- Develop a "[housing locator](#)" strategy to assist with identifying private market units and establishing relationships with landlords to increase re-housing success within the private market
- Broadly implement a [Housing First](#) model that includes a robust triage system with diversion and rapid rehousing programs
- Increase the number of existing PSH units that [prioritize chronically homeless](#) individuals
- [Leverage](#) PHA, HOME funds, or state resources to create new PSH for chronically homeless individuals
- Use a [Moving Up/Moving On](#) strategy to help people who are in PSH but no longer need intensive services to move to other affordable housing; establish baselines and housing placement goals
- Expand the use of [Medicaid](#) dollars to fund supportive services for chronically homeless individuals to be placed into affordable housing units
- Utilize additional programs such as Tenancy Prevention Project (TPP) to [prevent homelessness](#); and, the Critical Response Team (CRT) for the most vulnerable, hardest to house individuals in order to [broaden eligibility criteria](#) and reduce state system silos
- Continue to integrate the [PATH program](#) and address the needs of those experiencing extreme disabilities, particularly mental health
- Continue to incorporate [workforce development](#) efforts such as the Secure Jobs program in each individual's rehousing plan to strengthen housing stability and economic self-sufficiency

## FAMILIES

The federal goal is to end family homelessness by the end of 2020. Our local goals are:

	2015 PIT BASELINE		GOAL FOR 2021 PIT
HAMPDEN COUNTY COC	787 households	2,628 persons in hh	TBD by 6/30/2016
THREE-COUNTY COC	122 households	367 persons in hh	TBD by 6/30/2016

### Strategies:

- Increase CoCs access to DHCD HMIS [homeless family data](#), both to better understand the population and to establish baselines and targets regarding families experiencing homelessness
- With [DHCD collaboration](#), create a by-name list for families so housing resources such as permanent supportive housing can be allocated more effectively
- Develop a communication and coordination system with the family shelter system to quickly [identify particular subpopulations](#) including veterans, chronically homeless families, and pregnant and parenting youth
- Develop a "housing locator" strategy to assist with identifying private market units and establishing [relationships with landlords](#) to increase re-housing success within the private market
- Follow the lead of sub regions in engaging in strategies to increase the overall affordable [housing supply](#), recognizing that some communities have a very limited (or no) affordable units, while in others, a large amount of deeply subsidized housing has led to a severe concentration of poverty
- Engage with state agencies to close the gap for housing and services for families experiencing [domestic violence](#) who are not eligible for EA and related resources including HomeBASE
- Continue to incorporate workforce development efforts such as the [Secure Jobs](#) program in each family's rehousing plan to strengthen housing stability and economic self-sufficiency

## YOUTH

The federal goal seeks to end youth homelessness by the end of 2020. Addressing the needs of parenting youth will require continued partnership with DHCD as a subpopulation within the family system.

	2015 PIT BASELINE		GOAL FOR 2021 PIT
HAMPDEN COUNTY COC	243 parenting youth	44 unaccompanied youth	TBD by 6/30/2016
THREE-COUNTY COC	37 parenting youth	15 unaccompanied youth	TBD by 6/30/2016

### Strategies:

- Integrate youth into a [Coordinated Entry](#) system that includes a broad range of providers and state agency involvement and recognizes the unique challenges of identifying, locating and tracking this population
- Establish data sharing agreements in order to streamline the rehousing efforts and enhance [coordination and collaboration](#) among all state agency and non-profit providers serving unaccompanied young people experiencing homelessness
- Establish criteria for housing prioritization that [effectively links](#) unaccompanied young people experiencing homelessness with the appropriate housing resource

- While ensuring privacy protection, create a by-name list of all unaccompanied young people ([across agencies](#)) and assign each one to a Housing Navigator who will continue to work with the person until housed
- Identify the number of unaccompanied young people to be housed and set a [target](#) for how many to be housed each month
- Continue to undertake [annual youth counts](#) and analyze data about youth who become homeless
- Track progress of integration of [Runaway and Homeless Youth](#) (RHY) data with HMIS
- Create strategies to connect with [LGBTQ youth](#), who are over-represented in the homeless youth population
- Continue work with [DESE](#) to gain access to data for the annual PIT count
- Work towards identifying risk and protective factors for [young Latinas](#), who enter the homeless family shelter system at a disproportionate rate, and target interventions to this population
- Assess interventions targeted to youth aging out of [foster care](#) or being released from the [juvenile justice system](#) and determine appropriate Network support
- Continue to incorporate workforce development efforts such as the Secure Jobs program in each person’s rehousing plan to [strengthen housing stability](#) and economic self-sufficiency

