

Western Massachusetts

**network to end  
homelessness**



Housing First for Hampden,  
Hampshire, Franklin and  
Berkshire Counties

# **Homelessness in Western Massachusetts: The Numbers, the Solutions, the Partnerships**

Presented at a convening of over 150 leaders from across the four Western counties

Greenfield Community College  
November 16, 2018

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## Homelessness in Western MA

Summary of a presentation given at Greenfield Community College, November 16, 2018

### Making homelessness RARE, BRIEF, and NON-RECURRING

As the understanding of homelessness has evolved over years, a theme has emerged in communities that are reducing and ending homelessness: The goal of our policies and programs is to make homelessness rare, brief, and non-recurring.

- **RARE** means that we prevent homelessness.
- **BRIEF** means that when someone has a housing crisis, we rehouse them as soon as possible.
- **NON-RECURRING** means that when people are rehoused, we make sure they are connected to the supports they need so they do not become homeless again.



**rare**  
**PREVENTION**



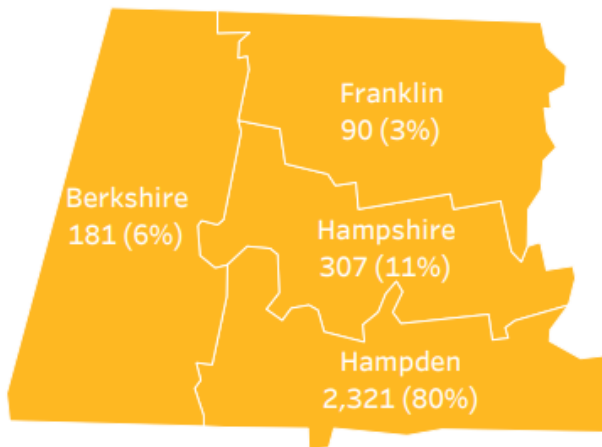
**brief**  
**RAPID REHOUSING, DIVERSION**



**non-recurring**  
**MATCHED TO SUPPORTS**

### Homelessness in Western Massachusetts

There were **almost 3,000** people experiencing homelessness in our region at our January 2018 point-in-time count.<sup>1</sup>



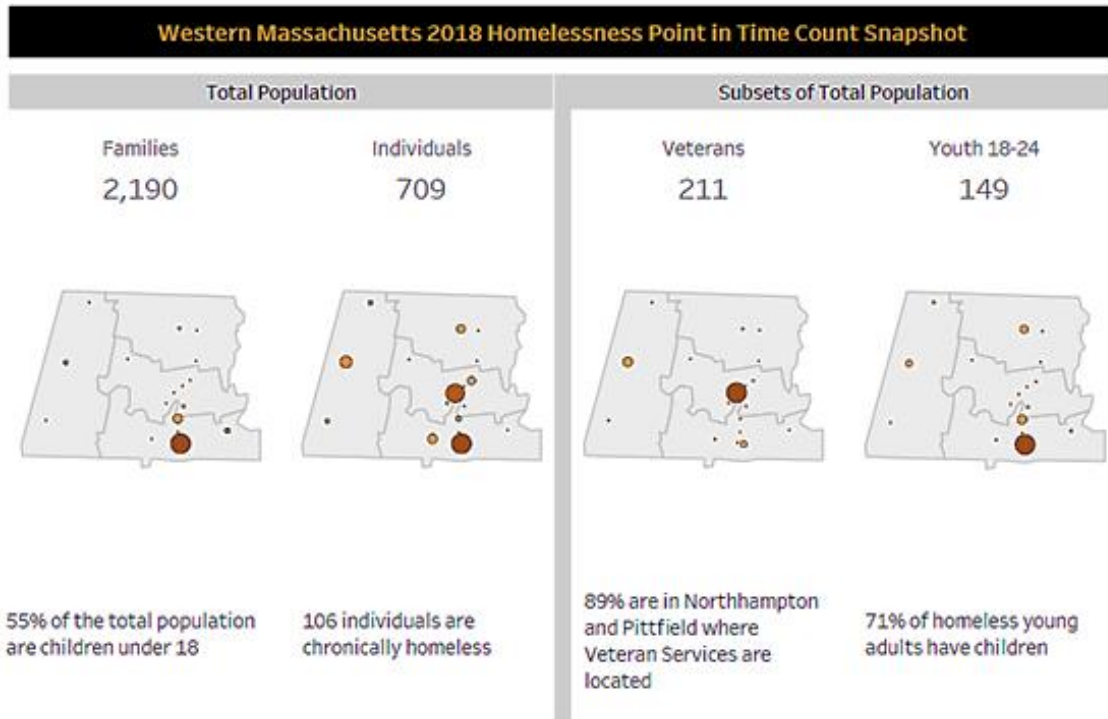
## Western Massachusetts

**2,899** people homeless

**One night in January 2018**

<sup>1</sup> Data collected by the Three County Continuum of Care on January 24, 2018 and the Springfield-Hampden Continuum of Care on January 31, 2018.

This is the number that were **literally homeless** – that is, unsheltered, in emergency shelter, or in transitional housing. It does not include people who were doubled-up or “couch-surfing.” The almost 3000 people counted also do not include the 1,125 people who were displaced by Hurricane Maria and staying in hotels and motels with FEMA support on that night. The evacuees were counted for the census report submitted to the U.S. Department of Housing and Urban Development, but they are excluded from this data review because their presence here was such an anomaly.



