

A Downtown Northampton for Everyone: Residents, Visitors, Merchants, and People At-Risk



Mayor's Work Group on Panhandling Study Report
October 2019



Mayor David J. Narkewicz
City of Northampton, MA

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EXECUTIVE SUMMARY

Background

Panhandling and the plight of at-risk individuals on our downtown streets and sidewalks has been a source of public concern, debate, and controversy in Northampton for decades. In response to the myriad concerns expressed by city residents, visitors, downtown merchants and property owners, Mayor David Narkewicz assembled the Mayor's Work Group on Panhandling (hereinafter referred to as "the Work Group") in 2017 to conduct an in-depth study of the issue. The Work Group was comprised of representatives from multiple social services organizations, clergy, law enforcement, the business community, and city government. The Work Group was staffed by Peg Keller, the city's Housing and Community Development Planner.

Mayor Narkewicz's charge to the Work Group was to research and analyze the complex set of issues associated with panhandling and people at-risk in downtown Northampton, to respectfully reach out to people on downtown's sidewalks to better understand their experience, to survey the opinions of Northampton's residents and visitors about downtown issues, to study the larger societal issues impacting people on our streets, to study approaches undertaken by other communities faced with complex downtown issues, and to present its research and recommendations to the community for further consideration.

The Mayor made clear from the outset that the Work Group would not pursue regulatory or punitive recommendations. Panhandling, begging, and other forms of solicitations for money on public sidewalks are protected speech under the First Amendment and efforts to ban or regulate them by ordinance have been consistently struck down as unconstitutional by courts.

The term "panhandling" has come to be shorthand for a range of activities and behaviors, some of them negative, associated with a diverse group of people who find themselves at various times on the streets and sidewalks of our downtown. The Work Group took on this complex assignment with the full understanding that to study "panhandling" is to delve into an issue that has polarized public opinion for years in Northampton.

As a group representing a diversity of perspectives and positions that define downtown Northampton, the group's members worked to set aside preconceptions and stereotypes and to approach the reality of downtown Northampton today with open-minded curiosity and compassion. The Work Group is hopeful that readers of this study report will consider its research and recommendations with that same open-mindedness.

Reliance on survey data

From the start, the Work Group sought to gather hard data rather than rely on anecdotes and conjecture. Consequently, the Work Group designed and administered two important and comprehensive surveys.

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One was a series of one-on-one interviews of individuals on Northampton's sidewalks aimed at gathering direct input from the downtown at-risk population. The survey was administered by individuals known and trusted by people on our sidewalks, including the Pastor of Cathedral in the Night, staff at ServiceNet's Hampshire County Resource Center, the coordinator of Hampshire HOPE, and Community Police Officers from the Northampton Police Department. The Work Group's experts estimate that at any given time there are about 20 people actively soliciting money downtown. The survey team was able to complete interviews with 18 of these individuals, or 90%, providing the Work Group with substantive, high-quality information.

The second survey was a widely promoted and broadly available online survey of community sentiments about downtown, administered from April to June 2018, which generated responses from over 5,300 Northampton residents (over 18% of the population) and 2,000 respondents from outside the city. The demographics of the respondents tracked fairly closely with Northampton demographics per the Pioneer Valley Planning Commission. However, respondents tended to be people with opinions about downtown, rather than respondents selected in a totally random process. Also, because the survey was administered online, responses probably underrepresented individuals with no computer or without Internet access. Nonetheless, based on the very large number of responses, the Work Group considers the results of this survey to have high validity.

Key findings – Interviews of Individuals Engaged in Panhandling

The interviews of individuals on downtown Northampton's sidewalks consisted of open-ended questions, designed to capture an accurate snapshot of their experience. The interviews averaged about 20 minutes in length, with interviewers reporting that respondents were largely eager to share their views.

Some key findings include:

- All but one of those interviewed reported being homeless or "housing insecure". Seven people said they were living in tents and five said they were "couch-surfing." Others reported living in public housing or in nearby motels or hotels.
- The average age of respondents was 36, with ages ranging from 22 to 59.
- 56% identified as male, 39% as female, and one person as "other."
- 35% have less than a high school (or equivalent) education, 24% have a high school degree, and 41% reported having some post-high school education.
- All interviewees said they are not currently employed, with only a third saying they had performed some kind of work in the past year.
- When asked about drug and alcohol use, over half said they had experienced drug or alcohol abuse problems, with over a quarter saying they are currently experiencing drug or alcohol abuse problems.
- Many of those interviewed talked about the dehumanizing nature of panhandling and cited rude or disrespectful treatment from those walking on Main Street sidewalks.

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- Respondents reported that they panhandle in Northampton more because of the kindness and generosity of Northampton's people than because of the availability of services. For those who use services, they tend to seek help with food, housing and health care (not counseling, mental health or substance abuse services).
- While very few interviewees say panhandling is an activity they enjoy, they did report enjoying the interactions with people when they go well. Indeed, some reported that they are attracted to the sidewalks of Northampton for the sense of community and connection they find there.
- One interviewee said that he and many of his peers feel "People don't understand that I exist. I'm being judged."
- People who panhandle have a mixed relationship with the Northampton Police Department. While some highlight negative interactions with police officers, most regarded police presence as more of an asset, having to do with feelings of safety.
- 78% of those interviewed believe that Northampton has more people panhandling than in other cities and towns.

The Work Group concluded that for the most part the people who frequent our downtown sidewalks are there because of societal and mental health issues, not because they want to be there. There was little evidence to support the notion that some of those who ask for money on our sidewalks live in apartments in other communities and "commute" to Northampton for their "jobs" as "professional panhandlers."

Key findings – Community Survey

The community survey revealed that people are attracted to Northampton's downtown by its eclectic mix of restaurants and arts, by the diversity of people downtown, by its walkability, by rallies and protests, and by events like Sidewalk Sales and Arts Night Out. Clearly the people of Northampton are proud of the vibrancy and diversity of our downtown streets and sidewalks where on any given day one will find shoppers from near and far, musicians, students, business owners, workers, tourists, families and people soliciting money.

This survey surfaced two quite divergent narratives about the state of downtown Northampton. On the one hand is a group of people, whose ages trend older, who see panhandling as one of the major contributors to what they see as a downtown in decline, who believe people who panhandle do so because it's a "chosen lifestyle," and who believe that aggressive responses are necessary to "crack down" on the problem. On the other hand is a group of primarily younger people who are not terribly troubled by the atmosphere of downtown or panhandling on the sidewalks, who tend to believe that societal issues can explain the presence of panhandling, and who think that more of a "hands-off" approach should be taken.

The Work Group concluded that neither of these views captures the reality of downtown, and that more nuanced approaches to understanding and dealing with the issue are warranted. Most people seem to fall somewhere between these two extremes, expressing compassion for

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people who struggle, yet having an acute awareness that panhandling activity poses significant challenges to the city and affected individuals and businesses.

Some key findings from the community survey include:

- 63% of respondents reported visiting downtown daily or several times a week.
- 29% reported visiting less than they used to, 16% say they visit more than they used to, and 54% reported no change in their visiting patterns.
- 70% of respondents say the mix of businesses downtown is about right.
- 36% of respondents say they think downtown Northampton is headed in the right direction (these respondents tend to be younger), while 29% say they think downtown Northampton is on the “wrong track” (and these respondents tend to be older).
- Panhandling was reported as the single biggest issue facing downtown (according to 21% of respondents when asked an open-ended question), followed by vacant storefronts (11%) and high rents (8%).
- 25% of respondents reported feeling either somewhat or very unsafe or frightened by panhandling and other behaviors downtown.
- Respondents were generally more tolerant of people busking (playing music for money) and soliciting for causes than they were with people soliciting money for their own needs.
- Most respondents (72%) reported that they never or usually don't give money to people soliciting on the sidewalks.
- Regarding perceived reasons that people panhandle, 39% point to societal problems, 26% say that people panhandle “because it works” (i.e., they are relatively successful in getting donations), and 14% point to addiction and mental health issues as a primary explanation.
- When asked whether panhandling was “detrimental” to downtown Northampton, 47% believe it is, 39% believe it is not, and 14% are “not sure.”

The Larger Picture

To begin to understand the individual stories that bring people to our downtown is to grapple with the root causes of homelessness, with the shortage of affordable housing, with various addiction and substance use disorders, with a range of mental health issues, with traumatic experiences in childhood and at other times, and with the impact of interactions with our criminal justice system. Many of these issues are rooted in a combination of growing income and wealth inequality and declining federal resources available to states and cities.

The report spends considerable effort exploring these larger societal context factors in order to understand how they may contribute to people choosing to engage in the practice of panhandling. By reviewing available data related to affordable housing, homelessness, addiction, and other pressures people face that contribute to the problems of poverty, the Work Group believes the following information conclusively presents the forces and factors contributing to the rise of panhandling as a practice downtown, and discredits, hopefully for

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the rest of the public conversation going forward, the notion that someone chooses panhandling as a profession. This data can be found in:

Appendix C: Societal Context: Housing

Appendix D: Societal Context: Homelessness

Appendix E: Societal Context: Other Challenges that People Face: Criminal record histories, Adverse Childhood Experiences (ACEs), addiction and substance use disorders, the opioid addiction epidemic, mental health challenges and trauma-informed systems

Appendix F: Catalogues existing community resources that we should be aware of and support and includes information about exciting new resources being offered in the community and region.

Appendix G: Provides a sampling of the research carried out to identify best practices from other locations.

Appendix H: Describes some of the current affordable housing in the community and projects in the pipeline.

Appendix I: Offers a sampling of demographic data for current Northampton residents.

Negative behaviors associated with some who panhandle cannot be ignored

At the same time that we embrace Northampton's diversity and strive for inclusion, we can and must acknowledge the presence in our downtown of behaviors that, according to the survey data, leave some people threatened or uncomfortable, and cause some people to stay away entirely.

Drug dealing, drug using, aggressive solicitation, assault, theft, trespassing, and public drinking – though not widespread – do exist on our downtown streets and sidewalks.

Data from the Northampton Police Department (NPD) support the concern that some have about downtown behaviors.

- In the first six months of 2019, NPD reported 374 service calls on Main Street, which resulted in 48 arrests (for 80 different charges). The nature of the service calls included trespassing/unwanted guest (98 calls), disturbance (including panhandling & domestics) (88), medical emergency (48), shoplifting/theft (35), drunkenness (17), and medical/mental health (12).
- Of the 48 arrests during this period, 44% of arrestees reported the streets of Northampton as their address and 3.1% of arrestees reported either the Center Street Inter-faith Shelter or the Grove Street Shelter as their address.

It must be acknowledged that some of the behaviors associated with panhandling can have a negative impact on some of the small, mostly locally-owned businesses, which we value as part of our downtown community and that are vital to the local economy. We also should recognize that the profile of some of those who have turned away from downtown may be potential customers of our downtown businesses.

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Recommendations for community consideration

Information gathered from in-depth, one-on-one interviews with at-risk people on our downtown sidewalks and the online community survey – together with extensive research on root causes and best practices – lead the Work Group to believe that there are a series of non-regulatory, non-punitive actions that should be explored with our community to address issues related to panhandling downtown.

Before finalizing a set of recommendations, the Mayor hosted a meeting at City Hall with a group of people on our downtown sidewalks to seek their input and feedback on some of the possible approaches. The meeting was facilitated by Work Group members and was both positive and very informative. Successful implementation of any of the Work Group's recommendations should include ongoing engagement with people on downtown's sidewalks and a continuing commitment by the community to understand their issues.

Out of this process has come several possible approaches that build on what people love about downtown Northampton which would move the conversation away from ordinances and policing and would aim to serve all of the people who find themselves on Northampton's sidewalks.

- Create a public messaging campaign
- Create a giving fund to provide increased resources to entities serving at-risk populations
- Create options for giving/ways to give through technology
- Support a multi-discipline de-escalation team
- Create a living room model/community day center site
- Increase opportunities for educational attainment
- Establish downtown storage units
- Create low threshold housing units/safe havens model
- Create a Youth Advisory Board (YAB) for Northampton
- Create a flexible/day labor/flash job program
- Install a vending machine for personal hygiene items and food
- Code of ethics for givers and receivers

The Work Group fully recognizes that some of the recommendations identified in this study report may not be acceptable to either those who seek a tough "crack down" approach, or to those who advocate a strictly "hands-off" approach. The Work Group believes that the identified approaches will draw upon the best of Northampton – civility, compromise, compassion and fair-mindedness – and fully acknowledges that further community conversation will be needed to determine which ones have broad support and which downtown stakeholders have the resources and capacity to implement them.

Introduction

“We are a landscape of all
we have seen”.

- Isamu Noguchi

Panhandling and the plight of at-risk individuals on our downtown streets has been a source of public concern, debate, and controversy in Northampton for decades. In response to the myriad concerns expressed by city residents, visitors, downtown merchants and property owners, social service advocates, and the City Council, Mayor David Narkewicz assembled the Mayor's Work Group on Panhandling (hereinafter referred to as “the Work Group”) in April

2017 to conduct an in-depth study of the issue.

WORK GROUP

David J. Narkewicz, Mayor
Susan Stubbs, President and Chief Executive Officer, ServiceNet, Inc.
Jay S. Levy, LICSW, Regional Manager, Eliot Homeless Services
Jill Shanahan, Harm Reduction Training Coordinator, Tapestry Health
Cherry Sullivan, Program Coordinator, Hampshire HOPE, City of Northampton Health Department
Rev. Todd Weir, First Churches, Northampton Housing Partnership Chair, Friends of Hampshire County Homeless Individuals Board Member
Bud Stockwell, Former Chamber of Commerce Board Member and downtown business owner
Alan Wolf, Downtown Northampton Association Board Member
Dennis Bidwell, Ward 2 City Councilor
Jody Kasper, Northampton Police Chief
Peg Keller, City Housing and Community Development Planner, staff support

Work Group

The Work Group was comprised of representatives from ServiceNet, Inc., a regional mental health agency that provides resources to homeless and formerly homeless, emergency shelter, supported housing and mental health counseling services (among others); Tapestry Health Systems, a comprehensive community-based health service provider that offers overdose prevention and education, syringe access and disposal and Narcan access services (among others); Hampshire HOPE, the Northampton-based regional coalition addressing the opioid crisis; Eliot Homeless Services which administers the PATH Program/Street Outreach services; Hampshire County Friends of the Homeless which assists with the management and operation of the Hampshire County Inter-Faith Winter Shelter; the Northampton Housing Partnership, the Mayoral appointed volunteer board that addresses housing needs in the city; the Downtown Northampton Association (DNA) which serves the Main Street business

community; the Northampton Chamber of Commerce; the Northampton Police Department; the City Council; and the Mayor's Office.

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The Work Group assembled a cross section of representatives from a variety of community sectors that interact with the central business area downtown and/or provide human services. The charge was to outline the parameters of study, conduct initial research, do respectful outreach to people living this experience and the greater community, and present the results of this phase to the community. The Work Group was asked to gather information for the community; not to make specific recommendations on future actions.

Panhandling, as an activity occurring in the downtown, has been the subject of many public meetings and hearings for years. Identifying ways to reduce the need for people to panhandle was a driving focus of this undertaking.

The Mayor's purpose in assembling the Work Group and offering this report was to gather information to present to the community and define actions that we can take together to better serve people at-risk in our community.

The Process

The Work Group began this study in 2017. At the outset, the Mayor asked the Work Group,

"... to do a "deep dive" into the research and analysis of these complex and often contentious community issues in a thoughtful, respectful, and data-driven fashion."

The initial task was to assess the current situation in our community with regard to people's experiences and perceptions of "life on the street." Members of the Work Group offered input about their own perspectives about Northampton street life and those of the organizations they represent. Due to the cross section of population segments represented on the Work Group, that sharing alone was revealing. Those early discussions began to shed light on the spectrum of expectations people had about what this process would yield, and what it would not.

Mayor Narkewicz made it clear that his goal was to identify potential non-legislative and non-punitive ways to address panhandling by meeting the needs of people at-risk in our downtown by researching the resources currently available versus the resources needed. The Work Group launched with this premise in mind. Sub-work groups were created to explore an education and messaging campaign and to create surveys to gather consumer/public input.

Gaining direct input from people on the street was immediately identified as imperative. Having that representation on the Work Group itself was considered. Some members felt, however, that it might be stressful for only one or two individuals to be the voice of many, so the idea of creating a one-on-one informal interaction via a survey to capture more voices was pursued.

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The goal was to survey at least 20 people actively present on the street and follow that first step with assembling smaller groups to gather additional input.

Great care was taken to craft survey questions that were thoughtful, respectful, and protected privacy. The survey was then administered by people known and trusted on the street: the Pastor of Cathedral in the Night, staff at ServiceNet's Hampshire County Resource Center, the Hampshire HOPE Coordinator and Community Police Officers.

Additionally, an online survey was created and made available to the general public to assess people's perceptions and reactions to street activity in the downtown. It also asked both residents and out-of-towners for ideas about public/private initiatives that might have merit for further study.

In addition to the surveys, research was conducted on societal conditions and best practices in order to better understand the elements that are within our control to impact, as a community. The ideas generated by the Work Group were then presented to a group of people living the street experience. Their feedback was invaluable.

Through a series of meetings, research and public outreach, the Work Group gained a deeper understanding of societal conditions and personal circumstances that often present challenges to people in our downtown community. This report describes those efforts and presents possible paths forward subject to community input.

Underpinning the Work Group's efforts was a clear-eyed recognition that current societal and market conditions compounded with many people's personal experiences have created, in some ways, a perfect storm. The need to be fully aware of the barriers many people confront while striving to be healthy and safe, framed the scope of the work. Some of these barriers are described in the appendices, including a section on the demographics of Northampton.

What also became clear is that in order to better respond to the needs of people at-risk on the streets of our community, we need to embrace and take steps to become a truly trauma-informed community. We need to better understand the science of addiction and we need to accept the imperative to fully support existing resources and create new ones where necessary to fill gaps in the system.

Many of the social, economic and cultural factors creating challenges for people are systemic in nature and the solutions need to be systemic. Having acknowledged that, the Mayor's focus towards this effort was to identify what is in our sphere of influence, and based on the values we hold as a community, what the actions are that we need to take moving forward to better serve people facing challenges in Northampton.

The Work Scope

The Work Group undertook the following in order to formulate a local strategy:

1. Gather input directly from people engaging in street activity.
2. Gather public input relative to people's perceptions of downtown - its strengths, weaknesses and opportunities for improvement.
3. Develop an understanding of what is legal downtown street activity.
4. Examine permit requirements for downtown street activity.
5. Examine police and other available data to understand Main Street activity.
6. Examine current resources and identify those not currently available.
7. Conduct research to discover creative strategies employed in other communities across the country.
8. Examine the research, see what might make sense for us, get public feedback again, starting with people living the street experience.
9. Develop specific recommendations and an implementation plan based on that feedback.

Toward these ends, the following sections detail the results of the one-on-one interviews with people who panhandle, the research conducted in the community survey, and the data gathered to support the larger picture and the impact on downtown from activities associated with panhandling.

Interviews of individuals engaged in panhandling

Work Scope #1: Gather input directly from people engaging in street activity

Purpose of the survey

In an effort to ensure everyone's voice was part of the conversation, the Work Group wrote and administered a survey to the population of people who panhandle. The goal was to solicit opinions and attitudes directly from those involved in panhandling to better understand their feelings about downtown, the practice, and the challenges they face. The findings of these surveys are outlined in this report.

The Work Group is very grateful to the people who took the time to answer its questions, as well as to those who walked up and down Main Street asking people to participate.

Methodology

By the Work Group's best estimates, at any given time, there are about 20 people actively soliciting money downtown. The Work Group's survey team, consisting of volunteers from local human service organizations, the health department, and officers from the Northampton Police Department, successfully collected 18 complete interviews, representing 90% of this finite population.

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It is important to note that this is a qualitative measurement of Northampton's panhandling population, which is to say that the survey measures most effectively the opinions, beliefs, attitudes, and perceptions of the downtown panhandling population rather than being a quantifiable measurement of any larger population of people who panhandle outside of Northampton. Because the Northampton population is finite and given that the Work Group succeeded in reaching a large percentage of that population, it can be confident that an accurate snapshot of responses to the survey questions was captured. That said, the survey was mainly comprised of open-ended questions that were designed to understand how Northampton's people who panhandle feel about the issues surveyed, in an attempt to advise the Work Group's investigations into this topic.

Respondents were approached with an offer of a \$10 downtown Northampton gift card donated by the Downtown Northampton Association in exchange for participation in the survey, which averaged about 20 minutes in length. A volunteer verbally asked the questions and recorded respondents' answers on paper. Data collectors reported that respondents were largely eager to participate in the survey.

The survey was intentionally designed to be narrow in scope in relation to panhandling activity downtown, rather than being an in-depth look at the underlying causes, effects, or levels of service adoption by people who panhandle. That said, some questions were personal, particularly those about drug use and other aspects of life on the street, so not every respondent answered these questions. It is also possible that despite the Work Group's best efforts to make the survey a welcoming and safe experience, some people who panhandle might have been wary of perceived ulterior motives of the survey and could have factored that feeling into their responses.

General observations

The majority of those surveyed were male and most reported that they live in the City of Northampton. All, but one, indicated that they were homeless at the time of the interview and none reported that they were employed. Most were tobacco users and more than half have struggled with alcohol or other addictions at some point in their lives.

Most come to downtown Northampton every day. They reported that they like to "hang out," and "talk, live life, and get money." The down sides of panhandling in Northampton are primarily negative interactions and being treated poorly by "mean" people. Many described the practice as dehumanizing and not their preferred option for income. While a couple described a negative relationship with the police, many others saw the police as a source of safety. Most simply desire to be acknowledged as human beings on the street rather than be judged or ignored.

People who panhandle feel that the practice is not necessarily bad for Northampton, though they acknowledge that other people probably disagree. On the positive side, they cited the crafts they create, the business they personally bring to downtown businesses, and people who

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like to talk to them, while at the same time guessing that some people might say that shoppers may be intimidated or frustrated by panhandling and that other people might say its “bad for business.”

Most feel that there are more people who panhandle in Northampton proportionally than in other locations. They believe this is because it’s a safe, rich and kind community.

One idea that has been tried elsewhere has been to craft a “Panhandling Code of Ethics.” When asked what something like this would include, responses included themes related to respecting the people you’re asking for money, respecting other people who panhandle, respecting the location you’ve picked, and picking an appropriate location.

Another idea explored was the creation of a day labor program for people who panhandle. Without many details, 82% would support such a program in general. Most said being paid minimum wage would be enough, most would be reasonably flexible about the hours they could work, and most shared some kind of manual labor as the type of labor they think would be appropriate.

Contours of the panhandling population

Demographics

The short survey reached 18 people on Main Street those whom are known to local service organizations and the Northampton Police department as people who engage in panhandling activity. Of these, 83% reported that they live in the City of Northampton, with one person each saying they live in Holyoke, Springfield, and Palmer.

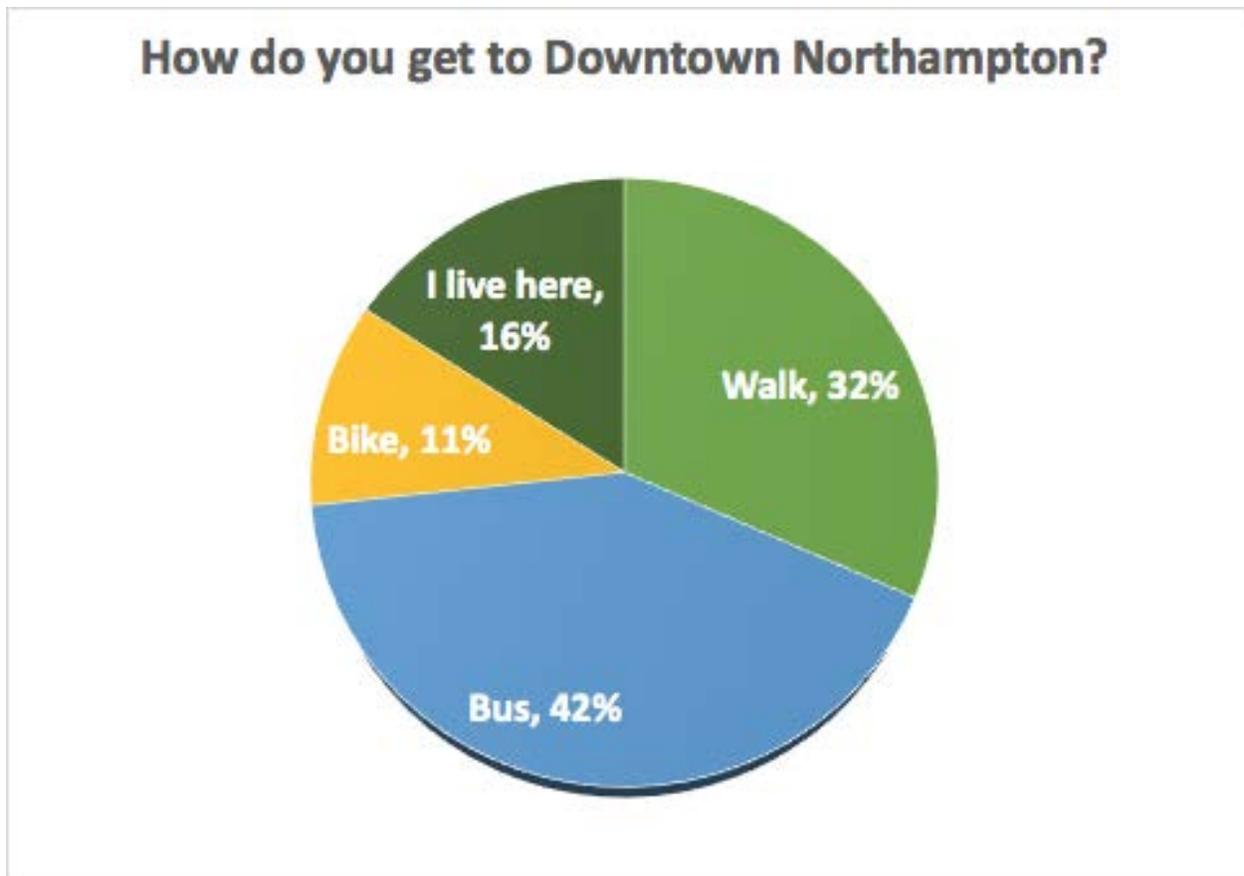
Demographic Snapshot of Northampton’s Panhandling Community			
Gender		Education	
Male	56%	Less than High School	35%
Female	39%	High School (GED)	24%
Other	6%	Post High School	41%
Military Service		Type of Housing Currently Live	
Yes	22%	Homeless or housing insecure	83%
No	78%	Public Subsidized housing	6%
		Hotel/ Motel	11%

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Fifty-six percent of people who panhandle are male, 39% female, and 8% (one person) identifying as 'other.' The average age of respondents is 36-years-old, with the oldest being 59-years-old and the youngest 22-years-old. Thirty-five percent of people who panhandle have less than a high school (or equivalent) education, 24% have a high school degree and 41% have at least some post-high school education. Twenty-two percent (four individuals) reported they are military veterans.

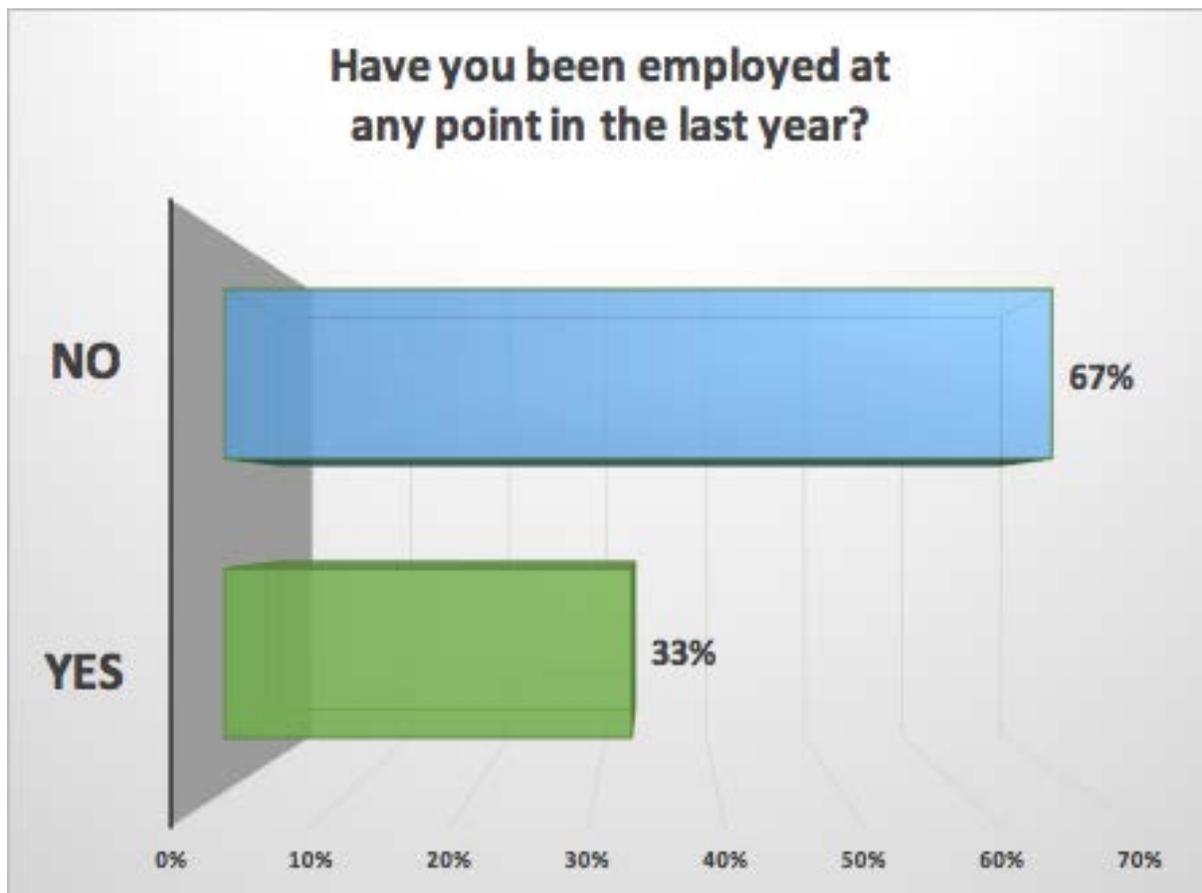
Housing Status

All but one person in the survey reported that they are homeless. Eighty-three percent shared they are living on the street or living in shelters, with seven people saying they currently live in a tent, and five saying they are 'couch surfing.' The remaining respondents said that they were living in nearby motels or hotels, with one living in public housing. According to the U.S. Department of Housing and Urban Development definitions, 10/18 would be literally homeless – assuming 7 in tents and 3 in shelter, and folks living in hotel/motels, doubled up or couch surfing would be defined as being "housing insecure". All respondents either walk (32%), bike (11%), or take the bus (42%) to get to downtown Northampton each day.



Employment

All people who panhandle reported that they are not currently employed. Two respondents reported (11%) that they “work occasionally,” with one third (33%) saying they have performed some kind of work in the past year, and the remaining two-thirds having not worked in at least a year.



When asked what type of work they used to do, people who panhandle listed a variety of occupations and employers, including:

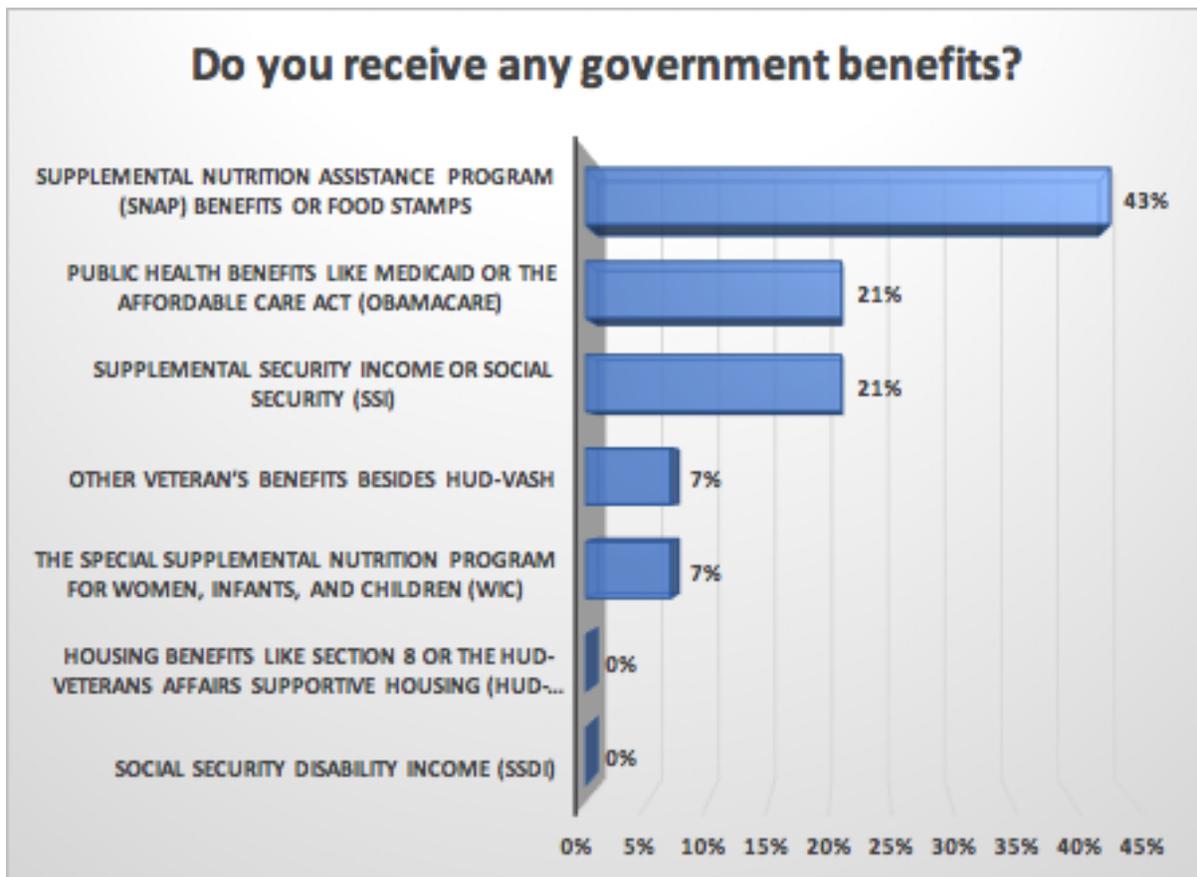
<i>Drywall finisher</i>	<i>Liquors 44</i>	<i>Registered Nurse</i>	<i>Stay-at-home mom</i>	<i>Manual Labor</i>
<i>Waitress</i>	<i>Carpentry</i>	<i>Construction</i>	<i>Janitorial</i>	<i>Personal Care Attendant</i>
<i>General Electric</i>	<i>Restaurant</i>	<i>Customer service</i>	<i>Never held a job</i>	<i>Cook</i>
<i>Landscaping</i>	<i>Factory Work</i>	<i>Dishwasher</i>	<i>Newspaper Delivery</i>	<i>Managed a Small Business</i>

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Other than one person who cites some income from additional work in the past year and another who lists 'support from an ex-partner,' all but one of the people the survey reached in downtown Northampton said they have no additional sources of income besides what they collect on the street.

Government Benefits

When asked if they receive any government benefits, the largest number (43%) said they take advantage of the Supplemental Nutrition Assistance Program (SNAP), followed by public health programs like Medicaid or the Affordable Care Act (21%) and Social Security (SSI) (21%).



Tobacco, Marijuana, and Addiction

Most people who panhandle are current tobacco users and said that they smoke on Main Street (83%), while 44% admit to smoking marijuana while they are downtown.

When asked, "Would you say that you are struggling with drug or alcohol abuse currently?", 17 out of 18 responded and 29% said 'yes.' When probed if they ever had a drug or alcohol problem, 53% shared that they struggled at one time with some form of addiction, and 6% weren't sure.

Downtown Activity

Respondents spend a good deal of time downtown Northampton. The vast majority of the people spoken to either come downtown every day (78%) or "most days" (11%), with just one person saying "once a week", and another sharing that this was their first time downtown.

People who panhandle listed various reasons for why they enjoy spending time downtown Northampton:



Open-ended responses in the 'Other' category above, and also in response to a question asking "What do you like to do when you're downtown," demonstrate that people who panhandle view Northampton as a safe or respectful place to ask for money or food and that many appreciate being able to "hang out" and socialize. The following statements were reported about Northampton:

Quiet. People ain't rude.

Hang out, shop, eat, sell jewelry

Reduce cost of food - free meals equal money spent on other things - Haymarket 35% off food cost or free meal

Hang out, network, take care of others

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[It's] safe, police, and [people are] courteous to homeless people

Panhandle, look for clothes through assistance

Read

Talk, live life, get money

Guitar, talk, smoke cigarettes, try to make money.

Good transportation to live and work. Music community. So welcoming - that declined since I left 7 years ago. Less places to play, now

Hang out, shoot the breeze

Talk to people, keep to myself, panhandle

Contemplate and write down thoughts - compile and write down 1,000 words a day

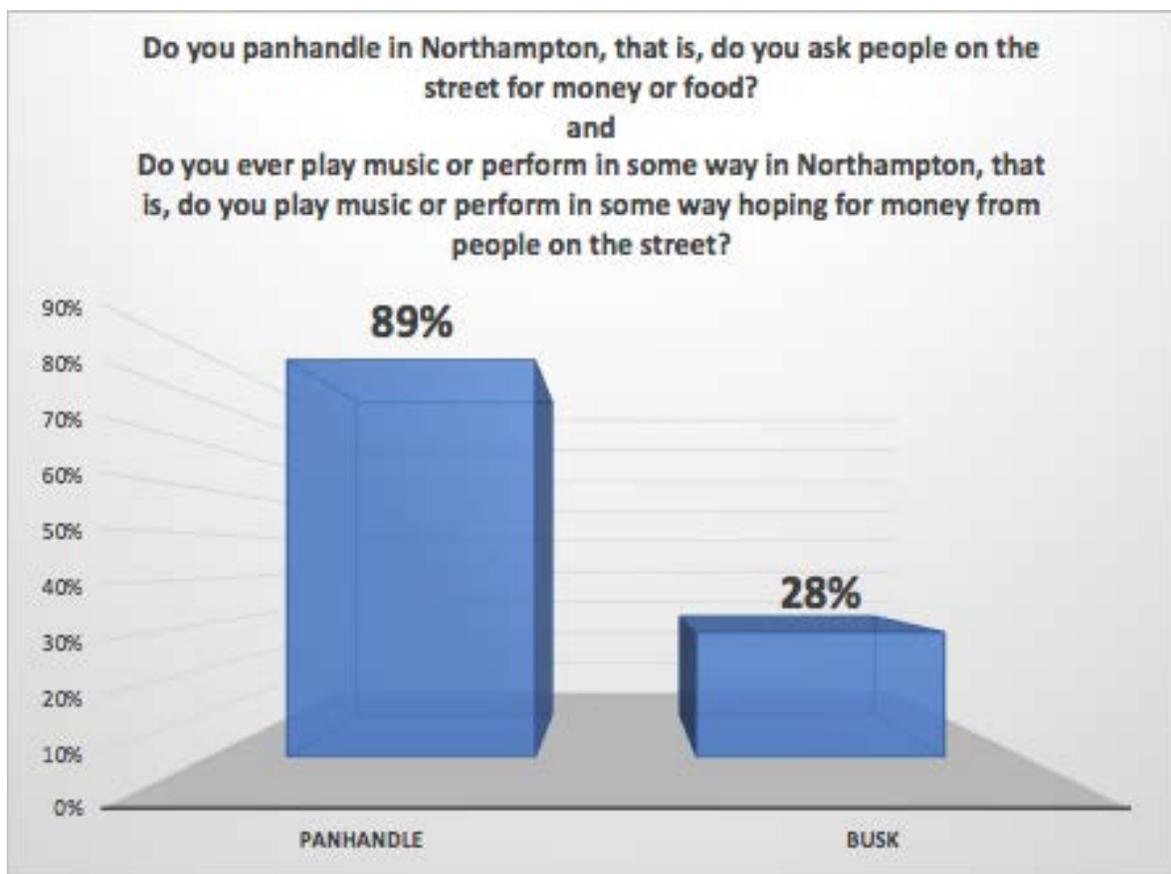
Panhandle, get coffee at Starbucks

Shop and hang out at coffee shops

[It's] safe here.

I feel trapped here or else I could go do other things. Need to come to the clinic every day - I hope to get out. Overbearing police and I'm easy to target.

When asked directly if they panhandle (with the included definition, "that is, do you ask people on the street for money or food"), 89% indicate that they panhandle and with some overlap 28% say that they play music for money - or 'busk.'



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Slightly less than half of those surveyed have been panhandling, busking, or both on Main Street for more than a year (47%). Twelve percent say they've been downtown for less than a month, with twice that number (24%) indicating they've been working downtown for more than a month but for less than three months.

The logistics of panhandling

People who panhandle appear to be creatures of habit with their chosen spot, times, and sense of ethics around their approach to panhandling. The way each person engages in the practice is different and is sometimes inconsistent with the approach of their fellow people who panhandle.

When asked if they experience barriers to or difficulties in panhandling, many cited factors relating to competition with other people who panhandle or interactions with their peers as among the issues they face downtown.

Residents of Northampton have bonds with other people who panhandle and are disrespectful when they think I'm taking their friend's spot.

Dealing with other homeless people. Everyone is rude or obnoxious. Alcohol, drugs, violence...

Sometimes other homeless people can be difficult but [I] just walk away.

By friends - other people who panhandle - they get jealous when I'm in their spot. People being mean, saying 'get a job' and 'where's your family?'

Getting a permit to play. Other panhandlers steal from me. Other panhandlers get angry. Taking their space or their money. Weather. Lack of foot traffic or generosity. Good spots are taken by other panhandlers, too many people panhandling - competition.

People also mentioned the dehumanizing nature of panhandling, citing rude or disrespectful treatment from other community members walking down Main Street.

People not understanding that I exist. I'm being judged.

Some people find me intimidating.

Judgmental. "Get a job."

People marginalize me.

People accuse you of being an alcoholic [or an] addict.

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People call [me] names.

Everyone thinks I'm a crackhead or a terrible person.

People being mean, saying 'get a job' and 'where's your family?'

People who panhandle have a mixed relationship with the Northampton Police Department. While some highlight negative interactions with the police, overall, the presence of police appears to be more of an asset than a detraction for most people who panhandle.

Yes. Police saying can't sit and smoke because on bricks treated differently, classism. Police don't do anything when I'm being yelled at by other people. Before being homeless the Police were my friends.

Yes. Harassed by cop.

Weather. People steal. Harassed by another panhandler who followed me. Had to go to the police.

The number of people around, what food or other amenities they are interested in, and the sense that a spot is “good” also influence the spot people who panhandle choose. Sometimes it's just where there is no one else doing it:

I just sit wherever there's an open spot and no other panhandlers around.

Police presence, I like to be seen. Amount of people.

Where it's comfortable. If you're hungry - set up near where you're craving.

Go to where there is a lot of people.

Location depends on people around and my needs at the time.

Nobody has been at this bench.

Like the food at Bueno y Sano, as well as the bathroom and getting water.

Where no other panhandlers are around. Next to GoBerry

What's available. I stay on Main Street.

Look for foot traffic. Some business owners are kinder. Acoustics (under the bridge) psych ask not to play because it disturbs patients.

*Pick by most foot traffic
Local Burger because lots of people in and out quickly because it's fast food.*

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Asked and heard Starbucks was the best spot. Sat on crate. *CVS front. Same spot for years. Because a lot of people come through there.*

I don't pick a spot, I just follow the yellow brick road. *Busy/ Food*

Pick a spot where I don't have to be incredibly close to people.

Eighty-three percent of people who panhandle said there is a lot of competition for 'good spots' in Northampton. Most panhandle alone (76%) that is, not part of a group, though about 24% say it changes or depends. There is likely a distinction between times when people who panhandle are actively engaged in soliciting money or services and times when they are socializing, due to the observable times when groups of people who panhandle are congregating.

Feelings about panhandling as a practice

In an effort to understand what motivates people to panhandle, the survey asked what these individuals like the most and the least about panhandling. Interestingly, when asked "What do you like most about panhandling, besides the money", 44% indicated that there is nothing (else) that they like about panhandling. Summarized by one respondent, "I don't like panhandling. It's a need, not a want." The rest of those interviewed responded that the social aspect of being downtown is a second benefit to panhandling. "I don't enjoy panhandling besides the surprise of kind people and friendly interaction," "Meeting new people," and "Sucks, but I like talking to people."