**ADDITIONAL POPULATIONS**

***People who Live Unsheltered***

	2015 PIT BASELINE	GOAL FOR 2017 PIT
HAMPDEN COUNTY COC	10	0
THREE-COUNTY COC	19	0

***Strategies:***

- Continue outreach and engagement with those living unsheltered
- Further integrate the work of PATH and other outreach programs to establish *criteria for housing prioritization that [effectively links](#) unaccompanied people living unsheltered with the appropriate housing resource*

***People with Sex Offense Histories***

The Network has already set on a path to ending homelessness for people with sex offense histories.

***Strategies:***

- Understand baseline number of people with sex offense histories who are homeless
- [Reform](#) the leveling system to reflect evidence-based practices
- Adopt state laws or regulations that require housing authorities and other state-funded housing providers to consider housing sex offenders on a case-by-case basis, relying on [evidence-based](#) indicators
- Fund [pilot projects](#) that provide housing and support services for Level 3 sex offenders
- Issue directives to state agencies to explicitly incorporate in their policy language that, pursuant to evidence-based practices, [public safety](#) is best served by appropriately housing people with sex offense histories

- Amend language on the [Sex Offender Registry Board \(SORB\)](#) website to explicitly state [positive](#) community outcomes and positive individual community re-integration through the provision of appropriate housing and employment

**Goal for State Fiscal Year 2016:** The Statewide Commission to Reduce Sex Offender Recidivism adopts one or more of these strategies in the issuance of their final report (slated for release in December 2015).

#### *Elders*

##### *Strategies:*

- Identify [baselines](#) and while ensuring privacy protection, create a [by-name list](#) elders and assign each one to a Housing Navigator who will continue to work with the person until housed
- Integrate [elders](#) into a [Coordinated Entry](#) system
- Establish data sharing agreements in order to streamline the [rehousing](#) efforts and enhance [coordination and collaboration](#)
- Establish criteria for housing prioritization that [effectively links elders](#) experiencing homelessness with the appropriate housing resource

#### **SET A PATH TO ENDING ALL TYPES OF HOMELESSNESS**

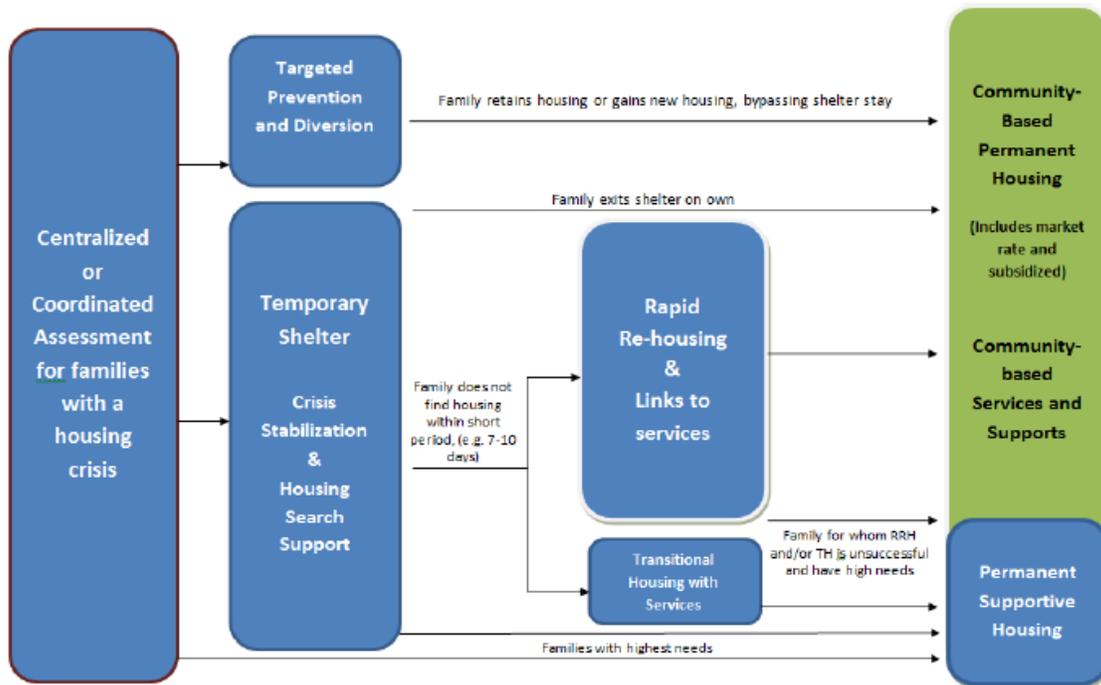
The final federal goal sets a path to ending all types of homelessness, effectively transforming the crisis response system so that the combined strategies – outreach, prevention, coordinated entry, housing first, rapid rehousing – make homelessness [rare, brief](#) and [non-recurring](#).