The 2018 count identified 709 individuals plus another 2,190 people in families with children (613 families). Among those counted:

- 211 were veterans
- 144 were young adults on their own (that is, not with their parents); 71% of the young adults were themselves parenting small children.

There are some idiosyncratic distributions of people who are homeless in our region, based on policy and program decisions. For instance, among the Western Massachusetts population:

- 89% of homeless veterans are located in Northampton and Pittsfield, because of the presence of the VA Medical Center and Soldier On;
- 73% of families in shelter are in Springfield because the state’s Western Massachusetts shelter units are concentrated in Springfield;
- 68% of evacuees from Hurricane Maria were counted in West Springfield, as a result of FEMA placing evacuees in hotels and motels in that city; and
- There are concentrations of unsheltered individuals in downtowns of cities and towns, as these are the places people can access assistance

Intake data at homeless service providers show that **homeless people come from every community**. When we work to make homelessness rare, brief, and non-recurring, we help people maintain stability in their own communities, instead of needing to relocate for assistance.

## Impacts of Homelessness

The **human impact** of homelessness is extreme. Families experience extraordinary stress and loss of control in how they provide for their children. Children's education is interrupted, and really, they lose their ability to just be kids. Single adults face health problems and literal risk of death from being outdoors. All face a frightening lack of safety.

The impact of homelessness is not felt only by those directly experiencing it. Homelessness is **very**

**expensive**. The state spends an average of just over \$42,000 for every family that enters the state's shelter system<sup>2</sup> Local school departments have outsized costs for transporting homeless children to schools. Police departments divert resources to behavioral health and social service issues, while jails serve as 'housing' for people who do not need to be there. Emergency rooms become a last-resort drop-off for behavioral health issues and sometimes a way for a family to be indoors for the night. And hospitals keep homeless patients longer as they struggle to identify appropriate discharge options.

There are additional negative impacts. Frequent family moves between housing and shelters bring kids in and out of classrooms, disrupting teaching effectiveness and negatively impacting school outcomes. The presence of homeless individuals in downtown areas may have a dampening effect on local retail. Finally, homeless encampments carry public health risks associated unsanitary conditions. Massachusetts is currently seeing an outbreak of Hepatitis A among unsheltered homeless people<sup>3</sup>

## Homelessness is a lack of HOUSING

Homelessness is a complex problem, with many varying factors causing any particular family to be in crisis, but the one common factor is **lack of housing**.

When the modern era of widespread homelessness began in the 1980's, communities responded to the crisis by creating emergency shelters. But in some cases, the emergency response has become the long-term response: in Western Massachusetts there are currently families who have been living in family shelter units for more than 3 years.<sup>4</sup>

The Western Massachusetts Network to End Homelessness pushes to get shelter back to its role as a short-term emergency response. It puts the key focus on **housing**—keeping people housing and getting them rehoused.



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<sup>2</sup> Cost information provided by the Massachusetts Department of Housing and Community Development, November 13, 2018.

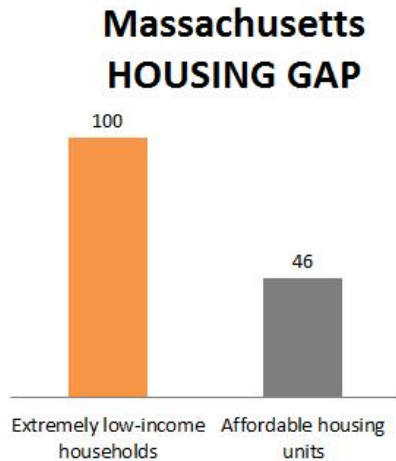
<sup>3</sup> Massachusetts Dept. of Public Health, <https://www.mass.gov/clinical-advisory/ongoing-hepatitis-a-outbreak-among-persons-experiencing-homelessness-and>

<sup>4</sup> Homeless Management Information System (HMIS) administrative data reviewed by the Springfield-Hampden County Continuum of Care on November 13, 2018.

The work we do plays out in the context of a national affordable housing crisis. Throughout the country there are 35 affordable housing units for every 100 extremely low-income families.<sup>5</sup> Because of the Commonwealth’s investments, we are doing better in Massachusetts; here there are 46 affordable housing units for every 100 extremely low-income families. Even if we are better than the national average, we still have a huge gap.

**Affordable housing is a necessary part of ending homelessness**, and is a critical part of our response. But we know that closing a gap that size will take time. Also, having the units does not guarantee that

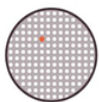
the people who are most vulnerable to homelessness will be offered units, or that they will have needed supports to keep the units.



There are communities with bigger affordable housing gaps than ours making significant progress in reducing homelessness.<sup>6</sup> We are working hard to bring the lessons from these communities here, identifying strategies that make a direct impact in Western Massachusetts.

