

**Ten-Year Plan
to End Homelessness in Cambridge**

City of Cambridge

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Development Committee

Executive Summary

Ten-Year Plan to End Homelessness in Cambridge

In September 2004, City Manager Robert W. Healy and Mayor Michael A. Sullivan appointed a broad-based committee to develop a Ten-Year Plan to End Homelessness in Cambridge. Mayor Sullivan has chaired the committee, which joins communities around the country in the development of similar plans at the urging of the U.S. Interagency Council on Homelessness and the U.S. Department of Housing and Urban Development. While the committee has every hope and desire that the plan succeed, development has been difficult in the face of the Federal government's diminution of resources that have supported the City's work to end homelessness, such as the Section 8 program and support for public housing, as well as the threatened cutbacks to CDBG.

The Cambridge Environment

Cambridge is a small, densely populated city of 101,355, more racially and linguistically diverse and more highly educated than most other communities. Over 40% of Cambridge residents are of low and moderate income by HUD's definition.

While the housing stock in Cambridge tends to be older, most appears to be fairly well maintained. Abandoned houses or those taken in tax title are very rare. About half of Cambridge's housing stock is located in multi-family buildings containing five or more units. Less than a third of all units are found in one and two-family dwellings. About 16% of the stock (7,000 units) is publicly assisted, affordable housing, owned by nonprofits, the Cambridge Housing Authority, or private landlords. Between 1979 and 1999, the number of Single Room Occupancy (SRO) units, a significant resource for low-income individuals in the past, has plummeted from 502 to 171.

In 2004, the National Low Income Housing Coalition ranked Massachusetts the second least affordable State in terms of housing cost. The scarcity of vacant land for any purpose and the desirability of living in Cambridge have long combined to keep prices of residential real estate very high. Market rates for the purchase or rental of housing, however, have skyrocketed since the end of rent control in 1995. An analysis prepared by the City's Community Development Department indicated that in 2003 a household would have needed an income of \$149,000 to purchase the median-priced single family home (\$610,000) in Cambridge, or an income of \$92,000 to rent a market rate three-bedroom apartment (\$2,300). These high costs render local housing unaffordable for most homeless persons -- and virtually all chronically homeless persons -- in the absence of a subsidy. The National Alliance to End Homelessness estimates that the average homeless household's income is at or below 15% of Area Median Income.

Information on Homeless People in Cambridge

In January 2005, Cambridge's annual homeless census counted 501 homeless persons, including 42 families in shelters or transitional housing programs, and 388 single adults, including 41 unsheltered adults. Homeless census numbers appear to have remained fairly constant or risen gradually from year to year despite the entry of some homeless people into housing. As homeless people are placed in housing, others replace them in the homeless service system or on the streets. Geopolitical borders are "porous" and homeless people from throughout the area may travel in search of resources. Cambridge is also near State institutions that discharge clients into the community.

Homelessness may be largely economic or it may be related to substance abuse, mental illness, incarceration, domestic violence, household disintegration, and/or eviction. Homelessness may be brief and situational, it may be episodic and interspersed with periods in housing, or it may be

long-term. Cambridge providers have estimated that there are 194 sheltered and 39 unsheltered chronically homeless persons in Cambridge

Affordable Housing Initiatives in Cambridge

As part of its long-standing commitment to serving the housing needs of low and moderate-income residents, the City formed the Cambridge Affordable Housing Trust in 1989 to aid in preserving the socioeconomic, racial, and ethnic diversity valued by City residents. Since the end of rent control in 1995, the City has created or preserved more than 2,700 affordable units through a variety of approaches. The Inclusionary Zoning Ordinance requires developers of any new or converted residential development with 10 or more units to provide 15% of the base number of units as affordable housing. The Incentive Zoning Ordinance requires non-residential developers of a project requiring a Special Permit that authorizes an increase in the permissible density or intensity of a particular use to mitigate the impact of their development through a contribution to the Trust.

The Cambridge Housing Authority (CHA) operates 1,497 family units and 1,244 elderly/disabled units in public housing, 2,647 units of subsidized leased housing in the community and 262 units of affiliate housing. The total population in all of these units plus those developed with CHA affiliate agencies is 10,695; and waiting lists are as long as six years. The Housing Authority faces the added challenges of developing housing in the absence of a Federal or State public housing production program and new Section 8 vouchers that can be project-based to ensure that rents do not exceed 30% of the tenant's income.

Current Residential and Service Mix for the Homeless

Cambridge providers operate emergency shelters and transitional housing for individuals and families. Street outreach programs targeting homeless and runaway youth/young adults, unsheltered women, and chronically homeless adults with substance abuse and/or mental illness are on the street for over 100 hours each week. Churches, shelters and other local organizations serve lunches and dinners every day of the year.

The Cambridge Continuum helps to prevent homelessness and to assist already homeless people in transitioning into housing. Between 2002 and 2004, Cambridge providers placed 363 homeless individuals (including at least 174 chronically homeless persons) and 155 homeless families into housing. During that time, the City's Multi-Service Center and community providers assisted in resolving landlord-tenant problems and mobilized financial resources to assist some 900 at-risk households to remain in their homes or to obtain more stable housing. The Continuum has added or received approval for four scattered-site and two fixed-site Permanent Supported Housing programs. The network of over a dozen providers offers case management, drop-in programming, legal assistance, money management and representative payee services, housing search assistance, education and employment services, voicemail access, and more.

To address the needs of homeless disabled persons, the Continuum includes residential and interim support for meeting basic needs and remedial support to help them develop the skills, resources, and self-confidence they need to obtain and retain permanent housing. Services can address the distinct needs of homeless people with mental, emotional, or substance abuse disabilities, or HIV/AIDS. Addressing chronic homelessness has been an ongoing concern of Cambridge service providers since before the birth of the "Continuum" concept. With the help of McKinney (SuperNOFA) funding, over the past two years we have been able to expand our local capacity to more directly transition chronically homeless persons to Permanent Supported Housing.

Ten-Year Plan Committee Recommendations

Federal Commitments

The Federal government should most immediately assist communities to move toward ending homelessness by fully funding the Section 8 program to retain the current voucher holders and to add new ones. Full funding of Section 8 should not take place at the expense of other programs such as public housing, HOME and now-threatened CDBG. Housing Authorities need the ability to provide project-based subsidies, long a staple of affordable housing development.

The Federal government must fund a national affordable housing trust to greatly increase housing production, possibly utilizing a small portion of pretax profits from Freddie Mac and Fannie Mae.

HUD should revise the McKinney “bonus grants” formula and significantly increase funding for new permanent supported housing programs, while allowing communities to protect ongoing effective programs. The formula should allow for adequate funding of supportive services in housing.

More adequate Federal funding should be made available for mainstream programs that play a role in preventing or ameliorating homelessness, including Medicaid, the Substance Abuse and Mental Health Block Grants and vocational rehabilitation. Current Federal prohibitions on the use of Medicaid for incarcerated persons should be lifted to provide for pre-release substance abuse and other treatment.

State-Level Changes

It is imperative that Governor Mitt Romney push for Federal and State budgets that commit adequate resources for affordable housing.

The State must coordinate with local providers and enhance its discharge planning efforts, especially in the corrections and substance abuse treatment systems, and improve access to State-administered benefits programs. Treatment for substance abuse and mental illness before release of prison inmates is crucial, as is better preparation and resources for employment and housing. Gains already made in planning and services for Department of Mental Health clients should be maintained and augmented.

The State should also insure that mental health and substance abuse treatment are available for the homeless even before they qualify for Medicaid for the disabled.

The State should find a way to mobilize Medicaid, DMH, and DPH funds for the purpose of housing and providing case management and clinical stabilization services to chronically homeless persons who have been identified as having a history of disproportionate use of emergency room, police, ambulance, and other emergency services. These State resources should be available to Continuum health and social service providers on a flexible basis, without the usual categorical eligibility guidelines, and without the usual constraints on allowable uses.

The State needs to fund development of new public housing units, recapitalize the Massachusetts Rental Voucher and the Alternative Housing Voucher Programs. It is also essential that the State provide adequate funding to operate and renovate State public housing.

The State should extend unconditional support to all foster children up to the age of 21, rather than the current practice of discontinuing aid at age 18 for many.

Local Initiatives

Advocates should work with the City to develop and implement a public education campaign to help residents understand the human side of homelessness, and the effectiveness of local initiatives in ending homelessness over time.

