

City of Lowell

Partnership for Change:
Action Plan to End Homelessness
June 2008

Final Draft



City of Lowell
Division of Planning and Development
50 Arcand Drive/Lowell, MA 01852

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Dear Friends and Colleagues:

In January of 2007, the City of Lowell joined hundreds of cities and small towns across the nation in announcing that the City would begin the process of creating a 10-year plan designed to end homelessness in our community.

I'm proud to report that over the last year, a group of over 100 dedicated Greater Lowell partners have come together with the City to learn more about the challenges facing Lowell's homeless families, individuals, youth and seniors.

We've learned that when people are housed appropriately health and employment conditions improve, disruptive behaviors are minimized and interactions with the criminal justice system and high cost emergency medical services are virtually eliminated.

The Partnership for Change: Action Plan to End Homelessness is an ambitious undertaking that presents our community with an opportunity to move away from the current, high cost ineffective system of homeless shelters to the new--more cost effective--"Housing First" models of permanent supportive housing. It recommends new strategies to consider for preventing homelessness and getting those hardest to employ back to work.

More importantly it's based on the principle that there is nothing more important than having a home. For some it's a place at least to sleep, for the majority of those homeless a place to play with their children and for those fortunate, a place to age in place and enjoy their senior years in peace and safety.

The City of Lowell is committed to strong and vital neighborhoods, competent fiscal policies and innovative long-range economic and housing development investments. We are also committed to the safety and care of Lowell's neediest residents. Going forward as a community, our goal is to support and enhance successful homeless housing, shelter and service programs, holding them and us accountable to consumers, funders and to the Lowell community.

Thank you all for your service and commitment and I look forward to working with you to address these important objectives.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard F. Lynch". The signature is fluid and cursive, with a large initial "B" and "L".

Bernard F. Lynch
City Manager

Acknowledgements

The City of Lowell would like to extend special thanks to Suzanne Beaton and the staff at One Family, Inc., established by the Paul and Phyllis Fireman Foundation, for their leadership and generous support that has enabled the City to develop this ***Partnership for Change: Action Plan to End Homelessness***.

The City of Lowell would also like to acknowledge the leadership and valuable contributions made by the following individuals:

- ❑ Edward Cameron, Community Teamwork, Inc.
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- ❑ Dr. Wayne Pasanen, Lowell General Hospital
- ❑ Stephen Pearlschwig, Raytheon
- ❑ Juan Carlos Rivera, United Teen Equality Center
- ❑ Russell Smith, Lowell Small Business Assistance Center
- ❑ Kevin Willett, Washington Savings Bank
- ❑ Lynne Brown-Zounes, Lowell Senior Center

Special thanks also go to:

- ❑ 10-Year Plan Subcommittee members for their commitment to the goals of this Action Plan and for their willingness to share their considerable knowledge and expertise to see it through. A detailed list of all subcommittee members is included in the appendices.
- ❑ Stephen Pearlschwig from Raytheon for the creation of a process to prioritize and synchronize elements of the Action Plan.
- ❑ To Philip Mangano, the Executive Director of the United States Interagency on Homeless and all the great cities and towns in Massachusetts and nationwide who have led the way in finding solutions to the challenge of ending homelessness our deepest gratitude.

Executive Summary

This *Partnership for Change: Action Plan to End Homeless in the City of Lowell* marks the beginning of a decade of new initiatives and opportunities for Lowell and the Greater Lowell community to address the challenge of homelessness. As such, it opens what will be a continuing dialogue of difficult and complex economic and social choices, and housing affordability.

The Action Plan provides a broad roadmap to assess the current system of “managing” homelessness and explore the new, more innovative and cost effective “Prevention” and “Housing First” approaches that are greatly reducing and/or eliminating homelessness in communities all across America.

History of Modern Homelessness

Modern homelessness as we know it, started as a result of the economic stresses in society and the reduction in the availability of affordable housing, such as single room occupancies (SROs), for poorer people.

In the late 1970s, as a result of the passage of the Community Mental Health Act of 1963, the deinstitutionalisation of patients from state psychiatric hospitals began to become part of the homeless population, especially in urban areas.

The idea was that long term psychiatric patients would be released from state hospitals into SROs and sent to community health centers for treatment and follow-up. However, it never quite worked out properly and this population largely was found living in the streets soon thereafter with no sustainable support system.

In 1979, a New York City lawyer, Robert Hayes, brought a class action suit before the courts, *Callahan v. Carey*, against the City and State, arguing for a person's state constitutional “right to shelter”. It was settled as a consent decree in August 1981. The City and State agreed to provide board and shelter to all homeless men who met the need standard for welfare or who were homeless by certain other standards. By 1983 this right was extended to homeless women. (Wikipedia, 2008)

Thus the shelter system was born and has remained the principle means of addressing homelessness in America. Shelters, primarily those for homeless individuals, are night shelters only. In the morning, people are asked to leave the area and return in the evening to secure a bed. During the day many people congregate in public places and libraries and/or are banished out of sight to riverbanks, rail yards, under bridges and other places not meant for human habitation.

Since the 1980's, families have grown to represent nearly 50% of the homeless population, with veterans representing the largest percentage of homeless individuals.

Current Status

According to the 2008 *Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH (State Commission)* the cost to the state of families and individuals in shelter is as follows:

- For one family in shelter: \$3,000 per month/\$36,000 annually.
- One individual with a disability (i.e. substance abuse, mental illness, etc.): \$40,000 annually.

This expensive and flawed shelter system, for many reasons, is not working. Decisions made in the 1960s regarding the care of the mentally ill need to be revisited. New homeless subpopulations including those suffering from opiate and alcohol addictions, unaccompanied/runaway youth, and the elderly require new solutions.

With this in mind, the Federal government is asking communities across the nation to create 10-Year Plans to End Homelessness. Therefore, in January of 2007, City Manager Bernard F. Lynch convened an unprecedented group of public, private and non-profit leaders to develop a 10-year, multi-sector strategy to address concerns and recommend solutions to ending homelessness in the city.

A 16 member executive committee was formed, along with 8 subcommittees to produce an 8 point strategy that aims to:

1. Prevent homelessness.
2. End individual and street homelessness.
3. Rapidly rehouse families who become homeless and minimize the impact of homeless on children.
4. Identify at-risk youth and end youth homelessness.
5. Ensure that seniors can age in the community in peace and safety.
6. Move beyond shelter to housing.
7. Develop employment and educational assets.
8. Administer and oversee the Action Plan, measure progress and evaluate success.

Preventing Homelessness

In 2006, Community Teamwork, Inc. provided 2,068 individual and family households with a total of \$552,945 in one-time, targeted funding assistance (fuel and rental/mortgage assistance, car repairs, childcare) that kept them in their homes and working, and prevented them from falling into the incredibly expensive and inefficient homeless shelter system.

If these 2,068 households had fallen into the shelter system the cost to the state—for one month of shelter at \$3,000 per family--would have been well over \$6 million.

Ending Individual and Street Homelessness

Over the past decade, the methodology used to address homelessness has been based on the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care system. The CoC process begins by placing a homeless person in an emergency shelter, where the primary conditions of homelessness are stabilized and case managers assigned. Homeless "clients" are then moved through different "levels" of housing (i.e. transitional, respite/recovery, congregate, etc.) until they are deemed housing ready.

The problem with this system is that without access to appropriate "affordable housing" clients can languish within the shelter system for years and/or cycle in and out of shelter over extended periods of time.

Housing First is a relatively new initiative that moves homeless people immediately from the streets or homeless shelters to their own place their own home. Research shows that, not only is the *Housing First* approach a more humane and successful approach to ending homelessness—but it also houses people for less than half the cost of placing a family or individual in a homeless shelter.

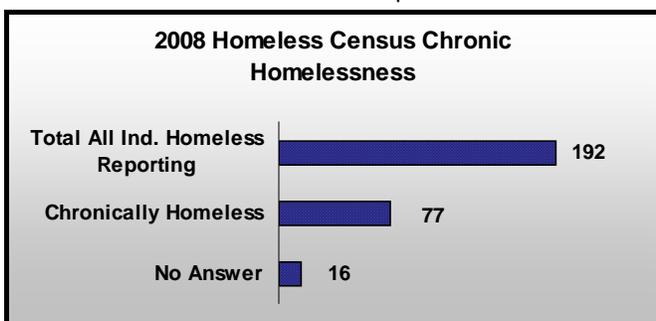
For individuals with disabilities, housing with supportive services is more cost effective and less disruptive to the community than shelter programs. It reduces or eliminates the ongoing cycle of jail time for unacceptable community behaviors, ambulance calls, hospital emergency room visits and hospitalization, court appearances and incarcerations.

Data on 4,697 people who were homeless with psychiatric disorders who had been placed in supportive housing in New York City between 1989 and 1997 showed a marked decrease in shelter use, hospitalizations, length of stay in hospital and time incarcerated. Savings after housing placements included:

- \$16,282 per person in services
- \$3,779 per person in shelter costs

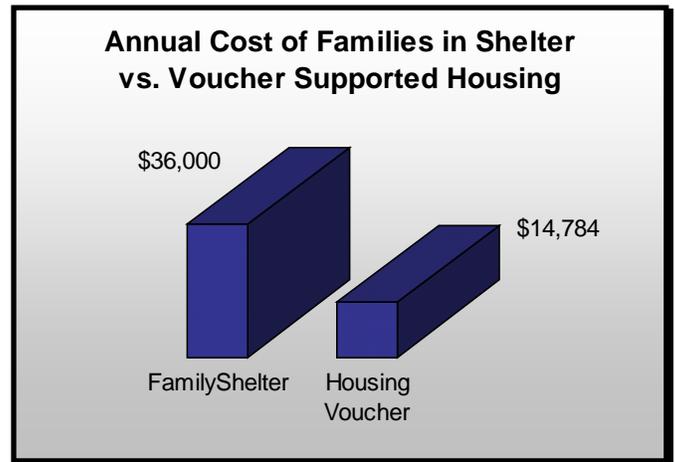
These savings funded 95% of the shelter cost of building, operating and providing supportive services for housing. (Culhane 2006)

According to Lowell's 2008 Homeless Census there were 208 individuals homeless at that point in time.



Rapidly rehouse families who become homeless and minimize the impact of homeless on children

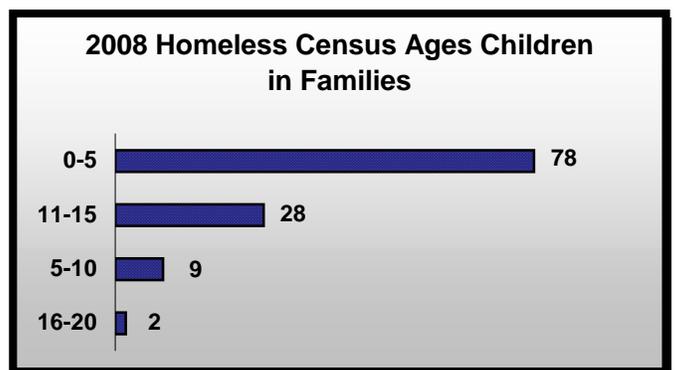
Homelessness comes at an incredible cost to families and to society. The annual cost of an emergency shelter bed at \$36,000 is more than twice the annual amount of a Section 8 housing voucher at \$14,784 (2008 HUD FMR 2 bedroom unit).



The long-term impact of homelessness on children is more difficult to determine.

Homeless children rarely stay in the same school for a full year. They usually do not have a primary health care provider that they see on a regular basis, and they frequently suffer more incidences of severe health and mental health disorders.

Lowell's 2008 Homeless Census identified 189 persons in families as homeless. Children represent 62%; the majority of these are under 5 years old.



Identify at-risk youth and end youth homelessness

The same factors that contribute to adult homelessness such as poverty, lack of affordable housing, low education levels, unemployment, mental health and

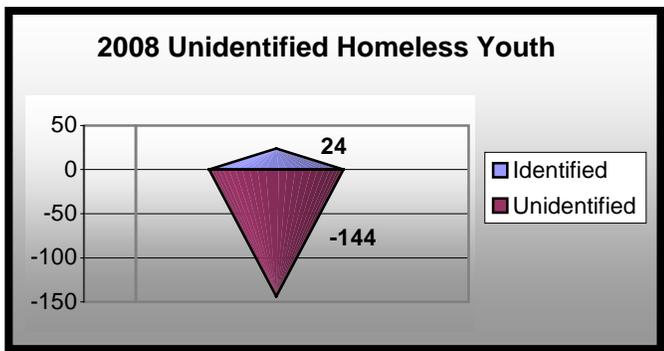
Beyond those factors, the phenomenon of youth homelessness is largely a reflection of family dysfunction and breakdown, specifically familial conflict, sexual and physical abuse and disruption. (National Partnership to End Youth Homelessness, 2006)

Many youth become homeless due to systems failure of mainstream programs like child welfare, juvenile corrections, and mental health programs. When youth 16 and older “age out” of foster care or are released from juvenile detention centers, they enter into society with few resources and numerous challenges. As a result, former foster care children and youth offenders are disproportionately represented in the homeless population. Some youth reconnect with parents and guardians in homeless shelters. (National Partnership to End Youth Homelessness, 2006)

According to the National Partnership to End Youth Homelessness, homeless youth programs are cost effective alternatives to more expensive out-of-home placements like treatment facilities, group homes, foster care, juvenile corrections, custodial care, treatment, and/or arrests. The average cost of serving a youth in a transitional living project is approximately \$8,810—less than half the minimum cost of serving youth through the child welfare or juvenile justice systems with average annual cost ranging from \$25,000 to \$55,000 per youth.

A Snapshot of Homelessness in Massachusetts Public Schools: 2005 Massachusetts Youth Risk Behavior Survey and Massachusetts Annual Homeless Enrollment Data states that for every homeless student that is being reported there are 6-7 who are not being identified

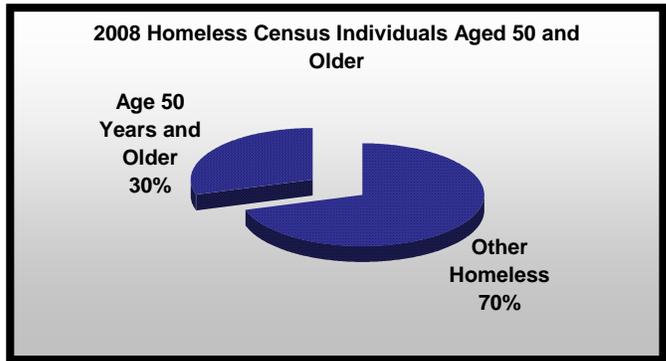
Lowell Count data for youth



Ensure that seniors can age in the community in peace and safety

According to the 2000 Census, 10% or 1,420 of Lowell's elderly population live below the poverty line. Among this population of older adults living in poverty are people forced to grow old on the streets and in shelters or who remain at constant risk of losing their housing.

Definitions of aged status of the homeless vary from study to study. However, there is a growing consensus that persons aged 50 and over be included in the “older homeless” category. Homeless persons 50-65 frequently fall between the cracks of government safety nets. Their physical health, assaulted over time by poor choices, poor nutrition and severe living conditions, may resemble that of a 70 year old. (National Coalition for the Homeless 2007)



However people who experience homelessness for long periods of time simply do not reach age 62 as often as the general population, accounting for their small numbers within the homeless population (HUD, 2007). In all case studies evaluated by HUD, the average life expectancy for a person without permanent housing was placed between 42 and 52, far below the country's average age of 80 years.

Over the next two years the Lowell Senior Center, in cooperation with the University of Massachusetts at Lowell, local sponsors and volunteers, will survey all seniors 60 years of age and older.

The data will be used to create new and/or enhance existing programs designed to support residents' ability to age in place and enjoy their senior years in peace and security.

Moving Beyond Shelter to Housing

The social costs of homelessness are huge, both for society and for homeless individuals and families. As stated earlier, the State Commission report maintains that it costs the state an “average of \$36,000 annually to house a family with services in shelter and approximately \$40,000 for each homeless individual with disabilities.

This Action Plan agrees with the State Commission's report that “to move beyond shelter a transition strategy must be created that outlines the necessary steps to replace the decade-old system of ad hoc and disparate emergency responses to homelessness with a coordinated and consolidated plan for permanent solutions to homelessness involving housing, economic development, and job creation.”

A better more cost effective solution to address homelessness is to provide decent, safe, appropriate and affordable housing for homeless families, seniors, youth and individuals with disabilities.

However as we plan to begin emptying shelters, we must also devise a long-term strategy to keep them from filling up again.

Develop employment and educational assets

The goal of this component is to provide individuals who are homeless or at risk of becoming homeless with the resources and support necessary to obtain and maintain a job with sufficient income to afford decent housing. However many of these individuals are very low skilled and hard to employ for a variety of reasons.

According to the U.S. Department of Labor's Career One Stop *Pathways to Career Success Model*: Most people learn the life skills needed to succeed in mainstream economic life at a very early age from parents, other family members, and school. These "Personal Effectiveness Competencies" include: interpersonal skills, integrity, professionalism, initiative, dependability and reliability, and the willingness to learn.

These competencies are difficult to assess and teach; they are primarily learned through modeling and by example.

This Action Plan aims to address these issues and to start where people are and build economic and educational assets gradually. Developmental best practice recommends providing opportunities for growth that are challenging yet more likely to result in success than failure (Bandura, 1994). Failure—particularly repeated failure—tends to result in a decrease of effort; success—particularly if it is not too easy—tends to build a sense of self-worth. (Project Match, 2007)

Considering the chronic problems of poor health, low job skills, limited experience, poor education, troubles with the law, stereotypes and social stigma associated with homelessness and disability, the difficulty in seeking meaningful employment and a livable wage by a homeless person with a disability appears insurmountable and overwhelming. (Boston University, 2006)

In addition, barriers to achieve and sustain employment for many low-income residents and those who are homeless or at-risk of becoming homeless are numerous. They include, but are not limited to: the lack of affordable transportation and service that runs off peak hours (after 6:00 P.M. to accommodate night shifts and weekend jobs); safe, affordable and dependable childcare; and access to a job with a living wage.

