



CITY OF QUINCY, MASSACHUSETTS

10-YEAR PLAN TO END CHRONIC HOMELESSNESS

Submitted by:

Quincy Leadership Council on Chronic Homelessness

Prepared for:

Hon. William J. Phelan, Mayor of Quincy

June, 2005

Table of Contents

I.	EXECUTIVE SUMMARY	1
II.	BACKGROUND	3
III.	CRITICAL AREAS TOWARD ENDING CHRONIC HOMELESSNESS	6
	A. PREVENTION AND DISCHARGE PLANNING	6
	B. DATA GATHERING	7
	C. AFFORDABLE SUPPORTIVE HOUSING (HOUSING FIRST)	8
	D. SUPPORTIVE SERVICES	10
	E. SELF-SUFFICIENCY THROUGH JOB/VOCATIONAL TRAINING AND JOB PLACEMENT	12
	F. COST-BENEFIT RATIO	13
	G. POLITICAL WILL	14
IV.	IMPLEMENTATION OF PLAN	16
V.	PROJECTED BUDGETS	17
	A. HOUSING	17
	B. SUPPORTIVE SERVICES	18

APPENDICES

Appendix “A”
Evaluation of a Pilot Housing Model for Chronically Homeless People

Appendix “B”
Quincy Housing First Data Collection Plan

Appendix “C”
Quincy Housing First Evaluation Framework

I. EXECUTIVE SUMMARY

In 2004 and 2005, local government, business leaders, faith organizations, formerly homeless persons and service providers joined together in an attempt to create an effective response to the growing issue of chronic homelessness within Quincy and the South Shore area.

The goal: to effectively end chronic homelessness within 10 years, so that by the end of the decade all chronically homeless individuals would have a permanent, safe and affordable place to call home.

The following report is the result of research and analysis of Quincy's homeless population by both city officials and homeless service providers. It also reflects the input, perspective and commitment by local business and community leaders to develop an effective strategy for ending chronic homelessness.

ADDRESSING THE PROBLEM

In order to end chronic homelessness within 10 years, we must first address the barriers and issues leading to homelessness as well as those circumstances that prolong it.

In Quincy, the gateways that lead to an individual becoming homeless are many. Because we are a large city surrounded by smaller towns, Quincy is home to numerous regional social service organizations, including a district courthouse and a regional medical center as well as several mental health and substance abuse agencies.

In addition, a lack of appropriate discharge planning on the part of state agencies such as the Department of Social Services, the Department of Corrections and the Department of Youth Services often results in individuals leaving state care with no place to go but an emergency shelter or the streets.

But homelessness does not result merely from a lack of available housing. We have learned that homelessness is a complex issue and that persons facing homelessness need more than just a temporary bed. They need affordable housing, supportive services, case management, job training, mental health assistance and/or substance abuse services to regain their independence and increase their level of self-sufficiency

The Quincy-Weymouth Continuum of Care, designated by HUD, joined together with the Leadership Committee to create this 10-year plan. We believe that we have created a plan that identifies the critical areas and action steps necessary toward ending chronic homelessness.

Key recommendations of this plan include:

- Develop a “zero-tolerance” policy toward inappropriate discharges into homelessness by state agencies and systems of care.
- Implement a “Housing First” model that favors permanent housing with supportive services over emergency shelter beds.
- Increase the supply of such permanent housing by 10-12 units per year over the course of 10 years.
- Help homeless individuals achieve self-sufficiency through job/vocational training and job placement services.

The Leadership Committee will continue to meet quarterly throughout the next 10 years to ensure the implementation and success of our quest to end homelessness in Quincy. We firmly believe that it is no longer enough just to “manage” homelessness; rather, we need to solve the issues creating and sustaining individuals’ homelessness in a timely manner. For ultimately, every person deserves dignity, respect and a safe place to call home.

Over \$1 million has already been leveraged from local, federal and private funders to create 33 units over the next year for this population. We will continue to need the support of all these stakeholders to reach our goals in this plan.

Executive Committee:

- Mr. Peter Forman – Chairperson, Quincy Leadership Council on Chronic Homelessness; President, South Shore Chamber of Commerce
- Mr. John Boucher - President and COO, South Shore Savings Bank
- Attorney Jeffrey Graeber - Graeber, Davis & Cantwell, P.C.