Cambridge should preserve existing housing resources for the homeless and other low-income people, including the 30 McKinney Shelter + Care units now in jeopardy at the Cambridge Family YMCA.

Cambridge homeless service providers should prioritize identification of veterans who are seeking services for referral to the New England Shelter for Homeless Veterans or other veteran shelters.

Using funding streams that have typically supported the City's affordable housing initiatives, providers should develop small-scale stand-alone housing based on an accelerated housing placement model for families and individuals, and should acquire a site and construct a larger-scale SRO facility.

Nonprofit and other landlords should increase the availability of rental units where people exiting homelessness can use their McKinney rental subsidies or Section 8 subsidies where available.

The City should consider a percentage housing unit setaside for people with very low incomes (30% AMI or below) through the City's housing production programs, also considering giving preference to applicants who are homeless, from within the setaside.

The Center for Joint Housing Studies at Harvard should sponsor a forum for elected and appointed municipal officials to discuss what local governments realistically can do, and to press the State and Federal governments to live up to their responsibilities in the areas of housing and homelessness.

The City should continue to support the Cambridge Continuum of Care planning process, which has resulted in the development, operation, and coordination of the broad range of programs that work to prevent and address homelessness in Cambridge. Under the leadership of the City's Department of Human Service Programs (DHSP), the Continuum of Care planning process has ensured that a multiplicity of public and private resources has been brought to bear on the problem of homelessness, and that those resources have been used as effectively as possible to address ongoing needs. The Continuum's planning process has effectively prevented wasteful duplication of effort, and has ensured an exemplary level of cooperation among providers. The Continuum's ongoing planning efforts, as reflected in the City's most recent application to HUD for McKinney funding, are entirely consistent with the work and recommendations of the Ten-Year Plan Committee, and should continue to receive the leadership and support of DHSP staff.

Ten-Year Plan to End Homelessness in Cambridge

In September 2004, City Manager Robert W. Healy and Mayor Michael A. Sullivan appointed a broad-based committee to develop a Ten-Year Plan to End Homelessness in Cambridge. A list of committee participants is included as an attachment to this document. Mayor Sullivan has chaired the committee, which joins communities around the country in the development of similar plans at the urging of the U.S. Interagency Council on Homelessness and the U.S. Department of Housing and Urban Development. While the committee has every hope and desire that the plan succeed, development has been difficult in the face of the Federal government's diminution of resources that have supported the City's work to end homelessness, such as the Section 8 program and support for public housing, as well as the threatened cutbacks to the Community Development Block Grant program.

Description of the Cambridge Environment

Unless otherwise stated, statistics in the Description section are taken from the *Socioeconomic & Demographic Profile* (2003) prepared by the Cambridge Community Development Department.

Demographics and Income

Cambridge is a small, densely populated city, with an area just over six square miles and a population of 101,355. While some popular images of Cambridge involve the prestigious universities located within its borders, and the well-heeled households that reside in the high-cost housing stock, the picture is more complex. Cambridge is more racially and linguistically diverse, more highly educated and has fewer children and youth than most communities. It also has a significant number of residents in less affluent income groups.

According to HUD, the Boston area median family income was \$62,700 in 1999 (*Housing Market*, 2003 p. 5). For the same year, the U.S. Census put the figure at \$59,423 for Cambridge at that time, 5.2% less than the area figure. The Cambridge median is considerably above the State and national figures, however. While the overall income trend is up, 9% of all families and 11% of all individuals in Cambridge are living below the Federal poverty line, currently \$13,423 for a family of three including two children under 18.

Linguistic diversity in Cambridge increased significantly over the latter half of the 20th century. In 2000, 26% of the population was foreign-born, with 31.2% of foreign-born residents speaking a language other than English at home, compared to 18.7% for Massachusetts and 17.9% for the United States. Racial diversity has also increased. In 1950, Cantabrigians were 95.3% White. By 2000, 64.6% were White (non-Hispanic); 11.5%, Black (non-Hispanic); 12%, Asian and Pacific Islander; 7.4% Hispanic (all races) and 4.5% "Other".

Gradually the proportion of youth (ages 0-17 years) has fallen to 13.3%, compared to 19.8% for Boston, 23.6% for Massachusetts and 25.7% for the United States. The population of adults 18-44 swelled from 37.1% to 68.6% of residents between 1950 and 2000. The proportion of elders remained constant. With this demographic change, it is understandable that the enrollment in the Cambridge Public Schools has fallen in recent years. For the 2004-2005 school year, 42% of the students (54% at the high school) reside in public housing or housing leased with subsidies from the Cambridge Housing Authority, according to an analysis conducted by CHA's Tenant Services. Among adults, only 10.5% have no high school diplomas, and 65.1% hold bachelor's degrees or higher, compared with 33.2% in Massachusetts and 24.4% in the U.S.

Housing in Cambridge

While the housing stock in Cambridge tends to be older, most appears to be fairly well maintained. Abandoned houses or those taken in tax title are very rare, in contrast to the situation in some neighboring jurisdictions. According to 2000 U.S. Census, about half of Cambridge's housing stock is located in multi-family buildings containing five or more units, while over 38% is in buildings of ten or more units and more than 13,500 units are found in buildings of more than 20 units. Less than a third of all units are found in one and two-family dwellings and less than 15% are single-family homes. About 16% of the stock is publicly assisted, affordable housing which includes both small and large buildings, low and high rise, nonprofit and CHA-owned, or privately owned. Significantly, since 1970, more than 9,000 new or converted condominium units have been added to the City's housing stock (approximately 20% of the total housing stock) and overlap all housing types, including townhouses, two and three-unit buildings, as well as larger apartment buildings. Between 1979 and 1999, the number of Single Room Occupancy (SRO) units, a significant resource for low-income individuals in the past, has plummeted from 502 to 171. (These figures are taken from City of Cambridge Licensed Lodging House listings, which include lodging houses, dormitories in educational institutions, and hotels. As charitable organizations, the YMCA (128 rooms) and the YWCA (113 rooms, including five family rooms), currently the main sources of SRO units in Cambridge, are excluded from the listing.) The U.S. Census found 32.3% of housing units in 2000 to be owner occupied, while 67.7% were renter occupied, the reverse of the Massachusetts and U.S. patterns. Although housing is densely situated, 89 public parks and playgrounds enhance livability.

Employment

One sixth of the jobs in Cambridge are in higher education, and one third of the State's biotechnology firms are in Cambridge. Two-thirds of Cambridge residents are white-collar professionals or managers; nine percent hold jobs in service industries; six percent are employed in retail sales, and two percent are in construction or maintenance work. Employment in Boston is easy to reach, particularly with good public transportation. The proximity of Cambridge to many places of employment and to amenities is attractive for current and potential residents. Cambridge is considered a very desirable and convenient residential location. Housing in Cambridge, even at high prices, is very much in demand.

Porous Borders

Cambridge abuts other incorporated cities and towns on all sides. While some local homeless service providers may take pains to establish that those they serve have some connection with Cambridge as opposed to other hometowns, clearly homeless people move easily across municipal borders. Cambridge is also near State institutions that discharge clients into the community. The State places homeless families wherever there are suitable shelter openings. State-funded shelters for individuals are expected to serve people without regard to community of origin. A University of Massachusetts study in 2001 (*Characteristics of Homeless*, 2003) revealed that 45% of individuals and 23% of families in Boston shelters came from outside of Boston, and half of these were from beyond the Greater Boston area. Probably there is a somewhat similar pattern in Cambridge, as homeless residents are forced to travel to communities that do have shelters.

Types of Homelessness

In Cambridge as elsewhere, the causes and duration of homelessness are highly variable. Homelessness may be largely economic – caused by loss of employment or other financial support – and/or it may be related to substance abuse, mental illness, incarceration, domestic

violence, household disintegration, and/or eviction. Homelessness may be brief and situational, it may be episodic and interspersed with periods in housing, or it may be long-term.

Chronic homelessness as defined by HUD involves being homeless in a shelter or on the street for a continuous year or more, or for at least four episodes within a three-year period. HUD applies the term “chronic homelessness” only to single and unattached persons with enduring disabilities, like chronic substance abuse, mental illness, or HIV/AIDS, who are 18 or older. In practice, most people thought of as chronically homeless have been homeless for much longer.