Administration and oversight of the Action Plan, measure progress and evaluate success

To achieve the goals of this Action Plan and oversee a scattered array of human service homeless, housing and service providers' efforts requires the ability to collect, analyze, update and maintain good information, as well as, protocols designed for uniform assessment.

HUD and the Commonwealth of Massachusetts require all programs that receive federal and state funding to contribute information to the Commonwealth's SHORE Homeless Management Information System (HMIS). The system is used to track client outcomes, duplications in services, program performance and analysis, and can be used to perform cost benefit analysis of *Housing First* vs. shelter strategies. Because of the complexity of the system and lack of adequate data collection systems and staff resources, many non-profit housing and service providers have difficulty meeting HMIS compliance standards. As a result, most major cities in Massachusetts (Boston, Springfield, Quincy, Worcester, Cambridge) have purchased systems and are assisting non-profit programs with reporting requirements.

Regarding infrastructure development, management and oversight, at present there is a volunteer Systems Analysis subcommittee that will be expanded to oversee the work of the Action Plan. However the scope of the challenge may require more city involvement. Currently, the Division of Planning and Development oversees human service programs funded by HUD's Community Development Block Grant, Housing Opportunities for Persons with AIDS, McKinney-Vento Homeless programs, Emergency Shelter Grants and HOME program. Of the over \$14 million in human service and homeless programs that comes into Lowell each year, this oversight represents less than 10% of the total funding. The Commonwealth and Federal government are responsible for the administration and oversight of the majority of the programs funded.

The Action Plan recommends strategies to explore with state and federal officials opportunities to improve communication regarding their programs that are located in the City.

Conclusion

More than 100 individuals from the Greater Lowell Community have participated in the creation of this Action Plan and are recommending further action on the items detailed within.

Over the years, the best minds in the City of Lowell and the Greater Lowell region have led this city to great achievement and national recognition. The continued commitment of public, private and non-profit partners, along with Lowell's historic energy and innovation, access to good data and the availability of adequate funding, can end homelessness in our community.

Introduction

Background

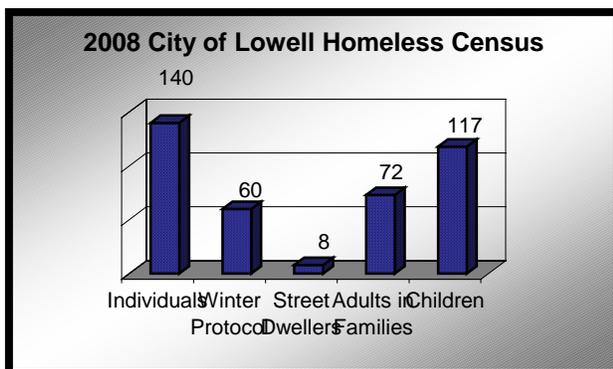
The City of Lowell, Massachusetts, is the fourth largest city in the Commonwealth of Massachusetts with a population of 105,167 (2000 U.S. Census). It's located in Middlesex County approximately 25 miles north of Boston.

Lowell has an extensive array of homeless, housing, shelter, and services programs. In 2008, it's estimated that just over \$14 million from public and private sources will be spent on homelessness in Lowell. Overall 62% will be dedicated to emergency shelter, transitional housing and supportive services, 34% to existing permanent supportive housing units and projects under development, and 4% will be dedicated to programs that prevent homelessness.

2008 City of Lowell Homeless Census

On January 30, 2008, Lowell joined cities and towns nationwide to complete the U. S. Department of Housing and Urban Development's (HUD) Annual Homeless Census. The census is a "point-in-time" survey a "snap shot" of Lowell's homeless population and does not represent the total number of people who are experiencing homelessness annually in the city.

According to census, there were 397 people homeless in the city of Lowell.



At that point-in-time, the availability of 280 units of housing--some with wraparound services (i.e. case management, childcare, behavioral health management assistance, etc.) and a housing voucher--could have ended homelessness in the city. However the vast majority of resources are focused on maintaining the shelter system. The *Partnership for Change: Action Plan to End Homelessness* presents an opportunity to discuss long-term solutions.

Causes of Homelessness

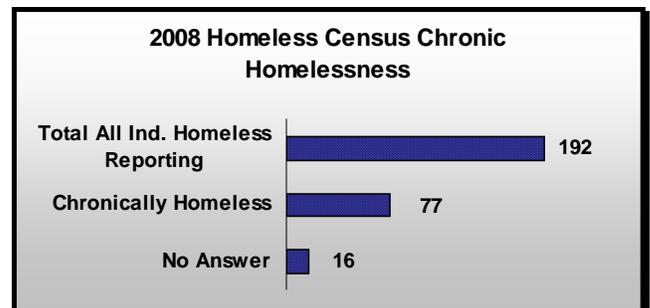
Homelessness is more than being without a home; it represents the most extreme breakdown of our housing and social service system. The homeless can be broadly classified as those who have suffered a crisis of poverty or those afflicted with chronic disabilities (medical, mental health and/or substance abuse). As a result of abject poverty and emotional, physical, and family difficulties, the homeless generally have low self-esteem, feel little sense of accountability, and suffer from hopelessness. Homelessness means that an individual is separated from the community and its family, social, and institutional networks. (HUD Report to Congress, 2005)

Federal Priority: Ending Chronic Homelessness for Individuals

The current national discussion recommends that jurisdictions move from merely "managing" homelessness to "ending" homelessness. The priority of the Federal government is specifically to end "chronic" homelessness, described by HUD as: "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. "

Those who are chronically homeless move in and out of shelter, detox, hospital emergency rooms, jails and courthouses at great expense to taxpayers and without lasting benefit to the quality of their lives. There is a shared belief that supportive housing stops this cycle by reducing homelessness, reducing reliance on expensive emergency room services, and increasing stability, health and mental health among the chronically homeless. (Uniting for Solutions Beyond Shelter, NY 2003)

According to the City's 2008 Homeless Census, 77 people (representing 40% of the individual homeless population reporting) met these criteria. Most are street dwellers.



State Initiatives

Many of the strategies recommended for consideration in this Action Plan directly correlate to those proposed by *the 2008 Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH (State Commission)*.

For example: The goal of moving from a shelter based system of addressing homelessness to one based on housing and the prevention of homelessness.

In FY 2002, 80% of state resources to address family homelessness were allocated for emergency shelter and related services, while only 20% were allocated for prevention (Clayton-Matthews Massachusetts in and Wilson, 2003).

The new system proposed in the State Commission's report, converts this equation with prevention becoming a larger part of the response, along with rapid re-housing for those in emergency shelter, and permanent housing supports and services.

The State Commission concluded that if these funds were ultimately redirected towards permanent housing for families and individuals, these currently homeless people could be successfully housed—at a far more cost-effective use of resources.

Taking Action

In January of 2007, City Manager Bernard F. Lynch convened an unprecedented group of public, private and non-profit leaders to develop a 10-year, multi-sector strategy to address concerns and recommend solutions to ending homelessness in the city.

A 16 member executive committee was formed, along with 8 subcommittees to produce an 8 point strategy that aims to:

1. Prevent homelessness.
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8. Administer and oversee the Action Plan, measure progress and evaluate success.

If adopted, these strategies can enhance and/or redesign the current approach to addressing homelessness such as:

- Creating a roadmap that recommends investments in prevention programs and other housing and services solutions.
- Bringing public and non-profit agencies together to reduce uncoordinated discharges from state and medical institutions that result in homeless.
- Ensuring access to shelter and services for those in need, and holds providers, consumers and government agencies accountable to the community for their success.
- Raising the level of public awareness and community involvement to challenge generally accepted stereotypes and conditions.

Next Steps

Following the release of this plan, a full implementation strategy will be developed. It will identify responsible persons/agencies for each "Action Team"; create an administrative oversight committee and organizational plan; prioritize/synchronize elements of the Action Plan; and determine annual targets and performance measures to gauge progress in achieving recommended goals.

Reading the Plan Please Note:

- Lowell's 10-Year Plan to End Homelessness is comprised of two phases:
 - Phase I: The Action Plan
 - Phase II: The Implementation Plan
- The "Next Step" action items, detailed in each set of tables for the 8 components of the plan, are listed in no particular order. Priorities will be identified and timelines determined in the Implementation Plan.
- Recommended actions in the "Taking Action" columns include, but may not be limited to, all actions that an Action Team may deem important to consider.



Prevent Homelessness

THE CHALLENGE

Prevent Lowell families, seniors, youth and individuals from becoming homeless.

Who Is At Risk Of Becoming Homeless In Lowell?

According to the U.S. Census Bureau's 2000 Census, 22,500 people in Lowell are living at or below the poverty level. The federal poverty level is a gross income of \$17,170 for a family of three and \$10,210 for an individual.

Most of those working in these households are working at or just above minimum wage. In Massachusetts the minimum wage is \$8.00 an hour or an annual salary of \$16,640—before benefits and taxes are deducted. According to the Federal Government an average of 34% is deducted from individual paychecks for a combination of taxes, medical benefits, and pension. If these benefits were offered to this individual the net salary remaining to pay for housing, utilities, food, clothing, transportation, etc. would be approximately \$10,982.

These households may be in danger of homelessness as they are probably paying more than 50% of their income for housing and may have to choose between paying their rent/mortgage, utilities, credit card debt and other daily living costs such as clothing, food, health care and transportation. They're one unexpected crisis of health, flood or fire away from becoming homeless.

According to the U.S. Census' most recent American Housing Survey (2005), the number of working families paying more than half of their income for housing increased 87 percent ...the number of renters paying more than half their income for housing rose 103 percent.

Affordable Housing vs. The High Cost of Shelter

The State Commission estimates that families in shelter cost the state an average of \$36,000 annually, and individuals in shelters with disabilities can cost as much as \$40,000 per person annually.

Therefore, if these at risk families and individuals were to become homeless and enter the shelter system the costs would be staggering.

THE SOLUTION

In 2006, Community Teamwork, Inc. provided 2,068 individual and family households with a total of \$552,945 in one-time, targeted funding assistance (fuel and rental/mortgage assistance, car repairs, childcare) that kept them in their homes and working, and prevented them from falling into the incredibly expensive and inefficient homeless shelter system.

If these 2,068 households had fallen into the shelter system the cost to the state—for one month of shelter at \$3,000 per family--would have been well over \$6 million.

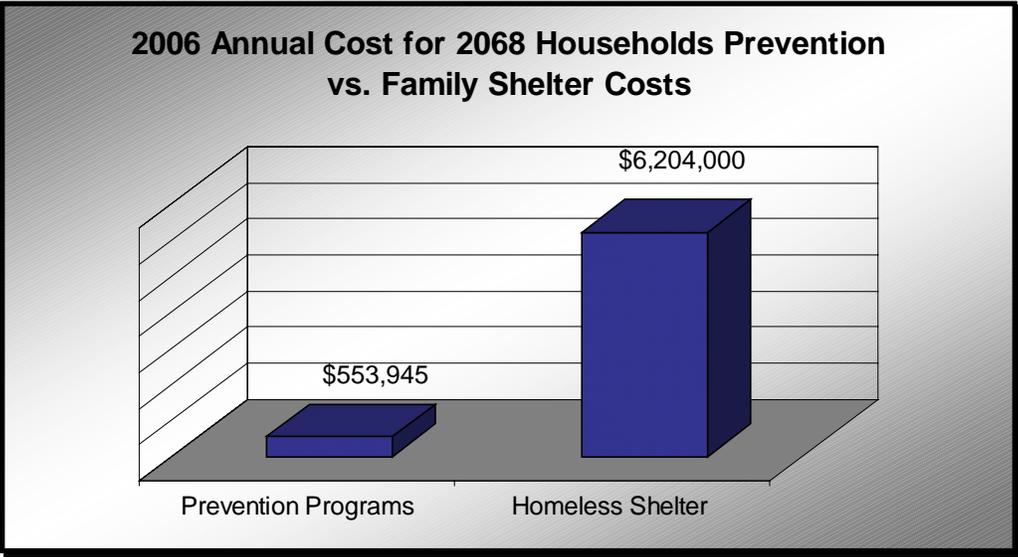
Studies indicate that of the homeless families sheltered by the Department of Transitional Assistance (DTA) in Massachusetts, 20-25 percent stay (in shelter) for close to 15 months. (Culhane, 2006).

Prevention works—it's cost effective.

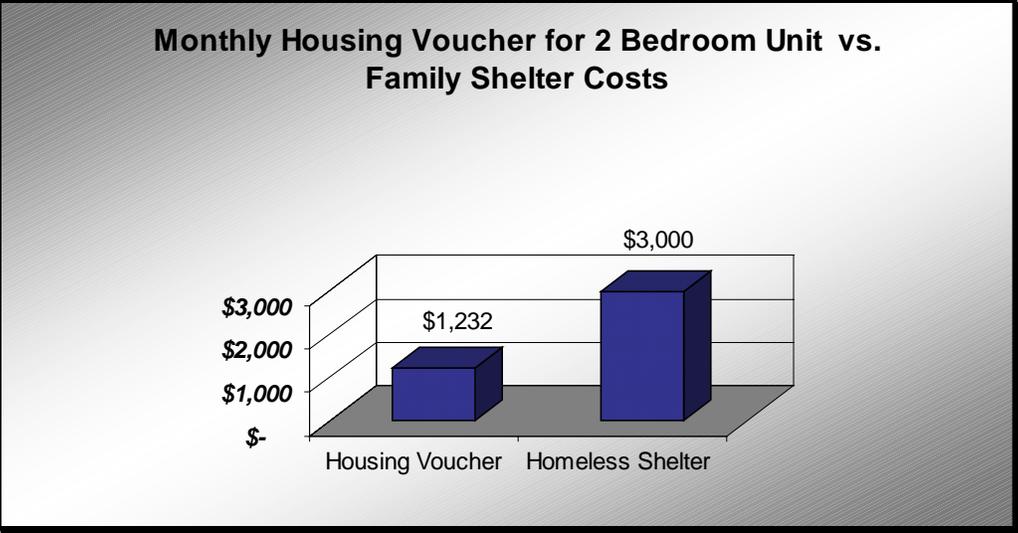
The initiatives and action steps outlined in this section will:

- Advocate for increased access to flexible short-term rental assistance.
- Create an "Early Warning System" to catch households before it's too late for intervention.
- Track foreclosure and preforeclosure prevention strategies/programs.
- Develop coordination system for supportive services (i.e. RepPayee, childcare, etc.).
- Launch a public awareness campaigns geared to preventing homelessness.

In addition, research on "Best Practices" and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.



*Source Community Teamwork, Inc.: 2006 total funding for homeless prevention programs including: fuel assistance; first, last months rental assistance; emergency assistance (car repair, boiler repair) etc.



*A Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH estimates that "providing shelter to a homeless family costs the state an average of \$98 per night."

*Housing Voucher Source: 2008 US Department of Housing and Development Fair Market Rent for 2 bedroom unit.

Prevention: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Identify and Assess all Programs and Services Designed to Prevent or Eliminate Homelessness</p>	<p>Community Teamwork, Inc. (CTI) is a private, non-profit Community Action Agency and a regional non-profit housing agency offering an array of housing opportunities and supportive services to low-income families.</p> <p>In 2004 Community Teamwork, Inc. created the Stabilized Housing for Individuals and Families in Transition (SHIFT) Coalition to focus on homeless prevention.</p>	<p>Action Team 1:</p> <ul style="list-style-type: none"> ❑ Identify and assess all prevention programs and services to include, but not be limited to: <ul style="list-style-type: none"> o Adult education, o Employment training and placement, o Family stabilization and reunification services, o The head start program, child care and after-school services, o Substance abuse and mental health counseling and treatment, o Primary and preventive health care services, o Post-criminal justice rehabilitation and reintegration services, o Housing and rental assistance, energy and conservation assistance, o Group adult foster care, and o Other elder home care services and nutrition*; ❑ Identify gaps in the system; ❑ Develop a system to track access to services, performance and output; ❑ Research nationwide "Best Practices" and state initiatives; and ❑ Make recommendations (if needed) to create new, expand and/or enhance existing prevention programs.
<p>2. Develop an "Early Warning System" to identify Renters and Homeowners at risk of becoming homeless</p>	<p>An "Early Warning System" that works with property owners and utility companies to provide proactive eviction prevention services, does not now exist.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> ❑ Identify landlord, human service and utility partners; ❑ Research nationwide "Best Practices" and state initiatives; ❑ Establish safeguards to ensure client and landlord protection and confidentiality; ❑ Establish new or enhance existing mechanisms to engage/educate landlord community and Housing Court about availability and benefits of prevention resources. ❑ Establish performance and outcome measurements; ❑ Identify funding sources.

