Western Massachusetts
Regional Coordinating Network

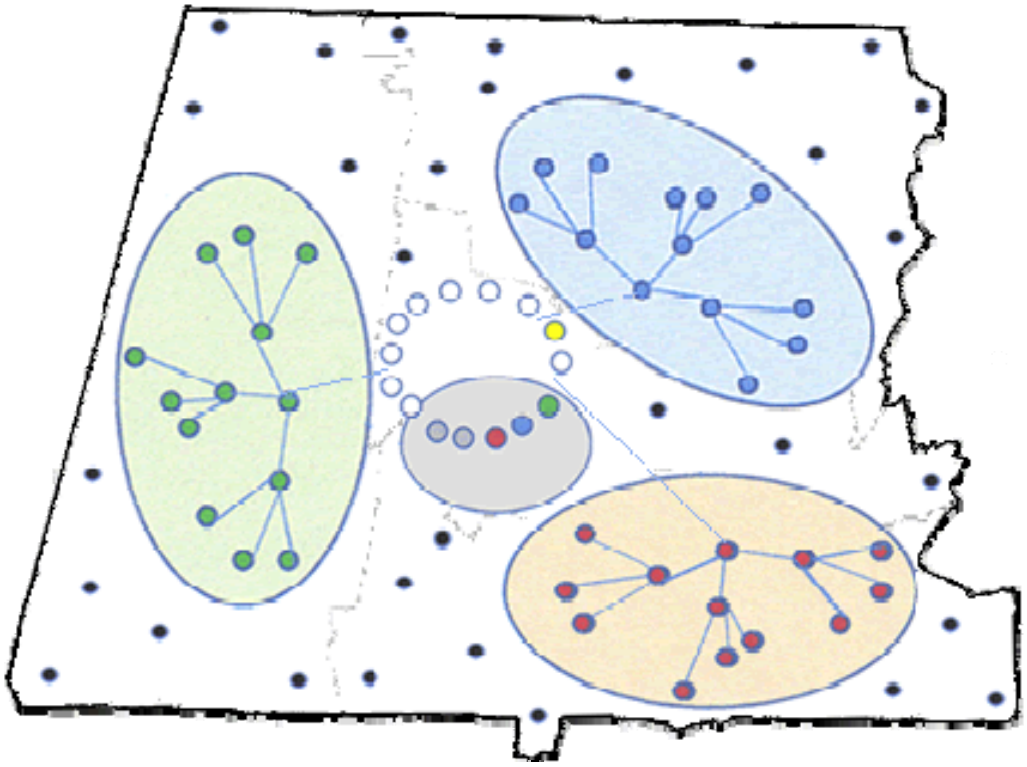

Diagram by Charlie Knight, Leadership Council Member

MA Interagency Council on Housing and Homelessness
Request for Responses Submission
October 31, 2008

Abstract

Network:	Western MA Regional Coordinating Network (WMRCN)
Jurisdiction:	Berkshire, Franklin, Hampden, and Hampshire Counties
Convening Agency:	Pioneer Valley Planning Commission (PVPC)
Proposed Interventions:	Regional Engagement and Assessment for Chronically Homeless (REACH) for Individuals
	Diversion and Rapid ReHousing for Families
Number Served:	Individuals: 70 to 100 housed
	Families: 140 diverted from shelter or housed

Contents

PART I: NARRATIVE

A. DESIGN OF REGIONAL NETWORK

a. Regional Network Identification.

The Western MA Regional Coordinating Network (WMRCN) is an expansive collaboration of multiple service providers and agencies and civic and business leaders throughout the 101 towns and cities of Hampden, Hampshire, Franklin and Berkshire Counties. There is no formal membership, but the extensive list of participating entities is included attached.

The Network's genesis is in the Western Massachusetts Interagency Council (WMIC) (originally the Western MA DMH-DTA Interagency Workgroup on Homelessness), a group that began in January 2005 and has engaged state agencies and community partners from across the region. This group has created several innovative responses to homelessness. Additional members have been brought into the Network through the creation and initial implementation of three 10-year plans to end homelessness, the involvement of three Continua of Care (CoCs), and through the extensive and collaborative planning process which produced this grant application. The Network's vision is informed by extensive planning done throughout the region in these existing groups over the past several years.

The WMRCN has attached to this Request for Responses (RFR) response a list of the members of the network, a list of the cities and towns of the region broken down by county, and letters of support from the Mayors or Town Managers of the following key municipalities: Amherst, Chicopee, Greenfield, Holyoke, North Adams, Northampton, Pittsfield, Springfield, West Springfield, and Westfield. (See Attachments A-1,-2 and -3.)

Individual service providers that will be funded as part of the network will be chosen through an abbreviated request for proposal process that will be led by the WMRCN Leadership Council.

WMRCN Vision Statement

The WMRCN believes that the keys to ending homelessness are adequate housing and the availability of support services that are focused on maintenance of housing. The WMRCN supports the view that the current system that uses emergency shelters and hotels as long-term housing must be changed. To effect this change the WMRCN envisions a system that takes a regional approach to ending family and individual homelessness through innovative ideas that tap into our local talent, energy and resources. The new approaches envisioned will bring the "right resources to the right people at the right time" and will focus on prevention, rapid re-housing and housing stabilization through community supports and economic opportunity.

b. Brief Environmental Scan of the Geographic Area.[1]

The four counties of Western MA contain about 35% of the area of the state and about 13% of the state's population. The entire region meets the ICHH definition of "rural," with 67 % of its cities and towns comprised of populations of less than 5000 people.

About half of the region's population is based in Hampden County, where the primary urban city is Springfield. Springfield and nearby Holyoke contain among the highest concentrations of poverty in the nation, and Springfield is ranked sixth in the country in its level of child poverty. The urban centers are primary gateways to the US mainland for residents of Puerto Rico, and there is a concentration of monolingual Spanish speakers. The urban areas have very low levels of educational attainment: in Springfield, the high school graduation rate is 50%. Springfield and Holyoke are two of seven "hot spots" for family homelessness in the state.

The counties to the north and west are less populated than Hampden County. Hampshire County is noted for its multiple academic institutions, and Franklin and Berkshire Counties are predominately rural, but also contain the urban areas of Pittsfield, North Adams and Greenfield. The three Pioneer Valley counties (Franklin, Hampshire and Hampden) lie along the north-south I-91 corridor, and there is considerable movement of homeless individuals and families along the corridor. There is some movement east-west between the Pioneer Valley and Berkshire County, but it is not as pronounced.

Seventy-five percent of regional jobs are in the service industry, with health care and education the leading sectors. There are many unfilled jobs in the area—for example, Baystate Health is currently seeking to fill over 500 positions—but there is an education and skills gap between those looking for work and the available jobs. Unemployment levels in many parts of the region are above the state average, including Springfield (5.9%), Orange/Athol (7%), and North Adams (5.7 %).[2]

Compared to the eastern part of the state, housing costs in Western MA are affordable, though they are higher in the college towns and the southern Berkshire area. The area HUD-established fair market rent for a two-bedroom apartment is $844, an amount that is only realistic in the lower-cost areas. There is limited rental housing outside of the urban areas. Publicly-subsidized units are also located predominantly in the cities, which forces a migration of lower-income households from rural and suburban areas to the cities.

Even the "affordable" rents are too high for households supported solely by welfare or SSI, so these households experience some housing instability unless they have a housing subsidy. Where these households avoid homelessness, they do so by spending virtually all of their income for rent, doubling up with other households, or living in substandard housing.

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[1] Sources: Pioneer Valley Plan for Progress: Economic Strategies for the Region (PVCP, 2004), A Demographic and Economic Analysis of the City of Springfield, (PVCP, 2006, The Berkshire County Blueprint, (Berkshire Economic Development Corp, 2006), Berkshire Creative Economy Report, (Berkshire Economic Development Corp., 2008), U.S. 2000 Census, Three 10-Year Plans: Homes Within Reach (2007), All Roads Lead Home (2008), Getting Home (2008), Downtown to Hilltown, powerpoint presentation by Andrea Miller, 2007.

[2] DETMA; Economic Snapshot for 8/08, Christian Weller.

The urban areas, especially Springfield, have been hard-hit by the foreclosure crisis, which has disproportionately impacted multi-family properties. The area's very weak housing market has led to an increase in vacant and REO properties. Because of Springfield's high foreclosure rate, the City is one of four New England cities to receive a federal Neighborhood Stabilization Program (NSP) entitlement grant, which, combined with additional NSP funds funneled through the state, will provide an opportunity over the next several years to increase the housing supply.

An important struggle in addressing homelessness in our region is the attempt to strike a balance between the overwhelming need in Hampden County and the requirement for a basic level of funding to ensure that services can be provided at all in the rural areas. Of course, the capacity to serve people in their own rural communities improves the possibility of stabilization (due to familiarity and proximity to existing supports) while relieving some of the burden that urban areas experience by virtue of being service providers to the region.

The regional homeless point-in-time count in January 2008 identified 500 individuals and 253 families (excluding individuals in transitional and permanent supportive housing programs). Using estimates from the Massachusetts Commission to End Homelessness and Martha Burt, Ph.D., The Urban Institute, [3] correlated with our own Homeless Management Information System (HMIS) data, leads us to estimate that, during the 18-month duration of this grant, our region will have 225 to 300 chronically homeless individuals in Tiers 3 and 4.

Recent DTA data indicates that the number of families in Western MA has increased substantially since the point-in-time count, and there are now approximately 350 homeless families in the region. Extrapolating from the Commission report, these families are expected to sort into the Commission tiers as follows: Tier 1, 35 families; Tier 2, 53 families; Tier 3, 175 families, and Tier 4, 88 families.

c. Client Access Points.

