

Springfield-Hampden County Continuum of Care

LEADERSHIP CAPACITY

1. Over multiple years, the Springfield-Hampden County Continuum of Care (CoC) shifted its response to homeless individuals from a shelter-based model to a housing-focused system. The City of Springfield (City) had a large and growing unsheltered homeless population, a major congregate shelter that was overcrowded and open only overnight, and a tent city in the middle of downtown. In response, the CoC, City, and Chamber of Commerce initiated a planning process to address the challenge. Initially, the partners came together to make a plan to increase the number of shelter beds, but through visits to other communities and learning that happened in the planning group, the partners shifted the goal to preventing and ending street and chronic homelessness through a Housing First model. The City hired the current CoC director as the City's homeless point person and CoC director, developed a plan, and set about changing the system with a focus on increasing funding for permanent supportive housing (PSH).

At the beginning of this system shift, Springfield had one mental health provider, the Mental Health Association, which was a strong proponent of Housing First, but some shelter and outreach providers opposed the concept as unsafe and unrealistic. In order to transition the system from shelter-based to housing-based, the CoC needed to achieve broad buy-in. Key steps to making the transition possible included: 1) inviting new partners to the table; 2) asking for input from people with lived experience of homelessness; 3) changing the community conversation through a public relations campaign and cultivation of political support; and 4) engaging funders as allies to drive changes in program models.

As the CoC worked on changing perceptions of the new model, we also worked on expanding PSH. We committed to creating 250 PSH slots in the City over a ten-year period, a goal we exceeded. To achieve this, we brought in new partners and funding sources, including the Springfield Housing Authority, private landlords, and Medicaid-funded housing support services. We also collaborated on supports that our new system needed. Our business community provided significant funding for our new Homeless Resource Center and helped us make the case for Housing First among large landlords by framing homelessness as an economic development issue. The CoC learned that we needed to have more sustained contact with unsheltered individuals, and we accomplished that by configuring street outreach workers, the mental health crisis team, hospital emergency room staff, and police as a coordinated team who worked together to support unsheltered individuals in moving off the street and into housing.

The result of this work has been a significant reduction in street homelessness. Instead of expanding the shelter system, the CoC and the City reduced City shelter beds for individuals *and* the City's point-in-time (PIT) unsheltered population dropped from a high of 98 to 5 this year.

2a. The YHDP Lead Agency is the City of Springfield Office of Housing

2b. The Lead Agency Staff Member is Geraldine McCafferty, Springfield Director of Housing and the CoC Director. Ms. McCafferty leads the CoC Board of Directors and has the authority to represent the CoC and the City of Springfield.

2c. The attached "**YHDP Team**" lists our YHDP leadership.

3. Four CoC committees will support the lead agency's YHDP implementation: *Unaccompanied Homeless Youth Committee*: 20 active members, including the region's Runaway and Homeless Youth (RHY) provider, CoC providers, the state Public Child Welfare Agency (PCWA), the

state juvenile justice agency, and representatives from non-profit agencies, public school systems, community colleges, and municipalities. The Committee's objective is to lead the CoC's efforts to prevent and end homelessness among unaccompanied youth and young adults (YYA). Youth-related tasks include: local coordination of the annual Massachusetts Youth Count; planning an annual resource fair and general resource sharing' training and network opportunities; and monitoring the CoC's progress toward the goal of preventing and ending YYA homelessness. This committee will help create and implement the community coordinated plan. ***Family Services Committee:*** 15-20 active members, including representatives from non-profit agencies, municipalities, public schools systems, state agencies, an advocacy group, and housing authorities. The Committee's objective is to support the CoC's effort to end family homelessness, including homelessness among pregnant and parenting YYA. Youth-related tasks include coordination of the Massachusetts Youth Count for pregnant and parenting YYA and work to integrate the family homelessness and domestic violence systems--this work particularly overlaps with YYA homelessness because our domestic violence system has been a leader in responding to commercial sexual exploitation of YYA. This committee will help create and implement the community coordinated plan. ***Performance and Outcomes Committee:*** 5-10 members. Has the objective of creating, tracking, and updating performance standards for programs funded by the CoC and by the Emergency Solution Grant (ESG) program. This committee's youth-relevant task is to review the performance of the CoC's YYA programs. ***Homeless Management Information System ("HMIS") Committee:*** 15 members. Its objective is to recommend policies and procedures related to HMIS, and provide support to HMIS users. This Committee has created the CoC's HMIS Policies and Procedures, which have been

approved by the CoC's Board of Directors. The youth-relevant task for this committee is to support quality data collection and reporting by the RHY and CoC YYA program providers.

4. The CoC has a Youth Action Board (YAB). The YAB has two reserved seats on the CoC Board of Directors and, as CoC members, vote in the annual election of new Board members. As a CoC committee, the YAB is invited to be on the agenda for each Board meeting. The CoC conducts focus groups with YYA annually, including in the creation of this YHDP application, and has used YYA focus groups to assist in designing YYA-specific strategies for the PIT count and annual YYA survey. CoC policy requires that the YAB be included in evaluation of the CoC and its projects including during the annual CoC Program Competition.