##### *Strategies:*

- Develop an effective response system that gets the [right resources](#) to the [right people](#) at the [right time](#) and includes [triage, diversion, housing first](#) and [rapid rehousing](#)
- Effectively integrate outreach into a [Coordinated Entry](#) system, creating a No Wrong Door approach
- Use [data](#) to drive an outcome-oriented system with [accountability](#) and continuous system improvement

The US Interagency Council on Homelessness depicts a truly coordinated response to homelessness involves a systemic approach like this:

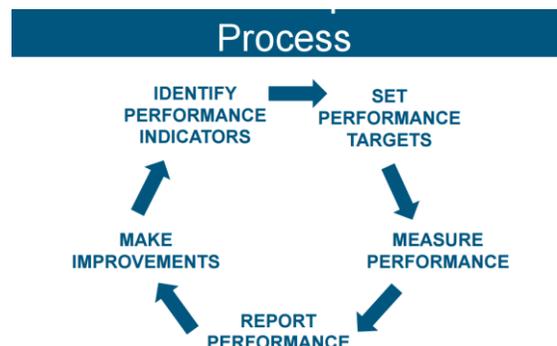
## Diagram of Coordinated Crisis Response System



## Stewardship & Accountability

The Western Massachusetts region will meet its goals through a collaborative, data driven approach that is outcome oriented and ensures accountability.

Critical drivers for progress will be the existing population-specific committees, which will review baseline data and national benchmarks to create local CoC interim targets, and will monitor progress toward goals. The committees will be accountable to both the Network and the CoCs.



## Implementation

Implementation of the plan will include:

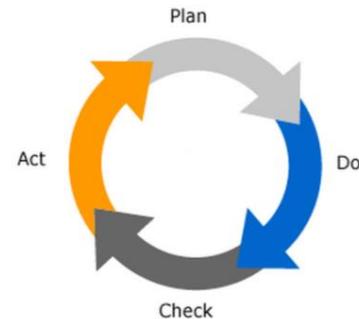
- Committee identification of local targets, with Network leadership approval
- Generation of data to track progress toward meeting goals
- Committee and Network leadership regular review of data
- Committee and Network leadership identification of barriers to achieving goals and development of strategies to resolve those barriers

- Development of processes to improve outcomes where necessary and appropriate
- Designation of responsible parties to take action accordingly
- Effective change through ongoing communication and feedback between committees and leadership

During implementation and in accordance with HUD requirements, HEARTH outcomes data will be generated regularly using [Simtech Solutions](#) tools and reports.

## Progress Tracking and Strategic Review

The Network Leadership Council holds ultimate accountability for the Plan. Implementation of the *Opening Doors* plan will occur not only in the context of rich dialogue and feedback within Committees, but according to a regular meeting and reporting schedule.



- Annually: Leadership Council reviews key indicators, assessing Network progress on all outcomes
- Biannually: Leadership Council and Steering Committee review select commitments, indicators, targets and outcomes
- Quarterly: Network Committees and CoC Membership and/or Performance Committees review all relevant measures with a focus on HEARTH metrics & CoC reporting
- Monthly: Data quality and performance reports are part of every committee meeting. Data quality is reviewed in a manner that is consistent with the CoC data quality plan. Take down numbers are reviewed to track progress towards goals. Additional reports to measure performance will be developed and reviewed as required by HUD.

Instituting a regular review and assessment schedule, coupled with defining action steps and designating parties responsible for implementing them, will create the foundation for ongoing monitoring, evaluation, and continuous improvement. Specific schedules, reports, goals and benchmarks will be defined by the committees upon implementation by the end of State Fiscal Year 2016.