## What does it mean to make homelessness RARE?

We make homelessness rare by **preventing** it in the first place. There are two key places where we do prevention work:



**rare**  
**PREVENTION**

**Keep people in housing**  
**Plan for housing after system discharge**

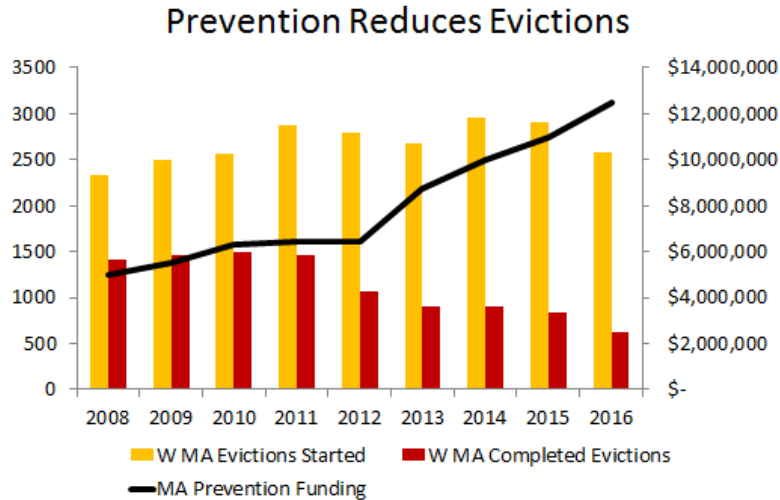
- Keeping people in their own housing – with financial assistance, mediation, eviction defense; and
- Providing resources to people when they are leaving an institutional setting and have no housing, for example, after foster care, or jail, or a stay in a nursing home or hospital.

<sup>5</sup> National Low Income Housing Coalition, *The Gap*, March 2017, pp. 2 and Appendix A, [https://nlihc.org/sites/default/files/Gap-Report\\_2017.pdf](https://nlihc.org/sites/default/files/Gap-Report_2017.pdf)

<sup>6</sup> The Springfield-Hampden County CoC is part of the national Built for Zero campaign, spearheaded by Community Solutions, Inc. In connection with this initiative, eight communities have ended veteran homelessness and three communities have ended chronic homelessness. For more on this initiative see <https://www.nytimes.com/2018/06/05/opinion/homelessness-built-for-zero.html>.

## The Critical Role of Prevention Programs

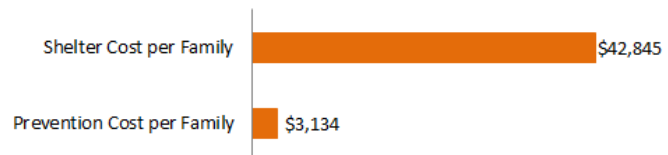
Over the last decade, the state of Massachusetts has considerably increased funding for homelessness prevention, and data shows it is making a difference.



The chart shows that increase in state prevention funds—indicated by the black line—and the associated decrease in completed evictions in Western Massachusetts—shown by the red bars.<sup>7</sup> Looking at the number of evictions filed—the orange bar - the data shows that the number of evictions *filed* did not drop significantly, but the number of evictions *carried out* declined as prevention funds increased. The availability of assistance made it possible for cases to settle. Funding for rent arrears and mediation has a real impact on reducing the number of people displaced by eviction.

Avoiding eviction is a great outcome for the household at risk. It is also **cost-effective public policy**. In FY18, Massachusetts’ primary prevention program, RAFT, spent an average of \$3,134 per family to keep them housed. For each family that actually became homeless and entered the shelter system, the state spent \$42,845.<sup>8</sup>

## Prevention Programs Save Money



<sup>7</sup> Massachusetts RAFT annual funding for FY08-09 and FY13-16 from The Massachusetts Budget and Policy Center, [http://www.massbudget.org/browser/line\\_item.php?id=7004931600&inflation=cpi](http://www.massbudget.org/browser/line_item.php?id=7004931600&inflation=cpi). For the years FY10, FY11, and FY12, the state used federal Homelessness Prevention and Rapid Rehousing (HPRP) (stimulus funds); funding for these years is calculated by dividing the amount of the HPRP in three and allocating. Number of evictions filed and completed drawn from Eviction Lab data, <https://evictionlab.org>.

<sup>8</sup> Cost information provided by Massachusetts Department of Housing and Community Development on November 13, 2018.

## Prevention and Youth Homelessness

We can also prevent homelessness by understanding who is most at risk and creating pathways for them to avoid homelessness.

A key example of this is youth who have been in the foster care or corrections systems. Among homeless young adults, studies show that nearly 1 in 3 have been in foster care and nearly half involved with juvenile justice or corrections.<sup>9</sup>

Social workers in these systems know who is headed for homelessness, and we have even built some systems that respond to this need. But there are big gaps. For example, Massachusetts provides extended services for youth who would otherwise age out of foster care at 18. But some of our highest-need youth reject those services, glad to be free of “the system” as they turn 18. For these youth, we need non-government-provided supports that match the need of these youth to be independent. Programs in our region are providing these services, but they are too small to meet the need. **Youth interventions**, recently funded by the Commonwealth in every region of the state, are **effective but must be brought to scale**.