5. The CoC demonstrated its commitment and ability to engage organizations essential to the work of ending YYA homelessness through its recent work on a new YYA needs assessment and YHDP application. Through planning meetings and focus groups, the CoC established new or improved relationships with the MA Department of Children and Families (DCF), the MA Department of Youth Services (DYS), Westover Job Corps, and the Children's Study Home (foster care/human trafficking); each of these agencies has committed to be part of the planning process. The CoC will continue to use these two initiatives to identify and engage new partners at public launch events, through initiative meetings, and with a combination of group and individual outreach. For example, the CoC recently learned about a community coalition focused on human trafficking, sponsored by the sheriff's department and the district attorney. The CoC is requesting that both groups allow the CoC to attend their meetings to present information about the CoC's work on YYA homelessness, learn more about the group's work and invite the coalition to be part of the CoC's work on YYA homelessness.

Other essential organizations the CoC successfully engaged to create the YHDP application and commit to the planning process include the Center for Human Development Safety Zone program (RHY provider), Gandara Center (outreach, rapid rehousing, short-term shelter), the Impact Center (YYA drop-in), five McKinney-Vento education coordinators, Springfield Technical Community College, Holyoke Community College, Roca (justice-involved YYA), OutNow (LGBTQ YYA), the YWCA of Western Massachusetts (domestic violence and human trafficking), the YWCA YouthBuild program, Domus, Inc. (housing for young adults), Catholic Charities, Way Finders (parenting YYA), the Springfield Housing Authority, the Holyoke Housing Authority, MassHire (Workforce Opportunity and Innovation Act provider), Springfield police department, the Hampden County Sheriff's Department, the MA Department of Mental Health, Baystate Medical Center, Mercy Medical Center, and the Behavioral Health Network.

RESOURCE CAPACITY

- 1.** The “**Current Resource Capacity**” chart describes the CoC’s existing system.
- 2.** The CoC has secured the following funds to support YHDP planning (**letters attached**):

Stakeholder	Type	Funds	Restrictions	Timeline
City of Springfield	Government	\$50,000	YHDP planning	1/1/2019 - 6/30/2020
SVA NYC Design for Social Innovation	Private not-for-profit	\$72,000 In-kind	Training in human-centered design for community and YYA; lead design process on preventing homelessness for foster care YYA	1/1/2019 - 12/31/2019

Community Foundation of Western Mass	Private not-for-profit	\$5000	YYA engagement in YHDP planning	7/1/2019-6/30/2020
Davis Foundation	Private not-for-profit	\$2500	YHDP planning	7/1/2019-6/30/2020
United Way of Pioneer Valley	Private not-for-profit	\$3000	YHDP planning	7/1/2019-6/30/2020

COMMUNITY NEED

1. The CoC completed a YYA homelessness needs assessment in January--May 2019.

2a. The CoC originated the needs assessment and hired a consulting team to lead the work in close partnership with the City of Springfield Office of Housing and the YHDP leadership team, including the YAB. The assessment combined a prevalence and characteristics quantitative framework with a series of focus groups and stakeholder interviews. It addressed all four federal core outcomes (housing, education and employment, health and wellbeing, and permanent connection); incorporated data from multiple systems (*e.g.*, HMIS, all school districts, child welfare, the U.S. Census); and leveraged the perspectives of our primary stakeholders, including YYA, CoC frontline staff, school staff, staff from child welfare and criminal justice programs.

2b. Focus groups with YYA experiencing homelessness identified system barriers, and detailed the experiences of YYA when living unstably housed, in shelters, and on the street. Discussions with YYA focus groups considered the unique impact on specific subpopulations that may not be

accurately represented in our quantitative data (e.g., commercially sexually exploited YYA, LGBTQ YYA). The YAB played an important role in reviewing the findings and approving key elements such as the factors that lead to the experience of homelessness among YYA.

2c. (1) The assessment covered the geographic area of the entire Springfield-Hampden County CoC. (2) It incorporated a wide range of stakeholders including: the YAB (plus additional YYA), all homelessness-dedicated providers, all YYA-specific housing providers, out-of-school-time providers, school districts, child welfare staff, criminal justice-focused providers, LGBTQ-focused providers, health care system leaders, law enforcement, community college staff, and employment programs. (3) The assessment included both YYA and non-targeted crisis residential, transitional housing (TH), safe haven, rapid rehousing (RRH), host homes, PSH, and non-homelessness but YYA-dedicated permanent housing units. (4) It addressed both homelessness-dedicated and non-dedicated street outreach, drop-in-center, basic needs, benefits enrollment, case management, healthcare, employment services, child support, childcare, criminal justice, disability services, domestic violence, early childhood, immigration, and others.

2d. The assessment identified the following disparities: **Race:** Latinx YYA are significantly overrepresented among YYA experiencing homelessness in Hampden County: 58% to 68% of YYA identify as Hispanic or Latinx, compared to 24% of the total Hampden County population and 40% of whom are below poverty level. This disparity is even be more pronounced among parenting YYA; by one estimate, 87% of pregnant or parenting YYA experiencing homelessness identify as Latinx. The data shows a disparity--but one which is less pronounced--among Black YYA: 12% to 18% of the total YYA population experiencing homelessness identify as Black, compared to only 9% of the total Hampden County population. Additionally, 8% to 14% of

