

THE NORTH STAR

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"Initiating Solutions to End Homelessness"

July 2005

MHSA, MCH JOIN NATIONAL HOMELESS MEMORIAL DAY

People continue to die homeless both on the street and in shelters. The Massachusetts Housing and Shelter Alliance (MHSA) and the Massachusetts Coalition for the Homeless (MCH) want society to remember these deaths.

To that end, on the Wednesday before Memorial Day, MHSA and MCH held an Interfaith Service of Remembrance at the Church on the Hill (Swedenborgian) for Massachusetts citizens who died homeless. In addition to sharing memories of those who have died, during the service MHSA and MCH announced their decision to combine this tradition with the National Homeless Persons Memorial Day on December 21, 2005.

"Publicly commemorating National Homeless Persons Memorial Day will demonstrate our solidarity with those striving to end homelessness across our nation and will serve as a timely reminder to our political leaders that there is a moral imperative to take action on this issue," said Joe Finn, executive director of MHSA.

MHSA and MCH welcome the participation of others in this effort to raise awareness of the risks homeless people face while living on the streets or in shelters.

If you would like to be part of the Planning Committee, which will meet this September, please contact Sr. Linda Bessom, SND, Faith Into Action Together Coordinator at MCH at 781-595-7570 ext. 18, or Joe Finn, Executive Director of MHSA at 617-367-6447.

Budget Brings Hope

State Spending Plan Restores Homeless Funding, Maintains Critical Programs

The recently released state budget contained good news for homeless individuals, including increased funding for emergency services and level funding for several key programs aimed at preventing and ending homelessness. On June 30, Gov. Mitt Romney signed into law the state budget for Fiscal Year 2006, bringing the budget season to a close.

"The accomplishments of this budget mark the Commonwealth's commitment to ending homelessness," said Joe Finn, executive director of the Massachusetts Housing and Shelter Alliance (MHSA). "The leadership of the House and Senate clearly understand the importance of this issue and what it will take to make a difference."

Line Item 4406-3000, which provides services for homeless individuals, was funded at \$35,050,000 in the final state budget. This represents a 17% increase from the prior fiscal year, when the line item was funded at \$30 million. This line item provides emergency and transitional shelter and services to homeless individuals across the Commonwealth.

"This budget not only restores some dollars to the base, but it provides some flexible new resources for

housing the chronically homeless as well," Finn said.

The Special Initiative to House the Homeless Mentally Ill was level funded in the FY06 state budget. The Special Initiative is operated by the Department of Mental Health and is an



essential component to preventing and ending homelessness in the Commonwealth. Since its inception in FY92, the Special Initiative has created permanent housing for more than 1,200 mentally ill and

chronically homeless individuals and has moved people with major mental illness from homelessness into housing with supportive services.

The Homeless Elders Residential Assessment and Placement Program (ERAPP) was funded at \$250,000 in the final state budget. This program received a significant increase in funding, after being funded at a minimal amount of \$50,000 in the FY05 state budget. ERAPP provides intensive assessment and case management services in a safe residential setting to elders who have recently become homeless.

While much of the state budget looked favorably upon homeless individuals, Line Item 7004-9003, the Individual **(Continued on Page 3)**

CHRONIC HOMELESSNESS in WESTERN MASSACHUSETTS

Contributed by ServiceNet, Inc.

ServiceNet, Inc. operates emergency shelters, drop-in centers, and transitional and permanent housing sites in Hampshire and Franklin Counties. Last year, ServiceNet interviewed more than 400 people who entered its emergency shelters, representing more than 75% of its total guests. This article describes the insights revealed in these interviews.

In the rural areas of Western Massachusetts, chronic homelessness is as prevalent as it is in Eastern Massachusetts. Instead of living on the street, however, chronically homeless people can be found living in tents, barns, or crashing in overcrowded units with

family or friends. They are the *hidden homeless*.

Regardless of the geographic area, the same underlying social, political, economic, and personal circumstances that lead to chronic homelessness plague both Eastern and Western Massachusetts.

Among the people ServiceNet interviewed, 36% met the Federal Department of Housing and Urban Development (HUD) criteria for chronic homelessness. HUD defines a person experiencing chronic homelessness as an unaccompanied homeless individual with a disabling condition who has either been

continuously homeless for at least a year or has had at least four episodes of homelessness in the past three years. Eighty percent of the chronically homeless were men between the ages of 19 and 62, with an average age of 38. Sixty-five percent were born and raised in Massachusetts, and 70% had roots in Western Massachusetts. Only 5% reported no local ties.

Almost 90% of the chronically homeless were also jobless, and the most common reason for joblessness was the presence of health-related disabilities. About 40% of the chronically homeless group had no **(Continued on Page 3)**



The Mission

MHSA is a public policy advocacy alliance with the singular mission of ending homelessness in the Commonwealth. Through strategic partnerships formed with government, private philanthropy, business leaders, homeless individuals, and service providers, MHSA works to ensure that homelessness does not become a permanent part of the social landscape.