Despite feeling that Northampton is safe and has an overall friendly vibe, most people who panhandle reported feeling marginalized or judged. One panhandler summarized feelings shared by many interviewees by saying, "People not understanding that I exist. I'm being judged." When asked what they like the least about panhandling, respondents expressed:

<i>You're asking working people for money</i>	<i>Rude and assaultive people</i>
<i>Most people give out of fear</i>	<i>Makes me feel like I'm the bottom of a shoe</i>
<i>Feeling degraded</i>	<i>Making people on Main Street uncomfortable</i>
<i>Dirty looks</i>	<i>Rude people</i>
<i>Weather and people look down on you</i>	<i>It's tiring. I'd rather work</i>
<i>Walking (person has health concerns)</i>	<i>Having to beg</i>

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Assholes and cops

Being outside. Don't make much.

Shop owners who demand that I leave

Being looked down upon

People surveyed seem to understand that passersby may choose to not give money and would feel just as grateful if someone offers food, a beverage, or cigarettes instead. Overall, the sentiment called for mutual respect. When asked how they would like people to respond if someone can't or doesn't want to give in the moment, the following responses were given:

Simply say they don't have it instead of walking by acting like you're an alien from out of space. I'm still human.

Just say have a nice day.

Say good luck or God bless, but can't.

Sorry, I can't.

No, I can't - I'm sorry. Or a smile.

No is an acceptable answer. Don't put your hand in my face. Don't ignore me.

I always say, "Have a good day" or "God bless" and I like when people say it back and treat me like a human being.

Not able to. I don't do that.

Maybe another time. I can't.

A response is better than being ignored. Whatever they want. OK if they want to be pissy. Smile and polite would be preferred. Don't need to be sorry if you can't give.

I'm sorry I can't. Just say something.

Smile. Be honest. Offensive if they ignore you.

I'm sorry I'm unable to help you, but have a nice day.

In addition to their experiences with those passing by, people who panhandle also reported challenging interactions with or difficulties negotiating the behaviors of other people who panhandle and homeless people on the streets.

Feelings about the impact of panhandling on downtown Northampton

In an effort to explore panhandler's impressions of the impact that panhandling has on business and entertainment downtown, the survey asked both how people personally viewed the potential impact of panhandling or busking and also asked how they feel other people may view the impact of the activity. In each case, the survey asked them to further explain their response in an open-ended format.

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No one feels that panhandling or busking has a 'very positive effect' on business or entertainment downtown. Thirty-five percent personally feel that it does have a "somewhat positive effect," further sharing:

It depends because if panhandlers use money they're given to purchase items in town then they are spending in Northampton.

This isn't what I exactly want to be doing, but I haven't found that yet. But I make people smile and entertain kids.

I'm stuck. I sell jewelry. People enjoy my stuff. It's art. Really positive. I prefer to give back to the community.

I make creative signs that draw people to me and they ask where they should shop or eat, so I tell them.

Depends on how people behaving. It can bring people in for business.

Of those surveyed, no one personally felt that panhandling or busking has a 'very negative impact, but 43% felt that it has a 'somewhat negative impact.'" Some of the reasons they cited include:

Asking people for money who are just coming out of a business - and people are just trying to shop.

People generally see it in a negative light. Don't see how they're treated by others.

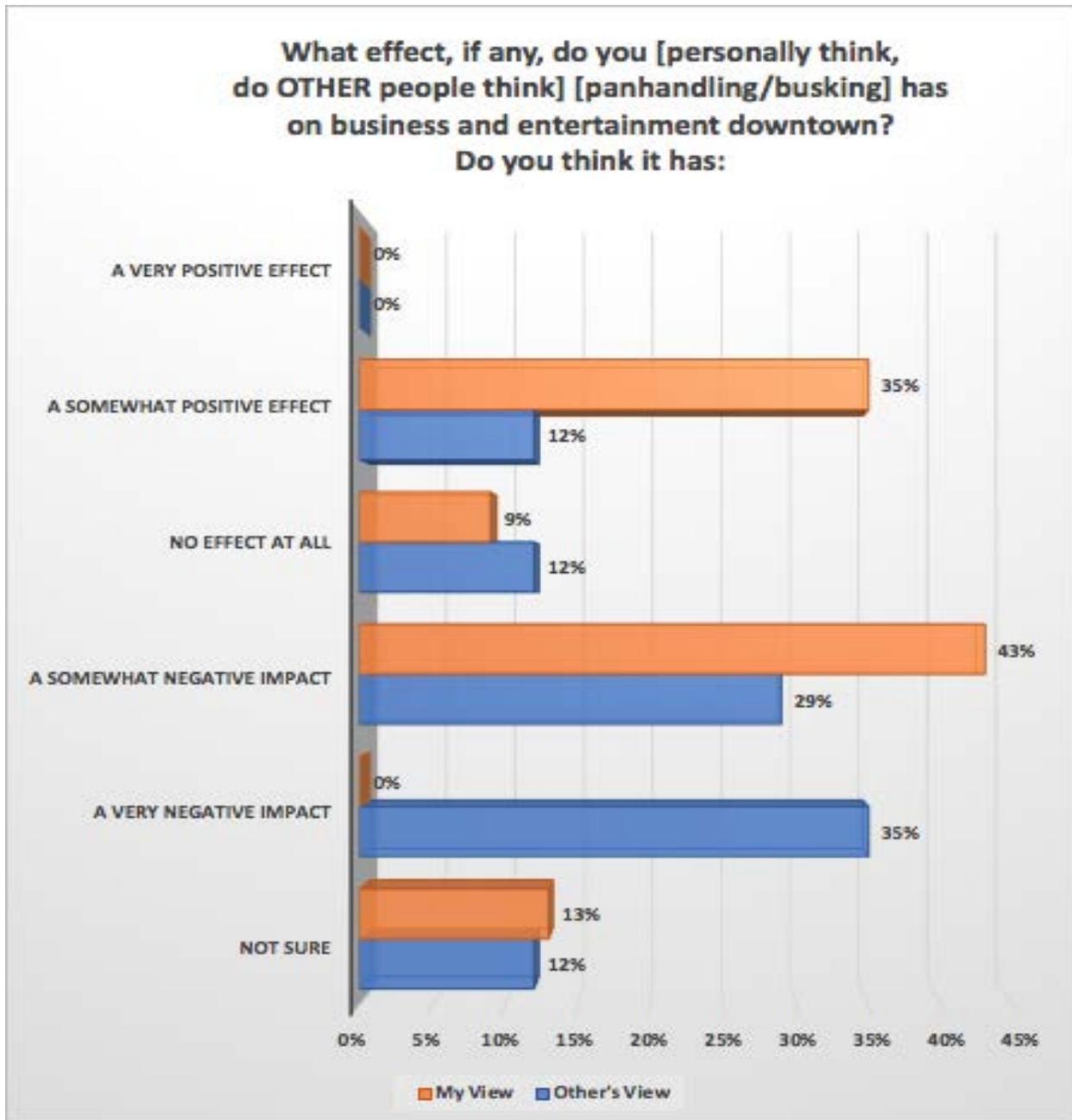
Negative energy feeds negative energy. Homelessness and vagrancy is negative for business.

The people with all their bags makes it hard for people to walk by. I could see why people would be scared of aggressive people.

It may scare people away.

Maybe groups intimidate families.

Thirteen percent were not personally sure what impact panhandling or busking has on downtown Northampton business and entertainment.



When asked to imagine the feelings of other people, people who panhandle suspect that those feelings are more negative than their own. Not surprisingly, given no one personally feels that panhandling has a 'very positive effect' on downtown Northampton's business and entertainment, no one feels that others feel that way. Only 12% of respondents felt others would agree that panhandling or busking has a 'somewhat positive effect,' instead 29% guess that it has a 'somewhat negative impact,' 35% suspected others would think it has a 'very negative impact' and 12% were unsure what others would say. Responses explaining the impact others might say the activity has on Northampton include:

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Negative

Outbursts from panhandling causes negative [feelings].

Because they all think we are drug addicts.

People think you're a drug addict or a bad person.

People are under the impression that it hurts business, and they stereotype us to be problems and addicts.

Who thinks poverty is a good thing? Want to see people get helped. Families might feel intimidated. Assume everyone is on drugs, giving money encourages them to be homeless.

Neutral or Conditional

Depends on age. Older people view it more negatively, younger people don't seem to care.

A lot of residents help panhandlers. Some do and don't like it so overall it equals out.

It's different. People don't usually see pirates these days. [Note: this fellow regularly dresses in a pirate outfit while spending time downtown.]

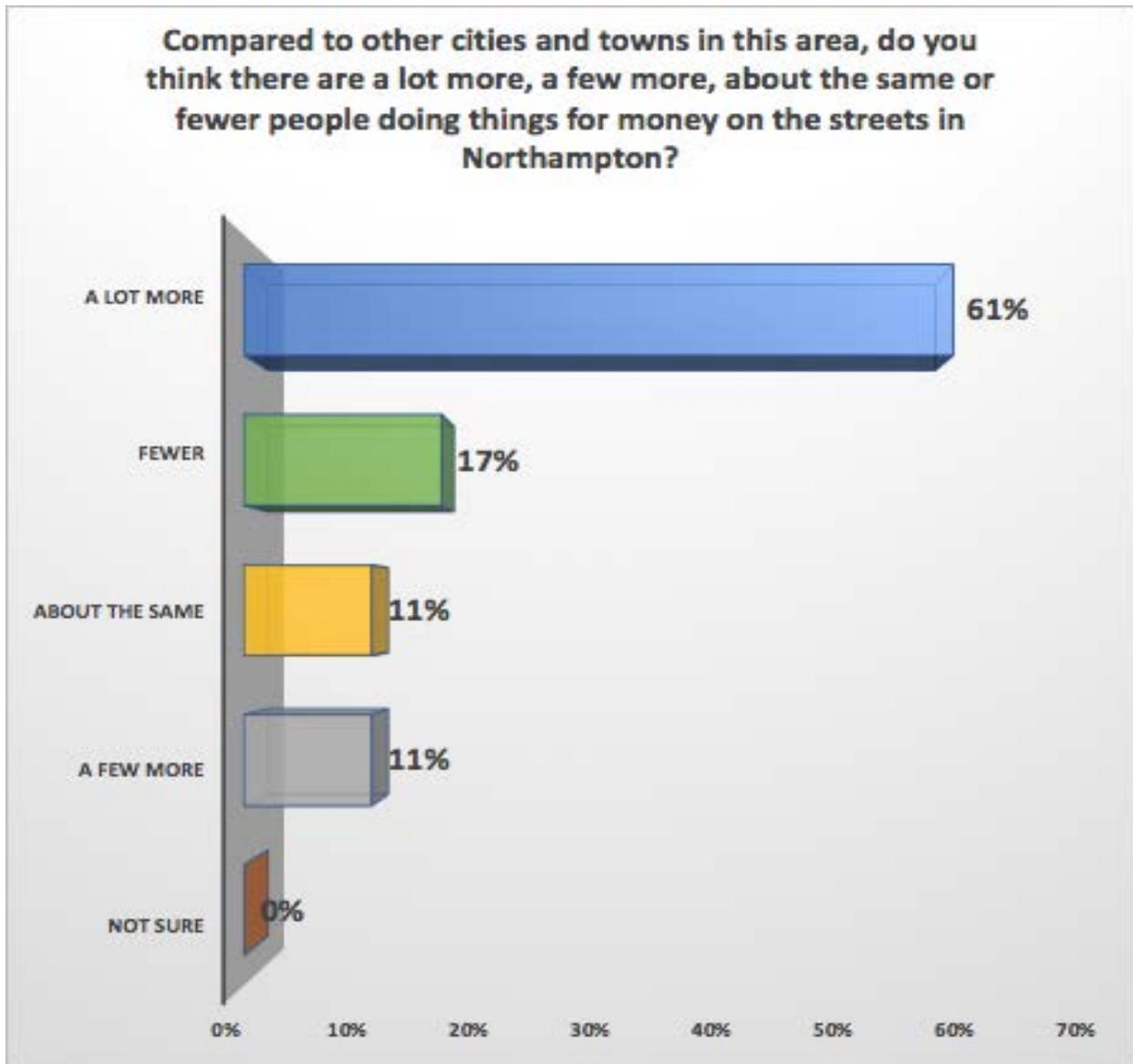
So, busking or selling jewelry is positive vibes. Panhandling is viewed as negative.

Positive

Panhandlers bring people to business. They appreciate that they have money and they can buy.

Number of solicitors on Main Street

Thanks to the positives respondents list about Northampton's welcoming environment, most people who panhandle and buskers (78%) agree that Northampton probably has more people soliciting on Main Street than other towns.



As noted earlier, one of the principal drivers is a feeling of safety that people experience while soliciting downtown. They also clearly mention the cultural attractiveness and vibrancy of the city as attracting lots of people who are potential givers.

A lot of homeless here.

Rich town/ safe

Income level of community. Culture. It's a vibrant city.

It's safe here.

Safer, more resources, arts, people welcoming, energy, clean

It's safe.

Northampton is more receptive.

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<i>More happening.</i>	<i>Make more money</i>
<i>Rich town.</i>	<i>People come from out of town - other states. There are lots of people and tourists here that come to town for the shops, concerts and schools.</i>
<i>More travelers.</i>	
<i>Overall a nicer environment.</i>	<i>It's welcoming and you're treated well.</i>

Panhandler's code of ethics

There seems to be little consistency between people who panhandle relative to how they choose their location. In fact, most people who panhandle reported that there is a lot of competition for the "good spots." This leads to potential conflict about territory and may indicate further exploring whether a code of ethics would be useful or safely enforceable among one another.

People who panhandle reported choosing a location most often based on three criteria: an open spot with others not present, a spot where others are present, or a business-specific spot. Some people who panhandle choose a spot based on open availability - meaning they want to avoid congregating too closely to others who are asking for money. While others choose higher-visibility locations or places where others are also sitting in order to increase feelings of safety ("*Police presence-I like to be seen*") and increase social interactions. Lastly, people choose business-specific spots based on criteria such as the type of food or drink they are interested in ("*If you're hungry - set up near where you're craving.*") or how friendly the business is to people who panhandle/homeless i.e., use of bathroom.

When prompted to consider what should be included in a code of ethics, people mentioned the following key themes:

Respect the people from whom you are soliciting - This includes speaking politely and being honest about what you are using the money for or your situation.

Say thank you and have a blessed day

Say thank you. Be polite. Be respectful. Pay attention. Don't bother people on the phone or in conversation.

Make a sign, be honest about your situation, be friendly, converse with those that are interested, if someone says 'no' smile and wish them a nice day

Let the sign do the talking. People will look out for you if you have a good attitude.

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Don't yell at people, don't smoke cigarettes, don't blast a radio, if someone offers food, take it instead of arguing for cash

Be polite.

"Asking nicely can increase what you get"

"Make a sign - Don't ask - [My sign says] ""Disabled Vet, anything helps"""

Ask for what you want: money, cigarettes, pot." Make a sign - let the sign ask for me. I don't ask or talk to people. Be honest.

Respect toward other people who panhandle - This includes sharing what you have received with others, moving around to share good spots, not being too drunk or high.

Respect for panhandling locations

Ensure that the location where you were sitting/standing is kept clean and no litter is left behind. Stay in designated areas and don't overflow the benches and sidewalks with bags or personal belongings. Don't smoke cigarettes or weed in your spot (or don't blow smoke onto sidewalk). Don't bring pets.

Keep the area clean.

You can sit, but don't put bags on a bench and take up space.

Identify appropriate panhandling locations - One person suggested creating a list of locations where people could panhandle. Another mentioned that people should be at least two benches away from other people who panhandle. While another mentioned moving locations throughout the day. One person had an idea to create locker space for people to store belongings so it's not kept on the street.

Interest in a jobs program

One concept the Work Group explored was the creation of a day labor program for interested homeless or jobless people in an effort to reduce the need to panhandle. While significant details would need to be worked out unrelated to demand for such an idea, the effort might be modeled on programs initiated elsewhere in the United States, particularly in Albuquerque, New Mexico, where they have had success with a program called, "A Better Way." Again, there are likely logistical issues scaling a large city effort to Northampton's size, but the Work Group desired to understand a baseline receptiveness to such an idea among the panhandling and busking community. The Work Group was careful not to reference any structural details about

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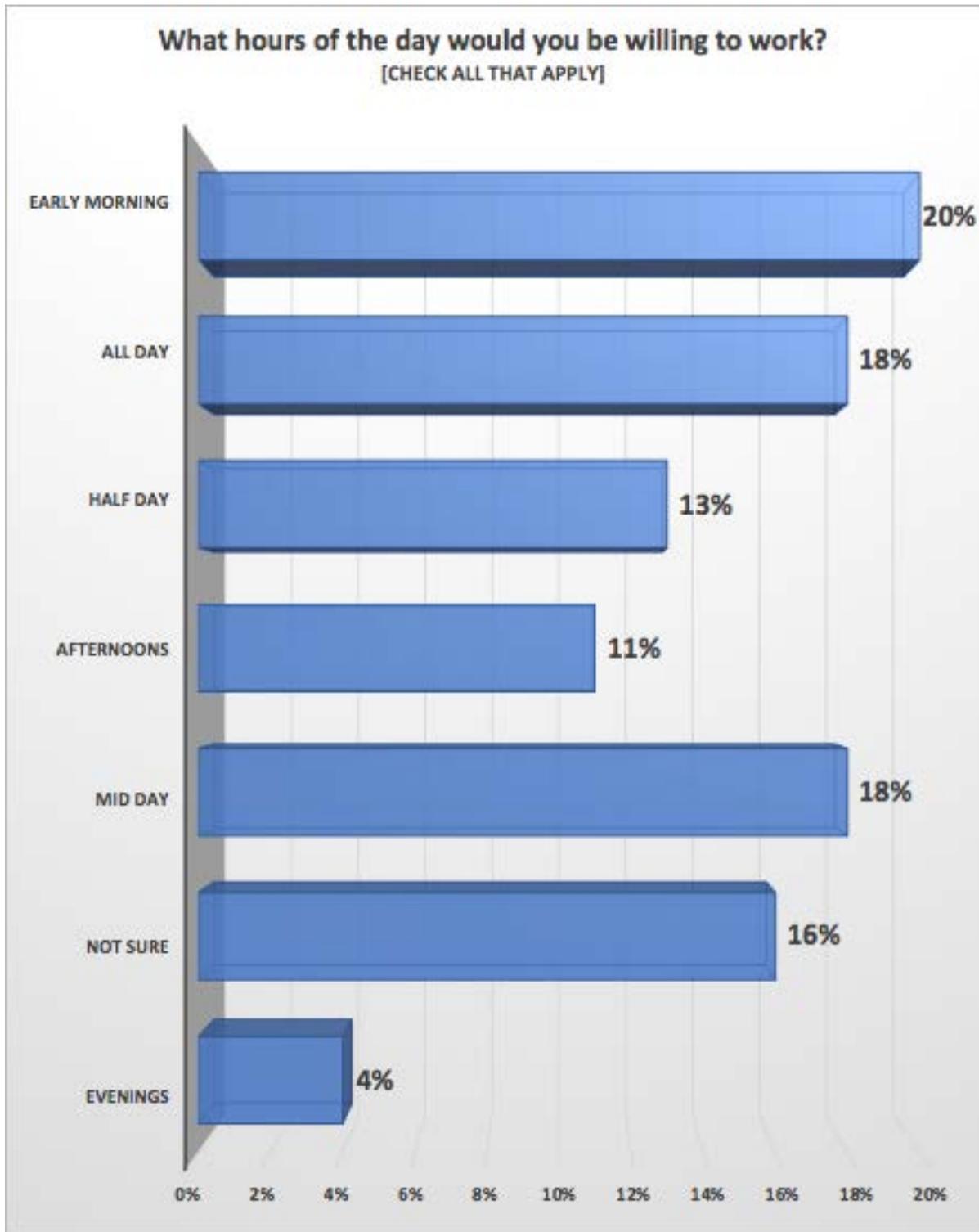
possible day work in the survey questions, as it is currently unclear how such a program would be best structured.

Prior to introducing the idea of temporary work, the survey asked respondents what would need to happen in order for them to be interested in ceasing panhandling. Eighty-one percent say that they'd need work, a job, income, or money, in order to stop panhandling, followed distantly by the undoubtedly related need for stable housing (19%). Eighty-two percent of people who panhandle and buskers would be interested in a program that offered work for some number of hours a day followed by 12% who were unsure. Only one person that was reached said they would not be interested, while some had conditions for employment, and most said the most interesting are the prospects for income and the dignity of work.

<i>Because I have kids. Kids ain't cheap.</i>	<i>Has to meet my standards of work. I can't work at a job like behind a CVS counter.</i>
<i>Yes, I don't like being unemployed.</i>	<i>Need housing first.</i>
<i>Depends on type of work due to anxiety.</i>	<i>I'd rather work, but it would have to pay enough.</i>
<i>Varies depending on work type.</i>	<i>If I have income, I don't need to beg for money.</i>
<i>Yes - financial stability.</i>	<i>Getting paid, employee would make feel good.</i>
<i>Yes, opportunity for income</i>	<i>Feels better to work for money. More fulfilling.</i>
<i>Enough income.</i>	<i>I want to go back to work.</i>
<i>Interested in working</i>	
<i>Yes, I'd rather do something to earn my money.</i>	

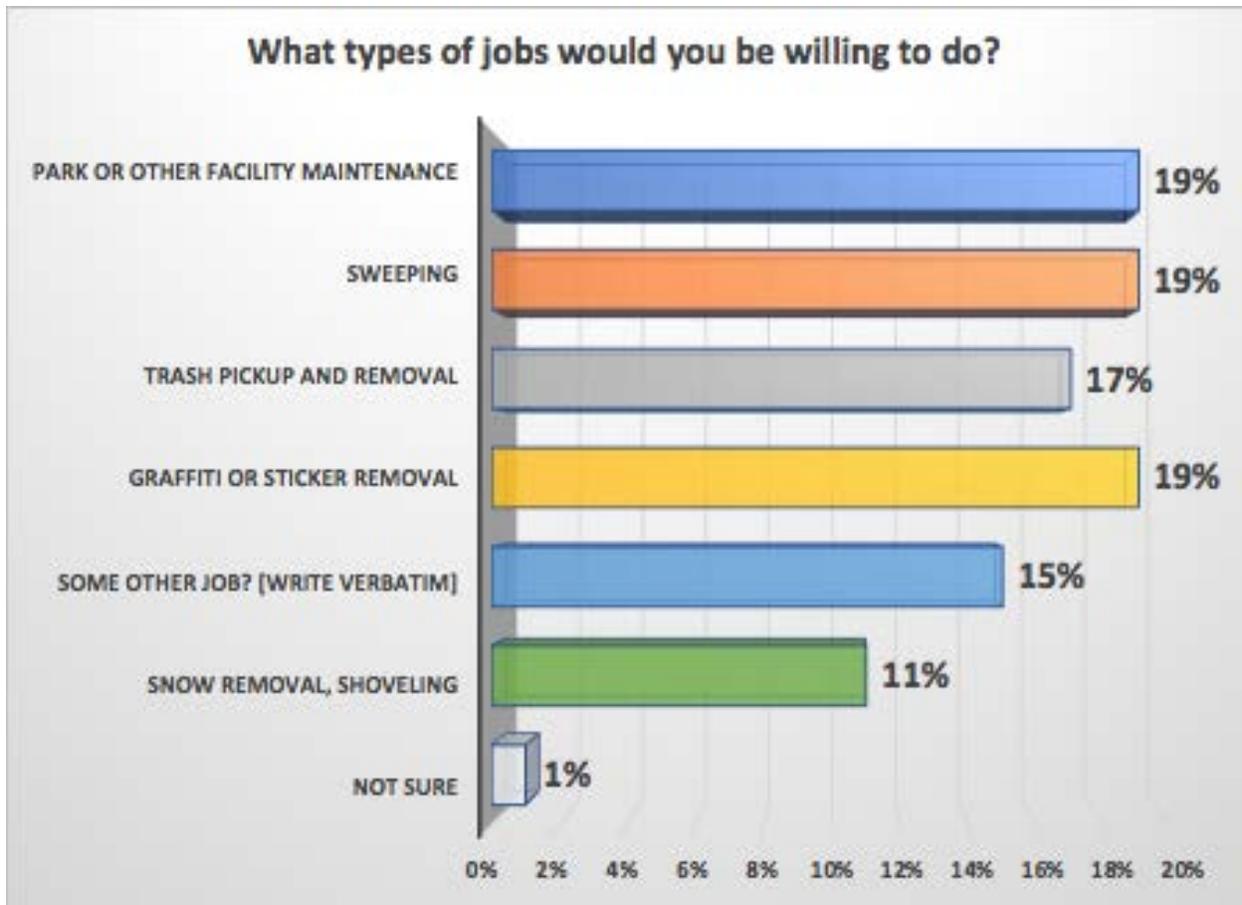
Respondents' expectations for pay were modest - most said minimum wage or close to it. Some wanted to know more about the kind of work it would be, but it was clear that given a fair wage, such work would be considered, with comments like, "*Enough to live,*" and "*Anything's better than nothing.*"

Most indicated flexibility about when they could work, offering multiple times of availability, with a preference for the early morning. It's safe to say that the survey does not strongly suggest that any given time would be good or bad and that the times could be driven by other considerations of the program.



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The kinds of jobs people reported they'd be willing to perform tended to be things relating to manual labor and things they imagined the area might need. Maintenance, cleaning, trash pickup, and snow removal topped the list of potential jobs.



Other jobs they mentioned in the open-ended responses included babysitting and construction, followed by concerns about manual labor based on physical limitations some possess.

Impressions of Northampton and services used

While many wouldn't change a thing about Northampton, saying they like it the way it is, some did have suggestions about how to make the city better.

I like it the way it is.

More trust between Police and homeless

*Let sleeping dogs lie.
More public bathrooms.*

I wouldn't change anything. Fun town and great place to spend your free time.

More and better public restrooms - community center

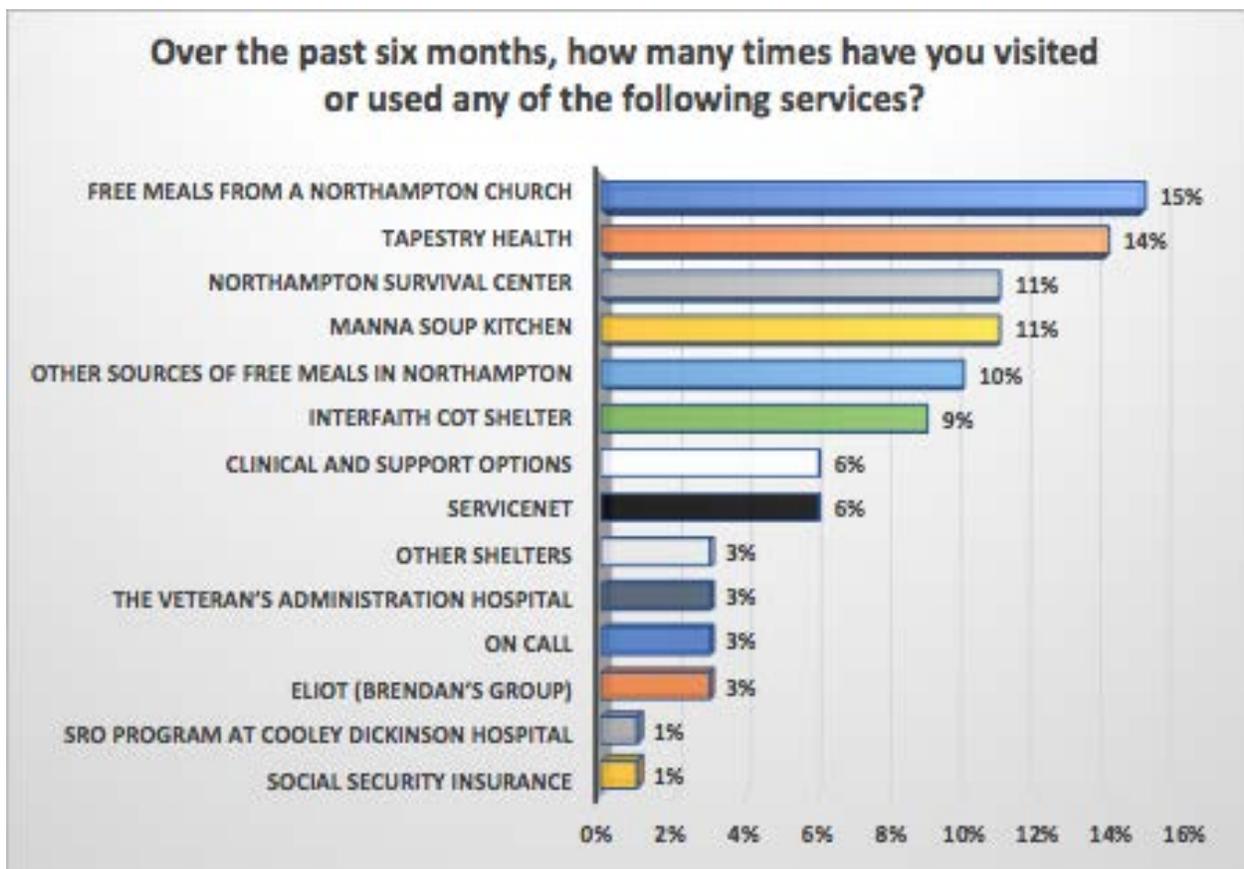
*People's rudeness and attitude, drug use
Make sure people have a place to sit*

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<i>Police harassment</i>	<i>People getting high and drunk and fighting a lot. It's a little scary.</i>
<i>More benches on sidewalks, more trash cans</i>	<i>More music - running things for self; more venues welcoming music into their established business.</i>
<i>Nothing, likes Northampton</i>	<i>Re-educate cops.</i>
<i>Lower rent so less empty space</i>	

It is important to note that some people who panhandle explicitly expressed hopes for a better relationship with the Northampton Police, yet this does not represent a top-of-mind concern for most. The most urgent issues people who panhandle and buskers listed are housing, income, medical care, a need for stability, and concerns about pending legal action.

Consistent with the impressions of the representatives of service organizations on the Work Group, most of this population for whatever reason, are not using many services available. To the extent that they use local services, people who panhandle mostly take advantage of those relating to food, housing and health care.



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No respondents reported using services among the choices listed: community substance abuse centers, Grace House Center for Human Development, Center for Addiction Recovery, Allies in Recovery, other addiction or substance abuse assistance groups, Windhorse Integrative Mental Health, or Massachusetts Unemployment Insurance.

Conclusions from the interviews with people who panhandle

It is clear from speaking with people who panhandle in downtown Northampton, that most would rather be doing something else. There is an unmistakable and hopefully incredible humanizing honesty in the responses about their experience of being homeless and jobless. Even imagining some degree of self-reporting bias, the conversation solicited by the Work Group represented by this survey, goes a long way toward dispelling the notion of the 'professional panhandler', at least in Northampton. Even as one can extrapolate or imagine factors that may be contributing to this activity and even perhaps the inertia that keeps people engaged, the data does not support an image of people who willfully choose to join the ranks of people asking for money and services on Main Street.

The pain of the experience is evident, even in what were safe and congenial conversations. The feeling of being dehumanized and marginalized by the community, the struggles of not being able to find work and permanent housing, and the overlaying feelings of insecurity and not feeling safe are important threads the community should keep in mind as it considers potential approaches to this community. This is consistent with Work Group research on other locations and should be part of any future public education and communication. This research, now corroborated by the survey, recommends a message of respect and inclusion for everyone who visits downtown and rejects the separation of people into negative stereotypes of the kind frequently ascribed to people who panhandle, the police, the city, or business owners in these conversations.

Urging mutual respect and a basic recognition of humanity is key. Conversations about regulations, rights, reasons, and approaches are inherently confrontational and judgmental. Most importantly, they are unlikely to improve the experience of anyone downtown or to address and reduce the need for the practice. The Work Group has already rejected language from elsewhere that, in an attempt to encourage giving to service organizations rather than directly to people who panhandle, discusses a 'right' and a 'wrong' way to give. Our findings here suggest that respect for everyone should be a guiding principle to ensure that we are the good community that many of our panhandling neighbors believe we are.

The survey's findings also strongly support the idea of providing city residents and visitors with advice on how to respond to a street solicitation (whether they choose to give or not), and advice on alternatives to direct giving, in the form of food or downtown Northampton gift cards. Other needs mentioned by respondents include a prepaid Visa or MasterCard, camping supplies, health and hygiene products, and bus tickets. At the very least, successfully avoiding judgment in every phase of interactions and transactions between city goers and people who

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panhandle could remove one factor complicating this issue, and allow everyone to focus more completely on the underlying causes of homelessness and joblessness in this population.

The feelings of competition for resources in the form of 'good spots' and access to potential givers and strong opinions about how one should conduct himself or herself while panhandling could support some form of voluntary self-regulation within the panhandling community. There was no shortage of passion when sharing these thoughts with interviewees, so there may be hope that if enough of these common themes are organized into an approach most people who panhandle find intuitive, that it could help shape a Code of Ethics for both panhandlers and those who give to them. Such a code might serve as a reminder for all members of our community about our values, our civility, and how everyone can preserve dignity.

If our community wants to reduce the need to panhandle as a means for survival in Northampton, the good news from the survey is that there is potential receptiveness to new ideas, expectations are modest, the main hope is for respect and safety, and no one would rather be panhandling than doing something else. The Work Group is grateful to the people who panhandle for adding their voices to the research and hope they will continue to be engaged in the community conversation as Northampton considers possible approaches moving forward.

Downtown Northampton Community Survey Report

Work Scope #2: Gather public input relative to people's perceptions of downtown – its strengths, weaknesses and opportunities for improvement

Summary of the survey report

During the explorations of the Work Group, it became apparent that all of the groups' impressions of how the public - those living in Northampton and the surrounding areas - felt about the value and character of downtown Northampton, how they viewed the practice of panhandling, and how they might react to various approaches on the table - were all anecdotal. In an effort to improve the overall findings and approach to reducing the need for the practice of panhandling as a means of support for anyone in our area, the group decided to draft and administer a survey that sought quantitative answers to these questions.

The survey response was encouraging, with more than five thousand people taking the time to share their opinions. Most live in the city of Northampton, but a significant number of those residing in neighboring cities and towns responded to provide useful information about how downtown and panhandling are perceived.

The people who chose to take the survey visit downtown Northampton often. They come for the culture, the feeling of community, to take advantage of the restaurants and shops, and to attend the events. In general, people think there is a good mix of businesses downtown, but respondents are mixed about whether things in Northampton are heading in the right direction or off on the wrong track.

Respondents can quickly be divided into two camps; longer-term residents, older people, and more traditionally conservative groups who are less happy with the way things are downtown, and newer residents, younger people, and more traditionally liberal groups whom are considerably more optimistic.

It's a theme that holds throughout the survey, particularly around the issue of panhandling, which respondents cite as the single biggest issue facing downtown Northampton. Other issues include empty storefronts, high rents, parking enforcement, and gentrification.

The survey spent time exploring people's feelings about people who panhandle, people who busk, and people who solicit for various causes downtown, in an effort to understand how visitors to downtown view these activities. In general, people are much more tolerant in the case of busking performances and those soliciting for causes than they are toward panhandling.

Importantly, depending on what a person believes is the primary reason people panhandle, much of a person's subsequent opinions and receptiveness to potential solutions are remarkably consistent. Whether someone feels panhandling is a function of society's ills on one side, or some combination of it being a chosen lifestyle or a function of addiction or mental

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illness on the other, it is a significant driver of how a person views people who panhandle and how receptive they are to ideas related to the practice. In social research, a strong parallel can be drawn to the findings of research around LGBTQ issues. The research showed that whether a person believed being gay is a chosen lifestyle or something that is determined biologically at birth drove how receptive a person is to LGBTQ rights.

While a majority of people feel safe or neutral around panhandling, a quarter reported that they feel some level of unease around the practice. Most people reported that they don't give money to people who panhandle. Those that never give are consistent across the survey as among those who have had negative experiences with downtown Northampton.

Based on research conducted by the Mayor's Casino Mitigation Work Group, a separate effort with some overlapping members, the demographic profile of those who feel unsafe and have negative impressions of panhandling likely overlaps some target consumers for downtown businesses. This is a clear indication that regardless of one's view on panhandling or the people who panhandle - or what should or shouldn't be done about it - it is impossible to deny that it is among the pressures facing businesspeople in Northampton and it is very likely having a negative financial impact on their livelihood.

A number of potential approaches to helping people who panhandle find different ways of supporting themselves are explored in the survey, along with two 'test' approaches that are not on the table but help to gauge the public's understanding of what is possible. The most popular ideas were some form of job counseling, building a services center, and the potential for a short-term jobs program. All proposals score highest among those who point to societal problems as the root cause of panhandling, with those who think the practice exists "because it works" or because of addiction and mental illness generally less energized by the ideas across the board.

Demographically, the survey generally conforms to the racial makeup of Northampton according to the Pioneer Valley Planning Commission.

Methodology

The downtown Northampton survey elicited an amazing response from the public. Five thousand three hundred and forty-three people completed the survey, a number large enough to allow us to look at the data from many angles. Roughly 11% of Northampton's population responded to the survey, along with about 2,000 people from the surrounding area and beyond.

The survey, conducted in early spring 2018, was widely advertised, including on the [Mayor's web page \(http://northamptonma.gov/720/Mayors-Office\)](http://northamptonma.gov/720/Mayors-Office), through social media, and by organizations contacted by the Work Group. The survey received perhaps its greatest advertising thanks to a news story written about it in the Daily Hampshire Gazette on April 16, 2018. For whatever reason people chose to share and participate in the survey, the response

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was undoubtedly successful. Some claimed to be attempting to intentionally disrupt the data, but there is little to no evidence of success in this effort, and the sheer size of the sample and the lack of an overwhelming response in favor of any one position minimizes any concern on this front.

However, it must be noted that there is a self-selection bias present because people who wanted to share their opinion about downtown Northampton and the issues covered by the survey were undoubtedly the most motivated to participate. Which is to say, rather than being reached randomly according to a statistically representative sample, everyone who took this survey chose to do so after learning about it and actively clicked on a link to do so based on whatever motivated them. In addition, there is also a technological bias to some degree, as the survey was gathered entirely online, so folks with no access to the Internet or a computer could not participate, which could lead to the underrepresentation of some populations. Again, the sheer number of participants greatly increases confidence that the opinions of most groups achieved some measure of representation. That said, this is definitely a sample of people who were motivated to share their opinions on the topics covered in the survey.

The survey instrument was written and administered by the Work Group, and the data was compiled and prepared for analysis by Matthew Eberle, a professional survey research programmer, pro bono. The analysis was written by the Work Group.

The purpose

After the more qualitative in-person one-on-one interviews were completed with people who panhandle, and an early draft of a report about that data was shared with the community, it became clear that there are several distinct 'camps' of opinions about the impact panhandling has on downtown Northampton.

At one end of the spectrum are those who hope that people who panhandle will be left alone at all costs and do not agree with any implication that the activity affects downtown commerce. At the other end, are those who feel panhandling is at the root of a rapidly declining downtown and it will be one of the primary factors of the demise of downtown businesses if left unchecked. Certainly, these two 'camps' have been very vocal in sharing their opinions across years of discussion about the issue of panhandling – here and elsewhere. Most people likely fall somewhere between the two, having compassion for people who struggle, but a deep love for downtown Northampton and an acute awareness that it faces challenges from many quarters.

In addition, there was interest in knowing what people found interesting and compelling about Northampton, as a way to perhaps craft plans for promoting the city and developing approaches to panhandling that might be consistent with our strengths as a destination and as a city.

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The survey was written in an attempt to find answers to questions that the Work Group had about how people felt about not just panhandling, but also about other forms of 'touches' - solicitation of causes and busking - that people highlight as part of their experience when visiting Northampton. There was also an attempt to understand where residents of the city stood on certain issues, even if the Mayor or the Work Group had no intention of forwarding a given approach.

For example, from the very formation of the Work Group, Mayor Narkewicz charged that no energy would be directed toward developing any legislation or ordinance that might attempt to regulate or restrict panhandling activity. This has never been a goal of the Work Group, nor do any members of the Work Group from any of the represented organizations believe this is a viable strategy to achieve any end in this area. However, a question was added to the survey about whether people would support legislation to restrict panhandling in order to see how many people in Northampton still consider this a viable solution to the problem. By understanding how many believe this is what should be done, the Work Group can learn how many people need to be convinced about the undesirability and impossibility of this approach, who they are, and what other approaches might also be acceptable to them. This question and others like it engendered some criticism from those unfamiliar with techniques of issue-based survey research. Regardless, the solitary goal of the Work Group in drafting and conducting this survey was to gather information and knowledge that might be useful in addressing the group's core mission - *to study the issue of panhandling, its underlying causes, and potential non-legislative/non-punitive ways of addressing it and the needs of at-risk populations' downtown.*

Location of respondents

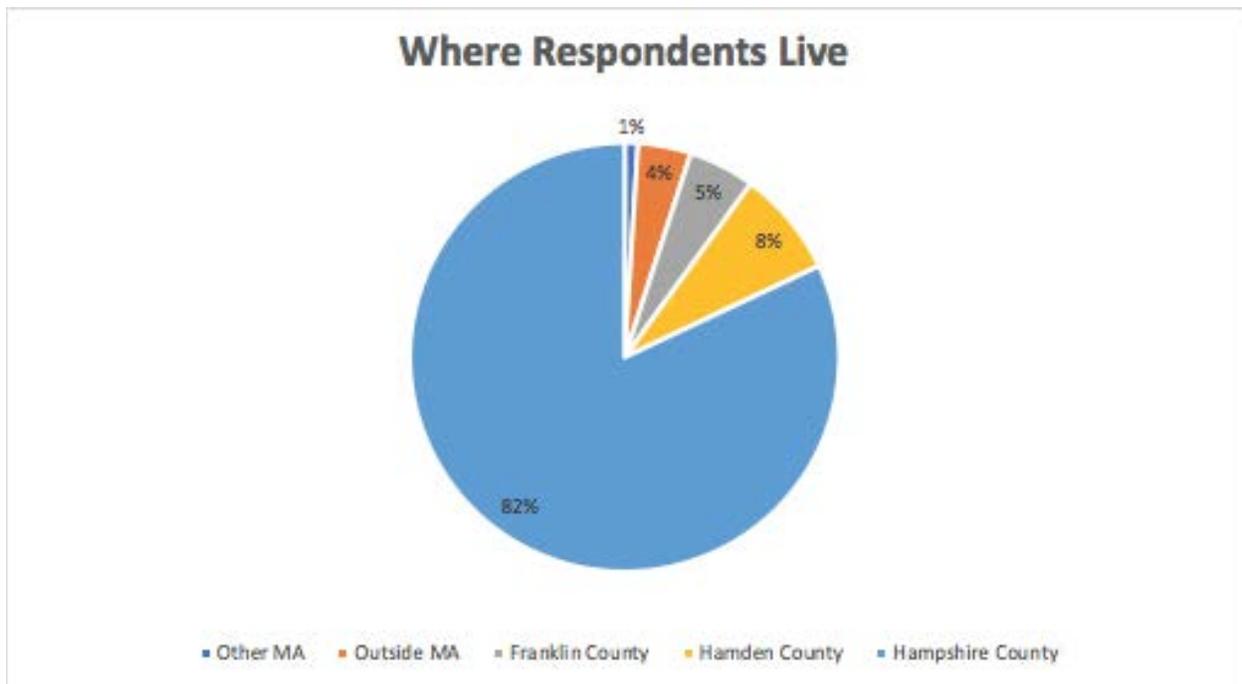
Overall, 61% of respondents shared that they reside in one of Northampton's zip codes, with the remaining 39% living somewhere else. It's worth noting that this number means that about 12% of the actual population of Northampton for 2017 (28,593, U.S. Census Bureau) took the survey.

Within Northampton, participation was greater the closer one lives to Main Street. Forty-four percent reported living in Northampton proper, with 15% living in Florence, and 2% living in Leeds. Respondents from Florence and Leeds tend to be older, with 66% and 63% respectively saying they are 45 and over compared to 56% of Northampton residents under 45. Florence and Leeds tend to house more long-term residents (64% and 56% living there for 15 years or more), while 62% of those living in Northampton (zip code 01060) reported having arrived within the last 15 years. Northampton residents split nearly evenly in earning above and below \$75,000 a year, while Florence self-identifies as the most affluent at 65% earning more than \$75,000 a year, and a majority of Leeds residents (55%) earn more than \$75,000 a year. Most non-white residents of Northampton reported living in Northampton proper.