YYA experiencing homelessness in Hampden County identify as multiracial and only 13% of them identify as white, reinforcing that preventing and ending YYA homelessness must intentionally target solutions to minority YYA. **Gender:** With a large sheltered YYA pregnant and parenting population, our HMIS data reflects that the population we serve is predominantly female: 67% to 80% of YYA experiencing homelessness identified as female and 20% to 33% as male. In HMIS data, fewer than 1% of YYA identify as transgender, intersex, genderqueer, or gender non-conforming. **LGBTQ+ status:** 8% to 13% of YYA experiencing homelessness identified as LGBTQ, compared to only 5% of the total state population. The numbers of gender non-conforming and LGBTQ YYA experiencing homelessness are significantly below state and national estimates, believed to be a reflection of both current identification techniques and cultural stigma. Staff in programs that serve YYA indicate that answers to questions about gender and sexual orientation change over time, with YYA becoming more willing to identify these factors after a more trusting relationship is established and YYA see cues that programs are welcoming to those who are LGBTQ and gender non-conforming. **System involvement:** 31% of YYA experiencing homelessness in Hampden County reported foster care experience, which is consistent with national estimates. Hampden County YYA report lower than national rates of involvement in the juvenile or criminal justice system--17%, compared to the approximately 50% of YYA identified in national research. We believe our data undercounts YYA with juvenile or criminal justice involvement, indicating to us that our systems of identification and support may not be effectively targeting this population.

2e. The assessment led to six key findings: *The scope of homelessness in Hampden County is an urgent challenge and one that is manageable enough that we have the ability to do*

something about it. At the upper limit, based on national prevalence data, Hampden County may include about 6,700 YYA who experience some form of homelessness over the course of a year. At the same time, our PIT includes 120 YYA, and our HMIS annual number is only 509. Furthermore, 80% of YYA in our HMIS indicate that they are experiencing homelessness for the first time and our positive exit rate for permanent housing is over 70%. Housing 120, or even 509, YYA is an attainable goal. If we start there, with the highest need and most vulnerable, we can quickly and reasonably make a significant impact on YYA homelessness in our CoC. ***YYA in Hampden County are first experiencing homelessness as minors.*** The average age that our YYA report first experiencing homelessness is under 18, and yet we are generally not identifying them until much later (80% in HMIS are “first time” in our system and only 2-5% are under 18). While we have some programs that target minors or serve YYA aged 17 to 21, our capacity to identify and serve YYA as they first become homeless during their teenage years is limited. This may also mean that younger YYA are experiencing prolonged periods of couch-surfing or unstable housing situations before becoming literally homeless. ***Our Latinx population is vastly overrepresented.*** Up to two-thirds of the homeless YYA population identifies as Latinx, while roughly a quarter of the total population is Latinx. The significant Latinx-White unemployment gap (21.5%, compared to 6.3%) and income gap (\$23,911, compared to \$60,105) may explain some of this disparity, but other system barriers (including those based in language, racism, and culture) need to be explored and targeted. We suspect that this disparity is related to the fact that analysis of 2010 census data identified the Springfield metropolitan area as having the highest level of Latinx-White segregation in the nation. The majority of our Latinx population is Puerto Rican, so we do not believe that lack of citizenship status is a significant contributing factor.

Parenting YYA are overrepresented in our system. Massachusetts is a right to shelter state for families, and our needs assessment confirmed that parents therefore have access to greater shelter resources. On the night of the 2018 PIT, 78% of the homeless YYA identified were pregnant or parenting. All of them were sheltered. ***Better data will help with targeting resources.*** We have significant gaps in our data sets, the resolution of which will help us make better targeting decisions. For example, we have little data on transgender YYA and on YYA involved in commercial sexual exploitation. We also believe that the number of YYA experiencing homelessness with mental health needs (17% reported a service need) is low due to issues related to self-reporting. Further, we lack data from our county sheriff and DYS offices on re-entry and instead rely on self-reported justice involvement and data from program-based providers. ***We have a reasonable array of YYA resources, but they are neither sufficient in quantity nor well-targeted geographically or by subpopulation.*** There are five programs and 67 beds currently dedicated to YYA experiencing homelessness in Hampden County. Most units are PH (84%), with 26 RRH beds, 20 PSH beds, and 10 other permanent housing (PH) beds. The community has a host home program for youth under 18 with capacity for six youth, as well as a YA TH program with five beds for YYA under 21. More than half of current YYA beds are scattered site (55%), which theoretically provides flexibility to serve the entire county outside of the more populous urban centers. One PSH program for families is in Holyoke and another PH program is in Westfield. There is no crisis residential program or PSH for YYA in Springfield, by far the largest urban center, although a YYA crisis residential facility with six beds is currently under development in the city. There are also no dedicated resources in the more rural areas of the county, and the scattered-site resources do not generally reach rural communities.

The existing programs combine a patchwork of strict eligibility requirements which limits the system's response. The host home program works in collaboration with DCF and serves minors between the ages of 14 and 18. The TH program serves YYA between 17 and 21. The PSH program in Holyoke serves YYA-led families with disabilities, the RRH program is for unaccompanied YYA, and the PH program in Westfield serves YYA between 18 and 24.

3. The CoC's January 31, 2018 PIT count identified: **3a.** 24 sheltered unaccompanied YYA (24 or younger); **3b.** 94 sheltered parenting YYA (24 or younger); **3c.** 2 unsheltered unaccompanied YYA (24 or younger); and **3d.** 0 unsheltered parenting YYA (24 or younger).

3e. **3e1.** Yes **3e2.** Yes **3e3.** Yes. **3e4.** The CoC incorporated YYA-specific "come and-be-counted" events in the 2018 PIT count. These events are held at community centers, drop-in centers, and community colleges, and offer food, gift cards and resource connections to YYA with unstable housing. At the events, YYA provider staff conducted initial assessment conversations with YYA and, for those YYA who described their circumstances as literally homeless, asked for basic identifying and demographic information. These events introduce us to YYA living in cars or in building hallways--both places that we would be likely to miss in a regular street count. At the same time, the events connect YYA to service providers, which often leads to provision of assistance. As a strategy to identify unsheltered YYA that we would otherwise miss, we worked with Roca to identify justice-involved YYA with lived experience of homelessness and paid them stipends to find and gather demographic information on other young people experiencing homelessness.