## Appendix A: Network and CoC HEARTH Outcomes Baseline Data

The HEARTH Act identifies key system performance standards to be measured across the entire Continuum of Care. The [System Performance Measures Guide](#) was released in May 2014 with an implementation timeline that includes technical development to report on these measures using HMIS. Ideally these system-level performance measures would be generated automatically and in near real-time with the assistance of software. This will help the region to better quantify the impact of the work being done over time.

<b>Measure 1</b>	<b>LENGTH OF TIME PERSONS REMAIN HOMELESS</b>
Desired Outcome	Reduction in the average and median length of time persons remain in Emergency Shelter, Safe Haven and Transitional Housing
Calculation	Calculation of the number of dates each person was in an Emergency Shelter (ES); Safe Haven (SH) or Transitional Housing (TH). <i>Note that this does not account for time unsheltered. Technology could support a more robust calculation of this measure.</i>
<b>Measure 2</b>	<b>THE EXTENT TO WHICH PERSONS WHO EXIT HOMELESSNESS TO PERMANENT HOUSING DESTINATIONS RETURN TO HOMELESSNESS</b>
Desired Outcome	Reduction in the percent of persons who return to ES, SH, TH and Permanent Housing (PH) who exited from another project
Calculation	Includes 6, 12 & 24 month calculations from exit to permanent housing destinations
<b>Measure 3</b>	<b>NUMBER OF HOMELESS PERSONS</b>
Desired Outcome	Reduction in the number of persons who are homeless
Calculation	Measures change in the PIT counts over time
<b>Measure 4</b>	<b>EMPLOYMENT AND INCOME GROWTH FOR HOMELESS PERSONS IN COC PROGRAM-FUNDED PROJECTS<sup>1</sup></b>
Desired Outcome	Increase in the percent of adults who gain or increase employment and non-employment cash income over time
Calculation	Measures employment, income and noncash benefit calculations in HMIS for CoC funded projects
<b>Measure 5</b>	<b>NUMBER OF PERSONS WHO BECOME HOMELESS FOR THE FIRST TIME</b>
Desired Outcome	Reduction in persons in ES, SH and TH projects with no prior enrollments in HMIS
Calculation	Measures enrollments in ES, SH and TH programs with no enrollment within prior 24 months
<b>Measure 6</b>	<b>PREVENTING RETURNS TO HOMELESSNESS AMONG FAMILIES AND YOUTH</b>
Desired Outcome	Only CoC applicants that are approved to serve families with children defined as homeless under other federal laws are required to complete Measure 6
Calculation	Not applicable
<b>Measure 7</b>	<b>SUCCESSFUL PLACEMENT FROM STREET OUTREACH</b>
Desired Outcome	Increase in the percent of persons who exit the streets to ES, SH, TH, or PH.
Calculation	Measures exits from a street outreach program to designated housing destinations