Members:

- Sheriff Michael Bellotti - Norfolk County Sheriff
- Rev. Sheldon Bennett - United First Parish Church
- Ms. Nancy Callanan - Principal Planner, City of Quincy Planning Department
- Quincy Police Chief Robert Crowley
- Mr. Daniel Flynn - Chief Executive Officer, Daniel J. Flynn & Co., Inc.
- Ms. Bonnie Goldsmith - Director of Marketing & Public Relations, Quincy Medical Center
- Mr. Normand Grenier - Executive Director, Neighborhood Housing Services
- Mr. Dennis E. Harrington – Director, Quincy Planning Department
- Mrs. Jennifer Logue – Executive Director, Discover Quincy
- Mr. Peter Racicot – Senior Vice President, Fallon Ambulance Service
- Mr. Dean Rizzo – Executive Director, Quincy 2000 Collaborative
- Ms. Kathy Rohan – Vice President, State Street Corporation
- Mr. Kenneth Tarabelli – Executive Director, Bay State Community Services
- Mr. John Yazwinski – Executive Director, Father Bill’s Place/QISC
- Mr. Ralph Yohe – President, South Shore YMCA

II. BACKGROUND

HISTORY OF QUINCY

The City of Quincy is located on the eastern coast of the Commonwealth of Massachusetts, approximately seven miles southeast of downtown Boston. Quincy, which is known as the “City of Presidents,” is part of Norfolk County with a population of 88,025 people. The City is the most populous of communities on what is commonly referred to in Massachusetts as the “South Shore,” which extends along the coast down to Cape Cod and is rich in history. Incorporated in the 1600s, Quincy was home to two of our earliest presidents, John Adams and his son, John Quincy Adams.

Today Quincy continues to attract professionals from Metro Boston and immigrants from around the world, thereby adding to the cultural diversity of the community. They come for Quincy’s numerous economic opportunities in a multitude of trades and industries, as well as a superior quality of life in close proximity to Boston.

HISTORY OF HOMELESSNESS AND SERVICES IN QUINCY

Homelessness is a problem that first began to grow in Quincy during the 1980s. In response to the needs of those with no place to go, 45 churches, synagogues, and 7 social service agencies from Quincy came together to create a temporary emergency response to homelessness through the creation of Quincy Interfaith Sheltering Coalition (QISC). In March of 1984, a 5 bed emergency shelter was established to provide safe, temporary shelter to those with no place to call home. The response created was intended to provide immediate, short-term assistance, however over time the demand continued to increase and in 1988 the City of Quincy provided QISC with a larger building in which to provide 75 beds of emergency shelter. Since that time, QISC’s emergency beds have grown to 100 beds and often shelter as many as 125 men and women a night in order to meet the demand for shelter.

In addition, prompted by the U.S. Department of Housing & Urban Development in 1994 the City of Quincy with a broad-based community effort comprised of non-profits, faith communities, professional social workers and local businesses came together to further meet the increased demand of service needs and created the Quincy Continuum of Care (COC). This Homeless Board with the City of Quincy as the lead entity started to apply for funds from federal agencies that assisted with housing solutions. In 1998 the COC asked The Town of Weymouth to join the COC and together this group has leveraged more than \$8 million dollars to house families and individuals experiencing homelessness..

In 2005, the City of Quincy, in collaboration with Neighborhood Housing Services and QISC, currently has 77 units of permanent, affordable housing. In addition, more than 70 families and/or individuals participate in the Shelter Plus Care Housing Program operated by Quincy Housing Authority and QISC.

WHY NOW?

What we have learned is that while we are ending homelessness for some, many more individuals are continuing to seek our assistance and while the number of housing solutions within Quincy has grown, so too has the demand for emergency shelter beds. In 2004, QISC served over 1,264 unduplicated individuals in need of assistance. A point in time census and our Homeless Management Information System over the past two years has demonstrated that close to 30% of those experiencing homelessness in Quincy and the South Shore area fit the definition of chronic homelessness, as defined by HUD. In 2005, 195 individuals were experiencing homelessness at a point in time; of these individuals, 96 persons fit HUD's definition of chronically homeless.

On the national level, President Bush has made ending chronic homelessness one of his domestic policy priorities. In 2002, the President reinvigorated the United States Interagency Council on Homelessness (ICH) and charged it with facilitating the development and implementation of a national strategy to end chronic homelessness. Massachusetts native, Philip Mangano was named by the President as Executive Director of the ICH. He is the President's national point person on homeless. Mr. Mangano has travelled to Quincy to meet with Mayor Phelan on several occasions to discuss development of the Quincy 10-Year plan to End Chronic Homelessness. He also met with the Quincy Leadership Council Chair, Peter Forman, to discuss national best practices and innovation as it related to the creation and development of an effective Business Plan to end chronic homelessness. There are currently over 190 cities and counties across the country that are developing 10-year plans to end homelessness under the leadership of their jurisdictional CEO's.

WHO ARE THE CHRONICALLY HOMELESS?