The CoC conducts a separate YYA count in April of each year in connection with the statewide Massachusetts Youth Count. This count includes literally homeless and unstably housed YYA,

and asks a number of additional questions of the YYA who are counted. The surveys, designed by the Massachusetts Special Commission on Unaccompanied Homeless Youth, were developed using research on YYA homelessness and information gathered from focus groups of YYA experiencing housing instability. For the Massachusetts Youth Count, our CoC uses the same YYA-focused and other strategies that we do for the PIT count, but also include outreach to additional YYA-serving organizations and a social media campaign that also allows YYA to answer survey questions online.

3e5. During the April count, we are able to ask a number of questions that go beyond the January count questions required by HUD. The surveys ask reasons why YYA are no longer living with a parent or guardian, education level, employment, systems involvement, pregnant/parenting status, income source(s), questions about seeking services and ability to access services needed, and demographic information, including gender identity and sexual orientation. These data have proven critical to our annual needs assessment updates and help us to better understand the characteristics of YYA experiencing homelessness in our CoC. For example, the additional data have exposed the unique housing and cultural constraints related to LGBTQ self-identification and reasons for leaving home (overcrowding) that are different than those in neighboring CoCs.

3e6. The CoC conducted focus groups with YYA with lived experience of homelessness to better understand how to identify and engage YYA in the PIT and the Massachusetts Youth Count. The CoC developed its YYA-specific strategies in direct response to those focus groups. During the count, the CoC employed YYA with lived experience of homelessness to assist in finding and identifying YYA to be counted.

3f. The CoC's local education agencies reported 103 unaccompanied homeless YYA for the 2017-2018 school year.

3g. The following factors contribute to YYA homelessness in the CoC: YYA leaving family in their teens due to overcrowding, wanting to get out, and family problems, including parent substance use and abuse/neglect. Other factors include pregnancy, foster care involvement, death of parent or guardian, and justice system involvement. The CoC identified these factors from surveys collected from Hampden County YYA in the Massachusetts Youth Counts conducted annually since 2014. Among YYA responding to surveys in 2018, there were no responses indicating that YYA were not with their families due to their sexual orientation, but our experience with coordinated entry tells us that LGBTQ YYA are overrepresented among YYA in our area who are experiencing homelessness. The YAB agreed that the factors listed match what they and other YYA they know have experienced.

CAPACITY FOR INNOVATION

1. Over the last two years, the CoC and its YYA providers designed and implemented a YYA-focused coordinated entry system (CES) that operates alongside our adult CES. The CoC was motivated to make this change because our existing CES was not designed to serve YYA well, and a YYA-focused system might be more inclusive and comprehensive. Our YYA CES's primary hub is located at a drop-in center for at-risk YYA and incorporates couchsurfing YYA and prevention resources. All of the CoC's CES is based upon multi-agency case conferencing meetings, but the YYA-focused meetings have brought together different providers than the adult-focused meetings. This immediately led YYA providers to gain deeper understanding of issues unique to YYA and engage in more creative problem-solving.

Implementation faced two key challenges. **1) *Commitment from YYA providers to use our by-name list and prioritization as the sole source of referrals.*** While non-CoC providers quickly saw the value in multi-agency case conferencing meetings and all providers learned that they share many clients, it was difficult for some agencies to give up ownership of their own wait lists. We also faced this challenge with adult providers, and our experience has been that trust builds over time and the system can continuously incorporate new programs. **2) *Establishing rules for prioritizing YYA.*** The CoC began with the assumption that the standards used for prioritization of adults would be similarly applied to YYA, but has found that this doesn't account for some issues we see among YYA, including sustained couchsurfing that may include dangerous circumstances and a guardedness that limits the amount that YYA are willing to share about factors that make them particularly vulnerable. In 2018, the CoC joined the Coordinated Entry Learning Community organized by the Youth Collaboratory, and it has been using this experience to consider new concepts regarding prioritization. The CoC's adoption of YYA-focused CES has decreased the amount of time it takes for YYA in the adult shelter system to connect with YYA-serving organizations, and it has increased the number of YYA who are assisted with prevention and support for family reunification or other long-term connections.

2. The CoC operates a young adult RRH program using a Housing First model. The program started in 2016 with 8 units and has grown to 28 units funded through multiple sources. The model has proven to be a highly effective response for a large cross-section of YYA, particularly LGBTQ YYA and those who have aged out of the juvenile justice or child welfare systems. The flexible intensive ongoing supports effectively help YYA navigate their path to stable income, housing, health and community connections. The program has secured state funding that covers

specialized support services for YYA with behavioral health needs, helping the program have the staffing and expertise needed to operate as a Housing First low-demand scattered-site program. It has also developed some practices which are particularly responsive to YYA. For many participants, the program co-signs the lease for the initial term. The program pays full rent for the first three months and the YYA pays an increasing amount each month for the next nine months. The YYA takes over the lease and full payment after 12-24 months, depending on need.