Even those that are not in the foster care system most frequently report that they have left home due to being kicked out, feeling unsafe, or being subject to abuse or neglect; some others leave due to lack of space when their families cannot afford appropriate housing. Certain populations of young people have increased risk of homelessness, including those who are LGBTQ, youth of color, young single parents, and youth without a high school diploma or GED.<sup>10</sup>

Experiencing homelessness at such a critical developmental period means that homeless young adults are unlikely to complete education and develop the tools they need to be self-sufficient. If we fail to intervene with homeless young people, we help create the next population of homeless adults.

Young adulthood is a time of key developmental tasks.

**Every day of housing instability means missed opportunities.**



**1 in 20** youth aged 18-24 experience literal homelessness

**Nearly 1 in 3** have been in foster care

**Nearly half** have been in juvenile justice system or jail

<sup>9</sup> Voices of Youth Count, Chapin Hall, *Missed Opportunities: Youth Homelessness in America*, (2017)

<http://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf>

<sup>10</sup> *Id.*

Support for students is critical. A study conducted in Massachusetts last spring by the Wisconsin HOPE Lab found that **49% of Massachusetts community college students experience housing insecurity**.<sup>11</sup> The Commonwealth's new funding for homeless youth includes pilot housing programs for this population, but none are located in Western Massachusetts. We need to collaborate with the state to bring this model to our community.

Youth providers throughout Western Massachusetts are involved this year in a learning collaborative that is focused on creating a system that provides a clear path to assistance for youth who need help with housing stability.<sup>12</sup> While our annual point-in-time count identifies those who are *literally* homeless, national studies tell us that most youth spend time couch-surfing before they enter into literal homelessness.<sup>13</sup> Our hope is that we move our system so that we catch and stabilize young adults before they end up on the streets or in shelters.

In one of the first calls of our learning collaborative, a coach pointed out that the key tasks of growing up happen before age 25. For young people without stable housing, every single day that goes by interferes with the ability to develop needed skills. Solving homelessness for youth is critical for preventing adult homelessness.

## How do we make homelessness BRIEF?

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Whether a person is in shelter or on the street, we want to provide them with the assistance that moves them quickly into housing. The key concept here is **“HOUSING FIRST.”**

For a long time, the goal of homeless services was to help people get “housing ready.” The concept was that they needed to address barriers to housing stability before they moved into housing. They needed to be sober, in mental health treatment, working. But it is very hard to work on barriers when you are

worried about where to sleep each night and how to stay safe. So this approach meant that some people just remained homeless—essentially, forever.

Finally, some smart providers turned this upside down. They created the Housing First model, which means everyone is ready for housing now, and that needs to be the first priority. The way that everyone is ready for housing now is if the housing is provided alongside the supportive services needed to help maintain the housing.

The idea of *brief* also challenges us to **avoid using shelter as a holding zone** for people waiting for affordable housing. The affordable housing gap is so large that there are only enough affordable housing units for fewer than half the people who need them. So we need to identify the additional strategies to get people back into their own housing quickly. For some people this may mean roommates, or living with family, or receiving short-term rental assistance that provides time to get a job or advance on an affordable housing waitlist.

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<sup>11</sup> Goldrick-Rab, S., Richardson, J., Schneider, J., Cady, C. & Hernandez, A. Basic Needs Insecurity in Massachusetts Public Colleges and Universities. Wisconsin HOPE Lab. (2018), <https://hope4college.com/wp-content/uploads/2018/10/StillHungryMA-4-1.html>

<sup>12</sup> More information on the Coordinated Entry Learning Collaborative: <http://www.manynet.org/coordinated-entry-youth-homelessness/>

<sup>13</sup> Voices of Youth Count, Chapin Hall, *Missed Opportunities: Youth Homelessness in America*, (2017) <http://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf>



## Street homelessness and encampments

Street homelessness and encampments are the loudest and most visible **call to make homelessness brief**. People living unsheltered are more likely to have health problems or disabilities, and are also at great risk due to extreme weather and threat from unsanitary conditions. While there is a temptation to think that an unsheltered population signifies a need for more shelter beds, the experience in Springfield has been that many people living outdoors reject shelter.



**98**  
**unsheltered individuals**  
during our  
January 2018  
point-in-time  
count

Contrary to common belief, virtually none of them reject housing. When offered the opportunity to move from the streets to an apartment that is not a program, almost every unsheltered homeless person we encounter says yes. In the last two years, almost 50 individuals have moved directly off the streets in Hampden County and into supportive housing.<sup>14</sup>

Here's how Springfield is doing this. First, we have begun talking regularly with our police, our emergency rooms, and with outreach workers about who is unsheltered and where they stay. We have made a list of these people, and we have prioritized them for our supportive housing. We have repurposed caseworkers at various agencies as Housing Navigators, whose job it is to get to know these individuals and to help them pull together the paper needed to get into housing—birth certificates, social security cards, and IDs.

We meet weekly to review our list, and match people on the list to supportive housing opportunities, which combine affordable housing with intense support services. The list prioritizes the people who have been homeless for the longest amount of time and have the highest service needs.

We are building the Housing First supportive housing system for this population as we go. Federal HUD dollars fund supportive housing units across Western Massachusetts. But there are not nearly enough of them. So in Hampden County we are working creatively to expand the supply.