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Today there is an unprecedented consensus on our shared capacity to end homelessness. State and local governments are taking an interagency approach to the problem, plans to end homelessness are being enacted, and corporate and community partners are joining forces to create systemic change.

Homelessness prevention and intervention efforts now focus on the integration of housing, employment, and support. Action can produce visible outcomes in Massachusetts.

Join us.

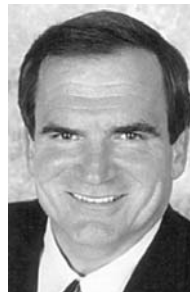
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“Building Hope”

Where is he? We haven't seen him for awhile. He hasn't shown up at the meal program in weeks. Is he OK?

These questions, as they relate to a homeless worker in a shelter or street outreach worker were often a sign that something was wrong and some bad thing had happened to the homeless person they had not seen. However, in a few communities today putting forward rapid entry into housing models, they are cause for hope. Once a person has housing of their own, wonderful things start to happen. They no longer need emergency services. They start preparing their own meals. And in some cases, they even start accessing the mental health services and addiction services they eschewed from various social workers for years.

It is a sign of the transformative power of hope. Having your own place regenerates a new sense of hope that allows you to move beyond the despair of homelessness. If you are housed, you do not need to be in constant contact with the street outreach worker trying to link you to an array of clinical or social services that never met your fundamental need of housing. For a homeless person, having your own place



Joe Finn

Joe Finn
MHSA Executive Director

means that you do not have to drift from church basement to church basement seeking a place to eat. In fact, having your own housing means that you do not have to stand in line, meet curfews, or comply with a host of requirements, rational and otherwise, that are a part of the indignity of the whole homeless experience.

Some have been saying it for thirty years: the solution to homelessness is housing. This does not mean that other things are not required to ensure successful tenancies for the mentally ill or those with substance abuse issues. This does not mean that those housed will never require case management or outreach services while in housing. This does not mean that we will reach some point in time where there are not those in need of long-term custodial care.

What it does mean, is that we can significantly alter our need and demand for emergency shelter and services if we are willing to wrestle with the challenge of housing the chronic homeless persons in our midst. The reasons for doing so are both morally and fiscally sound. Please join us in our struggle to make housing for the homeless more than a vague hope.

HOMELESS YOUNG ADULTS IN MASSACHUSETTS

A recent statewide survey of homeless young adults reinforces the need for targeted housing and services for those making the transition into adulthood and provides key characteristics about the growing number of youth who end up in a shelter or on the street. In February, the Massachusetts Housing and Shelter Alliance (MHSA) Young Adult Committee conducted its fifth annual survey of homeless young adults ages 18-24. Not surprisingly, when asked what services they needed most, three-quarters of homeless young adults included either “permanent housing” or “housing assistance” in their response.

“Year after year, we hear from homeless young people who want to get off the streets into housing and who want employment, yet there are few resources targeted to meet their needs,” said Joe Finn, executive director of MHSA. “We are neglecting a population of youth if we don't support them on the road to self-sufficiency.” For most young people, the transition into adulthood is supported by family or community resources. According to a population survey conducted by the U.S. Census Bureau in 2003, 77% of people ages 18-24 live with parents, relatives or in college dormitories.

For runaways, those who have been kicked out of their family homes and those coming from state systems of care, however, finding a job and a place to live is a formidable task especially without many of the life skills that most take for granted. With few alternatives,

young adults turn to living on the streets or in homeless shelters where they find more dead-ends than fresh starts.

According to the survey, nearly a quarter (23%) of homeless young adults met the description of long-term homeless, having experienced homelessness for more than 12 consecutive months.

“Homeless young adults fall into a gap between services for children and adults, and are left with a dearth of age-appropriate homelessness prevention and intervention resources,” Finn said. “We must step in to ensure that these young people do not become the next generation of chronically homeless adults.”

According to the survey, 53% of respondents reported that they had utilized some type of mental health service, and 38% of homeless young adults reported that they had used substance abuse services. The survey also indicated that one-quarter of respondents (25%) had previously been in Department of Social Services custody, either living in foster care or in a group home.

The MHSA survey collected information from 317 respondents with the participation of programs across the state that work with homeless individuals.

The MHSA Young Adult Committee was formed in the fall of 1998 to complement the advocacy efforts of MHSA. For more information on the survey or the Young Adult Committee, contact Ezra Sykes at 617-367-6447 or esykes@mhsa.net



FY06 State Budget Summary

Line Item	FY05 Final	Governor's Budget FY06	Final House Budget FY06	Final Senate Budget FY06	FINAL FY06 STATE BUDGET
4406-3000 Services for Homeless Individuals	\$30,000,000	\$32,849,762	\$35,000,000	\$35,000,000	\$35,050,000
5046-2000 Housing for the Homeless Mentally Ill	\$22,182,363	\$22,210,643	\$22,210,686	\$22,210,686	\$22,210,686
9110-1700 Homeless Elder Residential Placement Program	\$50,000	\$50,000	\$250,000	\$250,000	\$250,000
7004-9003 Individual Self Sufficiency Initiative	Not Funded	Not Restored	Not Restored	Not Restored	Not Restored

(Budget Story, Continued from Page 1) Self Sufficiency Initiative (ISSI), was not included in any version of the FY06 spending plan. ISSI provides one-time financial assistance to working homeless individuals, acting as a bridge out of homelessness into permanent housing and had proven to be a successful program in years when it was funded. Despite the continued efforts of MHSA, housing

advocates, and supportive legislators to include ISSI in the state budget, the program has not been funded since FY03. "Not everything can be accomplished in a single budget and this year represents the first increase in resources since FY 2002," Finn said. "MHSA will continue to fight for the housing resources and services ultimately necessary to end homelessness."