Taking a wider look regionally, 82% live in Hampshire County, 8% live in Hampden County, 5% live in Franklin County, 1% live in other parts of Massachusetts, and 4% live outside Massachusetts. Well-represented towns locally include Easthampton (6%), Amherst (5%),

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Holyoke (3%), Hadley (2%), South Hadley (2%) and Chicopee, Hatfield, Southamptton, Springfield, and Williamsburg at 1% each.



Visiting downtown

A majority of respondents (63%) visit downtown Northampton daily (25%) or several times a week (38%). Twenty-six percent visit several times a month, with around 9% once a month or less. It should be noted that there is a logical self-selection bias among respondents who visit downtown often and those who don't because those who visit less frequently were less likely to have an opinion or be motivated to share it.

Men are more likely to say they visit Northampton on a daily basis (32%), compared to 22% of women, 24% of transgender, and those citing 'other'. While age, education, and income do not have a major impact on visits downtown, in general, the longer one has lived here, the less often they visit. Distance from Northampton also drives frequency.

The largest draws to downtown are dining/fast food (88%), shopping (77%), entertainment (58%), and to 'hang out' (51%). The next tier of reasons included the nightlife and bars (38%), personal care (36%), banking or financial reasons (35%), galleries and art (31%), government business (29%), and visiting Pulaski Park (23%). Below that, respondents reported coming for various personal, legal, and professional services, along with civic events or meetings, worship, and social services.

Men are more likely to come for the nightlife (44%), while women disproportionately take advantage of the salons and bodywork (43%). Transgender and people identifying as 'other'

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come to hang out (82%/70%) and for the culture and entertainment (69%/64%). Those coming to ‘hang out’ are overwhelmingly younger (65% are under 45), as are those that come for the nightlife (49% under 45). The longer you’ve lived in Northampton, the less likely you are to want to ‘hang out’ or ‘people watch’ - with 22% of folks who’ve lived here longer than 35 years reporting they do this, versus 62% of those who’ve lived here 5 years or less (and a sliding scale in between) - but this is probably driven as much by age and income as anything. Those that make more tend to be older and tend to want to ‘hang out’ or take advantage of the bars and nightlife less. Not surprisingly, those from outside Northampton come to hang out more than those who live here and utilize the city’s services like lawyers, professionals, houses of worship and the like, much less.

Again, on almost every measure, the closer you live to Main Street, the more likely you are to engage in any of the activities there. For nearby towns, Hatfield residents come for the food (93%) and Amherst comes for the entertainment (68%), to hang out (65%), and to enjoy the nightlife and bars (44%). Southamptton shops in Northampton the least (56%) with Williamsburg reporting to use Northampton’s services like mental health, personal care, and professional services more than the average respondent.

A majority (54%) visit downtown “about the same as always”, with 16% saying they visit more, and 29% visiting less often these days. The following table outlines the contours of those more likely to say they come more often and less often:

Come to town more often these days		Come to town less often these days	
Overall	16%	Overall	29%
Transgender	34%	45 and over	34%
Other gender	26%	Men 45 and over	34%
Under 45	20%	Men	39%
H.S./Less	24%	Non-College over 45	40%
Lived here 5 years/less	23%	Lived here more than 35 years	47%
Hispanic	23%	Franklin County	40%
Hispanic Under 45	26%	Hampden County	39%
Amherst	22%	Other Massachusetts	38%
Hadley	24%	Easthampton	41%
		Hatfield	43%

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	Holyoke	40%
	Southampton	42%
	Williamsburg/Haydenville	35%
	Florence	36%

Come to town more often these days		Come to town less often these days	
Overall	16%	Overall	29%
Experience with People who Panhandle - very positive	34%	Good Mix of Businesses - No	36%
Panhandling not detrimental to downtown	22%	Approached by People who Panhandle Every Time	36%
Impact of Experience with People who Panhandle - Very Safe and Comfortable	24%	Experience with People who Panhandle - Very Negative	46%
		Panhandling detrimental to downtown	41%
		Impact of Experience with People who Panhandle - Very unsafe or Frightening	58%
		Impact of Experience with People who Panhandle - Somewhat unsafe	46%
		Get news from MassLive	34%

Business mix

Seven in ten think there is a good mix of businesses downtown, while 30% say there isn’t. Transgender and those who identify as “other” tend to disagree that there is a good mix, with just 57% and 52% saying there is a good mix of businesses. Seventy-seven percent of the survey’s youngest respondents (18-24-year-olds) think there is a good mix, while the oldest (75 and older) are less sure at 63%.

To some degree, familiarity seems to breed contempt on the mix of businesses. Those living in Northampton for the least amount of years like the mix (74%) and eight in ten of those who’ve never lived in Northampton appreciate it. Starting at six years of residency and upwards, the

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appreciation for the mix of businesses steadily declines to just 61% of those that have been around for more than 35 years. The same holds true for residents outside western Massachusetts and outside Massachusetts altogether (82% and 77% respectively are happy with the mix). Across the board, nearly every other town and location appreciate the variety of the city's downtown offerings more than Northampton's own residents.

Those who responded "no, there isn't a good mix" were asked what they thought was missing. Here is a sample of responses:

- *More affordable eateries*
- *24-hour diner*
- *A contemporary fine arts center that goes beyond the very local, a cinema, a hardware store, a produce shop, a vegan joint, a music space for contemporary classical music.*
- *A BBQ place*
- *A community center*
- *A Cat Cafe*
- *A free-market for real-estate that isn't controlled by a couple of oligarchs*
- *A gay bar! Cheap street food/affordable food options*
- *A good deli. Fewer empty storefronts in general.*
- *Hardware Store*
- *Affordable... (Clothes, dining, food, essentials, grocers, movies, etc.)*
- *Anything that isn't a... (coffee shop, expensive goods, ice cream store, etc.)*
- *A great Jewish style or Italian style deli.*
- *A Movie Theater*
- *A Night Club*
- *Better... (music venues, restaurants, shops, etc.)*
- *Clothing stores*
- *Crafts and Toys*
- *Parking*
- *Sporting goods*
- *Stationery Store*
- *Too many... banks, chain stores, coffee shops, corporate franchises, empty storefronts, head shops, etc.*

What do you like most about downtown Northampton?

When asked what they like most about downtown Northampton, most respondents attempt to describe a quality, rather than pointing to a specific attraction or event. More than one in five (21%) say they like the 'overall feel' or 'vibe' of Northampton. Others enjoy the 'eclectic mix' of the shops, restaurants, nightlife, arts, and music (17%), and 13% apiece come for the 'mix of people' and the 'walkability' of the city. Twelve percent come for the food, 9% for the independent shops and variety of shops, and then smaller percentages for a host of other facets of Northampton's character.

Regionally, those living outside of Massachusetts tend to appreciate the overall feel and vibe of Northampton (24%) and the mix of people (18%). People from Easthampton like the 'eclectic mix' of downtown (21%) and specifically the food choices (19%). Amherst and Hadley appreciate the mix of people and diversity in Northampton (17% and 23%

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respectively). Southampton likes coming for the variety of shops and restaurants (24%) but also appreciates the architecture more than any other local residents (9%).

Here is a sample of open-ended responses from "What do you like most about downtown Northampton?"

- *Friendly people*
- *Restaurants*
- *Variety*
- *Good mix*
- *Lots to do*
- *Walkable, being able to walk, pedestrian-friendly*
- *Nice sense of community*
- *Academy of Music*
- *Accessibility*
- *Streets have character*
- *Always something to do*
- *Independent businesses*
- *Culture*
- *Dining, Food, Restaurants*
- *Diversity*
- *Cafés*
- *Character*
- *Coffee shops*
- *Convenient*
- *Architecture*
- *Art*
- *Atmosphere*
- *Bookstores*
- *Eclectic*
- *Everything*
- *Safe*
- *Historic Vibe*
- *Thornes*
- *Small town feel*
- *Smith College*
- *Special events*
- *Fun, vibrant, energy*
- *Live music*
- *Street life*
- *Local businesses*
- *People, people watching*
- *Nightlife*
- *Pulaski Park*
- *Queer-friendly*
- *Rainbow crosswalk*
- *Running into friends*
- *Diversity*
- *Beautiful, clean*

Activities people have participated most in downtown Northampton are sidewalk sales (58%), a political rally, vigil or protest (52%), the Pride March (50%), Bag Day (46%), Arts Night Out (44%), and the Ice Art Festival (42%).

People from Franklin County are most attracted by Sidewalk Sales (54%), political rallies (45%), and the Pride Parade (42%), though less than the overall population. For Hampden County its Sidewalk Sales (59%) and restaurant week (40%) with activist and arts events not much of a draw. Hampshire County residents (which of course includes Northampton residents) reported coming to Northampton mostly for Sidewalk Sales, political activities, Pride, Bag Day, arts events, and First Night Out.

Source of information about downtown events

Respondents were asked to select their top two sources of information from a list. Social media is king, with two-thirds saying they get their downtown planning advice from Facebook, 26% from MassLive (although to be fair, the printed Springfield Republican is folded in there), 8% from Instagram, and 5% from Twitter.

A solid 72% still look to traditional media sources, with 46% consulting their local paper, the Daily Hampshire Gazette, for information about what's going on downtown, with another 26%

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who find it in the Gazette's other publications, the Valley Advocate. The radio is still a significant source for people about the goings-on in Northampton at 26%.

The following chart rank orders responses about where people seek information about Downtown Northampton events:

Facebook	67%
Daily Hampshire Gazette	46%
The Valley Advocate	27%
Radio	26%
MassLive	25%
Instagram	8%
Twitter	5%
Other	20%

Characteristics of media consumers by type

Facebook users (67% overall): Users of Facebook tend to be under 45, shorter-term residents or non-residents of Northampton, Hispanics, Asians, lower-income, and people living in Amherst, Easthampton, Hadley, and Holyoke. They come for the nightlife and entertainment, to people watch, for mental health services, and to hang out in Pulaski Park. They tend to visit Northampton more often these days. Facebook users are much less likely to think that panhandling is detrimental to downtown Northampton.

Daily Hampshire Gazette readers (46% overall): Fans of holding a newspaper in their hands tend to be male, over 45, with a college or postgraduate degree, longer-term residents, white (non-Hispanic), higher income, from Hampshire County, and more specifically from Hatfield and Williamsburg/Haydenville, Florence and Leeds. They come to do their banking, personal care, use professional and government services and attend municipal meetings and civic events. Gazette readers are more likely to think that panhandling is detrimental to Northampton.

Valley Advocate readers (27% overall): The readership here is pretty consistent across the board, but is slightly more likely to be consulted by younger men, people who've lived in Northampton between 6 and 15 years, residents of Franklin County, Holyoke,

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and South Hadley. The less often you visit downtown, the less likely you are to read the *Advocate*. People who visit Northampton for the entertainment, art galleries, and worship and social services reported using the *Advocate* as a source for news more often than other groups.

Radio listeners (26% overall): Few groups stand out starkly as preferring the radio more than the overall population of the survey. Respondents more likely to choose the radio include those over 75 years of age, non-college educated men, those who have lived here for fewer years, white men, and higher-income respondents. Franklin County residents are more likely to listen to the radio, as are residents of Hatfield and Williamsburg/Haydenville. Radio listeners reported coming to downtown Northampton for legal services, municipal business and for religious services.

MassLive readers (The Springfield Republican) (25% overall): Not surprisingly, Hampden County respondents cite MassLive and the *Republican* often as a source of information for events in downtown Northampton, as do Holyoke, South Hadley, and Hatfield. Men, younger men, educated men, and white men tend to use this resource more often.

Northampton's direction unclear

About an equal number of respondents think that things in Northampton are headed in the right direction (36%), 29% believe Northampton is on the wrong track and 35% are unsure.

Folks who think things are headed in the right direction tend to be among the youngest age group (49%), are particularly younger women (40%) and Hispanic women (46%), and have lived here the shortest amount of time (5 years or less, 42%). People from outside Hampshire, Hampden, and Franklin counties and those outside Massachusetts tend to have a more positive outlook on Northampton's direction (44% and 38% respectively).

Respondents who feel things are on the wrong track tend to be men (36%) - especially older men (38%) - men without a college degree (40%) and men over 45-years-old (33%), older non-college educated people (45%), and individuals who have lived in Northampton more than 35 years (46%). People who reported 'multiple ethnicities' feel things are on the wrong track in Northampton (39%) more than other races. Hampden County residents are most concerned with Northampton's direction (36%), as are the towns of Hatfield (46%), Southampton (45%), Holyoke (39%), and South Hadley (37%). Within the boundaries of Northampton, Florence is the most skeptical village, with a 36%/32% 'right direction/ wrong track' impression compared to a 39%/28% impression for Northampton overall.

The picture that develops from this difference of outlook is one well documented in the public consciousness - the natural tension between Northampton's traditional character and the one to which it is transitioning. Those who chose to move here within the last five to 10 years are naturally hopeful and optimistic, while those who have lived here the longest are working to

understand changes the changes in Northampton and in society overall, and aren't sure they're all for the better.

Panhandling is the biggest issue facing downtown

People were asked what they feel is the "single biggest issue facing downtown Northampton today." Overall, the largest percentage (21%) of respondents reported that panhandling is downtown's biggest issue, with vacant storefronts distantly behind (11%), the related high rents (8%), parking ticket enforcement (8%), and the fact that it's 'too expensive, gentrified' at 7%. All other concerns were cited by 4% or less of the survey population.

The following are a sample of verbatim responses to this question. Many are interrelated and could collapse together in an 'economic pressure' or 'income inequality' bucket.

- *Affordability, gentrification, cost of living or rent*
- *Panhandling, begging, homeless, bums*
- *Addiction, Drugs*
- *Empty Storefronts, closed stores, vacancies*
- *Parking, lack of parking*
- *A handful of terrible people own all the real estate*
- *Accessibility*
- *Amazon, threats to retail, competition*
- *Attracting new business*
- *Bad Drivers*
- *Bike Lanes*
- *Business turnover, leaving*
- *Classism*
- *Congestion, Traffic*
- *Death of nightlife*
- *Elitism*
- *Expensive*
- *Income inequality*
- *Over policing*
- *Safety*
- *Too expensive*
- *Yuppies*

Those who feel panhandling is downtown's biggest issue reported that they only visit there "less often these days (31%) despite believing more than the overall survey population that there is a 'good mix' of businesses (23%). Respondents say they only come once a month (29%) or never (28%). These respondents are much more likely to say they are approached by people who panhandle 'every time' they go downtown (35%), their experience with the practice of panhandling has been 'very negative' (50%), they feel that panhandling is 'detrimental' to downtown Northampton (42%), and that their experience with people who panhandle makes them feel unsafe (34%).

Demographically, folks most worried about panhandling tend to be male (28%), particularly white males (27%) aged 45 years or older (30%) and have lived in Northampton for 16 or more years (with the longest-term residents [35 years plus] most concerned at 38%), and those with a higher income. Hampden County is by far the most concerned county about panhandling (32%), with neighboring towns Hatfield (32%), Holyoke (27%), South Hadley (30%), and Southampton (36%) proportionately concerned about this issue.

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Again, the farther you live from the center of town, the larger the issue looms. Within Northampton itself, there is a stark division between those who reside in Northampton proper, where just 19% consider this the biggest issue, while 27% of both Florence and Leeds worry about panhandling most.

There are only small variations for other concerns across demographic traits. That said, twice as many residents of Franklin County (16%) cite overzealous parking enforcement as the biggest problem, the Town of Williamsburg is more likely to feel that vacant storefronts are the biggest issue (16%), and more Amherst residents feel gentrification is a big issue (15%).

Concerns facing downtown Northampton

The top three issues causing concern among respondents about downtown Northampton are economically related, and many would argue directly connected - empty storefronts, panhandling, and gentrification.

The following chart outlines respondents' concerns about downtown Northampton in rank order by the highest intensity of concern.

	Very Concerned	Total Concerned (Very/Somewhat)	Not Too/ Not At All Concerned
Empty Storefronts	38%	73%	25%
Panhandling	38%	57%	43%
How Upscale/Expensive Northampton has become	27%	61%	37%
Parking	21%	56%	43%
Cause Soliciting	21%	44%	56%
Safety/ Feel intimidated	19%	42%	55%
Cleanliness/ Maintenance	8%	30%	70%
Attractiveness	7%	30%	69%
Busking	4%	13%	87%

Empty Storefronts

When framed this way, the existence of empty storefronts tops the list with 38% very concerned about the issue, and a total of 73% very or somewhat concerned. While not everyone draws a direct line between people who panhandle and Northampton's economic

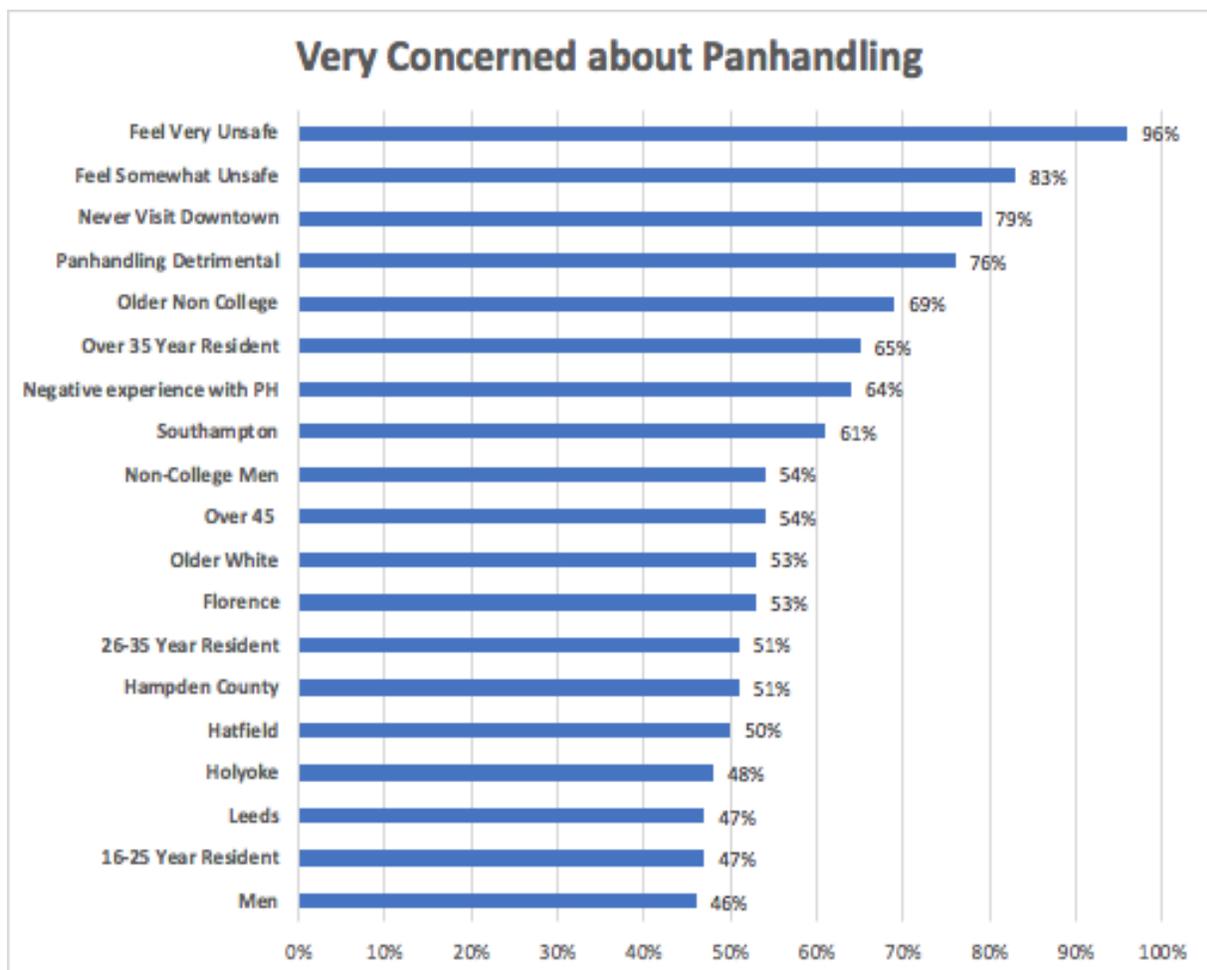
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woes (indeed, some strongly feel their presence enhances the town), nearly three out of four see the existence of empty storefronts as a bad sign for Northampton's economic health.

Middle-aged respondents (about 47% of those between 35 and 64-years-old) and the oldest (over 75-years-old) respondents are very concerned about empty storefronts, especially older women (47%). Understandably, residents regardless of the length of time they've lived in Northampton are more concerned than non-residents, with near or a majority of residents very concerned to just 28% of non-residents concerned. More higher-income residents are very concerned (43%). Among neighboring locales, residents of Holyoke stand out at the most concerned about empty storefronts (48%).

The Practice of Panhandling

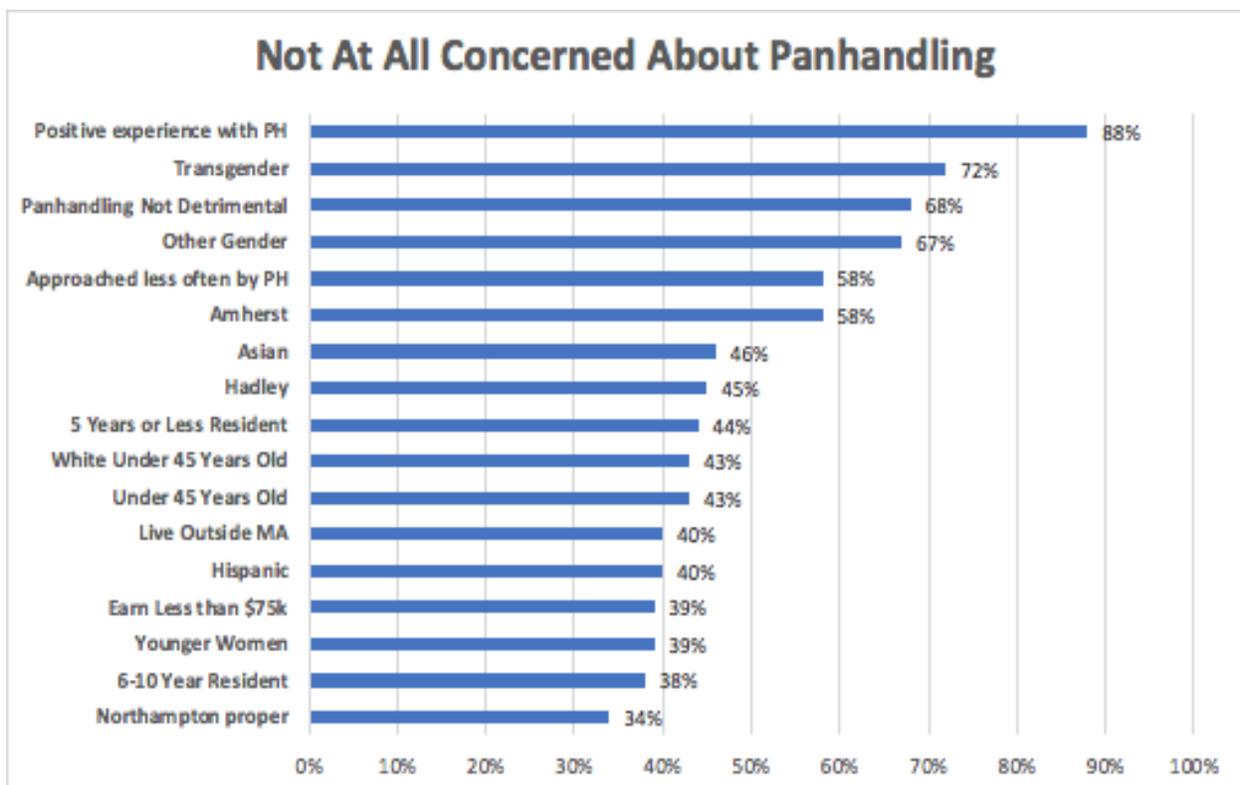
The same number (38%) are very concerned about the practice of panhandling but the total number of people concerned drops to a bit more than half at 57%. The difference here could be seen as the difference between those who support or reject the idea of connectivity there - those who see other factors such as the price of downtown square footage as potential drivers. More than four in ten reported that they are not too or not at all concerned about panhandling.



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Focusing on the intensity of those 'very concerned' or 'not at all concerned' helps one understand the actors in the conversation about panhandling. Those most concerned are, not surprisingly, those who feel very or somewhat unsafe around the practice of panhandling (1,175 people, or 21% of respondents), those who 'never' visit downtown, and those who feel that panhandling is detrimental to downtown. These respondents tend to have lived in Northampton longer, be over 45-years-old, be male, white, non-college educated, and live in Florence or Leeds.

Conversely, those 'not at all concerned' about panhandling tend to have lived in the area a shorter amount of time, be younger, Hispanic, Asian, younger whites, earn less money, be gender nonconforming, and have positive experiences with or views towards people who panhandle. They tend to live in Northampton proper, Hadley, Amherst, or outside the area.



Northampton becoming more upscale and expensive

Overall, 61% of respondents are concerned about rising incomes and prices in downtown Northampton, with 27% very concerned. Those 'most concerned' are gender nonconforming, 18 to 24-year-olds, younger non-college respondents, Hispanics, Asians, others identifying as some other race or ethnicity, those earning less than \$75,000 a year, those living outside Massachusetts, Amherst residents, and those who come to Northampton for social or mental health services.

Other concerns

Busking concerns will be discussed in the next section, but no other concerns indicate clearly actionable patterns by regional, attitudinal or demographic subgroups.

Busking

Most respondents reported seeing buskers regularly and don't mind their presence downtown. This doesn't often translate into financial support for their performances but most respondents characterize their experience with buskers as positive.

Seventy-two percent see buskers every time or often when they go downtown, compared to 24% who see them sometimes or 3% who see them hardly ever or never. Sixty-seven percent never or usually don't give them money, compared to 29% who usually or consistently give money.

Older respondents, especially older non-college educated respondents and those who've resided in Northampton more than 35 years are among those who say they never give money, as are residents of Hampden County, Hatfield, Holyoke, South Hadley, and Southampton. The least frequent visitors to downtown are also the least likely to give to buskers. People from outside Massachusetts are the most likely to report that they give buskers money consistently (10%).

Sixty-four percent have a very or somewhat positive experience with buskers, 25% are neutral, with only 11% very or somewhat negative toward buskers. Not many people are concerned about busking - only 12% overall say they are either very or somewhat concerned about busking, with only 4% of those who reported they are very concerned.

In an open-ended question about busking and street performers, many felt that they add value and vibrancy to the downtown experience (29%) and said that overall they enjoy and like the performances (23%). Others who had qualifications were neutral (11%), saying they can be both good and bad, that they like them 'when they are good' (8%), and hoped that people would 'let them be' (7%).

The minority who were less than favorable toward street performers felt that they could be 'too aggressive' (6%), needed more regulations and permitting (4%), were simply 'people who panhandle in disguise' (3%), or just generally didn't like them (3%).

With significantly less intensity, the contours of those for and against busking reasonably follow those of the panhandling issue.

Cause and activity solicitors

When it comes to groups soliciting money on the streets of downtown Northampton, respondents are much more qualified and split. The majority (56%) are not too or not at all concerned about the activity, compared with 43% who are very or somewhat concerned.

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Forty-eight percent say they are approached by someone supporting an activity or cause every time or often when they go downtown, with 38% reporting that it happens sometimes and just 14% saying it happens hardly ever or never.

Seventy-seven never or usually don't give money to cause and activity solicitors, just 8% give usually or consistently, and 12% avoid contact or cross the street. Residents who've lived in Northampton for more than 35 years and people from Hatfield have the most intense convictions to never give solicitors money.

Just 18% say they have a very or somewhat positive impact on visits to Northampton, 42% say it has no impact either way, and 37% say it has a very or somewhat negative impact. Negative impressions of cause soliciting roughly mirror those of panhandling and busking.

Just over one in five (21%) are very concerned about cause solicitation. Again, these people tend to be older, male, non-college educated, long-term residents, and earn more money. Visitors from Hatfield, Holyoke, Southampton, Hampden County, and those coming once a month to Northampton seem most troubled by this activity.

In an open-ended question where we asked folks for additional thoughts about cause solicitation, again the responses were mixed. Twenty-four percent had 'no problem' with the practice, while 21% said there was 'too much' of it going on and 7% saying they had 'mixed' feelings. The 'leave them be' sentiment comes in at 6%, while the 'they're too aggressive' group was 5%. Four percent said that they are part of the community vibe, while 5% don't trust that their money finds its way to the groups they are supporting. The remaining responses carve nuances into both sides of this debate, with very little intensity.

People who panhandle

Above we discussed those who do and don't have concerns about panhandling. In a more specific section devoted to the topic, similar patterns held. Opinions about the value or detrimental impact of panhandling are split across two distinct groups in our area.

Nearly half (49%) say they are approached by someone asking for money every time they go downtown. Another 27% say it happens often, for a total of more than three-quarters of our survey population reporting the highest frequency response categories. Seventeen percent say it happens sometimes, and just 7% say it happens hardly ever or never. Older residents, long term residents, higher-income residents, residents of Hatfield and Southampton, as well as those from Florence and Leeds are disproportionately sensitive to contact with people who panhandle.

Interestingly, the very oldest respondents (75-years-old and up) reported some of the lowest frequency of contact, with 48% saying it happens only sometimes, hardly ever, or never. Respondents making less than \$50,000 or less per year reported significantly fewer interactions with people who panhandle, as do Amherst residents (37% less often) and those from outside

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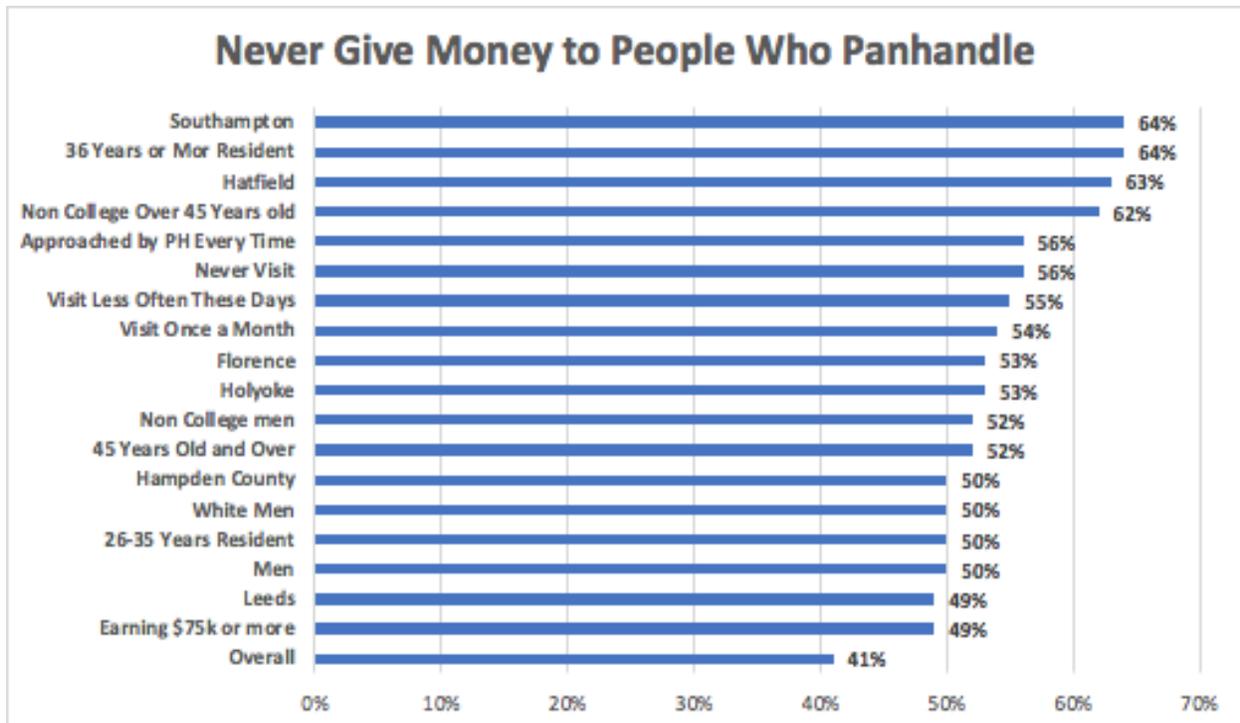
the Northampton area (43% less often). How often you go, or what you are going there for, has little impact on how often people say they are approached - as it is pretty consistent across the board - with the exception of those who come to town for social services at 44% less often. Eighty-two percent of those who say they visit downtown less often these days reported that they are approached 'every time or often.' Similarly, 96% of those with very negative experiences with panhandling reported that they are approached every time or often, while a majority of those with very positive experiences with people who panhandle say they're approached less often.

The intensity of the perceived experience with panhandling definitely tracks with one's opinion of panhandling. It's telling to note that nearly everyone (93%) who thinks panhandling is detrimental to downtown reported that it happens every time or often, while those who don't think it's detrimental are more split at 55% every time/often and 54% less often. Feelings of safety are very important to the perception of frequency as well, with 95% and 98% respectively, of those saying they feel somewhat or very unsafe saying they are often approached (together these two groups represent about a quarter of respondents or 1,174 people).

Seventy-two percent never or usually don't give money, while 18% usually or consistently give money to people asking for it on the street. Single-digit percentages give them something other than money or avoid them. Less than 1% say they don't see people who panhandle.

The picture that develops of people who give consistently are gender nonconforming groups (24% of transgender people reported they always give money), respondents under the age of 24, younger non-college educated respondents, non-white respondents, the lowest income respondents (those earning less than \$25k per year), and those from outside the area and Hadley. Those who come to town for social services and mental health services are among those with the most consistent empathy for people who panhandle (15% and 9% respectively, consistently give).

On the other hand, those that never give are consistent across the survey as among those who have had negative experiences with downtown Northampton. The chart below clearly shows that the practice of panhandling is having an effect on downtown activity among a certain segment of the population.



Again, there's no denying that the practice of panhandling is having an impact on respondents' experience downtown, with majorities reporting negative experiences. Fourteen percent say that people who panhandle have a very or somewhat positive impact on their visits to downtown Northampton, 27% are neutral, and 58% say it has a very (33%) or somewhat negative impact on their experience here. Virtually identical patterns hold for this response across regional, demographic and attitudinal measure as every other question relating to panhandling.

The reasons people panhandle

The survey asked respondents, as an open-ended question, what they thought was the primary reason people engaged in the practice of panhandling. Undoubtedly, people believe there is more than a single reason, but the question asked people to pick the primary driver in their view. This is an incredibly helpful measure for understanding what attitudes and feelings people bring to this conversation, which when categorized and quantified can be used to measure how people from different viewpoints will respond to different potential approaches to the issue. It represents the starting point and appetite for any actions the community considers, and along with the question about how detrimental panhandling is or isn't to downtown Northampton, is among the best measures for defining the landscape of attitudes toward panhandling in Northampton.

A sampling of open-ended responses about the primary reason people panhandle:

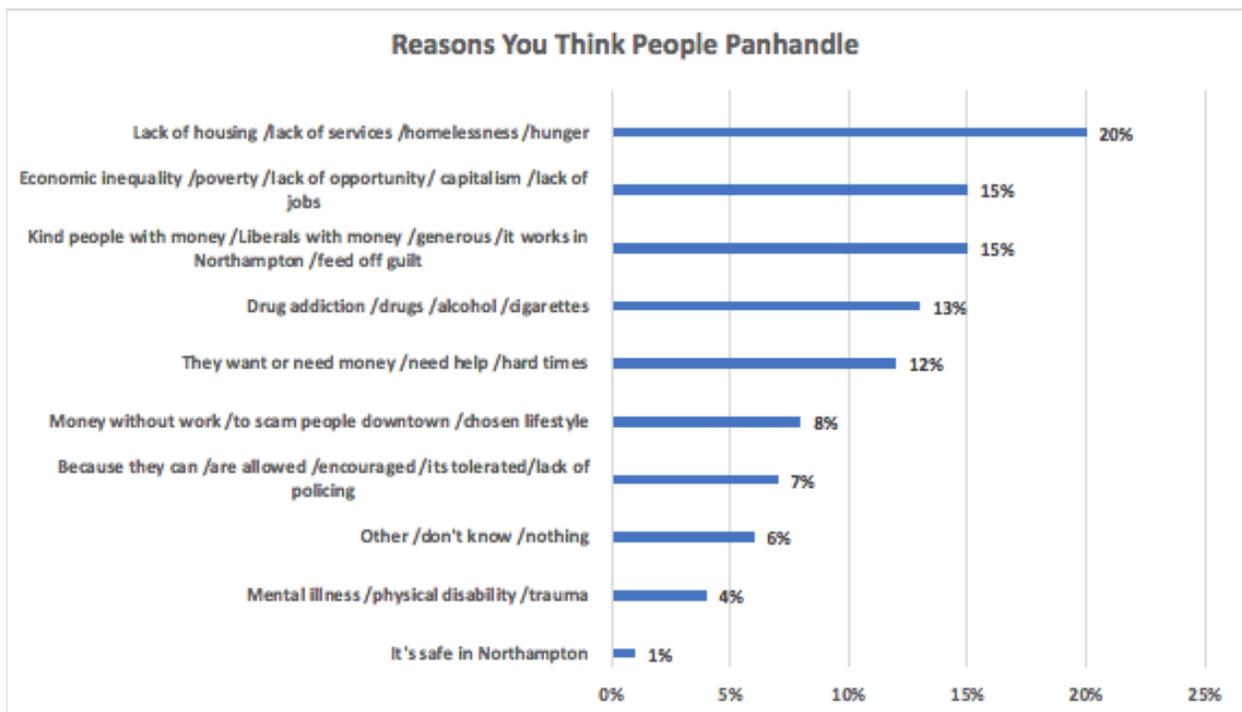
- *Drugs, Addiction, Alcohol, opioids*
- *Bad economy*

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- *Unemployment*
- *Homelessness*
- *Hunger*
- *Poverty, poor*
- *Lazy*
- *Broken system, society failure*
- *Not enough services*
- *Generosity of Northampton visitors, residents*
- *Receptive upscale community*
- *Because it is allowed*
- *Capitalism*
- *Cost of living*
- *Easy money*
- *Economic inequality*
- *Gentrification*
- *Lack of affordable housing*
- *Lack of jobs*
- *Mental Health issues*
- *It works!*
- *They need money*

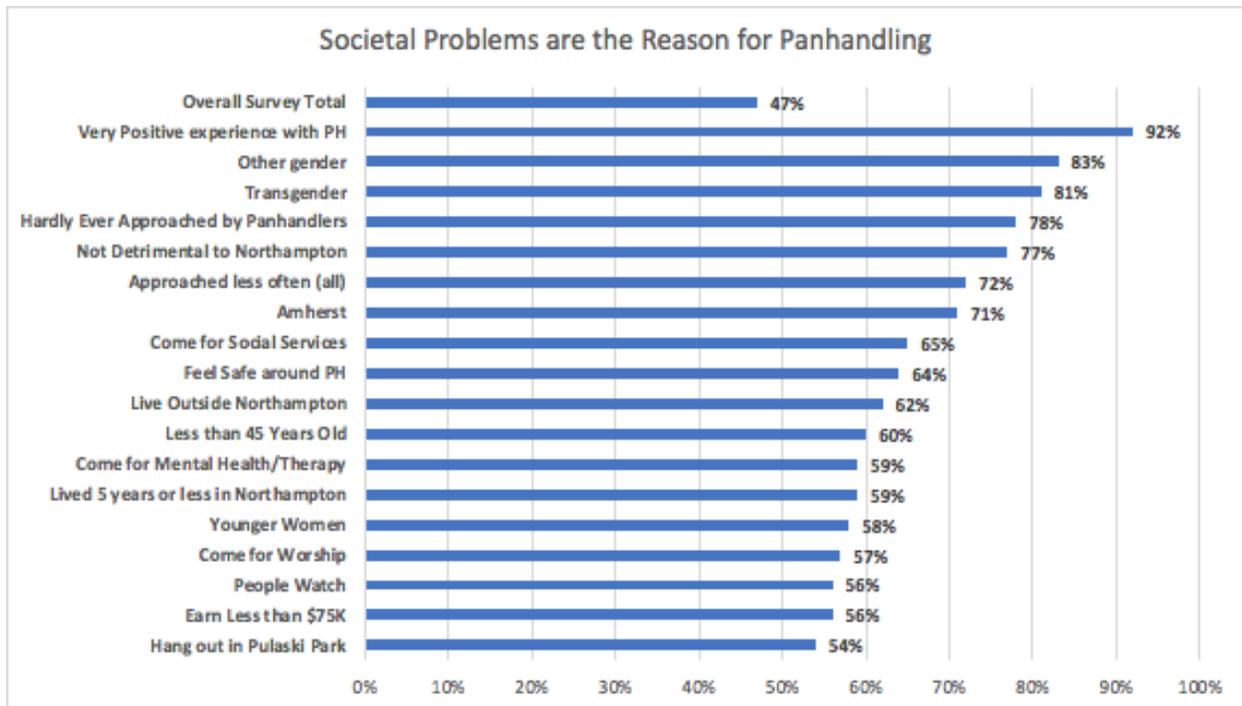
When quantified, the primary reasons people give for the existence of the practice of panhandling fall into three basic categories: that panhandling is a side effect of “*societal ills*”, a more skeptical view that it happens “*because it works*” as an income source, and finally that it is a function of “*drug addiction or mental illness*”.

A key difference between these impressions is that those who blame poverty tend to have positive experiences and impressions of panhandling and feel safe around the practice, while those who think it’s a choice at best or a scam at worst, and those who feel it’s a function of addiction and mental illness are more convinced that panhandling is detrimental to Northampton, have negative experiences with people who panhandle, and feel unsafe around the activity.



Societal Problems (39 percent of the Survey Population)

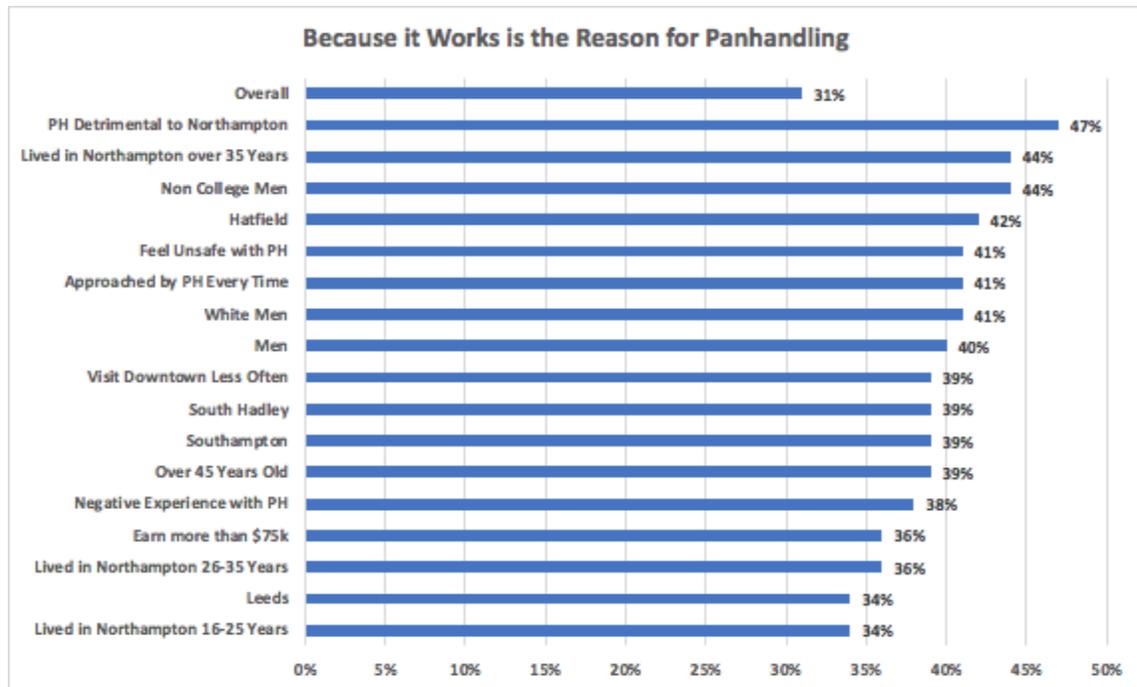
Altogether, 47% point to problems in society as the reason people panhandle. One-in-five people think the primary reason is related to a lack of housing, hunger, or other services, while 15% feel that it's related to more systemic problems like income inequality, poverty in general, or a lack of opportunity. Another 12% list 'need money' or 'hard times' as the primary driver. The following chart outlines those groups most likely to agree with this take on the underlying causes of the practice of panhandling.