3. The CoC is interested in pursuing two new interventions. The first is a program that provides family support services to high-risk families with younger teenagers, to support families in addressing the factors that cause YYA to leave or be pushed out of the home around 17 or 18 years old. The second is a housing program targeted to community college students who are homeless; this program would extend for the period needed to complete a degree, so that these students don't face the pressure to leave college early in order to work to be able to pay rent. We have not previously implemented these interventions due to a lack of funding

4. The CoC, including the YAB, identified two "biggest areas risk:" 1) ***YYA who become disconnected from their families in their teen years.*** This includes YYA who are pushed out, YYA who leave on their own, and YYA who age out of foster care at age 18 and do not want continued voluntary services. Some are leaving because there is simply no longer room for them at home, and some are leaving very difficult family circumstances. These young people who go off on their own face--and often rise to meet--extraordinary challenges. But in doing what it takes to survive as a young person on their own, some become subject to exploitation, face dangerous situations, or may become involved in human trafficking. We see a need to support these YYA in their independence while lessening risks they may face. To respond to this need,

the CoC would like to use YHDP to offer a flexible rapid rehousing option for YYA who are couch-surfing, particularly those who are in vulnerable circumstances. 2) ***YYA with serious mental illness***. Through our implementation of YYA coordinated entry, we encountered several YYA experiencing homelessness with serious mental illness (including emergent psychosis) who have difficulty accessing assistance from the Department of Mental Health due to a previous lack of extensive involvement with the mental health system and, sometimes, an unwillingness to engage in mental health treatment. Several of these YYA have both mental health and developmental disabilities, which further complicates their acceptance into state systems of care. While the number of these YYA are relatively small, we have found that their needs are very complex and that they are extremely vulnerable. To serve this population, we would use YHDP to create a crisis housing intervention type modeled on the previous Safe Havens program. It would be small and staffed sufficiently to serve high-need/high-vulnerability YYA. The goal of the program would be to make service connections and identify and move to the appropriate housing intervention--RRH, PSH, or a group home placement as part of a state system of care.

5. The CoC has tried interventions that were not successful. In 2017, using state youth homelessness funds, the CoC tested a small host home program for 18-24 year-olds experiencing homelessness. The program was operated by Gandara Center, which otherwise operates foster care homes, and used existing foster care families for the program. The host home program was designed as an alternative to emergency shelter for YYA who were too vulnerable to be in the adult shelter, needed more support, or who were waiting for a RRH program opening. It was modeled on an existing RHY host home program for youth under 18. The program was discontinued after approximately one year. Few 18-24 year old youth were willing to go to a host

home (which was replicative of a foster care setting for many), and several of the YYA who were willing to go had severe mental health needs which the setting was under-resourced to serve. In our community, the number of YYA for whom the program was beneficial was too small for the model to be an effective use of resources.

The CoC learned that it is critical to work with YYA as partners to understand and design interventions that meet their needs. In 2018, the CoC and Gandara had another opportunity to apply for state funds to create a safe alternative to the adult shelter system for YYA. This time, the CoC and Gandara met with YYA with lived experience of homelessness to seek their guidance about the type of setting that they would use and which would feel safe to them. As a result of these meetings, Gandara is now opening a small (6-8 bed), staffed, overnight drop-in emergency shelter only available to YYA under 25. The type of space, location, hours, and policies and procedures have all been informed by guidance from YYA.

6. The CoC has completed a racial disparity analysis for both its general population and specifically among YYA experiencing homelessness. Both Black and Latinx persons are overrepresented in our overall homeless population. Among homeless YYA, there is a pronounced overrepresentation of Latinx, particularly among pregnant and parenting YYA. While the CoC lacks comprehensive local data on LGBTQ status and foster care, there are indications that these characteristics are overrepresented in our homeless YYA population, which would be consistent with national data. As part of its coordinated entry system, the CoC is beginning to collect data on these factors to better understand prevalence among subpopulations. The CoC is already taking steps to address racial and other disparities. These include: 1) reviewing and rebalancing the CoC Board of Directors (this past year) so that it is more

representative of the people served by the CoC; 2) targeting leadership and training opportunities to people of color, LGBTQ members, and YYA with lived experience; and 3) establishing a racial equity training and planning series through which the CoC is creating additional strategies to address inequities. In an effort to improve our YYA-focused CES, the CoC recently began collecting and reporting system entries and exits disaggregated by race, gender, and LGBTQ status to identify biases in which YYA are receiving referrals and succeeding once placed. The CoC will soon add CES intake questions and data collection related to systems involvement to also disaggregate outcomes based on experiences with child welfare and systems of justice. The goal is create strategies to eliminate these inequities from our YYA homelessness system.

7. The CoC has been testing an exciting new methodology over the past year. Beginning in May 2018, Gandara opened The Impact Center, a YYA drop-in center funded by the state of Massachusetts, as a friendly relaxed space for YYA experiencing, or at risk of, homelessness and mental health or substance use involvement. From the beginning, the CoC has incorporated the Impact Center as a hub for its YYA CES and an access point for a small amount of state flexible prevention and diversion funds for YYA. YYA at the Impact Center who express a need for help with housing or shelter are assessed and added to our by-name list. Once on the list, they are included in problem-solving discussions at case conferencing meetings, attended by Gandara, Safety Zone (RHY provider), Friends of the Homeless (adult shelter), and Health Care for the Homeless. As we added the Impact Center as a hub, we began including YYA who are couch-surfing on our list. Even though they are not eligible for CoC programs, this has helped to provide a venue to consider other assistance strategies for them. The existence of flexible funds has supported this by, for example, helping a YYA contribute to household expenses with an

extended family member or friend's family. Many YYA using the Impact Center are unstably housed, and the space is designed to meet their needs. It includes a stocked kitchen, laundry facilities, and a shower, computers, space to hang out, and access to peer support. The Center has become a safe space for YYA to connect to services while unstably housed but not literally homeless and learn about their options while they decide whether to ask for assistance. The combination of access to CES and flexible funds has provided the opportunity to meet YYA where they are and tailor assistance to their current needs, enhancing the CoC's ability to provide diversion for YYA. At the same time, the existence of the Impact Center has improved the CoC's street outreach programs; outreach workers telling YYA about the Impact Center enables them to provide an immediate resource, and also a physical location that supports ongoing outreach contacts and cross-agency coordination among YYA providers.