The extent of homelessness in a community like Cambridge is not necessarily readily apparent. It may be difficult or impossible for a street census to identify and count the “invisible” homeless sleeping in cars, garages, subway tunnels, and/or other remote or hidden locations in the city or wooded areas. It is even harder to account for homeless persons – often women and youth/young adults – who trade sex or income from panhandling or street crime for an occasional place to stay.

There are also the undeclared homeless whose situation is not recognized as they double up with other households and/or stay with different friends or family serially. These people do not meet HUD’s definition of homeless, although the children of families in this situation are recognized by the public schools and the Department of Education as homeless and therefore eligible for certain McKinney resources.

Information on Homeless People in Cambridge

Using U.S. Department of Housing and Urban Development (HUD) terminology, the coordinated system of services and resources for the homeless in a community is referred to as the local Continuum of Care. People do not necessarily move through the Cambridge Continuum in a set pattern. For example, an individual with a history of personal trauma who is living on the streets might access services from a street outreach team and visit community meals programs for a long time before considering entering a shelter or a transitional housing program. Another person who has some income from employment but cannot afford housing might move quickly from shelter to housing with a built-in subsidy if a unit becomes available. Much of the information both on homeless people in Cambridge and resources available in Cambridge comes from the City’s annual application to HUD for homeless funding (the McKinney SuperNOFA application), particularly the Cambridge Continuum of Care narrative.

On the night of January 24-25, 2005, Cambridge conducted its annual homeless census, which includes both people in programs and people on the street. Overall, 501 homeless persons were counted, including 42 families, all of whom were in shelters or transitional housing programs, and 388 single adults. The number of unsheltered adults (41) surprised many census takers, since it was a very cold night only 48 hours after a major blizzard. The breakdown was as follows:

Sources of Counts	Men	Women	Children
Individual Shelters (7)	192	31	NA
Transitional Housing for Individuals (11)	68	52	NA
Family Shelters (4)	2	28	45
Family Transitional Housing (3)	2	14	22
Street Census	27	10 + 4 adults of unknown gender	0
Cambridge Hospital	3	1	
TOTALS - 501	294	136 + 4 adults of unknown gender	67

It should be acknowledged that in a sense these figures understate the extent of homelessness in Cambridge. Twenty men who have gone through the Salvation Army Cambridge Shelter have advanced to that agency's Wellington House SRO facility in Arlington. These men are not counted by any Continuum of Care at this time, since Arlington does not operate a Continuum. Forty women are picked up nightly at the Cambridge Multi-Service Center for transportation to St. Patrick's in Somerville, for 30 shelter and 10 transitional beds. They were formerly enumerated in the Cambridge count, but the decision was made to begin counting them in the Somerville Continuum. Also, 70 men, 49 women and 19 children in Permanent Supported Housing in Cambridge are not counted under HUD definitions.

Homeless census numbers appear to have remained fairly constant or risen gradually from year to year despite the entry of some homeless people into housing. As homeless people are placed in housing, other homeless people replace them in the homeless service system or on the streets. While about 1% of Boston's population is homeless, the figure is approximately ½% in Cambridge.

Cambridge providers have estimated that there are 194 sheltered and 39 unsheltered chronically homeless persons in Cambridge. Although these numbers suggest a higher-than-average prevalence of chronic homelessness by comparison to other communities, they reasonably reflect the populations targeted and served by our shelters, transitional housing, and street outreach programs.

Affordable Housing Initiatives in Cambridge

The City of Cambridge has a long-standing commitment to serving the housing needs of low and moderate-income residents. In 1989, the City formed the Cambridge Affordable Housing Trust to preserve and create affordable units around the City thereby preserving the socioeconomic, racial, and ethnic diversity valued by City residents. Approximately 16% of the housing stock in the City is affordable, serving roughly 7,000 households. Even with this commitment to and success in serving the needs of low and moderate-income residents, there are many households eligible for assisted housing who are unable to access affordable units. Recent analysis of the 2000 Census shows that more than 40% of households in the City are of low and moderate-income. Waiting lists at the Cambridge Housing Authority and other housing providers are measured in years.

The City of Cambridge has a multi-faceted approach to creating and preserving affordable housing, and, since the end of rent control in 1995, has created or preserved more than 2,700

affordable units across the City. The following outlines the City's major affordable housing initiatives to serve low and moderate-income residents:

Non-profit Acquisition and Development of Multifamily Properties: With financial support from the City and the Cambridge Affordable Housing Trust, local non-profit housing developers and the Cambridge Housing Authority acquire and rehabilitate existing buildings and/or develop new housing. City and Trust funds leverage funds from other private and public sources. Units created are permanently affordable to low and moderate-income City residents under the terms of the City's long-term deed restriction. This approach has been successful in creating new affordable rental housing by acquiring existing market-rate apartment buildings, existing multifamily buildings in need of rehabilitation, non-residential buildings to be converted to affordable housing, and vacant land where new affordable units are built.

First-time Homebuyer Program: This program provides education and counseling and financial assistance to first-time buyers. Homebuyer classes are offered monthly and provide potential purchasers with information about the home buying process, including obtaining a mortgage, the home inspection, working with a real estate attorney, and credit and debt issues. Individual pre and post-purchase counseling is also offered to class graduates. In addition, through the First-time Homebuyer Financial Assistance Program, low-interest and deferred financing as well as down payment and closing cost assistance is available to eligible buyers purchasing a condominium in the City.

Condominium Acquisition Program: With financial support from the City and Trust, and in collaboration with the Cambridge Housing Authority, condominium units are purchased around the City to become permanently affordable rental housing for low and moderate-income Cambridge residents.

Preservation of Expiring Use Properties: In order to preserve subsidized rental housing, this program provides technical and financial assistance to residents and landlords of properties that are in danger of being converted to market-rate housing.

Home Improvement Programs: In collaboration with the Cambridge Neighborhood Apartment Housing Services, Inc. (CNAHS), this program provides low-interest rehabilitation financing to private owners of multifamily properties in return for a set-aside of units for low and moderate-income tenants. In collaboration with Homeowner's Rehab. Inc. and Just A Start, the Home Improvement Program (HIP) provides a low-interest rehabilitation loan program for low and moderate-income owner-occupants of one to four-unit buildings. Owners can use the funds to improve their buildings to meet HUD and City building code requirements and are required to keep rents affordable.

Inclusionary and Incentive Zoning: Through these zoning mechanisms, the City provides new affordable housing opportunities in mixed-income developments and raises funds from non-residential developers in Cambridge for development of affordable housing.

Inclusionary Zoning: The Inclusionary Zoning Ordinance requires developers of any new or converted residential development with 10 or more units to provide 15% of the base number of units as affordable housing.

Incentive Zoning: The Incentive Zoning Ordinance requires non-residential developers of a project requiring a Special Permit that authorizes an increase in the permissible density or intensity of a particular use to mitigate the impact of their development through a contribution to the Trust.

The Cambridge Housing Authority (CHA) operates 1,497 family units and 1,244 elderly/disabled with special needs units in public housing, 2,647 units of subsidized leased housing in the community and 262 units of affiliate housing. The total population in all of these units plus those developed with CHA affiliate agencies is 10,695. Average income (and average rent) paid by residents ranges from \$13,424 (\$296) in Federal elderly developments to \$16,719 (\$334) in Federal leased housing to \$24,276 (\$481) in Federal family developments. With waiting lists for all types of housing, as many as six years long, thousands of households have to seek other alternatives. The Housing Authority faces the added challenges of developing housing for a very low income population in the absence of a federal or state public housing production program and new Section 8 vouchers that can be project-based to ensure that rents do not exceed 30% of the tenant's income. The CHA waiting lists have 14,202 households applying for public housing and 8,539 hoping for Section 8 vouchers.

The City of Cambridge and the Cambridge Housing Authority have an ongoing commitment to serving the needs of low and moderate-income Cambridge residents by creating new rental and homeownership opportunities and the preserving existing affordable housing. Additional information about this commitment including housing strategies and goals may be found in the 2005 Consolidated Plan prepared by the City and submitted to HUD in May 2005.

Homeless Management Information System

In order to provide HUD and Congress with an unduplicated count and a more accurate statistical picture of the homeless population, HUD is requiring that all homeless-serving programs receiving HUD funds participate in a Homeless Management Information System (HMIS). Federal officials believe that better data will also improve service planning and delivery at the local level, particularly for the chronically homeless.

The data elements to be collected for each client are fairly extensive, and some programs have expressed deep concern that asking homeless people for this information – even if respondents are allowed to refuse to answer – may create an additional obstacle for people seeking services.