Prevention: Action Steps

The Next Step	Current Status	Taking Action
<p>3. Increase Access to “Short Term” Financial Assistance for Families with Barriers to Housing (First and last month rental assistance, supportive services, fuel assistance) To Rapidly Move Families from Expensive Shelter to More Cost Effective Permanent Supportive Housing</p>	<p>Homeless shelter and housing providers do offer some short-term (6-months) or one time only rental assistance to help their clients move to permanent housing.</p> <p>In addition, Community Teamwork, Inc., oversees several federal, state and local programs to assist families and individuals to overcome barriers to housing.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> ❑ Identify all programs offering “Short term” assistance to access/retain housing; ❑ Create a matrix; ❑ Identify gaps, funding and staff requirements; ❑ Track new state flexible funding initiatives; ❑ Advocate for more funding; and ❑ Create benchmarks and performance evaluation and outcome measures.
<p>4. Identify All Federal, State, and Community Based Preforeclosure and Foreclosure Prevention Efforts and Services</p>	<p>Since 2006, Lowell bankers, Lowell Development and Financial Corporation, Northern Middlesex Registry of Deeds, Community Teamwork, Inc. and non-profit groups have been working to address the challenges of the national housing crisis and develop strategies for foreclosure prevention.</p>	<p>Action Team 4:</p> <ul style="list-style-type: none"> ❑ Develop a matrix of existing preforeclosure and foreclosure programs and efforts, track performance; ❑ Track and assess banking sector/Real Estate and government actions; ❑ Research nationwide “Best Practices” and state initiatives; and ❑ Make recommendations (if needed) to create new, expand and/or enhance existing prevention, mediation, preforeclosure and foreclosure services. ❑ Report findings.
<p>5. Identify All Legal and Mediation Services, and Tenant Preservation Programs that are Available to Residents At Risk of Homelessness; and Explore Opportunities to Work with Northeast Housing Court on Homelessness Prevention</p>	<p>Currently the system provides some legal assistance once eviction proceedings are in process.</p> <p>In addition, some non-profit housing providers offer tenant/landlord mediation and housing counseling.</p> <p>However, families, seniors, youth and individuals often wait too long to reach out for the limited assistance that is currently available to them.</p> <p>Once they fall into the shelter system, it’s more difficult and much more expensive to get them back on their feet and into housing.</p>	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ Identify and create a matrix of legal and mediation services /programs available in the region; ❑ Research nationwide “Best Practices” and state initiatives; ❑ Explore opportunities to work with Northeast Housing Court on homelessness prevention: <ul style="list-style-type: none"> o Conducting case conference to address eviction related issues in advance of eviction proceedings; o Identify troubled properties in need of services: and ❑ Identify gaps; ❑ Report on finding.

Prevention: Action Steps

The Next Step	Current Status	Taking Action
<p>6. Develop a Coordinated Referral System for Childcare, and Budget/Credit Assistance, Medical and Representative Payee Programs</p>	<p>The Child Care Circuit has a complete list of all licensed home based and center based providers. In addition several organizations offer assistance with childcare, legal assistance, and financial remediation and assistance.</p> <p>However, more hands-on and detailed assistance is required. For example, over \$2 million in Social Security Insurance and Social Security Disability Insurance is received annually by over 3,000 Lowell residents, the majority of whom can not manage their own finances.</p> <p>An increase in Representative Payee programs, that assist residents on a daily basis to monitor their finances and ensure that bills are paid and housing stabilized, is critical.</p>	<p>Action Team 6:</p> <ul style="list-style-type: none"> ❑ Identify and assess performance and capacity for all programs; ❑ Assess need for childcare, medical, budget/credit and Rep. Payee programs; ❑ Determine cost benefits of the services; ❑ Identify all children at risk of homelessness; ❑ Research nationwide “Best Practices” and state initiatives; ❑ Identify gaps in the system; ❑ Develop Coordinated Referral System, ❑ Identify financial education, and Individual Development Account programs; ❑ Report findings, and recommend cost estimates for any that propose new initiatives.
<p>7. Launch an advocacy/public awareness/educational programs on Prevention of Homelessness</p>	<p>Community Teamwork’s successful annual “Carnival” event promotes, raises awareness and funding for prevention programs.</p>	<p>Action Team 7:</p> <ul style="list-style-type: none"> ❑ Develop additional public awareness /educational campaigns for homeless prevention; ❑ Create promotional materials; ❑ Explore the creation of 1-800 Information Hotline; ❑ Research nationwide “Best Practices” and state initiatives; ❑ Recommend additional kinds of campaign ideas and educational programs; ❑ Identify timelines, potential partners, media outlets and funding sources.



Ending Individual and Street Homelessness

THE CHALLENGE

Moving beyond homeless stereotypes; eliminating the streets, shelters, prisons and houses of correction as housing for the mentally ill and chemically dependent; and making sure that homeless veterans are taken care of and housed.

Moving Beyond a Shelter Based System

The State Commission estimates that it costs the state an “average of \$1,000 per month” to house a homeless individual in shelter.

This amount per individual does not include the total cost of case management or other ancillary shelter services, the high costs of recurring medical, substance abuse and mental health related expenses, multiple ambulance costs and emergency visits and/or multiple criminal justice system costs associated with chronic arrest patterns, court costs, and cycles of incarceration.

Homeless individuals and street dwellers can experience multiple medical and criminal system interactions each week.

Therefore, the State Commission and other national studies put the actual costs per homeless individual in shelter at over \$40,000 annually.

Homeless Veterans

According to the Lowell’s 2008 Homeless Census, 22% of Lowell’s homeless individuals are veterans.

THE SOLUTION

Housing with supportive services is more cost effective and less disruptive to the community than shelter programs.

Data on 4,697 people who were homeless with psychiatric disorders who had been placed in supportive housing in New York City between 1989 and 1997 showed a marked decrease in shelter use, hospitalizations, length of stay in hospital and time incarcerated.

Savings after housing placements included:

- \$16,282 per person in services
- \$3,779 per person in shelter costs

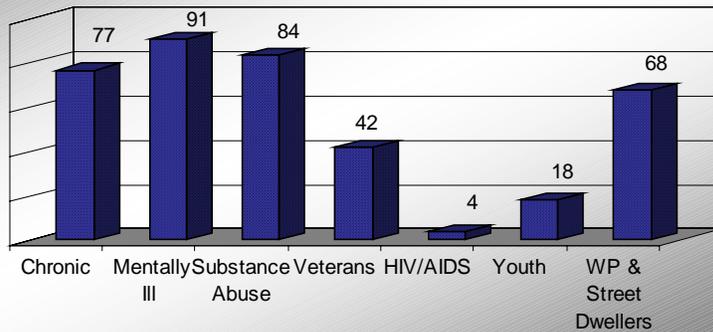
These savings funded 95% of the shelter cost of building, operating and providing supportive services for housing. (Culhane 2006)

The initiatives and action steps outlined in this section will:

- Build upon *Housing First* strategies that directly place people in housing.
- Focus on homeless veterans.
- Coordinate discharge planning from correctional, medical and mental health institutions.
- Create multidisciplinary teams of medical, mental health and criminal justice officials to focus on reducing street and individual homelessness. Explore opportunities to enhance/expand the duration of detox and drug rehabilitation programs.

In addition, research on “Best Practices” and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.

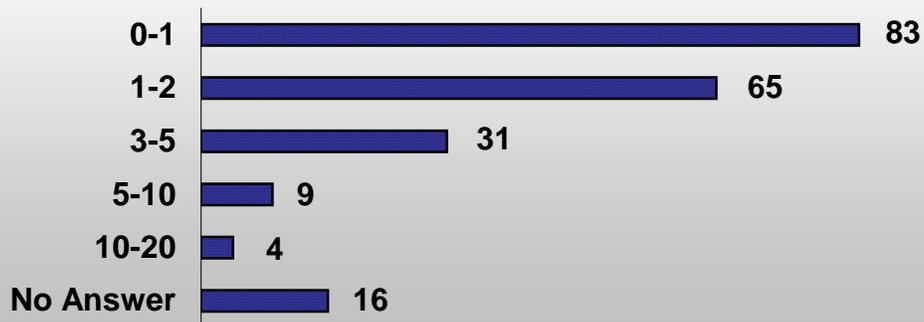
2008 Individual Homeless Census Subpopulations



*Source 2008 City of Lowell Homeless Census

*Note the youth count given above reflects HUD's recognition of youth as 18 and under. The Youth Subcommittee for this Action Plan recognizes youth as 23 and under.

2008 Homeless Census Duration of Homelessness for Individuals (Years)



*Source 2008 City of Lowell Homeless Census

Individual & Street Homelessness: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Street Homelessness: Develop a Strategy to Reduce Street Homelessness</p>	<p>Two outreach programs in the city seek out street dwellers and encourage them to enter shelter.</p> <p>In addition, outreach workers visibly check on the general health and mental stability of each person and provide them with one bag lunch per day (if they can be located) and some clothing.</p> <p>The number of street homeless individuals is difficult to determine, due to lack of adequate data collection systems and the fact that many homeless individuals living on the streets, or in places not meant for human habitation, are difficult to track—continually moving from one place to another.</p> <p>Currently, street dwellers are considered a fact of life in cities.</p>	<p>Action Team 1:</p> <ul style="list-style-type: none"> ❑ Undertake an inventory and analysis of all current outreach staffing levels, policies /procedures and performance outcomes; ❑ Research national “Best Practices” and state initiatives including: <ul style="list-style-type: none"> o Medical and mental health, o <i>Housing First</i> strategies; o Multi-disciplinary outreach teams of medical and mental health professionals; ❑ Develop a cost benefit analysis living on the street vs. housing; ❑ Recommend strategies to: <ul style="list-style-type: none"> o Create new or expand existing programs, and o Establish performance evaluation and outcome measures (If needed). ❑ Identify Funding sources
<p>2. Assess Shelter and Housing Programs for Individuals at Lowell Transitional Living Center and Recommend Changes to Close and/or Greatly Reduce Population Density Onsite by Moving Individuals to Appropriate Housing</p>	<p>Lowell Transitional Living Center serves hundreds of homeless individuals annually.</p> <p>The City has just completed a comprehensive management and operational assessment of programs at LTLC. The Division of Planning and Development is working with the LTLC’s Board of Directors to assist them in upgrading data collection, management and performance standards; and in moving beyond a shelter-based homeless assistance model to a permanent supportive <i>Housing First</i> model.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> ❑ Work with the City, HUD, the MA Department of Transitional Assistance, United Way and the Massachusetts Housing and Shelter Alliance to explore options for reducing population density at LTLC.
<p>3. Adopt: State Commission’s Nomenclature of “Tiers” to Characterize Individual and Street Dweller Subpopulations and Design Specific Categories of Responses</p>	<p>Currently, individuals and street dwellers are assisted on a case-by-case basis.</p> <p>The State Commission’s new “Tier” system does not advocate changing this protocol. However, it does recognize that individuals fall into 4 basic tiers or categories.</p> <p>Assessing commonalities in an individual’s ability to sustain permanent housing provides an opportunity for the creation of more specialized and cost effective programs.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> ❑ Develop a process to implement Commission’s “Tier” Individual characteristics model (See Appendix D); ❑ Identify and incorporate an array of comprehensive services for each Tier; ❑ Identify and provide discreet programming for the hardest to serve individuals and street dwellers; ❑ Develop standardized materials; and ❑ Recommend strategy to implement new system.

Individual & Street Homelessness: Action Steps

The Next Step	Current Status	Taking Action
<p>4. Develop a <i>Housing First</i> Strategy for Moving Homeless Individuals in Shelter Towards Rental Assistance, Rapid Re-Housing and Permanent Supportive Housing Programs</p>	<p>For the past 20 years homeless individuals have been housed in emergency shelter sleeping in cots 24 inches apart.</p> <p>Shelters were created as an “emergency” response not as permanent housing. The longer an individual remains in shelter the more difficult it becomes for them to achieve and sustain permanent housing—without housing subsidies and supportive services.</p> <p>National studies put costs for housing each chronically homeless individual in shelter at over \$40,000 annually.</p> <p>Research shows that much more cost-effective and socially accepted housing models can be implemented for less than half of this amount.</p>	<p>Action Team 4.</p> <ul style="list-style-type: none"> ❑ Inventory and analyze all existing housing placement programs/policies, application requirements; ❑ Use “Tier” system to identify appropriate housing and services; ❑ Identify rapid re-housing/ flexible funding resources; ❑ Identify “barriers to housing”; ❑ Research national “Best Practices” and state initiatives; ❑ Identify and assess: <ul style="list-style-type: none"> o All non-profit/for-profit housing providers; o Landlords that rent to “hard to house” individuals; o Co-case management opportunities; and ❑ Identify potential funding sources, and ❑ Determine timelines and performance evaluation criteria and outcome measures.
<p>5. Explore with State Correctional and Youth Services Officials Opportunities for Coordinated Discharge Planning for Individuals Exiting Jail, Correctional Institutions, Foster Care and Youth Detention Facilities.</p>	<p>Too many individuals are discharged directly from correctional institutions to shelter.</p> <p>Federal and state prisoner reentry programs designed to provide comprehensive prerelease housing and employment services, and after release case management are limited.</p>	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ Identify and assess all prisoner reentry programs and services and create a matrix; ❑ Explore with federal and state officials coordinated discharge planning strategies; ❑ Research national “Best Practices” and state initiatives; ❑ Identify gaps in the system; ❑ Complete a cost benefit analysis of housing vs. cycles of recidivism and re-offense; ❑ Recommend strategies to: create new and/or enhance existing programs if needed.
<p>6. Explore with State Public and Mental Health Officials Opportunities to Coordinate Discharge Planning for Individuals Exiting Medical and Mental Health Institutions</p>	<p>Too often individuals exiting hospitals, mental health facilities and substance abuse programs are discharged to homeless emergency shelters.</p>	<p>Action Team 6:</p> <ul style="list-style-type: none"> ❑ Identify and assess all medical and mental health institution discharge procedures and protocols and create a matrix; ❑ Explore with state officials opportunities to coordinated discharge planning; ❑ Research national “Best Practices” and state initiatives; ❑ Identify gaps in the system; ❑ Complete a cost benefit analysis of housing vs. cycles of hospitalizations, detox and respite care; <p>Recommend strategies to: create new and/or enhance existing programs if needed.</p>

Individual & Street Homelessness: Action Steps

The Next Step	Current Status	Taking Action
7. Focus on Homeless Veterans	<p>Over 22% of Lowell’s homeless individuals are veterans.</p> <p>Veterans Administration officials report that the number of homeless veterans may increase over the next few years as troops return home from Afghanistan and Iraq, many struggling with post-traumatic stress disorders.</p>	<p>Action Team 7:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify/assess all programs for homeless veterans and create a matrix; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Explore with Veterans Administration opportunities to create low threshold housing with supportive services; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Recommend strategies to create new and/or enhance/coordinate existing programs; <input type="checkbox"/> Create a budget; <input type="checkbox"/> Develop performance evaluation and outcome measures; and <input type="checkbox"/> Identify potential funding sources.
8. Explore the Creation of Multidisciplinary Teams (Medical, Psychiatric, Law Enforcement, Case Management, Social Services, Substance Abuse, Housing Placement, etc.) Dedicated to Moving Homeless Individuals in Shelter and Street Dwellers to Appropriate Housing with Supportive Services	<p>There are no formal multidisciplinary teams in the city dedicated to moving people from living on the streets or in shelters to appropriate housing. Research shows that multidisciplinary teams can help to decrease an individual’s time spent in institutions, and/or prevent chronic homelessness.</p>	<p>Action Team 8:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify all agencies and institutions that work with street dwellers and individuals living in shelter, assess programs and create a matrix; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Recommend strategies to create new and/or enhance /coordinate existing programs; <input type="checkbox"/> Create a budget; <input type="checkbox"/> Develop performance evaluation and outcome measures; and <input type="checkbox"/> Identify funding sources.
9. Explore with State Officials Opportunities to Expand and Enhance Access to and Duration of Behavioral Health Programs (i.e. Detox, Drug and Mental Health Rehabilitation Programs)	<p>Inpatient behavioral health (detox) programs for alcoholism, opiate addiction and co-occurring health problems (alcohol and depression or drug addiction and depression), usually last 3-4 days for alcoholism and 5 days for opiate addiction.</p> <p>According to Lowell Community Health Center, the cost per day to the State of short-term treatment is \$198 per person or an average of nearly \$800 per person for 4 days for Alcohol detox and just under \$1,000 for drug addiction—per person for 4 days. This amount does not include transportation costs. Many individuals have multiple short-term detox treatments each year.</p>	<p>Action Team 9:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with state/local officials to identify and assess agencies /institutions that offer inpatient behavioral health housing, inpatient and services programs, assess programs and create a matrix; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Compare short (4-5 days) vs. long-term (28-30) day detox, and mental health programs, include recidivism rates; <input type="checkbox"/> Recommend new and/or enhance/coordinate existing housing and/or service programs (if needed) include a budget for new programs; <input type="checkbox"/> Develop performance outcome measures; and <input type="checkbox"/> Report findings.



Rapid Rehousing for Homeless Families

THE CHALLENGE

Prevent families from becoming homeless and rapidly rehouse them when they do.

Family Homelessness

Lowell's 2008 Homeless Census identified 189 persons in families as homeless. Children represent 62%; the majority of these are under 5 years old.

Homeless families are poorer, more likely to be pregnant, from an ethnic minority, and less likely to have a housing subsidy. They are not likely to be mentally ill, depressed or less educated than poor housed families. As a group homeless families are poorer not more "troubled." (Culhane 2006)

The high cost of rental housing accompanied by declining wages, creates conditions that put families at risk of losing their housing, and make it more difficult for families to find new housing once they become homeless.

Financial Costs: Families in Shelter

The State Commission estimates that it costs the state an "average of \$98 per night" to house a family in shelter.

At \$3,000 per month (or \$36,000 annually) per family this amount **does not** include ancillary and other services that a shelter program provides (i.e. job training, education, life skills, etc.), nor does it include the high costs of health related expenses.