The Chronically Homeless in our community are individuals who have been struggling in and out of emergency systems of care for many years. These individuals have many disabilities, which often are not treated properly. Over 90% of this group has a serious mental health, and or substance abuse issue. Because this population is sometimes service resistant, we in Quincy have seen 30-50 people a year living on the streets, in parks and in abandoned buildings. Quincy has been reaching out to this population for many years with a street outreach component, and many of these people are known well by local service providers.

The U.S. Department of Housing and Urban Development defines the chronically homeless as:

- Unaccompanied individuals;
- Homeless for a year or more or who have experienced homelessness multiple times over a several year period;
- Disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability;
- Frequent histories of hospitalization, unstable employment, and incarceration.

WHY FOCUS ON CHRONIC HOMELESSNESS IN OUR COMMUNITY?

- Chronic homelessness consumes a disproportionate amount of costly resources (approx. 50%)
- Chronic homelessness has a visible impact on our community's safety and attractiveness.
- Effective new technologies exist to engage and house persons struggling with chronic homelessness.
- Addressing the needs of the chronically homeless will free up resources for other homeless groups including youth/families.
- Providing supportive housing to individuals is more cost effective than simply managing one's homelessness through emergency systems of care.

III. CRITICAL AREAS TOWARD ENDING CHRONIC HOMELESSNESS:

Section 2 of this plan will explain our goals for each critical area, action steps needed to accomplish these goals, and measurable outcomes that will show our progress over the next 10 years. The actions steps will be re-evaluated each quarter to determine if we are reaching our benchmarks as well as to establish new benchmarks as the plan progresses. Each year a report will be presented to the Mayor of Quincy by the Planning Department and the Leadership Committee.

A. PREVENTION AND DISCHARGE PLANNING

The quickest and most efficient way to end chronic homelessness is to prevent the homelessness from happening at all. Quincy sees an average of 25-30 discharges from state systems of care occurring monthly, in which individuals are discharged from state care with no place to go. These individuals are ending up at the doorstep of our emergency shelter and/or on the streets of Quincy.

Such state agencies include:

- Department of Youth Services
- Department of Social Services
- Department of Corrections
- Bureau of Substance Abuse Services
- Department of Mental Health
- Regional hospitals
- Regional court houses

GOAL ONE:

Working in accordance with the state's 10-year plan and with the Interagency Council on Homelessness, develop a zero tolerance policy for inappropriate discharges by state agencies, and prioritize persons experiencing chronic homelessness within these systems of care so that anyone willing to accept treatment will be granted such help regardless of insurance status, length of stay, or other barriers.

ACTION STEPS:

1. The Quincy-Weymouth Board on Homelessness will document such inappropriate discharges and forward the data quarterly to the State Interagency Council on Homelessness.
2. Efforts will be enhanced by area homeless providers to build collaborations and/or relationships with housing courts so that a designated person will be notified of potential evictions that may lead to homelessness prior to homelessness beginning.
3. Local agencies and City officials will work with State agencies to create a zero tolerance policy toward discharges into homelessness.

4. Quincy's Emergency Shelter Director will meet quarterly with the local Sheriff's office to ensure appropriate discharge planning with the State's Department of Corrections.
5. Representatives of Quincy's Emergency Shelter will begin attending Regional Hospital Meetings to coordinate substance abuse and mental health issues for persons experiencing homelessness.
6. Quincy's Veteran Specialist will work with Federal and State Department of Veterans' Affairs in identifying and providing services to Veterans who are returning home and who may be at risk of becoming homeless.
7. Funding will be sought by state systems of care and local government to provide supportive services for discharge planning and follow up care.

MEASURABLE OUTCOMES:

1. A decrease in inappropriate discharges by 10% the first year, with annual reviews each year over the course of the 10 years until a zero tolerance policy is fully adopted and enforced.
2. Decrease in over-utilization of emergency law enforcement and corrections, mental health hospitals, emergency medical services by 10% the first year, with reviews each subsequent year thereafter.

B. DATA GATHERING

The collection of empirical data about the characteristics and demographics of persons experiencing chronic homelessness in the Quincy area is essential to understanding and assessing the needs of the individuals we are serving as well as ensuring that funding is targeted to addressing these needs in an effective manner.

GOAL TWO:

Gather and share data collected from state-wide agencies, ambulance and regional hospital emergency rooms.

ACTION STEPS:

1. Implement the state-wide HMIS Data gathering System (The Homeless Management Information System) in the City of Quincy and among homeless service providers, with full implementation to be achieved within 18 months.
2. Beginning July 1, 2005, local ambulance companies will begin gather data on all homeless persons served and report these statistics to the Leadership Council on Homelessness on a yearly basis.

3. Regional hospitals will track visits from emergency room services for anyone experiencing homelessness and report this data back to the Leadership Council on Homelessness on a yearly basis.
4. Data will be analyzed by the Leadership Council on homelessness after year one to assess trends and gaps among information provided.