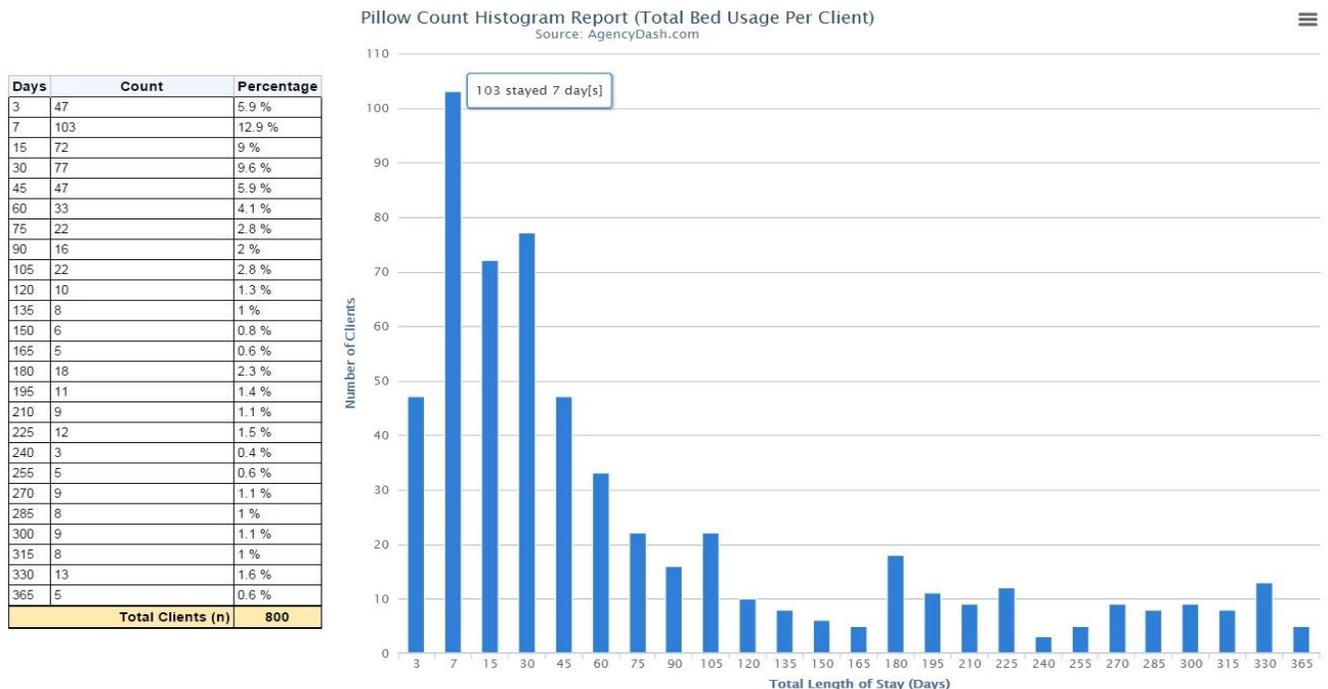
<sup>1</sup> The Western MA Secure Jobs program supports employment and income growth. However, because it is not a CoC-funded program, the outcomes from this program will not be counted towards the HEARTH measure except where participants are enrolled in both. However, the region will track the impact of this and other workforce development programs through regional data and reporting

## Appendix B: Data Measurement Tools

**Prevention** –A primary objective for prevention is to reduce the total number of people who end up becoming homeless in the first place. The image below demonstrates how the “Total Number of New Clients” can be pulled from reports such as this HMIS Annual Performance Report (APR). Ideally this number should decline from one reporting period to the next.

**Rapid Rehousing** projects are designed to move people to stable housing as soon as possible. The primary measure to use to assess these projects is #1 – *Length of Time Persons Remain Homeless*. The quality of the placement and the supportive services that lead to sustained housing (ie TPP) are measured with #2 - *The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness* and #4 - *Employment and Income Growth for Homeless Persons in CoC Program-funded Projects*.

Below is a sample Length of Stay Histogram which provides the supporting details for measure #1. This was generated using data from the *Friends of the Homeless* men’s individual emergency shelter in Springfield for May 15, 2014 to May 14, 2015. This same measure can and should be run for all individual emergency shelters within the region. The primary objective is to reduce the average and median length of time people remain homeless in the region.



**Ongoing Shelter Operations** support people while they are homeless and the primary objective is to reduce the length of stay. There is a National benchmark of 30 day shelter stays. Reports that can be of assistance in doing so include the [Chronic Homeless Audit](#), the [Housing Prioritization Report](#), the [AHAR Readiness Report](#), and [Daily Census and Meals Served Trend Analysis](#).

## Planning and Operational Tools

The strategies identified above include creating a by-name list of people in the community who are homeless. As people tend to access multiple services, there is often a lack of clarity about a client's path towards housing – which service provider is doing what based on a particular understanding of the client and the resources that are available to that particular provider. Through guidance, as well as new system level performance measures, HUD is requiring a community wide, collaborative approach. Fundamental to this approach is creating a list of people – by name – who need housing and to then prioritize these people for housing. HUD has issued guidance regarding such prioritization. HUD guidance to communities is that prioritization for limited Permanent Supportive Housing units should be based on chronic homelessness status, then length of homelessness and finally, to include scoring from assessments such as the VI-SPDAT. Details including an analysis and recommendations on how to implement this approach is detailed in: [Tools and Techniques to Prioritize Clients for Limited Housing Resources](#).

Communities that participate in the various national campaigns, such as the Mayor's Challenge to End Veteran Homelessness and the Zero: 2016 Campaign, are generating these lists to help manage the housing placement process. Below is a report for Boston which integrates data from a variety of HMIS sources to generate a single list for the community to focus on. As this requires client-level information, Simtech Solutions is unable to run similar prioritization reports for Western MA until data sharing agreements are updated to allow for this work to occur.

## Housing Prioritization Report

SimtechSolutions,inc.