THE SOLUTION

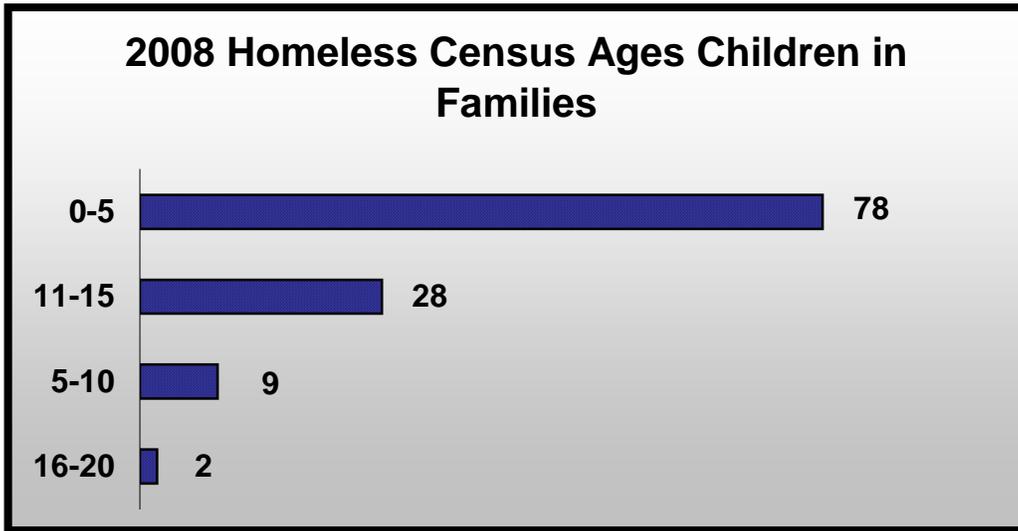
If housing un-affordability is the primary cause of family homelessness, housing affordability is the primary solution. (Culhane 2006)

Homelessness comes at an incredible cost to families and to society. The annual cost of an emergency shelter bed at \$36,000 is more than twice the annual amount of a Section 8 housing voucher at \$14,052 (2 bedroom unit).

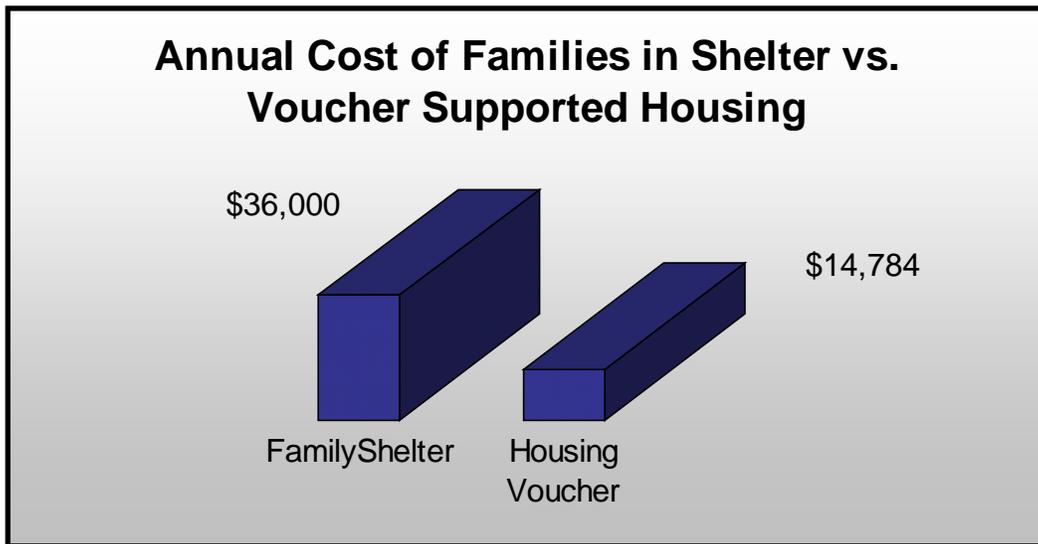
The initiatives and action steps outlined in this section will:

- Advocate for increased access to transitional and long-term rental housing subsidies from Federal and State sources.
- Increase access to flexible funding assistance in the areas of rental assistance, fuel and utility assistance, first, last and security deposits, food stamps and other housing related costs.
- Adopt the State Commission's "Tiers" model to characterize family subpopulations and design specific categories of targeted responses.
- Mitigate the negative and often long term impacts of homelessness on children.

In addition, research on "Best Practices" and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.



* Source 2008 City of Lowell Homeless Census



* Source Housing Voucher: 2008 U.S. Department of Housing and Urban Development Fair Market Rent (for 2-bedroom unit at \$1,232 per month)

*Source Annual Family Shelter Cost Per Family: A Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH (2008)

Families: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Increase Availability and Access to Housing Subsidies</p>	<p>According to current research on family homelessness: The best remedy for homelessness and reducing the high cost of recidivism rates among poor families is stable, long-term, flexible housing assistance that allows families who can, to work; and for those who can not provides long-term rent subsidies and supportive services to help them obtain and keep safe, decent, permanent housing. (Culhane 2006)</p>	<p>Action Team 1.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with legislative delegation for increases in the number of federal and state housing vouchers; <input type="checkbox"/> Advocate for long-term subsidies and mainstream services for families: <ul style="list-style-type: none"> <input type="checkbox"/> With barriers to housing, and <input type="checkbox"/> Where child welfare, special education and/or parental behavioral health problem exist; <input type="checkbox"/> Track federal and state budget voucher recommendations; and <input type="checkbox"/> Report findings.
<p>2. Increase Access To Flexible Cash Resources In The Areas Of Rental Assistance, Fuel and Utility Assistance, First, Last And Security Deposits, Food Stamps And Other Housing Related Costs</p>	<p>Community Teamwork Inc. manages the majority of public funding assistance programs in these areas.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explore opportunities to expand resource management opportunities to include homeless housing providers; <input type="checkbox"/> Track state efforts to increase flexible funding in these areas; <input type="checkbox"/> Research and incorporate nationally accepted "Best Practice" protocols regarding use of flexible cash resources; <input type="checkbox"/> Report findings.
<p>3. Adopt: State Commission to End Homelessness' Nomenclature of "Tiers" to Characterize Family Subpopulations and Design Specific Categories of Responses</p>	<p>Currently, families are assisted by the MA Department of Transitional Assistance (DTA) on a case-by-case basis. The State Commission's new "Tier" system does not advocate changing this protocol.</p> <p>However, it does recognize recent research that indicates that families fall into 4 basic tiers or categories.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a process to implement Commission's "Tier" Family characteristics Model (See Appendix C); <input type="checkbox"/> Identify and incorporate an array of comprehensive services for each Tier; <input type="checkbox"/> Identify and provide discreet programming for the hardest to serve families; and <input type="checkbox"/> Recommend implementation strategy and standardized materials.
<p>4. Develop Strategies to Mitigate the Negative Impacts of Homelessness on Children</p>	<p>Family housing and service providers, and educational institutions currently offer a variety of programs for homeless children in families. Homeless children rarely stay in the same school for a full year.</p> <p>Homeless children usually do not have a primary health care provider that they see on a regular basis. Homeless children frequently suffer more incidences of severe health and mental health disorders.</p>	<p>Action Team 4:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify all children who are homeless, at-risk of becoming homeless, or transitioning out of homelessness; <input type="checkbox"/> Identify and create a matrix of all programs available for homeless children; <input type="checkbox"/> Identify child development programs designed to break the generational cycle of homelessness; <input type="checkbox"/> Research national "Best Practices" and state initiatives; <input type="checkbox"/> Report on findings and recommend strategy.

Families: Action Steps

The Next Step	Current Status	Taking Action
<p>5. Develop a <i>Housing First</i> Strategy for Homeless and At-Risk of Homelessness Families; and Increase Access to Homeless Assistance and Rapid Re-Housing Programs</p>	<p>Due to overwhelming demand, it is the policy of the MA Department of Transitional Assistance to place homeless families in emergency shelter and transitional housing programs wherever space is available--statewide.</p> <p>When space is not available, families are placed in higher cost hotels/motels until shelter space becomes available.</p>	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ Inventory rental assistance programs; ❑ Using "Tier System" develop a process to match families with sustainable housing; ❑ Identify solutions for reducing barriers to housing (i.e. credit and criminal justice system issues); ❑ Compile for review: <ul style="list-style-type: none"> o Housing placement /access policies, o Housing application process and requirements, o Contact information for non-profit and private housing facilities, o Landlords that rent to hard to house families; and ❑ Recommend a Housing First development strategy.
<p>6. Review and Analyze State Funding Levels of Local Family Shelters and Supportive Service Programs to Determine Funding Parity, Professional Service Supports and Standardized Outcomes</p>	<p>The goal of this Action Plan is to transition from a shelter based to a housing based system to address homelessness. However, in order to accomplish this transition there must be effective case management systems in place to quickly assess family needs, and available funding to target right solutions (childcare, education, job training, transportation, etc.), monitor ongoing success and empower accountability.</p> <p>Across the state, families are presenting to shelters with intensified and unmet service needs ranging from basic parenting and life skills to mental health needs. Lowell housing and service providers must have access to all funding available to them.</p>	<p>Action Team 6:</p> <ul style="list-style-type: none"> ❑ Compare federal/state contract amounts with actual housing/services costs; ❑ Estimate additional cost required to assess and support a families' move from shelter to sustainable housing; ❑ Support state objectives to ensure equity in funding of shelter contracts; ❑ Research "Best Practices" and state initiatives for scattered site case management; and ❑ Report findings.
<p>7. Work with MA Department of Transitional Assistance (DTA) to Ensure that Lowell Homeless Families are Placed in Emergency Shelter or Transitional Housing Programs in Lowell</p>	<p>DTA supported family shelters throughout the state are regularly full. DTA is required, if possible, to place families within 20 miles of their community of origin. Increasingly, this is not possible. Mothers cannot sustain a good job, education, health care services or social/family networks when placed in a shelter in a distant location. Also, according to federal law, the children placed within a 25-mile radius of Lowell must be bused to the school they were attending prior to becoming homeless, at the city's expense.</p>	<p>Action Team 7:</p> <ul style="list-style-type: none"> ❑ Meet with DTA officials to ensure that Lowell families are sheltered/housed in Lowell; ❑ Identify all Lowell families living outside the City with children attending Lowell Schools; and ❑ Create a strategy to relocate Lowell families who have been placed in other jurisdictions back to Lowell.



Ending Youth Homelessness

THE CHALLENGE

To ensure that young people, locked out or abandoned by their parent/guardian, or transitioning out of foster care or juvenile correctional institutions, have safe, stable and affordable housing options. In addition, recommend solutions to break the generational cycles of homelessness.

Family Breakdown

The same factors that contribute to adult homelessness such as poverty, lack of affordable housing, low education levels, unemployment, mental health and substance abuse issues can also play a role in the occurrence and duration of a youth's homelessness. (National Partnership to End Youth Homelessness, 2006)

Beyond those factors, the phenomenon of youth homelessness is largely a reflection of family dysfunction and breakdown, specifically familial conflict, sexual and physical abuse and disruption. (National Partnership to End Youth Homelessness, 2006)

Although family conflict also plays a part in adult homelessness, the nexus is more critical for youth since they are, by virtue of their developmental stage in life, still largely financially, emotionally, and, depending on their age, legally dependent upon their families. (National Alliance to End Homelessness 2006)

Systems Failure

Many youth become homeless due to systems failure of mainstream programs like child welfare, juvenile corrections, and mental health programs. When youth 16 and older "age out" of foster care or are released from juvenile detention centers, they enter into society with few resources and numerous challenges. As a result, former foster care children and youth offenders are disproportionately represented in the homeless population. Some youth reconnect with parents and guardians in homeless shelters. (National Partnership to End Youth Homelessness, 2006)

THE SOLUTION

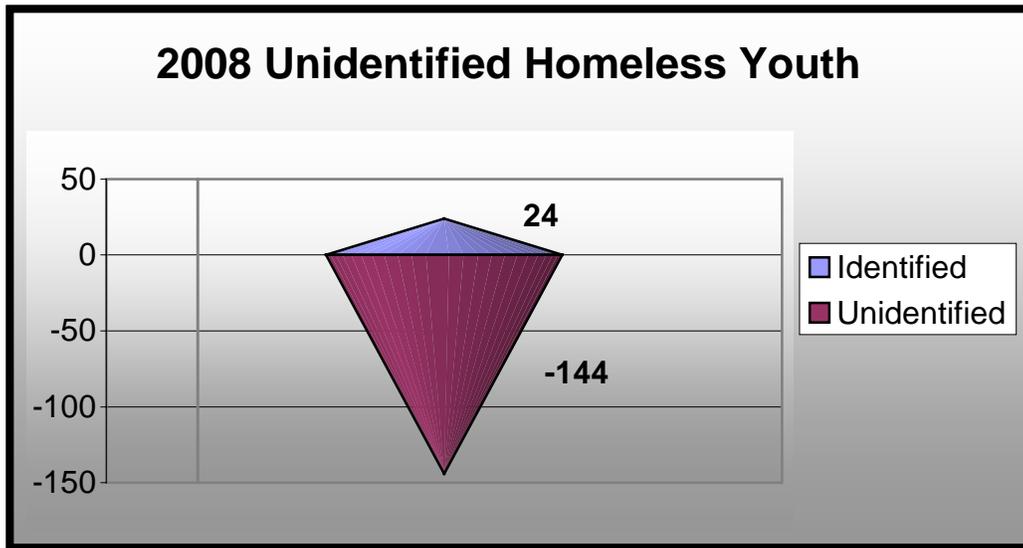
According to the National Partnership to End Youth Homelessness, homeless youth programs are cost effective alternatives to more expensive out-of-home placements like treatment facilities, group homes, foster care, juvenile corrections, custodial care, treatment, and/or arrests. The average cost of serving a youth in a transitional living project is approximately \$8,810—less than half the minimum cost of serving youth through the child welfare or juvenile justice systems with average annual cost ranging from \$25,000 to \$55,000 per youth. (National Partnership to End Youth Homelessness, 2006)

We also need to expand and enhance programs like the United Teen Equality Center. Through intensive street outreach, UTEC now serves over 1,500 youth annually and over 150 teens every day (ages 13-23) who are most often overlooked and labeled as "at-risk" of becoming involved in gang activity, victims of gang violence and/or homeless.

The initiatives and action steps outlined in this section will:

- Implement a "Kids Count" initiative to identify homeless youth and those at-risk of becoming homeless;
- Identify all housing and service programs available for homeless youth,
- Explore the creation of a "Storefront Clearinghouse" for homeless youth, and
- Identify and mitigate the negative and often long term impacts of abuse, systems failure and homelessness on youth.

In addition, research on "Best Practices" and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.



*A Snapshot of Homelessness in Massachusetts Public Schools: 2005 Massachusetts Youth Risk Behavior Survey and Massachusetts Annual Homeless Enrollment Data states that for every homeless student that is being reported there are 6-7 who are not being identified

Youth: Action Steps

The Next Step	Current Status	Taking Action
1. Implement a "Kids Count" Initiative to Identify all Youth Who are Homeless, At-Risk of Homelessness or Reentering Society from Foster Care, Juvenile Detention Centers and /or Mental Health Treatment Facilities	No comprehensive census has been undertaken to identify youth who are homeless or at risk of homelessness.	<p>Action Team 1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design and/or replicate a survey and assessment tool to determine the number of youth who are homeless or at-risk of homelessness; <input type="checkbox"/> Create a strategy for the Count that: <ul style="list-style-type: none"> <input type="checkbox"/> Provides information to youth on programs available to them, and <input type="checkbox"/> Checks general well-being, housing and food security; <input type="checkbox"/> Research national "Best Practices" and state initiatives; <input type="checkbox"/> Identify partners and volunteers, <input type="checkbox"/> Identify funding sources, and timelines; <input type="checkbox"/> Design marketing and outreach strategies; <input type="checkbox"/> Determine performance evaluation and outcome measures; <input type="checkbox"/> Create a budget; and <input type="checkbox"/> Undertake a count.

Youth: Action Steps

The Next Step	Current Status	Taking Action
<p>2. Develop Strategies to Mitigate the Long-Term, Negative Impacts of Homelessness on Youth</p>	<p>Youth report severe family conflict as primary reason for becoming homeless. Volatile conditions within a family create an environment where the youth may experience physical violence, sexual abuse, chronic neglect, abandonment, chemical dependency, or mental health issues primarily caused by their parents.</p> <p>There are a number of effective programs and services for youth in Lowell.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> ❑ Identify and create a matrix of all programs available for homeless youth and youth at-risk of homelessness; ❑ Assess program capacity, performance and evaluate outcomes; ❑ Identify youth programs designed to break the generational cycle of homelessness; ❑ Research national “Best Practices” and state initiatives; ❑ Report on findings and recommend strategy.
<p>3. Inventory and Create a Matrix of all Housing and Service Programs for Homeless Youth</p>	<p>Several housing and service programs exist for homeless youth, however, no comprehensive inventory has been undertaken or matrix created.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> ❑ Inventory, create a matrix of and analyze all housing and service programs available for youth to include, but not be limited to: <ul style="list-style-type: none"> o Adult education, o Employment training and placement, o Family stabilization and reunification services, o The head start program, Child care and after-school services, o Substance abuse and mental health counseling and treatment, primary and preventive health care services, o Post-criminal justice rehabilitation and reintegration services, o Housing and rental assistance, energy and conservation assistance, o Foster care, and o Nutrition; ❑ Develop a system to track access to services, performance and output; ❑ Research nationwide “Best Practices” and state initiatives; and ❑ Make recommendations (if needed) to create new, expand and/or enhance existing prevention programs.