As mentioned above, specific providers have not yet been chosen for this grant; this was an intentional decision, designed to support collaborative planning for system change. The process of choosing providers will consider the need to make services available throughout the region.

The interventions proposed in this grant are designed to be accessed from multiple front doors throughout the region, including state agencies (especially DTA). In its planning, the WMRCN has been particularly cognizant of the difficulties created by our region's rural nature, and has intentionally incorporated technology (*e.g.,* online applications) and non-traditional front doors (*e.g.,* K-12 schools) as a means of bridging transportation gaps. The WMRCN is collaborating with our state agency partners in identifying all appropriate front doors.

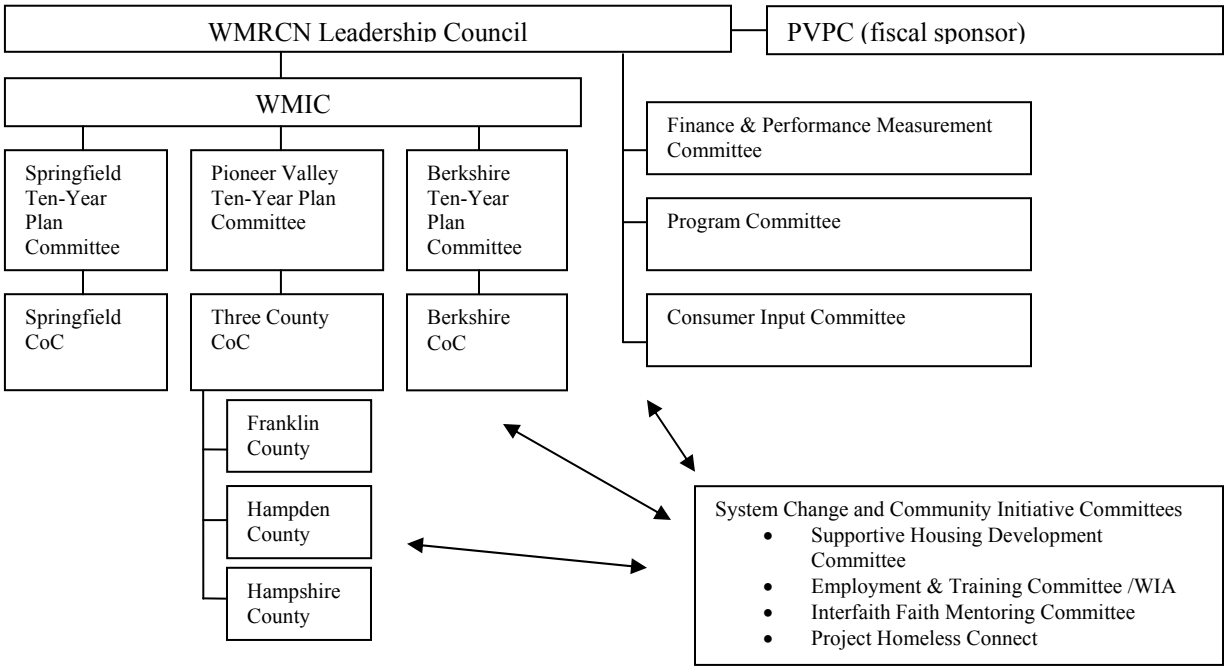
d. Building on Existing Planning Structures and Networks.

The WMRCN is the culmination of multiple planning initiatives and bodies in our region, and builds upon the existing plans and networks. The groundwork was laid during the early days of the three CoCs, refined by the three Ten-Year Plan processes, and has been pulled together

[3] http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=3518

regionally by the WMIC network. This building of plans and cross-agency collaboration has created the ideal environment to achieve system change on a regional basis. The organizational chart below shows how each plan/committee builds on the others.

Western Massachusetts Regional Coordinating Network



The WMRCN Leadership Council will provide the big-picture regional oversight to implementation of CoCs and Ten-Year Plans, ensuring they are focused on results and accountability. WMIC will coordinate service delivery on a regional scale. In the sub-regions, Ten-Year Plan Committees will provide governance, while CoCs coordinate local service delivery. The entire Network will collaborate on systems change.

The region contains four entitlement communities each responsible for preparation of a Consolidated Plan: Springfield; the Holyoke-Chicopee-Westfield Consortium; Northampton, and Pittsfield. These communities are engaged in the work of the WMRCN, and are expected to incorporate the WMRCN's planning into their next Consolidated Plans in 2011.

The WMRCN will work with Workforce Investment Act Boards to expand the workforce development program currently being fine-tuned in Hampden County. Springfield's Ten-Year Plan Committee has actively engaged the WIA Regional Employment Board (REB) of Hampden County. As a result, this REB currently funds one FTE employment counselor/job developer dedicated to working with people who are homeless, and actively works on a committee charged with increasing access to employment and training opportunities. The three REBs across the region (Hampden, Hampshire/Franklin and Berkshire) have expressed a commitment to target employment development programs for homeless and at risk families and individuals in the region, and will work with the Hampden County REB to apply best practices throughout the region.

e. Regional Network Leadership Council Membership.

The members of the WMRCN Leadership Council are: **Father Stanley Askemit,** Interfaith Council of Franklin County; **Andrew Baker**, Executive Director, Hilltown CDC, **Paul Bailey**, Executive Director, Springfield Partners for Community Action; **Tim Brennan**, Executive Director, Pioneer Valley Planning Council; **Rebecca Caplice**, President, Greenfield Savings Bank; **Martin Chaisson,** President, INOE Technologies; **Dave Christopolis**, Director of Development, Berkshire Community Action; **Amy Clarke**, Franklin County Community Meals Program; **Steve Como**, Director of Government/Community Relations, Soldier On; **Evan Dobelle**, President, Westfield State College; **State Senator Ben Downing**; **Linda Dunlavy,** Executive Director**,** Franklin County Regional Council of Governments; **Rob Fields**, Clerk Magistrate, Western Division Housing Court; **Bob Fleischner**, Center for Public Representation; **David Gadaire**, Executive Director, CareerPoint; **Steve Huntley**, Executive Director, Valley Opportunity Council; **Lori Ingraham,** Easthampton Savings Bank**; Peg Keller**, City of Northampton; **John Klenakis**, Deputy Director, University of Massachusetts Donahue Institute; **Charlie Knight** (consumer); **Betty Medina Lichtenstein,** Enlace de Familias **; Gerry McCafferty**, City of Springfield; **Andrew Morehouse,** Executive Director, Food Bank of Western Massachusetts, **Rebecca Muller,** GrantsWork; **Yasmin Otero**, Regional Director, MA Department of Transitional Assistance; **Joe Peters**, President, Universal Plastics; **Jane Sanders**, Community Action; **Linda Stacy**, Executive Director, United Way of Franklin County; **Elizabeth Sullivan**, Western MA Area Director, MA Department of Mental Health; and **Lynn Wallace**, Dietz & Co. Architects.

The WMRCN planners, a broad, inclusive and ever-expanding group, designated a trusted subgroup to select and form the Leadership Council, following input from all planners. The sub-group consisted of the two WMIC co-chairs, Elizabeth Sullivan and Yasmin Otero; conveners of the three CoCs: Gerry McCafferty, Peg Keller and Dave Christopolis; and director of the community action agency for Franklin and Hampshire Counties, Jane Sanders. Most of the Leadership Council is now in place, but there are several vacancies on the Council in order to allow members to provide input about skills or entities that would fill key gaps on the Council. Leadership Council members are selected based on their skills, contacts, representation, and passion about ending homelessness, with an eye toward ensuring that the full region is represented and key constituencies are engaged. In order to meet these goals and other concerns expressed in the planning process, the following rules govern the selection process:

1. The full Leadership Council will have up to 35 members.
2. There are nine fixed representatives: the DTA Regional Director; the DMH Regional Area Director; the three CoC conveners and the four community action agencies.
3. No provider expected to receive funding under this initiative may be on the Leadership Council, with the exception of the fixed members.
4. No fewer than ten members shall be business or civic leaders.
5. There must be members from the faith community, government entities/municipal officials, philanthropy, academics, housing providers and advocates.
6. There must be at least one member from any active ten-year plan leadership committee.
7. There must be consumer representation.
8. Each county shall have at least four representatives on the Leadership Council.

The grid below shows the WMRCN Leadership Council's entity types and geographic coverage:

	Regional	*Springfield*	*Hampden*	*Hampshire*	*Franklin*	*Berkshire*
CoC/10-Year Plan Committees		✓		✓		✓
CAP Agencies		✓	✓	✓		✓
Government Entities/Officials	✓	✓		✓	✓	✓
Business & Civic Leaders	✓	✓	✓	✓	✓	✓
Consumers		✓				
Advocates	✓					
Faith-based					✓	
Housing Providers			✓	✓		✓
Academic institutions	✓		✓			
Philanthropy	✓				✓	
Health care	✓					
Other Service Providers	✓		✓		✓	

The Leadership Council is responsible for oversight of the ICHH grant and accountability regarding the region's goal of reducing homelessness. Council members must commit to attendance at quarterly meetings and to participation in subcommittee work. In the early stages of the PILOT program period, WMRCN envisions the Leadership Council will convene three main committees: PILOT Implementation, Performance Measurement/ Finance, and Consumer Outreach and Input (a committee comprised of formerly homeless people who are no longer living in crisis).

