

Scope of Services (p. 2)

The Somerville Homeless Coalition (SHC) currently operates an overnight congregate individual emergency shelter just outside Davis Square in Somerville (Greater Boston Region) that serves the homeless as defined in this NOFA, including any and all homeless sub-populations. The shelter accommodates 16 individuals each night, composed of 12 male beds and 4 female beds. The shelter offers a safe place to rest, eat meals, do laundry, shower and sleep. The project is low-threshold and intentionally seeks to shelter the most vulnerable individuals, particularly those that are chronically homeless. The project does not restrict access to otherwise eligible individuals who are under the influence and there are no religious, financial, political or employment obligations. The shelter is open daily from 4pm-8am and services/resources are delivered by front-line direct care staff members. These resources include providing basic necessities such as toiletries, personal care items, clothing, linens, detergent and access to free laundry.

We are located extremely close to public transportation (e.g. bus stop outside of our shelter), including the MBTA Davis Square Red Line station, which also includes a busway that offers service to adjacent communities in our region. A case manager, who operates in conjunction with our Coordinate Entry (CE) Program, encourages and offers the opportunity for guests to receive ongoing supportive services and referrals. We also have case management staff that speak other languages, aside from English, which generally allows us to provide supportive services for guests in their primary language. A case manager is able to: assess vulnerability and screen for CoC permanent supportive housing eligibility; conduct housing search for non-CoC mainstream affordable housing opportunities (e.g. public housing, private market, etc.); help complete applications/recertify for public benefits and health insurance (e.g. SNAP, MassHealth, etc.); support the application process for securing income - EAEDC/SSI/SSDI/VA; provide referrals and linkages to local health clinics that can address physical, behavioral, trauma and psychological needs; make connections to substance related services, such as medication-assisted treatment (MAT), for those requesting support around addiction challenges; and, we help guests navigate and connect with other systems of care and mainstream services, such as organizations focused on workforce development (e.g. MassRehab, etc.) and financial literacy. Our goal is to make homelessness rare, brief and nonrecurring.

The comprehensive set of services that SHC provides its homeless individuals is funded by a myriad of leveraged sources, such as from HUD, City of Somerville, EOHLC, DPH, CSP-HI, ESG, private foundations, etc.

SHC currently uses VESTA as its HMIS system for all projects, including our Individual Shelter. Attached is verification documentation that demonstrates SHC's capacity to comply with this NOFA's HMIS requirement.

Experience (p. 3)

For 38 years the *mission* of the Somerville Homeless Coalition (SHC) has been able to provide homeless and near homeless individuals and families with individualized supportive services and tailored housing solutions with a goal of obtaining and maintaining affordable housing. We operate an individual shelter, street outreach service, day drop-in Engagement Center, food pantry, homelessness prevention, permanent supportive housing and coordinated entry program.

Our *Individual Shelter*, which first opened its doors in 1986, was the City of Somerville's first emergency shelter and continues to be the only shelter serving both homeless adult men and women in the city - a total of 16 beds. Our *Street Outreach* team targets the most vulnerable who are living outside and at the greatest risk. Our day drop-in *Engagement Center* welcomes our homeless neighbors inside during the day and provides them with an opportunity to access a comprehensive set of supportive services and resources. And, this year SHC created and operated the city's first ever overnight *Emergency Warming Center*.

Our reputation and experience in offering low threshold/low barrier services and for being readily accessible is well respected in our community. We value building rapport with our clients, which is effective in nurturing strong working relationships producing lasting results. Our use of best practices is part of what makes us successful in not only engaging with the unsheltered and sheltered homeless population, but also in getting and keeping people housed. These practices include *housing-first*, *harm reduction*, *trauma informed care* and the use of *motivational interviewing*. We are skilled, flexible, creative, responsive and empathetic in the delivery of our services. Our service model is unique because it focuses both on crisis intervention as well as on generating long-term solutions for our clients - namely, connections to housing. For example, in the past year SHC was successful in moving 33 homeless households into housing - ending 1,008 total months or 84 years of homelessness.

While the daily rate of a relatively smaller shelter may tend to be higher than the more massive shelters, our shelter environment has advantages in the fact that it provides guests much more privacy; offers a calmer, quieter and less stimulating environment which is important for those struggling with trauma histories and chronic mental health challenges; fosters a welcoming and community-like atmosphere that contributes to a greater sense of safety; and, allows for more one-on-one direct support from our entire staff given the lower guest to staff ratio.

Additionally, we often counsel our guests on the old adage of avoiding "people, places and things" that are not conducive or supportive of their personal goals. Having a shelter located in an adjacent community, away from larger city environments, such as Boston and Cambridge, provides an alternative to certain geographic environments that are more triggering for some clients.