COLLABORATION

1. In 2015 the CoC developed *Western Massachusetts Opening Doors: A Collective Impact Framework to Prevent and End Homelessness*, a regional plan to prevent and end homelessness. The plan includes a set of YYA-specific strategies and objectives. The plan was adopted by the CoC Board of Directors, which includes homeless service providers, government officials from the 4 major cities in Hampden County, business leaders, advocates, people with lived experience of homelessness, health care providers, the Springfield Housing Authority, and faith-based organizations. The plan set the goal of preventing and ending YYA homelessness by 2020. **Major objectives.** Better understanding of the issues through data collection and analysis; Improved coordination of services; and Improved identification and implementation of effective evidence-based approaches. **Strategies.** Integration of YYA into the coordinated entry system;

Establishment of data sharing agreements; Development of established criteria for housing prioritization; Continued annual YYA counts and analysis of data; Development of strategies to connect with LGBTQ YYA; Identification of risk and protective factors and use of these factors to target interventions; Improved understanding of and interventions targeted to YYA coming out of foster care and corrections; and, Incorporation of workforce development efforts that link housing planning with efforts to achieve economic self-sufficiency.

2. The CoC’s stakeholders are listed in the attached “**Stakeholder Chart**”.

3. Yes. The CoC’s CES incorporates YYA.

3a. CES includes both YYA-specific access points and general population access points which are also available to YYA. The YYA-specific points are Safety Zone, Gandara, and the Impact Center. YYA access points include a hotline and physical locations, and provide assessment and access to services throughout the system. YYA encountered at adult and family shelters are screened in to YYA coordinated entry at those locations.

3b. Prioritization: YYA up through age 24 are prioritized according to vulnerability and type and length of homelessness—highly vulnerable, unsheltered and longest homeless served first. YYA are screened using the Transition Age Youth – Vulnerability Index and Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT), which produces a numeric score, with higher scores indicating higher vulnerability and service needs. Problem-solving discussions at case conferencing meetings, provide an opportunity to finalize prioritization decisions and problem-solve challenging cases.

3c. CES makes all CoC- and ESG-funded services available to YYA. The services include ESG-funded prevention/diversion and RRH (both provided by Catholic Charities), and

CoC-funded RRH (provided by Gandara), and PSH (provided by numerous agencies). Whenever possible, young people are referred to YYA-serving programs, but when there is no availability or when there is no YYA-specific resource for the program type needed, YYA can access and are referred to programs that serve all adults.

3d. CES works with other providers at three levels. 1.) Programs that act as alternative front doors and have a formal process for connecting to coordinated entry include the three key YYA programs, and providers from the adult and family homelessness systems. Additional YYA providers who refer to YYA coordinated entry include welfare and juvenile justice systems, McKinney-Vento liaisons, high school guidance staff, and community college homeless coordinators. 2.) Mainstream programs that are integrated with coordinated entry; these are hospital emergency rooms and the behavioral health crisis team. 3.) Mainstream programs to which coordinated entry can connect young people when appropriate include income supports and SNAP benefits; employment programs; GED and education programs; MassHealth and medical care; family support services, child care and early childhood education; mentoring programs; the Department of Mental Health and community mental health providers; the Bureau of Substance Addiction Services, and inpatient, residential and outpatient treatment programs; and the Department of Developmental Disability Services.

4. *Child Welfare and Juvenile Justice* The CoC has provided training to child welfare and juvenile justice staff on programs available for YYA--including prevention and diversion programs--and how to use CES to access these services. The CoC has created Youth Resource cards that it has provided to these agencies to give to YYA they work with who are at risk. The CoC and DCF are participating together in a national research and planning project to identify

new interventions to stop the movement of YYA from foster care to homelessness. The CoC's CES supports existing DYS discharge planning by coordinating closely with a local Pay-for-Success recidivism prevention program and the Massachusetts Safe and Successful Youth Initiative (SSYI) programs.

Adult Justice System For young adults in the adult corrections system, the CoC collaborates with the Hampden County Sheriff's Department in its CES. The Hampden County Sheriff's Department After-Incarceration Support Services (AISS) program provides intensive support and case management for anyone involved with the criminal justice system. AISS has an extremely broad network of providers that it partners with, and it has created housing programs for inmates needing housing support upon release, including specialized housing programs for people in recovery from substance use and people with mental illness or co-occurring disorders. The CoC's CES refers people to AISS and takes referrals from the program. The CoC also collaborates with Roca, an evidence-based program that works to disrupt the cycle of incarceration and poverty among inner-city YYA by helping people transform their lives through employment and involvement in their community. CoC providers coordinate with Roca to identify safe housing strategies for YYA in their programs.

Institutions of Mental and Physical Health The Massachusetts Department of Mental Health ("DMH"), local hospitals with behavioral health units, and the region's crisis intervention provider all collaborate with the CoC's CES. DMH attends regular case-conferencing meetings, and the other mental health providers meet periodically with the CoC to support ongoing coordination for homeless individuals being released from mental health placements.