Ironically, the population that HUD is most interested in serving is the population most difficult to track. The chronically homeless are often unable or unwilling to provide unambiguous identifying information (name, birthdate, Social Security number) to service providers. Early experience has shown that even within the same shelter or outreach program, and certainly across agencies, the same client may appear with multiple HMIS identities, as a result of having given different information (a nickname or different date of birth, and no Social Security number, for example).

The Massachusetts Department of Transitional Assistance (DTA) has decided to develop its own HMIS by July 1, 2005. Although participation in the DTA's HMIS will be free to any homeless-serving program (and required for all DTA-funded programs), providers in Cambridge and other Continuums are exploring alternative HMIS vendors in response to concerns about the user-friendliness of the system, its inability to store fields of data of interest to specific programs but not part of the "HUD data set;" and concerns among non-DTA-funded programs about the sharing of detailed, client-specific data with a State agency that lacks statutory or administrative authority to access that data.

At least for now, it appears likely that a handful of Continuum (*SuperNOFA*, 2004) programs will be unable to comply, even with more user-friendly technology. One Cambridge agency withdrew from all Federal funding to avoid subjecting its fragile clients to inclusion in the HMIS. Two programs are not participating on the basis that they are subject to HIPAA and other confidentiality regulations. Another that serves domestic violence survivors has declined in

connection with the national Jane Doe organization that holds that participation could put the women in jeopardy.

Current Service Mix: Overview

The Cambridge Continuum of Care provides many effective services to prevent homelessness and to assist already homeless people in transitioning into housing. Although our prevention and placement successes are statistically obscured by the continuing stream of new clients who quickly fill any emptied program beds, those successes are nonetheless significant and worth noting here:

- During a two-year period extending from 2002 to 2004, Cambridge providers helped place 363 homeless individuals (including at least 174 chronically homeless persons) and 155 homeless families into housing.
- Over that same time period, prevention staff at the City's Multi-Service Center mobilized State, City, and donated resources to assist some 900 at-risk households to remain in their homes or transition to more stable housing.
- The Cambridge Continuum has added or received approval for four scattered-site and two fixed-site Permanent Supported Housing programs.

Current Service Mix: Prevention

The Cambridge Continuum of Care offers a number of services that prevent homelessness by helping to resolve landlord-tenant problems and to deal with financial difficulties. Included in the array of local prevention resources are the following:

- City-run Multiservice Center - case management, on-site and by referral legal services, access to City's Cambridge Fund for Housing the Homeless and Rental Assistance Fund, and private funds such as Family to Family and Second Step.
- City-funded legal services at Cambridge and Somerville Legal Services and Community Legal Services and Counseling Center.
- City-supported landlord-tenant mediation through Just-A-Start and the Community Dispute Settlement Center.
- HomeStart's advocacy, mediation and a small rental assistance fund, and the Ex-Offender Re-entry Program funded by the State.
- The Salvation Army's comprehensive emergency assistance program which includes "The Good Neighbor Energy Fund" offering utility assistance to those who do not qualify for regular fuel assistance. Funds are also available for rental, mortgage and utility bills, a food pantry and other assistance.
- Cambridge Department of Veteran Services – case management and financial assistance.
- Cambridge Economic Opportunity Committee and the Eviction Free Zone – tenant organizing and assistance.
- FEMA assistance through Catholic Charities and the City's Fuel Assistance Program.

The network of over a dozen providers offers case management, drop-in programming, legal assistance, money management and representative payee services, housing search assistance, education and employment services, voicemail access, and more. And yet, at the end of the day, all of the shelters and transitional housing programs remained full or nearly full.

Discharge Planning as Prevention

The State of Massachusetts has certified to HUD its commitment to prevent homelessness-causing discharges from its systems of care, including programs operated or funded by the Departments of Mental Health, Mental Retardation, Public Health (substance abuse programs), Corrections, Youth Services (juvenile corrections), Social Services (foster care and domestic violence shelters), and Medical Assistance (nursing homes and rehab hospitals). That commitment is reiterated in the State's *Ten-Year Plan to End Chronic Homelessness*. However, as has been discussed at statewide meetings of State officials and representatives from local Continuums, there has been some slippage between intention and implementation. There has also been no funding available for the production of new public housing in over a decade.

Community Re-Entry from the Corrections System

Each year, State-operated prisons across the Commonwealth discharge approximately 20,000 inmates. At least 41% (Muldoon, 2004) of those leaving Massachusetts State prisons return to the penal system. The difficulty ex-offenders face in obtaining employment and housing clearly plays a large role in their recidivism. Better pre-release planning, jobs assistance and additional community housing resources are possible ways to reduce the high number of ex-offenders returning to prison.

Aging Out of State Systems of Care

Most 18-24 year olds in the community still receive family guidance and financial support, and 50% still live at home with parents. For a large number of young people in Department of Social Services (DSS) custody because of abuse and neglect, or because of CHINS (Children in Need of Services) filings related to truancy, runaway or other child behavior problems, ongoing family support will not be a reality. At any point in time, there are nearly 1,800 children in DSS custody moving toward aging out. These are young people ages 12-22 for whom the goal is "independent living" rather than family reunification or adoption, for complex reasons. Approximately 600 young people turn age 18 (or 22 in some cases) and leave DSS care each year. The number of youth aging out has grown by 25% between 2001 and 2004.

According to a 2004 report by the Massachusetts Shelter and Housing Alliance, 23% of the population in adult homeless shelters has been previously in DSS custody as children, a pattern also described in youth services literature. Furthermore, teens who grow up in State custody are much more likely as adults to be unemployed (Westat, 1991; Courtney, 2001; U.S. GAO, 1999), experience mental illness (Rosenfeld, 1997; Courtney), be incarcerated (McMillen, 1999; Courtney), experience early parenthood (Westat; McMillen; Barth, 1990) or become victims of violent crime (McMillen).

Youth also age out of the juvenile justice system, leaving the custody of the Department of Youth Services (DYS) at an average rate of 1,200-1,400 individuals per year according to the Massachusetts Executive Office of Health and Human Services.

Discharges from City-Related Programs

As a HUD grantee, the City of Cambridge has certified its commitment to preventing homelessness-causing discharges from its only systems of care, the HUD-funded network of Permanent Supported Housing (PSH) projects, including Shelter + Care (S+C) projects operated as part of the Continuum. Building upon successful implementation of our written policy on discharges from PSH and S+C projects, the Cambridge Continuum has worked to implement a similar policy to help minimize the incidence and impact of disciplinary discharges of already-homeless persons by shelters or transitional housing programs. The protocol involves contacting the First Step street outreach team to assist consenting individuals in finding an alternate program placement. We also began developing a plan to enhance service referrals and discharge planning for homeless persons

admitted for short-term hospital stays. Although persons targeted by these initiatives are already homeless at the time of discharge, efforts to avert a de-facto discharge to the street will hopefully prevent the kinds of setbacks that prolong homelessness.

Our strategy for ending chronic homelessness includes preventing and minimizing the incidence of homelessness among Cambridge residents with disabilities. In addition to the general prevention services listed above, disabled persons living in public housing are afforded additional services and protections against becoming homeless. When lease violations (e.g., nonpayment of rent, destructive or disruptive behaviors) jeopardize the tenancy of a public housing resident with a disability, service coordinators offer assistance in developing a plan to address the problem, including identifying and linking the tenant with appropriate mainstream providers. If the tenancy remains at risk, the service coordinator makes a referral to legal services for representation in any ensuing eviction case, and if needed, offers the resident help finding an alternate residential placement with a more intensive mix of services.

Current Service Mix: Intervention

The Cambridge Continuum provides many excellent services to assist people in ending their homelessness. Some of the intervention services are described below.

- Cambridge providers operate 150 year-round shelter beds, 68 seasonal shelter beds, and 100+ year-round transitional housing beds for homeless individuals; and, at any point-in-time, provide shelter or transitional housing for 40+ homeless families.
- During fiscal year 2003, Cambridge providers helped place 227 homeless individuals (including at least 101 chronically homeless persons) and 71 homeless families into housing.
- Many clients received help with move-in costs as they found housing, utilizing an array of funds including the Cambridge Housing Assistance Fund (CHAF) founded by the Cambridge Council of Realtors, operating as a public/private partnership with HomeStart, the Cambridge Multi-Service Center for the Homeless, the Cambridge Housing Authority and CASCAP.
- Street outreach programs targeting homeless and runaway youth/young adults, unsheltered women, and chronically homeless adults with substance abuse and/or mental illness are on the street for over 100 hours each week.
- Churches, shelters and other local organizations serve lunches and dinners every day of the year. Continuum and community-based providers offer case management, health care, substance abuse treatment, mental health care, housing search assistance, legal services, budgeting and money management support, education and employment assistance, and other supportive services in locations and formats that maximize their accessibility to homeless persons.