The WMRCN Leadership Council includes members experienced in implementing system change. ***Elizabeth Sullivan*** brought the WMIC together, and led the group through its pioneering creation of a joint DMH-DTA project focused on engaging and housing chronically homeless individuals not affiliated with agencies required to provide services (e.g., DMH, DMR). ***Yasmin Otero*** has reframed one of DTA's front doors into homelessness by partnering with the Western Division Housing Court to have DTA in court on eviction days and when multi-family properties are condemned, increasing options for prevention and rapid rehouse. ***Gerry McCafferty*** created and has led Springfield's initiative to end homelessness. This has encompassed: creation of Housing First collaborative involving multiple agencies and sources of funding; realignment of over $1 million in government funding targeted toward homelessness; and closure of a homeless shelter which was followed by a decrease in the City's street homelessness due to the corresponding aggressive emphasis on Housing First.

f. Benefit of the Regional Approach.

Use of a regional approach affords the Network an opportunity to engage in a change management process. This opportunity empowers the region to build organizational and human capacity to produce effective business results; to implement innovative systems change on a

large scale; and generate long-term sustainability of the network's capacity. Regional planning and development will allow network participants to create standardized systems of training, best practices, data sharing, scales of efficiency and multiple outlets for education and public awareness campaigns.

Regional implementation of innovative interventions brings consistency to methods for defining, tracking and intervening at early and chronic stages of homelessness. It enables area providers to coordinate their efforts and accurately identify numbers, patterns, and conditions faced by homeless families and individuals in urban and rural communities and those who are at imminent risk of becoming homeless.

The WMRCN/WMIC group will continue to meet monthly to work out the on-the-ground service delivery issues expected to arise with implementation of a new system. This group will be the coordinator of all already-existing work groups under the CoCs and Ten-Year Plan, and will establish other workgroups where need is identified.

g. Regional Network Structure.

The WMRCN organizational structure covers four counties, three CoCs, three Ten-Year Plan committees, WMIC, the Leadership Council with a fiscal sponsor-like Convening Agency, and other providers that are not affiliated with any particular CoC or 10 Plan Implementing Committee. A diagram of this network is attached to this document.

h. Communication and Information Sharing Methods.

During the RFR response period, the large size of the region and the extensive number of people involved highlighted the need for improved communication methods. As a result, the group identifies the need to implement new communication and information sharing methods:

Communication mechanisms. The geographical dispersion of WMRCN stakeholders mandates the use of innovative communication mechanisms. WMRCN members rely heavily upon email but we also have pursued conference calling (currently implemented), live meeting technology (scheduled to be fully implemented by January 2009), and webinar technology (scheduled to be implemented by July 2009). The WMRCN will continue to pursue technology-based strategies that expand and enrich our capacity to harness the power and productivity of virtual space.

WMRCN Website. The planning group has prioritized the launching of a WMRCN website, designed to serve the needs of multiple constituencies, with the capacity to be used as: 1) A portal to services; 2) An online information center for providers, with updated news, events and trainings, along with a download center for regional documents, forms, etc.; 3) An information center for community-based constituents; and 4) A sponsor or host of local/consumer blogs. The site will be designed to serve as an interactive and informative data destination, encompassing regional and local facts and figures, regional and local progress reports/outcomes studies, and regional and local searchable databases.

HMIS. The WMRCN will use three HMIS applications, each sponsored by one of our CoCs: ETO by Social Solutions; HousingWorks; and DTAs SHORE. This is not ideal but the cost and time associated with converting two of three CoCs to the same HMIS is prohibitive. At the same time we have confidence that ICHH requirements (such as regular uploads into SHORE using HUD XML schema), along with SHORE's flexibility and provider-centric design/customization capacity, will enable us to quickly move toward shared systems-level, program-level and (when appropriate) individual-level data. Practically speaking, the WMRCN will require uploads into SHORE no less frequently than monthly and, as a result, will gain the capacity to generate regular customized performance reports, and interim outcomes reports, so as to measure progress toward regional and local goals and objectives.

i. Coordination with Local DTA Offices and other State Agencies.

As an active WMRCN partner, DTA is committed to provide support and resources within its role as the state agency responsible for emergency shelter services. DTA offices located in Greenfield, Holyoke, Pittsfield, North Adams and in Springfield (2 offices) provide access points for delivery of public benefits and services ranging from assessment to employment assistance and include emergency shelter and housing services. The existing communication network between DTA Central Office, local offices and other state agencies will be a resource for information that will augment the efforts of the WMRCN and enhance the outcomes of the PILOT. Coupled with existing communication protocols and the establishment of reporting and implementation mechanisms within the WMRCN and Leadership Council model, the communication system of the WMRCN will be a hallmark of the PILOT.

Attached is an MOU signed by all of the family shelter providers in Western MA. In anticipation of greater coordination of regional resources, all of the family shelter providers in Western MA have signed on to an MOU for the DTA RFR expressing a willingness to share data, resources and a shared vision for providing the best, coordinated response to family emergencies in the Western MA region. The PILOT programs being proposed by the WMRCN would tie in the resources of DTA, the ICHH resources as well as other state and federal resources currently being sought. As noted in the Family Intervention section below, the WMRCN will work closely with DTA on the implementation of the PILOT and systems change initiatives. (See attachment K-2.)

Also attached are partnership letters from WMRCN's primary state agency members, including the DTA, DCF, the Western Division Housing Court, DMH, DPH, and the Hampden County Sheriff. It is anticipated that this list will grow as the PILOT program moves forward. (See Attachment K-1.)

j. Decision Making Protocols Between Partnerships; Avoidance of Conflict of Interest.

The WMRCN is dedicated to fairness and transparency in all of its functions. The design of the network is to have a strong Leadership Council that oversees an active network membership. The Leadership Council selection will ensure that there are no direct conflicts of interest, especially in the area of distribution of funds. In addition, the Leadership Council will be required to sign full disclosure statements for any potential conflicts that may arise in the

decision making role with which they are entrusted. The leadership group will make decisions by majority vote, and an initial task will be creation of operating bylaws and a code of conduct.

B. CAPACITY OF CONVENING AGENCY

a. Convening Agency Identification.

The 501c(3) arm of the Pioneer Valley Planning Commission (PVPC) will be the Convening Agency for the WMRCN.[4] At present PVPC has a staff of 46, including 31 planners and 15 support and technical staff. The staff have extensive experience and training: staff hold advanced degrees in areas such as landscape design, historic preservation, public administration, natural resource planning, civil engineering, environmental policy, and business administration. An Organizational Chart is attached to this document. (See Attachment C.)

PVPC is established pursuant to the MA Regional Planning Law, which is designed to "permit a city or town to plan jointly …. to promote, with the greatest efficiency and economy, the coordinated and orderly development ... and the general welfare and prosperity of their citizens." M.G.L. Chapter 40B. All forty-three cities and towns of Hampshire and Hampden Counties are members of the PVPC.

When established, PVPC's focus area was defined to be the cities and towns of the four counties of Western MA. In addition to Hampden and Hampshire counties for which PVPC is the regional planning entity recognized by the state, Franklin and Berkshire counties are included in the region covered by the related nonprofit. For the non-fiscal components of this project for which PVPC is responsible that involve Franklin and Berkshire counties, PVPC will coordinate with its sister agencies in these counties, namely the Berkshire Regional Planning Authority and the Franklin County Council of Governments.

b. Convening Agency Experience with Housing and/or Homelessness.

PVPC's mission is to preserve and enhance the quality of life for its individual member communities and for the region as a whole by:

- Working to develop policies, programs, and projects that support public and private efforts throughout the region to resolve issues, solve problems, meet needs, and exploit opportunities whenever and wherever such efforts can benefit from sound regional planning;
- Serving as an advocate for the regional community as needs and circumstances dictate; and
- Engaging an open and broadly participatory planning process solidly grounded in ethical principles and a commitment to dedicated, high-quality public service.

The Commission recognizes the need for a regional "Housing First"-focused programs and policies focused on making permanent, supportive affordable housing available for the chronically homeless and for families and individuals that cycle in and out of homelessness. Further, PVPC also recognizes that despite the availability of affordable housing in the region

[4] The 501c(3) arm of PVPC is known as the Pioneer Valley Regional Venture Center. This Center is staffed by the PVPC.

there continues to be a lack of housing options that are affordable to the very, very low income individuals and families in the region. In 2007 at their annual meeting PVPC gave awards to the mayors of Springfield, Holyoke and Northampton for the creation and start to the implementation of their regional plans to end homelessness.

PVPC has also supported and conduct housing specific housing assessments either as an independent report or part of a larger document or plan. The following is a listing of some of the Commission's current housing related projects:

- Housing Needs Assessment & Action Plan (Belchertown), in progress
- Housing Needs Assessment (Westfield), 2007
- Housing Gap Analysis – Sustainability Planning (Northampton), 2007
- Regional Housing Affordability Snapshot (PVPC), 2007
- Foreclosure Trends in the Pioneer Valley Region (PVPC), in progress
- Valley Vision 2, Regional Land Use Plan (PVPC), 2007
- Community Development Strategies (22 individual communities), 1998-2008

c. Convening Agency Experience as Lead Entity.

PVPC's team of professional planners and support staff have specialized expertise dealing with local and regional issues. The Commission has a strong reputation for planning and public involvement leading to consensus. Working with its 43 member communities, PVPC has influenced the growth of the Pioneer Valley region and protected its character and natural resources. Its proven ability to focus on "the big picture" while also addressing individual community need has resulted in numerous successful ventures.

The 2004 Plan for Progress and the Hampden County Health Coalition (HCHC) projects are two planning processes for which the PVPC facilitated the building of consensus and leveraging of significant political will. Centering on strategies developed through focus groups, research, and business community participation, the 2004 Plan identifies thirteen strategic goals as critical for growing the people, companies, and communities that grow the region. The ongoing implementation of these strategies is evidence of consensus among the Plan's stakeholders, including accomplishments such as the cross-state "Knowledge Corridor" initiative with Connecticut and widespread formal acceptance of the regional land use plan, Valley Vision2.