Local hospitals have care coordination staff who participate in regular CoC CES case conferencing meetings. Hospital staff refer individuals to CES and the care coordinators act as Housing Navigators for individuals that would otherwise be released into homelessness. In addition, CoC member Mercy Medical Center has pioneered and implements a Critical Response Team model, in which regional emergency departments have come together to develop system-wide individual service plans for high-frequency emergency room users. The CoC participates in care coordination for the high-frequency users who are homeless.

5. Homeless Children Under 18 DCF's Adolescent Outreach unit responds to under 18 year-olds experiencing homelessness who are not in DCF custody to develop an individual child welfare housing and service plan. DCF's preferred goal is reunifying youth with family or extended family, or identifying another appropriate caretaker such as a teacher or coach. DCF works very closely with our RHY provider, Safety Zone. Safety Zone provides short-term crisis housing for minors in host homes, enabling a safe placement while DCF and Safety Zone staff help the youth explore and negotiate possible placements. When there is evidence of abuse or neglect, including where the family refuses or is unable to house and support the youth, or where a youth continuously runs away, DCF may seek custody and provide a residential placement, but, especially for older teens, it may work to help youth achieve self-sufficiency or connect them to RHY and CoC organizations that serve youth. DCF funds Transitional Living Programs for pregnant and parenting minors experiencing homelessness who cannot live with their families.

Homeless Youth Over 18 Young adults with previous DCF involvement who are experiencing homelessness may receive DCF assistance after 18, which can include formal housing and

financial supports and critical informal supports. About 30% of YYA reject continued DCF involvement after age 18, but many of these young people will check in with their DCF worker when they need assistance. DCF workers use this opportunity to connect young adults to community resources, especially CoC homelessness and housing programs. DCF staff make direct referrals to Safety Zone and Gandara programs. During and following these referrals, DCF and the agencies collaborate to make sure that YYA can return to DCF for extended services, while working toward independent housing if that is what the YYA wants.

YOUTH COLLABORATION

1. The Springfield YAB's core mission is to prevent and end YYA homelessness in Springfield by partnering with providers and stakeholders to address the barriers young people face in the homelessness and housing system. The vision of the YAB is that it will help create a system that provides YYA experiencing or at risk of housing instability the supports and services needed to quickly achieve stability and independence.

2a. The YAB has been a formal CoC member since March 2019. It has built upon and expanded a YYA group, called Youth Voices, which has been meeting since June 2018.

2b. The YAB has nine members.

2c. The YAB has a regular once-a-month meeting. It expects to meet more frequently while creating the consolidated community plan.

2d. Current YAB members were recruited from YYA attending Youth Voices meetings at the Impact Center, from focus groups the CoC held with YYA experiencing homelessness, and from YYA participants in CoC housing programs. Current members anticipate recruiting future

members through word of mouth, flyers, and activity at the Impact Center. Peer mentors at the Impact Center and staff of YYA-serving programs will assist with ongoing recruitment.

2e. The YAB currently makes decisions by consensus. As the YAB progresses to active planning work, it will create more structure, which may include a more complex decision-making process.

2f. The YAB and its participating YYA are members of the CoC, which means they may participate in all CoC meetings and committees, including the CoC's Annual Meeting, during which the CoC elects members of the Board of Directors. The YAB also has two dedicated positions on the Board. As Board members, the YAB plays a critical role not only on YYA-related issues, but also as a voting board member on CoC issues related to all other populations as well. Their participation on broad-reaching issues will add critical perspective to issues such as coordinated entry, the Point in Time Count, and the annual CoC competition.

3. The CoC compensates YYA \$15 per hour (or \$25 for a 1.5 hour meeting) for the time they contribute to the YAB, CoC planning committee meetings, and Board activities. The CoC is providing training for YAB participants and opportunities to travel and meet with YAB members from other cities and regions.

4. YAB members identified adult attitudes as the biggest barrier to integrating their voice. They feel like adults can judge them for their clothes or the way they talk, and that adults can use this as an excuse to fear them or ignore them. Specifically, YAB members said they think that adults overlook them, don't take them seriously, don't think they have valuable information and perspective to provide, and are not willing to admit when young people know more than they do about something. Another barrier identified by YAB members is the difficulty they have in participating in conversations with adults in settings like meetings when adults talk using terms

they don't understand, or get into details without explaining the background of a subject. They made clear that they need to be provided with baseline explanations and background information so that they understand the subject enough to give meaningful input and participate in decision-making.

5. YAB members think the biggest barrier to sustaining the YAB is if the group does not have a real voice and actual work to do. They said that if it feels like there is not a real purpose for what they are doing, they will stop coming to meetings, and they don't think anyone else will come. YAB members said that, if they feel like they are doing important work, they will keep participating and will tell other people they know to come, too.

DATA AND EVALUATION CAPACITY

1. 73% of the CoC's non-domestic-violence homeless beds participate in HMIS.

2. 100% of all YYA homeless beds in Hampden County participate in HMIS.

3. Hampden County uses the following strategy to recruit YYA-dedicated project to HMIS: ***Word of mouth and committee check-in.*** Hampden County is a small enough community that new service programs are quickly noticed and discussed at Unaccompanied Homeless Youth meetings, which are attended by CoC leadership. ***Participation requirements.*** Programs that provide homeless services funded by the City of Springfield or the CoC are required to use HMIS. ***Funding partner collaboration.*** The CoC has educated other community funders, including the United Way, the Davis Foundation, and the Community Foundation of Western Massachusetts, about HMIS. Although these funders do not yet require their grantees to use HMIS, they do encourage system use.