Youth: Action Steps

The Next Step	Current Status	Taking Action
<p>4. Determine Youth Housing Needs</p>	<p>Currently there are 14 transitional housing beds available for homeless youth and 12 transitional housing units for youth with children.</p> <p>Transitional housing program stays are limited to 24 months.</p>	<p>Action Team 4:</p> <ul style="list-style-type: none"> ❑ Use census data derived from the new survey /census tool to determine estimated number of beds needed (if any); ❑ Research national “Best Practices” and state initiatives; ❑ Report findings.
<p>5. Launch an Advocacy/Public Awareness Campaign and Design “Branding” Effort to End Youth Homelessness</p>	<p>Although many state and local agencies, school departments and non-profit agencies work hard to identify youth who are homeless, no comprehensive informational outreach effort currently exists to:</p> <ul style="list-style-type: none"> ❑ Reach all segments of the community; ❑ Coordinate outreach workers; ❑ Actively locate and identify homeless youth; ❑ Provide them with all available services; and ❑ Make sure that they are safe. 	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ Design a “Branding” strategy that includes: <ul style="list-style-type: none"> o Identifying existing outreach efforts, o Potential business, media, educational and government partners; ❑ Explore the creation of a youth “competition” for branding slogans, logo etc; ❑ Create branding marketing and promotional materials; ❑ Recommend branding events, slogans, logos, etc.; ❑ Explore creation of “Store Front Clearinghouse”; ❑ Identify opportunities to incorporate other efforts such as the homeless youth “Kids Count”; ❑ Create a budget; ❑ Determine performance measures and outcomes; and ❑ Recommend timeline and implementation strategy



Aging in the Community in Peace and Safety

THE CHALLENGE

Ensure that all seniors are able to remain at home for as long as possible, have adequate housing options, and have choice and control over how and where they live as they age.

Homelessness Among Seniors

According to the 2000 Census, 10% or 1,420 of Lowell's elderly population live below the poverty line. Among this population of older adults living in poverty are people forced to grow old on the streets and in shelters or who remain at constant risk of losing their housing.

Definitions of aged status of the homeless vary from study to study. However, there is a growing consensus that persons aged 50 and over be included in the "older homeless" category. Homeless persons 50-65 frequently fall between the cracks of government safety nets. Their physical health, assaulted over time by poor choices, poor nutrition and severe living conditions, may resemble that of a 70 year old. (National Coalition for the Homeless 2007)

However people who experience homelessness for long periods of time simply do not reach age 62 as often as the general population, accounting for their small numbers within the homeless population (HUD, 2007). In all case studies evaluated by HUD, the average life expectancy for a person without permanent housing was placed between 42 and 52, far below the country's average age of 80 years.

The "Baby Boomers" Are Retiring

The leading edge of the Baby Boom generation is now entering its retirement years. The Massachusetts Office of Elder Affairs, using data from the 2000 Census, has projected that from 2000 to 2020; Lowell's senior population will grow by 45.6%.

THE SOLUTION

"SENIORS COUNT"

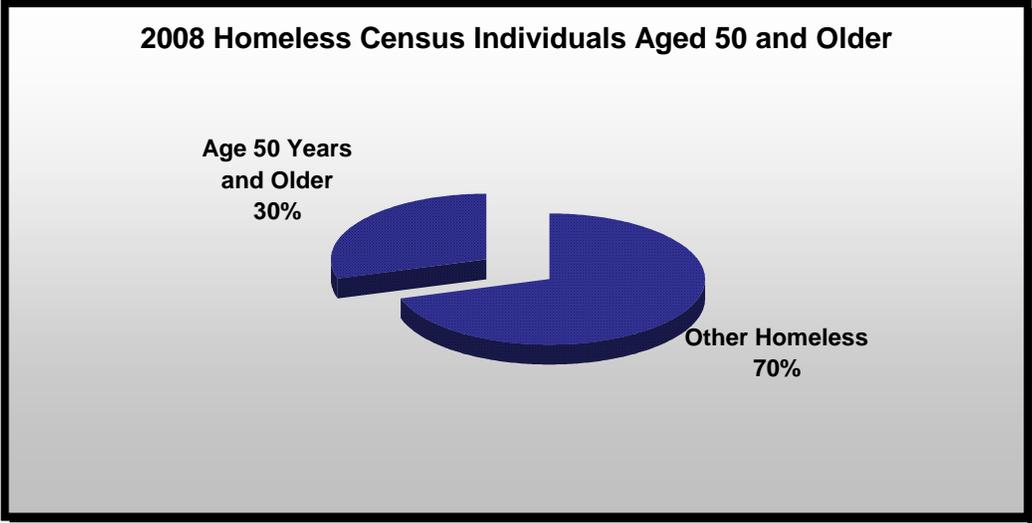
Over the next two years the Lowell Senior Center, in cooperation with the University of Massachusetts at Lowell, local sponsors and volunteers, will survey all seniors 60 years of age and older.

The data will be used to create new and/or enhance existing programs designed to support residents' ability to age in place and enjoy their senior years in peace and security.

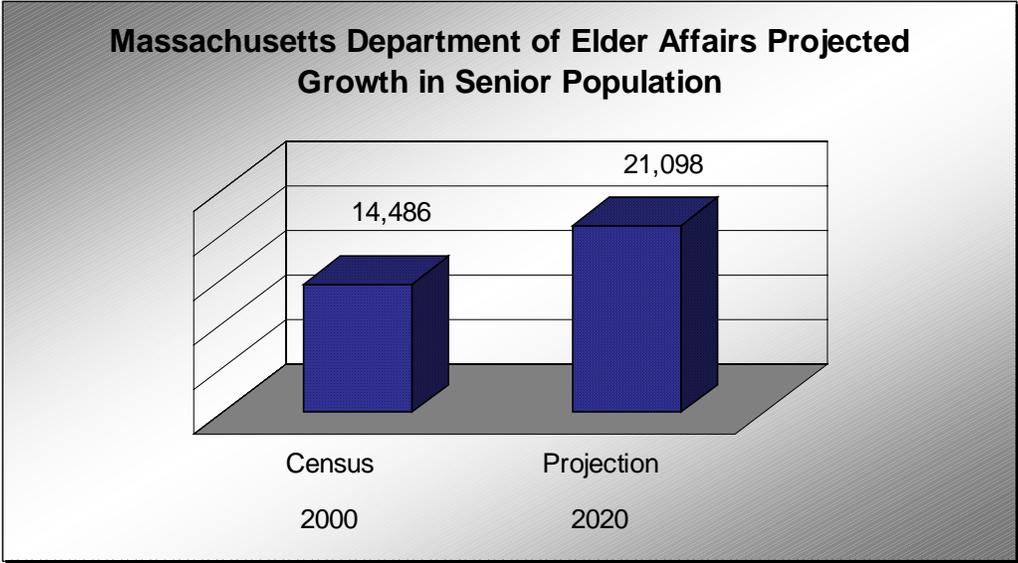
The initiatives and action steps outlined in this section will:

- Design and implement a "Seniors Count" a census of all seniors 60 and over in the city.
- Using "Seniors Count" data, create new and/or expand and coordinate supportive services designed to keep seniors in their homes.
- Develop an assessment team to "triage" the emergency housing and services needs of seniors.
- Increase the number of transitional/congregate housing units with supportive services for seniors.
- Launch advocacy/public awareness/campaign, to increase awareness of housing options available to seniors and host a "housing fair."

In addition, research on "Best Practices" and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.



*2008 City of Lowell Homeless Census



*U. S. Census Bureau, 2000 Census data

Seniors: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Design and Implement a "Seniors Count" a Census of all Seniors 60 and Over in the City</p>	<p>The Lowell Senior Center and University of Massachusetts Lowell have recently secured over \$100,000 to implement this important census. It's estimated that over 15,000 one-on-one interviews will be completed with Lowell's senior residents checking general well being and housing and food security.</p> <p>General information such as housing, health care and tax services will also be provided.</p>	<p>Action Team 1:</p> <ul style="list-style-type: none"> ❑ Create/replicate a survey tool and complete one-on-one census of all seniors 60 years and older; ❑ Identify partners/volunteers; ❑ Provide information to seniors on programs available to them, ❑ Create analysis protocols, outreach strategies, timelines and ongoing budget needs; ❑ Design marketing and promotional materials; and ❑ Determine performance evaluation and outcome measures.
<p>2. Using "Seniors Count" Data, Create New and/or Expand and Coordinate Supportive Services Designed to Keep Seniors in Their Homes</p>	<p>Currently there are several agencies providing prevention of homelessness services that help to keep seniors living as long as possible and as independently as possible in their homes.</p> <p>Available services include but are not limited to: visiting nurses, elder services, childcare (for seniors with child guardianship responsibilities), financial management, fuel assistance, rental and mortgage assistance, home modification assistance tax abatements, etc.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> ❑ Undertake a study of "Seniors Count" census data; ❑ Assess current and anticipated need for housing, services and staff required to keep seniors in their homes; ❑ Identify all existing service programs and potential partners; ❑ Identify gaps in the system; ❑ Evaluate performance and timeliness of service implementation; ❑ Recommend strategies to: <ul style="list-style-type: none"> o Streamline access to information, in-home and community services, including information that will enable people to plan ahead for long-term care Track and monitor services and outcomes; o Coordinate services to reduce costs; o Create new or expand and/or enhance existing programs (if needed); o Implementation timeline; and ❑ Identify funding sources.
<p>3. Develop an Assessment Team to "Triage" the Emergency Housing and Services Needs of Seniors</p>	<p>Senior Center staff work hard to address the needs of seniors in the community.</p> <p>However, currently no comprehensive assessment team is available to seniors needing a variety of assistance with information regarding health care, taxes and abatements, housing, etc.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> ❑ Research national "Best Practices"/state initiatives; ❑ Identify: <ul style="list-style-type: none"> o Multi-disciplinary team models and partners; o Funding sources; o Space and equipment requirements; o Staff requirements; and o Create a budget.

Seniors: Action Steps

The Next Step	Current Status	Taking Action
4. Increase the Number of Transitional/Congregate Housing Units with Supportive Services for Seniors	Currently Lowell Housing Authority mangers 20 units of congregate styled, transitional housing for frail seniors and disabled individuals.	Action Team 4: <ul style="list-style-type: none"> <input type="checkbox"/> Explore opportunities to increase the number of transitional, congregate housing units for seniors; <input type="checkbox"/> Evaluate existing programs/services; <input type="checkbox"/> Potential partners; <input type="checkbox"/> Staff requirements; <input type="checkbox"/> Cost benefit analysis of congregate housing vs. assisted living units and/or nursing homes. <input type="checkbox"/> Estimate number of units needed based over 10 years; <input type="checkbox"/> Potential funding sources; <input type="checkbox"/> Create a budget and timeline.
5. Institute "Elder Options" Educational Forum for First Responders (i.e. police, ambulance, fire and hospital discharge planner, etc.)	If during the course of performing their daily activities Lowell's first responders discover an elder suffering with, what they perceive to be, a life threatening condition, they are mandated by law to report that condition to the appropriate government authorities.	Action Team 5: <ul style="list-style-type: none"> <input type="checkbox"/> Identify participants; <input type="checkbox"/> Discuss/assess mandatory reporting requirements for first responders; <input type="checkbox"/> Identify gaps in the system to prevent seniors from falling through the cracks; <input type="checkbox"/> Host a public forum; and <input type="checkbox"/> Recommend: <ul style="list-style-type: none"> <input type="checkbox"/> Date/location for event, <input type="checkbox"/> Potential partners; <input type="checkbox"/> Funding sources; <input type="checkbox"/> Create marketing and promotional strategies /materials; and <input type="checkbox"/> Create a budget and timeline.
5. Develop a Campaign to Increase Awareness of Housing Options Available to Seniors and Host a "Housing Fair"	To date there has been no Housing Fair held specifically for seniors in the city.	Action Team 5: <ul style="list-style-type: none"> <input type="checkbox"/> Develop a campaign to increase awareness of options/services available; <input type="checkbox"/> Identify existing outreach efforts; <input type="checkbox"/> Identify potential business, media, educational and government partners; <input type="checkbox"/> Create campaign and marketing materials; <input type="checkbox"/> Recommend events, slogans, logos, etc.; and <input type="checkbox"/> Seek opportunities to incorporate "Housing Fair" material with other efforts such as the "Seniors Count" census. <input type="checkbox"/> Recommend: <ul style="list-style-type: none"> <input type="checkbox"/> Date and location(s) for the event(s); <input type="checkbox"/> Potential partners; <input type="checkbox"/> Funding sources; <input type="checkbox"/> Marketing strategies; <input type="checkbox"/> Strategies to follow up with Fair attendees; and <input type="checkbox"/> Create a budget and timeline.



Moving Beyond Shelter to Housing

THE CHALLENGE

To move beyond shelter, to a housing and prevention based system to address homelessness.

Costs: Families and Individuals in Shelter

As stated earlier, the State Commission report maintains that it costs the state an “average of \$36,000 annually to house a family with services in shelter and approximately \$40,000 for each homeless individual with disabilities.

The challenge is to find more cost effective ways of housing very low-income families and individuals with disabling conditions.

Move Beyond Shelter to Housing and Reduce Barriers to Housing

Federal agencies and advocates for the homeless are advancing *Housing First* program initiatives to end chronic, individual and family homelessness.

Housing First is a relatively new innovation in human service programs and social policy regarding treatment of the homeless. Rather than moving people through different “levels” of housing, known as the Continuum of Care, whereby each level moves them closer to “independent housing”, *Housing First* moves the homeless immediately from the streets or homeless shelters to their own place/apartment with supportive services.

THE SOLUTION

A better more cost effective solution to address homelessness, is to provide decent, safe, appropriate and affordable housing for homeless families, seniors, youth and individuals with disabilities.

The social costs of homelessness are huge, both for society and for homeless individuals and families.

The Action Plan agrees with the State Commission’s report that “to move beyond shelter a transition strategy must be created that outlines the necessary steps to replace the decade-old system of ad hoc and disparate emergency responses to homelessness with a coordinated and consolidated plan for permanent solutions to homelessness involving housing, economic development, and job creation.”

The initiatives and action steps outlined in this section will:

- Build upon *Housing First* strategies that directly place people in housing.
- Inventory the stock of affordable rental housing.
- Reduce barriers to housing affordability.
- Explore innovative neighborhood revitalization, housing and education models.

In addition, research on “Best Practices” and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.

Housing: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Develop a Housing First Strategy to Close Homeless Shelters Over the Course of the 10-Year Plan, by Providing Decent, Safe, Appropriate and Affordable Housing for Homeless Families, Seniors, Youth and Individuals with Disabilities</p>	<p>The State Commission's report and Lowell's Action Plan recommend moving from a shelter-based to Housing First based system to address homelessness.</p>	<p>Action Team 1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create a strategy to transition the system from shelter to Housing First; <input type="checkbox"/> Reduce barriers to housing; <input type="checkbox"/> Research national "Best Practices" and state initiatives; <input type="checkbox"/> Estimate number of units required to transition each subpopulation (i.e. families, youth, seniors, individuals) to housing; and <input type="checkbox"/> Create a timeline, estimated transition costs; cost benefit analysis of local housing vs. shelter programs; and <input type="checkbox"/> Identify funding sources.
<p>2. Create Transitional Housing Programs for Individuals with Low Threshold/Progressive Accountability</p>	<p>The city's two shelters that serve street dwellers and chronically homeless individuals are dry shelters. As a result of profound mental health and/or substance abuse issues, many homeless individuals live on the streets because they cannot meet this requirement.</p> <p>Studies show that once stabilized in housing, progressive accountability can be achieved; and reductions in services can and do occur.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explore the creation of housing programs that recognize inability of street dwellers to meet sober thresholds of entry; <input type="checkbox"/> Research national "Low Threshold/Progressive Client Accountability" models that focus on bringing people in to housing from the streets; <input type="checkbox"/> Undertake a cost benefit analysis. (i.e. street dwelling vs. housing); and <input type="checkbox"/> Report on findings.
<p>3. Inventory and Track Availability of Affordable Rental Housing Units in the Greater Lowell Area</p>	<p>Federal, state, local government and non-profit housing and community development organizations inventory and track subsidized housing units that they oversee.</p> <p>There is a need to coordinate /improve access to data on the availability of affordable rental units.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect data on affordable housing units; <input type="checkbox"/> Research availability of data on affordable vacancies; <input type="checkbox"/> Identify existing or create new systems to track affordable vacancies; <input type="checkbox"/> Establish a clearinghouse of all available units; and <input type="checkbox"/> Evaluate the system's capacity to produce more affordable units, assuming new capital investments were available.
<p>4. Track Ongoing Efforts to Preserve Affordable, Subsidized Rental Units that may be Expiring in the Next Ten Years</p>	<p>The Department of Housing and Urban Development (HUD) provided federal subsidies to property owners to create reduced-rent units for very-low income persons—typically for 20 years.</p> <p>However, federal subsidies have already begun expiring. State and local efforts are in place, working to preserve expiring federally subsidized housing.</p>	<p>Action Team 4:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordinate with existing local and state agencies working to preserve "Expiring Use Housing" units; <input type="checkbox"/> Research "Best Practices and state initiatives"; <input type="checkbox"/> Identify special populations (i.e. seniors) at risk of homelessness; and <input type="checkbox"/> Report on findings and recommend additional actions if needed.