Specialized services for designated populations are described in greater detail below.

Veterans' Services

In Massachusetts, the number of homeless veterans is estimated at 7,500. The City of Cambridge maintains a fully staffed Veterans' Services Department, which can help homeless men and women who are veterans of U.S. military service to access a system of benefits, services and financial assistance. In the absence of a homeless shelter specifically for veterans, homeless veterans in Cambridge access services through the general shelter system or by referral to the network of veterans' programs in Boston and elsewhere in Massachusetts.

The New England Shelter for Homeless Veterans in Boston offers emergency shelter, transitional/supportive housing and permanent/subsidized SRO housing, as well as case management, medical and legal services, and an intensive aftercare program. Due to loss of grant funding, the NESHV has been forced to temporarily discontinue a very successful employment

and job training program. The Veterans' Administration offers comprehensive detox and substance abuse treatment programs for those who need and are willing to take this step. To the extent that a veteran is uncomfortable receiving assistance from a Service-connected program, s/he is welcome to go to any of the shelter, transitional housing, or supportive services programs in our Continuum.

In addition to providing extensive supportive services, the Veterans Benefits Clearinghouse in Roxbury manages 27 SRO units, with a maximum stay of two years. Veterans must have an honorable discharge, six months of sobriety and a willingness to change. Another nearby resource is the Soldiers' Home in Chelsea, which has dormitory and private accommodations for both male (298 beds) and female (seven beds) veterans who are sober and honorably discharged. There is no limit on length of stay, and preference is given to homeless veterans. The \$10 per day fee can be waived for those without income. Referrals for other services and housing are also made outside of the Greater Boston area.

Serving People with Major Mental Illness

The Massachusetts Department of Mental Health (DMH) has about 2,000 chronically mentally ill adult clients in Cambridge and Somerville, many with a dual diagnosis (mental illness and substance abuse). Homeless DMH clients utilize mainstream shelter, transitional housing and Permanent Supported Housing beds, as well as some 300 specialized program beds operated by DMH in the two cities. DMH's partners include the Cambridge Housing Authority, CASCAP, Vinfen and North Charles, providing housing services through an array of models from group homes that are fully staffed to more independent approaches and settings, including 14 condos with the Cambridge Housing Authority.

There are also DMH clients in local shelters and the Metro Boston Area has several transitional housing and shelter programs. DMH's transitional housing model involves people seeing mental health providers and also receiving help for other problems, particularly substance abuse. DMH clients in transitional programs actively work with their case managers or Community Rehabilitation Support (CRS) workers to secure appropriate housing. Sixty PACT (Program for Assertive Community Treatment) clients who have failed in all other programs may receive team services 24/7 in their own housing or on the street. CRS services are provided in conjunction with the Cambridge Health Alliance and the Somerville Mental Health Clinic. These teams provide outreach and ongoing service to people with mental illness. Some of the barriers DMH faces in moving people out of the hospitals and back into the community are illegal status, criminal record, and finding appropriate placements for youth turning 19 and entering the adult service system. It is also difficult to place people in the absence of an adequate continuum of care and the inability to secure more affordable housing for clients often means people stay in the hospital longer than is medically necessary.

DMH in Cambridge and Somerville also has a very active social club, supported employment and education services, and a drop in center in Cambridge and one in Somerville. DMH clients in Cambridge and Somerville are also able to utilize some residential programs, clubhouses, and specialized programs for deaf individuals and for clients who do not speak English that are located in other parts of the Metro Boston Area and open to clients of all DMH Centers.

Disabled Homeless Persons

To address the needs of disabled persons who have become homeless, the Cambridge Continuum includes a diverse mix of residential and supportive services programs offering interim support for meeting their basic needs (a safe place to sleep, food, clothing, health and mental health care, addiction services), and remedial support to help them develop the skills, resources, and self-

confidence they need to obtain and retain permanent housing. Local services can address the distinct needs of homeless people with mental, emotional, or substance abuse disabilities, or HIV/AIDS. Recognizing that people become homeless for different reasons, face different obstacles to gaining housing and stability, and bring unique strengths to their situations, our Continuum has multiple portals of entry and incorporates a range of proven service delivery approaches. These services enabled us to successfully transition at least 174 chronically homeless persons to permanent housing over the most recent two-year period for which statistics are available. The number of chronically homeless persons placed in housing is probably higher, but providers are typically conservative in labeling specific clients as having a disability if the client does not have disability-related benefits and/or is not engaged in a formal treatment program. Also, not all clients are open about the extent of their prior homelessness, and so are not counted as chronically homeless.

Our Continuum includes both programs that can expedite the progress of disabled persons who are ready and motivated to overcome the obstacles to housing (e.g., housing placement assistance, fiduciary services, legal services, etc.), as well as services designed to reach out to, encourage, and support disabled persons who are reluctant or unable to seek out the services they need: (a) a street outreach program targeting unsheltered disabled homeless, (b) a field-based case management program that targets sheltered persons who don't have the wherewithal, initiative, self-confidence, or hope to escape the "shelter shuffle" and (c) drop-in programs targeting chronically homeless men, women, and youth/young adults that incorporate an outreach and relationship-building component designed to create personal connections that will inspire the trust that helps disengaged chronically homeless persons take that next step.

Addressing chronic homelessness has been an ongoing concern of Cambridge service providers since before the birth of the "Continuum" concept. CASPAR was mobilized over 20 years ago to target assistance to long-term homeless chronic substance abusers and dually diagnosed individuals, and has sheltered this population in the past ten years in a modern shelter building resulting from the agency's collaboration with the City and MIT. Bread & Jams, a homeless consumer-run organization, has for over 10 years offered a range of peer-led services targeting unsheltered homeless persons who spurn mainstream providers. CASPAR has been operating a McKinney-supported street outreach program since 1998. On the Rise has been reaching out since 1999 to chronically homeless, disengaged women with complex needs stemming from mental illness, substance abuse, and trauma.

Young Adults

For over 30 years, Bridge Over Troubled Water (BOTW) has reached out to street youth and young adults with shockingly long histories of homelessness complicated by substance abuse, mental illness, and post-traumatic stress. For the past three years, Youth on Fire has operated a low threshold drop-in program, serving street youth whose ongoing substance abuse, immersion in street culture, or suspicion of more mainstream services, renders them unable or unwilling to access services from an agency like BOTW, or from a service provider that typically targets services to homeless adults.

All these programs have in common an attempt to reach out to the chronically homeless, engage them in emergency services, and attempt to transition them from the street to shelter or transitional housing and then prepare them to successfully compete for permanent housing, with or without supportive services. Our programs targeting the chronically homeless have increasingly incorporated a clinical component to help address the complex needs and overlapping disabilities that stand in the way of mainstream integration. Where once outreach to long-time alcohol and drug-addicted persons focused exclusively on gaining sobriety, we now understand that in many cases, chronic substance abuse may mask or exacerbate underlying

mental illness or dysfunction, which also needs to be treated in order to facilitate community re-entry.

Current Service Mix: Permanent Supported Housing

Introduction of a Housing First Approach

Continuum providers have used a combination of Federal, State, municipal, and private resources to sustain a broad spectrum of programming targeting services to the chronically homeless, including a clinically-based street outreach program, shelters, five distinct daytime drop-in programs, daily mostly faith-based-sponsored lunches and dinners, a Health Care for the Homeless program, a team of shelter- and drop-in-based clinicians, a field-based case management program, a Representative Payee program and a low threshold housing resource team that work together to address basic needs, and to help those that are ready to transition to housing.

As noted previously, 174 chronically homeless persons have clearly been able to benefit from our incremental approach to transitioning from homelessness to housing in the last two years. For others, the infusion of clinical supports to address complex underlying needs has been insufficient, in the absence of assurance of stable housing, to inspire the kind of commitment and personal changes that are prerequisite to successfully competing for housing in the private market. Evidence from other communities suggests that providing housing first may be a key to obtaining consumer buy-in to addressing previously insurmountable clinical barriers to stability.