Report Start: 03/01/2012  
 Report End: 02/28/2015  
 Activity in last: 90 days  
 Leaver/Stayer: Stayer  
 Veteran Status: Yes  
 Ran By: Barber, Eddie

Organization: All Organizations  
 Project: All Projects  
 Disabled Status: Yes  
 Min. Total Bed Nights: 365  
 Min. # of Episodes: 4  
 Dataset: Boston CH Study v7

### List of clients

#	First Name	Last Name	Organization	Program	Date of Birth	Age	Gender	Disabled?	Vet?	Episodes	Total Bed Nights
1			Pine Street Inn	Outreach - Outreach Van		55	Male	Yes	Yes	4	1872
2			Homeless Services Long Island Shelter			57	Male	Yes	Yes	1	1556
3			Pine Street Inn	Mens Inn		65	Male	Yes	Yes	2	1378
4			Pine Street Inn	Mens Inn		58	Male	Yes	Yes	1	1086
5			19	Shattuck Emergency Shelter		54	Male	Yes	Yes	1	1086
6			Homeless Services Long Island Shelter			61	Male	Yes	Yes	1	1084
7			Homeless Services Woods Mullen Shelter			67	Male	Yes	Yes	1	1077
8			Homeless Services Long Island Shelter			64	Male	Yes	Yes	1	1065
9			Homeless Services Long Island Shelter			56	Male	Yes	Yes	1	1060
10			Homeless Services Long Island Shelter			68	Male	Yes	Yes	2	1034
11			Pine Street Inn	Outreach - Project NeighBOR		60	Male	Yes	Yes	1	1009
12			Pine Street Inn	Mens Inn		64	Male	Yes	Yes	2	1004
13			Homeless Services Long Island Shelter			63	Male	Yes	Yes	1	988
14			Pine Street Inn	Mens Inn		58	Male	Yes	Yes	3	952
15			19	Shattuck Emergency Shelter		53	Male	Yes	Yes	1	891
16			Homeless Services Long Island Shelter			50	Male	Yes	Yes	10	872
17			Homeless Services Woods Mullen Shelter			81	Male	Yes	Yes	3	839
18			Homeless Services Long Island Shelter			54	Male	Yes	Yes	1	822
19			Pine Street Inn	Mens Inn		61	Male	Yes	Yes	5	760
20			Pine Street Inn	Outreach - Outreach Van		70	Male	Yes	Yes	10	738
21			Pine Street Inn	Mens Inn		66	Male	Yes	Yes	5	710
22			Homeless Services Long Island Shelter			59	Male	Yes	Yes	4	705
23			Homeless Services Long Island Shelter			64	Male	Yes	Yes	2	704
24			Homeless Services Long Island Shelter			60	Male	Yes	Yes	6	673
25			Homeless Services Woods Mullen Shelter			68	Male	Yes	Yes	2	671
26			Homeless Services Long Island Shelter			64	Male	Yes	Yes	5	668
27			Pine Street Inn	Mens Inn		53	Male	Yes	Yes	2	587
28			Pine Street Inn	Mens Inn		56	Male	Yes	Yes	1	517
29			Homeless Services Woods Mullen Shelter			68	Male	Yes	Yes	5	401

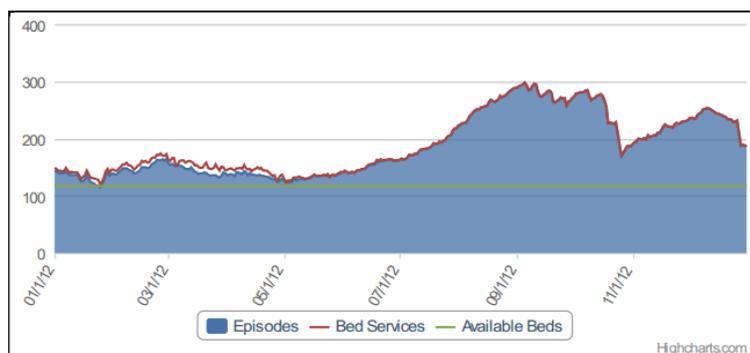
## Process Controls

These reports will only be accurate if the data is valid. Therefore, there must be policies and procedures in place to ensure accuracy and completeness of the data. There are various committees that are active within the two CoCs that comprise the Western MA region. The plan is a call to action for these committees, and stakeholders, to work towards implementing both practices and systems in order to foster accountability, increase collaboration, and ensure that the limited community resources are being allocated wisely. For this initiative to be successful there is work to be done at every level – from staff at agencies providing services; the CoCs; the Network; and the state.