Housing: Action Steps

The Next Step	Current Status	Taking Action
5. Provide Housing for Lowell's Homeless Veterans	<p>Currently there is one transitional housing program in Lowell housing 29 veterans.</p> <p>Although veterans represent approximately 21% of Lowell's homeless individuals, there is no permanent supportive housing facility designed specifically for them.</p>	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ Coordinate with Veterans Administration; ❑ Research opportunities to create new supported housing for veterans; ❑ Research grant funded housing and supportive programs and "Best Practices"; ❑ Assess housing and supportive services needs; and ❑ Recommend units needed.
6. Inventory and Explore Opportunities to Preserve Extremely Low Income (ELI) Affordable Rental Housing	<p>The Single Room Occupancy facilities that dot the area of downtown Lowell represent the 21st century's version of the boardinghouses that once housed the workers who came to work in the mills in the mid 1830's.</p> <p>There's an opportunity to re-invent and rehabilitate this important component of Lowell's housing continuum over time; maintaining extremely low cost housing units for Lowell's working poor.</p>	<p>Action Team 6:</p> <ul style="list-style-type: none"> ❑ Inventory Existing Number of SRO Housing Units; ❑ Assess the impact of the proposed JAM area projects on adjacent affordable housing, SRO, and Lowell Transitional Living Center; ❑ Provide technical assistance recommendations to preserve and improve ELI housing stock; ❑ Increase capacity of non-profit housing developers (CHDOs); and ❑ Provide recommendations and cost benefit analysis of preserving existing vs. creating new housing units for ELI residents.
7. Determine the Number of Abandoned, Underutilized and Foreclosed Upon Properties in the City and Explore Opportunities to Create Affordable Units for Low and Moderate-Income Residents	<p>The City monitors all abandoned, underutilized and foreclosed upon properties. In addition since 2006, Lowell bankers, Lowell Development and Financial Corporation, Northern Middlesex Registry of Deeds, Community Teamwork, Inc. and non-profit groups have been working to address challenges of the national housing crisis and develop strategies for foreclosure prevention.</p>	<p>Action Team 7:</p> <ul style="list-style-type: none"> ❑ Work with City/Foreclosure Task Force to explore transitioning abandoned, underutilized and foreclosed properties to affordable rental and/or home ownership properties; ❑ Research national "Best Practices", state initiatives; and ❑ Report on findings.
8. Study and Track Neighborhood Revitalization and Redevelopment Efforts to Create Student and Graduate Student Housing that Incorporates Affordable Units and Educational Opportunities for Neighborhood Residents	<p>Representatives from City and UML have visited Clark University's <i>University Park Partnership</i> program that has been recognized as a national model for grassroots neighborhood revitalization.</p> <p>University of Massachusetts Lowell, Middlesex Community College and Lowell Public Schools offer many of the same programs and opportunities, however they are not packaged in the same way. (See Clark Model Appendix E)</p>	<p>Action Team 8:</p> <ul style="list-style-type: none"> ❑ Study/track graduate and undergraduate student housing units to be created over the next 10 years; ❑ Determine UML and MCC students' impact on affordability of local rental housing market; ❑ Explore opportunities to work with UML on affordable rental housing with educational subsidies for residents in the neighborhoods near North and South campuses; and ❑ Report on findings.



Develop Employment and Education Assets

THE CHALLENGE

Providing individuals who are homeless or at risk of becoming homeless with the resources and support necessary to obtain and maintain a job with sufficient income to afford decent housing.

Low-Skilled, Hard to Employ Population

According to the U.S. Department of Labor's Career One Stop *Pathways to Career Success Model*: Most people learn the life skills needed to succeed in mainstream economic life at a very early age from parents, other family members, and school. These "Personal Effectiveness Competencies" include: interpersonal skills, integrity, professionalism, initiative, dependability and reliability, and the willingness to learn.

These competencies are difficult to assess and teach; they are primarily learned through modeling and by example.

For those from dysfunctional family backgrounds, or those without families, these skills may never have been learned. People who become chronically homeless, or who suffer from mental illness or substance abuse addictions may have forgotten some or all of these skills during their time living in shelters or on the street.

Considering the chronic problems of poor health, low job skills, limited experience, poor education, troubles with the law, stereotypes and social stigma associated with homelessness and disability, the difficulty in seeking meaningful employment and a livable wage by a homeless person with a disability appears insurmountable and overwhelming. (Boston University, 2006)

Transportation, Childcare and a Living Wage

Barriers to achieve and sustain employment for many low-income residents and those who are homeless or at-risk of becoming homeless are numerous. They include, but are not limited to: the lack of affordable transportation and service that runs off peak hours (after 6:00 P.M. to accommodate night shifts and weekend jobs); safe, affordable and dependable childcare; and access to a job with a living wage.

THE SOLUTION

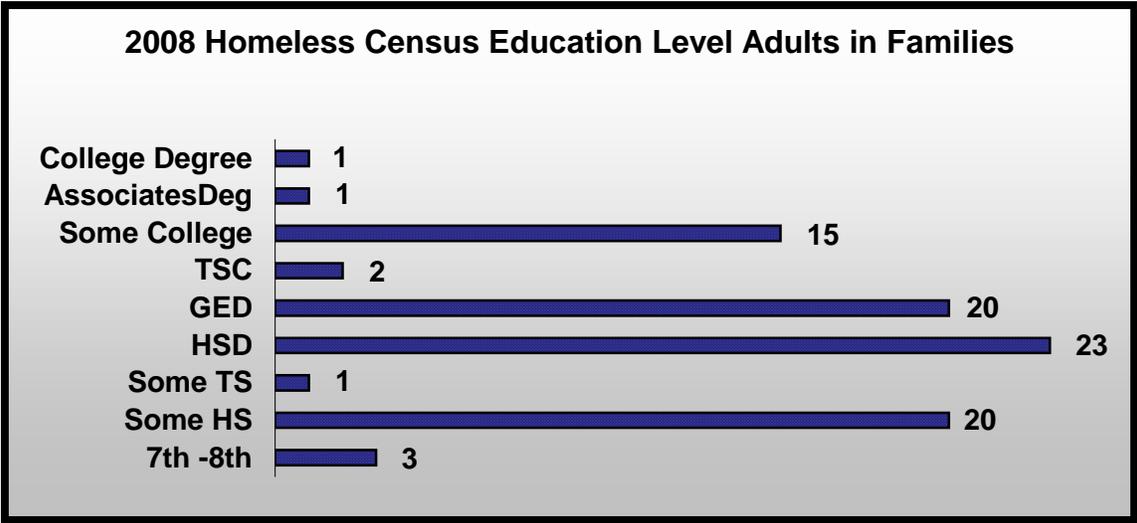
START WHERE PEOPLE ARE AND BUILD GRADUALLY

Developmental best practice recommends providing opportunities for growth that are challenging yet more likely to result in success than failure (Bandura, 1994). Failure—particularly repeated failure—tends to result in a decrease of effort; success—particularly if it is not too easy—tends to build a sense of self-worth. (Project Match, 2007)

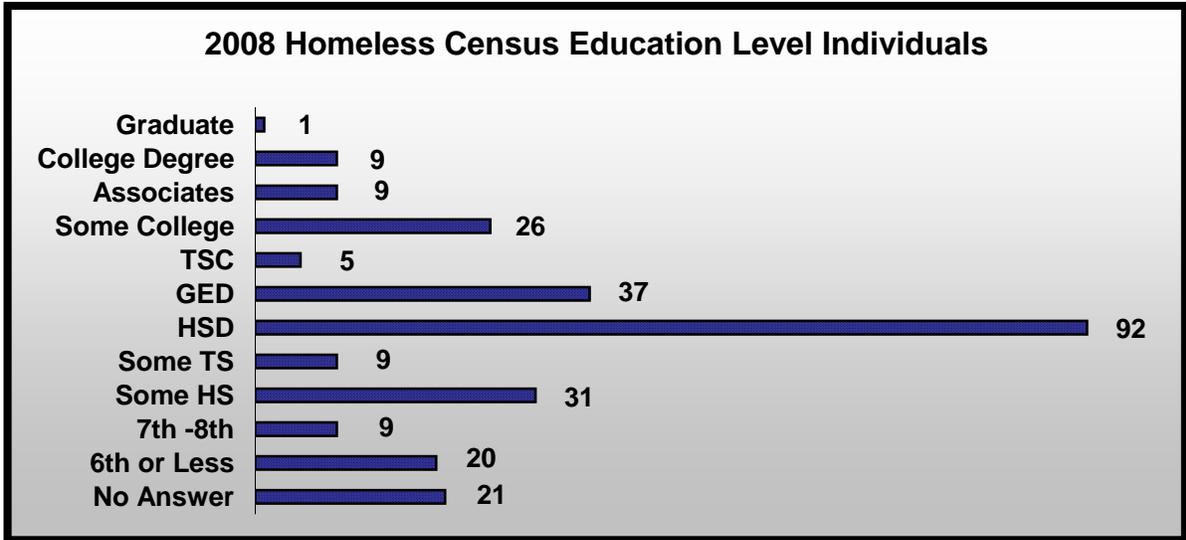
The initiatives and action steps outlined in this section will:

- Increase access to public work supports that people are eligible for but not receiving.
- Identify and increase access to employment and training programs that increase skill development and preparation for living wage jobs.
- Invest in supported employment activities for persons with challenging mental illness and/or substance abuse recovery difficulties.
- Prepare incarcerated persons for viable employment upon discharge from prisons and jails.
- Launch advocacy/public awareness/education programs.

In addition, research on "Best Practices" and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.



*2008 City of Lowell Homeless Census
 *TSC: Technical School Certificate
 *GED: General Equivalency Diploma
 * HSD: High School Diploma



*2008 City of Lowell Homeless Census

Employment & Education: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Examine the Role that “Life Skills Training” and “Personal Effective Competencies” Models Play in Achieving and Sustaining Employment</p>	<p>Several local programs offer some kind of Life Skills training.</p>	<p>Action Team 1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inventory/access Life Skills Training programs in achieving/sustaining jobs; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Recommend strategy to expand existing and/or create new Life Skills training programs include budget, <input type="checkbox"/> Identify potential partners and funding sources.
<p>2. Inventory and Create a Matrix of All Job Training, Educational, Supported Employment and Life Skills Programs Targeted to Homeless Family Head of Households, Youth, Individuals and Those Youth and Individuals Reentering the Community Upon Discharge from Youth Detention Facilities, Prisons and Houses of Correction</p>	<p>A variety of public and private agencies, homeless service and housing providers offer some job training, educational and/or life skills programs.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inventory/access all employment /educational programs geared toward target populations; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Recommend strategy to enhance/expand communication systems for all programs; <input type="checkbox"/> Identify potential partners and funding sources.
<p>3. Identify all Employers in the Greater Lowell Area with a History of Employing “Hard to Employ” Individuals and/or People with Disabilities to Explore Opportunities to Improve, Expand, Enhance and/or Replicate Jobs and Supported Work Programs</p>	<p>There are a number of employers in the Lowell area that recruit and hire disabled and/or “hard to employ” workers.</p> <p>Federal and state tax benefit programs are available for employers.</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify employers and supported work programs that employ target population include day labor programs; <input type="checkbox"/> Detail job supports available; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Recommend strategy to expand employer participation; and <input type="checkbox"/> Identify potential partners and funding sources.
<p>4. Build and Support Strong Families, Youth and Individuals: Increase Access to Education and Employment Opportunities, Job Training and Job Supports (childcare, transportation etc.) as Part of the Assessment Process; and Link Support to Housing Placements</p>	<p>Many housing and service providers do offer some supports for family head of households, youth and individuals who are working.</p> <p>However, much more must be done to coordinate efforts with One Stop Career Centers, Family Self-Sufficiency, childcare, transportation and Work Opportunity Programs.</p>	<p>Action Team 4:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explore Workforce Development Programs for homeless; <input type="checkbox"/> Identify barriers to work and access to job training/supported employment programs; <input type="checkbox"/> Identify gaps in the system; <input type="checkbox"/> Increase financial literacy among low-income households; <input type="checkbox"/> Research public schools financial literacy curriculum programs; <input type="checkbox"/> Research adult-ed financial literacy curriculum programs; <input type="checkbox"/> Research national “Best Practices” and state initiatives; <input type="checkbox"/> Recommend strategy to link housing support to participation in job/educational programs and coordinated case management efforts; and <input type="checkbox"/> Identify potential partners and funding sources.

Employment & Education: Action Steps

The Next Step	Current Status	Taking Action
<p>5. Explore the Development and Implementation of Multi-Disciplinary “Co-Case Management” Models to Enhance and Direct Access to Employment, Supported Employment Opportunities, Job Training and Educational Programs</p>	<p>Currently there is one Disability Program Navigator at the Career Center of Lowell.</p> <p>Some case managers on site at homeless housing and service agencies do help clients to access job and educational training programs. However, there are very few case managers specifically focused on job training and education.</p>	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ Assess case management and co-case management practices and protocols; ❑ Research national “Best Practices” and state initiatives; ❑ Identify case management to client ratios and determine staffing levels needed to affect a successful co-case management infrastructure; ❑ Recommend strategy to expand existing and/or create new case management networking system(s); and ❑ Identify potential partners and funding sources.
<p>6. Design and Implement the Use of an “Employment, Training and Educational Plan” to be Coordinated with Individual Services Plans and Housing Plans</p>	<p>Homeless housing and service providers are required to create Individual Service Plans and Housing Services Plans for their clients.</p> <p>However, Employment Plans are also needed that can include, but not be limited to: transitional programs with training; rapid involvement in paid work; GED /education/certificate programs; transportation; coordination with housing; life skills/social skills /anger management/interview skills; job coaching, childcare; and that are; updated and monitored long-term.</p>	<p>Action Team 6:</p> <ul style="list-style-type: none"> ❑ Inventory/access “Employment, Training and Educational Plans” tools being used in the community, ❑ Research national “Best Practices” and state initiatives; ❑ Design or replicate “Plan” template; and ❑ Recommend strategy to: <ul style="list-style-type: none"> ○ Coordinate plan with educational, supported employment and workforce programs available in the community; ❑ Identify potential partners and funding sources.
<p>7. Expand Opportunities for Vocational Training, Graduate Educational Development Tests (GED) and English as a Second Language Classes (ESL)</p>	<p>Vocational schools in the Greater Lowell Area offer programs to hard to serve populations (i.e. juvenile detention students, ex-offenders, etc.).</p> <p>Many adult education programs sponsored by local school districts, colleges, faith-based and community organizations, provide opportunities for individuals to earn a GED or enhance their English language proficiency.</p> <p>Some homeless shelters offer GED training and testing on site.</p>	<p>Action Team 7:</p> <ul style="list-style-type: none"> ❑ Identify all vocational, educational programs targeted to homeless, at-risk and reentry populations; ❑ Determine capacity, staffing requirements, performance and outcomes, ❑ Identify national “Best Practices” and state initiatives; ❑ Identify barriers to accessing programs; ❑ Identify gaps in the system; ❑ Recommend strategy to: <ul style="list-style-type: none"> ○ Increase access to vocational, Adult Basic Education, GED, ESL, and job readiness programs; ○ Create new or expand existing programs targeted to homeless and at risk populations; and ○ Identify business to provide internships and job opportunities (if needed); and ○ Identify funding sources.

Employment & Education: Action Steps

The Next Step	Current Status	Taking Action
<p>8. Explore the Creation of Virtual Job Ladders Between and Among Industry Supply Chains or Other Area Businesses</p>	<p>New jobs over the next decade will require advanced technological degrees. Minimum entry-level positions will require at least an Associates Degree.</p> <p>As we focus on this level of job creation for able-bodied clients we are looking to local businesses and other major employers for job opportunities within their supply-chains.</p> <p>As a result of outsourcing and off shoring manufacturing jobs, companies no longer create the kind of "entry-level positions and internal career ladder opportunities" that were key to their company's continued growth and historically to the ongoing development of the Commonwealth's workforce.</p>	<p>Action Team 8:</p> <ul style="list-style-type: none"> ❑ Explore and cultivate the development of a community/university /community college partnership to work with supply-chain companies through their major clients, to create "external or virtual career ladders" that offer: <ul style="list-style-type: none"> ○ Entry-level training opportunities; and ○ Bridges to career advancement opportunities within and among companies participating in the same or similar industry's supply-chain. ❑ Recommend strategies to: <ul style="list-style-type: none"> ○ Develop pilot program that includes staffing and funding cost estimates. ○ Identify potential corporate partners; ○ Identify performance measures and outcomes and funding sources.
<p>9. Explore the Creation of a "Social Enterprise": <i>A Business that Creates Entry Level Opportunities for the most Difficult to Employ Segment of the Population</i></p>	<p>Currently some homeless housing and service providers offer "stipend" employment on site at local shelters.</p> <p>However, members of this group may have difficulty in obtaining and/or maintaining employment as a result of medical, mental health and/or prior substance abuse issues. They may also have difficulty obtaining employment due to their Criminal Offender Record Information (CORI).</p> <p>Obtaining quality employment and earning a living wage is often a seemingly unattainable goal for an individual who is homeless. (Boston University, 2006)</p>	<p>Action Team 9:</p> <ul style="list-style-type: none"> ❑ Research best type of social enterprise to be considered based on the Global Social Venture Competition criteria that require: <ul style="list-style-type: none"> ○ "Clear and quantifiable social objectives; and are ○ Financially sustainable, in the sense that they are profitable or self-supporting through revenue generation." ❑ Recommend strategies to: <ul style="list-style-type: none"> ○ Address the need for a business management plan that contains educational and social service components; and ○ Identify adequate short, medium and long-term financing to launch and sustain the company until it becomes self-sufficient by its own revenues.
<p>10. Launch advocacy/public awareness/education programs on Homelessness</p>	<p>The Superintendent of the Lowell Public Schools has approved the first public awareness program for this component of the Action Plan, an Essay Contest for grades 5,6, 7 and 8.</p> <p>The topic of the 500 word essay will be to: define what home is, give 3 to 5 reasons why having a home is important; and tell how it would feel to be homeless.</p>	<p>Action Team 10:</p> <ul style="list-style-type: none"> ❑ Work with the school department to implement the Essay Contest; ❑ Design promotional materials; ❑ Determine Essay Contest Rules and timelines; ❑ Identify potential partners, sponsors and marketing opportunities; and ❑ Identify other potential public awareness programs that can be implemented over the course of the 10-year plan; and ❑ Issue a final report.



Action Plan Administration & Oversight

THE CHALLENGE

To successfully administer and track Action Plan initiatives; to achieve the main goal of moving the City from a shelter based to a housing/prevention-based system; to move beyond homeless stereotypes; and to recognize the many components of homelessness as a nationwide challenge.

Data Collection and Analysis; and Homeless Management Information Systems (HMIS)

To achieve the goals of this Action Plan and oversee a scattered array of human service homeless, housing and service providers' efforts requires the ability to collect, analyze, update and maintain good information, as well as, protocols designed for uniform assessment.