MEASURABLE OUTCOMES:

1. True unduplicated count of the homeless and chronic homeless within our City.
2. Identification of homeless persons at risk of becoming chronically homeless.
3. Accurate quantifiable data as to the cost of mental health and substance abuse services being provided in medical emergency rooms.
4. Data to assess needs and characteristics of persons experiencing chronic homelessness.

C. AFFORDABLE SUPPORTIVE HOUSING

Through our data with the Continuum of Care we have seen that most people who become homeless move back into the community with minimal assistance once they obtain housing. For about 30% of our Homeless population, however, additional support is necessary to help these individuals obtain self sufficiency. We as a community need to be committed to permanent supportive housing when assisting the chronic homeless population. We have successfully started to move toward a new housing model called Housing First.

HOUSING FIRST

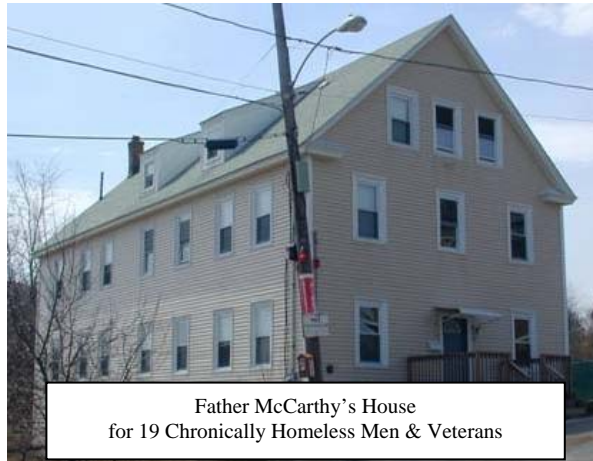
“Housing First” is a model of housing designed to provide barrier-free housing for those individuals that have struggled the most and are the toughest to house. Instead of requiring homeless individuals to receive treatment before entering housing, Housing First addresses the housing needs first, thereby providing the individual with a safe, stable and supportive environment in which to address substance, mental health and other issues.



Claremont House for Women

Once persons are placed into housing they pay rent if they have an income, and participate in an individualized service plan created to increase their level of self-sufficiency and stabilize their situation within the community. Support staff are

available off-site 24 hours a day with daily on-site visits which provide crisis intervention, case management and stabilization services. By implementing a Housing First model, people do not have to fall into emergency shelter; rather, individuals are placed in safe, affordable, barrier-free housing thus creating higher levels of stability, economic savings and dignity for individuals.



Already, Quincy has achieved some success in implementing the Housing First model. Currently, there are 24 units of permanent housing for the chronically homeless in the city. In this past year, Neighborhood Housing Services of the South Shore and Father Bill's Place have created eight additional units specifically for those who are chronically homeless. These units were able to be created as a result of

leveraged dollars through HOME funds, Neighborhood Reinvestment, Federal Home Loan Bank and the State's Center for Community Recovery Innovations program. To date, more than half a million dollars of non-McKinney dollars has been raised for the creation of permanent housing.

GOAL THREE:

To end chronic homelessness, we must create housing that fits the person rather than making the person fit the housing.

ACTION STEPS:

1. Increase housing supply by 10-12 units per year over the course of 10 years.
2. Create Housing First units to bypass shelter and decrease the number of emergency shelter beds by 10 beds per year over the course of 10 years.
3. A portion of HOME resources will continue to be earmarked for special housing needs, such units for chronically homeless individuals.
4. The Quincy-Weymouth COC will continue to utilize at least 15% of McKinney-Vento dollars to create funding for new housing first units per year over the course of 10 years.
5. Neighborhood Housing Services of the South Shore and Father Bill's Place will continue to seek local and state resources identified as major funders for acquisition, rehab and leasing costs. Major funders include, but are not limited to:

- Mass Housing and Finance Community Care Initiatives
 - City of Quincy HOME Funds
 - Federal Home Loan Bank
 - Neighborhood Reinvestment
 - Department of Housing and Community Development
 - McKinney-Vento Federal Funding
 - Department of Veterans' Affairs
 - Local businesses and foundations
6. The Leadership Council will seek to initiate a relationship with the real estate community and municipal leaders to assist in the identification of potential properties suitable for the development of supportive housing.
 7. The Leadership Council on Homelessness will educate the public on the success of scattered-site, supportive housing and Housing First models, serving the chronically homeless.
 8. QISC/Father Bill's Place will advocate with Department of Transitional Assistance (the major funder of emergency shelter beds) to convert dollars now utilized to support emergency shelter beds into dollars for housing first units.