As there are multiple layers of data management and reporting, roles and responsibilities must be clearly defined so there is accountability for compliance with HUD as well as implementation of this Plan. CoCs are required to have governance agreements that detail the relationships between projects and the CoCs as well as data quality plans to ensure that the data being reported is complete and accurate. These documents need to clearly define roles and responsibilities for data collection including ongoing monitoring of data quality, as specifically asked for within the HUD NOFA application. This monitoring requires various levels of oversight ranging from a region-wide HMIS Administrator, a designated agency-lead, the project manager, and the frontline staff. This quality assurance process is supported by tools such as the [Data Quality Summary Report](#), the [Missing Data Report](#), the [Overlapping Episodes Report](#), and other reporting tools. Having real-time data that can be trusted will position the region to have an unprecedented level of coordination while improving outcomes through data-driven decisions-making. Below are examples of two such reports that can be used to help ensure the validity of the data.

## Data Quality Summary Report

### Emergency Program



Data Element	Total Clients (n)	Don't Know / Refused	%	Missing	%
First Name	1028	0	0%	0	0%
Last Name	1028	0	0%	0	0%
SSN	1028	47	5%	2	0%
Date of Birth	1028	5	0%	2	0%
Race	1028	119	12%	1	0%
Ethnicity	1028	6	1%	1	0%
Gender	1028	1	0%	1	0%
Veteran Status	1004	32	3%	11	1%
Disabling Condition	1028	38	4%	13	1%
Prior Residence	1004	25	2%	11	1%
Prior Zip	1004	23	2%	0	0%
Housing Status-Entry	1028	6	1%	13	1%
Destination	944	462	49%	20	2%

## Chronic Homeless Status Audit

Client Information			Data Derived Chronic Status				
#	First Name	Last Name	Marked as Chronic in HMIS	Flagged as Disabled?	Has a stay of 365+ consecutive days	Number of Stays	Meets the HUD Chronic Definition
1	Hoyt	Bond	Yes	Yes	No	1	No
2	Dara	Olson	No	Yes	Yes	1	Yes
3	Scarlet	Ochoa	No	Yes	No	2	No

### Additional Planning Tools

There are additional tools being made available through various resources to support communities working to address homelessness:

- Gaps Analysis Tool** – this tool was developed by both the Veteran’s Administration and Community Solutions to help communities quantify the gaps in housing that must be filled in order to house all homeless veterans in a region
  - [Springfield’s Gaps Analysis Tool](#)
  - [Three County Gaps Analysis Tool](#)
- Coordinated Assessment and Housing Placement (CAHP) Systems** – these systems are “a client-centered process that streamlines access to the most appropriate housing intervention for each individual or family experiencing homelessness”.
  - Homelink* – this currently free tool is being used in Springfield to support their efforts as part of the Zero: 2016 initiative. The prioritization for housing in Homelink is largely driven off of client’s scoring on the VI-SPDAT assessment.
  - Coordinated Housing Operations and Managed Placement System (CHOMPS)* – this CAHP system was developed by Simtech Solutions. CHOMPS is integrated with HMIS; the security model allows for participation by Veteran’s Administration (VA) staff, includes a housing match component to determine eligibility for housing, and was developed in a manner that complies with the [federal regulations for prioritizing homeless people for housing](#).
- [Vulnerability Index & Service Prioritization Decision Assistance Tool \(VI-SPDAT\)](#) – “is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.”
- [Supportive Housing Opportunities Planner \(SHOP\)](#) developed by the USICH to help “communities identify the specific set of strategies, such as increasing the prioritization of existing turnover units and creating new supportive housing needed to achieve the goal (of ending chronic homelessness) in 2017 or earlier.”