4. The CoC provides financial resources, technical assistance and training to support the transition of new homeless projects to HMIS. The CoC covers HMIS costs for all participants, so new projects would not have system costs. As new projects are created, the CoC's HMIS Coordinator meets with the new provider to give an overview of HMIS and work with the provider to create the new HMIS reporting site. The CoC's HMIS Coordinator provides group and one-on-one training to new providers. The CoC provides ongoing technical assistance to all HMIS users in the form of monthly group meetings and phone and in-person individual support.
5. The CoC has met all HUD data reporting requirements in the last 12 months, including timely submission of PIT and Housing Inventory Count (HIC) data into HDX.
6. The CoC has submitted AHAR data annually; in 2017 (the last year for AHAR submission), nine data shells were accepted.
7. The CoC collects collects aggregate McKinney Vento Local Education Authority (LEA), Massachusetts Department of Children and Families (DCF), and Massachusetts Bureau of Substance Addiction Services (BSAS) data. LEA data, which is the number and characteristics of children in school who are experiencing homelessness, is collected by the LEAs, compiled for the CoC's geographic area by the Massachusetts Department of Elementary and Secondary Education, and stored in a spreadsheet on a computer by the CoC. The CoC reviews DCF quarterly data reports for each of the DCF offices located within the CoC's geographic area; these reports are produced by DCF from internal data and are made publicly available. The reports include the number of youth under 18 and over 18 who are in custody of DCF or otherwise receiving DCF services and provides types of referrals and placements, length of time in placement, and permanency plan category. The CoC does not store this data, as it is available

online. The CoC collects aggregated BSAS data on the number of youth 14-24 who reported homelessness and are in BSAS-funded substance use treatment programs. This data is provided by the state on a spreadsheet and stored on a CoC computer. The CoC is working with the state Department of Youth Services and the Hampden County Sheriff's Department to collect justice systems data. Data collected is used to support needs assessment and planning.

8. CoC program performance measures are provided in the table below.

Measure	Target Data Point				Universe Group
	ES	TH	RRH	PSH	
Average length of stay	≤ 30 days	180 days	-	-	All participants
Exit data captured	50%	90%	90%	90%	All exits
Exits to PH	40%	67%	90%	90%	All exits
Increase employ. income	20%	20%	20%	5%	Adult participants
Increase non-employ. income	54%	54%	54%	54%	Adult participants
Receive non-cash benefits	85%	85%	90%	90%	All participants

Data for performance measures is collected from HMIS. The CoC uses a data warehouse which it uses to produce canned performance data reports that are sent monthly to grantees.

Local evaluation and monitoring process and youth provider monitoring. CoC staff perform annual on-site monitoring of each program, using CoC-created monitoring forms to lead our

review of program, fiscal, and HMIS requirements. If the monitoring identifies findings or concerns, the CoC requires the program to produce a remedial plan within 30 days. Programs with findings which are not corrected are subject to payment withholding or contract termination. Programs are also subject to desk monitoring throughout the year, which consists of staff monthly review of invoices, back-up documentation, spending, program utilization, and data quality. The CoC reviews each program's audit annually. The CoC requests input from program participants about program performance, by asking participants to complete a survey. Each fiscal year CoC staff creates a scorecard for each program which includes CoC goals, the program's current and prior year performance and results of on-site and desk monitoring. The scorecards are distributed to the agency director and the CoC's Performance and Outcomes Committee and are used to score programs during the annual CoC competition. The CoC provides regular training on program, fiscal and HMIS requirements, and offers technical assistance to all providers when there are concerns with performance or compliance. The CoC's process for youth provider monitoring is the same as for all other programs, except that the CoC also asks the YAB to directly participate in review of youth providers.

9. The CoC has used performance data in its planning to prevent and end YYA homelessness. We identified that the CoC-funded YYA Shine TH program was not effective in ending homelessness; in 2013, only 42% of leavers exited the program to PH. As a result, the CoC stopped funding the program, and began funding a new YYA RRH program in its place. The most recent data for the Gandara RRH program shows that 84% of leavers exited to PH.

10. The CoC has conducted focus groups with YYA annually for the last three years to obtain feedback on how the system and its programs are responding to their needs. CoC YYA providers

survey YYA about services and periodically meet with YYA to talk about system quality improvement. YAB members participate in the CoC's Performance and Outcomes Committee and are involved in the annual CoC Program competition, which serves an important evaluation and improvement function.

11. Our community's work to prevent and end YYA homelessness will be successful if it implements a crisis intervention system which is YYA-focused, trauma-informed, and has a positive YYA development lens, while being known throughout the community and easy to access; and which provides interventions that are effective at preventing or quickly ending homelessness. The CoC's core outcomes will be aligned with the four core outcomes identified by the U.S. Interagency Council on Homelessness (USICH) Youth Frameworks and include:

Stable Housing: Increase the percent of YYA who avoid homelessness through prevention and diversion; increase the percent of YYA in HMIS who exit to permanent housing; ***Permanent Connections:*** Increase the percent of YYA served who reunify with family or report another long-term adult connection; ***Education/Employment:*** Increase the percent of YYA served who complete high school or earn a GED; increase the percent of YYA served who obtain/maintain stable employment; increase the percent of YYA served who increase income from earnings; ***Social/Emotional Well-Being:*** Percent of YYA served accessing physical, mental, and/or behavioral health care; percent of YYA served enrolled in MassHealth (Medicaid).