PVPC also facilitated recently the 18-community Hampden County Health Coalition (HCHC)'s initiative where multiple cities and towns came together to develop and implement a common public health objective. PVPC is the fiscal and program coordinator for this group and facilitated the group's work to establish a shared mission and agenda around emergency preparedness. The effort is funded through the Homeland Security Act.

d. Relationship between Leadership Council and Convening Agency.

The Leadership Council will be governing body responsible for overseeing the implementation of the program described in this RFR response and for ensuring a sustained regional effort to reduce and ultimately end family and individual homelessness in the four Western MA counties .

The PVPC, acting through its 501c(3) arm, will primarily act on behalf of the WMRCN as a fiscal sponsor. WMRCN does not contemplate that PVPC will be responsible for the direct provision of emergency assistance in an expedited fashion. Rather, PVPC will manage the advance of reimbursement of funds expended by vendors and contractors for programs contemplated in this RFR response.

A representative from the PVPC will be a member of the Leadership Council, and PVPC will be responsible for the fiscal administration of the program contemplated in this RFR response, including the administration of the contracts for the central staff (i.e. the Regional Coordinator, data coordinators, and other program staff) and for vendor selection and the administration and monitoring of vendor contracts related to the implementation of the programs described herein. Given their expertise in this area, it is also anticipated that PVPC will assist with the coordination of the data and performance measurement components of the programs described in this RFR response.

The attached DRAFT MOU between the WMRCN's Leadership Council and PVPC's 501c3 arm describes the expected roles and responsibilities of each entity. (See Attachment D.) The PVPC meets annually, and its next meeting will be held on November 14th at 5:00 PM, 2008. It is anticipated that this MOU will be on the agenda for that meeting. WMRCN's Leadership Council will take up this MOU for discussion at its first regular meeting in December.

e. Convening Agency Fiscal Experience.

PVPC has significant experience managing both the program and financial administration of tens of millions of project dollars involving local community and regional programs, including in the capacity of fiscal sponsor. When in this role, PVPC typically maintains program and financial records, oversees all procurement (note that it is anticipated that state/federal compliance will not be required here due to the PVPC's 501c(3) status), and maintains banking and checking accounts including check disbursements to contractors and vendors.

Recent examples of instances where PVPC serves in a fiscal sponsor-like role include its function as: the CDBG administrator for over 12 areas; the fiscal sponsor for the Pioneer Valley Brownfields Revolving Loan Fund; the facilitator and manager of the Hampden County Health Coalition Program; and the manager of the Home Modification Loan Program (HMLP) in Western MA except the Springfield metropolitan area and Northampton.

f. Government Contracts Administered by Convening Agency.

Please see the attached "List of Government Contracts Table of the six largest local, state, and federal-funded contract that the Convening Agency has been responsible for administering in the past two years including current contracts. (See Attachment E.) PVPC administers 40 to 50 government grants each year.

g. Key Staff for Administration of Contract.

The PVPC's key staff will include, but is not necessarily limited to, the individuals noted below.

Name	Title	Qualifications/Experience	Yrs w/PVPC
Timothy W. Brennan	Executive Director	Nearly 40 years experience in all aspects of planning. Numerous local, regional, state and national affiliations in the area of planning, regionalism and government. Lecturer and college/university adjunct faculty member.	37+
James M. Mazik, AICP	Deputy Director CD Section Manager Chief Procurement Officer	Varied experience in planning, municipal government, housing, research and analysis, procurement, neighborhood revitalization, facilitation and community development.	20+
Shaun Hayes	Chief Planner GIS/Graphics Section Mgr.	Experience in mapping, graphic design, layout, GIS and other forms of visual output.	36+
Raphael A. Centeno	Planner Specialist Graphic/Web Designer	Over 20 years experience in design and production; responsible for website design and maintenance.	12+
Jessica Jo Allan	Senior Planner	Experience in master & strategic planning, zoning, facilitation, community participation, public outreach.	4
Anthony Dover	Planner/ Sustainable Development	Over 15 years experience in data collection and analysis, mapping, facilitation and project management.	1

h. Convening Agency Experience with Benchmarks and Performance Measurement.

The PVPC has developed an innovative accountability system for the *Plan for Progress*. The system is showcased in a user-friendly, stand-alone website (www.stateofthepioneervalley.org), and is based on 24 performance indicators which provide a "dashboard" measure of progress. Quantitative benchmarks highlighted on the website assist in identifying economic trends and measuring progress towards the *Plan For Progress* Strategic Goals and Action Steps. This accountability system is innovative for its user accessibility and its direct correlation to specific economic development strategies for the region.

The performance indicators were developed in response to the Economic Development Administration's (EDA) request for more quantifiable measures of progress in regional economic development plans. Although metrics-based indicator systems have been developed in

other cities and regions for a variety of purposes, most have used a much larger number of indicators, requiring users to sift through an overwhelming amount of data. In addition, the indicators have usually been chosen as unrelated benchmarks, without linkages to specific, focused economic development strategies and goals. In some cases, where benchmarks are linked to strategies, the presentation is in report form, requiring the user to scan a PDF document of 50-300 pages. It appears that the Pioneer Valley's *Plan for Progress* Performance Indicators website may be the only such forum that presents a manageable number of benchmarks linked to a set of regional economic goals in a stand-alone website.

The *Plan for Progress* includes 13 economic development strategies which have been grouped into four major categories: 1) Strengthen and Expand the Region's Economic Base; 2) Foster Means of Regional Competitiveness; 3) Supply the Region with an Educated, Skilled, and Adequately Sized Pool of Workers; and 4) Foster the Region's Business Climate and Prospects for Sustainable Growth. Each of the 24 indicators was chosen to represent one of these groupings. In deciding which indicators should be used, *Plan for Progress* Strategy Teams considered which data was reliable, readily available, applicable to the region, and overarching. Thus, the performance indicators provide a regularly updated assessment of progress in each of the four strategy groupings.

C. INNOVATION AND IMPLEMENTATION

Subpart A: Innovative Interventions for Individuals.

The WMRCN will apply a public health approach to our efforts to reduce the incidence and prevalence of chronic homelessness among individuals in our region. A public health approach incorporates strategies that are designed to intervene on the level of the community, the target group, and the individual, while recognizing the interdependence of each. It relies upon multi-sector collaborations and emphasizes data-driven processes. Perhaps most importantly, it will embed our long-term goal of prevention into our daily work.

We propose to do this through the expansion and enhancement of the REACH program, which currently operates in Springfield. The REACH Program (Regional Engagement and Assessment for the Chronically Homeless) is both an **approach** and a low threshold housing **program** which integrates outreach, engagement, assessment, and housing stabilization/supportive services, allowing services to follow the chronic homeless individual across settings and across time. REACH has become a local 'best practice,' establishing a new standard for providing housing and services to the most vulnerable homeless individuals in the community.

a. Individuals: Target Population.

The REACH expansion pilot will provide housing and services to at least one third of the target population, or 75 to 100 individuals, over 18 months. The majority of these individuals will receive at least a minimal level of service (in the form of outreach) at any point in time.

b. Individuals: Comprehensive Intervention Package.

Since REACH is an **approach** and a **program** it includes interventions that exist on multiple levels, to foster systems change even while addressing the specific needs of the community, the target group, and the individual, as depicted in the attached document. (See Attachment F-1).

Community-level interventions introduce screening and referral processes/practices into regional and local homeless and health services settings. Initially this will create a mechanism to identify and engage chronically homeless individuals; eventually it will provide an opportunity to identify and target other subpopulations that have specific needs (*e.g.* Tier 2 individuals; or young adults).

Group-level interventions take place after referrals and include the activities of Brief Assessment, Intake, and Housing and Program Placement. These interventions will introduce new processes into our region (*e.g.,* intakes designed to prioritize and match people to places/programs) or will provide a new level of coordination and integration into existing processes (*e.g.,* matches to housing will be shepherded by the REACH team but will include instances where an individual is transferred to a mainstream service provider, when that provider's services prove to be appropriate and relevant). In general, this level of intervention consists of the menu of housing options, program options, and support.

REACH is used as a *program* in order to complete the menu of housing and program options in our region. It provides 'safety net' housing when other options are not available for any number of reasons: an individual's lack of eligibility for mainstream services, their unwillingness to receive services from a bureaucracy, their lack of income, or their need to live in housing that does not require sobriety or other adherences to program rules. Toward this end, REACH offers low-threshold housing accompanied by pre- and post-placement outreach and intensive (though optional) supportive services. It is an innovative, barrier-free, flexible housing model that draws directly from evidence-based practices since, as a true Housing First program, it incorporates such principles and practices as harm reduction, an emphasis on consumer preferences, and clinical case management – all strategies used and recommended by Pathways to Housing.[5] The REACH program uses as its housing units or vouchers designated by housing authorities or municipalities for this purpose, and planning for this grant has included solicitation of participation from local housing authorities throughout the region.

Individual-level interventions for those who receive housing and supportive services directly through the REACH program are modeled after the evidence-based practice of Assertive Community Treatment (ACT), including access to an integrated team of practitioners and clinicians; access to 24 hour staff support; and a comprehensive package of supportive services such as outreach and engagement, case management, mental health/substance use counseling, health care and wellness, skills building/ asset building, referrals and services coordination.[6]

A map that documents the way in which interventions would be perceived by the individual,

[5] http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=195, http://monarchhousing.org/2008/03/30/pathways-to-housing-evidence-based-practice-by-hhs/
[6] http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community/

including the path followed from initial contact through housing and follow-up, is attached. (See Attachment F-2.)