Springfield and Holyoke are both working with our housing authorities to do this. While there are a few different models to use, it's important for cities and housing authorities to be aware of an opportunity that is expected to come available in the next few weeks. HUD will be making available an opportunity for housing authorities to apply for **Section 811 Housing Choice Vouchers** (known as Mainstream Vouchers).<sup>15</sup> The program provides an expanded allotment of Section 8 housing vouchers that are expressly for non-elderly persons with disabilities. Housing authorities must apply to HUD for these vouchers and indicate how they will use them. The last time these vouchers were made available, the Springfield Housing Authority obtained 28 vouchers,<sup>16</sup> and is using them all to provide supportive housing for chronically homeless people. While 28 vouchers is a small number in comparison to the affordable housing need, the way that the vouchers have been prioritized is making a big impact in reducing street and chronic homelessness.

<sup>14</sup> Springfield-Hampden County Continuum of Care administrative data.

<sup>15</sup> <https://www.hud.gov/sites/dfiles/PIH/documents/FY2017MainstreamVoucherNOFA.pdf>

HUD made awards of FY17 Mainstream Vouchers in September 2018, and is expected to release the Notice of Funding Availability for FY18 funds in late 2018.

<sup>16</sup> [https://www.hud.gov/press/press\\_releases\\_media\\_advisories/HUD\\_No\\_18\\_094](https://www.hud.gov/press/press_releases_media_advisories/HUD_No_18_094)

For each chronically homeless person, we match them with supportive services as they get housed. Sometimes, when it is funded as supportive housing, the services are automatically linked with the housing. But other times, we are making the 3-way match between the person, the housing, and the services. Massachusetts has some unique supports for chronically homeless individuals, including a pay-for-success program and the ability to use Medicaid dollars to pay for housing support.<sup>17</sup>

In responding to this population, we have found that it is so important to be proactive and targeted. People experiencing long-term homelessness typically have barriers that keep them from applying to or being accepted into regular affordable housing programs. So we need to make housing opportunities specifically for this population, and then work directly to link the people and the housing. This is not just telling a person how to get on a wait list.

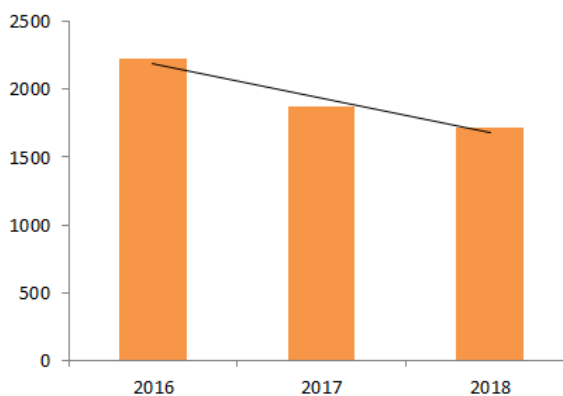
## Family homelessness in Massachusetts

While local communities lead the work on homelessness for individuals, in Massachusetts, the state operates the system for families. Massachusetts provides emergency shelter to every eligible family, and therefore has a large family shelter system. Massachusetts has the third highest number of homeless families in the nation—behind only New York and California. A big success of this system is that we have virtually no unsheltered homeless families.

While the state shelter system functions as an incredible safety net, it can also create unexpected problems. The system must flex to respond to need, and this can result in families placed in shelter far from their home community and away from their support system. And some families get stuck in extremely long shelter stays.

The Commonwealth and local providers have worked hard to create initiatives that support making homelessness brief. Currently, that includes **diversion**, an opportunity for families eligible for shelter to use funds to stay housed instead. Many families enter shelter after being doubled up with family or friends, so diversion helps by paying expenses to maintain this arrangement a little longer, while also providing a time-limited rental subsidy for the family to rent their own unit. Even though a family has already lost their housing, this intervention works to get them back into housing without ever entering shelter. In Springfield, the Center for Human Development’s diversion project succeeds in assisting 40% of eligible families to avoid entering shelter.

New Entries to Family Shelter in Hampden County

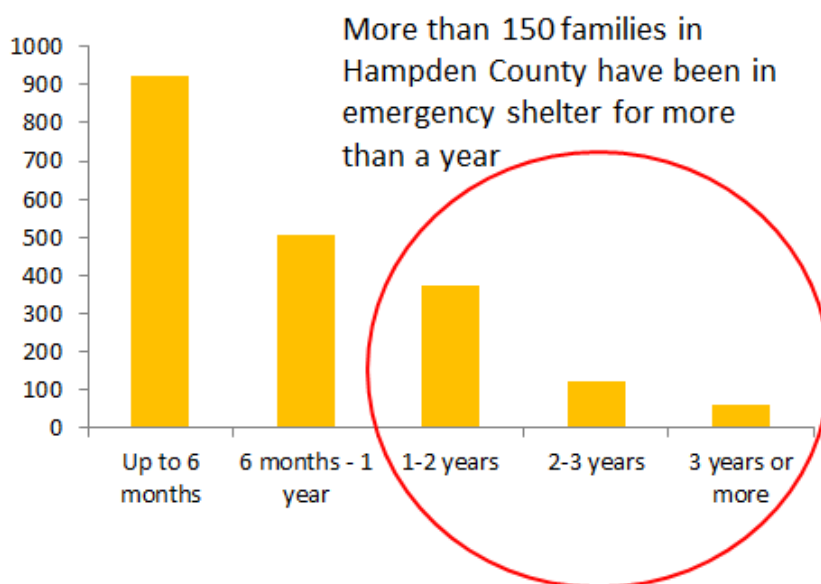


<sup>17</sup> See, for example, description of the Community Support for People Experiencing Chronic Homelessness (CSPECH) program, <https://www.mhsa.net/sites/default/files/PFS%20Fact%20Sheet%20October%202018.pdf>, and the fact sheet on the Massachusetts Pay-for-Success initiative: <https://www.mhsa.net/sites/default/files/PFS%20Fact%20Sheet%20October%202018.pdf>

The roll out and expansion of the diversion program over the last few years has reduced the number of families entering shelter.