## Appendix C:

# The Western Massachusetts Network to End Homelessness

## Leadership Council

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*Chair:* Andrew Morehouse, Executive Director, The Food Bank of Western Massachusetts

*Vice-Chair:* Doreen Fadus, Executive Director, Community Benefit and Health, Mercy Medical Center

*Members:* Father Stan Aksamit, [Our Lady of Peace Parish](#) • Mayor Richard Alcombright, [City Of North Adams](#) • Jim Ayres, CEO, [United Way Of Hampshire County](#) • Paul Bailey, Executive Director, [Springfield Partners For Community Action](#) • Jane Banks, Project Director, [Center For Human Development](#) • Timothy Brennan, Executive Director, [Pioneer Valley Planning Commission](#) • Alvina Brevard, Director of Field Operations, [Department Of Housing and Community Development](#) • Kathryn Buckley-Brawner, Director, [Catholic Charities, Diocese Of Springfield](#) • Dave Christopolis, Executive Director, [Hilltown Community Development Corporation](#) • Steve Como, Executive Vice President, [Soldier On](#) • Patricia Crosby, Executive Director, [Franklin Hampshire Regional Employment Board](#) • David Cruise, President, [Hampden County Regional Employment Board](#) • Rabbi Justin David, [Congregation B’Nai Israel](#) • Sylvia DeHaas Phillips, Senior Vice-President Community Impact, [United Way Of Pioneer Valley](#) • Ken Demers, Executive Director, [BerkshireWorks](#) • The Honorable Benjamin Downing, State Senator, [Berkshire/Franklin/Hampshire Counties](#) • Linda Dunlavy, Executive Director, [Franklin Regional Council of Governments](#) • Lindsay Errichetto, Executive Director, [Family Life Support Center](#) • Doreen Fadus, Executive Director, Community Benefit and Health, [Health Care For The Homeless, Mercy Medical Center](#) • Judge Robert Fields, [Western Division Housing Court](#) • Paul Fitzsimons, Regional Director, [Department Of Children And Families](#) • David Gadaire, Executive Director, [Career Point](#) • Peter Gagliardi, Executive Director, [HAP Housing](#) • Brad Gordon, Executive Director, [Berkshire County Regional Housing Authority](#) • Clare Higgins, Executive Director, [Community Action](#) • Steven Huntley, Executive Director, [Valley Opportunity Council](#) • Lori Ingraham, Assistant Treasurer, [Easthampton Savings Bank](#) • Mary Reardon Johnson, Executive Director, [YWCA Of Western Massachusetts](#) • Joan Kagan, President and CEO, [Square One](#) • Nat Karns, Executive Director, [Berkshire Regional Planning Commission](#) • Peg Keller, Senior Planner, [City Of Northampton](#) • Charlie Knight, Former Consumer, Springfield • Joanne LaCour, Director, [Department Of Transitional Assistance](#) • Jay Levy, Regional Manager, [Elliot CHS-Homeless Services](#) • Gerry McCafferty, Director of Housing, [City Of Springfield](#) • Mayor Bill Martin, [City Of Greenfield](#) • Diana Mclean, [City Of Westfield](#) • William Messner, President, [Holyoke Community College](#) • Bill Miller, Executive Director, [Friends Of The Homeless](#) • Andrew Morehouse, Executive Director, [The Food Bank Of Western Massachusetts](#) • Mayor Alex Morse, [City Of Holyoke](#) • Rebecca Muller, Director, Grantswork • John Musante, Town Manager, [Town Of Amherst](#) • Mayor David Narkewicz, [City Of Northampton](#) • Elton Ogden, President, [Berkshire Housing Development Corporation](#) • Yasmin Otero, Director of Project Management, [Department Of Transitional Assistance](#) • Jerry Ray, Director Of Homeless Services, [Mental Health Association](#) • Paul Robbins, [Paul Robbins Associates](#) • Carmelina Romano, Former Consumer, UMass-Amherst Graduate Student • [The Honorable Stan Rosenberg, Senate President, Hampshire/Franklin Counties](#) • Jay Sacchetti, Vice President Shelter/Housing, [ServiceNet](#) • Mayor Domenic Sarno, [City Of Springfield](#) • James Seney, Program Manager, [VA Central Western Mass. Health Care System](#) • James Sherbo, Senior Vice President, [PeoplesBank](#) • Sherman, Executive Director, [Franklin County Regional Housing & Redevelopment Authority](#) • Linda Stacy, Executive Director, [United Way Of Franklin County](#) • Nancy Stoll, Director Of Community Engagement And Evaluation, [Berkshire United Way](#) • The Honorable Aaron Vega, State Representative, [Holyoke](#) • Lynne Wallace, Chief Operating Officer, [HAPHousing](#) • Pamela Wells, Resident Services Manager, [Springfield Housing Authority](#) • Steve Winn, Vice-President, [Behavioral Health Network](#)