



# TEN to END

**A 10-year plan  
to end chronic  
homelessness  
in our communities**  
*prepared in  
collaboration with the*

**City of Attleboro**

**City of Taunton**

**United Way of Greater Attleboro/Taunton**

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December 20, 2011

Dear Residents, Businesses, & Guests of our Great Cities:

It is our pleasure to present to you our 10-year Plan to End Chronic Homelessness (within the cities of greater Attleboro and greater Taunton). A committed group of concerned community providers (private, non-profit, faith-based, academic, municipal, etc.), consumers, businesses, and citizens have come together in partnership over the past several years in an effort to address and end local chronic homelessness.

The region began planning efforts directed at homelessness in 1999, under the stewardship of United Way of Greater Attleboro/Taunton. This early group eventually became the Greater Attleboro Taunton Coalition to End Homelessness (**GATCH**). GATCH's mission is to address the challenges of homelessness through innovative partnerships, requests for federal financial assistance and leveraging other local resources. The challenges of homelessness include, but are not limited to: the lack of affordable housing, rising prices, illness and disability, a highly depressed economy and lessened job market (exacerbated by barriers such as: skill and educational deficits, limited English and literacy, poverty, unemployment, and poor credit histories).

In 2007, we convened a Leadership Committee comprised of ourselves, service providers, local businesses, municipal agencies, committed citizens, and homeless individuals and families to guide the creation of our Ten Year Plan to End Chronic Homelessness. The Leadership Committee, working in collaboration with GATCH, held strategic planning sessions aimed at resolving chronic homelessness in the Greater Attleboro and Taunton Area. The Leadership Committee provided oversight, while a special Committee comprised of GATCH members and other interested parties, began the work of scripting the Plan.

Outlined in this document are the details of our identified areas of focus, strategies, timelines, data and statistical details, as well as, our overall efforts and plan to make chronic homelessness an issue of our past.

As Chief Elected Officials, we are committed to ending chronic homelessness in our communities. With this plan, and the commitment of our partners, we hope and will work to end chronic homelessness by the end of the decade. We ask that you join us in our effort to combat the challenges of chronic homelessness so that we can make our communities healthier and better places to live, work, and visit.

Sincerely,



Mayor Kevin J. Dumas  
City of Attleboro



Mayor Thomas C. Hoye Jr.  
City of Taunton

## **Participants**

### **Mayors' Leadership Committee:**

Mayor Kevin J. Dumas, Mayor of Attleboro: Co-Chair  
Mayor Charles Crowley, Mayor of Taunton: Co-Chair  
Congressman James McGovern  
Ann Friedman  
Frank Cook, Attleboro City Council  
Oreste D'Arconte, The Sun Chronicle  
Dianne DePippo, United Way of Greater Attleboro/Taunton  
Susan Jacobs, Attleboro Bar Association  
Jack Lank, Attleboro Area Chamber of Commerce  
John Lepper, State Representative  
Elizabeth Poirier, State Representative  
Linda Shyavitz, Sturdy Memorial Hospital  
Walter Stitt, Attleboro Public Library  
Maureen Tebo, Nations Heritage Credit Union  
John Zambarano, Attleboro Housing Authority

### **Ten Year Plan Steering Committee:**

Joseph Azevedo, Office of Economic and Community Development, City of Taunton  
Ellen Bruder-Moore, Community Counseling of Bristol County, Inc.  
Milly Burrows, Associates for Human Services, Inc.  
Robert Cammarata, Department of Human Services, City of Taunton  
Dianne DePippo, United Way of Greater Attleboro / Taunton, Inc.  
Pastor Jack DeGraca, Father's House Church  
Michael Ferreira, Office of Economic and Community Development, City of Taunton  
June Fleishman, Department of Human Services, City of Attleboro  
Paul Fulton, Eliot Community Mental Health Center  
Kim Lavigne, Taunton Housing Authority  
Joseph Maia, Community Development Assistant, Attleboro  
Chief Richard Pierce, Attleboro Police Department  
Charlene Sanger, Department of Human Services, Taunton  
Richard Shaffer, Office of Economic and Community Development, City of Taunton  
Melissa Vanhorn, Community Impact Coordinator, United Way  
John Zambarano, Attleboro Housing Authority