A similar program is available once a family enters shelter: cash assistance pays funds needed to get new housing—typically, rental start-up and a time-limited subsidy. The current rapid rehousing program, called HomeBASE, provides up to \$10,000 per family, a significant benefit. These funds serve as a replacement for shelter time for a family, enabling them to be in their own housing, while also buying time to work toward longer-term solutions: increasing household income, creating positive shared housing arrangements (that is, roommates), or moving along a wait list for affordable housing.

For the majority of families, this benefit enables them to move on from shelter. 46% of families regain housing within 6 months, and another 26% regain housing within a year. This is still a long shelter stay. But a real problem is that 28% of those in the family shelter system still remain for more than a year. 9% remain more than 2 years. And 3% are still in emergency shelter 3 years after they entered.<sup>18</sup>



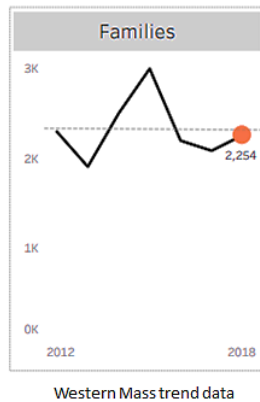
Many of these long-stayer families include a person with a disability.<sup>19</sup> These families frequently need more help than what the state’s HomeBASE program provides. HUD-funded supportive housing fills the gap by providing combined affordable housing plus supportive services for some of these families. But the current supply falls far short of the need. We urge all the partners in the room to work with us to create the supportive housing these families need. Other long-stay families are larger-than-average, making the HomeBASE program fall short of what the family needs to rent an adequate-size apartment. This is another area where housing providers can help provide the solution.

The number of families newly entering shelter is decreasing as the system builds capacity to safely divert families to other paths to housing. And the state’s HomeBASE rapid rehousing program is effective in assisting families that have entered shelter to move to their own housing.

<sup>18</sup> Homeless Management Information System (HMIS) administrative data reviewed by the Springfield-Hampden County Continuum of Care on November 11, 2018.

<sup>19</sup> *Id.*

We can't reduce family homelessness until we end long shelter stays



Despite these gains, and despite annual fluctuation, the overall number of people living in family emergency shelters has remained relatively stable in Western Massachusetts. This chart shows the annual point-in-time count from 2012 to 2018. As you can see, the trend line is flat. We think this is due to the long-stayers, the families who are stuck in shelter.

Locally, we think that the solutions for these families mirror those we are putting in to place for chronically homeless individuals. We need the housing resources from DHCD and the housing authorities, and we need the creative solutions

for supportive services. Network partners are ready to take on the matching role, but we need the state and housing authorities to provide the tools it takes to move these families out of shelter.

### Homelessness and Domestic Violence<sup>20</sup>

Massachusetts has a separate emergency and shelter system for families fleeing domestic violence. This system was created to provide short-term stays, safety planning, legal services, and advocacy for survivors.

This system has not had a focus on housing, and doesn't yet have the necessary rapid rehousing resources and system. Families enter shelter when they are fleeing violence, but many do not have the resources to move to independent housing, and they experience long stays, beyond what is needed to keep them safe. When families cannot move on, there are no openings for new families in crisis.

#### Link: Homelessness and Domestic Violence

- More than **80%** of homeless mothers present with a history of domestic violence
- MA DV programs are always **at capacity**, and must **say no to 85%** of hotline requests for shelter/housing

In many cases, the population served by the homeless system and the domestic violence system are the same. We are working locally to connect the dots and expand the **rapid rehousing options for those in the domestic violence system**. A recent policy decision to expand HomeBASE to families living in domestic violence shelters has been an important start. This resource needs to be expanded in scope and implementation to offer the intended benefit.

<sup>20</sup> Tie between domestic violence and homelessness: Aratani, Y. (2009). *Homeless Children and Youth, Causes and Consequences*. New York, NY: National Center for Children in Poverty; Massachusetts response: [http://janedoeinc.memberlodge.org/resources/Documents/Policy/Budget/FY19/Domestic\\_Violence\\_Fact\\_Sheet\\_2-27-18.pdf](http://janedoeinc.memberlodge.org/resources/Documents/Policy/Budget/FY19/Domestic_Violence_Fact_Sheet_2-27-18.pdf)

## How do we make homelessness NON-RECURRING?

We make sure that people have the supports they need to keep their housing.



Most people who experience homelessness have a relatively brief spell and move back to stable housing. But about 20% of the population experiences **chronic homelessness**. This is very long or repeated homelessness experienced by a person with one or more disabilities. The solution for this population is supportive housing.