Because it works (26% of the survey population)

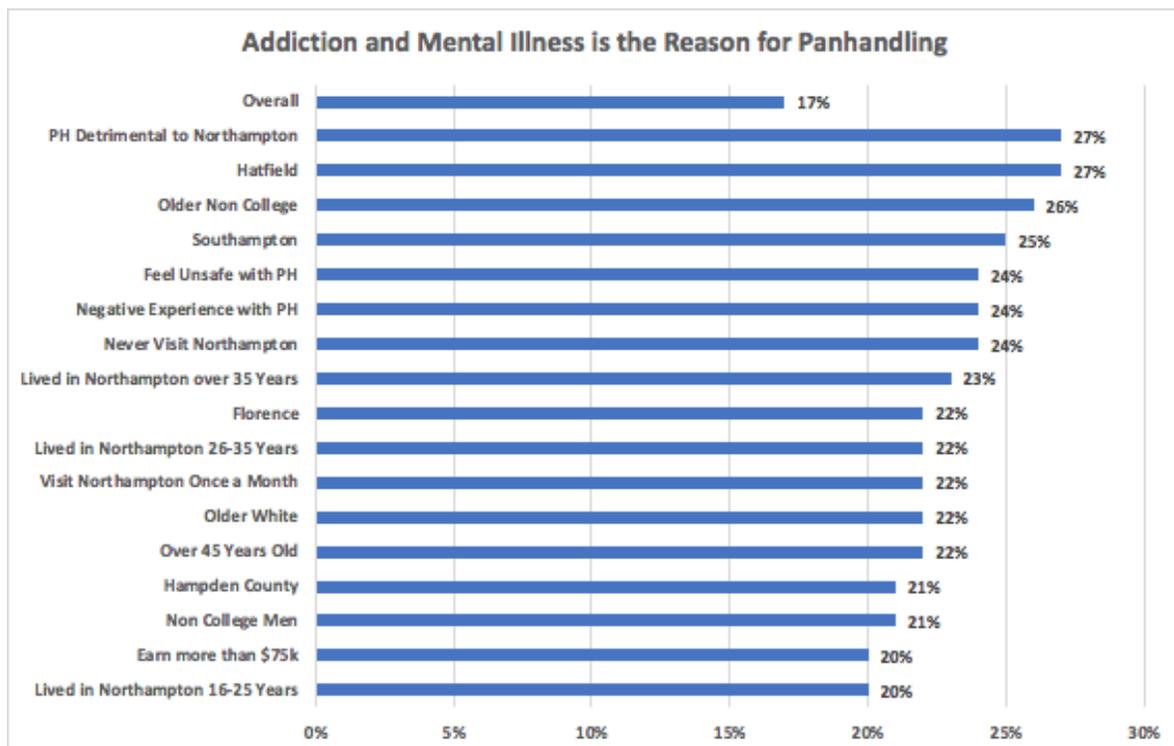
Thirty-one percent see the problem on the supply side, which is to say that people do it because there are kind people who will give money, whatever the motivation of the person panhandling. Fifteen percent feel people who panhandle do it "because it works" in the kind, generous and affluent town of Northampton, 1% say that Northampton is a safe spot to panhandle, another 8% are even more suspicious of the motives, saying it's a lifestyle choice to scam people out of money, and 7% say it exists because it's allowed and tolerated. Groups that agree with this view are outlined below:

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Addiction and mental illness (14% of the survey population)

Finally, addiction and mental illness are seen as the main reason people engage in this activity. Thirteen percent blame addiction, while 4% cite mental illness. While smaller in number, the population that holds this view is not dissimilar to those in the “because it works” category:



Feelings of safety

Most people feel safe around panhandling. Fifty-six percent feel both 'very safe and comfortable' or 'reasonably safe' with one-in-five reporting that they feel neither safe nor unsafe. Eighteen percent feel somewhat unsafe, while just 7% feel 'very unsafe or frightened.' Not surprisingly, older respondents, and the subgroups where they are heavily represented included older non-college educated people, long-term residents, older wealthier people, Hampden County residents, Southampton, and Williamsburg/Haydenville residents, and residents of Florence and Leeds are more likely to feel unsafe. Feeling unsafe means you are more likely to visit less often these days (51%), and they perceive that they are approached by people who panhandle every time they go downtown (49%) and it is a very negative experience for them (62%).

It is important to note that based on target customer data gathered early in the process of the mitigation study for the impact of the MGM Casino, from MGM's own documents and from the Chamber of Commerce in their efforts to market downtown Northampton, there appears to be significant overlap of the kinds of customers who the Mitigation Work Group believes are most likely to spend money in downtown businesses and those in this survey who reported feeling unsafe and are therefore less likely to come to Northampton. This is a clear indication that regardless of one's view on panhandling or the people who panhandle - or what should or shouldn't be done about it - it is impossible to deny that it is among the pressures facing businesspeople in Northampton and it is very likely having a negative financial impact on their livelihood. At a time when 'mom and pop' shops face pressure from internet sales and 'big box' stores, any additional factor that depresses customer traffic must be taken seriously. Additional work overlaying these datasets could be performed to make this case more forcefully by interested parties.

Respondents' views on panhandling

In an effort to understand where people taking the survey stood on the issue of panhandling as clearly as possible, two balanced positions were crafted that represented the prevailing views shared with the Work Group. While no language could perfectly caption the nuanced views of more than 5,000 people, respondents were asked to pick which response came *closest* to their own view of the practice of panhandling. The choices were rotated by the survey software to make sure equal numbers of respondents saw each choice first:

Some people say that panhandling is detrimental to downtown Northampton. Some of the reasons for this include: it makes it less pleasant to walk down the street, it feels less safe, it's keeping residents and visitors away, and/or it negatively impacts business.

Some people say that panhandling is not detrimental to downtown Northampton. Some of the reasons for this include: people who panhandle have genuine needs, panhandling is a reflection of a vibrant downtown, and we should be proud that Northampton is the kind of community that cares enough to help people in need. Nothing needs to be done to end or reduce panhandling downtown.

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In the paragraph juxtaposition exercise, 47% felt that the piece saying that panhandling is detrimental came closer to their view, compared to 39% who felt that it was not detrimental. Fourteen percent weren't sure.

As noted everywhere, men (especially non-college educated men and white men), older residents, older non-college, residents of Northampton for more than 16 years, those who earn more than \$75,000 per year, Hampden County residents, residents of Hatfield and Southampton, and in-town residents of Florence and Leeds were most likely to feel that panhandling is detrimental to downtown Northampton. Those who come least often, feel they are approached more often, and consider the experience to be negative and are the most likely to have a negative outlook on the practice.

Those who don't find panhandling to be detrimental fit their own consistent mold of gender nonconforming, younger respondents (especially younger women), newer residents, non-whites, lower-income, those living outside Massachusetts, and in Amherst and Hadley. They visit often, hang out in Pulaski Park, enjoy people watching, frequent nightlife and bars, and attend downtown houses of worship or social services and mental health services. They feel they are approached less often, and their experience is overwhelmingly positive (94%).

Potential approaches

Respondents were asked about nine potential approaches to address various aspects of panhandling. Some of these approaches were developed by the Work Group as they arose from conversations based on the Work Group's social service experts, research on other communities, and conversations with Northampton stakeholders, including interviews with people who panhandle themselves. The goal from the start was to find potential ways to lessen the need for this strategy as a means of personal financial support for any people in Northampton.

Important Disclaimer: Two measures asked in the survey - passing a law to restrict or regulate panhandling and increasing police interventions - have never been on the table as actual approaches the Mayor or the Work Group were considering. These were included to provide a baseline of respondent's understanding of the issue, specifically to understand how many people in the survey felt that either of these solutions represent the answer. In the course of information gathering by the Work Group, some of those approached in Northampton and elsewhere persist in promoting some version of these two solutions as the 'answer' to the practice of panhandling. It is the view of the Mayor and the Work Group that neither solution is legally or culturally viable in the City of Northampton, nor did any of the members of the Work Group support legal restrictions on panhandling or increased policing, most especially the Mayor, who set the tone at the first meeting by sharing that he was not interested in spending time pursuing solutions that incorporated any version of either approach. There are many documented reasons for why these solutions don't work to address panhandling - which will be

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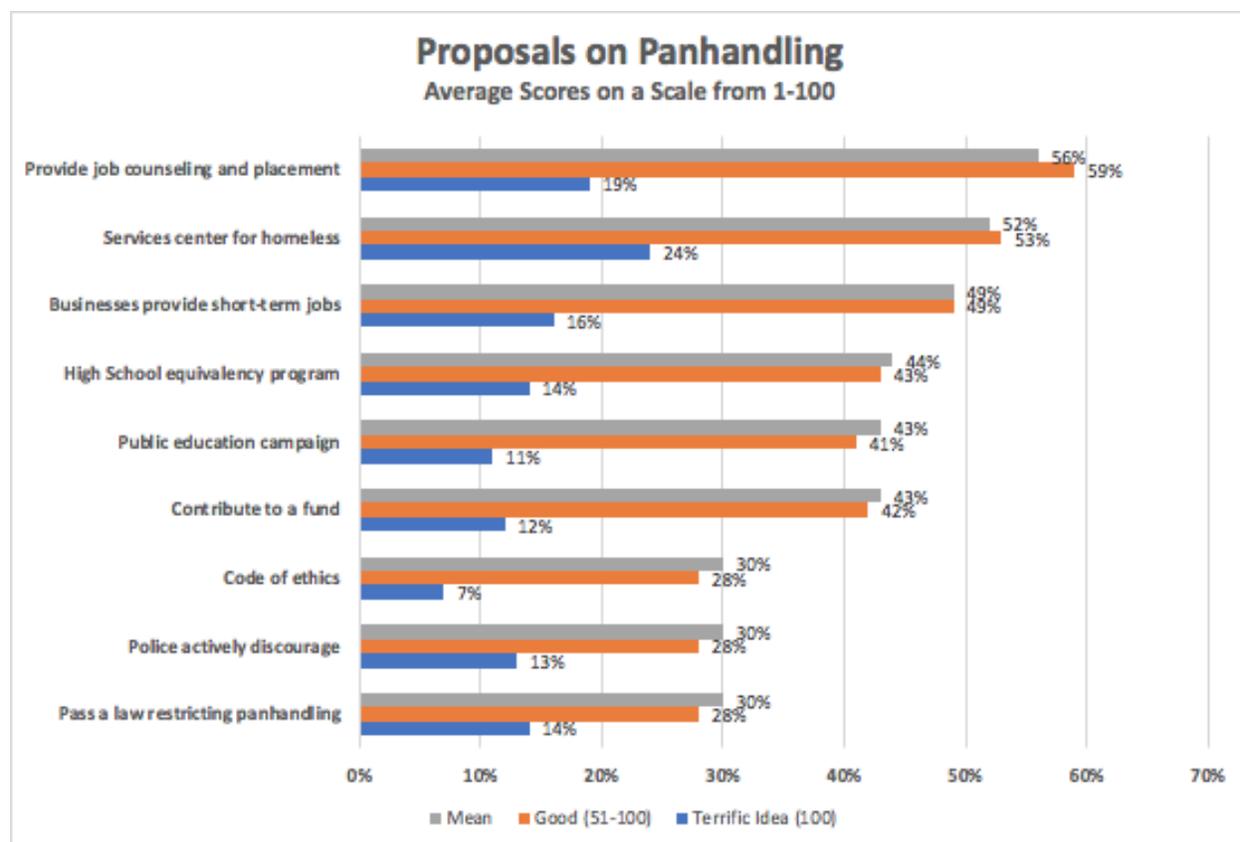
detailed elsewhere - but for a survey tracking attitudes toward this issue, it was critical to understand who in the population wished they would.

For each of the nine approaches, respondents were asked:

Next, we're going to share a list of ideas that some people have suggested might help to reduce the number of people who need to panhandle or ask for money on the street in Northampton. Please rate each on a scale from 0 to 100, where zero means this is a horrible idea, 100 means this is a terrific idea and 50 means that the idea is neither good nor bad.

Respondents were able to slide a 'bar' along a 100-point scale to rate the ideas anywhere along the line according to their reactions to the ideas.

Again, each of these potential approaches to panhandling came from either approaches tried in other localities, ideas and suggestions from information gathering by the Work Group, or were 'test' approaches intended to gauge the public's knowledge of the issue (A deeper analysis of support for each option follows the overall chart of average scores below.) Results from each idea will be discussed in order of highest average score (mean) for being a 'good idea' to the least popular option, with the total score positive (51 to 100) and those ready to call the idea "terrific" below that. Keep in mind, the mean score tells us less than we'd like to know about a given option because on a scale like this, many people will pick the top, middle or bottom of the



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scale to indicate their intensity of feeling. Also, in the case of the 'dummy' options, even as they scored low overall as an attractive option to people, it is important to understand the population that did like the idea, as they are a prime target for more information about the issue.

All proposals score highest among those who point to societal problems as the root cause of panhandling, with those who think the practice exists "because it works" or because of addiction and mental illness generally less energized by the ideas across the board.

Job Placement

The text of this proposal is:

Organizations providing job counseling and placement services could provide outreach targeted to people who panhandle, or people who ask for money on the street downtown.

As a mean score (56%) and as a 'good idea' (59%), this was the most popular proposal tested. Nineteen percent thought this was a terrific idea, giving it full marks at 100. This measure was non-controversial, as scores were pretty consistent across all subgroups examined. That said, the youngest respondents (18-14-years-old), younger men, younger non-college educated respondents, Asians, people from other parts of Massachusetts, and Amherst residents were the most likely to think this is a good idea.

In terms of how people approach the problem - whether they think the reason for panhandling's existence is most based on societal problems, because it works, or is a function of addiction and mental illness - people are generally equally supportive of this proposal, at 56%, 57%, and 58% respectively. A quarter of those who point to addiction and mental illness as the issue felt that this was a terrific idea, compared to just 19% overall.

Service Center for the Homeless

The text of this proposal is:

An effort could be made to build or purchase a center close to downtown where people who panhandle, or ask for money on the street downtown to store things in lockers, take showers, use the bathroom, or wash clothing to help provide basic services and to safely store their belongings off of the street.

An average of 52% thinks this is a good idea, with 53% calling it a good one, and 24% (the highest of any proposal) calling it a terrific idea.

Beneath those numbers exists varying intensity. Under the lens of how people approach the issue of panhandling, those who cite societal problems like the idea of a downtown service center the most, with a 67% mean score, 70% rating it as a good idea, and more than a third

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(35%) saying it's a terrific idea. Conversely, those who feel panhandling happens "because it works" are far more skeptical, with an average of 36% in favor of the idea or calling it good, and only 12% calling it terrific. Similar numbers appear for those who feel addiction and mental illness are the reasons, with a mean of 39%, with 38% who think the service center idea is good, and just 16% who think it's terrific.

Diving into attitudes and demographics, the lines follow the profiles of those three groups very closely. The biggest fans of this idea include people who identify as a gender other than male or female, younger respondents, non-whites, residents of Amherst, people watchers, those who enjoy Pulaski Park, those who come for worship, therapy or social services, and the entire suite of people who reported more positive experiences with people who panhandle and don't think it's detrimental to Northampton.

Those who are the most tepid about this idea include older respondents, wealthier respondents, and residents of Hatfield, Florence, and Leeds. The less often you visit downtown, the less you like this idea, and if you've had a negative experience with panhandling or you think it's detrimental to Northampton, you're much less likely to endorse this proposal.

Businesses Provide Short-Term Jobs

The text of this proposal is:

Downtown businesses and nonprofits could be encouraged to provide short-term jobs (such as two-hour cleaning or maintenance tasks) for people who panhandle, or ask for money on the streets downtown, with this "job bank" coordinated by a local nonprofit.

The average support for this idea is slightly less than half of the respondents overall at 49%, with the same number thinking it's a good idea (51-100) and 16% who feel it's a terrific idea. There is less variation across demographic and attitudinal groups than we see with other proposals, where what one does in Northampton and how often one visits has less of an impact on your evaluation of this proposal.

As with most of the proposals, when looking at what people bring to the table in terms of what they think the root causes of panhandling are, this one is most popular with those that think societal ills are at work, with 55% each as the average and those who think it's a good idea and 19% who think the idea is terrific. The means for each of the other two groups ('because it works' and 'addiction/mental illness') are lower at 43% apiece.

It follows then, that the demographic profile of the 'societal problems' group holds true here as well among the supporters of the idea. This includes people who identify as a gender other than male or female, younger respondents, less educated respondents, Northampton residents for a shorter time period (those who've lived here longest have among the least number of fans of this proposal), non-whites, Amherst residents, people who come for social services or

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therapy, and people who don't think panhandling is detrimental to Northampton. Again, there is far less variation and intensity from the overall mean on this proposal than exists with others.

High School Equivalency Program

The text of this proposal is:

An effort could be made to offer a high school education equivalent for everyone who panhandles or asks for money on the street downtown, as part of a program to give people a better chance of having other options to earn money in the future.

Respondents rated this idea at an average of 44%, with 43% saying it was a good idea and 14% who feel it's a terrific idea.

A bare majority of those that believe the reason people panhandle relates to societal problems give this idea an average score of 50, with 51% citing it as a good idea and 16% who think it's terrific. The 'because it works' and 'addiction and mental illness' camps agree on a 39% average apiece, with only 12% of the 'because it works' group calling this terrific and 14% of the addiction and mental illness respondents.

On this measure, as on others, there is general agreement across subgroups with the overall scores. There is a divide by age, with those under 45-years-old scoring this a 50%, and those over 45 scoring it a 37%. A split also exists on those living longest and shortest in Northampton, with those who've lived here less than five years supporting this idea at 51% on average, and those here longer than 35 years scoring it at 37%. Among the strongest detractors were those who never visit downtown, with a 24 percent mean score.

Contribute to a Fund

The text of this proposal is:

Visitors to Downtown Northampton could be encouraged to contribute to a fund that would provide services (emergency shelter, meals, mental health services) to people who panhandle, or people on the streets downtown, as an alternative to giving money directly to people who panhandle.

Respondents rated this proposal at an average of 43%, with 42% indicating they feel it's a good idea, and 12% saying it's a terrific idea.

There is virtually no difference in how you view this proposal based on how you approach the issue of panhandling, or to which demographic subgroup you belong to, or what you do in Northampton, or what your attitudes towards the practice of panhandling. Only the most enthusiastic groups either for or against all proposals rise to the surface here, with 18-24-year-olds, Asians, and Amherst residents standing out on the positive side, and older non-college

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respondents, respondents living in Northampton more than 35 years, residents of Southampton, and those who never visit downtown (15%) against the idea.

Public Education Campaign

The text of this proposal is:

A public education campaign, aimed at shoppers and workers, as well as people who panhandle, or ask for money on the street downtown, would seek to better inform all of the range of services available to people in need.

This idea scores 43% on average with respondents, with 41% thinking it is a good idea and 11% who feel it is a terrific idea.

This is another case where, aside from the groups who display survey-wide patterns of enthusiasm or a lack thereof for any of the measures, people's impressions are very consistent with small variation. Transgender people, Asians, younger people, and Amherst residents demonstrate the most enthusiasm here (and across the board), and conversely, older non-college people, long-term residents, those who never visit downtown, and residents of Southampton, are the least impressed with the idea.

Code of Ethics

The text of this proposal is:

An effort could be made to establish a code of ethics for people who panhandle or ask for money on the street downtown and for everyone who interacts on the street, as part of a program to promote mutual respect for everyone who visits downtown.

This idea was among the least exciting to survey respondents. It earned an average score of 43%, with 28% thinking it's a good idea and just 7% who listed it as a terrific idea.

Respondents across demographics, attitudes, and approaches to panhandling agree in their tepid response to this proposal. It was slightly less popular with those who think the main reason for panhandling is societal problems (25% say it's a good idea), slightly more popular with the "because it works" crowd at 30% good idea, and the addition and mental illness group in the middle at 28%.

Oddly, the groups least in favor are those who never come to downtown (just 12% say it's a good idea), those who are "never approached" by people who panhandle (13% say it's a good idea), and those who've had a very positive experience with panhandling (11% say it's a good idea). It would seem there's something about this one that neither end of the spectrum likes.

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The 'Control' Proposals - Laws and Policing

Again, these last two proposals were included to inform the Mayor and the Work Group about where people stand on this issue, not as viable or desirable potential approaches. This data is useful for understanding the targeting needs of a public education campaign, rather than possible implementation or experimentation in Northampton.

Pass a Law

The text of this 'test' proposal is:

The city should pass a law prohibiting or restricting the practice of panhandling or asking for money on the street downtown.

Support patterns for laws restricting the practice of panhandling are supported by just 30% of respondents on average, with 28% thinking this is a good idea, and only 14% scoring it as a perfect 100 or terrific idea.

However, this is a significant number, given that nearly one-in-three of over 5,000 respondents still believe it's possible to pass a law, despite the fact that every such law that has been proposed relative to panhandling has been struck down, citing the Supreme Court decision in Reed vs. Town of Gilbert. Those with an interest in any approach to help people who panhandle should plan on spending some time explaining the futility of calling for new laws to about a third of the room.

Unsurprisingly, for this 'proposal' the support pattern flips. On average, those who think societal ills are at work with panhandling support the idea (just 11%) while 45% and 47% respectively, say people panhandle "because it works," or because of addiction and mental illness. It's especially popular with those worried about addiction and mental illness, in which twice as many as the overall population (27%) think this is a terrific idea.

Specific targets for sharing information about the need to consider different strategies are very similar to this proposal and the police enforcement proposal, therefore, these are described together following the next discussion.

Police Enforcement

The text of this 'test' proposal is:

The Police Department should actively discourage panhandling or asking for money on the street downtown with a greater presence and stricter enforcement of existing laws.

The average score for those who support this idea is nearly identical to those who favor laws, also at 30%, followed by 28% who think it's a good idea and 13% who think it's a terrific idea.

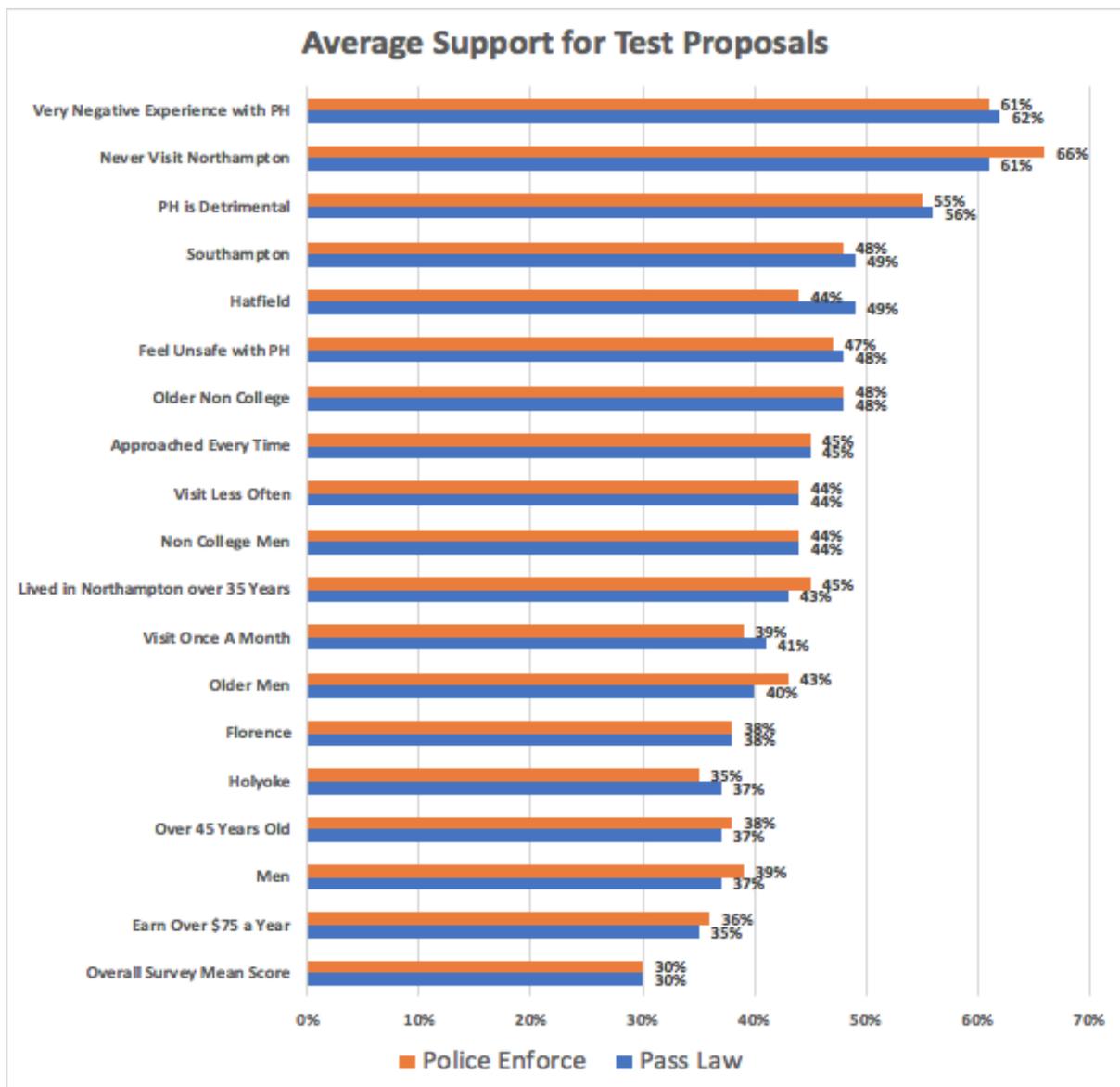
Again, the Mayor, the Chief of Police, and the Work Group have articulated that they believe this approach is inconsistent with the culture and values of the City of Northampton. Given this

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stance, understanding the contours of support for this test proposal are important for individuals who would convince others who wish for laws and tougher policing that these options are not on the table for consideration in this conversation.

The same patterns hold throughout. People who feel the main reason for panhandling has to do with some social problem are very against this idea (12% mean with just 9% saying it's a terrific idea), and both groups that think it exists "because it works" or blame addiction and mental illness are much more in favor (45% and 48% respectively, on average and 22% and 26% respectively, think it's a great idea).

The following chart shows the consistency of support by type of respondent for both proposals and represents the specific targets who will need to be convinced to focus their energies elsewhere.



The options ahead

The following chart shows broad support for options relating to job creation activities across all constituencies. The creation of a fund and a public education campaign are slightly less popular but still enjoys decent support from respondents regardless of their views on the underlying causes of panhandling. The creation of a center for the homeless is very popular among people who believe that societal problems are the main reason people panhandle, but it is significantly less popular with everyone else.

Approach	Mean	Societal Problems	Because it Works	Addiction/Mental Illness
Contribute to a fund	43	46	41	41
Businesses provide short-term jobs	49	55	43	43
Public education campaign	43	46	40	41
Pass a law restricting panhandling*	30	11	45	47
Police actively discourage*	30	12	45	48
Provide job counseling and placement	56	56	57	58
Code of ethics	30	28	32	31
High school equivalency program	44	50	39	39
Services center for homeless	52	67	36	39
Percent of respondents	100%	39%	26%	14%

*Not ranked, because these were ‘test’ proposals - only potentially viable solutions are highlighted.

The high school equivalency program, not surprisingly, performs well with a majority of those who worry about society’s impact on people who panhandle and much less well with those who point to other main causes.

The proposal performing the worst was the “Code of Ethics” idea - an idea the people who panhandle themselves thought was a good one. While it’s hard to know from this data why this

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wasn't a solid performer, it may be because the description was inadequate or because people are skeptical that this would have a measurable impact.

Certainly, with any proposal, the devil is in the details, and something that enjoys support in today's survey may not enjoy it once an actual approach takes shape. Indeed, while the language of the proposals was brief, the data goes a long way toward describing who will need to be convinced of any idea and in demonstrating how receptive each group is likely to be to certain types of approaches.

Demographic breakdown of respondents

Given that the survey was available to anyone willing to click on the link and share their opinion, it's difficult to overlay demographic information from just Northampton, over the overall survey data but it is interesting to compare it anyway. In general, the patterns are consistent enough, along with the large sample size, to bolster confidence in the relevance of the opinions shared herein.

The survey was very female (59%). Northampton, at least in the 2000 census, is similarly female, at 57% while males are less represented at only 28%, but again, there are plenty of men to analyze thanks to the gigantic sample size. Hundreds did not respond to this question.

The population is younger than available demographic information for Northampton which is not surprising given the data collection was online.

Ages	Survey	PVPC 2011 Data
18-24	15%	18%*
25-34	21%	14%
35-44	18%	16%
45-54	18%	16%
55-64	16%	8%
65-74	11%	6%
75 or Older	1%	8%

Race

The survey generally conforms to the racial makeup of Northampton according to the Pioneer Valley Planning Commission (PVPC):

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Race	Survey	PVPC 2011 Data
White	88%	86.2%
Black	1%	2.9%
Asian	2%	6.6%
Other	5%	4.3%
Latino (of any race)	4%	7.6%

Education

The survey population is significantly more educated than the general population of Northampton.

Education	Survey	PVPC 2011 Data
Less than high school	0%	7.5%
High school degree	4%	18.4%
Less than 4 years of college	15%	18.5%
College degree or more	75%	55.7%

Income

The survey breakdown for those earning more or less than \$75,000 per year was 50/50. In actuality, Northampton is 60% under \$75,000 per year, and 40% over.

Next Phase

Having gathered critical input from the general public and those living the street experience directly, the Work Group sought to better understand the broader societal influences at play, to further inform efforts moving forward.

The larger picture

To begin to understand the individual stories that bring people to our downtown is to grapple with the root causes of homelessness, with the shortage of affordable housing, with various addictions and substance use disorder, with a range of mental health issues, with traumatic experiences in childhood and at other times, and with the impact of interactions with our criminal justice system. Many of these issues are rooted in a combination of growing income and wealth inequality and declining federal resources available to states and cities.

The report spends considerable effort exploring these larger societal context factors in order to understand how they may contribute to people choosing to engage in the practice of panhandling. By reviewing available data related to affordable housing, homelessness, addiction and other pressures people face that contribute to the problems of poverty, the Work Group believes this information conclusively presents the forces and factors contributing to the rise of panhandling as a practice downtown, and discredits, hopefully for the rest of the conversation going forward, the notion of the 'professional' person who panhandles. This data can be found in:

Appendix C: Societal Context: Housing

Appendix D: Societal Context: Homelessness

Appendix E: Societal Context: Other Challenges that People Face: Criminal record histories, Adverse Childhood Experiences (ACEs), addiction and substance use disorders, the opioid addiction epidemic, mental health challenges and trauma-informed systems

Sections in the appendices shed light on some of those societal issues that no single municipality can solve alone. Decades of insufficient housing production at all market levels across the nation and state has created a severe shortage that has exploded the numbers of people that are housing cost-burdened or homeless. With the cost and complexity of creating affordable housing units burgeoning, it will take massive financial investments at all levels to create the units needed to close the gaps. Communities must provide housing that is affordable to people with a variety of income ranges, particularly for those with the lowest incomes and offer support for those who need it to maintain the housing.

Public systems that discharge people into homelessness, such as the health care system, houses of corrections and the foster care system, need to be adequately resourced in order to create next step housing options for patients, inmates and youth post-discharge. Medical respite beds, housing for people with criminal record histories, and young adults lacking life skills, need interim housing options where they can develop self-sufficiency, build credit and landlord reference histories and prepare for unsupported permanent housing, wherever possible. The resources needed to support people who suffer from substance use disorders and mental health issues are vastly insufficient. With the deinstitutionalization movement, the community-based programming that was promised was never adequately funded. Although great strides have been taken in understanding the brain science behind addiction and mental illness, adequate treatment facility capacity does not exist.

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The research being conducted on Adverse Childhood Experiences (ACEs) requires that we look at community development strategies through this lens. Embracing and implementing the practice of being a trauma informed city requires that we work hard to create positive settings that allow children to flourish. This is not a new goal, but much has been learned about what happens to people when they don't grow up in that kind of setting – it has ramifications for life.

Northampton is clearly proud to be known as a compassionate city, providing a range of vital services to people in need, including emergency shelters, free community meals and counseling services. Northampton strives to offer these services to all who seek them. We also have to be honest with ourselves in acknowledging that as our reputation for compassionate provision of services grows, so too may grow the number of people attracted to Northampton to take advantage of those services.

Appendix F catalogues existing community resources that we should be aware of and support and includes information about exciting new resources being offered in the community and region. **Appendix G** provides a sampling of the research carried out to identify best practices from other locations. **Appendix H** describes some of the current affordable housing in the community and projects in the pipeline. **Appendix I** offers a sampling of demographic data for current Northampton residents.

Additional Research

Work Scope #3: Develop an understanding of legal downtown street activity

Given that the Northampton Police Department does not receive calls to investigate 'panhandling' – but rather disruptive activities that are sometimes associated with panhandling, it is important to understand which laws currently exist to maintain safety and order downtown.

Current city ordinances commonly used downtown

§ 120-1 Consumption and possession of open containers in certain City facilities and locations.

No person shall consume any alcoholic beverage nor possess or transport any open can, bottle or other container containing an alcoholic beverage on or in any of the following (unless application has been approved by the License Commission and a license has been issued for the sale and service of alcohol): City streets and sidewalks; all City parking lots and the E. John Gare III Parking Garage; playgrounds and playing fields, including but not limited to Sheldon Field, Maines Field, Arcanum Field, Veterans Field, and Agnes Fox Playground; park, including but not limited to Bridge Street Park, Trinity Row Park, Cosmian Park, Pulaski Park, and Kolodzinski Park; any area or facility under the control or supervision of the Recreation Commission or the Conservation Commission, including but not limited to the William Nagle Downtown Walkway, Fitzgerald Lake Conservation Area, Roberts Hill Conservation Area, Barrett Street Marsh, Rainbow Beach Conservation Area, and Musante Beach Recreation Area; school playgrounds and grounds, including parking areas and including schools not currently in active use as a school. ARRESTABLE OFFENSE.

§ 285-29 Obstructions to sidewalks.

No person shall allow an obstruction to a sidewalk, or to the edge of road pavement or shoulder where a sidewalk does not exist, including any obstruction in the form of a tree, bush or other vegetation which protrudes over said sidewalk or edge of a road pavement or shoulder. Where the Department of Public Works deems that an obstruction to a sidewalk or to the edge of a road pavement or shoulder exists, it shall give notice by registered mail to the owner of the property causing the obstruction, to remove or prune said obstruction within 14 days so as not to block, obstruct or overhang the sidewalk or edge of the road pavement or shoulder. If the property owner fails to remove or prune the obstruction within said 14 days, the Department of Public Works or, in the case of trees, bushes or shrubs, the Tree Warden shall remove or prune the obstruction at the owner's expense.

§ 285-12 Certain activities on streets and sidewalks prohibited.

A. No person shall ride, drive, propel or use a sidewalk surfboard, skateboard, roller skates, or in-line skates on the following public areas, public ways and sidewalks adjacent to the following streets:

- (1) Route 5 between Allen Place and Pearl Street and Route 9 between Pomeroy Terrace and State Street.

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- (2) Downtown Business District.
- (3) Downtown municipal parking areas.
- (4) Pulaski Park.
- (5) Florence: Main Street from Maple to Chestnut Street.
- (6) All Northampton public school property.

B. Provisions for bicycles.

- (1) Bicycles shall be allowed to be driven on all streets and on all sidewalks outside the Central Business District and the General Business District.
- (2) Bicycles shall not be allowed to be driven on the sidewalks in the Central Business District and General Business District, except that bicycles shall be allowed to be driven in those districts on any section of sidewalk that is part of any marked multiuse trails (bicycle path), or marked cycle track or buffered bicycle lane.
- (3) Bicycles shall not be allowed to be driven in Pulaski Park.
- (4) Walking bicycles shall be allowed in all areas where they are not allowed to be driven.

C. Recreational activities; throwing objects; yielding right-of-way; cease and desist.

- (1) No person shall engage in any recreation or activity upon any City sidewalk(s) and/or street(s) in a manner that endangers the safety and rightful passage of pedestrian traffic.
- (2) The throwing or launching of any projectile, including but not limited to items such as stones and snowballs, upon or across any public street or sidewalk is prohibited when such activity endangers the public safety.
- (3) All persons riding non-motorized wheeled conveyances such as bicycles, roller skates, in-line skates (roller blades) and skateboards or any other human propelled vehicle as allowed by this section must yield the right-of-way to pedestrians at all times.
- (4) Any individual(s) refusing to cease such activity as listed herein after being requested to do so by a police officer will be deemed to be in violation of this section.

D. Exemptions. The following motorized and self-propelled vehicles shall be exempt from the provisions of this section:

- (1) Bicycles used by police officers exempt from all the provisions of this chapter.
- (2) Wheelchairs, walking aids, motorized or self-propelled vehicles, which are used to accommodate persons with disabilities.
- (3) Children's carriages or personal shopping baskets or carts; delivery carts.
- (4) Children under the age of 10 years with adult supervision riding wheeled toys, bicycles with training wheels and tricycles.
- (5) Vehicles used for sidewalk or lawn maintenance (e.g., snow blowers).

§ 285-20 Destruction of public property prohibited.

A. No person shall intentionally injure, mar, deface, remove, cut, paint, mark, place graffiti upon, or destroy any public property, including but not limited to walls, fences, signboards, awnings, guide posts, street signs, streetlights, utility poles, trash receptacles, traffic control devices, culverts, bridges, park benches, playground equipment, trees, shrubs, plantings, and

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art work in any street, public square, park, playground, parking area, or other area owned or controlled by a department or agency of the City of Northampton.

B. No person shall intentionally injure, mar, deface, remove, cut, paint, mark, place graffiti upon, or destroy any public building owned or controlled by a department or agency of the City of Northampton.

C. Violations of this section shall be punished by a fine of \$100 for the first offense and \$300 for the second and all subsequent offenses. Violations may also be processed under the noncriminal violation procedure under Chapter **40** of the Code of Ordinances.

§ 272-3 Littering prohibited; exception.

No person shall put or place or cause to be put or placed in any street, lane, common, park, court, alley or other public place or on any private property in this City any dirt, filth, ashes, garbage, litter or rubbish of any description; or throw or distribute, or cause to be thrown or distributed therein, any playbill, poster, notice, advertisement or printed paper of any description or any advertising appliance or medium, excepting newspapers distributed to purchasers, except at such times as the Department of Public Works may request that any or all of the aforementioned articles be so deposited for removal by it as a part of its regular rubbish removal program. Violation of this section shall be punishable as set forth in Chapter **40**, Enforcement.

Board of Health Smoking Regulations

<https://www.northamptonma.gov/DocumentCenter/View/2523/Signed-2014-Workplace-Smoking-Regs?bidId=>

Massachusetts General Laws

Criminal Harassment: This law requires that a person “willfully and maliciously engage in a knowing pattern of conduct or series of acts over a period of time directed at a specific person.” Although people may think walking by someone and having them say unkind things might fall under this law, it likely does not. The law requires a pattern of behavior directed at the same person. Instead, the following law is more likely to be applicable:

Annoying and Accosting Persons: This requires that the defendant knowingly engaged in an offensive and disorderly act or offensive and disorderly language, they intended to direct the conduct to a victim, the victim was aware of the conduct, and the conduct would be offensive by any reasonable person. There are some specifics that limit the application of this law:

<https://www.mass.gov/files/documents/2016/10/vr/6600-annoying-and-accosting-persons-of-opposite-sex.pdf>

Work Scope #4: Examine permit requirements for downtown street activity

The following links provide information on how to lawfully engage in their respective activities.

Permits issued by the Department of Public Works

FINE ARTS SIDEWALK OCCUPANCY PERMIT REGULATIONS

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(pursuant to the City of Northampton Ordinance Section 285-9.)

<https://drive.google.com/file/d/1IU7PFaiOvaNySPz9hTrOHkxa8itJT3zO/view>

SIDEWALK OCCUPANCY PERMIT REGULATIONS

(pursuant to the City of Northampton Ordinance Section 285-9.)

https://drive.google.com/file/d/1Rc_k_SlwB-lo3ywUfbZdfjznPsySKNcl/view

STREET MUSICIAN PERMIT REGULATIONS

<https://drive.google.com/file/d/1pyCBK3nqE0TlaYIH41eeSyy1GhyRlGLE/view>

STREET PERFORMANCE PERMIT REGULATIONS

https://drive.google.com/file/d/1KOC6pYr79YNESSsvMBha7KQL_bXQwC-t/view

Work Scope #5: Examine data to understand Main Street activity

Services organizations that interact with and serve at-risk populations in Northampton were approached and asked to describe their experience with the practice of panhandling:

Eliot Homeless Services reported:

- The two clinical case workers in Northampton and Amherst have a caseload of 50 annually/30 active at any given time
- 3/30 people on caseload identified as actively panhandling in Northampton
- 1 recently housed and 1 secured benefits, only aware of 1 now
- 30 unsheltered in Hampden county during the annual Point-In-Time (PIT) count (done nationally the last week in January) indicated 15 of those were staying in Northampton with 2/15 known to be panhandling

Tapestry reported:

- Two of Tapestry's clients actively panhandling (that could be identified)

ServiceNet reported:

- ServiceNet's shelter and housing staff estimate 15-20% of their clients panhandle.
- Due to meals, personal hygiene items, hats, gloves, boots and medical care being available in the community, ServiceNet staff feel people panhandle primarily to pay for cigarettes, alcohol and drugs.
- Hampshire Inter-faith shelter at 43 Center Street and the Grove Street Inn serve 200+ annually.
- At Grove Street, there is a culture of peer pressure where guests discourage each other from panhandling.

Police Department Data

Police Chief Jody Kasper supplied the following historical data to the Work Group. The information included both police call data and arrest data. This is specific to Main Street only (4 Main Street [Moshi Moshi] to 279 Main Street [Filos]) for the time periods noted.

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Main Street Data: January 2017 - June 2019

- 255 Custodies (227 Arrests and 28 Protective Custodies)
- 44% of arrestees reported the streets of Northampton as their address
- 2.7% of arrestees reported the streets of another city or town as their address
- 3.1% of arrestees reported 43 Center Street (Resource Center/Inter-faith Shelter) as their address
- 37.5% of arrestees who listed the streets as their address had active warrants
- 11% of arrestees were placed in protective custody
- 42 calls were related to panhandling
- 15 overdoses were on Main Street

Service calls	2017	2018	2019 1/1-6/30/19
Disturbance (including panhandling & domestics)	211	140	88
Assaults	10	6	3
Suspicious Activity	190	158	58
Shoplifting/Theft	79	79	35
Medical Emergency	106	97	48
Medical-Mental Health	25	32	12
Medical-Overdose	8	6	1
Drunken Individual	48	53	17
Drugs	8	9	1
Noise Complaint	38	20	13
Trespassing/Unwanted Guest	133	106	98
TOTAL SERVICE CALLS	856	706	374

Arrest-related charges	2017	2018	2019 1/1-6/30/19
Robbery	1	0	1
Assault and Battery w/Dangerous Weapon	7	4	2
Assault and Assault and Battery (other)	12	12	12
Shoplifting/Theft	25	22	4
Drug Crimes	22	3	3
Disorderly Conduct/Disturbing the Peace	18	12	10
Drunkenness/Protective Custody	20	5	3
Active Warrants	36	27	20
Open Container of Alcohol	8	11	1
Other Offenses	68	36	15
Trespassing	3	4	9
Total charged offenses	220	136	80
TOTAL ARRESTS	120	87	48

Is engaging in panhandling activity illegal?

The Work Group investigated the status of law suits filed in locations across the state and nation that have attempted to regulate panhandling and other street activity.