MEASURABLE OUTCOMES:

1. 100-120 new units of housing for the chronically homeless after 10 years.
2. Decrease in the number of persons experiencing chronic homelessness by 10% per year for 10 years. (Benchmarks will be reassessed every 5 years).
3. Decrease in emergency shelter beds for the chronically homeless by 10% each year for 10 years. (Benchmarks will be reassessed every 2 years).
4. Increased funding for housing development for persons experiencing chronic homelessness.

D. SUPPORTIVE SERVICES

Assertive Community Treatment teams provide services to persons within the community and are established to assist those most vulnerable, like the chronically homeless by providing needed mental health, substance abuse, support and advocacy in a way that brings the service to the person rather than the person going to the service. This model is essential in ensuring that persons' needs are addressed and housing is maintained.

GOAL FOUR:

Provide clinical services on-site in housing first model to engage clients in treatment after immediate issue of housing is addressed to ensure stability and address issues as they arise before housing is jeopardized.

ACTION STEPS:

1. The Quincy-Weymouth Continuum of Care is working to initiate a pilot program with Mass Behavioral Health Partnership that would enable the continuum to receive state healthcare service dollars for some of the chronically homeless persons for whom housing is provided thus funding additional supportive services.
2. The Department of Mental Health's Program for Assertive Community Treatment (PACT) resources are committed to providing supportive services to those individuals with mental health issues.
3. Healthcare for the Homeless will provide a nurse and physician for medical care.
4. Tri-City Mental Health is committed to providing clinical services and QISC will provide case management, crisis intervention and stabilization services.
5. Tri-City Mental Health and Health Care for the Homeless will provide 20 hours per week of aggressive street outreach to engage with individuals residing outdoors and assist with moving into housing without barriers.
6. Members of the Leadership Committee will engage political leaders and businesses and foundations to provide dollars to expand and continue support services, which are the most critical to successful tenancy and ending of homelessness, but are also the hardest to get funding for.

All services begin immediately upon placement in housing and are provided at the individuals' residence as opposed to the individual going to the agency or provider.

MEASURABLE OUTCOMES:

1. A 10% decrease in the utilization of emergency services (police, emergency rooms, hospitals) among persons who are chronically homeless each year over the course of 10 years.
2. A 75% housing retention rate among persons considered chronically homeless after a period of two years (to be reassessed every two years).

E. SELF - SUFFICIENCY THROUGH JOB/VOCATIONAL TRAINING AND JOB PLACEMENT

Income is essential to overcoming barriers that lead to and prolong homelessness. Having an income and job skills creates greater independence and a higher level of self-sufficiency.

RECOMMENDATION:

Assist homeless individuals to attain vocational training and/or job placement assistance.

ACTION STEPS:

1. The South Shore Housing Employment Initiative Program's (SHIP) Employment Specialist, through Quincy Career Center, will advise the Leadership Committee and case management staff of Father Bill's Place, the area emergency shelter, of training and workshop opportunities as they arise.
2. The SHIP Employment Specialist will continue to provide job search assistance, resume building, interview preparation and transportation to potential employment opportunities to chronically homeless individuals.
3. SHIP and Work, Inc. will serve as resource points regarding available job openings for those who are homeless.
4. Work, Inc. will continue to provide job search assistance, referrals to vocational training opportunities and on the job support services to individuals with a chronic mental illness who are also struggling with homelessness.
5. Father. Bill's Place, through the Work Force Program, will provide job skill training for any person interested in obtaining a work history and learning skills within the areas of maintenance work, landscaping, donation distribution, and carpentry.
6. Quincy's Veterans' Specialist will assist interested veterans in accessing state and federal veterans' training, education and reintegration programs.

MEASURABLE OUTCOMES:

1. 80% of chronically homeless individuals will receive outreach regarding vocational and employment opportunities yearly.
2. The Work Force Program will serve 25 chronically homeless individuals yearly. These individuals will work 15-20 hours per week.

3. 30 chronically homeless individuals will receive vocational training, job search assistance and/or obtain employment yearly (benchmark to be reassessed every two years).

F. COST – BENEFIT ANALYSIS

Chronic homelessness utilizes a disproportionate amount of emergency resources, thus taxing health-care providers, local law enforcement, court systems and businesses. In fact, Quincy Medical Center reports that in 2004, out of 33,000 visits to their emergency room, 4,290 visits were for substance abuse and/or mental health assistance. By ending each individuals' cycle of homelessness, emergency systems of care will become less burdened and less costly.