Households that don't meet this high level of services may still need assistance. As mentioned earlier, we have a large affordable housing gap. But we do have a strong economy. So

for non-disabled people, the task is to connect them with employment and supports that sustain employment, including accessible and affordable child care.

### Supportive housing for people who have experienced chronic homelessness

**Many chronically homeless people need intensive support**, at least when they first move into housing. Supportive housing is a highly effective strategy that combines affordable housing with intensive coordinated services, usually delivered on-site, at the individual's apartment or home.

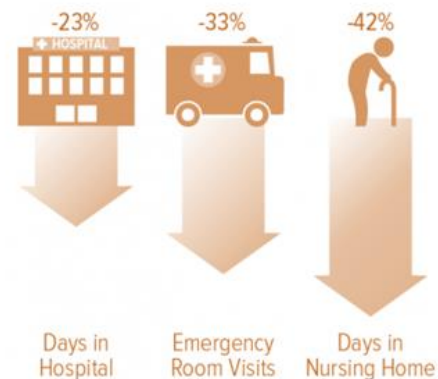
**Supportive housing saves money.** One study found that housing chronically homeless individuals in supportive housing translated in an annual decrease of 23% days in the hospital, 33% emergency room visits, and 42% days in a nursing home. Other studies have found improved health outcomes.

Massachusetts has been a leader in creating programs that support moving this population into supportive housing. Two key programs are the state-funded Home and Healthy for Good, and the state's negotiation of a Medicaid waiver that allows housing support services to be a Medicaid-covered expense.

In Hampden County, we are just starting a project that will support **data matching** among our systems to determine who these people are, and develop pathways to housing that prioritize these individuals. The goal is to have the housing ready so that these individuals can be housed instead of released to shelter.

At the moment, this conversation is taking place between the homeless and health care systems. We know that the sheriffs are similarly committed to identifying housing options available at release, so the next key step will be to expand the conversation to the corrections system.

#### Supportive Housing Saves Health Care Costs



## Mainstream Services provide critical supports

Most people who experience homelessness do not need supportive housing. But they still need some support.

### Accessing Mainstream Services



Often what they need is what the homeless system calls **Mainstream Services**. These are our safety net program, not created to respond to homelessness, but part of our response to needs throughout our community. **Mainstream Services** include employment and training programs, our early education and care system, community-based mental health services, and food security programs like SNAP.

While these programs exist for every eligible family—homeless or not homeless—families experiencing homelessness have a more immediate need to access them. To make this happen, we need to create special or expedited pathways to some services. A key example would be to make homeless families eligible for child care assistance immediately upon entry to shelter. This one benefit can make all the difference for a family’s ability to quickly become employed and housed.

## Making Connections, Making a Difference

Our local homeless response system is in the midst of change as we move to a model called **Coordinated Entry**.

This innovation shifts our response from many organizations to a single coordinated system. Key benefits of coordinated entry are that people in need access the same system and resources anywhere they go for help. In Springfield, this means access to the same array of housing resources, with the same eligibility requirements, whether someone goes to Catholic Charities, Way Finders, or the YWCA. In addition to making it easier for people in need, this system enables us to look at need across all people who need help, and prioritize those whose need is most urgent.

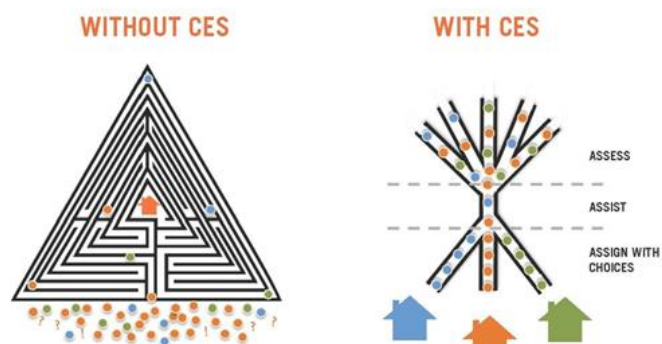
As you can imagine, it is difficult to align dozens of different agencies, each one of which has its own mission. But this work is well on its way, and has already included major system improvements.