Unseen in the attached map, perhaps, is an important if sometimes overlooked aspect of REACH-based interventions: The opportunity to support transitions, *e.g.* the same team that does the outreach also does housing stabilization; and if the individual leaves housing then the same team continues with additional outreach. This strategy allows the REACH program to transcend silos and, importantly, it promotes a relationship-based model of support that can improve long-term permanent housing outcomes.

Long-term housing outcomes will be improved through ongoing assessment/follow-up. The REACH pilot will establish urban and rural bi-weekly or monthly meetings to allow for ongoing coordination and improvement processes related to housing and program placements. The purpose of these meetings will be to regularly evaluate the circumstances and progress of all screened and assessed Tier 3 and Tier 4 homeless individuals in the region, such as their outreach/engagement status, benefits efforts, housing placements, relapse and relapse prevention effort. As gaps in service are detected they will be reported back to the WMIC committee for review, with the intent that recommendations will be made to the WMRCN Leadership Council if new or repurposed resources are required to achieve positive outcomes.

c. Individuals: Outreach and Marketing.

The REACH expansion/enhancement pilot will conduct outreach and marketing to chronically homeless adults primarily through their initial access points – emergency shelters, street outreach teams, drop-ins/day centers and, to a lesser extent, through Emergency Rooms and other acute settings.

Our first phase of outreach and marketing has already begun. The process consists of the identification of individuals in our region who 1) Have long histories of homelessness and who 2) Might want to live in permanent housing. WMIC has been able to initiate this process since people who live in shelters or outdoors for extended periods of time become known to outreach workers, shelter staff and homeless advocates. Specifically, we have:

1. Generated a list of potential REACH candidates through HMIS using specific criteria (chronic homeless status, community ties, shelter stays within the last 6 to 12 months).
2. Integrated the HMIS data with information compiled from regional outreach workers;
3. Established face validity by using field reports – that is, asking frontline staff to validate the candidates according to additional criteria (still in area, still needs housing).
4. Prioritized the list by assessing length of stay/length of homelessness.

Our next step is to prioritize the list of candidates further through the use of the Vulnerability Index and, possibly, one or two additional measures. We will outreach to the most highly prioritized candidates, determining their needs and preferences; and, with their consent, we will assess them in order to match them to right mix of housing and services. The list of candidates will be appended and revised continuously as formal screening and referral processes are put into place, and as some candidates either find their own housing opportunities or leave the area.

d. Individuals: Eligibility Determination Process and Criteria.

The REACH program provides for the engagement of chronically homeless individuals whether they are in shelter, on the street or preparing for release from an institution. The program is dedicated to the principle of harm reduction through the use of a solid engagement process and a comprehensive assessment of the individual with attention paid to the *needed supportive services and to the housing desires of the individual*. We have come to recognize that strict eligibility tests, whether for the services of a mainstream agency or for benefits, present one of the most difficult barriers to overcome in ultimately housing the chronically homeless. The REACH Program requires no eligibility test for entry. One's homelessness status and the desire to be housed are the sole criteria for engagement and assessment. Our experience shows that by housing an individual as quickly as possible the safety of the individual is better assured but also the opportunity for further engagement and a connection to more traditional services is enhanced. It is also more likely that the use of emergency services by an individual will be reduced.

The process for determining eligibility for REACH with or without housing will occur through the service delivery model described above, beginning with Screening and Referral and progressing through Brief Assessment, REACH Intake, and Housing/Program Placement.

Screening. The purpose of the screening is to determine if an individual meets referral criteria, consisting of: 1) Chronic homelessness; and 2) Non-transience, i.e. the individual is not passing through our region or otherwise staying temporarily. The screening will consist of 4-6 items embedded in HMIS and will occur at major access points – *i.e.,* emergency shelters, ERs, and through outreach workers. It will result in a referral for REACH services.

Individuals who have been pre-screened have already met referral criteria. These individuals will be briefly assessed over the next couple of months, as resources allow, so that they can be quickly moved into housing if ICHH funding is received.

Brief Assessment. The purpose of the brief assessment is to rule out false positives (those who incorrectly screened in) and to determine resources, *i.e.* affiliation(s), access to mainstream benefits, and income. It includes the first phase of a modified Vulnerability Index (risk & safety, age, gender, homeless history, presence of SA/MH/serious health problem) and, most importantly, documents the individual's desire to enter into permanent housing. The brief assessment will be conducted by members of the REACH team and their allies, such as trained outreach workers, shelter-based case managers, Health Care for the Homeless practitioners, and advocates. It will result in an ongoing list of individuals who are deemed eligible and interested in housing and services.

REACH Intake. The purpose of the REACH Intake is to determine *what services and in what amounts an individual will be eligible.* It will yield the information that is necessary to match individuals to the housing and the program/ services that best meet their strengths, needs, preferences, and resources. It consists of:

1) A completed Vulnerability Index; 2) Functional Status using the Arizona self-sufficiency

index available in SHORE; 3) Barriers assessment, *i.e.* the degree to which SA/MH issues, CORIs, compromised ADLs, or lack of resources act as barriers to obtaining and maintaining permanent housing; and 4) The individual's needs and preferences regarding housing and level of services.

It also includes the housing/program match assessment which includes information about supports (social and community-based, including treatment and service providers); recommended setting (*e.g*. congregate vs. scattered; staffed vs. unstaffed) and services level (minimal, moderate, or intensive); and Stage of Change.

The brief assessment and the intake might occur simultaneously or non-sequentially. After the intake is completed, which may occur over several meetings, the individual will be prioritized for a housing placement. When waiting lists for housing placements are necessary, individuals will be prioritized according to the Vulnerability Index. The Intake will be completed by REACH team members, potentially over several meetings in multiple and appropriate settings, so as to literally and figuratively meet the individual where they are.

Housing/Program Placement. The intake will provide enough information to determine the 'best fit' housing situation for the individual, which we will organize along two tracks: low threshold permanent housing; and 'traditional' mainstream housing. Within these two tracks are new and existing programs, all of have their own configuration of eligibility criteria, income requirements, settings (*e.g.* congregate vs. scattered) and staffing levels; the programs are operated by many different providers and are located throughout the Pioneer Valley and in the Berkshires. The two tracks and the programs within them are described below.

Track 1: Low Threshold Housing First Options (moderate to intensive service level needs)
This track consists of Home and Healthy for Good, Safe Havens, C-SPECH & REACH programs currently operating in Western MA, as well as the expanded REACH Housing pilot. Eligibility for REACH Housing is the most barrier-free in order to serve chronically homeless people (Tier 3 & 4) with *intensive* service needs who are currently unaffiliated with umbrella state agencies (*i.e.* DMH, SHIP, DMR, Substance Abuse Bureau). There are no requirements for entry other than being part of this target population. Inclusion for C-SPECH Services & Housing will target a Tier 3 homeless population, as well as serving some unsheltered homeless individuals with *moderate* service needs. Some long-term sheltered individuals with *intensive* service needs may also be served in this program on a 'best fit basis' depending on level of risk and other available housing with supports placements. Eligibility includes being chronically homeless and having MassHealth Insurance, as well as being a member of the MA Behavioral Health Partnership Primary Care Clinician Plan. Eligibility for Safe Havens includes chronic homelessness, major Mental Health diagnosis, and high level of risk; these programs have a focus on serving the unsheltered Tier 4 population.

Track 2: Traditional Housing Options (minimal to moderate service level needs)
Traditional permanent housing options will be offered from the array of available programs, including such existing programs as Shelter + Care and ATARP for persons able to meet a DMH eligibility standard, to various offerings from other state umbrella departments such as DMR, SHIP, and BSAS, as well as McKinney PSH programs, Section 8 Programs, etc. Eligibility will

be determined by specific program and housing requirements inclusive of getting DMH, DMR, & SHIP eligibility as required. The REACH team will serve as advocates to promote access to these programs via reasonable accommodation standards and for consideration of a "best fit," rather than exact match criteria, for chronically homeless individuals who have been known to fall between the cracks of these traditional silos of housing and services.

The guiding philosophy of *inclusion* will be practiced when individuals present a challenge to this type of tracking/categorization; ***i.e.,*** eligibility will be determined on a 'best fit' basis rather than 'exact match' criteria. Inclusion also will refer to the ongoing solicitation and use of feedback from individuals receiving services; ***i.e.,*** the REACH expansion pilot will develop a consumer-based satisfaction survey /quality of life instrument that will attempt to measure success from the point of view of the program participants. Lastly, a feedback mechanism will be developed to provide valuable follow-up information to referring entities; this will reinforce solid referrals and provide these entities, over time, with consistent and valuable assistance.

The eligibility and intake process is designed to be not only inclusive but transparent and dynamic: We will continuously solicit feedback from, and offer updates to, our stakeholders using multiple channels. For example, feedback will be solicited during monthly WMIC meetings, monthly sub-regional housing provider meetings (described below); through ad hoc surveys with housed and wait-listed individuals, exit interviews with individuals who discontinue services; and through the WMRCN website. The feedback will be integrated with monthly data reports so as to continuously assess and improve our processes and practices.

Data reports will be generated through SHORE, which we will leverage by using it to house the REACH centralized intake. REACH staff will input data directly into SHORE but, in addition, the WMRCN will work with DTA, local services providers and regional CoC HMIS providers to create dynamic processes around uploading data from providers into SHORE and downloading REACH data to providers, so as to create efficiencies in data collection and foster data sharing. We will also work with service providers to implement standard Releases of Information in all settings where chronic homeless individuals access shelter and outreach services, so that individuals can have a true electronic portable record when and if desired.

e. Individuals: Housing Identification Plan.

To locate and identify housing the WMRCN will coordinate sub-regional meetings, organized along urban/rural lines, related to: 1) Housing resources; and 2) Housing/program placements. The intersecting activities of these two groups should help the WMRCN to achieve reductions in chronic homelessness within local communities and within the region as a whole.