HUD and the Commonwealth of Massachusetts require all programs that receive federal and state funding to contribute information to the Commonwealth's SHORE Homeless Management Information System (HMIS). The system is used to track client outcomes, duplications in services, program performance and analysis, and can be used to perform cost benefit analysis of *Housing First* vs. shelter strategies.

Because of the complexity of the system and lack of adequate data collection systems and staff resources, many non-profit housing and service providers have difficulty meeting HMIS compliance standards. As a result, most major cities in Massachusetts (Boston, Springfield, Quincy, Worcester, Cambridge) have purchased systems and are assisting non-profit homeless housing and service programs with reporting requirements.

Infrastructure Development, Management and Oversight

There is a volunteer Systems Analysis subcommittee that will be expanded to oversee the work of the Action Plan. However the scope of the challenge may require more city involvement.

Currently, the Division of Planning and Development oversees human service programs funded by HUD's Community Development Block Grant, Housing Opportunities for Persons with AIDS, McKinney-Vento Homeless, Emergency Shelter Grants and HOME programs.

THE SOLUTION

More than 100 individuals from the Greater Lowell Community have participated in the creation of this Action Plan and are recommending further action on the items detailed within.

Over the years, the best minds in the City of Lowell and the Greater Lowell region have led this city to great achievement and national recognition. The continued commitment of public, private and non-profit partners, along with Lowell's historic energy and innovation, access to good data and the availability of adequate funding, can end homelessness in our community.

The initiatives and action steps outlined in this section will:

- Develop a comprehensive organizational and management system for the Action Plan that prioritizes and synchronizes all elements.
- Explore with Federal and State officials opportunities to increase the number of housing subsidies for Lowell.
- Measure the level of food insecurity /hunger in Lowell.
- Explore with state officials opportunities to improve management, operations and oversight at state operated group homes located in the City.
- Explore the development and implementation of a City operated Homeless Management Information System (HMIS), that includes a clinical data base.
- Determine the total amount in federal and state resources currently spent on emergency shelter, transitional housing and services specifically targeted to Lowell's homeless and at risk of homelessness populations.
- Undertake a "Project Homeless Connect" event and other educational/public awareness campaigns.

In addition, research on "Best Practices" and state initiatives will be undertaken. Standards of accountability, performance and evaluation will be established. Cost benefit analysis undertaken, estimated budgets and timelines completed, and outcomes measured.

Action Plan Administration & Oversight: Action Steps

The Next Step	Current Status	Taking Action
<p>1. Develop a Comprehensive Organizational and Management System for the Action Plan; Prioritize and Synchronize All Elements; Establish Performance Measures; and Create a Tracking System to Determine Performance Outcomes Over Time</p>	<p>An infrastructure will be developed and include the development of Memoranda of Understanding between and among government, non-profit and for-profit agencies, individuals and businesses responsible for each component of the Action Plan.</p>	<p>Action Team 1:</p> <ul style="list-style-type: none"> ❑ Create management structure to oversee and track Action Plan efforts and progress; ❑ Identify all Taking Action Team chairs/members and execute MOUs; ❑ Explore with UML and MCC opportunities for graduate /undergraduate participation; ❑ Develop strategy to prioritize /synchronize Action Plan findings for creation of Phase II Implementation Plan; ❑ Set benchmarks and create a timeline.
<p>2. Coordinate with Action Teams to Develop an Overarching Strategy to Achieve the Primary Goal of the Action Plan, to Transition the City of Lowell from a Shelter Based System of Addressing Homelessness to a Housing/ Prevention Based System</p>	<p>Almost all of the available funding to address homelessness is tied to shelter programs—and these costs continue to rise.</p> <p>This focus on the shelter system makes it difficult to find additional funds for new prevention and housing based programs, even though they have the potential to reduce and/or eliminate shelter based programming.</p>	<p>Action Team 2:</p> <ul style="list-style-type: none"> ❑ Coordinate with Action Teams to review/discuss all efforts relating to this item; include “Best Practices” and cost benefit analysis of transitioning to a housing/prevention based system; ❑ Initiate additional research and track national/state efforts to increase “Up-Front” investments for transition; ❑ Estimate potential costs of transition; ❑ Identify what additional federal, state and private resources are necessary to implement change; ❑ Recommend strategy to transition from shelter to housing/prevention; ❑ Create benchmarks, a timeline; and ❑ Determine performance evaluation and outcome measures.
<p>3. Explore with Federal and State Officials Opportunities to Increase the Number of Housing Subsidies for Lowell</p>	<p>Lowell residents who live at or below the poverty level can not work enough hours in the day-- at a minimum wage of \$8.00 per hour--to sustain housing, utility, transportation, food and medical costs. Those with disabilities, who are receiving a monthly Federal SSI disability check, receive on average a little over \$600 per month.</p> <p>Research has shown that rental subsidies are necessary, and sufficient to end homelessness for nearly all homeless families. (Culhane 2006)</p>	<p>Action Team 3:</p> <ul style="list-style-type: none"> ❑ Undertake ongoing, administrative reviews of all Action Team efforts relating to this item; ❑ Identify the number and type of vouchers currently in use in the city; and ❑ Recommend strategy to advocate for additional housing vouchers and supported housing programs.

Action Plan Administration & Oversight: Action Steps

The Next Step	Current Status	Taking Action
<p>4. Measure the Level of Food Insecurity/Hunger in Lowell: Household Survey</p>	<p>Currently there is no annual, comprehensive measure of hunger/food insecurity in Lowell. However, food banks, faith-based organizations and the Lowell Public Schools are all reporting an increase in those seeking food assistance.</p> <p>For example in 2006 the LPS reported to the MA Department of Education that 64.96% of the students attending Lowell Schools (LPS) were eligible for free* or reduced meals*. In 2007 the number of students rose to 66.9%.</p> <p>For families, individuals and seniors, the Merrimack Valley Food Bank regularly offers one free bag of food per month, some offer 1-2 free meals per week and the Senior Center offers a free breakfast for seniors.</p> <p>However the only place in the city where the very poor and/or homeless can receive 3 free meals every day, is Lowell Transitional Living Center.</p>	<p>Action Team 4:</p> <ul style="list-style-type: none"> ❑ Coordinate with Hunger and Homeless Commission and LPS to identify all food /meals in the city and provide program overview and create a matrix; ❑ Create and/or replicate a survey tool to measure and monitor food insecurity in Lowell; ❑ Identify partners/volunteers and potential funding sources for the survey; ❑ Recommend strategies to: <ul style="list-style-type: none"> o Conduct a survey and include benchmarks, timelines and estimated costs; o Analyze findings and recommend new programs (if needed) to enhance existing or create new programs to reduce incidences of hunger in Lowell; and ❑ Create a budget.
<p>5. Explore with State Officials Opportunities to Improve Management, Operations and Oversight at State Operated Group Homes Located in the City</p>	<p>Currently the City has no options, except through law enforcement, to address ongoing problems at some of the City's state run group homes.</p>	<p>Action Team 5:</p> <ul style="list-style-type: none"> ❑ City officials will meet with appropriate state agencies to explore possible solutions.
<p>6. Case Manager Training and Certification Requirements</p>	<p>Case managers are critical in any effort to move people from street/shelter to appropriate housing. Some programs do provide training for front line workers, however, there are no certification requirements to ensure that case managers are up to date on the latest federal, state and local funding, data collection and document management requirements.</p> <p>In addition, for the system to be effective case managers must be able to assess individual, family, senior and/or youth needs; know what resources are available and how to access them; and have the ability to respond in a timely manor to address each case.</p>	<p>Action Team 6:</p> <ul style="list-style-type: none"> ❑ Explore with federal and state officials the creation of a certification/licensing requirement; ❑ Create standardized intake, assessment, and service plan forms for housing, intake, education and job readiness; ❑ Research national "Best Practices" and state initiatives; ❑ Coordinate with housing, services and prevention programs strategies to create/enhance provider case management policy and procedure manuals; ❑ Identify benchmarks and timeline; and ❑ Estimate training costs and benefits of certification /licensing.

*U.S. Department of Agriculture Income Eligibility Guidelines for free and reduced school meals:

- Free: A family of 4 earning \$26,845 (before taxes and benefits are deducted); and
- Reduced: A family of 4 earning \$38,203 (before taxes and benefit are deducted).

Action Plan Administration & Oversight: Action Steps

The Next Step	Current Status	Taking Action
<p>7. Develop a System to Coordinate the Collection of all Action Plan Program Identification and Assessment Data with Action Plan Teams</p>	<p>Several "Taking Action" steps ask Action Plan Teams to identify, assess and create a matrix of action specific information.</p> <p>No system currently exists to coordinate, analyze and maintain this data.</p>	<p>Action Team 7:</p> <ul style="list-style-type: none"> ❑ Identify all Action Plan "Taking Action" steps requiring the collection of data and contact persons for same; and ❑ Develop a system to coordinate, analyze, update and maintain data provided by Action Teams.
<p>8. Undertake a Study to Determine the Incidences of Homelessness and Barriers to Housing Experienced by New American Populations</p>	<p>Government and community leaders have long suspected that new American immigrant populations were underrepresented in the national census count for Lowell.</p>	<p>Action Team 8:</p> <ul style="list-style-type: none"> ❑ Identify and bring together representatives and potential partners from all populations; and ❑ Recommend strategies to: <ul style="list-style-type: none"> o Undertake the study, o Determine criteria, timeline, estimated cost; and ❑ Report findings.
<p>9. Explore the Development and Implementation of a City Operated Homeless Management Information System (HMIS), That Includes a Clinical Data Base</p>	<p>Homeless housing and service agencies are required to collect data on all clients/programs and to submit that data to federal, state and local government funders.</p> <p>However data for each person/family is scattered throughout several local, federal and statewide databases. (i.e. mental health data to MA Department of Mental Health, shelter intake information to MA Department of Transitional Assistance. etc.).</p> <p>Without a single repository of client information that includes HUD required documentation and clinical data, client success, gaps and duplications in the system and program performance cannot be determined.</p>	<p>Action Team 9:</p> <ul style="list-style-type: none"> ❑ Explore with housing /service agencies, state officials, UMass Lowell and Lowell Community Health Center the development of an HMIS system that includes a clinical database; ❑ Research national "Best Practices" and HMIS software, city management structures and staffing requirements used in Boston, Springfield, Cambridge, Quincy, Nashua, NH, etc. who manage HMIS; ❑ Recommend strategies to: <ul style="list-style-type: none"> o Address legal and privacy protection requirements, o Select appropriate software/training; and ❑ Create a budget.
<p>10. Determine the Total Amount in Federal and State Resources Currently Spent on Emergency Shelter, Transitional Housing and Services specifically Targeted to Lowell's Homeless and At Risk of Homelessness Populations Including: Individuals, Families, Youth, Street Dwellers, and Seniors</p>	<p>The City's Division of Planning and Development currently tracks homeless programs funded through US Department of Housing and Development programs including: Community Development Block Grant, Housing Opportunities for Persons with AIDS, McKinney-Vento Homeless Programs, Emergency Shelter and HOME.</p> <p>However, programs receiving funding that is not "passed through" the city are not followed.</p>	<p>Action Team 10:</p> <ul style="list-style-type: none"> ❑ Work with City's Division of Planning and Development and homeless housing and service agencies to create a matrix that, in addition to HUD funded programs will include: all available information on other federal, state and private sources funding dedicated to homelessness in Lowell.

Action Plan Administration & Oversight: Action Steps

The Next Step	Current Status	Taking Action
<p>11. Redesign Annual Homeless Census Survey Tool to Federal and State Census Requirements and Data Analysis Strategies</p>	<p>The HUD mandated annual homeless census requests information on the number of individuals, persons in families and youth who are homeless.</p> <p>Subpopulation data is also required to identify those who are chronically homeless, seriously mentally ill, victims of domestic abuse, suffering from substance abuse, veterans and those with HIV/AIDS.</p> <p>In 2008, the City began collecting additional information that includes for example: military service, educational attainment, work history, medical/mental health conditions and foster care involvement.</p>	<p>Action Team 11:</p> <ul style="list-style-type: none"> ❑ Review 2008 census tool protocols and performance and recommend 2009 upgrades and/or additional data to be surveyed; ❑ Research national “Best Practices” and innovative “Census Tools”; ❑ Determine Data Analysis Strategies and program performance and evaluation measures; ❑ Identify gaps in the system and opportunities for new programs; and ❑ Report findings.
<p>12. Undertake a National “Project Homeless Connect” Event; and Track Public Awareness Programs Launched by Action Plan Teams</p>	<p>The City of Lowell Hunger and Homeless Commission organizes events for Hunger Homeless Week each year.</p> <p>In 2008 HHC will organize a variety of events on hunger and homelessness during the entire month of October.</p> <p>In addition, several other events are planned throughout the year for separate segments of the homeless population (i.e. seniors, families). However, no comprehensive marketing program exists to introduce the community to the kinds of homeless housing and prevention services that may be available to them.</p> <p><i>Project Homeless Connect</i> is a nationwide, volunteer driven movement aimed at engaging communities to find solutions to homelessness.</p>	<p>Action Team 12:</p> <ul style="list-style-type: none"> ❑ Explore with National and Statewide “Project Homeless Connect” proponents and Lowell’s Hunger and Homeless Commission the creation of a “Project Homeless Connect”; ❑ Identify potential partners and locations; ❑ Create marketing materials and timelines; ❑ Identify potential funding sources; and ❑ Create a budget.

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Appendix

Planning Process	A
Prioritization and Synchronization Rating System	B
A Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH: Tier Model Families	C
A Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH: Tier Model Individuals	D
Clark University: <i>University Park Partnership</i>	E
Glossary of Terms	F
Action Plan Subcommittee Members	G

A. Planning Process

Background

- ❑ In January of 2007, the City of Lowell joined hundreds of cities across the nation in announcing that it would begin the process of creating a *10-Year Plan to End Homelessness*, as we now know it, in our community.
- ❑ Over 250 people attended the kick-off event held at the University of Massachusetts Lowell and over 100 people volunteered to serve on the City Manager’s 10-Year Plan Committee. They represent all segments of the Greater Lowell community, from business and industry, to government and education, human service, medical and mental health institutions, banking, faith-based and community-based organizations, students and stakeholders. A 16 member executive committee was formed and 8 subcommittees that met from April to July 2007 to create this ***Partnerships for Change: Action Plan to End Homeless***. The Subcommittees formed include:
 - Families
 - Housing
 - Individuals & Street Dwellers
 - Jobs & Education
 - Prevention
 - Seniors
 - Systems Analysis/Administration & Oversight
 - Youth

The City’s 10-Year Plan Development is Being Completed in Two Phases:

- ❑ ***Phase I Partnership for Change: Action Plan to End Homelessness:*** This Action Plan contains recommendations to identify and bring together comprehensive teams and/or specific individuals with the expertise to research and evaluate “Best Practices” in the field, study existing conditions within the City and explore cost effective options that will be accountable to consumers, funders and residents of Lowell.
- ❑ ***Phase II Partnership for Change: Implementation Plan to End Homelessness:*** Following the release of this plan, a full implementation strategy will be developed. The 8 subcommittees have generated many ideas that need to be explored and organized into a coordinated implementation plan. The ideas vary in cost, complexity and potential for impacting the root problems. Some ideas will establish foundations for other ideas and if not adopted, then the dependent ideas will not work. Some ideas will require new, possibly complex funding and/or new partnership agreements. The evaluation and implementation of ideas will be based on:

Criteria	
Schedule:	Where in the 10-year cycle should this be done? Is there a schedule dependence on other ideas?
Priority:	How important is it to do this?
Cost:	Is this affordable? Who pays? Where does the money come from?
Impact:	How many people can this benefit? How quickly?
Sustainability:	What will it take to keep the idea going?
Feasibility:	How complex is it? Does it need State or Federal support? Must laws be changed? What kinds of new partnerships must be forged?

In addition, responsible persons /agencies will be identified for each of the Action Teams and Memoranda of Understanding executed. An organizational plan will be created, and annual targets and performance measures to gauge progress in achieving recommended goals determined.

*For more information on how you can participate on *Partnership for Change: Action Teams*, please contact Linda King by calling (978) 446-7200 x 1428 or by email: LKing@lowellma.gov

B. Approach to Prioritize and Synchronize Elements of the Action Plan

Many Good Ideas Limited Resources

The City Manager’s commission includes seven subcommittees that will generate ideas and a systems analysis subcommittee to help organize the ideas into a coordinated plan. The subcommittees covered: Jobs & Education; Seniors; Youth; Individuals; Families; Prevention; and Housing.

Dozens of terrific ideas have been generated that vary in cost, complexity and potential for impacting the root problems. Some ideas will establish foundations for other ideas and if not adopted, then the dependent ideas will not work

Some ideas will require new, possibly complex funding, new city infrastructure considerations and/or new partnership agreements.

Weighing all the Factors Creating a Plan Everyone Supports

1. The System Analysis Subcommittee cannot and should not “score” the ideas. Their job is to create a structure that leads to a sound, feasible plan.
2. Many heads are much more knowledgeable and wise than one to do this kind of consensus building and assessment.
3. Everyone needs to use the same basis and process in order for the results to be fair and properly understood.
4. There is no right or wrong answer here. There is only the act of discovering approach that we can collectively back and make work.

Key Factors to be Evaluated

- Schedule: Where in the 10-year cycle should this be done? Is there a schedule dependence on other ideas?
- Priority: How important is it to do this?
- Cost: Is this affordable? Who pays? Where does the money come from?
- Impact: How many people can this benefit? How quickly?
- Sustainability: What will it take to keep the idea going?
- Feasibility: How complex is it? Does it need State or Federal support? Must laws be changed? What kinds of new partnerships must be forged?

Weighing the Factors

The factors below are all different and should not receive equal consideration. An agreement will be reached on the weights recommended, before the assessment is conducted.