Organizational Capacity (p. 4)

SHC's individual shelter program has been located at the same site/facility approaching 40 years. There are two significant reasons that necessitate the need to move our shelter project. First, the unsheltered homeless population in our region, and in particular Somerville, has exploded over the past few years. There is a desperate need to increase shelter capacity to invite those on our streets a safe place to sleep inside. However, our current facility cannot accommodate an increase in the number of beds. Secondly, given the increasingly vulnerable homeless population, the existing shelter's inadequate physical design/layout coupled with the facility's rapidly aging (100 years old) building infrastructure, makes the facility ever more challenging to operate within. Relocating our individual shelter to another facility will accomplish both of our goals: **shelter more individuals** and operate within a more reliable environment to ensure the quality of our program for years to come.

We have identified a location for a new shelter facility. First Church Somerville-UCC, which is located at 89 College Avenue, Somerville, is located only one block away from our current shelter site. While our existing shelter is not ADA accessible ("grandfathered-in"), a move to this new location will allow us to **become an accessible shelter** - opening doors to others that have been unable to access our current facility due to accessibility issues. This ground level facility will offer approximately 4,000 square feet for our shelter. This new layout will also allow us to **increase our bed capacity** from 16 to a minimum of **26** beds. These beds will be **year-round**. The facility has a large kitchen, two bathrooms (one ADA accessible), a staff office and three dorms that can accommodate a total of at least 16 beds. There is a large room, approximately 1,700 square feet, that will be utilized as a multi-use area and in which we are able to set-up an **additional 10 beds**, bringing the total shelter capacity to 26 beds (**63% increase**).

However, this potential facility does not currently have showers installed or fixtures set up for laundry connections (e.g. plumbing/venting). We are **requesting funding** to cover the costs for installing showers/changing areas (one **ADA accessible**); installing fixtures to accommodate laundry; and, updating some electrical (e.g. outlets, switches) and bathroom plumbing (e.g. sinks, toilets, flooring, etc.). These necessary facility improvements will guard against consistent use by 26 individuals year round for years to come. **For the first time our community will have 26 ADA accessible shelter beds, including an increase of 10 beds (ie additional 3,065 bed nights per year).**

SHC is applying for funding that will enable our existing shelter project to move to a larger facility that is accessible. This larger facility will **increase the capacity** of our shelter, but renovations/facility improvements (e.g. installation of showers, laundry, etc.) are required before a move can be made. We are requesting funding from this NOFA to cover the costs associated with those facility improvements. The initial rough estimate for these upgrades is up to

approximately \$300,000. Since SHC will need to issue a RFP bid for this work in order to ensure fair competition and get the best overall value, it is unlikely that the program will be fully operational by April 30, 2024. It is more likely that the program will become fully operational by June 30, 2024. Once facility improvements are completed SHC will move its shelter furnishings to the new site and open the new site. While the dollar amount requested might be higher than expected for this NOFA, this is a rare funding opportunity that can have such a great impact on the community and the people who will utilize our shelter for many years to come. If we are to be truly committed to doing everything we can to get as many people off the streets and offered opportunities to secure housing, then we need to be bold and adequately invest in solutions.

Outreach and Tenant Selection Plan (p. 5)

Our *Coordinated Entry* (CE) program, which serves as the hub and gateway into the BoS Metro Boston Region's Coordinated Entry System (CES), has become increasingly robust and effective over the past few years. Our CE program (including non-CoC funded positions) is composed of a CE Regional System Navigator, CE System Coordinator, Housing Navigators, Clinical Social Worker, up to four Street Outreach team members and a CE Domestic Violence (DV) Specialist. Our in-house licensed social worker, who serves on our outreach team, is able to quickly assess homeless individuals for vulnerability and also evaluate and provide certification of a disabling condition (if applicable), which streamlines the process for clients potentially accessing permanent supportive housing opportunities. We also partner, onsite and out on the streets, with a Cambridge Health Alliance Healthcare for the Homeless Street Medicine Team to triage those with complex medical situations.

SHC provides outreach services to street homeless populations in the Metro Boston region and our team members identify clients and make them aware of ongoing shelter openings and facilitate getting those clients into a shelter bed. Collectively, our team performs outreach to engage homeless individuals in order to: provide them with basic life necessities; develop working relationships; move them off the streets into shelters (if housing is not imminently available); screen or vulnerability and needs; facilitate documentation and certification of disabling conditions; and, connect them to specialized housing (e.g. permanent supportive housing), services and other mainstream benefits.

Our individual shelter has completely transitioned away from a traditional shelter waitlist to a model that targets the most vulnerable (e.g. those actively sleeping outside, disabled, medically compromised, etc.) and prioritizes those clients for a shelter bed. Guests that enter our shelter are allowed to stay at the shelter without a maximum amount of time. This model has been effective in enabling new guests to not only stabilize, but establish a home-base from which to work on achieving their goals - with moving into housing being the ultimate goal.