*Does the **First Amendment** protect panhandling? Yes. The U.S. Supreme Court has held that the **First Amendment** covers "charitable appeals for funds." Because of this, panhandling, solicitation, or begging are protected speech under the **First Amendment**.*

Local ordinances were struck down in [Worcester](https://www.telegram.com/article/20151120/NEWS/151129815) (<https://www.telegram.com/article/20151120/NEWS/151129815>) and [Lowell](https://www.masslive.com/news/worcester/2015/10/us_district_court_judge_tosses.html) (https://www.masslive.com/news/worcester/2015/10/us_district_court_judge_tosses.html) in recent years, after the American Civil Liberties Union (ACLU) challenged them in lawsuits. In each case, the bans were ruled unconstitutional. An article written by Peter Schworm, appearing in the Boston Globe on November 10, 2015, stated the following:

*"A federal judge has ruled that a pair of Worcester ordinances aimed at curbing panhandling violated constitutional free speech rights, a decision that followed removal of similar laws from the books in Lowell and Portland, Maine. The American Civil Liberties Union of Massachusetts had challenged the Worcester ordinances, which prohibited panhandling outside banks and theaters and made it illegal to "beg, panhandle, or solicit in an aggressive manner." They also prohibited standing or walking on a traffic island or roadway except to cross. Courts have consistently struck down blanket bans on panhandling, leading cities to narrow the scope of their restrictions. By targeting "aggressive panhandling" in the name of public safety, Worcester had sought to meet legal muster. The city won a case challenging its law in 2013, but the legal landscape has shifted because of a recent Supreme Court decision. Municipalities must go back to the drafting board and craft solutions which recognize an individual's right to continue to solicit in accordance with their rights under the First Amendment, while at the same time, ensuring that their conduct does not threaten their own safety, or that of those being solicited," Hillman wrote in a 30-page decision. Hillman had backed the city in 2013, but in this week's ruling he cited a recent Supreme Court decision, **Reed v. Town of Gilbert**, which held that an Arizona town's regulations of outdoor signs violated the free-speech rights of a church. Specialists say the Supreme Court decision, handed down in June, will have far-reaching ramifications on free-speech laws. In June, the Supreme Court also vacated an appeals court decision upholding the Worcester ordinances in light of the Reed decision, returning the case to district court. "We've seen that these laws will consistently be struck down," said Kevin Martin, the lead counsel in the ACLU's three successful challenges. "Simply by labeling solicitation as aggressive, a city does not gain the right to ban it.*

"We hope that the decisions in Worcester and Lowell will cause other cities and towns to think twice before embarking on efforts to restrict the First Amendment rights of the poor."

- Matthew Segal, ACLU Attorney

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Similar bans have also been thrown out in other states, like Colorado, Florida, and Maine. Most recently, a federal judge in [Hot Springs, Arkansas](https://www.wbur.org/npr/709251256/judge-throws-out-panhandling-law-says-physical-interaction-is-free-speech), (https://www.wbur.org/npr/709251256/judge-throws-out-panhandling-law-says-physical-interaction-is-free-speech) ruled that the city's ban on all physical interactions between pedestrians and motorists was unconstitutional.

According to the National Law Center on Homelessness & Poverty, citywide bans on panhandling in public increased by 25% in the United States from 2011 to 2014. Bans that seek to restrict panhandling to certain public places increased 20%.

The general motivation is to "move visibly homeless people out of public spaces," usually at the urging of affected businesses, said Tristia Bauman, senior attorney for the group. But since the Reed decision, several courts have struck down bans, and other cities, such as Colorado Springs, and Denver, have changed their enforcement practices," she said.

Michael Meltsner, a Northeastern University law professor, said ordinances that specifically target panhandling "go too far," adding that broader laws are already on the books to handle public safety situations. "Courts are slowly beginning to realize that poor people have a right to free speech, too, and it has to be protected," he said.

The Worcester decision followed two similar rulings against New England cities. In September, an appeals court ruled Portland's ban on panhandling and other activities on median strips was unconstitutional, saying it "indiscriminately bans virtually all expressive activity" in the areas.

"The city may have been motivated by a perfectly understandable desire to protect the public from the dangers posed by people lingering in median strips," the court ruled.

"But the city chose too sweeping a means of doing so, given the First Amendment interest in protecting the public's right to freedom of speech."

In Boston, U. S. District Court Judge Douglas P. Woodlock struck down a Lowell ordinance that banned vocal panhandling in the downtown and aggressive panhandling throughout the city.

"The First Amendment does not permit a city to cater to the preference of one group, in this case tourists or downtown shoppers, to avoid the expressive acts of others, in this case people who panhandle, simply on the basis that the privileged group does not like what is being expressed," wrote Judge Woodlock.

In an article written by Joseph Mead, Assistant Professor at Cleveland State University, for "The Conversation" in March of 2018, he noted:

"Thousands of U.S. cities [restrict panhandling](https://www.nlchp.org/documents/Housing-Not-Handcuffs) (https://www.nlchp.org/documents/Housing-Not-Handcuffs) in some way. These ordinances limit face-to-face soliciting, including interactions that occur on sidewalks and alongside roads, whether they are verbal or involve holding a sign. According to a growing string of court decisions, however, laws that outlaw panhandling are themselves illegal. In light of rulings that found these restrictions to violate the freedom

of speech, [Cleveland](https://www.clevescene.com/scene-and-heard/archives/2018/01/03/city-of-cleveland-settles-veterans-panhandling-lawsuit) (<https://www.clevescene.com/scene-and-heard/archives/2018/01/03/city-of-cleveland-settles-veterans-panhandling-lawsuit>), [Dallas](http://www.fox4news.com/news/dallas-police-will-no-longer-enforce-tough-panhandling-laws) (<http://www.fox4news.com/news/dallas-police-will-no-longer-enforce-tough-panhandling-laws>), [Denver](https://www.cpr.org/news/newsbeat/denver-police-wont-enforce-panhandling-ordinance) (<https://www.cpr.org/news/newsbeat/denver-police-wont-enforce-panhandling-ordinance>) and dozens of other cities have repealed laws restricting panhandling in public places since 2015.

Over the past 30 years, cities [have increasingly adopted laws to reduce or eliminate panhandling](https://www.nlchp.org/documents/Housing-Not-Handcuffs) (<https://www.nlchp.org/documents/Housing-Not-Handcuffs>). Although a few jurisdictions simply ban panhandling outright, most ban the practice in certain areas, such as parks, near roads or near bus stops. Cities also regulate what they call “[aggressive solicitation](https://www.azleg.gov/ars/13/02914.htm)” (<https://www.azleg.gov/ars/13/02914.htm>) – a term defined broadly to include behavior like asking for a donation twice, in pairs, or after sunset – on the basis that it can make passersby feel physically threatened or vulnerable to mugging.

The First Amendment protects everything from distributing pornography to waving [hateful signs outside military funerals](https://www.law.cornell.edu/supct/html/09-751.ZS.html) (<https://www.law.cornell.edu/supct/html/09-751.ZS.html>). So it is should not be surprising that it also protects fundraising pitches of all kinds.

In a trilogy of opinions issued in the 1980s, the Supreme Court [struck down](http://caselaw.findlaw.com/us-supreme-court/444/620.html) (<http://caselaw.findlaw.com/us-supreme-court/444/620.html>) several state laws that restricted [charitable solicitation](http://charitylawyerblog.com/2009/11/15/the-long-arm-of-charitable-solicitation-law/) (<http://charitylawyerblog.com/2009/11/15/the-long-arm-of-charitable-solicitation-law/>), including laws that prohibited requests from nonprofits that, according to regulators, spent too much money on fundraising.

In ruling against charitable solicitation limits, the justices established two important precedents. First, [charitable solicitation is constitutionally protected speech](http://caselaw.findlaw.com/us-supreme-court/444/620.html) (<http://caselaw.findlaw.com/us-supreme-court/444/620.html>).

Second, local and state authorities can't dictate which causes may or may not solicit donations within their borders. A regulator's paternalistic belief that a cause is unwise or inefficient is [not a valid reason to limit speech seeking support for it](http://caselaw.findlaw.com/us-supreme-court/487/781.html) (<http://caselaw.findlaw.com/us-supreme-court/487/781.html>). The listeners can make that decision for themselves.

Panhandling is a basic form of charitable solicitation with a [long history](https://www.smithsonianmag.com/history/myth-professional-beqqars-and-why-it-endured-centuries-180962726/) (<https://www.smithsonianmag.com/history/myth-professional-beqqars-and-why-it-endured-centuries-180962726/>). Almsgiving dates back to the days of [ancient Greece](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1015-87582016000200002) (http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1015-87582016000200002) and the [Bible](https://app.flocknote.com/note/1631632) (<https://app.flocknote.com/note/1631632>).

Instead of asking for help on behalf of an animal shelter, food pantry or any other kind of nonprofit, the people who panhandle ask for help satisfying their own personal need. In

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[case after case](http://caselaw.findlaw.com/us-6th-circuit/1641799.html) (<http://caselaw.findlaw.com/us-6th-circuit/1641799.html>), the courts have clearly ruled that the [Constitution safeguards the right to make personal pitches](https://aclum.org/wp-content/uploads/2015/01/120.-Thayer-Decision-and-Order-Granting-Summary-Judgment.pdf) (<https://aclum.org/wp-content/uploads/2015/01/120.-Thayer-Decision-and-Order-Granting-Summary-Judgment.pdf>) the same way that it [protects the ability of organizations to make their own asks](http://moritzlaw.osu.edu/students/groups/oslj/files/2015/10/Vol.-76-57-66-Mead-Essay.pdf) (<http://moritzlaw.osu.edu/students/groups/oslj/files/2015/10/Vol.-76-57-66-Mead-Essay.pdf>).

No panhandling bans have made it to the Supreme Court. But in recent years, all lower courts ruling on this issue have found that [laws imposing restrictions on sidewalk and roadside solicitation are unconstitutional](http://www.acluohio.org/wp-content/uploads/2017/02/Mancini.v.Cleveland-003-BriefInSupportOfTRO-PI-2017_0228.pdf) (http://www.acluohio.org/wp-content/uploads/2017/02/Mancini.v.Cleveland-003-BriefInSupportOfTRO-PI-2017_0228.pdf).

While cities have some legitimate public safety concerns, focusing on a category of speech misses the point. It is at once too broad and too narrow, covering innocent behavior that isn't threatening and missing much behavior that is problematic.

Instead, cities remain free to regulate problematic behaviors directly, such as prosecuting suspected cases of assault and trespassing or making blocking the sidewalk illegal.

Even better, they can try harder to meet the needs of people who are seeking help rather than attempting to silence them. [Portland, Maine](http://www.wbur.org/news/2017/05/30/paying-panhandlers) (<http://www.wbur.org/news/2017/05/30/paying-panhandlers>), for example, is now hiring people who panhandle to clean up public spaces after the courts threw out its restrictive ordinance.

Despite the spate of legal precedents, plenty of these laws remain on the books. Advocates like the American Civil Liberties Union are challenging anti-panhandling laws in [Albuquerque](https://www.aclu-nm.org/en/press-releases/aclu-sues-city-albuquerque-over-unconstitutional-panhandling-ordinance) (<https://www.aclu-nm.org/en/press-releases/aclu-sues-city-albuquerque-over-unconstitutional-panhandling-ordinance>), [Houston](https://www.aclu.org/news/aclu-texas-files-suit-behalf-homeless-houstonians) (<https://www.aclu.org/news/aclu-texas-files-suit-behalf-homeless-houstonians>) and other places that still enforce this kind of law.

With these measures on their way out, cities now have a good chance to refocus their energies on helping, rather than arresting, their homeless residents."

Joseph W. Mead is affiliated with the ACLU of Ohio as a volunteer and board member. He was lead counsel on lawsuits brought by the ACLU that successfully challenged the constitutionality of anti-panhandling laws in Akron and Cleveland.

Work Scope #6: Examine current resources available in the community

To identify gaps in the existing service delivery system that need to be addressed to assist populations at risk, the Work Group catalogued existing resources. The service element categories included street outreach, emergency shelters, housing support services and other community health and human services. The compilation (not exhaustive) is included in **Appendix F**.

Work Scope #7: Conduct research to discover creative strategies employed in other communities

Initial areas of research included:

- Ashville, North Carolina, which designates specific areas for busking
- Employment programs such as Albuquerque, New Mexico & Portland, Oregon
- New Haven, Connecticut, Give Change to Make Change program
- Voucher program for giving
- Street furniture and design that influence street activity
- Signage

Additional programs researched are listed in **Appendix G**

Work Scope #8: Suggest potential strategies we might employ locally, get public feedback, starting with people living the street experience

Recommendations the Work Group Prioritized

Create a public messaging campaign

The goal of this initiative would be to *impact solutions to reduce the need* for people to panhandle in the downtown through a public education campaign that communicates services available, identifies options for giving AND educates the community about how to respond to people who panhandle requests.

The Work Group looked at messaging campaigns from other communities. Most samples found contained very direct messages about **not** giving directly to people engaged in panhandling. Our goal was to utilize language that does not preclude the choice to give to people directly, but simply to provide options according to people's preferences. Information could be disseminated through a central location/website where people could donate to a giving fund, learn about local services provided by the city and service organizations and ways to get involved. Kiosk displays, Downtown Northampton Association newsletters, and brochures could also be utilized.

Work Group members also spent time brainstorming possible campaign names, but wanted to allow for public feedback on which elements should be included in such an effort.

Create a giving fund to provide increased resources to entities serving at-risk populations

The Work Group discussed setting up a giving fund that would distribute donated funds directly to organizations serving at-risk populations locally. One suggested messaging format the Work Group brainstormed was a "giving scale" such as: *1\$ purchases X meals worth of food from the Food Bank; \$1 purchases X amount of groceries at the Survival Center; \$5 covers toiletries, showers and electricity for X people at the Inter-Faith Shelter; \$10 can pay for bus tickets for people to get to medical appointments, etc.* The fund, as mentioned, would be a large part of a public education campaign, with an online presence.

A local agency has agreed to administer this, but pending community feedback the Work Group did not move to actually implement it.

Create options for giving/ways to give through technology

In addition to a centralized online Fund, other methodologies for giving were examined, such as: using defunct parking meters, smart phone texting app programs such as ParkMobile Cares, donation containers on store and restaurant tables and counters, as well as ways to increase visibility for the Happy Frog location.

Support a multi-discipline de-escalation team

The City currently has such a team approach that all should be aware of. The Eliot Homeless Services Street Outreach Clinician works closely with the Police Department and has for years. That collaboration has been enhanced by the Police Department's implementation of the DART Program, training NPD personnel in Crisis Intervention Treatment response techniques, facilitating quarterly Jail Diversion meetings held with corrections and mental health service providers, training NPD personnel in Mental Health First Aid and designating Mental Health Community Liaisons and supervisors. Those efforts have been complemented by the addition of personnel from Tapestry Health, Dial/Self, the Clinical Support Options Crisis Team, and Health Care for the Homeless. All of these entities provide street outreach and visits to isolated encampment locations as necessary. These efforts need to be continued and supported by the community.

Create a living room model/community day center site

The Work Group identified a need to examine the current Homeless Resource Center (43 Center Street) and the Northampton Recovery Center (2 Gleason Plaza) to assess how these programs can be supported and/or possibly merged in a central location. Day programming could include assisting people with housing search, medical care, a place to store personal items, a shower, washing clothes, sharing a meal, seeing a therapist/case manager, and getting out of the cold. These elements currently exist, but program spaces are small and hours are limited.

Increase opportunities for educational attainment

The lack of high school diplomas or equivalent certifications was noted among many of those polled in the first survey conducted by the Work Group. Enhanced collaborations between

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street outreach providers and The Literacy Project, the school system, local community colleges, and other educational entities is an area suggested for further examination.

Research locations for downtown storage units

People living the street experience need a safe place to store their personal items. Carrying all of their personal belongings around all day long is physically exhausting. Some communities and service providers offer secure storage for homeless individuals.

Create low threshold housing units/safe havens model

The Work Group identified the need for two to four small, low threshold, congregate scattered site settings that can house four to six residents each, to be available to chronically homeless individuals. The Work Group acknowledged, that despite the fact that 200+ units have been added to the affordable housing inventory (or are in the pipeline), access to those units often requires certain levels of income, positive landlord and credit histories and minor or no criminal histories. There are few units currently available that people can access with no or limited incomes and complicated rental histories.

Non-profit housing developers responsible for producing most of the affordable housing in Northampton – Way Finders, Valley CDC, and The Community Builders do not develop true Housing First units. In their funding packages, they are required to set aside units for homeless or formerly homeless (6 at the Lumber Yard Apartments and 5 at Live 155), although units available to residents at 30% of the area median income and below could be homeless or formerly homeless (11 at Lumber Yard Apartments and 16 at Live 155) (and the city is appreciative) but people in active states of mental health and/or addiction challenges are generally not accepted. Housing First units accept people “where they are” meaning, “as they are”.

Street outreach is most successful when there are housing units that people can immediately move into. Low barrier shelter and low barrier housing are key elements to having a care continuum that can move people forward.

Note: Currently, the Western Massachusetts Department of Mental Health is investigating how to develop low threshold housing units for people experiencing mental health challenges; that work should be supported.

Create a Youth Advisory Board (YAB) for Northampton

The Work Group emphasized that focusing services on youth and younger adults who are facing life challenges is a prudent path towards reducing incidences of adult homelessness. Providing a mechanism and venue for them to express their ideas about needed services should be something to pursue.

Forming a YAB requires funding, facilitation and organizational support. It could interface with the Dial Self's Northampton Teen Housing Program where permanent housing and support

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services are offered. Their new building, opening in November of 2019, will have a common space for meetings. A YAB could also interface with the city's Youth Commission and/or the Franklin County YAB and Springfield YAB, both of which are using video conferencing and other technologies to link youth and young adult leaders throughout the three-county region.

Create a flexible/day labor/flash job program

The Work Group suggests that the Downtown Northampton Association's members be approached about the viability of creating a program where store and business owners provide flexible employment opportunities. Many people living the street experience expressed their willingness to work flexible hours during the day. They expressed the desire to be valued and contribute even if they have disabling conditions that preclude full-time employment. Existing employment agencies, such as the Massachusetts Rehabilitation Commission and MassHire's Career Center, could collaborate.

Install a vending machine for personal hygiene items and food

The Work Group researched a vending machine, perhaps accessed with tokens from service agencies, for people living on the street to experience access to food and items they need when other sources are closed or not available. This model originated in the United Kingdom and is being implemented in New York City.

Code of ethics for givers and receivers

The Work Group examined this concept and found models that exist elsewhere. In most cases, those codes only focus on the behavior of people engaged in panhandling, but the Work Group emphasized that if the community wanted to pursue this, it should address both population segments; people on the street and people walking by. Any implementation of this component would involve working with people living the street experience to brainstorm guidelines describing how they would like to be treated and how they should treat others on the street. This "document" could be incorporated into the public messaging campaign. The first survey showed interest on the part of respondents, and many spoke about having experienced negativity towards them. Those respondents expressed the desire to be treated respectfully, even if one chooses not to give.

Other ideas

The Work Group also discussed design elements of the built environment, the use of gift cards and tokens for downtown goods, vouchers for busking permits and mentor/life/recovery coaches as additional ideas to be pursued.

To launch the public feedback phase, the Mayor began the process by meeting with people currently living the street experience. A summary of that session follows.

Discussion with people living the street experience

Downtown storage

This was the most requested item during the session. People noted the trailer at Craig's Doors offered accessible storage during the day. We could set up a trailer in the Roundhouse parking lot or install a block of lockers in an outside location which would be accessible 24/7. Cameras could assure security and gym lockers work as a style. It is emotionally and physically draining for people to lug their belongings around all day. It precludes their ability to accept any additional clothing or food because they are simply unable to cart more around.

Vending machine

This idea was not met with much enthusiasm. The community does well with providing food and personal hygiene items and they can't add anything else to what they carry around all day.

Community center/day program

People said the Resource Center is too small, hours available for showers and laundry are too limited (only two mornings from 9 a.m. – 12 p.m.) and you aren't allowed to stay there just to be warm and get off the street. People explained the need for a daytime warming center option in addition to Forbes Library, where they aren't told to "move along". They would like a space to just "be", where they aren't bothering anyone and no one is bothering them. Individuals cited the Amherst Survival Center as a model program except getting to that site is difficult via public transportation. The ideal program would offer what the Amherst Survival Center does, combined with a warming center, and made easily accessible in a downtown. The Northampton Nursing Home was mentioned as a location that could accommodate many activities, programs, and housing.

Stuff a back-pack campaign

The United Way could help with funding a campaign to provide backpacks and needed items for people, similar to collections that are held for school students.

Educational outreach to the schools

A program could be developed that describes the experience of being homeless to school classes, to increase awareness.

Medical respite for homeless exiting from hospital stays

People have experienced being discharged from hospital settings when they are still in need of medical care. Shelter programs do not have the capability to provide this type of assistance, although there is a doctor and nurse at the Resource Center, more intensive care is sometimes needed. The Work Group could coordinate with Cooley Dickinson Hospital and Health Care for the Homeless to create a medical respite program for unsheltered populations. People being discharged into homelessness have difficulty gaining their physical and mental health back, when they are unhoused.

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Accessing housing

Some said the waiting lists are so long they don't even apply. They don't understand how some people get in and others don't. They said there is confusion within agencies, and information is often contradictory. The Work Group talked about units where the agencies hold the leases and tenants work through their barriers, such as CORI's or poor credit. The tenant then takes the lease over later which gives folks a chance to move forward. They found that to be an interesting model.

Flexible work

All noted they would be interested in working a few hours a day in order to buy food and needed items. Some are not able to work full-time so part time would be ideal. They like the flexibility option, such as a day labor pool. They noted it is hard for them to commit to long term situations. They would appreciate something to do during the day to fill the time.

Request to Re-convene

This discussion was so powerful, informative, and moving, the Mayor and staff asked the participants if they would be willing to come back in the future. Understandably, they all said making future commitments about their availability was difficult, but they appreciated the opportunity to express their views. The Mayor plans to meet regularly with people living the street experience in order to continually be aware of how the local service delivery system is functioning.

Work Scope #9: Develop a plan with specific action steps and entities responsible for implementation after community input has been received.

As the public feedback phase of this effort unfolds, the Work Group wishes to convey, that if we are to serve the interests of all of downtown Northampton's constituents – the people who panhandle, the people who own businesses, the people who live downtown, and those who come for events or to patronize downtown businesses – there will need to be open dialogue, a willingness to work together toward solutions, and, in some cases, compromise. Such compromises might draw criticism from either those who favor a "crack down" approach or a "hands off" approach to the issue of panhandling. Neither of these perspectives represents a viable approach to address the current situation. The "hands off" perspective is primarily (and admirably) concerned with the welfare of the people who panhandle, and the "crack down" cohort is skeptical of the connection to poverty and societal conditions that panhandling represents and is more attuned to the well-being of shoppers and downtown businesses. We must encourage everyone to consider all of the members of our community as we work to craft solutions, and recognize that we must all work together in order to have a positive impact.

The Work Group believes that certain central themes should be considered by the community as it considers the research and recommendations of this study report:

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Panhandling in itself is not the problem; panhandling is a side effect of larger societal issues. Behaviors associated with panhandling that are rooted in social problems and poverty are the problem. Step one is to educate people in the hope of inspiring compassion rather than stigmatizing members of our community.

People who panhandle don't do it because they want to. It's time to abandon the notion that anyone wants to panhandle for a living. The data is conclusive and complete; people panhandle for a myriad of reasons, but none of them are because they want to.

Some negative behaviors associated with panhandling are not positive or acceptable and are harmful to the people who run our downtown businesses. Doing nothing is not an option. In an era of multiple pressures on small business owners, who are the heart and soul of our downtown, anything that demonstrably makes it harder to make ends meet must be taken seriously. The survey data is clear that many people who are the target customers of downtown businesses are deterred from visiting downtown by some of the negative activities occurring on the street.

People want specific solutions that work to help people who panhandle downtown. Past efforts to raise funds to address panhandling-related issues have not been successful in part because they haven't been targeted at specific solutions or known about and endorsed by the community. We need to coalesce around specific ideas we believe can work, and commit to bringing them to fruition.

Collectively, these themes require a change in approach. They require us to care about each other, and to be receptive to solutions that some may find uncomfortable. For years, people have vociferously decried the presence of people who panhandle as the beginning of the end for downtown, or they have derided as heartless, attempts by those who would work to address the pressures facing downtown merchants challenged by unacceptable street activity.

Now is the time to come together, choose a path that most can agree will make a difference, and work to make panhandling an unnecessary practice for survival for any of our residents or visitors.

With the Work Group's report now available for review and comment, the Mayor will meet with stakeholder groups like the Next Step Collaborative, the Housing Partnership and the Chamber of Commerce's Economic Development Committee to solicit specific feedback. Additional input will be welcomed via email to the Mayor's Office at mayor@northamptonma.gov or by phone (413) 587-1249. Comments will be taken through the end of 2019, after which time, the Work Group will re-assemble and develop a specific implementation work plan.

Appendix A: One-on-One Interview Guidelines

Downtown Survey

Surveyor Initials & Date:

[DO NOT READ INTERVIEWER INSTRUCTIONS IN CAPITAL LETTERS AND BRACKETS]

Introduction:

Hello, my name is_____. I am part of group of people who are looking to better understand the experiences of people who spend time in downtown Northampton asking for money. The city is looking at ways to make sure everyone's experience downtown is the best that it can be, while also making sure that everyone is treated with respect.

People in Northampton are talking about how to make sure that coming downtown to Northampton is a great experience for everyone - including you. We understand that you have a right to be downtown, and you have a right to ask for money on the street. We want to make sure everyone's voices are part of this conversation, so we're reaching out to the people who spend time on the streets.

Would you be willing to take a few minutes to speak with me about your experiences doing things for money on the street in Northampton? It will take about 15 minutes of your time and you will be given a \$10 Downtown Northampton Gift Card. We'll keep the information you tell us confidential and you don't have to answer any questions you feel uncomfortable with.

[IF YES] I Have you already talked to someone about this and received a gift card? It's important that people only participate once.

Thanks for taking a few minutes to talk.

To keep track of data, we are asking people to give their first name and last initial, as well as the year you were born.

I'd like to ask questions about your experience hanging out in downtown Northampton, including questions about panhandling.

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1. How often would you say you are here in Downtown Northampton?		
	Every day	
	Most days	
	Once a week	
	Once or twice a month	
	Today is first time	
2. Why do you like to hang out in downtown Northampton? [CHECK ALL THAT APPLY]		
	Family/friends	
	Job opportunities	
	Like the feel/culture	
	Access to services/resources	
	Other [WRITE ANSWER VERBATIM]:	
3. What do you do while you're down here? [SPACE TO WRITE VERBATIM ADDITIONAL DETAILS, IF APPROPRIATE:]		
4. Do you panhandle in Northampton, that is, do you ask people on the street for money or food?		
Yes	No	I don't personally panhandle but I often sit/stand with people who do
5. Do you ever play music or perform in some way in Northampton, that is, do you play music or perform in some way hoping for money from people on the street?		
Yes	No	Not Sure

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[IF NO ON BOTH, SKIP TO QXX]

6. How long have you been [panhandling/ busking, both] in downtown Northampton?			
	A month or less		
	More than a month but less than three months		
	More than three months but less than six months		
	More than six months but less than a year		
	More than a year		
7. Do you ever experience any difficulty or barriers to [panhandling, busking, both]? If so, what kinds of things do you experience?			
	Yes [WRITE ANSWER VERBATIM]:		
	No		
	Not sure		
8. How do you choose your spot for [panhandling/ busking, both]? Why did you pick a certain spot?			
	[WRITE ANSWER VERBATIM]:		
9: Is there a lot of competition for these good spots for [panhandling/ busking] in Northampton?			
	Yes	No	Not Sure
10. Do you mostly [panhandling/ busking] alone in Northampton, or are you part of a group?			
	Alone	Group	Changes/ Depends
			Not Sure
11. If you were going make a list of rules to teach others the best way to panhandle on the street, what kinds of things or advice would you say people should do?			
	[WRITE ANSWER VERBATIM]:		
12. For the same list, what kinds of things would you say people should not do? What is out of bounds?			

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	[WRITE ANSWER VERBATIM]:
13. What are the best times for [panhandling/ busking] in Northampton, what days of the week and what times of day?	
	WRITE ANSWER VERBATIM]:
14. If people can't or don't want to give to you in the moment, what would you prefer they say or	
	[WRITE ANSWER VERBATIM]:
15. How do you feel when people give you other things instead of money - like coffee, food, or a voucher for something?	
	WRITE ANSWER VERBATIM]:
16. If people wanted to give you something besides money or food, such as a coupon or voucher for something, what would be most helpful or useful for you?	
	[WRITE ANSWER VERBATIM]:
17. What do you like most about [panhandling/ busking], besides the money?	
	[WRITE ANSWER VERBATIM]:
18. What do you like least about [panhandling/ busking]?	
	[WRITE ANSWER VERBATIM]:
19. On average, how much money do you (or the people you hang out with) make a day? [IF UNSURE:] Can you give me a guess? [FINAL ATTEMPT:] Could you give me a range?	
	[WRITE ANSWER VERBATIM]:
20. If you think about the money that you make [panhandling, busking, both], can you tell me everything that you spend it on? [CHECK ALL THAT APPLY]	
	Food
	Housing or rent

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	Car (Gas, maintenance, etc.)
	Cell phone
	Support Family members
	Tobacco
	Alcohol and/or other illicit drugs
	Pay off debts
	Give to others who need it more
	Other [WRITE VERBATIM]
21. Have you ever been harassed or treated poorly while [panhandling/busking] in Northampton. Can you tell me about that experience?	
	[WRITE RESPONSE VERBATIM]:
22. What effect, if any, do you personally think [panhandling/ busking] has on business and entertainment downtown? Do you think it has:	
	A very positive effect
	A somewhat positive effect
	No effect at all
	A somewhat negative impact
	A very negative impact
	Not sure
22A. Would you please explain your answer to that last question?	
	[WRITE RESPONSE VERBATIM]:
23. What effect, if any, do you think that OTHER people in Northampton think [panhandling/ busking] has on business and entertainment downtown? Do you think they think it has:	
	A very positive effect
	A somewhat positive effect

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	No effect at all
	A somewhat negative impact
	A very negative impact
	Not sure
23A. Would you please explain your answer to that last question?	
	[WRITE RESPONSE VERBATIM]:
24. Compared to other cities and towns in this area, do you think there are a lot more, a few more, about the same or fewer people doing things for money on the streets in Northampton?	
	A lot more
	A few more
	About the same
	Fewer
	Not sure
[IF "A LOT MORE" OR "A FEW MORE" IN QXX ASK, OTHERWISE SKIP TO QXX]	
25. Why do you think there are more people asking for money on the streets of Northampton than in other places in this area?	
	[WRITE RESPONSE VERBATIM]:
26. If you ever wanted to stop [panhandling/busking], what would make you want to stop? That is, what would you need in order to stop [panhandling/busking]?	
	[WRITE RESPONSE VERBATIM]:
27. If there were a program that offered you a temporary job for some number of hours a day, would you be interested?	
	Yes
	No
	Not sure
28. Why or why not?	

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	[WRITE RESPONSE VERBATIM]:
29. What is the minimum amount you would need to be paid per hour to want to work at this program rather than [panhandling/busking]?	
	[WRITE DOLLAR AMOUNT PER HOUR VERBATIM]:
30. What hours of the day would you be willing to work? [CHECK ALL THAT APPLY]	
	Early Morning
	Mid-Day
	Afternoons
	Evenings
	All Day
	Half Day
	Not sure
31. What types of jobs would you be willing to do for the city?	
	Trash pickup and removal
	Sweeping
	Graffiti or Sticker removal
	Park or other facility maintenance
	Snow removal, shoveling
	Some other job? [WRITE VERBATIM]
	Not sure
32. If you could change anything about downtown Northampton, what would it be and why?	
	[WRITE ANSWER VERBATIM]:
33. Right now, what is the most urgent issue for you? [PROMPT: finding employment, finding stable housing, a medical issue, family issues, court case, etc.]	

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	[WRITE ANSWER VERBATIM]:
34. Over the past six months, how many times have you visited or used any of the following services?	
Tapestry Health	
Interfaith Cot Shelter	
Grove Street Inn	
Other Shelters	
Community Substance Abuse Centers	
Grace House Center for Human Development	
Center for Addiction Recovery	
Allies in Recovery	
Another Addiction or Substance Abuse Assistance group	
On Call	
The Veteran's Administration Hospital	
ServiceNet	
Clinical and Support Options	
Windhorse Integrative Mental Health	
Manna Soup Kitchen	
Northampton Survival Center	
Free Meals from a Northampton Church	
Other sources of free meals in Northampton	
Social Security Insurance	
Massachusetts Unemployment Insurance	
SRO Program at Cooley Dickinson Hospital	
Eliot (Brendan's Group)	
35. Do you use tobacco products of any kind when you hang out on the street in downtown Northampton?	

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Yes	No	Not Sure
36. Do you use marijuana products of any kind when you hang out on the street in downtown Northampton?		
Yes	No	Not Sure
37. Would you say that you are struggling with drug or alcohol abuse currently?		
Yes	No	Not Sure
38: Did you used to have a problem with drugs or alcohol, but no longer do?		
Yes	No	Not Sure
39. Anything else you want to add about your experience in downtown Northampton?		

[DEMOGRAPHICS]

Finally, I would like to ask some basic questions about you, including your current housing and employment status.

40. In what town do you currently live? [WRITE RESPONSE VERBATIM:]

41. How old are you? [INTERVIEWER: IF RESPONDENT DOES NOT WANT TO SHARE AGE, ASK IF THEY WILL PROVIDE YEAR OF BIRTH]	
[AGE]	
[OR IF WILL GIVE YEAR]	
42. What gender do you identify with?	
	Female
	Male
	Transgender
	Other [WRITE ANSWER VERBATIM]:
43. What is the highest level you completed in school?	

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	Less than high school/secondary school or GED
	High school/secondary school or GED
	Post high school/secondary school (e.g. university, professional, vocational)
	Currently a student [ASK WHERE, RECORD:]
	Other [WRITE ANSWER VERBATIM]:
44. Have you ever served in the United States Military?	
	Yes
	No
	Not sure
45. What type of housing do you currently live in?	
	Private — rent or own
	Public subsidized housing
	Group/long-term shelter/residential facility
	Homeless (street or drop-in shelter)
	Other [WRITE ANSWER VERBATIM]:
46. If you are homeless, where are you sleeping now? [WRITE RESPONSE VERBATIM:]	
47. How do you get to Downtown Northampton? [WRITE RESPONSE VERBATIM:]	
48. Are you currently employed?	
	Not currently employed
	Work occasionally
	Part Time

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	Full-time	
	Other [WRITE ANSWER VERBATIM]:	
	Not sure	
48A. [IF ANY KIND OF WORK REPORTED] What type of work do you do?		
	Not currently employed	
	Work occasionally	
	Part Time	
	Full-time	
	Other [WRITE ANSWER VERBATIM]:	
	Not sure	
48B. [IF ANY KIND OF WORK REPORTED] How long have you been doing this job?		
	A month or less	
	More than a month but less than three months	
	More than three months but less than six months	
	More than six months but less than a year	
	More than a year	
	Not sure	
49. [IF NO IN Q48:] Have you been employed at any point in the last year?		
Yes	No	Not sure
50. What type of work did you used to do? [WRITE RESPONSE VERBATIM:]		
51. CIF NO IN Q48: I Would you be interested in getting help to find work?		
Yes	No	Not sure

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52. [IF YES IN Q51:1 What kind of help would you want in finding work? [WRITE RESPONSE VERBATIM:]		
53. Do you receive any government benefits?		
	Supplemental Security Income or Social Security (SSI)	
	Social Security Disability Income (SSDI)	
	Supplemental Nutrition Assistance Program (SNAP) Benefits or Food Stamps	
	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
	Housing Benefits like Section 8 or the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program that combines Housing Choice Voucher (HCV) rental assistance for homeless veterans	
	Other Veteran's benefits besides HUD-VASH	
	Public Health Benefits like Medicaid or the Affordable Care Act (Obamacare)	
	Other [WRITE RESPONSE VERBATIM:]	
	Not sure	
54. Do you have any other sources of income?		
Yes	No	Not Sure
55. [IF YES:] What other source of income do you receive?		
[WRITE RESPONSE VERBATIM:]		

Thank you for taking the time to complete our survey!

Appendix B: Downtown Northampton Community Survey



Downtown Northampton Survey

Thank you for agreeing to take part in this important survey measuring community opinions about downtown Northampton, as we are very eager to hear your opinions. We are hoping to better understand how Northampton residents feel about downtown and the activities and issues going on there. Our hope is that the results of this survey will guide decision-makers as they work to make downtown the best it can be.

This survey should take about 10 minutes to complete, and your responses will be completely anonymous.

You can only take the survey once, but you can edit your responses until the survey is closed on May 9, 2018. Questions marked with an asterisk (*) are required.

We really appreciate your input!

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

2. In a typical month, how often do you visit Downtown Northampton for any reason?

- | | |
|---|---|
| <input type="radio"/> Daily | <input type="radio"/> Once a month |
| <input type="radio"/> Several times a week | <input type="radio"/> Never |
| <input type="radio"/> Several times a month | <input type="radio"/> Don't know / Not sure |

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3. What brings you to downtown Northampton? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Government/Post Office |
| <input type="checkbox"/> Dining/ Fast food | <input type="checkbox"/> Galleries/ Art Exhibits |
| <input type="checkbox"/> Entertainment/ Performing Arts/ Culture | <input type="checkbox"/> To spend time, hang out, browse, people watch |
| <input type="checkbox"/> Banking/Financial | <input type="checkbox"/> I work downtown |
| <input type="checkbox"/> Night Life/Bars | <input type="checkbox"/> Municipal Meeting, civic events or meetings |
| <input type="checkbox"/> Visit Pulaski Park | <input type="checkbox"/> Visit houses of worship, religious services, religious building activities |
| <input type="checkbox"/> Personal Care (e.g. Salon, Bodywork, Spa) | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Professional Services (e.g. Insurance) | <input type="checkbox"/> Therapy/ Counseling/ Mental Health Services |
| <input type="checkbox"/> Legal services (e.g. Courthouse) | |
| <input type="checkbox"/> Other (please specify) | |

4. Thinking about how often you have visited downtown Northampton over time, would you say you visit:

- More often these days
- About the same as always
- Less often these days
- Don't know

5. Do you feel there is a good mix of businesses downtown?

- Yes No

If No, what's missing?

6. What do you like most about downtown Northampton?

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7. In the past TWO years, have you attended the any of the following downtown Northampton activities? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Bag Day | <input type="checkbox"/> Restaurant Week |
| <input type="checkbox"/> Ice Art Festival | <input type="checkbox"/> Hot Chocolate Run |
| <input type="checkbox"/> Sidewalk Sales | <input type="checkbox"/> A rally, vigil or protest for a political cause or issue |
| <input type="checkbox"/> Arts Night Out | <input type="checkbox"/> Chalk Art Festival |
| <input type="checkbox"/> Summer Stroll | <input type="checkbox"/> First Night New Year's Eve Celebration |
| <input type="checkbox"/> Holiday Stroll | <input type="checkbox"/> Pride March |
| <input type="checkbox"/> Summer Concert Series | |

8. Do you think things in downtown Northampton are generally going in the right direction or do you feel things have gotten pretty seriously off on the wrong track?"

- Right direction
- Wrong track
- Don't know/ Not sure

9. What would you say is the single biggest issue facing downtown Northampton today?

10. Still thinking about downtown Northampton, for each of the following would you say you are very concerned, somewhat concerned, not too concerned, or not at all concerned:

	Very concerned	Somewhat concerned	Not too concerned	Not at all concerned	Don't know/ Not sure
How upscale and/or expensive downtown has become	<input type="radio"/>				
People asking for money on the street, panhandling	<input type="radio"/>				
How attractive downtown looks	<input type="radio"/>				
How often people feel intimidated or unsafe downtown	<input type="radio"/>				
Parking downtown	<input type="radio"/>				
People asking for money for causes and/or issues on the street, fundraising	<input type="radio"/>				
People playing music on the street, busking	<input type="radio"/>				
Empty storefronts downtown	<input type="radio"/>				
How well downtown is maintained, cleanliness	<input type="radio"/>				

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For the next few questions, we're going to ask you about times you may have been approached or solicited while visiting downtown Northampton. For these questions, we'll be talking about three different kinds of solicitations, or 'asks' from people on the street downtown. For the purposes of this survey, we will define these as:

1. Busking - people who play an instrument or perform, some of whom are asking for money.
2. Groups supporting activities or causes. For example, people who ask for money for environmental issues, reproductive rights, human rights, youth organizations, or things like that.
3. Panhandling - people who ask for money on the street for their personal needs.

11. How often do you see someone busking, that is playing an instrument or performing for money on the street in downtown Northampton?

- | | |
|--|-----------------------------------|
| <input type="radio"/> Every time I go downtown | <input type="radio"/> Hardly ever |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

12. When you see someone busking (performing) in downtown Northampton, what do you do?

- | | |
|---|---|
| <input type="radio"/> Never give money | <input type="radio"/> Give something other than money (food, gift card) |
| <input type="radio"/> It depends, but usually do NOT give money | <input type="radio"/> Avoid them, cross the street |
| <input type="radio"/> It depends, but usually give money | <input type="radio"/> I don't see buskers |
| <input type="radio"/> Give money consistently | <input type="radio"/> Don't know / Not sure |

13. Overall, when thinking about your visits to Northampton, would you say your experience with buskers (performers), has a very positive impact, a somewhat positive impact, neither positive or negative impact, somewhat negative impact, or very negative impact?

- | | |
|--|---|
| <input type="radio"/> Very positive | <input type="radio"/> Somewhat negative |
| <input type="radio"/> Somewhat positive | <input type="radio"/> Very negative |
| <input type="radio"/> Neither positive or negative | <input type="radio"/> Don't know / not sure |

14. Please briefly share any additional thoughts you have about busking or street performers in downtown Northampton:

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15. How often have you been approached by groups supporting activities or causes, that is, people who ask for money for environmental issues, reproductive rights, human rights, youth organizations, or things like that on the street in downtown Northampton?

- Every time I go downtown
- Often
- Sometimes
- Hardly ever
- Never

16. When you see groups or people supporting activities or causes asking for money in downtown Northampton, what do you do?

- Never give money
- It depends, but usually do NOT give money
- It depends, but usually give money
- Give money consistently
- Avoid them, cross the street
- I don't see people soliciting for causes
- Don't know / Not sure

17. Overall, when thinking about your visits to Northampton, would you say your experience with groups or people supporting activities or causes asking for money has a very positive impact, a somewhat positive impact, neither positive or negative impact, somewhat negative impact, or very negative impact?

- Very positive
- Somewhat positive
- Neither positive or negative
- Somewhat negative
- Very negative
- Don't know / not sure

18. Please briefly share any additional thoughts you have about groups or people supporting activities or causes asking for money in downtown Northampton:

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19. How often have you been approached by someone panhandling, that is, someone asking for money on the street?

- Every time I go downtown
- Often
- Sometimes
- Hardly ever
- Never

20. When you see someone panhandling, that is asking for money on the street, what do you do?

- Never give money
- It depends, but usually do NOT give money
- It depends, but usually give money
- Give money consistently
- Give something other than money (food, gift card)
- Avoid them, cross the street
- I don't see panhandlers
- Don't know/ Not sure

21. Overall, when thinking about your visits to Northampton, would you say your experience with people panhandling (asking for money) has a very positive impact, a somewhat positive impact, neither positive or negative impact, somewhat negative impact, or very negative impact?

- Very positive
- Somewhat positive
- Neither positive or negative
- Somewhat negative
- Very negative
- Don't know/ not sure

22. What do you think is the PRIMARY reason people panhandle or ask for money on the street in downtown Northampton, that is, what do you think is the PRIMARY cause of panhandling in Northampton?

23. Which of the following comes closer to your own view about panhandling in downtown Northampton?

- Some people say that panhandling is detrimental to downtown Northampton. Some of the reasons for this include: it makes it less pleasant to walk down the street, it feels less safe, it's keeping residents and visitors away, and/or it negatively impacts business. Something should be done to end or reduce panhandling downtown.
- Some people say that panhandling is not detrimental to downtown Northampton. Some of the reasons for this include: people who panhandle have genuine needs, panhandling is a reflection of a vibrant downtown, and we should be proud that Northampton is the kind of community that cares enough to help people in need. Nothing needs to be done to end or reduce panhandling downtown.
- Don't know/ Not sure

24. Thinking specifically about your experience with people who panhandle in Northampton, overall, would you say that your interaction felt:

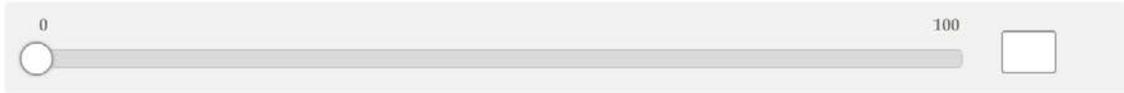
- Very safe and comfortable
- Reasonably safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe or frightening

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Next, we're going to share a list of ideas that some people have suggested might help reduce the number of people who need to panhandle or ask for money on the street in Northampton. Please rate each on a scale from 0 to 100, where zero means this is a horrible idea, 100 means that this is a terrific idea, and 50 means the idea is neither good or bad.