### **Ten Year Plan Working Group:**

Teri Bernett, WEIR Community Development Corporation  
Joanne Camara, South Shore Housing Development Corporation  
Matt Cianci, Community Counseling of Bristol County  
Peter Danzel, Department of Transitional Assistance

Livia Davis, Community Care Services, Inc.  
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Marcel Dube  
Al Dufresne, Department of Transitional Assistance  
Donna Haynes-Dwyer, Century 21  
Denise Fortin, Eliot Community Human Services  
Heather Gallant, Board of Health, Taunton  
Mike Horrigan, Taunton Municipal Lighting Plant  
Frances Houston, New Hope, Inc.  
Sharon Hurley, South Shore Housing Development Corporation  
Chrystal Jones, Life Stream  
Art Largey, Our Daily Bread Soup Kitchen  
Daniel LeBrun, Eastern Bank  
John McCaul, Taunton Redevelopment Authority  
Lisa Nelson, Congressional Aid Aide, (Congressman James McGovern)  
Cathal O'Brien, Department of Public Works, Taunton  
Jacquie O'Brien, Health Department Attleboro  
Jeanne Nesto  
Brenda Neugeboren, Taunton School to Career  
Susan Price, Taunton GED Program  
Sue Puleo, Old Colony YMCA  
Joan Ricci, The Literacy Center  
Mary Ellen Rochette, Pro-Home, Inc.  
Peter Rego, Veterans Services, Attleboro  
Jane Rudcey, Middleborough Office of Economic & Community Development  
Elizabeth Shockroo, Community Development Department of Attleboro  
Sue Smith, Attleboro Area Council of Churches  
Julie Sprague, Heart of Taunton  
Cindy St. Pierre, Community Counseling of Bristol County, Inc.  
Happyness Uneka, Family Resource Center  
Edward Walsh, Taunton Police Department  
John Wilson, Baptist Church

**Prevention Committee:**

**Milly Burrows, Co-Chair**, Family Partnerships/Mental Health Manager Early Head Start  
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Marcel Dube  
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Ten Year Plan Researcher/Drafter and Continuum of Care grant writer

## Introduction

The Attleboro and Taunton regional efforts to address and eliminate homelessness began in earnest in 1999 when a group of agencies, working together with the United Way of Greater Attleboro /Taunton, collaborated to submit their first application for Continuum of Care funds to the US Department of Housing and Urban Development.

In order to be eligible for these HUD funds, an applicant must present a well coordinated planning process. In 1999, Continuum of Care funds (or McKinney funds as they were then known) were typically delivered to larger metropolitan communities (also known as entitlement communities) or to the States. In 1999 the State of Massachusetts had 12 such communities (including the State) that were receiving this funding.

In 1999, when the region submitted their first regional application, HUD had not fully considered the possibility of funding a regional planning process. At the time these competitive resources were available to only 12 cities in Massachusetts, with the remaining communities covered by the amount received by the State.

At that time, if the Attleboro/Taunton region were to access any of these funds, they would need to do so from the State's allocation. However, the majority of state funds also were directed to larger cities and towns which left those towns in the Attleboro and Taunton area unfunded. The regional providers, who at the time were serving over 200 homeless households, decided to explore ways to redirect Continuum of Care funds to their area. Working with the AIDS Housing Collaboration's technical assistance team, they submitted their first application in 1999. These applications was successfully funded and helped to set the stage with HUD for other communities to plan regionally.

Currently, in Massachusetts, there are 20 Continuum of Care planning groups receiving HUD Continuum of Care funds for the homeless. These include the original 12 cities that were funded in 1999, along with the State and 7 new regional collaborations. The new regional planning bodies include: Attleboro/Taunton, Brockton/Plymouth, Cape Cod/ the Islands, Franklin/Hampden/Hampshire/Holyoke, Gloucester/Haverhill/Salem/Essex, Malden/Medford, and Pittsfield/Berkshire County. These smaller regional collaborations are creative solutions for getting targeted resources into the local communities. Prior to receiving direct funding, these regional groups had to compete for the State's portion of Continuum of Care funds, which was difficult and, oftentimes, not very successful.