Housing Resources. Housing resources (in the form of subsidies or affordable units) will quickly become the narrowest part of the funnel. A standing WMIC committee on both existing and newly developed housing resources will actively interface with the REACH team, learning month to month of the housing needs of the team. The committee will operate as a team who focus on the development of housing resources while providing outreach to, and education of, the private and public property manager community. The team will have rotating members who act as a 'rapid response' team when situations arise between property managers and providers/

tenants. It will develop printed materials to market its efforts and it will administer the *Property Manager Review* survey to help determine the effectiveness of services and intervention techniques from the perspective of property managers. Its primary tool will be a housing resources database located on the WMRCN website (possibly linked to SHORE) which will document and continuously update available housing resources and describe their program affiliations, subsidy types, setting and staffing characteristics, etc. The database will be searchable according to these types of parameters, with the intention that all regional service providers, including the REACH team, can use it to efficiently find 'best fit' housing for chronically homeless individuals. An example of what will be included in the database is attached (See attachment F-3**.)**

Housing/ Program Placements. Housing/program placements (*i.e.* matching individuals to 'best fit' living situations/ settings/ programs) will occur through the REACH team in conjunction with regional/local providers. These efforts will be institutionalized, and efficiencies gained, through coordinated, multi-agency monthly meetings whose membership will include but not be limited to outreach workers, homeless service providers, and allied housing providers. This type of meeting exists now for a particular section of our region, bringing together homeless service providers across programs and settings; its ongoing utility and value has led it to become a local "best practice." The WMRCN will facilitate the expansion of this effort, helping to further define its practical applications and strengthening its efforts through the development of resources such as the housing resource database.

f. Individuals: Percent Reduction in Sheltered and Unsheltered Homeless Individuals

Specific reductions in the number of individuals who are homeless at any point in time in Western MA have been estimated using two assumptions: 1) Among individuals who are chronically homeless, 40% are sheltered and designated as Tier 3 individuals while 60% are unsheltered and designated as Tier 4 individuals, as indicated in the MA Commission Report; and 2) The number of people who are homeless in our region will not change during the next 18 months.

Applying these assumptions to baseline data provided by ICHH, the WMRCN will achieve reductions in homelessness among individuals of approximately 3% at 6 months; 5% at 12 months; and 9% at 18 months. (See Attachment F.4) The number of individuals who are unsheltered will be reduced by almost 50% at 18 months, which will have a significant impact on the health and safety of this group while changing the nature of homelessness in our communities in deeply meaningful ways. Further, since chronically homeless individuals use a disproportionate share of resources (≈50-80%), a 9% reduction in the number of individuals who are homeless at any point in time will mean a 25-40% reduction in required shelter resources.

Subpart B: Innovative Interventions for Families.

The WMRCN seeks funding for Diversion and Rapid Re-Housing to imminently at-risk and homeless families. This PILOT will be supplemented by already-initiated work to ensure that accurate information about community resources for at-risk families is available and in a format that assists families in accessing the resource that is appropriate to their needs.

The Diversion and Rapid Re-House PILOT will provide flexible funding—ranging from emergency costs or rent arrears to time-limited shallow or short-term rental assistance—coupled with case management support. Families will be identified and prioritized through a collaborative and integrated DTA/PILOT assessment process, with the goals of decreasing the need for shelter and decreasing shelter length of stay.

The urban/rural split in Western MA provides an opportunity to compare Diversion and Rapid Re-House in different environments. A preliminary hypothesis by rural (Berkshire/Franklin) providers is that DTA data and other indicators of need understate the level of homelessness in rural communities, and that the loss of housing for Tier 1 and 2 families in rural communities can frequently be diverted or the families assisted into new housing with a relatively minor level of funding: no more than $2500 per family.

Providers in the urban/suburban areas (Hampden/Hampshire) note the high numbers and long lengths of stay in shelters for Tier 2 and 3 families, and prioritize these families for assistance, though they will serve families from all four tiers. While it is envisioned that some of the Tier 2 and 3 families can be stabilized with a low level of funding, the assumption is that most will need some level of time-limited housing subsidy. Because the subsidies will not be ongoing, case management for these families will need to focus on income maximization and employment. As with the rural component of this PILOT, financial assistance for Tier 1 families will be capped at $2500. The urban/suburban communities envision serving a very limited number of Tier 4 families, with the understanding that the service supports provided to the Tier 4 families will need to be intensive, and that long-term subsidized housing will be leveraged.

The combination of uniform assessment and the provision of assistance to families in all four tiers will enable our region to test out the assumptions that have created the tier system and whether the tier structure has the same level of meaning in urban and rural communities. The Diversion and Rapid ReHouse PILOT will also attempt to define a range of types of assistance that may be offered to families in each tier, with upper limits tied to each tier. This model would formalize a means for determining "right resources to the right people at the right time," while still maintaining the flexibility needed to respond to individual circumstances.

a. Families: Target Population.

The Diversion and Rapid ReHousing PILOT will provide financial and case management benefits to 100 families at a point-in-time, and 140 over the 18-month grant term. These families will each be assessed with the use of a uniform tool, and will be offered an individualized package of financial assistance and support services based on their unique circumstances. The pilot will serve families in Tiers 1, 2, 3 and 4.

b. Families: Comprehensive Intervention Package.

Outlined below are the core elements of the interventions that are being proposed. With regard to the Diversion and Rapid ReHouse PILOT, WMRCN recommends that the final design and scope of services be negotiated with the ICHH after the recent DTA Shelter RFR process is completed to avoid any duplication and/or to address high priority needs to achieve the goals of the

Commission. Additionally, the WMRCN expects to collaborate with ICHH, DHCD, and DTA to finalize its program development in regards to time-limited shallow and work-focused housing subsidies and promoting family self-sufficiency to coordinate with the state's MTW (Moving to Work) and FSS (Family Self-Sufficiency) Initiatives, as well as efforts to re-use foreclosed rental properties.

Community-level interventions will improve the ability for at risk families to access appropriate and available resources in order to prevent homelessness, and will minimize the too-common occurrence of inappropriate referrals that frustrate families and waste agency staff time. These interventions, which we are calling Community Services Mapping, include:

- *Multiple Front Doors.* Community Services Mapping will make use of multiple sites where families at risk of homelessness most often present, including: DTA offices, Housing Court, the DHCD-funded Housing Consumer Education Centers (HCEC), CAP agencies, housing agencies, domestic violence serving agencies, schools, clinics, DSS, and other agencies such as food pantries and legal services.

- *Community Service Mapping.* Community Services Mapping will produce comprehensive resource directories for each local service area (*e.g.,* Orange/Athol, Northern Berkshire, Springfield), which is organized by consumer need (*i.e.,* a problem area is listed, followed by resources to address the problem); indicates key eligibility requirements; and clearly states how to access services. It will be made available at all front-door sites in either a paper or online format. The community-specific directories will be a key resource for the 211 system, which does not yet have detailed information about resources and appropriate referrals for some of the areas in Western MA.

- *Brief Assessment and Referral.* A uniform means of brief assessment and referral will be made available at all front doors in conjunction with the community resource directory, and may either be administered by front-door staff or self-administered by at-risk families. The brief assessment will be a short series of questions that lead families toward the best/most likely resources to address their situation. This inter-organizational coordinated system of assessment, program eligibility, and referral will avoid duplicative assessments, and streamline and speedup access to needed services.

- *Virtual and Site-Specific Intake.* As it is developed, the online community service resource will link consumers to on-line application processes for some benefits and programs. After an initial online intake, unrestricted portions of the client file will be available through the virtual system for all providers in the region to review should the family seek assistance at a different front door as well. Berkshire County will develop a centralized resource center, where families can access services from multiple agencies in one location.

Group-level interventions are deployed after referrals occur and include the activities of Housing-Directed Intake, and creation of an Assessment-Based Housing Plan. These interventions will both introduce new processes into our region and will provide a new level of coordination and integration of existing processes. In general, this level of intervention consists of application of the menu of the housing options, program options, and support. It is anticipated

that the Housing-Directed Intake and Triage interventions will initially be used by funded PILOT service providers, but it is hoped that this model will become a regional best practice and be used more widely.

- *Housing-Directed Intake.* A comprehensive housing-focused intake/assessment tool will be administered using a motivational interviewing approach and identify: the family's strengths, interests, and goals; permanent housing barriers; employment, training, and educational needs; income and asset maximization needs; eligibility for other needed services; and other needed information.

- *Assessment-Based Housing Plan.* The intake/assessment will be used to create a plan that identifies the family's best route to stable housing. The plan will sort families into those who need immediate limited assistance (rent arrears or security deposit and one month's rent), those who have a means of increasing income over a period of time and will be stabilized with time-limited support, and those in need of permanent subsidized housing, possibly with supportive services. It will encompass goals and planning around education, training and employment; financial literacy; and asset development. This plan will inform providers as to the menu of supports to offer individual families in the Diversion and Rapid ReHouse PILOT.

Individual-level interventions are the menu of supports for those who receive housing and services directly through the Diversion and Rapid ReHouse PILOT. The specific items offered to a particular family will depend upon the family's circumstances, and whether the provider agency offers all components—it is expected that a higher level of support will be available in Hampden/Hampshire Counties due to the targeting of higher tier levels in those areas.

- *Case Management related to Housing Search, Placement, and Stabilization,* especially housing search and landlord mediation, but also including support in accessing child care, health services, transportation, and other necessary services.

- *Income and Asset Maximization*, including employment, training, and education assistance, financial literacy, and benefit applications (*e.g.,* fuel assistance, food stamps, WIC, earned income tax credit, etc.)

- *Short-term Flexible Funding Support:* small grants (less than $1500) related to obtaining or maintaining housing, for transportation, emergency expenses, utility arrears, etc.