An agreement will be reached on the weights for each factor recommended below taking into account that the factors should not receive equal consideration.

Factor	Weight
Cost	30%
Priority	10%
Impact	30%
Sustainability	10%
Feasibility	20%

Time Phasing the Plan

- Not all ideas have to be or should be done at once.
 - Some can wait
 - Some need other ideas to be implemented to provide the necessary foundation
 - Some need time to be developed or to gain funding
- Systems Analysis suggested breaking the 10-year plan into four time periods
 - Immediate: Must be done first
 - Near Term: Should be done within three years
 - Mid-Term: Can be done in three to six years
 - Long-Term: Should be done six to ten years from now

Selecting the Ideas

- The Administration & Oversight committee will:
 - Sort ideas by schedule (see previous chart);
 - Employ recommended assessment model (see the next chart) to score ideas within each time period; and
 - Combine the results and convene a working meeting with subcommittee chairs to rank order the ideas and incorporate the priority ranking recommendations into the Phase II Implementation Plan.

Scoring Process

The sample scoring spreadsheet shown below uses made up weighting factors to demonstrate the how the scoring will be done. Once the weighting factors are agreed upon, the committee can rate the ideas against the criteria to score the factors. The scores will be added to create an overall score for each idea. The weights are set up so that a high score is better. In this made up example, Idea 2 is by far the best idea.

		Weight	Idea 1	Idea 2	Idea 3
Priority		10			
Urgent	Key to success	10			10
High	Critical building block	7		7	
Medium	Important to sustain program	4	4		
Low	Needed, but optional	1			
Cost		30			
Expensive	Needs major funds > \$500K	5	2		
Achievable	Needs funds > \$100K	10		10	10
Affordable	Needs grants - under \$100K	20			
Easily Affordable	Self funding - under \$10K	30			
Impact		30			
High	Changes lives immediately	30			
Medium	Works with other programs	20		20	20
Low	Provides marginal improvement	5	5		
Sustainability		10			
Self Sufficient	Agency does not need outside help	10	10		
Small Subsidy	Needs small amount of help to start up or to sustain	7		7	
High Subsidy	Needs significant start up help or long term assistance	2			2
Feasibility		20			
Easy	Agency does not need outside help	20	20		
Doable	Difficult, but within existing capabilities	10		10	
Tough	Existing capacity does not currently exist	5			5
Score			41	54	47

Conclusion

System Analysis/Administration & Oversight Committee believes that an objectively repeatable process is needed to assess the many ideas, rank order them and assemble them into an Implementation Plan for agencies and government consideration.

C. The 2008 Report of the SPECIAL COMMISSION RELATIVE TO
ENDING HOMELESSNESS IN THE COMMONWEALTH:

Tier Model: Families

A Four Tier Model for Reducing Homelessness for Families and the States' Reliance on Emergency Shelter: Families enter the shelter system for different reasons and strategies to address those needs must be determined on a case-by-case basis. That said there are generally four categories into which family needs fall.

Tier 1: Families with temporary economic struggles

- These families face homelessness due to specific one-time disruptions, such as loss of a job or accumulation of arrearages.
- Most of these families could be stabilized in existing housing or if this isn't possible, quickly relocated.
- These families would receive assistance in connecting with income maximization resources, including public work supports, as well as cash assistance that could be flexibly used to address the causes of their housing threats.

Tier 2: Families with moderate economic struggles and housing instability

- Families in this category are often temporarily placed in emergency shelter because of relatively short-term social or economic problems; many are employed or have reasonable short-term employment prospects.
- They could benefit from the same programs as Tier 1 families, but with greater emphasis on connecting to mainstream supportive services and to economic development programs.

Tier 3. Families with complex economic challenges

- We estimate that roughly half of families using shelter in the past have more complex economic challenges.
- Our response must match housing assistance, designed to meet need and regional conditions, with economic mobility assistance.

Tier 4: Families with complex social and economic challenges.

- These families have the most complex economic and social challenges.
- Intensive case management will generally be required, and, permanent housing assistance is expected to be a need for these families.

D. The 2008 Report of the SPECIAL COMMISSION RELATIVE TO ENDING HOMELESSNESS IN THE COMMONWEALTH:

Tier Model: Individuals

A Four Tier Model for Reducing Homelessness for Individuals and the States' Reliance on Emergency Shelter: Individuals enter (or avoid) the shelter system for different reasons. That said there are generally four categories into which individuals fall. These needs can be matched with program responses.

Tier 1: Short-term Intervention: Diversion and Relocation

- Most of the people using individual shelters do so for short-term, transitional stays—generally responding to an event.
- They need relatively modest assistance to get back on their feet, and typically do not return to shelter after being re-housed.
- By immediate diversion to existing housing and employment services, such as short term housing assistance and these individuals can avoid shelter altogether.

Tier 2: Institutional Discharge

- A large number of homeless individuals come into the shelter system after being discharged from state institutions.
- Discharge planning to focus on the needs of these distinct sub-populations could be very effective, and would place the opportunity for generating stable housing with the people who best understand the individuals involved.
- The Commission therefore recommends creating short-term residential capacity to meet the needs of special populations including mentally ill, incarcerated persons coming out of the corrections system, substance abusers exiting detoxification programs, young adults aging out of foster care and other disabled individuals.

Tier 3: Chronically and Long-Term Sheltered Homeless Persons with Moderate Service Needs.

- Although these persons are only 8 percent of the individual population, the resources utilized to serve them are significant because of the complexity of their needs.
- A priority focus on this subpopulation has been suggested by the working group because 50 percent of the money spent on the individual shelter system is from this category.
- Chronically homeless individuals are better served in housing that is paired with moderate services, including Housing First initiatives such as Home and Health for Good. (MHSA Pilot)
- These models have proven successful and can be replicated and expanded to serve this relatively small but costly-to-serve-in-shelter population.

Tier 4: Chronically and Episodically Street Homeless Persons with Intensive Service Needs.

- Street dwellers, who often avoid shelters, are a challenging population.
- These individuals are mainly people living on the street who are the hardest to engage; they are currently served through the street outreach teams.
- The model best suited to this population is low-threshold housing wrapped with intensive services.

E. University Park Partnership: Clark University

University Park Partnership: Clark University

The University Park Partnership (UPP) is a national model for neighborhood revitalization. The result of long-standing collaboration between Clark University and its surrounding community, UPP is a broad, grassroots partnership that involves neighborhood residents and organizations, local churches, government officials, the business community and public schools.

These groups are organized around the Main South Community Development Corporation (CDC), the neighborhood's development organization and a key component of UPP.

The University's interest in UPP is rooted in its responsibility to the neighborhood it shares and also in its long-standing tradition of applying teaching and learning to real-world problems.

For example, Clark students and faculty conduct research for UPP organizations, such as the Main South CDC. They teach in neighborhood schools and serve as mentors to the children of Main South. In addition, many Clark faculty and staff—including Clark's president—have become neighborhood residents.

UPP focuses on four major areas of urban redevelopment:

- Housing and physical rehabilitation;
- Education;
- Economic development; and
- Social and recreational activities for neighborhood residents.

Housing and Physical Rehabilitation

Clark and the Main South CDC recognized early that home ownership is critical to neighborhood stability. Poorly managed, multiunit housing was the cause of many problems for residents and a major contributor to blight in Main South. To overcome this challenge, the Main South CDC bought dilapidated housing, converted it into clean, safe, affordable units and then helped residents buy or rent this new housing.

Clark supported this effort by offering a line of credit to the Main South CDC in the early years of development; the college has since recouped its investment. In addition Clark offers one of the most aggressive home-buying incentive programs in the country to encourage faculty and staff to move into the neighborhood. Over the past 16 years, the Main South CDC has renovated more than 200 units of housing, sold 30 homes to first-time homeowners and used more than \$18 million in grants and housing tax credits.

Education

Educational excellence is key to long-term sustainable change and essential to the success of any community. Top-quality public education, coupled with access to the vibrant intellectual life of a university, is a powerful incentive for home ownership. In Main South, neighborhood residents have some of the best educational opportunities in the country right in their backyards.

- Clark offers free tuition to residents who meet the University's admissions requirements and who have lived in UPP's targeted Main South neighborhood for at least five years. Currently, 11 neighborhood residents are enrolled at Clark under this scholarship program and a total of 33 have participated.
- When neighborhood residents had difficulty meeting Clark's admission standards, the University and Worcester Public Schools created the University Park Campus School (UPCS) for the children of Main South neighborhood. UPCS features a homework center, an August Academy to prepare students for the new school year and mentoring by Clark students.
- UPCS graduates who meet Clark's admissions requirements can attend the University tuition free.
- Clark has provided more than \$3 million in free tuition to teachers who participate in the collaborative.

Economic Development

Stimulating economic growth and opportunity is also a focus of UPP. Financing and technical assistance are helping new businesses take root in Main South. Training and other services are opening new doors for neighborhood residents seeking better jobs.

- Small business loans from a revolving loan pool administered by the Main South CDC are a resource for new business owners. These loans provide financing for individuals who are unable to acquire conventional loans and help small business owners establish credit.
- The Main South CDC works with Clark's Graduate School of Management and Small Business Development Center, a state-funded center based at Clark, to provide technical assistance to small business owners. These services include individual consultations, business skills workshops, networking opportunities and the chance to discuss ideas and financial matters with an accountant.

Social and Recreational Programs

An important goal of UPP is to keep young people active in educational and recreational activities throughout the year. Likewise, an important goal for Clark is to welcome neighborhood residents and their children onto the University campus.

- A free summer recreation program, serving more than 150 neighborhood children, is held on the Clark campus every year. Clark staff coordinate the program, Clark students serve as counselors, and UPCS students serve as junior counselors.
- A free music program offered through Clark and run by a Clark faculty member offers instrumental music lessons to neighborhood children. Clark students also help with this program.
- In addition to attending campus events, most of which are free, neighborhood residents use the Goddard library and Kneller Athletic Center.
- A church basketball league, supported by Clark, serves more than 500 area children, including approximately 200 from the Main South neighborhood.

Community Engagement

Clark students, faculty and alumni have always been involved with community organizations and neighborhood initiatives. UPP has inspired even more of these activities and created new opportunities for community involvement at Clark.

- Clark's new Community Engagement and Volunteering Center serves as a central hub on campus for the University's long-standing volunteer efforts. The center maintains a database of Worcester organizations with volunteer programs and provides services that help students find activities that best meet their interests.
- Urban Development and Social Change (UDSC), an academic concentration for Clark undergraduates, is a direct result of the University's involvement with UPP. The concentration examines the development and evolution of cities. Each year, a select group of UDSC students puts theory into practice with summer research projects. In recent projects, students have collected data about the neighborhood for use by the Main South CDC.
- Every year, Clark offers 20 Making a Difference scholarships to first-year applicants who have demonstrated a commitment to community service. Recipients also receive a stipend to support a service project with UPP.

- Partners in Community (PIC) pairs elderly residents of Main South with Clark students, who visit these residents once a week to help with chores or just to chat. The Main South CDC hosts special events for PIC participants, including bingo nights, potluck suppers, tea socials and holiday parties.
- Through Clark University Brothers and Sisters, Clark students serve as mentors for young people in Worcester and particularly in Main South.
- Clark basketball players tutor UPCS students in math and read to them.

Next Steps

UPP has made great strides in the Main South neighborhood, but there is still work to be done. UPP's latest project involves transforming one of the most distressed areas of the neighborhood back into a thriving community. The Gardner-Kilby-Hammond Street Revitalization Initiative is UPP's most ambitious endeavor yet. The result of a unique collaboration among the Main South CDC, Clark, the Boys and Girls Club and the City of Worcester, this project involves extensive land acquisition, remediation of industrial brownfield sites and the demolition of old facilities. What was once a 30-acre parcel of blight, will soon become a neighborhood again, a place where children play, families gather and businesses open their doors. This \$40-million initiative includes the following:

- Approximately 60 new home-ownership opportunities and affordable rental properties managed and/or offered by the Main South CDC.
- A new \$8 million Boys and Girls Club to serve children in Main South. The new building will accommodate 400 children and serve up to 5,000 young people. The new facility will include a gymnasium, learning center and Olympic-size swimming pool.
- New athletic fields, owned by Clark. The fields will be used by Clark intercollegiate and intramural teams, as well as the Boys and Girl Club and the community.
- And a Center for Community Revitalization to serve this area of Main South.

In addition, the partnership between Clark and the Boys and Girls Club will provide more opportunities to bring Clark students together with neighborhood children.

F. Glossary of Terms

Affordable Housing: Housing for which a household pays no more than 30% of its gross annual income for housing costs, including rent or mortgage, fees, utilities, insurance, taxes, etc.

Case Management: The first step in the case management process is to identify the factors that caused the client to become homeless and help them to access the supportive services that they may be eligible for. HUD defined essential/supportive services to include, but are not limited to:

- Assistance in obtaining permanent housing;
- Medical and psychological counseling and supervision;
- Employment counseling;
- Nutritional counseling;
- Substance abuse treatment and counseling;
- Assistance in obtaining other Federal, State, and local assistance including:
 - Mental health benefits,
 - Employment counseling,
 - Medical assistance,
 - Veteran's benefits, and
 - Income support assistance such as Supplemental Security Income benefits, Aid to Families with Dependent Children, General Assistance, and Food Stamps;
- Other services such as child care, transportation, job placement and job training; and
- Staff salaries necessary to provide the above services.

Chronically Homeless, HUD Definition: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

Co-Case Management: Where multi-disciplinary teams composed of medical, mental health, educational, housing, criminal justice, housing and other relevant parties work together to create a comprehensive service plan for each client.

Continuum of Care: A association of government and non-profit agencies that create a comprehensive plan that provides a full range of emergency shelter, transitional housing, and permanent supportive housing and services to address homelessness in a local community. In developing a continuum of service options, CoCs also take into account physical, economic and social underlying causes and unmet needs.

Emergency Shelter HUD Definition: Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of homelessness.

Extremely Low Income: At or below 30% of the area wide Median Adjusted Income.

Global Social Venture Competition: The Global Social Venture Competition is the largest and oldest student-led business plan competition providing mentoring, exposure, and prizes for social ventures from around the world. The mission of the GSVC is to catalyze the creation of social ventures, educate future leaders and build awareness of social enterprises. The competition supports the creation of real businesses that bring about positive social change in a sustainable manner. The GSVC is organized by the Haas School of Business at UC Berkeley in partnership with Columbia Business School, London Business School, the Indian School of Business and the Yale School of Management.

Homeless HUD Definition: IN GENERAL. - the term "homeless" or "homeless individual or homeless person" includes—

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) An individual who has a primary nighttime residence that is:
 - a. Supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - b. An institution that provides a temporary residence for individuals intended to be institutionalized (including jails, correctional institutions, mental health hospitals, etc.); or
 - c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.

Housing First Wikipedia: *Housing First* is a relatively new innovation in human service programs and social policy regarding treatment of the homelessness. Rather than moving people through different “levels” of housing, known as the Continuum of Care, whereby each level moves them closer to “independent housing” (for example: from the streets to public shelter, and from a public shelter to a shelter run/funded by a state agency, and from there to a transitional housing program, and from there to their own apartment in the community). Housing First moves the homeless immediately from the streets or homeless shelters to their own place/apartment.

Housing Vouchers HUD Definition:

- **Tenant Based Housing Vouchers HUD Definition:** Very low-income families (i.e. families with incomes below 50% of area median income) and a few specific categories of families with incomes up to 80% of the area median income are eligible for these vouchers. The Vouchers are issued by Housing Authorities and make up the difference between what the tenant can pay for rent (roughly 30% of their income) and the Fair Market Rent for the area. The holder can use the voucher for any unit/house rental within the jurisdiction of the Housing Authority.
- **Project Based Housing Vouchers HUD Definition:** The eligibility requirements for Project Based Vouchers are the same as the Tenant Based (above). The difference is that a Housing Authority assigns them to a specific building/project and they are not portable.

Low Threshold/Progressive Accountability Housing Programs HUD Description: The [low demand] approach addresses the harms caused by risk-taking behavior without forcing clients to eliminate the behavior altogether (Marlatt and Tapert, 1993). For example, abstinence is a form of [low demand] for those who want to quit using drugs, but for those who are not ready, case managers must start with interventions that can help a substance user improve his or her life. Interventions might include reminding the client to eat, drink water, sleep, pay rent and other bills before spending money on drugs, and to educate users about the negative effects of drugs and encourage them to use less frequently, if not quit using entirely.

Permanent Supportive Housing HUD Definition: Long-term community-based housing with supportive services for homeless persons with disabilities. The intent of this type of supportive housing is to enable this special needs population to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies. There is no definite length of stay.

Personal effectiveness competencies: As defined by Career One Stop, these are the abilities that an individual needs to achieve and sustain employment. They include: interpersonal skills, integrity, professionalism, initiative and dependability, reliability and the willingness to learn. These competencies are difficult to assess and teach; they are primarily learned through modeling and by example.

Social Enterprise: A social enterprise is a non-profit, enterprise that combines business practices with a social mission. It takes an entrepreneurial approach a social problem, as in this case, job for homeless and other hard to employ individuals, with limited personal effectiveness competencies. (i.e. reliability interpersonal skills, integrity, professionalism, initiative and dependability, and the willingness to learn). A social enterprise can provide job experience, build self-esteem and increase an individuals’ ability to live independently.

Supportive Services HUD Definition: Services that assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Transitional Housing HUD Definition: is one type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing, Basically, it is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies.

Wraparound Services: A comprehensive array of supportive services and housing supports to achieve and maintain appropriate housing at a sustainable level of independence for the client. They can include, but are not limited to: childcare, transportation, medical and mental health assistance job and life skills training, education, financial management, etc.

G. Partnership for Change: Action Plan to End Homelessness

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