Although a housing first approach presents daunting challenges in an expensive and tight housing market, it makes sense that one's own apartment would be more conducive to stabilization than night after night in emergency shelter, where the atmosphere can be chaotic, where guests must hit the street every morning after breakfast, where length of stay is limited, and where beds cannot be guaranteed when demand exceeds supply. Although some shelters offer longer-term "contract beds" to guests who are employed or otherwise actively working to end their homelessness, these beds are typically unavailable to chronically homeless persons who aren't yet ready to make such a commitment. Likewise, transitional housing, a more expensive and scarcer resource in our Continuum, is typically available only to homeless persons who have demonstrated a commitment to address their clinical needs, stabilize/increase their incomes, and otherwise prepare for housing search.

A number of programs around the country report significant success in implementing accelerated housing models, and many have found the chronically homeless more receptive to services once housed, which in turn often leads to greater tenure in housing. For example, since the opening in 1998 of the first site for the Direct Access to Housing program in San Francisco (*Direct Access*, 2004), over two-thirds of the residents have remained housed in the program. Of those who have left the program, about one-third have left for market rate housing (some with Section 8 vouchers), for other supportive housing, or for housing with family or friends. Over time, 8% of residents have been evicted. Data from 2000 indicate that 88% of the tenants in Pathways to Housing in New York City (*Pathways*, 2004) have remained housed after five years.

The prospect of a gradual progression from shelter to transitional housing to permanent housing is not always an adequate incentive for disengaged and service-resistant chronically homeless persons. With the help of McKinney (*SuperNOFA*, 2004) funding, over the past two years we have been able to expand our local capacity to more directly transition chronically homeless persons to Permanent Supported Housing (PSH) as detailed below.

- Opened McKay House, Shelter Inc.'s new nine-unit PSH project funded in the 2001 SuperNOFA. Eight of the nine initial McKay House residents were chronically homeless. There is a live-in Resident Assistant.
- Implemented the Transition House scattered-site PSH, which, in addition to serving four homeless families with disabled members also serves two homeless individuals with disabilities. One of the first two single residents was chronically homeless.
- Implemented the Cambridge Housing Authority/New Communities' 116 Norfolk St. PSH, planned to serve eight homeless persons with disabilities, several of whom have been chronically homeless.
- Implemented HomeStart's Key I and Key II scattered site PSH, to serve 38 individuals (most of whom were chronically homeless), and gained approval for a third HomeStart housing program, Open Door, which will offer accelerated housing services to 20 disabled homeless persons including at least 14 chronically homeless persons.

Obstacles and Caveats

Regional Nature of Homelessness

Why, despite these 174 placements over two years, have the numbers of chronically homeless persons in Cambridge not fallen dramatically? The Cambridge Continuum addresses homelessness that is regional in origin, and not just local. Our street outreach programs constantly see new faces on the street. CASPAR's First Step street outreach program and Tri-City's First Step Mental Health Expansion program reported preliminary estimates of over 100 new clients during their just-concluded program years. Most of these new street and existing outreach clients match the profile of the chronically homeless, even when documentation of qualifying periods of homelessness is absent.

It should be noted that most communities developing Ten-Year Plans are much larger and more tied in with regions than is Cambridge (Burt, 2004, p. xviii). The U.S. Interagency Council on Homelessness and advocates for the homeless refer to this as "the front door" of homelessness. The Cambridge Continuum does its best to move people out of homelessness once they enter our Continuum, and we have extensive and effective programs to prevent the incidence of new homelessness in Cambridge. Because of the fluidity of the homeless population, it may be more challenging to measure impact in terms of reductions in the numbers of chronically homeless people in our Continuum. Our Continuum makes a difference one person at a time. For the 174 who gained housing with our help in FY 2003 and 2004, we had a tremendous impact. With the addition of programs such as HomeStart's Key I, Key II and Open Door that can facilitate more accelerated placements, that impact will grow.

High Cost of Housing

A 2004 study by the National Low Income Housing Coalition ranks Massachusetts the second least affordable State in terms of housing cost. (*Out of Reach*, 2004) Under conventional assumptions that housing costs should consume no more than 30-40% of household income, an SSI recipient (receiving \$666 monthly) should pay no more than \$200-266 for rent/heat. A minimum wage worker earning \$6.75 per hour and grossing \$270/week should pay no more than \$351-468 per month. By comparison, the local Fair Market Rent for a studio apartment (including utilities) is \$1,025. The FMR for a heated one-bedroom apartment is \$1,077. A minimum wage worker would have to work at least 100 hours per week to earn enough to afford an unsubsidized one-bedroom apartment. Someone working a 40-hour week would have to earn at least \$16.37 per hour to afford that one-bedroom unit. These high rents render local housing unaffordable for most homeless persons -- and virtually all chronically homeless persons -- in the absence of a subsidy.

Unfortunately, as a result of funding decisions made in the nation's capital, neither the Cambridge Housing Authority nor the Metropolitan Boston Housing Partnership (our regional housing authority) has Section 8 Housing Choice vouchers to distribute. While McKinney leasing funds administered by HomeStart under its Key I, Key II and Open Door programs will help 58 primarily chronically homeless individuals gain housing, we will need new Section 8 vouchers to repeat the 174 placements of chronically homeless persons recorded in 2003-2004.

The scarcity of vacant land for any purpose and the desirability of living in Cambridge combine to keep prices of residential real estate in particular very high. Market rates for the purchase or rental of housing, however, have ascended in a dizzying spiral since the end of rent control in 1995. Although many homeless families would love to be able to follow HUD Secretary Alphonso Jackson's advice (Jackson, 2004) to pursue homeownership, an analysis prepared by the City's Community Development Department indicated that in 2003 an income of \$149,000 would have been required to purchase the median-priced single family home (\$610,000) in Cambridge, clearly out of the reach of most, if not all, homeless households. To rent a market rate three-bedroom apartment (\$2,300), \$92,000 of income would have been needed. In recognition of high rental housing costs, HUD had granted the Cambridge Housing Authority the ability to pay rents under the Section 8 program at up to 120% of the Fair Market Rents established by the Federal government. Devaluation of the subsidies has made this impossible, and Section 8 funding is essentially block granted at this point. The Housing Authority cut non-project based Section 8s as of April 1, 2005, in order to deal with a funding cut in FY05 of \$1.2 million. If cuts continue, the CHA will have no choice but to reduce the number of households served through Section 8.

To illustrate the need for sufficient public housing and subsidies, two years of recent data on families placed in housing by the Cambridge Multi-Service Center reveal that 35.1% went into public housing, 39.3% went into private subsidized housing, and only 25.5% were able to move into market rate housing.

Lack of Subsidies and Other Funding

A *New York Times* editorial (April 9, 2005) entitled "Killing Off Housing for the Poor" states that, "The Bush administration pays lip service to the goal of 'ending chronic homelessness' – while undermining the very programs that keep poor people from ending up in the streets." The article goes on to cite Congressional proposals to make it harder for low-income households to get Section 8 subsidies, as well as HUD proposals which will further erode financing for public housing authorities.

It cannot be stated too strongly that ending homelessness requires housing and housing subsidies. With HUD's and Congress's intention to decrease funding for Section 8 housing subsidies (notwithstanding the debacle of HUD's retroactive interpretation of the FY 2003 Budget that almost cost 2,000 already-housed Massachusetts residents their subsidies), placement in housing has become increasingly difficult, if not impossible, for persons who cannot maintain well-paying jobs. Although the City was awarded 38 new McKinney subsidies under the two new HomeStart grants, those subsidies are not nearly enough to support the necessary number of placements in housing. The cutback in funding for the "bonus project" in the 2005 SuperNOFA (\$160,000 as compared with \$750,000 in 2003 and 2004) will mean that Continuum providers will be able to count on only five (5) new McKinney subsidies in 2006 (as compared with 38 in 2003 and 20 in 2004).

The dearth and devaluation of subsidies will also have an adverse affect on the development of new affordable housing. Project-based subsidies have long been a staple of affordable housing development, ensuring the property owner a stable income and guaranteeing that the tenant's

share of rent never exceeds 30% of household income. Without project-based subsidies, there is typically insufficient grant and loan funding to make certain that housing is affordable to individuals and families in the bottom income brackets – that is, under 30% of the Area Median Income (AMI). The National Alliance to End Homelessness estimates that most homeless households' income is at or below 15% of AMI.