The region has continued to receive Continuum of Care funds since that first application. Currently the region serves approximately 300 homeless households with either emergency or transitional housing or supportive services. It is interesting to note that the numbers of homeless in the region have been consistent over the years even though the resources available to serve them have grown. While this may seem like little progress has been made, the consistent numbers are reflective of improved counting methodology, the addition of additional shelter beds, an influx of homeless individuals to our region in 2005 as a result of the economic crisis and an increase in homeless families in the region. To address the needs of the population, the region has added 65 permanent supported

housing units specifically for the homeless to the inventory of permanent housing. These beds are funded through the Continuum of Care homeless assistance funds.

Other permanent housing resources have been made available through our broad regional planning process which provides a foundation for additional collaborations including coalescing to submit an application to become a HOME Consortium. Previously, access to HOME funds was through a request to the State to access some of their allocation. The region recognized the need for better access to these funds as they provide flexible funds that can be used to provide grants, direct loans, loan guarantees or other funding for projects that either build or renovate affordable housing for rent or homeownership for households that meet the income requirements. The funds can also be used to provide direct rental assistance to low income people.

In 2003 the region was successfully awarded as a HOME Consortium. Today the Greater Attleboro Taunton Home Consortium provides funds to nonprofit and for profit developers to preserve and increase the supply of affordable housing in the community.

In 2005 the region identified a group of underserved homeless as meeting HUD's definition of chronically homeless. The chronically homeless are those individuals or families who experience episodic and long term homelessness and are oftentimes outside of the traditional services system. The Mayors invited John O'Brien, the Deputy Director of the United States Interagency Council on Homelessness, to a meeting to discuss the development of a plan to address the needs of this specific subpopulation.

In 2007, the Mayors convened a Leadership Committee on Ending Chronic Homelessness. The role of the Leadership Committee was to guide the creation of the Plan. The actual development of the plan was coordinated by the Greater Attleboro and Taunton Coalition on Homelessness (GATCH), under the stewardship of the United Way of Greater Attleboro and Taunton.

The Committee held an initial strategic planning session, the purpose of which was to engage in creative thinking about addressing and solving chronic homelessness issues in Attleboro and Taunton. The Leadership Committee remained involved during the development of the Plan through oversight and review. The Leadership Committee designated the actual work of developing the Plan to a special Committee, comprised of GATCH members and other interested parties.

The Committee to End Chronic Homeless identified four working subcommittees to explore the four critical areas of supports necessary to move the chronically homeless to sustainable permanent housing solutions:

- Prevention
- Supportive Services
- Affordable Housing
- Employment



The Committee, and their four working groups, is comprised of the Mayors, numerous supportive providers, various municipal agencies, committed citizens and homeless individuals and families. Their work has been guided by the Federal Interagency Council on Homelessness and the U.S. Department of Housing and Urban Development. Each committee developed a work plan to address needs and gaps in the continuum of care for these chronically homeless and then devised targeted strategies to address these needs.

The work and recommendations of these committees are presented later in this plan.

## **Executive Summary**

The Greater Attleboro and Taunton Coalition for the Homeless conducts an annual count of the homeless and chronically homeless during the third week of January. On January 26, 2011, there were 224 people homeless in the region. Of these 224, 75 were single adults and 149 were families (within 57 family households). There were 17 chronically homeless individuals and no report of chronically homeless families.

These numbers represent a decrease in regional homelessness since the all time high in 2005 when there were 275 homeless individuals and families, of whom 72 were considered chronically homeless. The decrease in the overall homeless number and the chronically homeless number can be primarily attributed to efforts of the GATCH in applying for and receiving Continuum of Care homeless assistance funds. The majority of the funds received have been for permanent supported housing. These permanent targeted housing units have helped to decrease the number of homeless households in the region over the years. The region has requested funds for only two transitional housing programs that were deemed critical to the region (one for victims of domestic violence and one for the severely mentally ill).

In 2004 the U.S. Department of Housing and Urban Development (HUD) announced a special initiative (the Samaritan Bonus) that was targeted to the chronically homeless. This funding was available through the Continuum of Care Homeless Assistance Grant. The GATCH submitted a request for \$416,695 (3 years of funding) for the Homes With Heart program to serve 8 chronically homeless individuals. Since that initial request the GATCH has funded 4 more projects that provide permanent supportive housing to the chronically homeless.