25. Visitors to downtown Northampton could be encouraged to contribute to a fund that would provide services (emergency shelter, meals, mental health services) to panhandlers, or people on the streets downtown, as an alternative to giving money directly to people who panhandle.

0 100



26. Downtown businesses and non-profits could be encouraged to provide short-term jobs (such as two-hour cleaning or maintenance tasks) for people who panhandle, or ask for money on the street downtown, with this "job bank" coordinated by a local nonprofit.

0 100



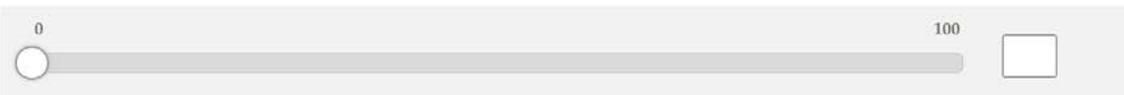
27. A public education campaign, aimed at shoppers and workers, as well as people who panhandle, or ask for money on the street downtown, would seek to better inform all of the range of services available to people in need.

0 100



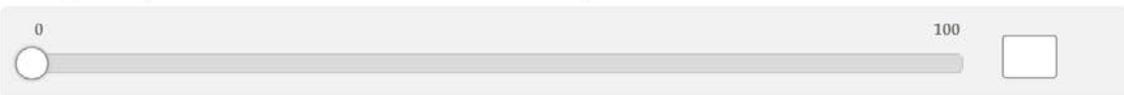
28. The city should pass a law prohibiting or restricting the practice of panhandling or asking for money on the street downtown.

0 100



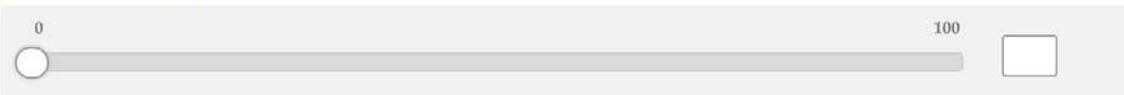
29. The Police Department should actively discourage panhandling or asking for money on the street downtown with a greater presence and stricter enforcement of existing laws.

0 100



30. Organizations providing job counseling and placement services could provide outreach targeted to panhandlers or people who ask for money on the street downtown.

0 100



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32. An effort could be made to offer a high school education equivalent for everyone who panhandles or asks for money on the street downtown, as part of a program to give people a better chance of having other options to earn money in the future.

0 100

33. An effort could be made to build or purchase a center close to downtown where people who panhandle or ask for money on the street downtown to store things in lockers, take showers, use the bathroom, or wash clothing to help provide basic services and to safely store their belongings off of the street.

0 100

The following questions are for statistical purposes only.

* 34. Where do you find information about downtown Northampton events? Please select your top TWO sources of information.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> MassLive (The Springfield Republican) | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Daily Hampshire Gazette | <input type="checkbox"/> Radio |
| <input type="checkbox"/> The Valley Advocate | |
| <input type="checkbox"/> Other (please specify) | |

35. Do you currently own or work for a business located in downtown Northampton?

- Yes, work for a downtown Northampton business
- Yes, I own a business in downtown Northampton
- No
- Don't know

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36. What is your gender?

- Female Transgender
 Male Prefer not to say
 Other (please specify)

37. What is your age?

- 18 to 24 55 to 64
 25 to 34 65 to 74
 35 to 44 75 or older
 45 to 54

38. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree Associate degree
 High school degree or equivalent (e.g., GED) Bachelor degree
 Some college but no degree Graduate degree

39. Across your entire life, how many years have you lived in the city of Northampton, or have you never been a resident of the city of Northampton?

- 5 years or less 26-35
 6-10 More than 35
 11-15 I have never been a resident of Northampton
 16-25

40. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native Hispanic
 Asian / Pacific Islander White / Caucasian
 Black or African American
 Multiple ethnicity / Other (please specify)

41. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
 No, not Hispanic or Latino

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42. What is your approximate average household income?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000-\$174,999
- \$175,000-\$199,999
- \$200,000 and up



Appendix C: Societal Context: Housing

The Work Group acknowledged that a multiplicity of factors contribute to the vast numbers of people struggling locally, regionally and across the country. While the manifestation of this is observed, experienced and witnessed at a local level many believe that the underlying systemic causes are largely the results of decisions made at the federal level. Declining or flat wages, cuts to assistance benefits, lack of mental health services and first and foremost, massive funding cuts that have created the affordable housing crisis being experienced today, are having catastrophic ramifications nationwide.

National Housing Market

No state has an adequate supply of affordable rental housing for the lowest income renters



©2019 National Low Income Housing Coalition

The U.S. has a shortage of seven million rental homes affordable and available to extremely low-income renters, whose household incomes are at or below the poverty guideline or 30% of

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their area median income. Only 37 affordable and available rental homes exist for every 100 extremely low-income renter households. Extremely low-income renters face a shortage in every state and major metropolitan area, including the District of Columbia. Among states, the supply of affordable and available rental homes ranges from only 19 for every 100 extremely low-income renter households in Nevada, to 66 in Wyoming. Among the 50 largest metropolitan areas in the U.S., the supply ranges from 13 affordable and available rental homes for every 100 extremely low-income renter households in Orlando, Florida, to 51 in Pittsburgh, Pennsylvania.

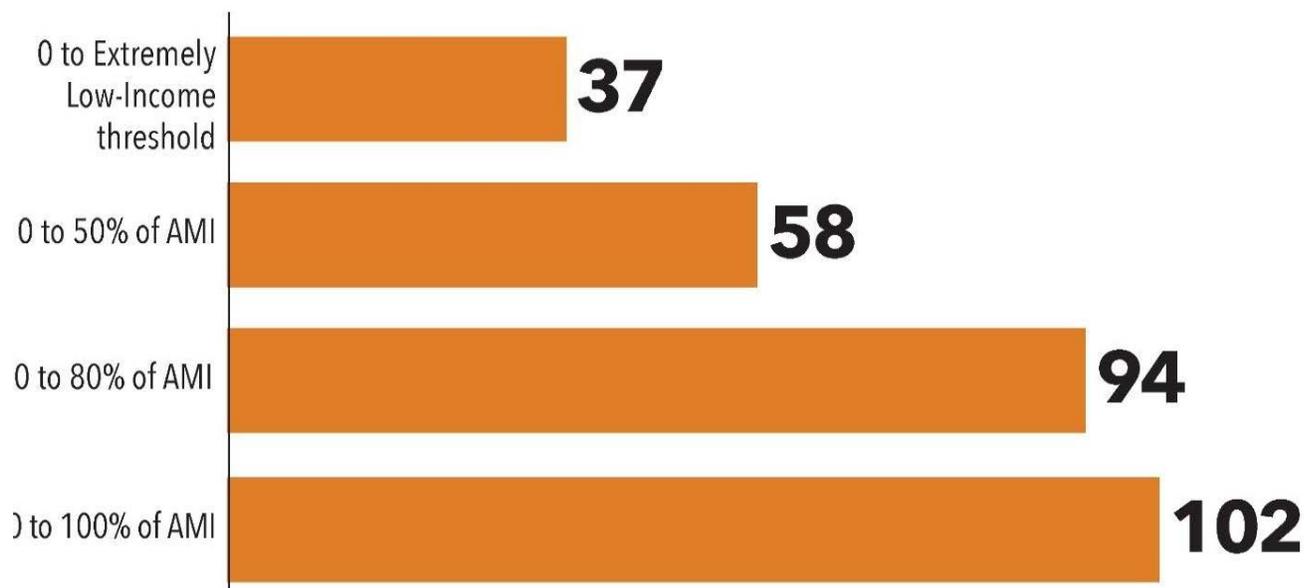
According to the National Low Income Housing Coalition, only one quarter of households renting a home spent more than 30% of their income on housing costs in 1960. 1970 saw a 300,000-unit surplus of affordable rental units which permitted nearly every American to find an affordable place to live. Due to the adequate supply of housing, widespread homelessness did not exist. Today, sources report a deficit of 7.2 million rental units inexpensive enough for people with the lowest incomes to afford; and there are 554,000 Americans homeless on any given night.

In the last 10 years since the Great Recession, some sectors of the economy have expanded, but the housing market has not. Since 2011, residential construction has only gradually increased. Strong, robust demand but weak supply has driven up housing prices rapidly. Facing higher rents and home purchase prices, many young people across the nation are doubling up in shared living arrangements or living at home with their parents. And many find themselves unable to afford to live anywhere at all.

After years of low levels of building, a significant shortfall has developed. To address the shortfall, the nation's housing market needs to add more than 1.6 million units annually. If supply continues to fall short of demand, home prices and rents will continue to outpace income and household formation. This inadequate level of housing supply across the U.S. is a major challenge not only in 2019, but will be for years to come.

THE GAP

AFFORDABLE AND AVAILABLE RENTAL HOMES PER 100 RENTER HOUSEHOLDS, 2017



Source: NLIHC tabulations of 2017 ACS PUMS data.
AMI = Area Median Income.
©2019 National Low Income Housing Coalition

<https://nlihc.org/gap>



Three primary factors drive the need for housing construction:

1) *Growing demand from a growing population segment.*

Over the next decade, 90 million young adults (those aged 15 - 34 in 2016) will add approximately 20 million households. In the past, young adults have been able to access housing being vacated by older people, but the trend today, for seniors aged 55+, is a preference to age in place. Better health and education have resulted in seniors transitioning more slowly out of homeownership than prior generations. Trending does predict that eventually, as the Boomers age out of the housing market and younger adults are replaced by the smaller Generation Z, the growth in households will moderate slightly, but the timing for that shift is well into the next decade.

2) *The need to replenish existing stock.*

Housing stock gradually depreciates over time and must be replaced. The U.S. Census Bureau estimates indicate the nation's housing market needs to add 300,000 units each year to replace lost units.

3) *A well-functioning market must contain vacant units.*

Vacant units being available for purchase or rent are a key component of market viability. The vacancy rate has declined sharply across the country since 2010 due to lack of inventory. Many vacant homes are seasonal units, or vacation homes. Second home demands equate to approximately 120,000 units annually. With the overall economy continuing to grow in most sectors, the demand for second homes is anticipated to continue at a similar pace in the future. As the U.S. population shifts south and west, the populations of many Northeast and Midwest cities have declined sharply. For the overall year-round vacancy rate to remain constant around a desired 10%, for each one million additional households, 111,000 vacant units need to be added to keep the vacancy rate fixed.

In summary, roughly 1.63 million housing units are needed annually to meet housing demand in the U. S. That number equates to 1.1 million units to accommodate household growth, 300,000 units to replace deteriorating stock, 120,000 to meet the second home demand, and 111,000 to provide enough vacant units to maintain an efficient flexible market place. Many assumptions in such predictions make the true level of housing demand uncertain. However, even the lowest estimates (1.3 million new units needed annually) exceed the current rate of housing construction – 1.25 million in 2017. This means at least 50,000 households in the U.S. each year cannot buy or rent a home because it hasn't been built. Until construction ramps up, housing costs will continue to rise above incomes, constricting household formation and preventing homeownership for millions of potential households which results in added pressure on the rental markets across the country.

A sequence of policies in the 1980's and 1990's cut not only housing supply but social services for America's poorest residents. Eliminated were housing options *and* safety nets that once protected people from being "on the streets".

"When we look at the affordable housing crisis today, there's a direct line back to really severe cuts that were made to critical affordable housing programs under the Reagan administration...but unlike other federal safety nets like Social Security and Medicare, affordable housing isn't automatic even if you qualify for it. When public housing agencies open up a waiting list, you'll see long lines of people waiting just to add their name to the waiting list—and they're waiting literally decades. Today, there are just three affordable and available housing units for every 10 extremely low-income families."

– **Diane Yentel, President of the National Low Income Housing Coalition**

From 2005-2015, federal investments in several critical housing development programs declined significantly. These included a 77% reduction in the U.S. Department of Agriculture's Section 515 program (Rural Rental Housing loans), a 55% reduction in the U.S. Department of

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Housing and Urban Development (HUD) Section 202 Program (Supportive Housing for the Elderly), a 62% reduction in the HOME Investment Partnerships Program and a 50% reduction in Community Development Block Grant (CDBG) funds (of which the City of Northampton is a recipient).

These reductions, coupled with the Great Recession and severe housing market crash in 2007-2008, have greatly amplified the current crisis.

Source: Excerpts taken from The Challenge of Inadequate U.S. Housing Supply- Insight Report. December 5, 2018. Freddiemac.Com/Research.

Diane Yentel, NLIHC as quoted in a Mother Jones Article. "1 in 200 San Franciscans Sleep on the Street" Julie Laurie. June 30, 2016.

Statewide Housing Market

Massachusetts' housing costs are among the highest in the nation.

In an article published August 30, 2019, in Barron's Magazine (Jacob Passey), Massachusetts was ranked **the** most expensive state to buy a home in, [according to a report from personal-finance website SmartAsset](https://smartasset.com/mortgage/cheapest-states-to-buy-a-home-2019?mod=article) (<https://smartasset.com/mortgage/cheapest-states-to-buy-a-home-2019?mod=article> inline). The ranking included the following factors:

- Effective property tax rate, based on U.S. Census Bureau data
- Median listing price and price per square foot, according to Zillow
- Median value for homes in the bottom third of the market
- Average closing costs, according to SmartAsset's own closing cost calculator

Based on this formula, despite the fact that home prices were actually lower in Massachusetts than other expensive states such as California and Hawaii (the median listing price in Massachusetts was \$479,900, \$550,000 in California and \$632,500 in Hawaii), Massachusetts had a higher effective property tax rate (1.18%) than both of those states, earning it the top rank.

For renters, the [Massachusetts statewide housing wage](http://nlihc.org/oor/massachusetts) (<http://nlihc.org/oor/massachusetts>) in 2018 was \$28.64/hour, meaning that a worker would have to earn that amount per hour in order to afford the fair market rent for a 2-bedroom apartment (\$1,489/month), without having to pay more than 30% of their income toward rent. The housing wage is based on a person working 40 hours/week, 52 weeks/year. For 2017 it was \$27.39, for 2016 it was \$25.91, and for 2015 it was \$24.64/hour. Massachusetts ranked as the sixth least affordable area state in the country for 2018, when looking at the rental market in 50 states and Washington, D.C.

Nearly 20% of households in the Commonwealth are severely cost-burdened and are not receiving housing assistance. Being "cost burdened" is defined as paying more than 30% of one's household income on housing and being "severely cost burdened" is defined as paying

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more than 50% for housing costs. According to U.S. Census data, there are 223,845 households experiencing “severe housing cost burden” in Massachusetts.

According to the Massachusetts Housing Partnership (MHP), 7,066 new affordable units were produced in the past five years and only about 14,000 in the last decade. MHP estimates that 27,000 new rental units and 15,000 new ownership opportunities are needed to meet current statewide demand.

That housing gap will significantly widen as a million workers retire from the labor force by 2030 and additional housing is needed for new workers to take their place. Inadequate supply of units at all levels exacerbates market pressure at the lower price levels.

Supply and demand ratios are reflected in vacancy rates, as discussed earlier. Vacancy rates across the Commonwealth range from Middlesex and Suffolk at 1.56% and 1.40% respectively (the tightest), and Barnstable and Berkshire are at the other end of the range with 3.51% and 3.20% respectively. The Hampshire County and Northampton rental vacancy rate is currently 3.6%. Any percentage below a 4% vacancy rate indicates an extremely tight housing market.

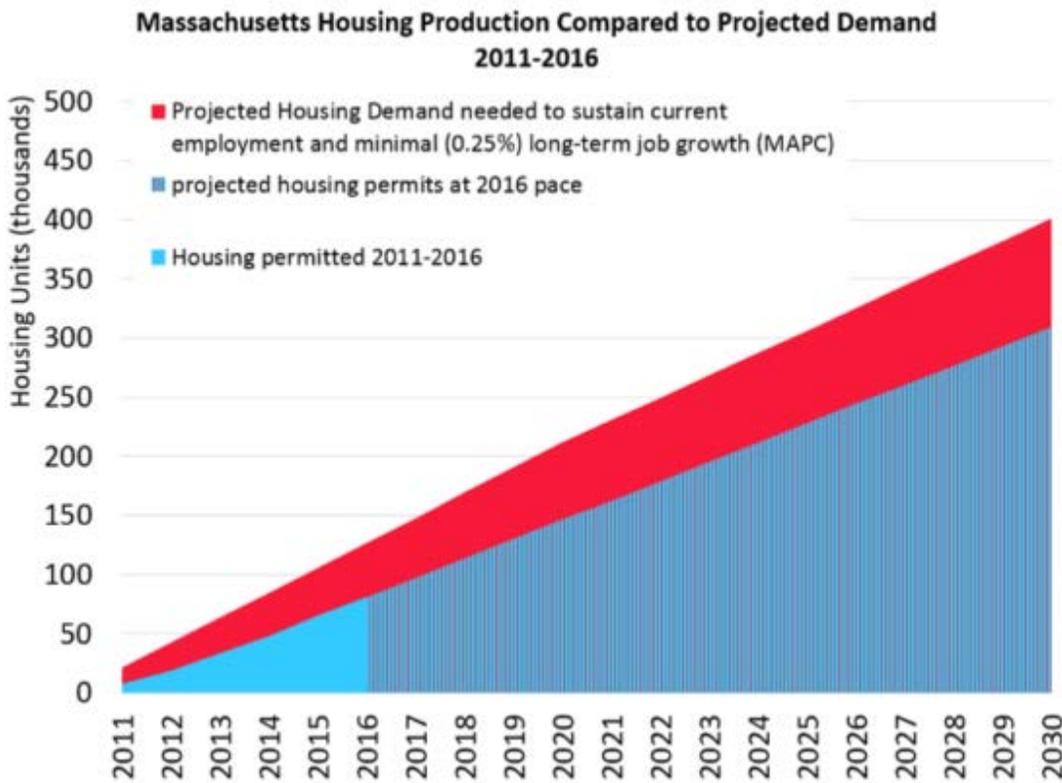
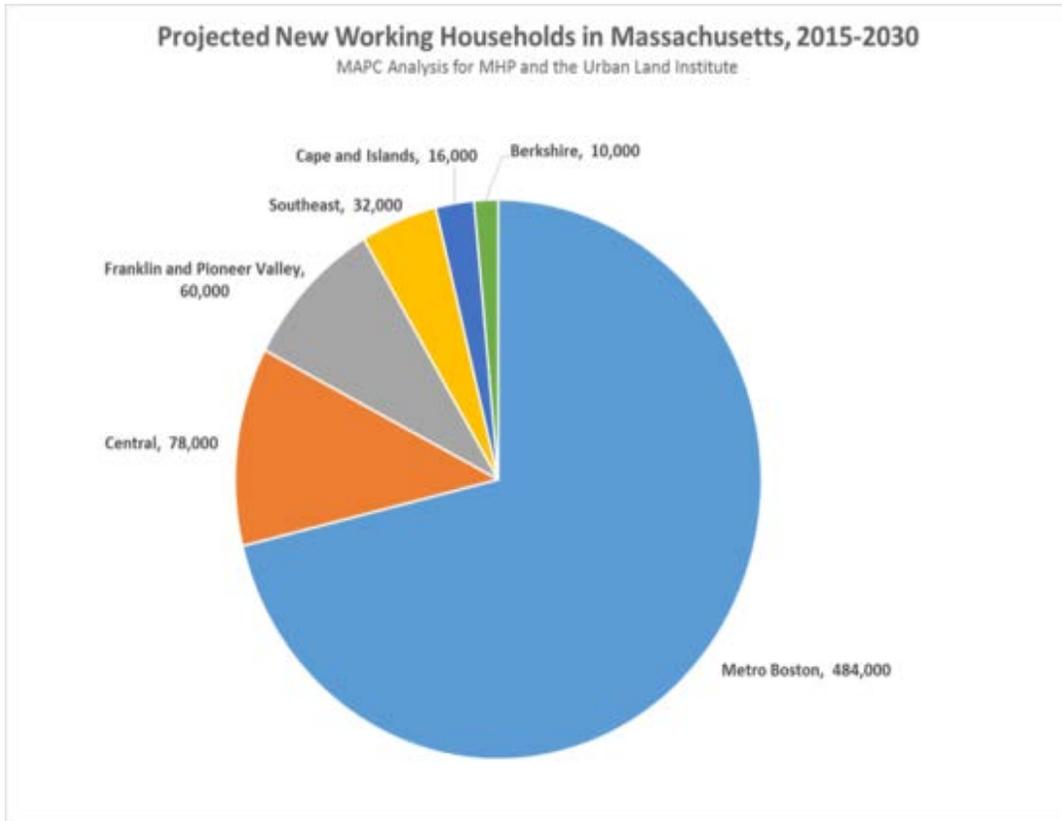
Geography	Rental Vacancy Rate	Owner Vacancy Rate
Massachusetts	4.1%	1.1%
Pioneer Valley	4.1%	1.3%
Hampshire County	3.6%	1.1%
Northampton	3.6%	1.4%
Pioneer Valley Region	4.1%	1.2%

Massachusetts Housing Partnership Data Center 2018

To meet the long-term housing demand projected, Massachusetts would need to average at least 17,000 new housing units permitted each year between 2010 and 2040. The state has fallen short of that goal in six out of the last seven years.

If the Commonwealth keeps up with the current pace of housing construction the state will be more than 90,000 units short of demand by 2030. It may seem like a lot of housing construction is going on -- especially in and around downtown Boston – but in fact annual housing production in the state is only about half of what it was in the 1960s, 1970s and 1980s. Massachusetts permits 36% less new housing per capita than the national average, ranking it 38 out of the 50 states.

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Housing supply artificially constrained by zoning and other land use regulations, particularly in the eastern part of the state, drives up rents and home prices across the entire housing market. While everyone is impacted by increased housing costs, those increases are [much more harmful to lower income households](http://nlihc.org/sites/default/files/SHP_MA.pdf) (http://nlihc.org/sites/default/files/SHP_MA.pdf) who pay the highest percentage of their income on housing.

(National Low-Income Housing Coalition, 2018 Massachusetts Income Profile)

Housing supply for households with extremely low incomes

A recently released report from the New England Policy Center (April 2019) states that affordability is of special concern for the state's extremely low-income (ELI) renter households (defined as those with incomes at or less than 30% of the area median income). In 2016, 79% of those in this grouping were "rent burdened", meaning more than one third of the household income is spent on rent and utilities. The lower a household's income is, the more it depends on financial assistance to find housing that is affordable and to cover monthly rent payments. This is particularly true in Massachusetts due to high housing costs. Households with extremely low incomes often have to forgo spending on health care, food, childcare, or other necessities. A single financial shock can cause a household at this income level to fall behind on rent, leading to eviction or homelessness.

The report examines existing shortages of affordable *and* available rental housing for households with extremely low incomes at both the state and local levels. It finds that in 2016, *there was less than one such unit for every two extremely low-income renter household in Massachusetts.*

Cities and towns vary widely in their supply of affordable and available units, with much of the state's subsidized (formally "rent assisted") housing concentrated in major cities and other heavily populated areas. Communities with lower rents were associated with higher rates of rent burden in 2016, which suggests that in some cases, low incomes contribute to the high rate of rent burden that household's experience.

Pending Expiring Use Crisis

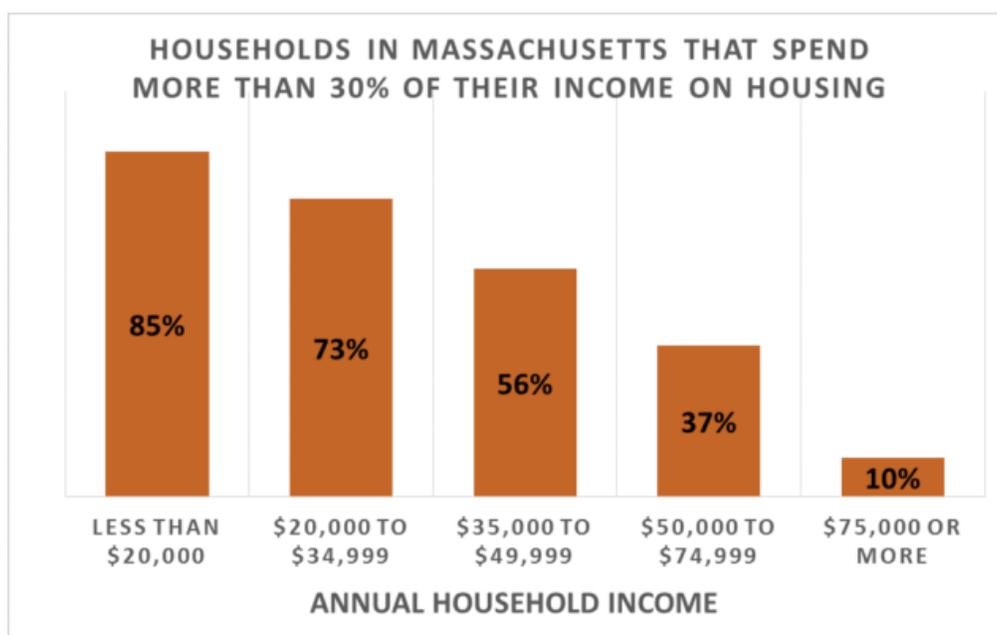
This report also finds that much of the state's inventory of affordable housing is at risk of becoming unaffordable to households with extremely low incomes when subsidies end and the owners of these expiring use units raise rents. By 2025, 9,110 subsidized units occupied by ELI households in 2016 will have all of their attached subsidies expire. Twenty-five cities and towns are at risk of having all of their subsidized housing expire by this time. This report estimates that by 2035, between \$843 million and \$1.03 billion will be needed annually to preserve expiring use units and increase the subsidized housing inventory sufficiently.

The report goes on to say that despite the fact that many state and federal programs that support affordable rental housing and subsidize housing costs do prioritize at least some units

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for households with extremely low incomes (roughly \$2 billion in federal rental assistance funding in 2016 alone), affordability challenges persist.

A 2017 Urban Institute study estimated that for every 100 households with ELI in Massachusetts in 2014, only 34 affordable rental units were available. The number was 48/100 in 2016. The vast majority of these units (41 of the 48/100) were state and federally subsidized units. Private-market units, those with no government subsidies attached to them, accounted for (only) 7.6 units per 100 ELI households. Overall in 2016, Massachusetts experienced a shortage of 141,291 affordable and available rental units for households with ELI.



In 2016, most of the U.S. Department of Housing and Urban Development's (HUD) subsidized units in Massachusetts were occupied by households with extremely low incomes. These included 76% of the state's public housing units, 74% of the Project Based Section 8 units and 75% of the mobile Section 8 Housing Choice Vouchers. Despite the significant subsidies, shortages of units persist.

It is important to note, as this study emphasizes, that the private market often does not provide sufficient supplies of housing at this income level. This is due to the high costs of land purchase, construction and labor. New development is almost always targeted to the higher end of the rental market, where developers can earn higher profits.

The shortage of affordable housing for households that are cost burdened has many repercussions. "Poorer families receiving no help with rent spend an estimated 55% less on healthcare and 38% less on food than do similar households receiving rental assistance. Children in households with ELIs *with* rental assistance tend to have better nutrition and less exposure to dangerous health hazards such as lead and mold, compared with children in

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households on waiting lists and receiving no assistance. A study of children in poor families residing in public housing finds that: compared with children in households receiving no assistance, they are more likely to work as young adults, have greater personal incomes and are less likely to be on cash assistance programs later in life.”

Source: Information excerpted from Massachusetts Housing Partnership Data Center website.

Massachusetts Housing Partnership Data Center Power Point and narrative,

<https://www.mhp.net/about-us/data>

<https://www.mhp.net/writable/resources/documents/MHP-Slide-Deck-Newton-1-25-18.pdf#page=6>

[Federal Reserve Bank of Boston “Growing Shortage of Affordable Housing for Extremely Low Income Households in Massachusetts”. March 2019.](#)

Rauh, Landrigan and Claudio 2008

Newman and Harknass 2002

Local housing market

Northampton is experiencing a strong housing market and has typically been isolated from national or regional dips in activity. The city has always maintained a healthy ratio of homeownership units vs. rental units, generally fluctuating around 60/40. Currently, there are 12,076 total housing units (down from 12,489 in 2010), 56% owner occupied and 44% rental units. However, most all rental units are unaffordable for people with lower incomes without a rental subsidy and homes for purchase under \$250,000 are extremely rare and often result in bidding wars. The number of high-rent units, units costing \$2,000 or more, has increased by over 600% since 2010.¹

Local realtors state that “everyone wants to live in Northampton” and inventory is slim at all sales price levels. The vacancy rate is typically 0-3%. With buyers unable to afford homeownership, they may opt to rent, further constraining the available rental units in the city for people with lower income levels.

The number of units with monthly rent below \$1,000 has dropped significantly since 2011. In 2016 there were 609 less units with rents below \$999. Correspondingly there were 588 more rentals with rents \$1,000 and over. The assumption is that most of these 588 units replaced the previously less expensive 609 rental units. Rental agencies that charge finders fees to tenants to access apartments is an issue in our community. Coming up with first month's rent, last month's rent, security deposits and finders fees create huge barriers to accessing and securing rental housing for those with limited incomes.

Looking at household income breakdowns show that households with incomes under \$50,000 are exiting the Northampton rental market. Approximately 471 households (9% of all rental households) earning \$50,000 or less, left the Northampton rental market between 2011 and 2016. During that time 464 households with incomes of \$50,001 and above entered the

¹ American Community Survey (ACS) 2012-2016 and 2006-2010, Table B25063, retrieved from <https://www.census.gov/programs-surveys/acs>

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Northampton rental market. Some households may have been close to the \$50,000 income threshold and crossed into the higher category, but an assumption can also be made that the lower than \$50,000 income households are being replaced by \$75,000+ or \$100,000+ income households. While many of the lower to middle income rental households may have exited Northampton for less expensive rental markets, some households may have become homeless or moved in with others.

Local housing costs

Northampton is facing a housing affordability problem as the sales and rental figures continue to rise. According to the American Community Survey data for 2012-2016, 52% of households are currently paying 35% or more of their income on housing. (Those spending in excess of 30% of their incomes on housing are "housing cost burdened" according to the U.S. Department of Housing and Urban Development).

The median monthly housing cost for residents of Northampton is \$1,116.² If a person were to spend no more than 30% of their income on housing, they would have to make at least \$44,640 per year in order to afford the median monthly housing cost.

The median gross rent in Northampton is \$984 per month.³ This represents an increase of 14.6% since 2010. The city has seen a growth in median household income of 16.9% during this time, however Hampshire County's household income only rose by 5.2%, and in Hampden County by 6.9% potentially making Northampton less accessible for those in the area interested in living here.

Renters in Northampton are disproportionately Latino or Hispanic in relationship to the overall population of the city.⁴ Of the 804 Latino households in the city, 691 or 85.9%, are renters. Seventy percent of Black households are renters, 52.5% of Asian households are renters, and 39.8% of White non-Latino households are renters.

² American Community Survey (ACS) 2012-2016, Table S2503, retrieved from <https://www.census.gov/programs-surveys/acs>

³ American Community Survey (ACS) 2012-2016, Table B25064, retrieved from <https://www.census.gov/programs-surveys/acs>

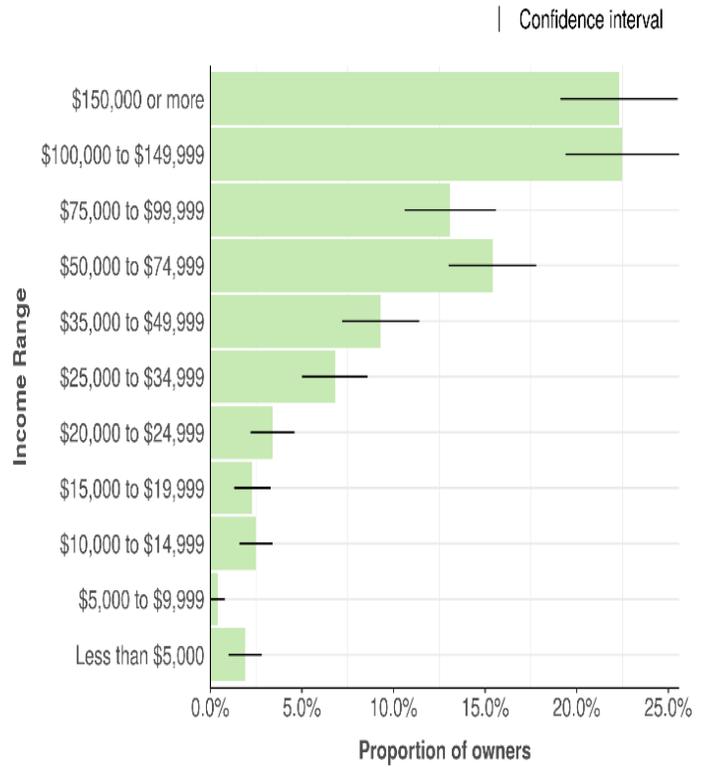
⁴ American Community Survey (ACS) 2016, Table B25003 (B, D, H, and I), retrieved from <https://www.census.gov/programs-surveys/acs>

Renter households Northampton

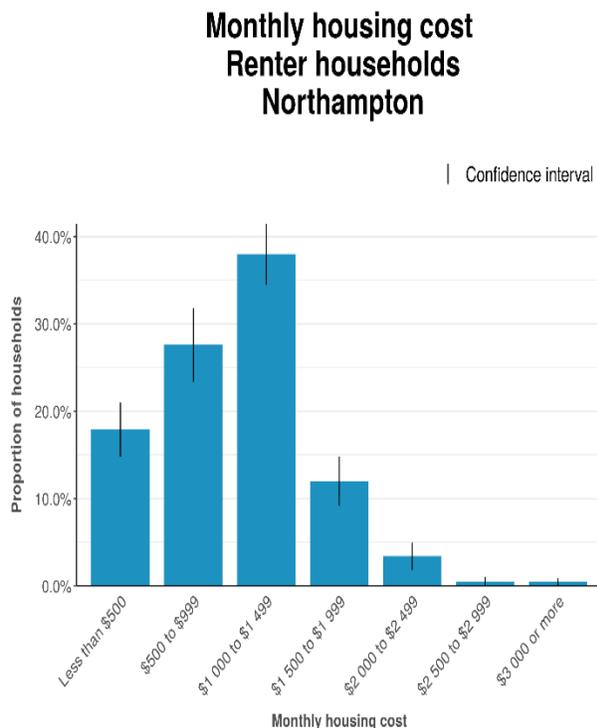


Source: U.S. Census Bureau American Community Survey, 2013-2017 5-year estimates.
Table B25118: Tenure by household income in the past 12 months

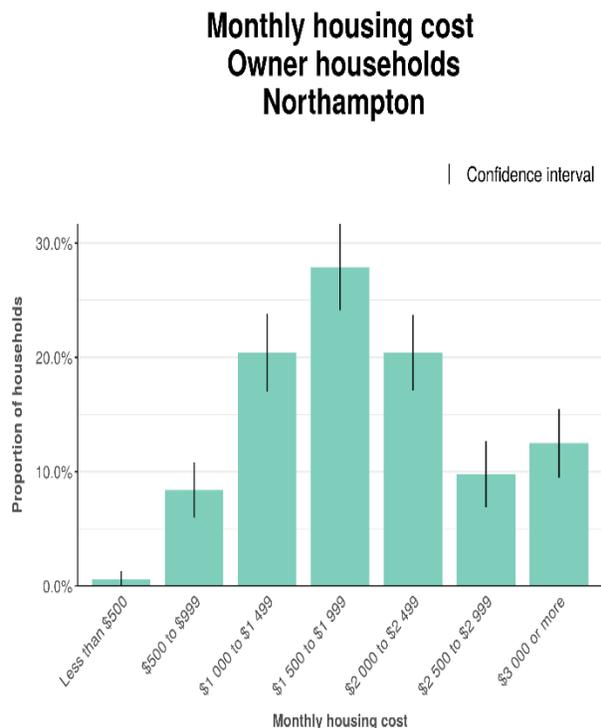
Owner households Northampton



Source: U.S. Census Bureau American Community Survey, 2013-2017 5-year estimates.
Table B25118: Tenure by household income in the past 12 months



Source: U.S. Census Bureau American Community Survey, 2013-2017 5-year estimates. Table DP04: Selected Housing Characteristics



Source: U.S. Census Bureau American Community Survey, 2013-2017 5-year estimates. Table DP04: Selected Housing Characteristics

Median rent prices and % change for Northampton and region

Community	2011	2013	2015	2017	% change
Easthampton	842	872	884	936	11%
Hadley	855	898	1033	1050	23%
Hatfield	619	584	700	945	53%
Holyoke	703	658	700	795	13%
Northampton	876	960	975	1054	20%
South Hadley	797	830	912	948	19%
Westhampton	1125	1292	1132	1088	-3%
Williamsburg	756	763	1063	1003	33%

Source: U.S. Census Bureau 2103-2017 American Community Survey 5-Year Estimates

The median monthly owner costs for a home with a mortgage in Northampton is \$1,791. The table below shows what percentage of a household's income goes towards housing costs for those who have a mortgage.

	Number	Percent
Total Housing Units With a Mortgage	4049	100.0%
20.0 to 24.9 percent	605	14.9%
25.0 to 29.9 percent	575	14.2%
30.0 to 34.9 percent	201	5.0%
35.0 percent or more	918	22.7%
Less than 20.0 percent	1750	43.2%

Regional and local affordable housing inventory

The Commonwealth has a set standard that every Massachusetts community should strive towards which is to have at least 10% of its housing units be affordable for a prescribed period of time. Under Massachusetts General Laws Chapter 40B, in any municipality where less than 10% of its housing qualifies as affordable under the law, a developer can build more densely than the municipal zoning bylaws would permit. This allows the opportunity for more units per acre of land when building a new development, if at least 25% (or 20% in certain cases) of the new units have long-term affordability restrictions.

Ownership and rental properties that have affordable housing restrictions attached to them are listed on the State's Subsidized Housing Inventory.

https://www.mass.gov/files/documents/2017/10/10/shiinventory_0.pdf

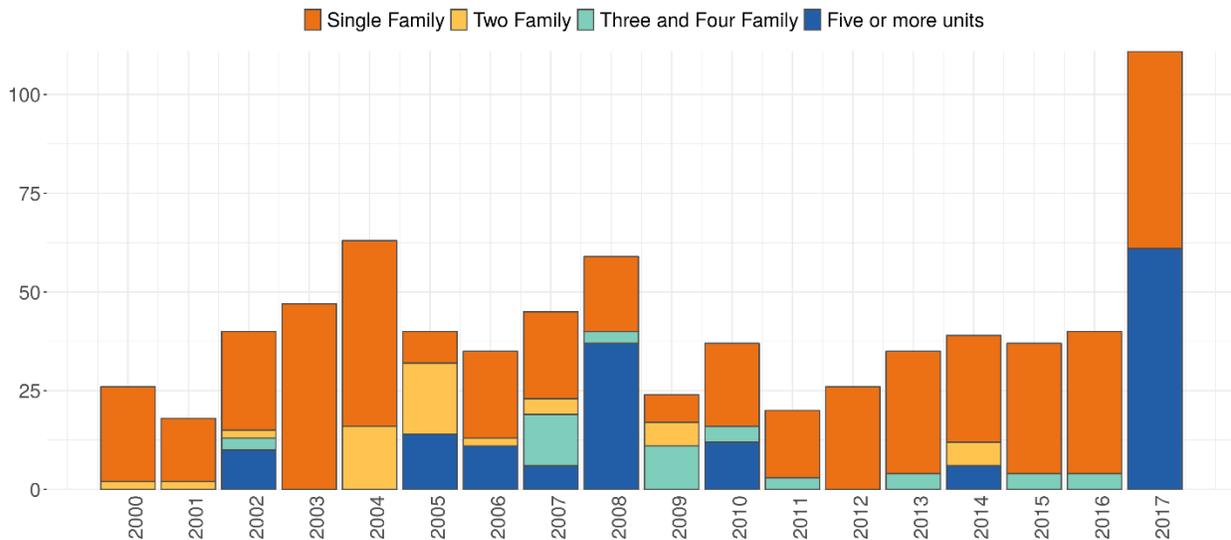
The inventory is maintained by the State Department of Housing and Community Development. Communities across the state have varying percentages of affordable units and those with lower percentages are at a competitive disadvantage when seeking dollars from state funding sources. Northampton has fluctuated between 10% and 12.8% over the last several years and currently sits at 10.8%. The actual percentage is higher, however, as some projects need to be added to the inventory.

210 cities and towns in Massachusetts have gone a decade or longer without permitting any multifamily housing of five or more units.

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City/Town	Number of units	Number of subsidized units	% of total
Amherst	9,621	1,083	11.3
Easthampton	7,567	522	6.9
Greenfield	8,325	1,155	13.9
Hadley	2,200	264	12
Holyoke	16,320	3,253	19.9
Longmeadow	5,874	272	4.6
Northampton	12,604	1,356	10.8
Pittsfield	21,031	1,936	9.2
S. Hadley	7,091	424	6
Springfield	61,556	10,192	16.6
Sunderland	1,718	0	0
W. Springfield	12,629	429	3.4
Southampton	2,310	44	1.9
Westhampton	635	17	2.7
Williamsburg	1,165	51	4.4

**Annual housing units permitted
by building type
Northampton**



Source: U.S. Census Bureau - Annual Building Permit Survey (Reported and Imputed)

Northampton Housing Authority units and wait lists

The Northampton Housing Authority owns and manages units and administers rental assistance subsidies that can be used with private landlords anywhere in the country. Some developments are funded by the state and some are federally funded. The unit breakdown is as follows:

Public housing	Total units	Bedrooms	2	3	4
		1			
Hampshire Heights	80	0	41	36	2
*Florence Heights	50	0	23	22	4
McDonald House	60	54	6	0	0
Cahill Apartments	64	64	0	0	0
Forsander Apartments	72	72	0	0	0
*Salvo House	192	189	2	0	0
State Street House	6	5	0	0	1
Tobin Manor	49	47	0	0	2
Scattered Site Family	8	0	0	8	0
Millbank Apartments	4	0	4	0	0
Bridge Street House	7	3	4	0	0
Grace House	20	20	0	0	0
Mary McColgan Apartments	6	6	0	0	0
Total	618	460	80	66	9

* Federally funded developments

Leased housing programs/vouchers administered	Number
Section 8 Mobile Housing Choice Vouchers	367
Enhanced Vouchers/Meadowbrook and Hathaway Farms	59
Section 8 Project Based Vouchers	39
Veterans Affairs Supportive Housing (VASH)	285
Soldier On/Leeds - Project Based VASH Vouchers	90 (34 in Leeds, 46 in Agawam)
Mass. Rental Voucher Program (MRVP)	11 (7 Nash Hill; 4 Lumber Yard Apts.)
Florence Inn – Section 8 Mod Rehab Program	14
The Maples – Section 8 Mod Rehab Program	11
Go West – Section 8 Mod Rehab Program	7
Total	883

The current waiting list numbers for the federal developments are:

1 bedroom	2 bedroom	3 bedroom	4 bedroom
225	111	36	8

The current waiting list numbers for the state developments are:

Family	Elderly/Disabled
477	415

Both state and federal public housing wait lists are open at this time. The Section 8 Housing Choice Voucher wait list stands at 229, which contains people who applied during a 2014 lottery. The list has not been opened since that time and Housing Authority staff predict the list will not be re-opened for another 3 to 5 years.

Repercussions of losing a rental subsidy

According to Community Legal Aid, eviction and loss of a rental subsidy, alone or in combination, can lead to homelessness and destabilization of families. Often, the loss of a housing subsidy either through eviction or subsidy termination by the administering agency, is permanent. In a community such as Northampton, with high market rate rents, the loss of a subsidy could be catastrophic, as a household would be unable afford the rent, could end up homeless, and/or would have to leave the area. The State Department of Housing and Community Development's regulations say that access to the Emergency Assistance and Family Shelter System can be denied if:

- the reason someone is experiencing homelessness now is because they abandoned public or subsidized housing in the past year without good cause (good cause includes leaving housing for a job, medical care, or other housing, or fleeing the housing because of a direct threat to a member of the household).
- the reason someone is experiencing homelessness now is because they were evicted from (or entered into an agreement for judgment to leave) public or subsidized housing in the past three years for not paying rent or for fraudulent behavior, unless the person who caused the eviction is not part of the household seeking EA or HomeBASE.
- the reason someone is homeless now is because they were evicted from (or entered into an agreement for judgment to leave) private, public or subsidized housing for criminal conduct or destruction of property, unless the person who caused the eviction is not part of the household seeking shelter or unless the criminal conduct was by a domestic abuser who is no longer part of the household.