### We’re making progress!

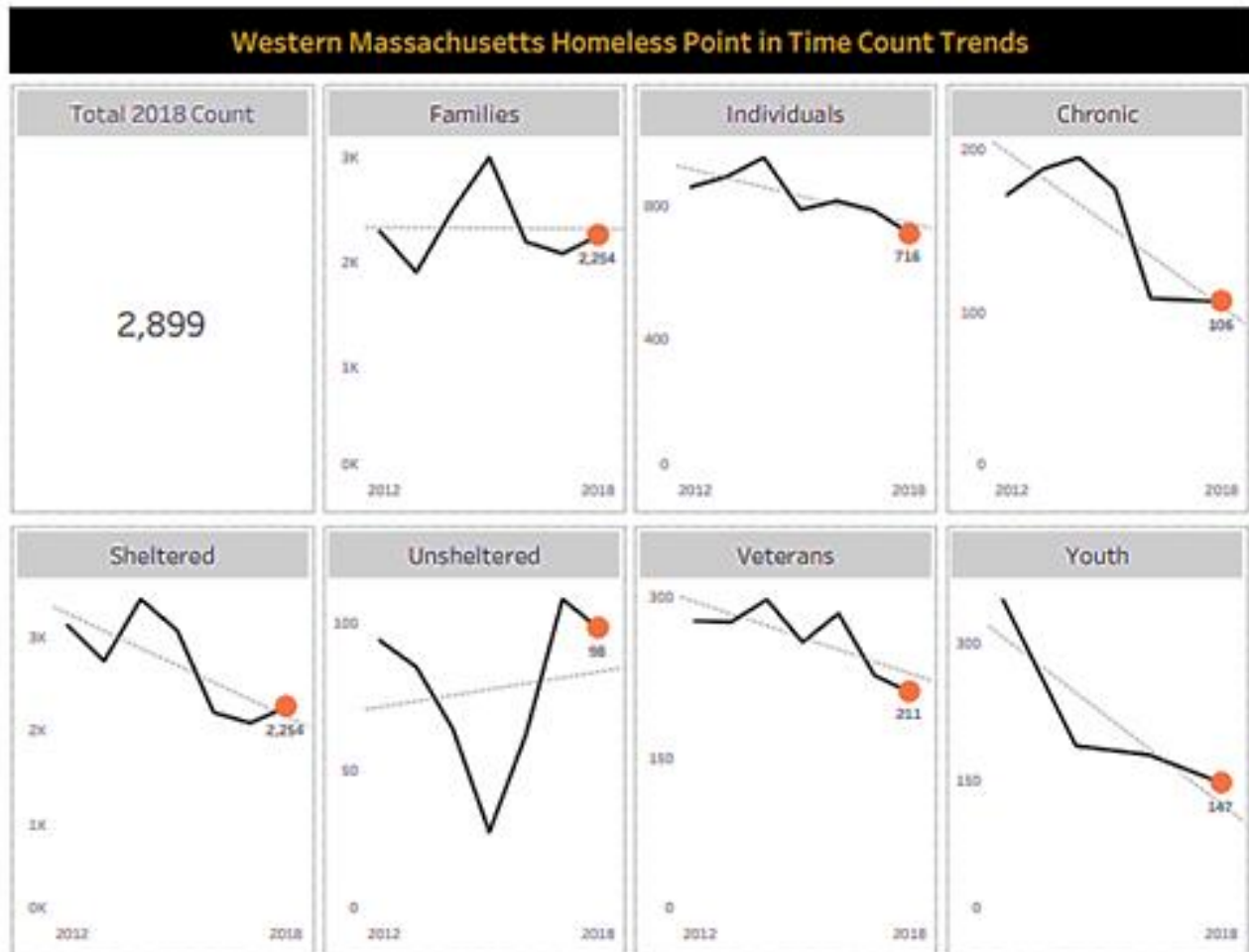
The Western Massachusetts Network to End Homelessness is advancing its mission by working at key intervention points to make homelessness **RARE, BRIEF, and NON-RECURRING**.

The issue is complex, and requires so many players to do their part. When the will and the coordination exist, significant progress is possible.

### Coordinated Entry System



The chart below shows trend data for multiple populations in Western Massachusetts. As discussed earlier, we are struggling to move the needle on family homelessness. But look at what’s been happening with other populations.



Since 2012, we have reduced **veteran** homelessness, **chronic** homelessness, and **youth** homelessness— all of which shows up in the overall reduction for individual homelessness. We have learned important lessons in making these gains, and we are excited to work with all of our partners to continue this progress and translate this progress to family homelessness.

## Next Steps: What We Can Do Now

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### Local Government

- Bring together city departments and local service providers
- Ask your local housing authority for dedicated housing units
- Take advantage of local crisis team intervention (CTI) mental health training for police officers

### DHCD, Housing Authorities

- Apply for Section 811 Mainstream Housing Choice Vouchers; target to chronically homeless
- Use homeless preference in a targeted way

### Health Care, Corrections

- Participate in data matching with homeless system
- Help build the coordinated entry system, which will be so important for Accountable Care Organizations (ACOs)

### State Legislators - Support the following:

#### Housing

- Increase funding for state rental assistance
- Increase funding for RAFT and Tenancy Preservation
- Enact zoning reform to foster affordable housing throughout all communities

#### Child Care

- Increase reimbursement rate for early educators
- Immediate access to child care for families in shelter

#### Employment

- Increase funding for Career Centers and Secure Jobs

#### Education

- Restore funds for adult education and ESOL

#### Mental Health & Substance Abuse

- Increase nightly "bed rate" for individual shelters
- Fund a statewide comprehensive police mental health training program
- Expanded Medication-Assisted Treatment (MAT)

#### Transportation

- Increase funding to transit authorities

#### Food Security

- Create single application for multiple benefits



## Before December 31, Let's Make This Happen:

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### **Massachusetts ID Bill**

*(Senate Bill 2568, House Bill 2737)*

Waive the \$25 Registry of Motor Vehicle fee

Accept alternative proof of residency from state and social service agencies

### **Bill of Rights for People Experiencing Homelessness**

*(Senate Bill 46, House Bill 695)*

The bill of rights would protect key rights of people experiencing homelessness, entitled them to the same rights as any other resident of Massachusetts.

## Get connected:

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Subscribe to the Network blog:

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