While HUD was incorporating incentives to fund housing units for the chronically homeless into their Continuum of Care application, the federal government, under the leadership of the United States Interagency Council on Homelessness (USICH), was also announcing a special initiative to decrease chronic homelessness within a ten year period. This was known as the Ten Year Plan to End Chronic Homelessness.

Creation of a Ten Year Plan to End Chronic Homelessness is driven by the federal USICH and HUD. These agencies, through their directed work, came to understand in the 1990's that solving the problem of chronic homelessness needed to be a priority.

They also understood that the issues confronting this population required a coordinated approach in order to be effective. As a result, in 2001, they announced a goal of ending chronic homelessness in ten years. Communities were asked to begin to develop a directed approach to ending chronic homelessness with a formalized plan. The region began their initial efforts in 2007 to develop a formal plan, although GATCH had been planning around the needs of the homeless since 2002.

Until 2010, the federal government had defined a person experiencing chronic homelessness as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least four episodes of homelessness in the past three years. In 2010 the definition was expanded to include homeless families with at least one adult member who has a disabling condition and also meets the other requirements of episodic homelessness.

The U.S. Interagency Council on Homelessness estimates that individuals who are *chronically* homeless use 50% or more of the resources allocated to homeless services. The average chronically homeless individual costs at least \$40,400 in public resources each year. For many individuals who meet HUD's definition of *chronic* homelessness, they have a disabling condition of untreated mental illness, substance abuse, or a combination of both.

The Greater Attleboro and Taunton region has seen a decrease in the number of chronically homeless individuals since they first began tracking them in 2003. In 2005 the region counted 72 chronically homeless individuals and had 50 units of permanent supported housing targeted to the homeless (none of these were specifically targeted to the chronically homeless). In 2011 the number of chronically homeless was 18 (none were families) and the region had 65 permanent supportive housing units of which 19 were dedicated to the chronically homeless (these are one and two bedroom units serving a total of 25 previously chronically homeless in permanent supported housing).

The problem of homelessness, and resultant chronic homelessness, has been greatly exacerbated during the past several years by a dire economy, the foreclosure crisis, and budget cuts to essential programs, especially substance abuse detoxification services, affordable housing, and core human service programs funded by the Commonwealth of Massachusetts and the federal government.

Individuals who find themselves homeless face immediate barriers to housing related to a variety of factors: low wage jobs, active alcohol and drug use, criminal history, poor tenancy and eviction histories, poor credit history, poverty and unemployment, limited English and poor literacy, and a lack of skills and employability.

The region's awareness of homelessness as an ongoing problem has increased over the years but many residents still remain unaware of the connections between everyday problems such as high rents, rising prices, a tight job market, limited access to manufacturing jobs or service sector jobs, rising housing prices, and prisoner re-entry issues that can lead to or exacerbate homelessness.

The system that developed over time to move homeless individuals from the streets to permanent housing did not initially target those who were chronically homeless. Moreover, historically, admission to housing and service programs for homeless people has typically been based upon “housing readiness” or what was deemed a potential for long term stable tenancy. This left many people structurally separated from the programs designed to help them. The concept of “housing readiness” was challenged by advocates who recognized that many homeless did not need to move slowly through a continuum of choices but could go directly from the street to a housing unit. This is referred to as *“Housing First”*.

Over the years shifts in regional economics, the foreclosure crisis, and pressure on average rents and home prices have resulted in a demand for the services of many of the agencies serving the homeless. While the regional homeless providers have responded to demand by adding beds targeted to the homeless, the limited amount of Continuum of Care homeless assistance funds available for new programs has not allowed providers to keep up with the demand. As a result there are still a number of chronically homeless individuals that remain to be helped. In addition there are the hidden homeless, individuals and families doubled up with family and friends who may not yet met the definition of chronically homeless but may well be on their way.

This plan, and the commitment of our plan participants and partners, will help to continue to combat the problem of chronic homelessness.

## **Homelessness: The Numbers and Demographics**

Estimates on the numbers of homeless households in the United States have varied based upon differences in the various counting methodologies used. At the height of the homelessness problem in the eighties, the Center for Creative Non Violence conducted a count that relied upon data from service providers in 14 cities which was then extrapolated nationally to conclude that approximately 3 million people were homeless, either on the street or living in shelters or unsafe living conditions.