If a household loses a rental subsidy and is denied access to the shelter system, their options are severely limited.

The Work Group solidified their beliefs that people living life on the streets embody many life experiences. One size solutions will not fit all. But being trauma informed in all that we do, must be the basis for our work.

Appendix D: Societal Context: People Experiencing Residential Challenges/Homelessness

Nationally

Reasons vary, but the main reason people become homeless is because **they cannot find housing they can afford**. Other factors can include a chronic health condition, domestic violence and systemic inequality. But, most research indicates that a lack of affordable housing in America lies at the heart of the homelessness crisis. As stated earlier, **there is no state in the country where a household earning the minimum wage can afford a one- or two-bedroom apartment at the fair market rent and** without the major expenditures described earlier, the situation will only worsen.

According to the National Law Center on Homelessness and Poverty, **over 12.8% of the housing supply for households with low incomes in the nation, has been permanently lost since 2001**. This is in addition to the new supply that is not being created! The United States has lost 10,000 units of federally subsidized housing **EACH YEAR** since the 1970's. For those that do remain, waiting lists are extremely long and in some cities, number in the tens of thousands, leaving most people with no realistic chance of obtaining the housing support they need.

On a single night in 2018, an estimated:

- 180,413 **people in families**, including children, experienced homelessness
- 372,417 **single individuals** experienced homelessness
- 88,640 **individuals** had chronic patterns of homelessness
- 37,878 **veterans** experienced homelessness

About two-thirds (65%) were staying in sheltered locations—emergency shelters or transitional housing programs—and about one-third (35%) were in unsheltered locations such as on the street, in abandoned buildings, or in other places not suitable for human habitation.

Data collection on homelessness statistics is an inexact science however. The database for the national estimates generate from an annual single Point-In-Time Count that occurs in most locations across the country the last week of January. Some cities have sophisticated outreach efforts that are able to locate vast numbers of unsheltered people. Other cities and towns do not. The count is also weather dependent. If it is conducted on very cold or harsh days/nights during that week, people may be doubled up or couch surfing and therefore not included in the unsheltered or emergency shelter tallies.

The estimates did show though, that homelessness increased nationally (though modestly) for the second year in a row. The number of homeless people on a single night increased by 0.3% between 2017 and 2018. The increase reflects decline in the number of people staying in emergency shelters and transitional housing programs being offset by increases in the number

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of people staying in unsheltered locations (the reasons for this could be myriad). Between 2017 and 2018, the unsheltered population increased by 2% (or 4,300 people).

Over half of all unsheltered homeless people are in⁵ Continuums of Care (CoCs) that encompass the nation's 50 largest cities. Just over a fifth are in CoCs with largely rural populations.

Annual counts have indicated that 52% of cities report an increase in the number of people experiencing homelessness and 64% of cities reported having to turn people away from shelters. Estimates also include that 27% of people who are homeless and in need of assistance did not receive it.

The U.S. Department of Housing and Urban Development and other federal agencies collaborate with state and local partners to prevent and end homelessness across the country. This coordinated effort to end homelessness continues to be a key to making progress to prevent and end homelessness. The Federal Inter-Agency Council on Housing and Homelessness notes the following progress:

GOAL: Prevent and end chronic homelessness

The number of individuals experiencing *chronic homelessness declined by 16% or approximately 17,000 people between 2010 and 2018.

Nearly 89,000 individuals experiencing homelessness on a single night in January 2018 had chronic patterns of homelessness. Two-thirds of individuals experiencing chronic homelessness were staying outdoors, in abandoned buildings, or other locations not suitable for human habitation rather than staying in shelters, reflecting the high degree of vulnerability of this population.

In 2018, there were 113,000 more permanent supportive housing (PSH) beds dedicated to people with chronic patterns of homelessness than there were in 2010 (a 200% increase).

GOAL: Prevent and end homelessness among veterans

Between 2010 and 2018, the number of veterans experiencing homelessness was cut nearly in half (49%), a decline of 36,000 people since 2010.

Nearly 38,000 veterans were experiencing homelessness on a single night in January 2018, of whom 62% were staying in emergency shelters or transitional housing programs.

⁵ Northampton is part of the 3-County Continuum of Care comprising Berkshire, Franklin and Hampshire counties. These are catchment areas to apply for and administer McKinney Homeless Program funds to housing and support services.

GOAL: Prevent and end homelessness for families, youth, and children

In January 2018, just over 180,000 people in 56,000 families with children experienced homelessness, about 62,000 fewer people than in 2010, a 25% decline.

Just over 20,000 people were in families with children in which the head of household was under the age of 25.

More than 36,000 people under the age of 25 were unaccompanied youth—that is, homeless on their own rather than as part of a family— and most (89%) were between the ages of 18 and 24.

GOAL: Set a path to ending all types of homelessness

In January 2018, almost 553,000 people were homeless on a single night, with nearly two-thirds (65%) found in emergency shelters or transitional housing programs.

While the number of people experiencing homelessness increased modestly, by less than 1% between 2017 and 2018, homelessness has declined by more than 84,000 people since 2010, a 13% reduction. Recent increases in national homelessness were driven by increases in individuals staying in unsheltered locations.

Chronic Homelessness = a person qualifies as having 1) a disabling condition such as a serious mental illness, substance use disorder, or physical disability 2) lives in a place not meant for human habitation, a safe haven, or an emergency shelter, and 3) has experienced homelessness continuously for at least 12 months or on at least four separate occasions in the last three years that equal at least 12 months. Chronicity is a threshold designed to identify the highest need and harder to reach for prioritizing housing placement and support services.

Additional data/different lens

The Western Massachusetts Network to End Homelessness sponsored a training (December 2018) for local service providers conducted by Iain De Jong of OrgCode. Mr. De Jong presented a different perspective from which to view national homelessness data:

- While there are over 43 million people living in poverty, less than 600,000 will be homeless on any given night.
- Federal rent assistance programs only assist 5 million people annually.
- 4.2% of the population in the United States lives with a serious mental illness. Only 42% receive treatment or counseling.
- 7% of the population has an addiction or dependency on alcohol.
- 93% receive neither treatment nor assistance with their problematic alcohol use.
- 3% of the population uses other illicit drugs. 88% receive no treatment or counseling.

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- Almost everyone with poor credit history is housed, not homeless.
- Almost everyone with a history of evictions is housed, not homeless.
- Almost everyone with a felony conviction is housed, not homeless.
- Almost everyone who is a registered sex offender or sexual predator is housed, not homeless.

Despite how one may want to view the data, it is safe to conclude that most communities today lack adequate shelter and housing, therefore, people experiencing homelessness inhabit public places, including parks, city centers and transportation underpasses and other places unfit for human habitation.

Mr. De Jong also presented national data conclusions about utilization of the emergency shelter system, culled from the data expert in the field, Dennis Culhane. Based on this data⁶ (although dated, some purport it remains relevant), Mr. De Jong concluded that these results suggest that policy and program factors, rather than household characteristics, are responsible for long shelter stays.

- The majority of families and single adults who become homeless have relatively short stays in the homeless assistance system and rarely come back to it.
- Majority of homeless households stay in shelters for relatively brief periods, exit, and do not return.
- Approximately 20% stay for long periods of time.
- A small proportion cycles in and out of shelters repeatedly.
- In general, households with long stays are no more likely than households with short stays to have intensive behavioral health treatment histories, to be disabled, or to be unemployed.
- In 2014, the vast majority of people stayed in emergency shelter for less than 180 days.
- 28.2% of people in shelter stayed for a week or less.
- 27.0% stayed for 8 to 30 days.
- 35.4% stayed for 31 to 180 days.
- The median length of stay in emergency shelter in 2014 was 26 nights.
- For individuals, the median length of stay was 22 nights.
- For families, the median length of stay was 37 nights.
- Large portion of people self-resolve or seek help from another system.
- Most people can exit homelessness with a light touch of services and assistance to exit homelessness for good.
- A minority of people need more intensive services and long-term housing support.

⁶ Dennis Culhane, Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning, 2007.

Housing First Units

In 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. The Plan, which was revised in 2015, established ambitious goals such as ending chronic homelessness by 2017, ending veterans' homelessness by 2015, and preventing and ending homelessness for families, youth and children by 2020. The plan focused on a paradigm shift away from emergency shelter and transitional housing models, to a Housing First model. This concept embraced the evidence-based research that showed stable housing paired with social services achieves successful outcomes. As opposed to directing resources to emergency shelters where people have to "address their issues" first, with the promise of a housing unit if certain other milestones are met, this model takes people directly from unsheltered or sheltered homeless into housing and wraps the support services around them WHILE they are housed. This approach also has shown a reduction in ancillary costs incurred when people cycle through emergency rooms, jails and treatment centers. Northampton has very few true Housing First units.

It is important to note, however, that financial support for the emergency shelter system needs to be maintained during the time it takes to produce permanent supportive housing. HUD provides very limited funding for emergency shelters. Creating Housing First units take time and having places for people to be housed during this transition is critical.

The criminalization of homelessness across the nation

As residentially challenged people resort to surviving in public spaces, the frustration being experienced by public officials, community residents and business owners is being manifested into attempts to use the criminal justice system to minimize the visibility of people living this experience. Formal and informal law enforcement policies are being created that:

- Make it illegal to sleep, sit or store personal belongings in public spaces.
- Punish people for begging or panhandling in order to move people who are poor or homeless out of a downtown.
- Ban or limit food distribution in public places in order to curb the congregation of people in need.
- Allow sweeping of areas where people who are homeless are living to drive them out of the area.
- Police offers to engage in selective enforcement of neutral laws such as jaywalking, loitering and open container laws against people who are homeless.
- Allow the creation of public health ordinances related to public hygiene activities regardless of whether public facilities are available.

Research concludes that these law enforcement measures do not solve the underlying causes of homelessness, but rather only serve to punish people who have no other alternative than to live on the street. Rather than focusing on helping people regain housing, obtain employment,

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or access needed treatment or services, criminalization ***“creates a costly revolving door that circulates people experiencing homelessness from the street to the criminal justice system and back.”***⁷

According to a report published in 2015 by the National Law Center on Homelessness and Poverty entitled *No Safe Place: The Criminalization of Homelessness in U.S. Cities*. (The following italicized citations in this section are from the “No Safe Place: The Criminalization of Homelessness in U.S. Cities” 2015 report).

“... despite the fact that homelessness carries risk of death and bodily injury from natural elements, violence and increased health risks caused or worsened by lack of shelter, that are far fewer available shelter beds than homeless people in many American cities. In some places, the gap between available space and human need is significant, leaving thousands of people with no choice but to live outdoors in public places. The 2013 Point-In-Time Count conducted by the Continuums of Care revealed that there are homeless people without any shelter options in most areas across the country, as 62% of CoC’s reported more homeless persons than shelter beds.”

The report continues by saying

“With inadequate housing or shelter options, many homeless people are forced to live out of doors and in public places. Despite this fact, many local governments have chosen to remove visibly homeless people from our shared streets, parks and other public places by treating the performance of basic human behaviors – like sitting down, sleeping and bathing – as criminal activities. These laws are often justified under the dubious theory that they are necessary to protect the public interest. Laws prohibiting sitting down on public sidewalks, for example, are allegedly warranted by the public’s interest in unobstructed walkways. Sometimes, these laws are premised on the idea that criminalization is a necessary solution to homelessness because it makes it less likely that homeless persons will “choose” to live on the streets. Most often, these laws are passed under the erroneous belief that using the criminal justice system to remove homeless persons from a city’s commercial and tourist districts is the best method for improving the economic health of those areas.”

“The evidence reveals, however, that criminalization laws are ineffective, expensive and violate the civil rights of homeless people. Moreover, both the federal government and international human rights monitors have recognized criminalization of homelessness as a violation of the United States’ human rights obligations.”

The Law Center has tracked a core group of 187 cities selected for their demographic and geographic diversity since 2009. Report findings from the 2011 analysis through 2014 indicates

⁷ USICH Report, 2012: Searching Out Solutions: Constructive Alternatives to Criminalization.

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that the number and nature of municipal ordinances that criminalize the life sustaining behaviors of people finding themselves homeless, has increased markedly. City wide bans that leave no place for homeless people to do what they must do to survive, criminalize their very existence. Such bans usually cover activities such as camping in public, sleeping in public, begging/panhandling, sitting or lying down in public, living in vehicles, loitering/loafing and vagrancy laws and food sharing (excerpts follow from the 2015 report).

Living in vehicles/camping

Laws are often written broadly in order to eliminate any resource someone might have to use as their only form of shelter, such as making it illegal to use a camp car, house trailer, automobile, tent or other temporary structure as temporary housing, anywhere in the City (Minneapolis, MN).

“These types of laws make it a crime to seek shelter in a homeless person’s private property, even where there is no other option for shelter. The effect of these laws is to force homeless people away from what may be their only option for safe refuge onto the public streets – where it may similarly be illegal for them to sleep. Palo Alto California, for example, where there are only 15 shelter beds for approximately 150 homeless people residing in the area, and where the average cost of rent is two and a half times the national average, has chosen to make sleeping in one’s own private vehicle a crime punishable by a \$1,000 fine or up to six months in jail.”

Many cities have implemented restrictions on sleeping in public. In Manchester, New Hampshire, it is illegal for a person to “loungue or sleep in or upon any of the commons or squares of the city.”

The report notes however, that...

*“By leaving no single place where homeless people can lawfully camp, these bans transform entire communities into “no homeless” zones where homeless people are left with the choice of facing constant threat of arrest or moving to another community. These laws may be illegal, however, where there are insufficient housing or shelter options. When cities impose criminal penalties on homeless people for performing necessary, life-sustaining activities in public places when there are no sheltered alternatives, **such actions may violate the cruel and unusual punishment clause of the Constitution of the United States’ Eighth Amendment.**”*

News came out of the 9th circuit court which oversees much of the U.S. northwest on April 1, 2019, however, that may begin the reversing of this trend. The court rejected an *en banc* petition by the City of Boise in *Martin v. Boise*, leaving in place a ruling that homeless persons cannot be punished for sleeping outside on public property in the absence of adequate alternatives. This allowed homeless individuals that received criminal citations under Boise’s policies to move forward with constitutional claims against the city. The National Law Center on Homelessness and Poverty filed the claim in 2009.

“Today (2019), the court says that people experiencing homelessness cannot be punished for sleeping or sheltering on the streets in the absence of alternatives. But our hope is that tomorrow, cities will begin to create those alternatives – getting homeless people into housing is a win-win approach, benefitting both the individuals helped and the communities that no longer have to deal with the negative impacts of people living in public spaces, at lower cost than cycling people through the criminal justice system.”

- Eric Tars, Legal Director, National Law Center on Homelessness and Poverty

Panhandling

Laws restricting or prohibiting panhandling are common. In some places the activity is prohibited outright, in other locations there are parameters placed on how it is carried out. Laws prohibiting aggressive panhandling are sometimes used to prohibit the activity altogether, when criteria for enforcement becomes subjective. Of the cities surveyed in the 2015 report, *No Safe Place: The Criminalization of Homelessness in U.S. Cities*, 24% of the cities had city-wide bans on “begging in public”, representing a 25% increase since 2011. Seventy-six percent of cities ban the activity in specific public places, representing a 20% increase since 2011.

“The data shows that bans on begging, both city-wide and in particular places, have significantly increased since 2011. Even where cities have chosen to limit their prohibition of panhandling to particular places, the impact can be as great as that of a city-side ban. This is because commercial and tourist districts, the areas where panhandling is most likely to be prohibited, are often the only places where homeless people have regular access to passersby and potential donors.”

“In the absence of employment opportunities or when homeless people are unable to access needed public benefits, panhandling may be a person's only option for obtaining money. Many people fail to recognize that, even in an area with a relatively robust homeless services network, homeless people still need access to cash to pay for their stays in certain emergency shelters. In addition, homeless people, like anyone else, need cash to purchase food, clothing and personal hygiene products and to access transportation.”

However, the report continues...

“... Laws restricting or penalizing begging, which is constitutionally protected speech, may infringe upon the right to free speech guaranteed under the First Amendment, when those laws target speech based on content or fail to provide adequate alternate channels of communication.”

Sitting or lying down in public

Those that support ordinances that restrict sitting or lying down in public purport that such laws are needed to improve economic activity in commercial districts where homeless people

are visible. The report states that there is no empirical evidence supporting that premise and in fact, such laws impose additional costs for the jurisdiction in the form of enforcement and criminal justice costs.

Storing personal belongings in public

People experiencing homelessness often have no place to store items necessary for survival, such as medications, paper documents, clothing, etc. But many cities have made it a crime to store their items in public places. Despite the fact that people cannot take everything they possess with them everywhere they go, some cities treat these items as abandoned when unattended.

*“When a city moves, confiscates, or destroys the property of homeless people during a ‘homeless sweep’, **the action may violate the Fourth Amendment** right to be free from unreasonable searches and seizures. While cities are permitted to clean public areas, courts have found that the practice may violate the Fourth Amendment rights of homeless people when the city fails to follow constitutionally adequate procedures, such as providing reasonable notice before the clean-up takes place.”*

Criminalization laws are expensive and do not work to end homelessness

“Criminalization measures waste limited state and local resources. According to the U.S. Inter-Agency Council on Homelessness, Opening Doors Plan, cities spend on average \$87 a day to jail a person, compared to \$28 a day to provide them with shelter. A growing body of research comparing the cost of homelessness to the cost of providing housing to homeless people consistently shows that housing, rather than jailing, is the much more successful and cost effective option.”

“Implementing constructive alternatives to criminalization also saves cities money in other ways. Criminalization laws expose local governments to protracted and expensive litigation for violating homeless persons’ civil and human rights. Positive solutions to homelessness avoid this expense while also reducing the numbers of homeless people living outdoors...”

“The human and financial toll of cycling people through jails, crisis centers, emergency rooms, and emergency shelters back to the streets is substantial – and the cycle is extremely difficult for homeless people to break. Investing in strategies that work to prevent and end homelessness is a smart use of taxpayer money and should be the strategy of choice for any city seeking to resolve the problem of visible homelessness to the benefit of the entire community.”

“Criminalization strategies not only cost cities millions in wasted resources, they fail to address the root causes of homelessness. Arrests, incarceration, fines and convictions prolong homelessness by creating new and sometimes insurmountable barriers to obtaining employment and stable housing.”

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A common misperception is that homeless people do not work. The National Coalition for the Homeless estimates that 44% of all people experiencing homelessness are employed on a temporary or full-time basis. When a homeless person is arrested and jailed for something like sleeping in a park, they will often miss work, which can result in the loss of that job.

“Even where there is not a prolonged period of incarceration associated with the arrest, homeless defendants who wish to exercise their constitutional right to due process and defend against the charge may be required to attend multiple court hearings, missing additional time at work, before the cases are finally resolved. Finally, court and probation fees associated with resolving a criminal case can amount to hundreds, or even thousands of dollars. Without the resources to pay, homeless people may be subjected to additional jail time, interrupting employment even after a criminal case has been closed.”

National Law Center on Homelessness and Poverty Report entitled: “No Safe Place: The Criminalization of Homelessness in U.S. Cities”, 2015.

Homelessness in Massachusetts

In Massachusetts, the numbers of people experiencing homelessness and housing instability remains very high and are increasing. The Work Group's report focused on issues of individual vs. family homelessness. This is due to the fact that the majority of the people engaged in street activity tend to be individuals, or couples, although some female heads of households with children are present as well.

Trends in family homelessness reflect the fact that Massachusetts is the only state in the nation with a Right to Shelter law, which requires that any family presenting as homeless in Massachusetts – must be housed (only other location is New York City). This is why hotel and motel placements occur when the emergency shelters exceed capacity. Some family data is described below.

According to numbers from the U.S. Department of Housing and Urban Development's 2018 Annual Homeless Assessment Report to Congress, there were [20,068 people in Massachusetts](https://www.mahomeless.org/images/CoC_PopSub_State_MA_2018.pdf) (https://www.mahomeless.org/images/CoC_PopSub_State_MA_2018.pdf) counted as experiencing homelessness during the January 2018 Point-In-Time count conducted by the HUD Continuum of Care across the state. This included an estimated:

- 13,257 people in families with children
- 6,267 adults over age 24 in households without children
- 493 young adults ages 18-24 in households without children
- 46 children and youth, under age 18, in households with only children

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Of the 20,068 people counted as experiencing homelessness on the night of the count:

- 985 people were identified as veterans
- 465 young people were identified as unaccompanied youth, age 24 and younger
- 1,373 people were identified as experiencing chronic homelessness

On October 31, 2018, there were 3,647 families with children and pregnant individuals in Massachusetts' emergency assistance (EA) shelter program. Thirty-seven of these families with children were being sheltered in motels. The number decreased to 30 families in motels as of February 28, 2019.

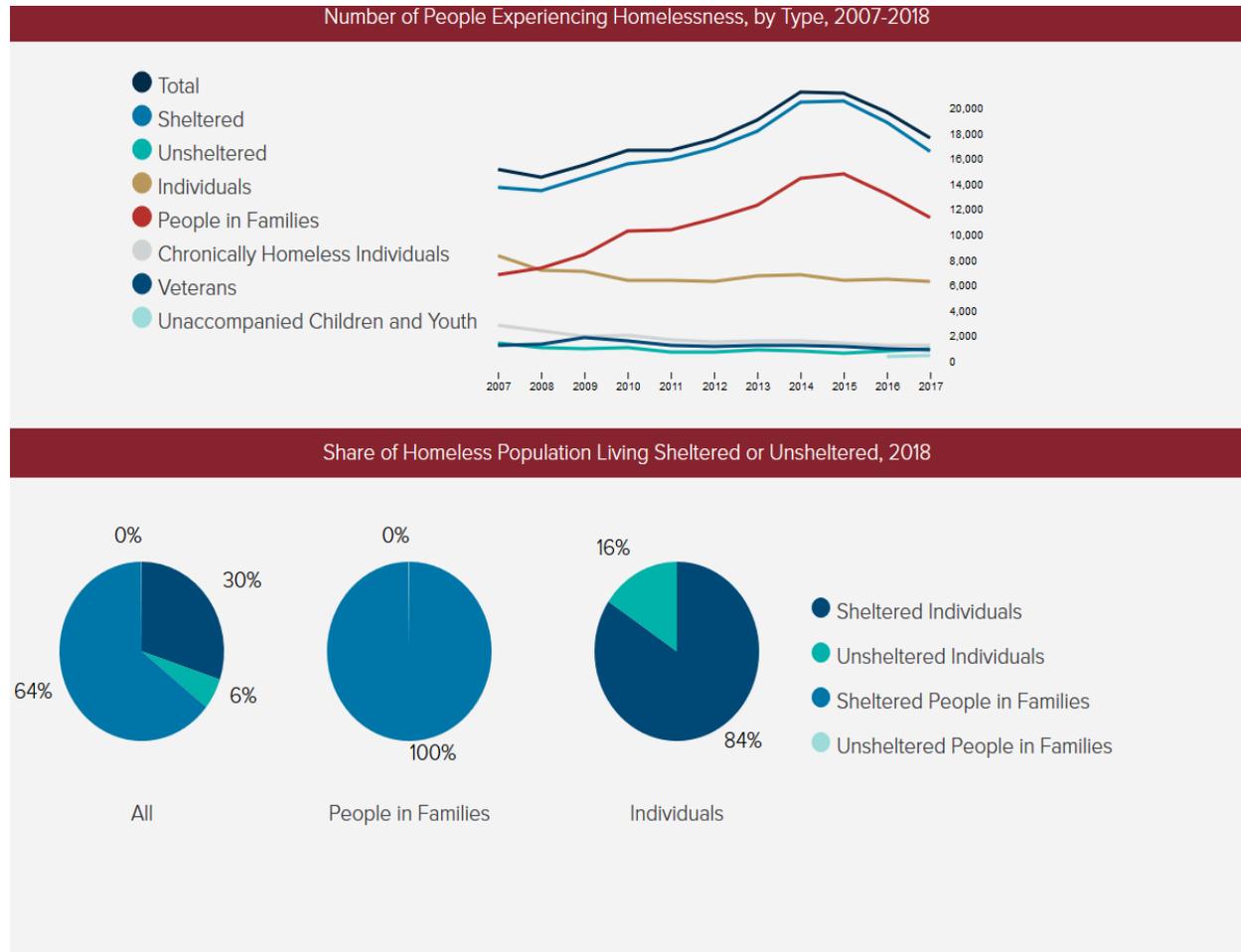
- The total number did not count those families who were doubled up, living in unsafe conditions, or sleeping in their cars. In a special report to the Legislature in February 2019, the Massachusetts Department of Housing and Community Development (DHCD) reported 7,106 children and youth (ages 0-20) in the emergency assistance program during the month of December 2018.
- During the state's fiscal year 2018, 4,895 families were assisted with emergency shelter and/or HomeBASE diversion assistance, out of the 8,145 families who completed applications for assistance. ***As reported by DHCD, 3,250 families (40%) were denied assistance.*** More data on the EA and HomeBASE programs can be on [DHCD's website](https://www.mass.gov/service-details/homebase) (<https://www.mass.gov/service-details/homebase>).
- In the 2017-2018 academic year, public schools across Massachusetts were able to identify and serve [24,071 students who were experiencing homelessness](http://www.doe.mass.edu/mv/2017-18districtdata.html), (<http://www.doe.mass.edu/mv/2017-18districtdata.html>) up from the 2016-2017 academic year count of [21,112 students who were experiencing homelessness](https://www.mahomeless.org/images/students_experiencing_homelessness_data_collection_report_2016-17.pdf) (https://www.mahomeless.org/images/students_experiencing_homelessness_data_collection_report_2016-17.pdf).

The number of individuals experiencing homelessness has more than doubled since 1990. The presence or absence of affordable housing is a main driving force behind the rise in homelessness.

On any given night in Massachusetts, the approximately 3,000-night shelter beds for individuals usually are full or beyond capacity (supplemented by cots and sleeping bags).

(Information, including the following chart, taken from the **Massachusetts Coalition for the Homeless website**, <https://www.mahomeless.org/>.)

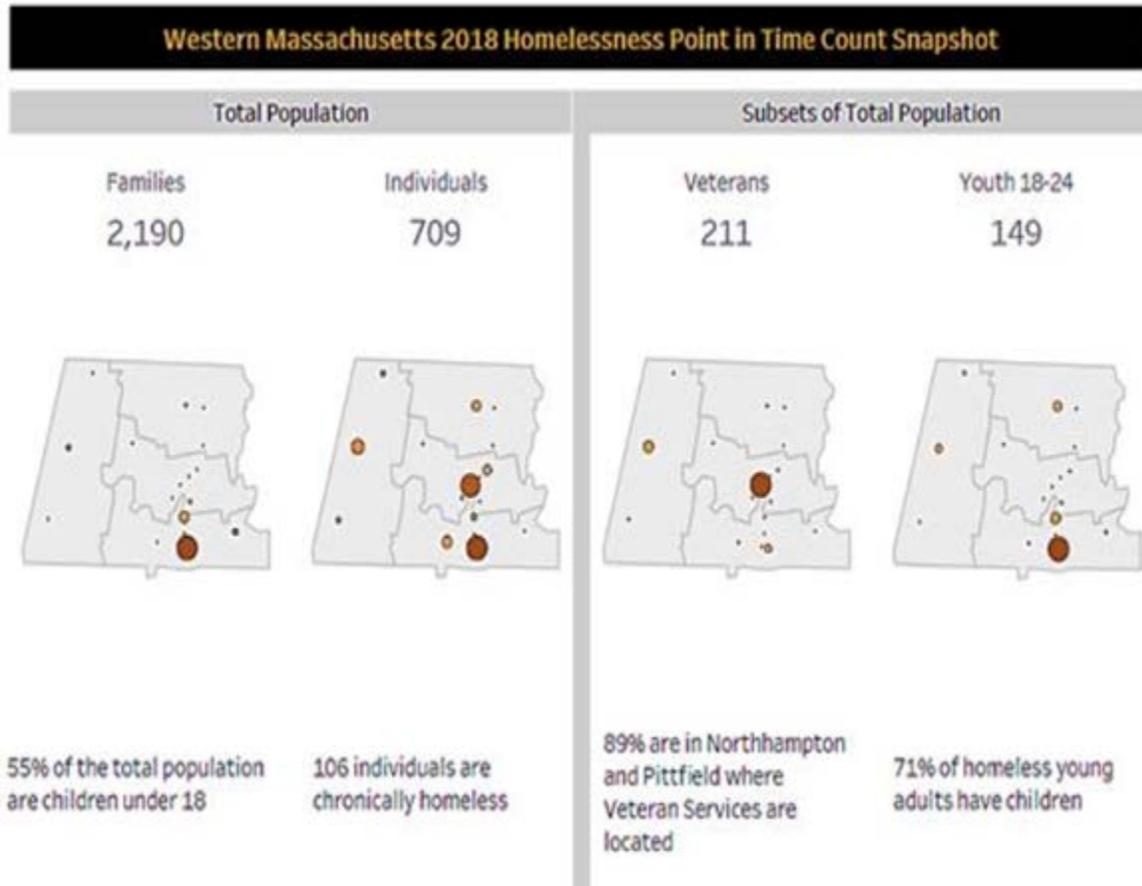
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Regionally

The Western Massachusetts Network to End Homelessness's blogsite – westernmasshousingfirst.org, (<https://westernmasshousingfirst.org/coc/>) comprised of the 3-County Continuum of Care and the Hampden County Continuum of Care, contains a vast amount of regional and local data on homelessness as well as committee work (veterans, family, individual and youth) and legislative advocacy updates.

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The 2018 count conducted for the four counties of western Massachusetts identified 709 individuals plus another 2,190 people in families with children (613 families). Among those counted:

- 211 were veterans
- 144 were young adults on their own (not with their parents); 71% of the young adults were themselves parenting small children.

There are some idiosyncratic distributions of people who are homeless in our region, based on policy and program decisions. For instance, among the Western Massachusetts population:

- 89% of homeless veterans are located in Northampton and Pittsfield, because of the presence of the VA Medical Center and Soldier On; 73% of families in shelter are in Springfield because the state's western Massachusetts shelter units are concentrated in Springfield;
- 68% of evacuees from Hurricane Maria were counted in West Springfield, as a result of FEMA placing evacuees in hotels and motels in that city; and
- There are concentrations of unsheltered individuals in downtowns of cities and towns, as these are the places people can access assistance.

Emergency shelter capacity in Northampton and the region

In Northampton, there is a 21-bed shelter for homeless individual men and women open year-round at the Grove Street Inn, a 20-bed homeless shelter for individual men and women open during the winter at the Hampshire Inter-Faith Winter Shelter, both of which are operated by ServiceNet, 17 emergency shelter beds for veterans at Soldier On/Leeds VA Campus, and an emergency shelter for six victims of domestic violence and their children operated by Safe Passage.

Regionally, there has been an emergency shelter with 20 beds for individuals in Greenfield for years (Well Street Shelter, administered by ServiceNet), the Worthington Street Shelter in Springfield (administered by Clinical Support Options) with 165 beds and The Samaritan Inn in Westfield with beds for 32 men and five women. ServiceNet also operates Barton's Crossing in Pittsfield with a 20 bed capacity for individuals.

As the shelter capacity in Northampton maxed out fairly quickly (late 1990's, early 2000's), outreach was made to Easthampton and Amherst, where additional programming was created. Yvonne Freccero, the Friends of Hampshire County Homeless intrepid volunteer spoke on many occasions to kindred spirits in Amherst, which eventually led to the creation of Craig's Doors. She also orchestrated the expansion of overflow beds from the winter shelter at 43 Center Street into Easthampton.

These efforts manifested as a result of those in the Northampton community feeling we were "doing our part" and it was time for other communities to step up. With many people gravitating to Hampshire County programming from Hampden County, the lack of an emergency shelter for individuals experiencing homelessness in Holyoke has been identified as a gap in regional services. Efforts are currently underway to create Housing First opportunities, but a shelter there is still needed.

Our Local System: A Brief History

Emergency shelter for families – Jessie's House

Northampton's local emergency sheltering system began with Jessie's House, a homeless shelter serving families back in 1983, and has gradually evolved since then. As one of the first family shelters in Massachusetts, Jessie's House, although now based in Amherst and not in Northampton, continues to serve and guide families struggling with homelessness, toward a future of hope, good health, and a safe place to call home while assisting them in developing the skills needed to establish sustainable self-sufficiency. Once families move to permanent housing, the staff at Jessie's House continues to provide outreach services to help families continue on the path to success. The Jessie's House congregate site is currently located in a Victorian-era home in Amherst. The building is leased from the First Congregational Church, located next door. The shelter serves six families at a time and is full nearly every night. Jessie's House is the only shelter for families in Hampshire County. Referrals for Jessie's House come through the Department of Housing and Community Development. The Center for Human Development also operates Grace House, a program for women in recovery and their children. Grace House was located in Amherst, but program requirements for space and services prompted the programs to switch locations. Grace House is now located at 143 West Street, Northampton, formerly Jessie's House, in property owned by the Northampton Housing Authority. Jessie's House is now located on Seelye Street in Amherst.

Emergency shelter for individuals – The Grove Street Inn

An early collaboration with the city, Valley Programs (now ServiceNet), and Hampshire County Community Action (now Community Action of Pioneer Valley) with a push from local housing advocates, resulted in the city securing a farmhouse on the former Northampton State Hospital property in which to house the homeless. Run since 1990 as a year-round emergency shelter with 21 beds for men and women, the city recently deeded the building directly to ServiceNet. ServiceNet continues to operate the program, with CDBG funding from the city and other resources.

Hampshire County Inter-Faith Winter Shelter – aka "The Cot Program"

In 1994, a homeless man who could not get a bed at the Grove Street Inn because it was full, froze to death on the railroad tracks. Subsequently, then-Mayor Mary Ford appealed to local churches to provide emergency overnight shelter to accommodate those awaiting a bed at Grove Street. Six downtown churches and the Veterans Administration campus in Leeds responded and rotated housing and feeding the homeless during the winter months. Cots were borrowed from the Red Cross and put up and taken down at each location, hence the nickname "The Cot Program". A paid staff member from ServiceNet worked closely with the guests. This collaboration between the city, ServiceNet, and a group of concerned volunteers was the start of a long-lasting and productive relationship. Yvonne Freccero, Northampton Housing Partnership member and community advocate, spearheaded the effort to find a single site for the program.

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After being temporarily housed at 123 Hawley Street, and the former fire station on Masonic Street, a permanent site was located at the former Elks Lodge at 43 Center Street. In June of 2001, the city provided \$300,000 of CDBG funding to ServiceNet to purchase the condominium unit from Bill Muller, owner of Guild Art Supply, who purchased and developed the building for the sole purpose of giving the winter shelter a permanent home. The shelter has been operating there ever since. A volunteer cadre of 400+ from a variety of civic organizations, businesses and family and friend networks, provide an evening meal and overnight volunteer coverage to supplement the ServiceNet paid staff. A Shelter Management Committee meets monthly to ensure laundry is transported back and forth to the Hampshire County House of Corrections, where it is washed and folded; kitchen supplies are purchased; meals teams and overnight volunteers are scheduled; and personal hygiene supplies collected. This is a well-oiled machine and functions each season in partnership with ServiceNet.

The Friends of Hampshire County Homeless Individuals, a separate volunteer board, raises funds annually to pay the condo fee and utilities at the 43 Center Street Winter Shelter site, administers a program covering first and last month's rents and security deposits for people exiting homelessness, has a Boots Program, and paid to set up an exam room at the shelter site utilized by doctors and nurses from HealthCare for the Homeless. The Friends of the Homeless 501(c)3 and its programming was created by Yvonne Freccero.

Our Lady of the Valley Shelter Annex, Easthampton

When it became clear that the Grove Street Inn and the Inter-Faith Shelter could not house all those in need, Yvonne Freccero approached Father Honan, formerly of St. Mary's Church and a former overnight volunteer at the Cot Program. He had moved to Our Lady of the Valley church in Easthampton. Father Honan agreed to ask his new congregation if they would be willing to create some winter shelter overflow beds there. They agreed, and management and meals teams have been operating there since 2004. Staff at Soldier On transport a maximum of six individuals from the Inter-Faith Shelter located at 43 Center Street to the Easthampton Church, provide overnight supervision, and transport the people back to Northampton every morning during the winter months. The annex program provides increased shelter capacity for the area.

Craig's Doors, Amherst

Craig's Doors – A Home Association, Inc., was founded in Amherst in the summer of 2011. The 28-bed behavior based shelter was a welcomed addition to the emergency shelter system in Hampshire County. Located at the First Baptist Church, 434 North Pleasant Street, the behavior-based program offers overnight shelter and a resource center for case management components. During the 2017-2018 season, the program served 172 individuals. Some guests stayed for only one night, while others stayed each night from November 1 to April 30. Due to capacity, someone was turned away approximately 32 times each month. Data reported from their program includes the following for 2018:

- 24% of the guests were women
- 44% of the guests were considered particularly vulnerable based on their age
- 18% of the guests were youth

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- 27% were over fifty
- 23% had a physical disability
- 12% had a developmental disability
- 26% had a chronic health condition
- 64% of the guests navigated mental health concerns
- 36% were survivors of domestic violence
- 19% of the guests were navigating mental health concerns and also struggled with both alcohol and substance use
- White 57%
- Black 15%
- Latinx 18%
- Other 10%

Emergency shelter for veterans – Soldier On

Soldier On has a full continuum of care for men and women veterans in need of housing and support services. They operate separately, although co-located at the Veterans Administration campus in Leeds (a village of Northampton). Soldier On has 17 emergency shelter beds for veterans as well as 44-units of permanent housing and 163-units of transitional housing. Their 16-bed transitional housing program with support services for women veterans and their children is one of the first such programs in the nation. Soldier On, under the leadership of Jack Downing, has been traversing the country encouraging the development of similar programming across the nation. They now have programs in Chicopee, Agawam, Pittsfield, and several in the Albany, New York, area.

Emergency shelter for victims of domestic violence – Safe Passage

Safe Passage, the regional organization serving victims of domestic violence, operates an emergency shelter at an undisclosed location in Northampton. The program offers a homelike setting for adults and their children who need to flee abuse and get safe from violent and life-threatening domestic violence situations.

The welcoming shelter building has six bedrooms. Each bedroom houses one adult or family. Rooms vary in size and number of beds to accommodate families of all sizes. The entire house is wheelchair accessible and one first-floor bedroom is reserved exclusively for guests with physical disabilities.

Shared living space includes a homework/computer room, living room, playroom, large backyard, and large wheelchair-accessible kitchen with double appliances. Families are responsible for preparing their own meals, and household chores are shared among all guests. The shelter is staffed 24 hours per day. Shelter guests stay on average for one to three months. During their stay, shelter guests receive advocacy and assistance with housing, benefits, education, and employment, as well as [counseling](https://safepass.org/counseling/) (<https://safepass.org/counseling/>), [support groups](https://safepass.org/support-groups/) (<https://safepass.org/support-groups/>), [children's services](https://safepass.org/children/) (<https://safepass.org/children/>), and [legal assistance](https://safepass.org/legal-services/) (<https://safepass.org/legal-services/>).

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Sample of Data Tracked

The chart below shows a sampling of the types of data collected on guests at local shelters in order to guide decision making on policy and program needs. In addition, there is a very comprehensive intake and exit form required by the Homeless Management Information System required by HUD as a Continuum of Care participant. Although most shelter programs do not receive HUD funds directly, HUD requires other service providers in CoCs to enter data into Homeless Management Information System (HMIS) in addition to sub-recipients in order to evaluate progress towards meeting goals. HUD McKinney funds are competitive, and goal achievement from all service providers is critical to receiving funds at all. (3 county receives about 1.8 million dollars annually.)

General Data Element 2018	Categories	Grove Street Inn Shelter	Inter-Faith Winter Shelter
Total Number Served		106	194
Gender Identification	Males	74	131
	Females	26	58
	Trans	3	4
	Gender Non-Conforming	1	1
Age	<25	3	18-25=12
	25-34	26	26-40=77
	35-44	26	41-55=56
	45-54	25	56-70=38
	55-61	18	70+=1
	62+	6	
Race	White	82	
	Black/African American	17	
	Asian	1	
	American Indian	4	
	Multiple Races	1	
Ethnicity	Non-Hispanic	84	
	Hispanic	22	
	Mental Health Condition	57	125
	Alcohol Abuse	20	23
	Drug Abuse	15	22
	Both Alcohol/Drug Abuse	10	26
	Chronic Health Issues	52	
	HIV/Aids	5	
	Developmental Disability	8	
	Physical Disability	2	75
Domestic Violence	History	Yes = 31 No = 73	
	Fleeing	Yes = 9 No = 22	
Prior Living Situation	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	38	

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Transitional housing for homeless persons	1
Place not meant for human habitation	23
Psychiatric hospital or facility	5
Substance abuse or detox center	1
Hospital (non-psychiatric)	4
Jail, prison, or juvenile detention	9
Foster care home or foster care group home	0
Long-term care facility or nursing home	0
Residential project or halfway house with no homeless criteria	0
Permanent Housing for formerly homeless persons	2
Owned by client, no subsidy	2
Staying or living with family or friend(s)	13

“... for many people, it needs to be understood, that accessing shelter services anywhere, is voluntary. Research shows that even if a system contains low-barrier shelter, housing-focused shelter will get more people in and more people housed, but it will not solve all street homelessness in your community.”

– Iain De Jong, OrgCode

The paradigm shift discussed previously, with regard to focusing on permanent supportive housing vs. emergency shelter, also requires, then, an analysis of how an emergency shelter is operated. If a locality agrees to adopt the paradigm shift, then an emergency shelter core operational philosophy must become housing-focused at time of program entry. Iain De Jong of

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OrgCode and author of the Western Massachusetts Network to End Homelessness (WMNEH) Training on *How to Run An Awesome Shelter* states, "if people are looking to use a shelter as their long-term housing they are in the wrong place and the system is not operating efficiently."

As presented in the WMNEH training, the following tenants were presented as necessary **Key Components of Emergency Shelters in an Effective Crisis Response System:**

- Housing First approach
- Immediate and easy access
- Housing-focused services
- Rapid exits to permanent housing
- Measured outcomes to improve performance
- Philosophy Shift to Housing First Principles
- Viewing homelessness first and foremost as a housing problem
- Embracing that everyone is ready for housing now if they choose
- Permanent housing is a right to which all are entitled
- People should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing
- Issues that may have contributed to a household's homelessness can best be addressed once they are permanently housed

Low threshold shelter

According to OrgCode, this programmatic shift therefore, requires that emergency shelters need to "meet people where they are" as opposed to having entrance requirements (i.e. sobriety) and there needs to be a housing focus from the outset. Shelters that put emphasis on rules and regulations that set people up for failure need to be replaced by other models that are more accepting of people's challenges. Operational tenants should emphasize:

- ✓ **Safety** – ensuring physical and emotional safety
- ✓ **Trustworthiness** – maintaining appropriate boundaries and making tasks clear
- ✓ **Choice** – prioritizing participants' choice and control (people want choices and options; for people who have had control taken away, having small choices makes a big difference)
- ✓ **Collaboration** – maximizing collaboration
- ✓ **Empowerment** – prioritizing program participants' empowerment and skill-building

In supporting participants, being mindful that:

- The brain may still be developing (children, youth and young adults)
- The brain may have been compromised through injury
- The brain may have been compromised organically
- The brain may have been compromised in utero

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As a result of the training sponsored by the Western Mass Network to End Homelessness, local shelter operators are re-examining rules and regulations to better understand how a shelter can promote safety without creating unnecessary barriers to services and housing. Craig's Doors, is the only truly behavior-based shelter in the region, although most other shelters will accept people actively drinking or using drugs, if they are not disruptive to others in the setting.

Questions posed at the training queried:

- Why do you have rules?
- What rules are needed?
- What rules are not needed?

The purpose of shelter rules should be to:

- Promote safety
- Address behavior without trying to control or change people

Shelter operators were encouraged to think about:

- How does this keep people safe?
- Is this rule about controlling or changing behavior?
- Does this rule hinder people from getting housed quickly?
- Which rules cause people to be kicked out the most?
- Decide which behaviors are a safety issue and which behaviors are a behavior management issue that was handled by asking the client to leave
- Restrict "barring" or service restriction rules to:
 - Matters of violence (including sexual violence)
 - Excessive damage to property
 - Theft

RULE: by definition means that authority is exercised over another.