GOAL FIVE:

To develop and track accurate numbers of the cost of services being over-utilized by persons struggling with chronic homelessness and to measure those numbers against the cost of providing housing and support services. Such services to be tracked should include:

- Number of services utilized in Veterans Emergency Systems
- Number of jail days
- Emergency room visits
- Number of emergency shelter beds utilized per night
- Hospital admissions (both medical and psychiatric)
- Number of detox and/or transitional holding bed utilized per night
- Number of protective custody calls responded to per night
- Number of ambulance calls received

ACTION STEPS:

1. Boston Healthcare for the Homeless, Father Bill's Place and the UMASS Center for Social Policy will conduct a research study of residents of the new 25 unit housing first project to evaluate costs for emergency services utilized for the year prior to receiving housing and compare to the costs of emergency services utilized for the year following placement in housing.
2. Beginning July 1, 2005, local ambulance companies will gather data on all homeless persons served and report these statistics to the Leadership Council on Homelessness on a yearly basis.
3. Regional hospitals will track visits for emergency room services for anyone experiencing homelessness, as well as whether services needed were medical, substance abuse or mental health related. This data will be reported back to the Leadership Council on Homelessness on a yearly basis.
4. Sheriff's Department will track number of arrests and length of jail stays for persons fitting the definition of chronic homelessness.

5. The Quincy-Weymouth Continuum of Care will obtain costs of services by day, visit, or per person for each emergency system of care.

MEASURABLE OUTCOMES:

1. Decrease in number of emergency services utilized by persons who are chronically homeless over the course of three years (percentages to be reassessed every three years).
 - 30% for veterans' emergency services
 - 25% for emergency rooms
 - 30% for detox beds
 - 40% for jail days
 - 40% for hospital admissions
 - 25% of ambulance calls
 - 35% of protective custody calls
 - 30% of emergency shelter beds
2. 50% reduction in costs of public resources expended for persons who are chronically homeless over 5 years.
3. Accurate analysis of cost to benefit ratio.

G. POLITICAL WILL

The Mayor of the City of Quincy and the City Planning Department have been directly involved in the creation of the 10Year plan, soliciting input and feedback from the Leadership Council and the Quincy-Weymouth Continuum of Care. Great care has been taken to ensure that the planning process is in step with state and local plans to end chronic homelessness and to ensure that the local 10Year plan reflects the state's goals and processes. In addition, efforts are coordinated with other continuums in the State to prevent overlapping or duplicative efforts. The City of Quincy is working collaboratively with the state in sharing the data of persons who are chronically homeless in order to better identify the chronically homeless population and what its specific needs may be.

RECOMMENDATION:

Chronic homelessness has no borders and we recognize that a local approach is not enough to ending the problem of homelessness. To be successful in ending chronic homelessness, we must work collaboratively with neighboring cities, towns and communities to create a regional strategy.

ACTION STEPS:

1. The Quincy-Weymouth Continuum of Care will meet with the Plymouth-Brockton Continuum of Care and the Greater Boston Continuum of Care to coordinate a regional approach to ending chronic homelessness.

2. Apply for funding as a region to maximize opportunities for more competitive forms of funding such as grants through:
 - SuperNofa
 - SAMSHA
 - Social Security Administration
 - Veterans Administration
3. The Leadership Committee will review data in order to determine from which surrounding communities chronically homeless individuals are originating, and will work with those municipal leaders to address homelessness prevention, supportive housing initiatives and to create a broader understanding of the problem of chronic homelessness.
4. The Leadership Committee will work with the local business community to open channels of communication with regional political leaders through advocacy and a yearly legislative meeting.
5. The Leadership Committee will work to educate local businesses and residents about successful homelessness prevention strategies by providing data on persons who are homeless, information on discharge issues and Housing First success stories.
6. The business community will assist with public policy changes; provide information and feedback regarding new business concepts and fundraising ideas. Assist with a public relations campaign to discuss Quincy's efforts and the success of those efforts to end homelessness, as well as assist with the zoning and site locations of new housing projects.
7. Local clergy will advocate for additional resources and educate their congregations about the issues of homelessness and assistance needed to end homelessness in our community.

MEASURABLE OUTCOMES:

1. Establishment of a regional collaboration within three years.
2. Receipt of funding from new sources specific to regional strategies and services for addressing chronic homelessness within five years.
3. 10% reduction in needed services for chronically homeless individuals coming from other communities within two years.

IV. IMPLEMENTATION OF PLAN

To successfully end chronic homelessness, the plan must be implemented in a way that creates ownership and monitoring of success.

RECOMMENDATION:

Quarterly meetings of the Leadership Committee to oversee the action plan for each critical area essential to ending chronic homelessness and reports back effectiveness of plan and need for modifications to the Mayor and Quincy-Weymouth Continuum of Care.

ACTION STEPS:

1. The Leadership Committee will monitor progress, reports areas of needed improvement, make recommendations and update the interested parties.

MEASURABLE OUTCOMES:

1. Successful implementation of each action step and achievement of measurable outcomes within the critical areas of the 10Year plan to end chronic homelessness.