In 1990 the Census Bureau attempted to count the unsheltered homeless living on the street and concluded that approximately 230,000 people were homeless on the streets.

In 1996 the US Interagency Council on Homelessness contracted with the Urban Institute to conduct a count relying upon data from soup kitchens, emergency shelters and other homeless service providers. This study found that approximately 842,000 people were homeless.

In 2009 the National Alliance to End Homelessness (NAEH) conducted a national count which relied upon information reported by local communities in their Continuum of Care applications for Homeless Assistance funds to HUD and found that approximately 656,000 people were homeless. Within those 656,000 homeless households, 112,000 were defined as chronically homeless, or about 17%. Nationally there was a slight increase of 3% in the chronically homeless population from 2008. In Massachusetts the numbers of chronically homeless counted went down by 17% from 2008 to 2009. The GATCH reported 5% decrease in 2009 in the number of chronically homeless persons.

Over the years, the methodologies have become more reliable as they are no longer based upon extrapolations of a small sample size, but, instead, utilize the information provided by all 52 states who are submitting accurate point in time count data as part of their Continuum of Care applications for homeless assistance.

Using the information compiled by GATCH, the basic composition of the Attleboro/Taunton region's homeless, as of the 2011 point in time count, is:

- 54% of them are living in emergency shelter
- 15% of them are unsheltered and living on the street
- 33% of them are single
- 66% of them are families
- 7 % are chronically homeless

With 224 people homeless in the region, Cities, the GATCH, the service partners, and others, will continue their efforts to combat homelessness. In partnership with the federal, state and local governments, the region will continue to plan around the needs of the chronically homeless. This Ten Year Plan to End Chronic Homelessness represents a

comprehensive planning strategy that leverages resources; both existing and new, to provide housing and flexible supports for the chronically homeless.

## **Regional Partners**

### **Greater Attleboro/ Taunton Coalition to End Homelessness (GATCH)**

Since the Northern Bristol County region is comprised of a cohesive group of small and medium sized communities with limited resources, their various committees and planning bodies have come together under one regional planning group known as the Greater Attleboro/ Taunton Coalition to End Homelessness (GATCH). GATCH realized that the only way to develop an effective strategy for combating homelessness was to bring all of the key individuals into the planning process as a means of leveraging existing and additional resources. Coalition members recognized that direct involvement of the local housing authorities, United Way of Greater Attleboro/Taunton, and the Attleboro and Taunton Economic and Community Development Departments would provide an opportunity to build effective linkages; linkages that could result in funding and programming targeted to the homeless. The vision, which shapes the overall strategy for ending homelessness in the Greater Attleboro/Taunton region, has also framed the strategy for ending chronic homelessness. This overall strategy is that through effective collaboration and linkages they can *move individuals and families to permanent housing and self sufficiency*.

From that, a strategy for the chronically homeless was developed in partnership with the Mayors of Attleboro and Taunton. The strategy for ending chronic homelessness identifies affordable housing as the most critical component of moving the chronically homeless off the street. Some will do this through a Housing First strategy whereby a chronically homeless person is moved directly into housing and may or may not require wrap around services. Or, for those chronically homeless best served by a combination of housing and services, the chronically homeless will be engaged and then moved through the system toward permanent housing. The primary components of an effective system are flexible and comprehensive supportive services, permanent affordable supportive housing, and access to entitlement programs or employment to improve incomes.

### **United Way of Greater Attleboro/ Taunton (UWGAT)**

UWGAT's mission is to "*to do the most possible good for the greatest number of people; to help people in need through a caring, volunteer-driven organization; to raise and distribute funds for programs and services that respond to current, critical and emerging community needs; to find long-term solutions to community problems, and to improve the quality of life for all of our neighbors*".

UWGAT has also become a central coordinator of all regional activities and committees in the community. UWGAT has provided space and staff support to a variety of

committees and task forces. This growth and evolution has fully integrated them as the Convening Agency for the South Coast Regional Network To End Homelessness (SOCO). These efforts have also supported effective cross coordination of local and regional networks, championing collaborations and building community capacities to identify and meet current and emerging needs.