(Chronic Homelessness, Continued from Page 1)

income, and of those who did receive income, 20% had employment income while 60% received public assistance.

Individuals identified as chronically homeless had high rates of involvement with institutional systems. For example, 26% had a history of involvement with the Department of Social Services or Department of Youth Services; 20% were current or former Department of Mental Health clients; and almost 70% had a history of involvement with the criminal justice system. Veterans also made up 23% of the chronically homeless group.

ServiceNet asked a subgroup of people to volunteer information about specific experiences with violence or trauma. Fifty-four percent reported experiencing violence or trauma, and 30% reported that the violence or trauma happened while they were homeless. Of this group, 54% indicated that the violence or trauma contributed to their homelessness.

Although chronic homelessness includes a disabling or chronic health condition by definition, the rate of substance abuse was exceptionally high amongst the group - 82% were found to have a substance abuse problem. Fifty-four percent had a co-occurring substance abuse and mental health disorder.

Serious health problems can also lead to homelessness, and homelessness can lead to serious health problems. Two-thirds of the chronically homeless people interviewed had an acute or otherwise serious medical problem. For example, 16% reported high-risk conditions such as asthma, untreated hypertension, and seizures. Infectious diseases, including Hepatitis C, were reported by 11% of the group; while 10% reported having diabetes. Other problems included digestive disorders, thyroid conditions, and allergies.

One-third of the chronically homeless group did not have medical insurance, and even among those who had insurance, it was difficult to access treatment. A number of individuals reported having prescriptions for various conditions, but did not have the money to fill the prescriptions. Almost everybody with health insurance had MassHealth (90%), but most individuals did not have a primary care doctor or a regular location where they received health

EVENTS SUN MOON STARS RAIN

MHSA held its second annual fund-raising event *Sun Moon Stars Rain, Honoring Endurance in Ending Homelessness* on Tuesday, May 17, 2005, at the Hotel Marlowe in Cambridge, Massachusetts.

During the evening reception, MHSA presented the Canon Brian S. Kelley Public Servant Award to Massachusetts Senate President Robert E. Travaglini for his work to promote justice for homeless citizens.

Past recipients of the Public Servant Award have included: Henry Cisneros, Secretary of the U. S. Department of Housing and Urban Development; Joseph P. Kennedy, United States Representative; Charles Baker, Secretary of Administration and Finance; William Bulger, President of the Massachusetts Senate; Thomas Menino, Mayor of the City of Boston; and the Senate Ways and Means Committee.

On hand to accept the award on the Senate President's behalf was Senator Steven Tolman. In his remarks, Senator Tolman energized the crowd by sharing personal anecdotes that affirmed Senate President Travaglini's commitment to ending homelessness. In turn, former



Robert Travaglini

State Senator and current MHSA Board Member Joseph Timilty presented the MHSA Partner in Abolitionism award to Senator Tolman for his work to benefit homeless citizens.

In addition, MHSA recognized the philanthropic work of Thomas L. Collins, Executive Managing Director of the New England Area of Cushman & Wakefield. Accepting the award, Mr. Collins shared his perspective on ending homelessness, observing that "it takes more than adding shelter beds," and emphasizing the importance of housing as the solution to homelessness.

The evening also featured an "Extra Mile" award presentation to board members, staff, and volunteers from homeless service agencies who address



Thomas L. Collins

the needs of homeless citizens on a daily basis. Awardees included John Ranco and David Pap from HomeStart, Inc; Charlie Poe from United Homes Adult Shelter; and Jose Delvalle, Hugo Rivera, and Robert Dunn from Friends of the Shattuck Shelter.

care. The ServiceNet study revealed several key characteristics of the chronically homeless population. Those experiencing chronic homelessness were: more likely to be male; twice as likely to enter shelter from "non-housing" such as tents; almost twice as likely to be jobless due to health or disability; nearly three times more likely to have a history of incarceration; and more than twice as likely to have substance abuse problem, a co-

occurring disorder, or a psychiatric diagnosis.

Despite these differences, the chronic population also shared an important characteristic with the general homeless population. Individuals who were chronically homeless were just as likely to want permanent housing as other homeless individuals. The message seems clear: no matter how long or how often an individual has been homeless, their hope is a home of their own.

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Mark Your Calendar...

Friday, October 14 -
Annual MHSA Ending Homelessness Conference
(For more information, call MHSA at 617.367.6447)