V. PROJECTED BUDGETS

In our plan, we have three critical areas where budgets will apply. Housing and Support Services is where production has started and projected budgets can be presented. These budgets will be re-assessed and updated every 2-3 years based on market changes, and status of implementation. The third area is our Self Sufficiency-work pilot program. This program is in its early stages of development so a projected budget will be added in January of 2006.

A. HOUSING FIRST

We have two strategies and or models when looking at the creation of 100-120 units of housing for the chronically homeless.

1. The Project Based Model where Acquisition occurs and the units are subsidized in the housing unit. When analyzing our community’s housing stock we recently have been successful in targeting Lodging House type facilities in our community. The housing market is very high at this time and this strategy will allow us to bring on many more units in a timely manner.

- **By the end of August 2005 we will have 25 units on line to support the Chronically Homeless.**
- **By spring 2006 we will add 8-10 more units.**

Budget for Project Based Model:

Average per unit cost of Single Room	\$ 60,000
Number of units to be created	80 units
Acquisition Cost	\$ 4.8 Million

Average Subsidy cost per unit per year	\$6,000
Average Subsidy cost per year	\$480,000

Note: Per unit cost and subsidy cost will change throughout the plan so we will review and re-adjust these averages accordingly.

2. The Scattered Site Model, where leasing dollars, or a voucher is utilized in the mainstream housing stock. These resources could be utilized in single rooms, studios, and one-bedroom apartments. The expectation is that each tenant will be able to provide 30% of his or her income toward the leasing cost. But lack of income will not be a barrier to housing.

Budget for Scattered Site Model:

Number of units to be Leased	40
One bedroom units	10
Single Room units	30
Average Subsidy cost per year	\$401,040

Note: Even though the second model seems less expensive, this model cannot guarantee long-term housing units and strong supportive services for this population, when relying on private mixed income housing.

We have based our numbers on recent per unit costs used in projects and Fair Market Rents.

B. SUPPORTIVE SERVICES

As the model expands we should be able to become more cost efficient in providing necessary supportive services to our tenants. We have been successful in leveraging the necessary support services needed for the first 25 Chronic Homeless Individuals. The pilot was just implemented, so this is a projected budget.

Costs to Support 25 Individuals Per Year:

Case-management/Direct Care	\$ 120,000
Licensed Clinicians	\$ 15,000
Health care	\$ 10,000
Total Budget for One year	\$ 145,000
Project budget to support 120 Individuals per year	\$ 600,000

APPENDICES

Appendix “A”

Evaluation of a Pilot Housing Model for Chronically Homeless People

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Quincy Housing First Evaluation Framework

Appendix “A”

Evaluation of a Pilot Housing Model for Chronically Homeless People Implemented by Father Bill’s Place in Quincy, MA

Project Summary

Instead of leveraging housing on participation in treatment and housing programs, Housing First is a housing model that puts housing first and attends to treatment needs after a homeless individual has moved off the streets. Preliminary findings comparing the traditional homeless Continuum of Care¹ System with Housing First provide support for Housing First as the superior model. Residents in Housing First had better residential stability, better health and mental health, and reduced days in expensive health care, such as the emergency room (Tsemberis and Eisenberg, 2000). When costs and health outcomes for this model are compared to those of the traditional model, this approach appears to be cost effective and better suited in engaging chronically homeless individuals.

Father Bill’s Place (FBP), a homeless shelter and service agency in Quincy, Massachusetts has started to implement a Housing First model targeting chronically homeless individuals. This model will provide “housing that works for the ‘toughest customers’ ... who are stuck in the ‘revolving door’ of the shelter, and who are resistant to services.” (FBP, 2005). A team of case managers, social workers, Boston Healthcare for the Homeless (BHCHP) clinicians², and employment counselors will be providing continuous support for residents in Housing First. There are no comparable data on these most difficult to serve homeless individuals. As such, an in-depth evaluation is needed to assess the impact of this model on its residents’ long-term residential stability, income, and health outcomes.

Building on a partnership between FBP, BHCHP and the Center for Social Policy (CSP), this longitudinal evaluation project will assess residential stability, access to employment and mainstream benefits, and health impacts of this pilot housing model for a group of chronically homeless people who will have the opportunity to leave their life on the streets and shelter and move into a Housing First residence in Quincy, Massachusetts. While Housing First models have been implemented in other parts of the country, this will be the first Housing First model implemented in Massachusetts. It is therefore critically important to assess and learn from this project.