- *Time-limited Flexible Shallow or Short-Term Rental Assistance* for some families varying based on the family's need and ability to succeed with this intervention. This will supplement already existing programs (RAFT, DTA Toolbox and Relocation) to provide financial assistance ranging from rent arrears (expected $500 to $1000), to relocation grants covering first and last month's rent and security deposit (expected $2000), to transitional or bridge subsidies of six to twelve months (up to $6000 expected). The flexible funds proposed in this innovation may be used as a shallow subsidy for up to 12 months. There may be a portion of the total amount available to families ($2500) set aside as a participation bonus to encourage ongoing engagement by families.

- *REACH program-type support* for a small number of chronically homeless families. As described in the section on individual interventions, REACH offers low-threshold housing accompanied by pre- and post-placement outreach and intensive (though optional) supportive services. It is an innovative, barrier-free, flexible housing model that incorporates such principles and practices as harm reduction, an emphasis on consumer preferences, and clinical case management. REACH uses as its housing units or vouchers designated by housing authorities or municipalities for this purpose, and planning for this grant has included solicitation of participation from local housing authorities throughout the region. This is a high-cost intervention reserved for a small number of hard-to-serve families in order to assess the efficacy of the model for these families.

These strategies have been identified and chosen based on data analysis and numerous discussion of the WMIC for the past 2 years, and recent planning with the DTA regional staff. They are intended to complement and integrate with other available resources.

A number of studies support the cost and programmatic effectiveness of long-term subsidies for families at-risk of homelessness (Bassuk & Geller, 2006). They demonstrate the cost savings of keeping families housed and out of homeless shelters, and they suggest that short-term or shallow subsidies could produce positive outcomes for families as well as systemic fiscal benefits. The proposed diversion and rapid rehouse intervention draws upon a number of evidence-based practices identified in the following: the ICHH's Report, the Reports from Hennepin County, Minn. and Washington DC Programs, the National Alliance to End Homelessness's Report "Housing First for Families," and the Abt Report on the Arizona Homeless Evaluation Project.

In addition to serving as a new type of intervention for imminently at-risk and homeless families, the Diversion and Rapid ReHousing PILOT will study the efficacy of comprehensive assessment and time-limited subsidies coupled with short-term case management, for families that can be stabilized without deep subsidy resources. The relative affordability of market rents in Western MA makes this innovation particularly well-suited to our region. The WMRCN also includes community-level interventions to improve access to and coordination of all services available to homeless and at-risk families.

A map that documents the way in which interventions would be perceived by the individual, including the path followed from initial contact through housing and follow-up, is attached. (See Attachment G-1.)

c. Families: Outreach and Marketing

The WMRCN's highly inclusive membership will provide a consistent platform for outreach and marketing the Diversion and Rapid ReHouse PILOT throughout all of Western MA.

The Diversion and Rapid ReHouse PILOT is targeted toward families imminently at risk of homelessness or already homeless. For the at-risk population, the challenge is to conduct outreach so as to find those who are actually at imminent risk (determined through use of a robust assessment tool) without creating an incentive for people to label themselves as at

imminent risk or otherwise opening the floodgates to high numbers of ineligible families. The Community Services Mapping and Brief Assessment will be designed to direct families to a range of services, unless they are in imminent need of shelter. Only when they present at DTA or a partner provider with this imminent need will they be evaluated for diversion. By mapping resources according to the family's need, it may stem the tide of very low-income people who are in need of rent assistance, regardless of whether they have other options.

Rapid ReHouse is targeted primarily to families in shelter, all of whom come through DTA referral. DTA is therefore an initial door at which a family may be targeted as a potential Rapid ReHouse candidate and referred to a provider agency. The WMRCN recognizes that these families do not need to accept the benefit; in some cases, they will choose to go to shelter, particularly scattered-site apartment units, and intend to remain in the unit until they obtain subsidized housing. There may need to be a marketing effort to explain the benefits of this assistance. Rapid ReHouse PILOT agencies will conduct outreach/marketing in person meetings at all local shelter locations. The meetings will serve as a means of encouraging families to consider the program, as well as an opportunity to begin the Housing-Directed Intake which will identify program appropriateness. If it appears necessary, program design will consider the use of incentives to increase interest in the Rapid ReHouse option.

d. Families: Eligibility Determination Process and Criteria

Eligibility for financial support and services will be driven by a uniform regional process through the utilization of a comprehensive assessment tool, which is consistent with all of the interventions set forth in this proposal. The WMRCN plans to use a tool like the Arizona Assessment Tool to determine if families seeking assistance meet the characteristics of the PILOT programs. The assessment tool will use the same domains and scoring as the SHORE instrument. DTA and regional providers have already begun drafting specific criteria based on their experience and research studies to prioritize those at highest risk of homelessness and those appropriate families already in shelter for this project. An initial version of this tool will be experimented with in January 2009, with a tested and refined model available by the end of March 2009.

Through the combination of the Housing-Directed Intake and the Assessment-Based Housing plan, families will be sorted into tier, or a comparable construct that defines level of need and barriers. Each tier will have a list of interventions available to families at that level, with a dollar cap per family based upon tier level.

As part of refinement of the Assessment Tool, community input will be sought through feedback mechanisms. Stakeholders will also be invited to participate in periodically scheduled focus groups for the purpose introducing the PILOT concepts and receiving ongoing input regarding the implementation of the program.

e. Families: Housing Identification Plan.

The Diversion and Rapid ReHouse PILOT will build upon and expand existing agency linkages to public housing authorities, property management companies, and landlords to create mutually

beneficial partnerships that could include incentives. Regional housing agencies involved in the WMIC have on-going relationships with thousands of landlords, property management companies, and all the area public housing authorities. The Network will use site-specific and virtual Housing and Resource Centers as well as other existing resources such as the HCEC programs to serve as dynamic clearing houses for disseminating housing information to all at-risk and homeless households, the provider community, and the rental housing community.

Where subsidized units are needed, WMRCN will use existing units through cooperative arrangements with housing authorities. A significant number of local housing authorities have already committed in writing to set aside rental units for the Network's planned innovations. At this time, there is no plan in place to develop rental units for this initiative.

f. Families: Reduction in Homelessness.

It is anticipated that the Comprehensive Intervention Package described herein will support the DTA Shelter RFR goal of reducing length of stay in shelters by at least 10 % in the first year. WMRCN will look for a 10 % reduction in the first 12 months, and a 12% reduction of length of stay over the 18 month pilot period.

Subpart C: Common Elements

a. Start Up and Implementation Timeline.

Period	Milestones	Progress Benchmarks
November and December, 2008	• Negotiate Contract with ICHH • Execute Agreements • Leadership Council meets • Continued outreach & negotiations with housing authorities • Initiate limited RFRs for services	• Contract awarded
First Quarter 2009	• Hire Regional & Subregional Coordinators • Incorporate XML schema into HMIS • Leadership Council creates by-laws and Code of Conduct • Select sub-grantees and enter contracts • Enter into agreements with first housing authorities • Subgrantees to hire staff • Finalize screening/assessment tool for individuals • Complete pre-screening of identified chronic individuals • Initiate Community Services Mapping & create Brief Assessment for Families • Begin use of initial Diversion & Rapid	• 18 units of housing for individuals identified

	ReHouse Assessment • Create template for Housing-Directed Intake & Assessment-Based Housing Plan for families	
Second Quarter 2009	• Begin consumer advisory board • Full evaluation plan, data elements, benchmarks and outcome goals completed • Begin REACH outreach to pre-screened individuals • First REACH individuals housed • Begin outreach to REACH landlords • Community Services Mapping & Brief Assessment for families in use • Edit and finalize Diversion & Rapid ReHouse Assessment • Begin Diversion & Rapid ReHouse outreach & marketing • Begin use of Housing-Directed Intake & Assessment-Based Housing Plan for families • 25 % of grant funds expended	• 25 REACH individuals housed • 40 units of housing for individuals identified • 25 families served
Third Quarter 2009	• Quality management processes in place • 50 % of grant funds expended • Create funding sustainability plan	• 6-month progress report • 60 units of housing for individuals identified • 50 families served • 3% decrease in number of homeless individuals • 5% decrease in number of homeless families
Fourth Quarter 2009	• 75 % of grant funds expended • Begin seeking funds for sustainability	• 60 REACH individuals housed • 80 units of housing for individuals identified • 80% of REACH participants able to maintain housing 6 months or longer • 100 families served
First Quarter 2010	• Release report to the community • Refine best practices & incorporate into existing services • Seek funds for sustainability	• 12-month progress report • 5% decrease in homeless individuals • 10% decrease in homeless families
Second Quarter 2010	• 100 % of grant funds expended	• 70-100 REACH individuals housed

		• 140 families assisted • 9% decrease in homeless individuals • 12% decrease in homeless families
Third Quarter 2010		• Final program report

Potential Barriers to Successful Implementation.
Successful implementation of the WMRCN's programs relies on the rapid hiring of new staff to carry out the grant activities and a quick process to select funded providers. Delay in these tasks would slow implementation of the PILOT and the need to quickly demonstrate results. In order to ensure that these tasks are carried out quickly, the WMRCN has raised funds to support a consultant to shepherd the WMRCN and the Leadership Council through these tasks.

The interventions that form the heart of the Network's work require participation from housing authorities and landlords throughout the region, and the failure to obtain their participation will limit the success of the interventions. This is an issue that the Springfield Implementation Committee has already encountered, and has formed a subcommittee on Supportive Housing to address it; this subcommittee has already started working regionally and has obtained grant funding for some staff support. The WMRCN will collaborate with and build on the work of this committee. It is because of the work already done in this area that we have obtained numerous commitments from housing authorities in our region to devote housing resources to our efforts.