At the same time that the supply of new housing subsidies has dried up, the President is proposing dismantling of the Community Development Block Grant (CDBG) (*Preliminary Highlights*, 2005) program as we know it, with major cuts to the remnant of the program being transferred to the Commerce Department. CDBG has been a major resource for housing in Cambridge.

The Commonwealth of Massachusetts' Department of Housing & Community Development's *Low Income Housing Tax Credit Program 2005 Qualified Allocation Plan* includes strategies that could be of potential help to the homeless. Massachusetts is requiring applicants for 2005 Low Income Housing Tax Credits to reserve 10% of units for people at less than 30% of the AMI. Tax credits for both transitional and permanent housing for the homeless are being encouraged, with extra points given for serving special needs populations, including the homeless. However, to develop tax credit units in high cost areas like Cambridge, ongoing Section 8 subsidies would be needed as well. Setaside requirements are also under consideration for other State-assisted housing programs. These strategies will be of little value, however, in the absence of adequately funded ongoing subsidies. Unless the Commonwealth recapitalizes its Massachusetts Rental Voucher Program (MRVP), the only hope is for Federal subsidies.

In the Cambridge Continuum alone, there some 200 homeless individuals and nearly 40 homeless families searching for housing at any point in time. With their limited incomes, the only way that most of these households will find housing is if existing project based units or public housing apartments experience turnover and become available. Even with the City's aggressive inclusionary zoning and linkage ordinances, in the absence of project-based subsidies, the cost of the "affordable" units in new developments will still be well above what most homeless people can afford.

Problematic Personal Histories – Inadequacy of Supportive Service Resources

It is no surprise that many of the homeless people looking for housing – and in particular the chronically homeless people that HUD and the President have targeted – have housing and credit problems – and histories of incarceration -- that scare off landlords. The public drinking, drug use, and/or unstable mental health, and the resulting disorderly conduct that renders chronically homeless individuals persona non-grata on City streets may similarly render them undesirable tenants in privately owned or managed buildings and even public housing.

It will take a very special landlord – and a high level of supportive services, including on-call support – to make housing possible for these most difficult-to-place individuals. That is, the "housing first" model that HUD promotes – and that has worked across the country – could be very difficult and prohibitively expensive to implement in a high rent market like Cambridge. We simply don't have the vacant buildings where such individuals can be housed without interfering with their more conventional neighbors "quiet enjoyment of the housing," and we don't have the funding to support – now, and for the duration of the tenancy – the intensive clinical and case management services that would be needed if we were to succeed in placing significant numbers of chronically homeless in more conventional buildings. Although we appreciate HUD's decision in the 2005 SuperNOFA to fund supportive services in conjunction with new Permanent Supported Housing, the reduced size of the grant, in combination with the 20% cap on expenditures for supportive services (\$16,000 of the total \$80,000 available to Cambridge for

each year of a two-year grant) does not allow the economies of scale needed to put together the kind of multi-disciplinary stabilization team needed to support and sustain difficult tenancies.

Clearly, ending (and preventing) homelessness takes resources for supportive services to help clients overcome some of their obstacles to housing, and to proactively address the concerns of prospective landlords. At a time when Mass Health (Medicaid) availability is periodically unstable, when substance abuse treatment services have been decimated by State budget cuts, when job training resources are so very limited, when child care is so expensive and vouchers so limited, when access to mental health services remains extremely limited for all but the most seriously mentally ill, and when access to residential programming for newly released ex-offenders is so inadequate, it seem incongruous and hypocritical to talk about “ending homelessness.”

A majority of the individuals entering shelters have histories of chronic substance abuse, incarceration, and/or untreated or inadequately treated mental illness or head injuries. A Ten-Year Plan is doomed to failure unless and until the State fully implements its commitment to preparing and helping ex-offenders with re-entry, including offering adequate treatment services and realistic job training and access to transitional housing. The State’s participation at the table with communities working to develop Ten-Year Plans is essential, as is its commitment to ensuring that resources will be available to support the services that homeless people need to become more stable and that in-crisis households need to avoid homelessness. Anything less makes a mockery of daunting difficulties faced both by the individuals and families trying to regain their lives and the housing and service providers trying to assist them.

Difficult Questions of Equity and Community Balance

In Cambridge, as rents get higher, or as life circumstances change, individual and family households experience new or recurring housing crises and there is high pressure on City officials and the local Housing Authority to make subsidies and public housing available to these residents. There is already some resentment that homeless individuals and families with only a very limited Cambridge connection may take priority over persons and families with a longer standing local affiliation when it comes to the distribution of housing or subsidies. That resentment would increase if the Plan to End Homelessness intensified that prioritization.

Ten-Year Plan Committee Recommendations

Federal Commitments

Federal disinvestment in the production of low-moderate income housing has contributed to homelessness where too many people must compete for too little affordable housing. Washington must fund a national affordable housing trust to greatly increase housing production beyond the scale of existing relatively small programs like HOME, as recommended by the National Low-Income Housing Coalition. We join many in applauding the idea of creating such a fund, utilizing a small portion of pretax profits from Freddie Mac and Fannie Mae (National Housing, 2005).

The Federal government should most immediately assist communities to move toward ending homelessness by fully funding the Section 8 program to retain the current voucher holders and to add new ones. It is crucial that full funding of Section 8 not take place at the expense of other programs currently administered by HUD that support housing, such as public housing, CDBG and HOME. To the extent that McKinney “bonus grants” represent the best mechanism for funding new permanent supported housing programs in our community, HUD should revise its formula and significantly increase funding for those grants, while allowing communities to

protect ongoing programs that continue to effectively meet the needs they were created to address. The formula should allow for adequate funding of supportive services in housing.

Many factors besides a lack of housing contribute to homelessness. The underfunding and patchwork nature of several other areas has a significant effect. A more comprehensive Medicaid program and better funding of the Substance Abuse Block Grant and the Mental Health Block Grant would address root causes of homelessness. More adequate Federal vocational rehabilitation funding would decrease the current eight-month waiting list at Massachusetts Rehabilitation, and help people gain more sustainable employment. Current Federal prohibitions on the use of Medicaid for incarcerated persons reduce the resources for substance abuse and other treatment in the critical time before an offender is released.

In a sense, people in need can become caught between the funding and regulatory tradeoffs made between the Commonwealth and the Federal government, and these effects should be revisited. For example, if the Federal government covered more than 50% of Medicaid costs, DTA might be more willing to put families on Transitional Aid to Families with Dependent Children (TAFDC), which activates eligibility for Medicaid. Also, current “welfare reform” work requirements discourage parents’ devoting time to higher education and training, which are clearly a more promising approach for gaining better and more stable employment.

State-Level Changes

It is imperative that Governor Mitt Romney push for Federal and State budgets that commit adequate resources for affordable housing.

The Cambridge Ten Year Plan will closely track the Massachusetts Ten- Year Plan. Appreciating the importance of coordinating local and State efforts to address homelessness, last year the City of Cambridge hosted a Statewide meeting of Continuum representatives to discuss coordination with the State and with nearby municipalities of our respective efforts to develop Ten-Year Plans. The meeting, attended by representatives from nearly a dozen Continuums, featured presentations by senior staff from the Massachusetts Department of Transitional Assistance (DTA), the State’s lead agency for homelessness policy and services. The need to enhance the effectiveness of the State’s discharge planning efforts, especially in the corrections and substance abuse treatment systems, and the need to improve access to State-administered benefits programs, were recurring themes in the discussion. Senior DTA staff agreed to request a meeting between the Lieutenant Governor and Continuum representatives to facilitate the kind of dialogue and coordination that ending homelessness will require.

The difficulty ex-offenders face in obtaining employment and housing clearly plays a large role in their high recidivism rate. Treatment for substance abuse and mental illness before release, as well as better preparation for employment and housing, could play a role in reducing recidivism, and could ease the burden on the already overtaxed homeless service system. Implementation of a system similar to one in New York through which prisoners earn a Certificate of Rehabilitation could at least provide prospective employers and landlords with some reassurance that the ex-offenders made productive use of time and resources while incarcerated.

The State should also insure that mental health and substance abuse treatment are available for the homeless even before they qualify for Medicaid for the disabled. Provision of treatment earlier in an illness can be cost-effective as well as humane.