Specifically, this evaluation will:

- Document residential stability prior to moving into the Housing First residence during the two years after moving;
- Document changes in employment and incomes prior to moving into the Housing First residence through the two years after moving;
- Examine the effects of Housing First on health, mental health, and substance abuse, as well as track access to health services pre and post move into housing, and estimate associated health care costs;
- Explore issues related to health, such as general satisfaction and increased social/communication skills;
- Include residents’ assessment of their health status and access to health care services as well their clinicians’ perspectives.

This longitudinal study, because of its small sample size, will allow an in-depth look at an array of health service assessments and outcomes, including perspectives of residents and clinicians. Data to be collected will include quantitative and qualitative measures. Quantitative information include demographic, homeless history, health, mental health and substance abuse assessments as well as service use during the two years before and the two years after moving, and assessments of daily living skills, social networks, and general quality of life. Qualitative information on use of and satisfaction with health care services will be collected in ongoing interviews with residents and staff. As a pilot project in Massachusetts, findings from this research project will inform other “Housing First” projects.

¹ The homeless Continuum of Care model comprises a step-wise network of housing and service programs for homeless persons, in which access to housing is an end stage after successful completion of the other programs

² The Boston Health Care for the Homeless provides health care and psychosocial services to homeless people through direct care in the community and clinics.

Background Statement of Dr. Tatjana Meschede, Principal Investigator

Tatjana Meschede, Ph.D., Senior Research Associate at CSP, is an expert in homeless health research. This proposed study builds upon Dr. Meschede's recent Ph.D. dissertation assessing the impact of healthcare services for chronically homeless street dwellers in Boston (see <http://www.mccormack.umb.edu/csp/publications/bridgesandbarriers.pdf> for the community report of her dissertation findings). Data collection for that project included analyses of medical and substance abuse service use and outcomes as well as interviews with current and former street dwellers on their perceptions of healthcare services for these individuals. The community report has been widely used in program planning at different homeless programs in Boston.

Furthermore, Meschede has been engaged in research on homelessness since 1990. She participated in data collection, data processing and data analyses of a study on homeless emergency shelter users in Boston, and published findings on "Psychological Distress among the Homeless and the Role of Social Support" in 1994 in the Journal of Health and Social Behavior³. Meschede also worked on a multi-year field research project on housing homeless mentally ill funded as one of five McKinney homeless demonstration projects in the nation. In addition, Meschede learned about the treatment needs of substance abusing and mentally ill individuals in my work as data manager/data analyst on a National Institute of Drug Abuse funded study on developing scales to detect co-morbidities of a major mental illness, substance abuse and post traumatic stress disorder.⁴ Meschede presented findings of this study at several professional conferences, and contributed to the preparation of study results for publication.⁵

³ Schutt, R.K., Meschede, T., & Rierdan, J. (1994). Distress, suicidal thoughts, and social support among homeless adults. Journal of Health and Social Behavior, 35, 134-142.

⁴ National Institute of Drug Abuse Grant #DA08415-03 "Scales to Detect Comorbidities of Drug Abuse and PTSD", Psychology Department, University of Massachusetts Boston.

⁵ Brady, S., Rierdan, J., Penk, W., Losardo, M., & Meschede, T. (2003). Post-Traumatic Stress Disorder in Adults with Serious Mental Illness and Substance Abuse. Journal of Trauma and Dissociation, Vol. 4 (in press)

**Appendix “B”
Quincy Housing First Data Collection Plan**

	Before Move	Before Move	Baseline Data	Follow-up 1	Follow-up 2	Follow-up 3	Follow-up 4	Follow-up 5
	13-24m before move	6-12m before move	Just before move	3 months	6 months	12 months	18 months	24 months
FBP staff/ Case manager	Demographics (HMIS) Income/access to benefits	Demographics (HMIS) Income/access to benefits	Demographics (HMIS) Income/access to benefits	Demographics (HMIS) Income/access to benefits Participation in groups/training/ other activities	Demographics (HMIS) Income/access to benefits Participation in groups/training/ other activities	Demographics (HMIS) Income/access to benefits Participation in groups/training/ other activities	Demographics (HMIS) Income/access to benefits Participation in groups/training/ other activities	Demographics (HMIS) Income/access to benefits Participation in groups/training/ other activities
BHCHP clinicians	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status Homeless history # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx	Health status # hospital Days in hospital # ER # mental hosp. Days in mental h # SUD tx Days in SUD tx
CSP researchers	Review case notes	Review case notes	Review case notes	Review case notes Social supports Satisfaction Self-sufficiency Daily activities	Review case notes Social supports Satisfaction Self-sufficiency Daily activities	Review case notes Social supports Satisfaction Self-sufficiency Daily activities	Review case notes Social supports Satisfaction Self-sufficiency Daily activities	Review case notes Social supports Satisfaction Self-sufficiency Daily activities

Appendix “C”

QUINCY HOUSING FIRST EVALUATION FRAMEWORK