D. LEVERAGING OF RESOURCES AND SUSTAINABILITY

a. Leveraged Resources Table.

Please see the attached Leveraged Resources Table for a list of all cash and in-kind resources, as well as a list of policy changes that will support the activities of the Regional Network. (See Attachment H.)

b. Sustainability Plan.

The WMRCN has designed its target interventions so that they create lasting change in practices and a reallocation of existing resources—especially subsidized housing units—for people who are homeless; these shifts in practice and reallocation of resources are not dependent upon continued funding for this project.

The infrastructure that supports the change—regional and subregional coordinators—are staff to the WMRCN Leadership Council and the three Ten-Year Plan implementing committees. These committees have been formed with very broad representation, including business, civic and foundation leaders, in order to ensure local buy-in and generate capacity to raise sustaining funds in the future. The experience of Springfield's Implementation Committee has been that the ability to show results attracts financial support: this Committee has not only raised $1.1 million

locally for a Homeless Resource Center, but it also raises regular funding annually to support Project Homeless Connect, a public education campaign, and regional planning to end homelessness. The WMRCN anticipates that it can draw on not only this foundation support, but also allocation of government funds, including Community Development Block Grants.

This regional effort is already supported by $36,000 in grant funding from the Davis Foundation, One Family Inc., Soldier On, HAP, Berkshire Community Action Council, and we have been encouraged to seek funding in next funding rounds from several local foundations. These foundations are also advising us as to likely sources of philanthropic money in the region and nationally. A key task for infrastructure staff will be to seek ongoing funding.

The WMRCN intends for this PILOT to demonstrate that new ways of responding to homelessness creates cost savings in the shelter system. As the 18-month PILOT period ends, WMRCN will advocate that savings to the state budget be re-invested in the programming of these better responses.

E. EQUAL ACCESS AND PUBLIC ACCOUNTABILITY

a. Equal Access Across the Region.

Our vision is that eligibility—not geography—will determine access to benefits and services under this grant. The Regional Network is committed to creating clear eligibility criteria and a uniform assessment tool to ensure that families and individuals will not be disadvantaged by the need to access services in one place or another.

Making this vision into a reality requires that our network include agencies from all parts of our region. We have ensured broad coverage through inclusion of all members of our region's three CoCs, the four community action agencies, and key state agencies.

The dispersed nature of the Western MA population requires the use of multiple providers/access points, including training of staff at agencies which are not traditional homeless service providers. It is also critical to reduce the need for transportation, where its availability is limited. The WMRCN is committed to using application methods that do not require face-to-face contact, wherever possible, including phone, email, and on-line.

b. Equal Access for Unaffiliated Homeless and At Risk Individuals and Families.

Our region's geographic need for a "no wrong door" approach that uses multiple providers and access points also supports our ability to provide services not connected to the service providers that are part of our Network—or, in some cases, not connected to any service provider.

In order to make the PILOT programs broadly accessible, the programs need to be widely marketed, and able to be applied for at multiple locations. As we choose specific providers for the benefits/services, we will enter into agreements with those providers ensuring that it is standard eligibility factors—not connection to a particular service provider—which will determine access. The WMRCN will monitor the success of cross-agency referrals to ensure that

funded providers are ensuring access to all eligible clients, regardless of provider affiliation.

c. Equal Access for Persons with Disabilities.

The WMRCN recognizes that the population to be served includes individuals and families with challenges related to substance abuse, serious mental illness, developmental disabilities, deaf and hard of hearing, traumatic brain injuries, physical disabilities and complex medical conditions. The WMRCN respects that every citizen has a right to safe, affordable housing; the WMRCN endeavors to enhance strength based and person centered interventions throughout the region. The WMRCN also acknowledges that its providers will encounter barriers to screenings, programs and housing; it is essential that the WMRCN identify community resources to provide accommodations as needed.

The WMRCN will establish a Cultural Competence and Diversity sub-committee that will engage with established committees across our community partners. The WMRCN will establish policy in compliance with ADA , training relative to Title II of the ADA and Fair Housing Act and will seek to ensure that providers engaged by the WMRCN are in compliance.

While initial determinations of reasonable accommodation or reasonable modification will be made at the provider level and will be expected to be made within a reasonable time period, the WMRCN Coordinator will be responsible for review or appeal of those decisions.

d. Translation and Interpreter Services.

The most prevalent language of non-English-speaking low-income households in Western MA is Spanish, and both employment of Spanish speaking staff among WMRCN providers and creation of Spanish written materials is essential. The region also includes some monolingual speakers of Vietnamese, Russian, and other languages, but the numbers of these speakers are not large enough to require bilingual staff in these languages. For these populations, the WMRCN will ensure that the availability of translation is noted on all documents in the languages used in our area, and will use the University of Massachusetts-Amherst Translation Center or other translation services to ensure that translation and interpreter needs are met in a responsive and professional manner.

e. Accountability Policies.

The WMRCN Leadership Council is responsible for accountability; in furtherance of this role, it will be presented with regular reports regarding performance and quality, and will have the authority to take action to correct issues that arise, including removing funding from non-performing providers. The creation and purpose of the Leadership Council has been very public, and it is expected that the Council will report on results and progress to the public at large.

At the administrative level, performance and quality will be ensured through: quality standards developed by the WMRCN that providers must agree to; regular reporting and monitoring through data submissions and other reports; sharing of data across programs, with the purpose of creating healthy competition and improvement of practices; regular feedback about results; and

plans to address deficiencies. The WMRCN Coordinator will be responsible for carrying out these tasks and for reporting to the Leadership Committee.

f. Grievance Process.

The WMRCN will require all funded provider entities to have an internal grievance policy for consumers, and to make public both its own process and the availability of taking a grievance to the WMRCN. WMRCN consumer grievances will be heard by the WMRCN Coordinator. Grievances from network members of or other parties within the community will go first to the WMRCN Coordinator. If not resolved at this level, they may be taken to a sub-committee of the Leadership Council created for the purpose of hearing grievances. Written and web content about the WMRCN and its programs will include a statement about how to access the WMRCN grievance process.

g. Consumer Feedback Plan.

The WMRCN has been created through a broad and inclusive process, which will continue through implementation. All members of the community are invited to be part of the network and its planning processes, the process is regularly publicized in the media, and widely-publicized public meeting have been and will continue to be part of the design and implementation. At this point, specific consumer input is limited to one very active consumer participant; we hope to identify other consumers to serve on the Leadership Council. Further, one of the initial tasks for the WMRCN Coordinator will be to form a consumer advisory board (CAB) to provide regular feedback and input to the Coordinator and the Leadership Council.

The WMRCN considers the development of public awareness and political will to be a critical role of the Leadership Council. Toward that end, Leadership Council members will participate in further educating our regional communities about homelessness and what it takes to end it, and in creating and sustaining community engagement events and activities, such as Project Homeless Connect and our newly-developing volunteer Faith Mentoring Initiative for homeless families.

PART II: BUDGET

A. BUDGET FORM

A budget is attached.

B. BUDGET JUSTIFICATION

The budget supports regional infrastructure and two programs. The regional infrastructure consists of a program coordinator and 1.5 FTE data analyst, as well as .5 FTE to coordinate sub-regional Ten-Year Plan efforts. The total administrative budget is $635,844, for which there will be a 50% cash match.

The program budgets are divided into two programs: $800,000 for the individual program and $1,200,000 for the family program. The attached budget form explains the uses of these funds.

This budget requires a cash match of $317,922. Of this amount, $55,625 is already committed in existing budgets, or has been raised: $19,625 is the City of Springfield contribution, and $36,000 has been raised to fund the consultant who has been building the Network. (This includes the following contributions: $10,000 One Family Inc., $10,000 Soldier On, $7,000 Davis Foundation; $5000 HAP and $5000 Berkshire Community Action Council.)

A balance of $262,297 must be raised, and WMRCN members have committed to raise this amount in the next six months. One Family has pledged $10,000, and the Davis Foundation has committed to provide some portion. WMRCN is seeking additional support from the three United Way agencies in the area, the Berkshire Bank Foundation, the Community Foundation of Western Massachusetts, and the Taconic Foundation. Our local foundations have identified Jane's Trust, the Peabody Foundation, and the Cox Trust as potential funders. In addition to these private funds, Western Massachusetts local governments will be incorporating this effort into their planning budgets for the 2009-10 fiscal year.

WESTERN MASSACHUSETTS REGIONAL COORDINATING NETWORK

Program Budget

ADMINISTRATIVE		
Program staff: 1 FTE regional coordinator, 1.5 FTEs sub-regional coordinators, 1.5 data staff	$ 450,000	
Fiscal sponsor (7.5%)	$ 173,844	
HMIS modifications & website	$ 7,000	
Consumer outreach & stipend	$ 5,000	
TOTAL ADMINISTRATIVE	$ 635,844	
ADMINISTRATIVE GRANT REQUEST TOTAL (after 50% match)		$ 317,922
PROGRAM		
Individuals		
Program staff, 7 FTEs @ 44,800/yr. including fringe	$ 470,400	
1.5 RN @ $51,200/yr., including fringe	$ 115,200	
Other program costs: client benefits, transo., supplies	$ 94,400	
Program admin. (10%)	$ 120,000	
INDIVIDUAL PROGRAM TOTAL		$ 800,000
Families		
Program staff, 8 FTEs @ 44,800/yr. including fringe	$ 537,600	
Rental assistance	$ 492,400	
Flexible funds for items other than rent and for client incentives	$ 50,000	
Program admin. (10%)	$ 120,000	
FAMILY PROGRAM TOTAL		$ 1,200,000
TOTAL GRANT REQUEST		**$ 2,317,922**