### **South Coast Regional Network**

In 2008, the Massachusetts Interagency Council on Housing and Homelessness (ICHH) released a request for **Regional Network Innovations to End Homelessness** to fund six effective regional networks across the Commonwealth. The region responded with a proposal to develop what has become the South Coast Regional Network. The South Coast Regional Network is an integrated, streamlined, regionally-based network that is comprised of the homeless planning groups from New Bedford, Fall River and the Greater Attleboro/Taunton area. The goal of the regional networks is to provide better coordination and local innovations that can effectively eradicate homelessness. They also provide a forum for shared planning and leveraging of resources.

The primary work of the South Coast Regional Network centers on the following:

- 1.) Transforming the regional homeless service provision into a systemic process focusing on diversion, prevention, and stabilization efforts by prioritizing regional resources for EA eligible clients in order to maximize and leverage resources, establish measurable outcomes, institute an integrated approach and further engage political supporters to positively affect change.
- 2.) Create a homeless services environment in which intake and assessment is done in a uniform, coordinated manner across all Continuums of Care within the South Coast Region.
- 3.) Ensure consistent data collection throughout the entire region: A Regional Coordinator will work closely with service providers and Department of Housing and Community Development (DHCD) to ensure service provision, data collection, and outreach efforts to increase awareness and client identification.

### **Self Sufficiency Coalition**

This group includes representatives from Attleboro, North Attleboro, Mansfield and Norton and was formed to address the needs of the growing number of homeless families from outside the region who were being placed in hotels and motels along Route 1 in Attleboro. At that time the Coalition gathered statistics on homeless families and advocated with the legislature to open a family shelter in the Attleboro area. This resulted in the opening of the Family Resource Center, a multi service center with an emergency shelter for those homeless families referred by the Department of Transitional Assistance.

### **Attleboro Homeless Coalition**

By the 1990s the Attleboro Homeless Coalition had become increasingly aware of a growing homeless population and the factors that were contributing to this such as mental health issues, limited education, and lack of job training. It was at this time that they decided to merge with the Hunger Committee of the United Way of Greater Attleboro/Taunton. This was beneficial to both groups as it brought a broader view into the planning discussion.

### **Taunton Emergency Task Force Subcommittee on Homelessness**

This group is a local coalition under the umbrella of GATCH. It was formed in 1996 after homelessness was identified as a growing population at a roundtable forum on Substance Abuse. At that early point, providers indicated that there was a significant need for supportive, scattered site transitional and permanent housing for the homeless. The group began to explore the possibility of applying for Continuum of Care Assistance. Extensive outreach was done to expand and diversify the membership of the group. At that time, the group began to identify resources and gaps in services for the homeless in the Taunton area.

### **Taunton Coalition on Homelessness**

This coalition is a subcommittee of the Taunton Emergency Task Force. It was decided in 2000 that inclusion in this broader task force would result in better coordination of programs and leveraging of mainstream resources. One of the goals of GATCH is to bring homelessness into all levels of planning for the region. The Taunton Emergency Task Force is a citywide task force that represents local agencies dealing directly or indirectly with conditions that are detrimental to the health, safety and social well being of any individual or family in the Taunton area. Their objective is to supplement existing services and create a more comprehensive and systematic approach in dealing with citizens in emergency situations.

## **The Planning Process**

The regional network of agencies, towns and individuals serving the homeless in the Greater Attleboro and Taunton area have been working collaboratively since 1999 when they began planning to submit a regional application for Continuum of Care Homeless Assistance funds to the US Department of Housing and Urban Development (HUD). This was one of the first regional requests for Continuum of Care funds. Planning on a regional level had not previously been incorporated into the funding paradigm for Continuum of Care funds. Much of the McKinney funding had previously been going to metropolitan communities or to the various States' executive housing offices (here in Massachusetts the Balance of State funding is distributed by the Department of Housing and Community Development). These State allocates apportioned their homeless assistance dollars to those communities not receiving direct funding. In Massachusetts much of the funding also went to the larger entitlement communities to help address what was perceived as their larger problem of homelessness. This resulted in the sprinkling of a few dollars around the state but not enough resources to address the systemic issues of homelessness.