A recent Boston Health Care for the Homeless study documented heavy and costly usage of emergency room, police, ambulance, and other emergency services by a small cohort of chronically homeless individuals. Through the collaboration of the Departments of Transitional Assistance, Medical Assistance and Mental Health and the Massachusetts Behavioral Health

Partnership, Medicaid funds are being made available now for supportive services in housing for ten high-need individuals who will receive housing and services through HomeStart. In recognition of the cost savings stabilizing chronically homeless people in housing will have on the emergency services system, the State should find a way to more broadly and flexibly mobilize Medicaid, DMH, and DPH funds for targeted housing and services, without the usual categorical eligibility guidelines, and without the usual constraints on allowable uses.

The State needs to fund development of new public housing units, recapitalize the Massachusetts Rental Voucher Program (MRVP) and Alternative Housing Voucher Program (AHVP) for low-income persons with disabilities. It is also essential that the State provide adequate funding to operate and renovate State public housing, which is in danger of being lost over the next ten years if funding continues at the levels it has over the past five years. State operating subsidy levels on a per unit basis were higher in 1982 than they are today.

The Massachusetts Society for the Prevention of Cruelty to Children recently released recommendations that the State extend unconditional support to all foster children up to the age of 21, rather than the current practice of discontinuing aid at age 18 for some (Wen, 2005). This change would recognize the fact that few young people in the U.S. are ready for complete independence from their families at such a young age. We urge lawmakers to enact legislation to implement this recommendation.

Improved State-Local Coordination

Another key area requiring coordination is HMIS implementation. The State's Department of Transitional Assistance (DTA) is in the early stages of developing a "Virtual Gateway" linking HMIS and mainstream benefits data, and streamlining the process of applying for mainstream benefits (those not targeted specifically to the homeless) administered by the State. Recognizing the interdependence of the DTA and the provider community in generating meaningful data, the Commissioner and HMIS Steering Committee members, including a City of Cambridge representative, have begun frank discussion about the challenges and opportunities such a system offers for enhancing access to benefits and services.

Respective State and local Ten-Year Plans must be well coordinated because their ultimate successes are inextricably linked. This is true of Statewide and Continuum-based efforts to implement HMIS, and of Continuum-based homelessness prevention efforts dependent upon State-determined policies and procedures governing discharge planning and access to prevention resources. Furthermore, efforts to transition homeless persons from Continuum-based homeless supportive services to mainstream benefits and services are tied to State-determined policies and procedures governing access to those resources.

Local Initiatives

The Committee recommends the following actions within the Cambridge community:

- Support all local initiatives in this plan through the development and implementation of a public education campaign to help residents understand the human side of homelessness, and the effectiveness of local initiatives in ending homelessness over time. This will decrease resistance to having the formerly homeless people as neighbors, and increased public approval for the cost-effective use of resources to help this population.
- Preserve existing housing resources for the homeless and other low-income people. There is an immediate need to address the 30 McKinney Shelter + Care units now in jeopardy at the Cambridge Family YMCA. Assure that the formerly homeless will not lose their housing as a result of a change in the funding streams for this project.

- Prioritize identification of veterans who are seeking services from Cambridge homeless service providers for referral to the New England Shelter for Homeless Veterans or other veteran shelters. This would free up community resources to serve others, and would offer the veteran the opportunity for specialized services, particularly for combat-related Post Traumatic Stress Disorder.
- Develop small-scale stand-alone housing using funding streams that have typically supported the City's affordable housing initiatives, based on an accelerated housing placement model for families and individuals.
- Acquire a site and construct a larger-scale SRO facility.
- Increase the availability of rental units from nonprofit and other landlords, where people exiting homelessness can use their McKinney rental subsidies or Section 8 subsidies where available. This does not cost the landlord anything and the people come with services.
- Consider a percentage housing unit setaside for people with very low incomes (30% AMI or below) through the City's housing production programs. From within the setaside, consider giving preference to applicants who are homeless.
- Request that the Center for Joint Housing Studies at Harvard sponsor a forum for elected and appointed municipal officials to discuss what local governments realistically can do, and to press the State and Federal governments to live up to their responsibilities in the areas of housing and homelessness.
- Continue to support the Cambridge Continuum of Care planning process, which has resulted in the development, operation, and coordination of the broad range of programs that work to prevent and address homelessness in Cambridge. Under the leadership of the City's Department of Human Service Programs (DHSP), the Continuum of Care planning process has ensured that a multiplicity of public and private resources has been brought to bear on the problem of homelessness, and that those resources have been used as effectively as possible to address ongoing needs. The Continuum's planning process has effectively prevented wasteful duplication of effort, and has ensured an exemplary level of cooperation among providers. The Continuum's ongoing planning efforts, as reflected in the City's most recent application to HUD for McKinney funding, are entirely consistent with the work and recommendations of the Ten-Year Plan Committee, and should continue to receive the leadership and support of DHSP staff.

References

Barth, R.P. "On Their Own: The Experiences of Youth After Foster Care." *Child and Adolescent Social Work*, 7 (5) (1990) 419-440.

Burt, Martha R. et al. *Strategies for Reducing Homelessness Final Report*. Washington, DC: The Urban Institute, January 2004.

Characteristics of Homeless Families Accessing Massachusetts Emergency Shelters, 1999-2001. Boston: The John W. McCormack Institute of Public Affairs at University of Massachusetts Boston, April 2003.

City of Cambridge Community Development Department. *Demographic & Socioeconomic Profile, City of Cambridge, MA*, August 22, 2003.

City of Cambridge Community Development Department. *Housing Market Information, City of Cambridge, MA*, June 20, 2003.

City of Cambridge Department of Human Service Programs. *SuperNOFA Application Under the 2004 Continuum of Care*, July 20, 2004.

The Commonwealth of Massachusetts Ten-Year State Plan to End Chronic Homelessness: A Report of the Policy Academy on Chronic Homelessness. April 2002.

Courtney, M.; Pilliavin, I.; Grogan-Kaylor, A.; Nesmith, A. "Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care." *Child Welfare*, 80, (2001) 685-717.

Direct Access to Housing: Directly from San Francisco Streets and Shelters to Permanent Housing and Health Care Services. (February 17, 2004). Corporation for Supportive Housing. <<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=501>>

Homelessness: Programs and the People They Serve. Washington, DC: The Urban Institute, December 1999.

Jackson, Alphonso. *Innovative New Year's Message*. (December 28, 2004). Cited on Knowledgeplex website. <<http://knowledgeplex.org/news>>.

"Killing Off Housing for the Poor." *New York Times*, April 9, 2005, Late Edition, Final, Editorial, Section A, Page 13, column 1.

Low Income Housing Tax Credit Program 2005 Qualified Allocation Plan. Commonwealth of Massachusetts Department of Housing and Community Development, January 2005.

McMillen, J.C. and Tucker, J. "The Status of Older Adolescents at Exit from Out-of-Home Care." *Child Welfare*, 78, (1999) 339-360.

Muldoon, Patricia. *Summary Recommendations to the Governor's Commission on Corrections Reform*. February 25, 2004. Cited on League of Women Voters website (April 17, 2005) <<http://home.comcast.net/~lwva/Harshba.htm>>

“National Housing Trust Fund: Preparing to Work with New Congress.” *Weekly Housing Update: Memo to Members*. Vol. 10, No. 1. (January 7, 2005) National Low Income Housing Coalition website <<http://www.nlihc.org/mtm/mtm10-1>>

Pathways to Housing: New York, NY. (February 17, 2004). National Alliance to End Homelessness website <www.endhomelessness.org/best/pathways.htm>

Pitcoff, Winton; Pelletiere, Danilo; Crowley, Sheila; Treskon, Mark; Dolbeare, Cushing N. *Out of Reach 2004*. National Low Income Housing Coalition website. <www.nlihc.org/oor2004>

Preliminary Highlights from the President's FY 2006 Budget. (February 9, 2005). National Alliance to End Homelessness website <www.endhomelessness.org/pol/appropr>

Rosenfeld, A.A.; Pilowsky, D.J.; Fine, P.; et al. “Foster Care: An Update”. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36 (1997) 448-457.

United States General Accounting Office. *Foster Care: Effectiveness of Independent Living Programs Unknown*. (Report no. GAO/HEHS-00-13) (1999). Washington, DC: U.S. General Accounting Office. Accessed at <http://www.gao.gov/new.items/he00013.pdf>.

Wen, Patricia. “Extension of Support for Foster Teens Urged.” *Boston Globe*, April 18, 2005.

Westat, Inc. *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth*. Washington, D.C.: Department of Health and Human Services, 1991.

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2004-2005

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