EXPECTATION: by definition means that there is a belief that someone can achieve what is explained to them.

These were some of the thought-provoking messages of the training that are being considered by our regional service delivery system providers. It remains to be seen if shifts will be made in how our shelters serve people. However, if strict rules are enforced that result in sending people experiencing challenges back to the street, that is hardly a successful outcome for anyone. This training at the Holyoke Community College was extremely well attended (100+) and the Individual Services Committee of the Network will continue to have on-going discussions about implementing what was learned.

Homelessness rates increasing for young people

Nationally

Understanding the reasons for youth homelessness are imperative to impacting adult homeless. Policymakers and program designers must understand why young people experience a housing crisis in the first place and how certain populations experience homelessness differently from others in order to know where to target resources and build community awareness.

According to the National Alliance to End Homelessness' website:

- On a single night in [2018 \(https://www.hudexchange.info/homelessness-assistance/ahar/#2018-reports\)](https://www.hudexchange.info/homelessness-assistance/ahar/#2018-reports), 36,361 unaccompanied youth were counted as homeless. Of those, 89% were between the ages of 18 to 24. The remaining 11% (or 4,093 unaccompanied children) were under the age of 18.
- 51% of homeless youth were unsheltered — sleeping outside, in a car, or someplace not meant for human habitation - a much higher rate than for all people experiencing homelessness (35%) and a somewhat higher rate than for people experiencing homelessness as individuals (48%).
- The Alliance [estimates \(https://endhomelessness.org/resource/an-emerging-framework-for-ending-unaccompanied-youth-homelessness/\)](https://endhomelessness.org/resource/an-emerging-framework-for-ending-unaccompanied-youth-homelessness/) that over the course of a year, approximately 550,000 unaccompanied youth and young adults up to age 24 experience a homelessness episode of longer than one week. More than half are under the age of 18.

These numbers are imprecise, and the single night number is likely an undercount. Communities are working to improve the way they collect data and their Point-In-Time counts in order to more accurately reflect the numbers of unaccompanied young people experiencing homelessness. Many youth living this life try to “fly under the radar” and avoid all formal systems unless absolutely necessary.

Youth homelessness is often rooted in family conflict. Other contributing factors include economic circumstances like poverty and housing insecurity, racial disparities, and mental health and substance use disorders. Young people who have had involvement with the child welfare and juvenile justice systems are also more likely to become homeless. Many homeless youth and young adults have experienced significant trauma before and after becoming homeless and are particularly vulnerable, including victims of sexual trafficking and exploitation. Youth who identify as LGBTQ; pregnant and parenting youth; youth with special needs or disabilities, and youth of color, particularly African-American and Native American youth, are also more likely to become homeless.

A *How Housing Matters* article published July 31, 2019, highlighted the hidden issue of homeless young adults trying to navigate higher educational settings and a study undertaken in Los Angeles that articulated the challenges:

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“Emerging research shows that students in higher education are increasingly experiencing homelessness across the country. This trend is obstructing education pathways to upward economic mobility, as youth experiencing housing instability have lower college graduation rates than those living in stable housing. Educational institutions and housing providers are becoming increasingly aware of the issue, but little research exists to understand what best supports these students in their pursuit of higher education. This qualitative study aims to inform the policies and practices of organizations serving youth experiencing homelessness by engaging the voices and perspectives of the youth themselves.”

To conduct the study, the researcher interviewed 20 youth from the Los Angeles area who were homeless, unaccompanied, between 18- and 24-years-old, and enrolled in community college. The youth were recruited by service staff at drop-in centers, shelters, and other forms of transitional housing. Through semi-structured interviews, the youth were asked about their perceptions of themselves, their knowledge of support services and how they used them, their social connections, and the barriers and supports they experienced while in community college. The researcher then coded the responses and categorized the data into three broad themes: housing and support services as critical resources; agency staff as key academic and social supports; and the tension surrounding the need to manage agency responsibilities, manage the demands of employment, and manage the need to attend college. Although the study only represents a small sample of students experiencing homelessness, their perspectives and voices provide valuable insights about an emerging and understudied issue.

Key findings:

- Youth saw higher education as their pathway to long-term stability and were striving toward college graduation.
- Youth suggested that housing, even when temporary, was a stabilizing factor that made college possible and provided them with the security they needed to focus on their education.
- Youth were clear that without the support of a housing agency and housing staff, there was little chance they would be able to attend college at all. The youth noted that agency staff, particularly educational specialists and case managers, were more helpful than the academic counselors at their colleges.
- Youth shared the stress and anxiety they felt about the looming end of their temporary housing opportunities. One participant shared her struggle to try and finish her associate's degree before the end of her housing program so she could work full-time to support her pursuit of new housing.
- Some youth struggled to meet their housing agency's employment requirements in their pursuit of higher education. The insistence on employment forced youth to spend less time on their education, forcing some to reduce their enrollment to half time and others to drop out of school entirely.

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- Beyond employment, participants shared that other housing agency requirements, such as scheduled meal times and mandatory curfews, made it difficult to manage their time and meet all their responsibilities at work and at school.

Policy implications

- The author notes that if housing providers intend to support youth to be economically sufficient adults, policy and practice must fund, develop, and support work exceptions that allow participation in higher education. Further, program evaluations that inform the allocation of funding to housing providers who serve youth experiencing homelessness should incorporate metrics on enrollment, academic success, and completion of educational goals.

Statewide

The Massachusetts Special Commission on Unaccompanied Homeless Youth (UHY) defines that population as comprising: a person 24 years of age or younger who is not in the physical custody of a parent or legal guardian and who lacks a fixed, regular and adequate nighttime residence. "Fixed" refers to a residence that is stationary, permanent and not subject to change. "Regular" means a dwelling at which a person resides on a regular basis (i.e. nightly). "Adequate" means that the dwelling provides safe shelter, meeting both physical and psychological needs of the youth. All three components of this definition – age, connection to a parent or guardian, and housing status – must be met in order for a person to be considered an "unaccompanied homeless youth" and qualify for certain services.

The Massachusetts Youth Count is an annual survey used to learn about the scope and needs of youth and young adults under the age of 25 who are unstably housed or experiencing homelessness. The UHY provides oversight for the Count and is responsible for annual reports on its progress to the Governor's Office, the Legislature, and the Office of the Child Advocate.

The UHY conducted the 2018 Massachusetts Youth Count from April 23 through May 13, 2018, with the assistance of organizations across the state. The count tallied 465 people age 24 and younger, however, in the 2017-2018 academic year, public schools across the state were able to identify 24,701 students who were experiencing homelessness, up from 21,112 students identified in 2016-2017. The count does not include students living in doubled up settings and is just a tally for one night, as opposed to the longer tally in the school settings.

The UHY's report also noted:

"The findings continued trends from prior years. The primary factor associated with unaccompanied youth homelessness included family conflict and instability. Unaccompanied youth who experience homelessness were less likely to be connected to education and employment and were more likely to have systems involvement than their accompanied, housed and never homeless counterparts. As compared to respondents who were housed and never homeless, in 2018, UHY were almost 5 times more likely to be pregnant or parenting; 6

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times more likely to have had foster care involvement; 6 times more likely to have had justice system involvement; and 2 times more likely to have been in the military. UHY were only slightly more likely to report an LGBTQ identity. The vast majority of these young people sought help but many of them faced barriers accessing the resources they needed.”

“Recognizing that family conflict is a primary factor associated with homelessness, the Youth Count data suggest that there are at least four clusters of vulnerability that increase young people’s risk for experiencing homelessness in Massachusetts.”

- **Family substance use** was an issue that led some young people to experience homelessness. Family substance use appeared to be correlated with greater likelihood of youth being foster care and/or justice system involved. The average age that these young people left home permanently was 16.4 years old, over a year younger than other young people who were unaccompanied and homeless. These young people were less likely to be sheltered and more likely to be doubled up, couch surfing, or unsheltered than young people who identified as unaccompanied and homeless as a whole. Given the continued intensity of the opioid epidemic in Massachusetts, this is a factor that demands focused attention.
- **Family economic instability** manifested as families living in places with not enough room and/or families losing their home. Both of these manifestations of economic instability drove young people into homelessness. Sixty-two percent of these young people were sheltered, which is roughly 7 percentage points higher than the group who identified as unaccompanied and homeless. Alternatively, only 10% reported being unsheltered, which is 7.4 percentage points lower than UHY as a whole. It is important to learn more about how these young people, although homeless, are able to get connected to shelters where they can get help.
- **Early pregnancy and parenting** appeared to exacerbate family economic instability. These young people were much more likely to be sheltered than young people who identified as unaccompanied and homeless as a whole. The experiences of these young people emphasize the need to include discussions of housing and economic self-sufficiency in comprehensive sexuality education.
- **Sexual orientation or gender identity.** For respondents for whom one of the reasons they left home was due to sexual orientation or gender identity, their average age leaving home permanently was 18.6 years old, over a year older than other young people who were unaccompanied and homeless. Yet, these young people were much more likely to be unsheltered than young people who identified as unaccompanied and homeless as a whole. It would be important to learn more about how and why these young people stay with their families longer, but then once they leave have a greater likelihood of staying in places not meant for human habitation. It is also important to address that respondents who

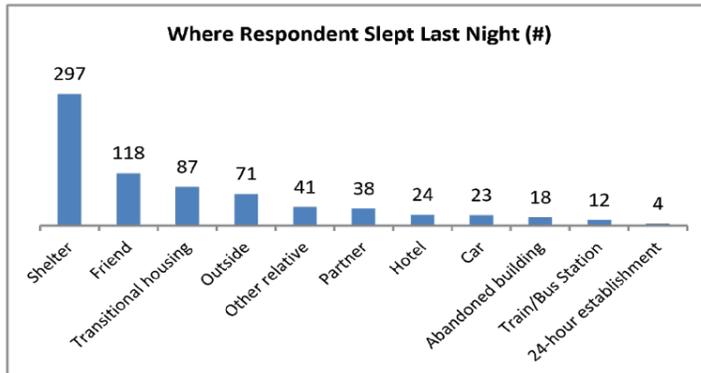
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identified as LGBTQ were more likely to express a need for mental and physical health services than other UHY.

In addition to gaining deeper insight into pathways into homelessness, a few new trends emerged:

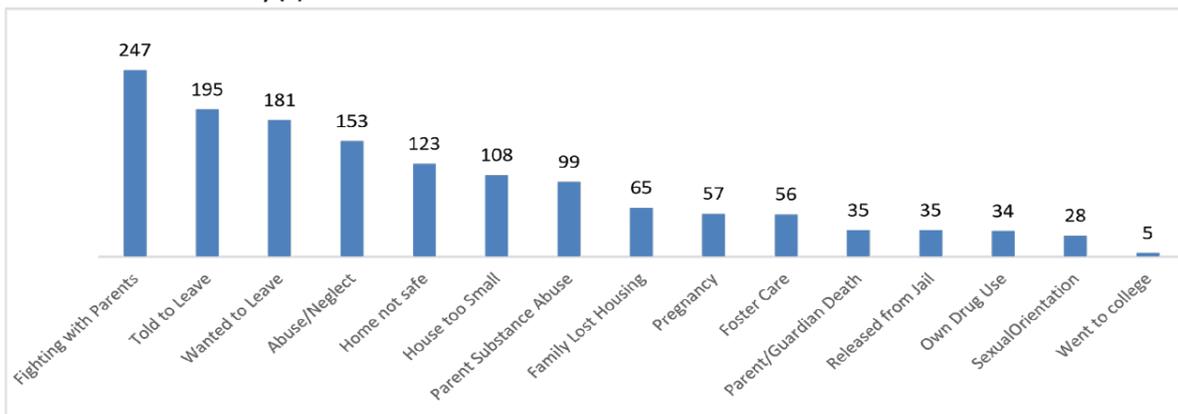
- 1. The count saw an 84% increase in the percentage of female UHY with justice system involvement as compared to 2017. Of the 73 females with justice system involvement, 82.2% of them were for juvenile system involvement (27 of them also had adult system involvement). While UHY males were over two times more likely to have justice system involvement than females, this increase for females is cause for concern. Overall, the count saw a roughly 28% increase in the number of UHY with justice system involvement from 2017 to 2018.*
- 2. While many UHY reported having access to legal income sources such as part-time employment and cash assistance, in 2018, the count saw a 50% increase in the percent of youth who relied on illegal or informal income sources, such as working under the table, hustling, drug dealing, panhandling, and sex work. Over 20% of respondents sought employment assistance in 2018; this was a decrease from 2017. In the open-ended comments, young people referred to how CORIs and the costs associated with getting needed identification documents were barriers to getting both employment and housing. Other young people commented on the need to have housing—or at least a place to shower and eat—so that they can get a job.*

Massachusetts 2018 Youth Count

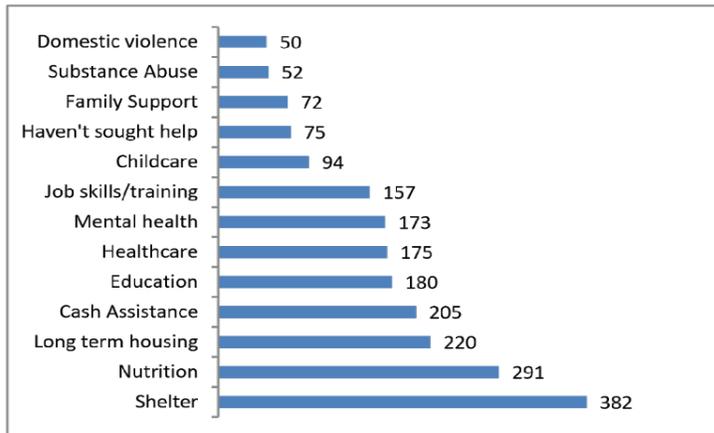


	2018 State
Total # Surveys	2150
Total # HUD definition	579
# currently housed but homeless in past	462
Total # Commission Definition	738
# Under 18	37
# LGBTQ	174
# Foster care	195
# Juvenile/ Criminal Justice	248
# Parenting with custody/Pregnant	194
Not in school/No diploma	165

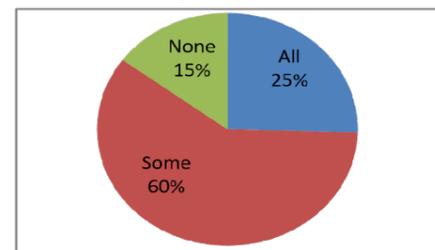
Reasons Not With Family (#)



Service Needs (#)



Received the Help Needed ?



Top Service Barriers

- Transportation
- Waitlist
- Didn't have money
- Didn't hear back
- Didn't know where to go

- For the third year in a row, nutrition assistance—such as SNAP and free meals—was the second most sought service among UHY. However, this was the service with the biggest increase in being sought at over 10 percentage points higher than 2017.

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Other Massachusetts data from the statewide Homeless Management Information System and annual Point-In-Time counts offer the following: (as described in the 3-County CoC Report on Youth Homelessness, July 2019)

- Between 2% and 4% of youth and young adults (YYAs) experiencing homelessness are under the age of 18, and the average age of all YYA's who are homeless is between 20.4 and 21.5. **In contrast, YYA's (themselves) report their average age of a first experience with homelessness as being 16.6 years old.**

This information suggests that homelessness begins, on average, when YYAs are still minors, although our systems do not engage them until after they turn 18. Our homelessness systems are designed to identify and serve older adults, not youth, therefore a disparity. YYA awareness of what homelessness means, where help might be sought, and stigma about those who identify themselves likely suppress counts of under 18-year-olds. Mandatory child welfare reporting requirements could also limit an agency's willingness to identify a minor and a minor's willingness to present for homelessness resources.

Regional/local youth homelessness

The 2019 Point-in-Time count conducted locally to feed into the statewide count, was conducted from April 12 to May 12 (*2019 results were not yet available at the time this report was written*). The count this year included a confidential survey of young people under the age of 25 who have experienced, or currently are experiencing housing instability and is intended to get a sense of the population, as well as how they have tried to access services and/or faced barriers to services.

Annual counts are more likely to reflect accurate numbers of youth and young adults experiencing homelessness, than a Point-In-Time count. Youth tend to experience "episodic" homelessness as opposed to chronic homelessness. But annual counts only capture youth that have interacted with the system. As a result, numbers gleaned from school systems where students identify as experiencing homelessness tend to be much higher than an agency tally. The 3-County CoC Homeless Management Information System identified **one** unaccompanied youth under 18, whereas the school system identified **73** students experiencing homelessness without a parent or guardian.

The annual shelter count (not a Point-In-Time count) for 2018-2019 in Northampton had 21 youth in shelter between the Inter-Faith Winter Shelter and Grove Street Inn.

A recently published report entitled "*'I'm Still a Human' An Assessment of Youth and Young Adult Homelessness in the 3-County Continuum of Care (Franklin, Hampshire and Berkshire Counties, Massachusetts)*", was released in July of 2019. The report was prepared by JO Consulting for Community Action of Pioneer Valley, the lead agency for the 3-County Continuum of Care. Based on an analysis of existing HMIS and PIT data for 2018, the report noted the following:

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- ❖ **NUMBERS** - At least 24 YYAs experience homelessness on the street or in a shelter in the 3-County region on any given night. Over the course of a year, at least 101 YYAs are served by homelessness programs. Based on national prevalence data from the Voices of Youth Count (VoYC, 2016) there could be as many as 3,750 YYAs experiencing homelessness or housing instability in the region in the course of a year.
- ❖ **AGE** - The vast majority of YYAs accessing services each year are between 18- and 24-years-old.
- ❖ **RACE AND ETHNICITY** - Young people of color are significantly overrepresented among those experiencing homelessness compared to their general population numbers. According to HMIS, 16% identify as African American (compared to 4.5% of the general population), and 35% identify as Latinx (compared to 7% of the general population). Between 11% and 16% of the total YYA population identify as Black compared to 4.5% of the general population and 4-25% identify as multi-racial. Among pregnant or parenting YYAs, 47% between the ages of 18-24 identify as Latinx.
- ❖ **GENDER AND SEXUAL ORIENTATION** - Between 50-59% of YYAs identified as female, 36-44% identified as male and zero identified as transgender. Of the YYAs experiencing homelessness 27% identify as LGBTQ+, compared to 18% in the statewide youth count. Percentages of YYAs who identify as non-cisgender have been estimated by studies at between .5% and 3%. Research consistently finds that LGBTQ YYAs are at a higher risk of experiencing homelessness, that their reasons for leaving home are significantly different from their cisgender straight peers, and that they experience more severe consequences from homelessness with higher rates of sexual exploitation, violence, and suicidality.
- ❖ **PREGNANT AND PARENTING YYAs** - Eight YYAs (33%) experiencing homelessness on the night of the 2018 Point-In-Time count were pregnant or parenting. Of those, were aged 18-24 and identified as Latinx. Thirty-six percent of those identified throughout the year as sleeping on the street or who accessed shelter and transitional housing were pregnant or parenting. Nineteen percent were identified in the Statewide Youth Count Survey, which is lower than the estimated national average of 40% and estimates from many other Massachusetts communities who's HMIS and PIT count data indicate as high as 80% of those experiencing homelessness. This overrepresentation is expected, due to the fact that Massachusetts is a "right to shelter" state for families. The low rates seen locally may be a function of the limited resources in the area. Latinx YYAs are more overrepresented among parenting YYAs in the local data set than they are among unaccompanied youth and young adults.
- ❖ **WHERE THEY SLEEP** - Nineteen of the 24 YYAs located and engaged during the 2018 Point-In-Time count in the 3-County region were either in emergency shelter or

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transitional housing. Five were unsheltered meaning either sleeping outside, in cars, places not meant for sleeping, doubled up or couch surfing.

- ❖ **HOMELESSNESS SYSTEM EXPERIENCE** - Nearly 64% of YYA parents sheltered in the local system in 2018 did so for the first time. Only 26% were recorded as having a positive system exit, although none were recorded as coming back into the system that year. Eleven percent were identified as long-term stayers and 3% identified as chronically homeless. Seventy-two percent of *unaccompanied homeless youth* entering the system in 2018 did so for the first time. Only 12.3% had a positive system exit and 10 out of 65 returned to the system in the same calendar year. Seventeen percent were identified as long-term stayers and 11% identified as chronically homeless.
- ❖ **OTHER SYSTEM INVOLVEMENT** - Twenty-seven percent of YYAs experiencing homelessness in the 3-County region reported having been in foster care, which is consistent with state and national estimates. Our region reports lower rates of involvement in the juvenile or criminal justice system, 27% compared to the 50% national estimate and 34% state average.
- ❖ **EXITS FROM INSTITUTIONS AND SYSTEMS OF CARE** - At the end of 2018, 976 people between the ages of 12 and 24 (835 between the ages of 12-17 and 141 over 18) were actively engaged with the child welfare system in the 3-County region. The Department of Children and Families (DCF) identified 33% as “in placement” (i.e., in foster care or in group quarters) and 67% as “out of placement”, which may be defined as youth still living with a family member or guardian while receiving child welfare services in some capacity, such as protective services. Nationally, Latinx and multiracial YYAs are the most overrepresented minority populations in foster care (15% and 10%) relative to their general population percentages (5% and 3%).
- ❖ **MENTAL HEALTH** - Data gathered indicates as many as 21% of YYAs experiencing homelessness in the 3-County region need mental health services. This figure is assumed to be a massive undercount. Over 60% reported having at least one disabling condition.
- ❖ **SUBSTANCE USE** - Thirteen percent of unaccompanied homeless youth reported substance abuse as a disabling condition. This stat is also assumed to be a massive undercount. The Massachusetts Department of Public Health Bureau of Substance Addiction Services (BSAS) identified 81 YYA, ages 14-24, in the 3-County region who were in the state's treatment system and self-identified as homeless.
- ❖ **VICTIMS OF SEXUAL TRAFFICKING AND EXPLOITATION** - No individuals surveyed during the Massachusetts Youth Count reported “sex work” as a source of income but 6.3% said they had exchanged sex for money or housing. Twenty-two percent reported being survivors of domestic violence. National estimates indicate 15% of YYAs experiencing

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homelessness had been trafficked for sex and 32% involved in the sex trade in some way. In the Massachusetts Youth Count, 14% of YYAs who had been homeless also reported having exchanged sex for money; 5.5 times the rate for this age group not experiencing homelessness.

- ❖ **EDUCATION** - Sixty-nine percent of YYAs experiencing homelessness in the 3-County region reported being in school or having a high school diploma or equivalent. Nationally, the lack of a high school diploma or GED equivalent is associated with a 346% higher risk of homelessness. Two local community colleges, Berkshire and Greenfield, and one four-year college, Massachusetts College of Liberal Arts (MCLA) participated in the 2018 Hope Labs survey that queried for homelessness, housing insecurity and food insecurity. Berkshire identified 10% and Greenfield 12% of students experiencing homelessness, 49% and 48% respectively, experiencing housing insecurity, and 37% and 35% experiencing food insecurity. MCLA identified 8% of its students experiencing homelessness, 34% housing insecurity and 37% food insecurity.
- ❖ **EMPLOYMENT** - Forty percent of YYAs surveyed during the Massachusetts Youth Count living in our region reported active employment, compared to 56% of all 16- to 24-year-olds in the region. In the *formal* economy, 35% reported part-time work, 19% reported full-time work, 15% receive cash assistance, 6% receive SSDI, 10% receive income from family, and 15% work “under the table”. Over 20% report income from the *informal* sector which includes hustling, drugs and panhandling. Only 20% reported having incomes when they entered the homeless services system.

Report Definitions:

Right to Shelter State - Chapter 450 of the Acts of 1983 mandates that Massachusetts provide emergency housing assistance to all “needy families with children and pregnant women with no other children”. The Emergency Assistance Program administered by the Massachusetts Department of Housing and Community Development provides emergency shelter and rehousing services to families who meet these criteria: income below 115% of the poverty line, proof of homelessness status, and homelessness due to one of four conditions: 1) domestic violence 2) disaster 3) eviction and 4) health and safety, i.e., housing not meant for human habitation, unit condition.

Positive Exit - where a person exits to a permanent destination, such as a rental unit without a subsidy, a rental unit with a subsidy, permanent supportive housing, staying with family as permanent tenure, staying with friends as permanent tenure. Does not include transitional housing.

Long Term Stayers - people staying over 180 days in shelters (or outdoors) within a 365-day period (not necessarily consecutive)

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In addition to the quantitative data analysis, the consultants conducted a survey, and held interviews and focus groups. Through those mechanisms they also concluded:

- ❖ Many YYAs experiencing homelessness are “couch surfing” and not currently being served.
- ❖ A severe lack of affordable housing in the region puts many YYAs at risk of homelessness and complicates efforts to exit homelessness
- ❖ Few employment opportunities exist for YYAs experiencing homelessness.
- ❖ Mental health, substance use, and trauma are intimately connected to experiences of homelessness and there are insufficient resources across the region to address these issues.
- ❖ While the region has some strong programs serving YYAs experiencing homelessness, increased cross sector partnerships are needed to prevent and end YYA homelessness.

LACK OF HOUSING FOR UNACCOMPANIED HOMELESS YOUTH

The available housing inventory for unaccompanied homeless youth in the 3-County region is extremely limited:

- ✓ **24 units of rapid rehousing** - time limited where a young person is supported in finding an apartment and is provided with up to 24 months of rental assistance and support services according to their needs.
- ✓ **8 units of transitional housing** - time limited where a young person lives in either a congregate facility or an independent unit owned or leased by the organization for up to 24 months and is provided supportive services often in a structured environment.
- ✓ **24 units of permanent supportive housing**

Dial/Self, based in Greenfield, is the only housing and support service organization focused solely on serving unaccompanied homeless youth in the 3-County region. Dial/Self serves Hampshire County with outreach to the shelters and meal sites and will be completing eight units of permanent supportive housing in Northampton in November of 2019.

The Community Action report contains the following chart as a starting point for regional action to address the needs of this population. Because the report is newly released, implementation discussions are just beginning. Community partners participating from Dial/Self, Community Action, the 3-County Continuum of Care and the Western Mass Network to End Homelessness will all be looking forward to furthering this critical work.

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PREVENTION	CRISIS RESPONSE	SUSTAINABLE SOLUTIONS
Develop interventions for 14-15-year-olds to prevent homelessness	Create more YYA-specific emergency shelter options	Develop a robust advocacy agenda to advance policy and funding
Increase family mediation and conflict resolution services	Increase adult shelter capacity to serve YYAs	Train landlords on YYA homelessness and the need to house YYAs
Improve transportation and develop more flexible transportation options	Train adult shelter providers on YYA homelessness and work with them to make shelters safer for YYAs	Create flexible funding pool for landlord incentives, transportation, rent, utilities, etc.
Partner with DCF and DYS to prevent homelessness, shore up supports, and prepare YYAs to live on their own	Train providers on signs of abuse and human trafficking	Support development of YABs in each county/region to shape policy and programming
Expand employment opportunities for YYAs	Create opportunities for integrated services (housing, case management, behavioral health) in central locations	Develop a continuum of housing options with supportive services in each county
Increase access to responsive, trauma-informed, youth-centered mental health care	Develop emergency shelter options for pregnant and parenting YYAs	Create housing options for pregnant and parenting YYAs
Explore cross-system data sharing strategies to identify risk of homelessness for YYAs and track housing and service outcomes	Increase outreach services and create programs for YYAs who are not currently accessing services	Expand flexibility in how we think about housing (e.g., shared housing models)
Improve collaboration with schools and colleges around identifying and providing support for YYAs at risk or experiencing homelessness	Create a YYA-run recovery program to support YYAs with substance use issues	Develop case management and supportive service models that allow more time to work with young people
Increase outreach to at-risk YYAs	Ease program requirements for existing shelter and housing programs so that more YYAs use them	Initiate an anti-stigma campaign around youth homelessness
Offer increased parenting education and support/crisis intervention for families	Partner with libraries to offer outreach and information on available services	Develop more community spaces for meals and social connection
Increase housing options for YYAs with disabilities	Develop more transitional housing on a small, individualized scale	
Increase accountability for unsafe foster care placements	Create detox and other treatment options for YYAs with substance use issues	
	Use college dorms as temporary housing during summer/school breaks	

Exiting from the Foster Care system

With the numbers of youth that have aged out of the foster care system becoming homeless, this area needs additional focus and attention. According to the Commonwealth’s Department of Families and Children, there were approximately 9,200 children in out-of-home placements, such as foster care or group homes, at the end of 2018. Roughly 3,100 of those children were between the ages of 12 and 17.

In a March 2, 2019, article written by Judy Cockerton, founder of Treehouse, for Garnet News, she said,

“Foster care provides a pipeline to the street. Within six months of leaving the child welfare system, young people who have been in foster care are significantly over represented among homeless youth: a 2014 study by the U.S. Department of Health and Human Services found that more than half of the homeless youth surveyed had previously stayed in a foster or group home. A National Alliance to End Homelessness

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study showed that 65% of those who age out of foster care required housing support – a place to live and life and job skill support, upon discharge. Each winter, cities around the country conduct an annual Point-in Time count of homeless people living in shelters, transitional housing and on the streets. Last year (2018) the count was 553,000.”

“While the overall census declined compared to previous years, the number of homeless young people under the age of 24 is on the rise. Every night thousands of young people go to sleep without the safety, stability and support of a family or a home. And most of them become homeless after cycling through the child welfare system. It’s called “aging out”, and it happens to approximately 20,000 young adults aged 18-21 each year... After a childhood of being dependent on a system, suddenly they are out in the world alone. All of these young people lack a permanent legal relationship with a biological or adoptive parent or adult guardian. They have no safety net... and for too many children, foster care is a pipeline to the next generation of poor and homeless Americans.”

“State departments of child welfare typically put resources into ‘family finding’ for young children, but if a child hasn’t been adopted by the age of 9 or 10, they are put on a different track. They’ll move from consecutive foster placements – as many as 10- to early “emancipation” as aging out is sometimes called...essentially, we give up on them having a family. These kids languish in foster care and hopefully they receive some job and life skills training and educational support, and then they turn 18 and BAM, they’re out on their own. These are the kids most at risk.”

“The sad fact is, parents would never ask their children to attempt to go out into the world and fend for themselves. We know that their chances for success would be slim. However, we routinely make this demand of our most vulnerable young people.”

Judy Cockerton 2019

Ms. Cockerton concluded the article by saying,

“Prospective (foster and adoptive) parents need to understand that it’s imperative that someone be there to get older kids through high school, to walk them down the aisle, to be there for their children. We need to rethink the ages at which children need families. We need to ensure that all young people have access to a secure parenting relationship and a caring community of folks who invest in their hopes, dreams, lives and futures.

A nationally based group called Child Trends looked at Massachusetts data for 2015. In a survey of 200 twenty-one-year-olds who aged out of foster care it found that: 51% were employed, 42% were attending school, 34% had experienced homelessness, 22% were receiving public assistance and 14% had been incarcerated in the past two years. The report concluded that ‘When we fail to find permanent families, the outcomes are not good’.”

Appendix E: Societal Context: Other Challenges that People Face

Criminal record histories

If it is not difficult enough to find, secure, and sustain affordable housing, people that have criminal records face even more barriers. Given the lack of housing affordable to those with the lowest incomes, subsidized housing programs, such as the Section 8 Housing Choice Voucher Program and public housing are an integral component in the solution to prevent and end homelessness. Having a criminal record, however, makes many people finding themselves homeless, ineligible for federally subsidized housing.

People across the nation are being incarcerated in alarming rates and are often not receiving services they need while there. Upon release, public housing authorities and many private landlords will not rent to applicants with criminal record histories (CORIs). Applicants for federally subsidized housing are required to disclose any criminal conviction on their records, regardless of the nature of the crime. Under federal law, people who have found to have manufactured or produced methamphetamine on the premises of federally assisted housing and/or sex offenders subject to a lifetime registration requirement are permanently barred.

According to U.S. Code 13663, “Notwithstanding any other provision of law, an owner of federally assisted housing **shall prohibit** admission to such housing for any household that includes any individual who is subject to a lifetime registration requirement under a state sex offender registration program”. The law requires a public housing agency to carry out history background checks on applicants for federally assisted housing and make further inquiry with state and local agencies as necessary to determine whether an applicant for federally assisted housing is subject to the lifetime registration requirement.

Otherwise, local public housing authorities (PHAs) that administer federal programs have broad discretion on their own eligibility requirements and some exercise overly restrictive standards. There are some PHAs across the country that ban everyone with a criminal record, even for minor non-violent offenses.

People can try to appeal denials, if the offense was minor in nature and a long time ago, but that process is time consuming and stressful to pursue for people who may have already been traumatized. If someone has a sex offense on their history, it is next to impossible to find anywhere to live.

Additionally, when a disabled person is incarcerated, federal benefits such as Supplemental Security Income (SSI), are suspended. If the period of incarceration exceeds one year, the benefits are terminated. At that time, the person must reapply. A new application does not assure benefits will be reinstated and even with a positive outcome, the process can take

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months or years to be approved. As a result, many people post incarceration have no ability to pay for housing upon release.

According to a report from Substance Abuse and Mental Health Services Administration (SAMHSA) entitled "Best Practices for Increasing Access to SSI/SSDI Upon Exiting Criminal Justice Settings" the authors wrote, *"Unfortunately, people who are newly released often wait months before their benefits are reinstated or initiated... Consequently, the approximately 125,000 people with mental illness who are released each year are at increased risk for experiencing mental illness, substance abuse, homelessness and recidivism."*

And, a yearlong investigation and state by state survey conducted by National Public Radio found that an increasing number of people are sentenced to jail time not for the underlying crime but for failing to pay the exorbitant fees associated with resolving their cases.⁸

Attorney Bryan Stevenson, Executive Director of the Equal Justice Initiative in his book "Just Mercy" (2014) describes the societal context as such:

".... In the early 1980's, America was in the early stages of a radical transformation that would turn us into an unprecedentedly harsh and punitive nation and result in mass imprisonment that has no historical parallel. Today we have the highest rate of incarceration in the world. The prison population has increased from 300,000 people in the early 1970's to 2.3 million people today (2014). There are nearly 6 million people on probation or on parole. One in every fifteen people born in the U.S. in 2001 is expected to go to prison or jail; one in every 3 black males born in this century is expected to be incarcerated..."

"...Hundreds of thousands of non-violent offenders have been forced to spend decades in prison. We've created laws that make writing a bad check or committing petty theft or minor property crime an offense that can result in life imprisonment. We have declared a costly war on people with substance abuse problems. There are more than a half-million in State or Federal prisons for drug offenses today, up from 41,000 in 1980..."

"...We've institutionalized policies that reduce people to their worst acts and permanently label them with identities they cannot change regardless of the circumstances of their crimes or any improvements they might make in their lives..."

"The collateral consequences of mass incarceration have been equally profound. We ban poor women and inevitably their children from receiving food stamps and public housing if they have prior drug convictions. We have created a new caste system that forces thousands of people into homelessness, bans them from living with their families and in their communities and renders them virtually unemployable..."

⁸ Shapiro, Joseph, *As Court Fees Rise, the Poor are Paying the Price*, NPR.org, May 19, 2014

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"The numbers of women in prison has increased 640% in the last 30 years..."

"Additionally, today over 50% of prison and jail inmates in the United States have a diagnosed mental illness, a rate nearly five times greater than that of the general adult population. Nearly one in five prison and jail inmates has a serious mental illness. There are more than 3 times the number of seriously mentally ill individuals in jail or prison than in hospitals; in some states that number is 10 times."

The report from the National Law Center on Homelessness and Poverty entitled "No Safe Place: The Criminalization of Homelessness in U.S. Cities" summarizes the situation as follows:

"Navigating the criminal justice system can be difficult for anyone. These problems can be particularly difficult, however, for people without a permanent address, regular access to transportation, a safe place to store personal records and few to no financial resources. The lack of a permanent address and financial resources create access to justice barriers for homeless defendants at every level of the criminal justice system. From being targeted by ordinance criminalizing basic survival needs, to a faulty system of excessively high fines, bail, and fees to limited access to probation, homeless persons often find themselves incarcerated more often, and for longer than a just system should allow."⁹

Adverse Childhood Experiences (ACEs)



The survey and research work conducted for this report solidified the belief that it is highly likely that some of the people finding themselves on the streets of Northampton are suffering

⁹ National Law Center on Homelessness and Poverty Report entitled: "No Safe Place: The Criminalization of Homelessness in U.S. Cities", 2015.

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effects of traumatic childhoods and may not have received the supports they needed along the way to successfully navigate adulthood. The research on what is now known as Adverse Childhood Experiences (ACEs) was launched as a landmark study in 1995-1997 by Vincent Felitti, head of Kaiser Permanente's Department of Preventive Medicine in San Diego, California, and Robert Anda from the Center for Disease Control and Prevention.

The study proved something people intuitively knew – that when people experience adversity in their childhood, their grown-up years are impacted. It's the rationale behind programs like Head Start – to build resilience in children from at-risk populations. However, the ACEs research made connections even the researchers themselves found mind boggling, which is why some say **it represents the greatest public health discovery of a generation**. In the study, questions were asked of adults who answered retrospectively about their childhood experiences with emotional, physical and sexual abuse; neglect; whether people had parents who had been incarcerated, mentally ill and/or alcoholics; or experienced domestic abuse. The answers to these 10 questions were tallied up into what is called an ACE score – one point for each of these traumas experienced as a child.

Researchers discovered that the higher ACE scores people had, the greater their chances of developing any number of health problems. People with ACE scores of four, for example, had double the risk of heart disease and double the risk for cancer. Those with scores of six died, on average, 20 years earlier than those with lower ACE scores. It seems intuitive then, that a person with a high ACE score would be at higher risk for substance use problems, since substance misuse is a common coping mechanism. It was ground breaking to link childhood adversity to physical health problems as diverse as liver and autoimmune diseases, fetal death, chronic obstructive pulmonary disease and ischemic heart disease.

Despite the existence of this research, it was not widely acknowledged or incorporated into treatment modalities until Dr. Nadine Burke Harris gave it national prominence. As a pediatrician treating underprivileged kids in Bayview-Hunters Point, one of San Francisco's poorest neighborhoods serving at risk youth, she began to notice patterns that caused her to conclude that the children with the most severe histories of trauma often exhibited the worst health and behavioral symptoms. That realization led her to change the way she treated patients—and to become one of the chief advocates in the medical community about how screening children for early adversity can help them become healthier adults.

As recounted in an article by Annabelle Timsit, (Jan. 24, 2019 for Quartz),

“... in 2008, Dr. Harris came across the [Adverse Childhood Experiences \(ACE\) Study](https://www.cdc.gov/violenceprevention/acestudy/about.html) (<https://www.cdc.gov/violenceprevention/acestudy/about.html>), described by the Centers for Disease Control and Prevention (CDC) as “one of the largest investigations of childhood abuse and neglect and later-life health and well-being.” That study (as referenced above) revealed that there was a strong correlation between a child's exposure to traumatic experiences—including psychological, physical, and sexual abuse,

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or living in a violent or unstable household—and their likelihood of developing certain diseases in adulthood, including cancer, chronic lung disease, and liver disease. The study also found that ACEs were [extraordinarily common in the US](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract) ([https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract)).”

“More than half of the study sample of close to 10,000 adults reported at least one ACE, and one-fourth reported two or more ACEs. According to Harvard University’s Center on the Developing Child, [sustained exposure to ACEs](https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/) (<https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>) in childhood triggers the body’s toxic stress response, which negatively affects the brain, immune system, and cardiovascular system.”

“The study showed that there is a biological connection between early adversity and health later in life, convincing Harris that the root cause of some children’s symptoms could be found in their early experiences. While the science had been around for a while, Burke Harris helped popularize the use of ACEs screenings in pediatric practices, and continues to play a role in making that science accessible to a broader audience. As she explained “we do all of these complicated and expensive work-ups to determine the cause of our patients’ health problems, but in this case the most important thing that we had to address was the trauma.” Harris had been treating patients for years who came to her with issues ranging from behavioral problems to asthma and autoimmune disorders. The one thing they all had in common was a history of childhood adversity.”

“So, she changed course, and opened the [Center for Youth Wellness](https://centerforyouthwellness.org/) (CYW) (<https://centerforyouthwellness.org/>) in Bayview Hunters Point in 2010. The CYW screens kids exposed to ACEs with the ACE-Q questionnaire. Kids exposed to four or more ACEs are then given [multidisciplinary treatment](https://centerforyouthwellness.org/advancing-clinical-practice/) (<https://centerforyouthwellness.org/advancing-clinical-practice/>), including a possible psychotherapy with their parents or caregivers. As the children grow older, therapists train them to recognize the signs of toxic stress and help their minds and bodies recover. The CYW also works with clinical practices across the US to implement universal ACEs screening. The clinic is funded entirely by [private donations](https://www.sfgate.com/visionsf/article/Dr-Nadine-Burke-Harris-gets-to-the-heart-of-6082828.php#photo-7529272) (<https://www.sfgate.com/visionsf/article/Dr-Nadine-Burke-Harris-gets-to-the-heart-of-6082828.php#photo-7529272>) and is free to patients.”

As the awareness of this research expands, so has the amount of online information about the impacts of ACEs. One such site is called ACEs Connection. This is a social network that “accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health and reforming all communities and institutions – from schools to prisons to hospitals and churches – to help heal and develop resilience rather than to continue to traumatize already traumatized people”. People can sign up for daily digests that feature efforts occurring around the country in a variety of disciplines and settings, incorporating this work. It is closely tied to trauma informed methodologies. There

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is also a blog feature that offers a forum for people to exchange experiences, ideas and feedback. <https://www.acesconnection.com/>

The ACEs Questionnaire is attached herein. There are many conversations happening about the existing questions and whether more elements should be added to it. Some new questions deal with community level impacts. Racism is now included on many updated and expanded ACE screening tools with the rationale that “distinguishing a group of people as inferior just by virtue of their color or perceived characteristic traits and subjugating the group to less preferred roles in itself is psychologically distressful and therefore falls into the category of permanent adversity to the group, especially starting in childhood. Racism for the group that is labeled, is, therefore, a stressor that has physical health, emotional and behavioral consequences long-term that needs to be factored into treatment planning.”

To note, not everyone supports the use of the scoring sheet as an assessment tool. One of the criticisms is that the questionnaire places all forms of childhood adversity on the same level, even though some are clearly more traumatic than others. For example, a child whose parents divorced has one ACE—but so does a child who was sexually abused. An additional critique is that there are not many interventions to offer children who experience ACEs. However, as the Quartz article concludes,

“Dr. Harris would probably dispute the idea that there’s little we can do for kids who experience toxic stress. Early interventions have been shown to [help kids who’ve experienced it](https://qz.com/1297342/the-emerging-and-devastating-evidence-that-childhood-trauma-could-affect-the-next-generation/) (<https://qz.com/1297342/the-emerging-and-devastating-evidence-that-childhood-trauma-could-affect-the-next-generation/>). And as Smita Malhotra, a doctor who suffers from “almost debilitating anxiety,” [writes in The Washington Post](https://www.washingtonpost.com/news/parenting/wp/2018/06/05/left-untreated-stress-can-affect-kids-health-for-a-lifetime-heres-how-to-help-them-cope/?utm_term=.0334bb78feb8&wpisrc=nl_parent&wpmm=1) (https://www.washingtonpost.com/news/parenting/wp/2018/06/05/left-untreated-stress-can-affect-kids-health-for-a-lifetime-heres-how-to-help-them-cope/?utm_term=.0334bb78feb8&wpisrc=nl_parent&wpmm=1): “Just as chronic toxic stress can rewire a child’s brain, the exposure to interventions that promote resilience (including trauma-focused therapy, proper nutrition, yoga and mindfulness) [can help the brain to form new connections](https://www.washingtonpost.com/news/inspired-life/wp/2015/05/26/harvard-neuroscientist-meditation-not-only-reduces-stress-it-literally-changes-your-brain/?utm_term=.db3a0e8c99dc) (https://www.washingtonpost.com/news/inspired-life/wp/2015/05/26/harvard-neuroscientist-meditation-not-only-reduces-stress-it-literally-changes-your-brain/?utm_term=.db3a0e8c99dc), a phenomenon called neuroplasticity. With the right tools, children can thrive despite having experienced trauma.”

In 2018, Dr. Burke Harris told The New York Times, “We need a national public campaign about toxic stress. We need to be shouting this from the rooftops.” As the newly appointed State of California’s first Surgeon General, she will probably be doing exactly that.

<https://www.tedmed.com/talks/show?id=293066>

Relevant data points indicating the scale of those experiencing and dealing with trauma impacts and ACE histories:

Homelessness

- 93% of homeless mothers have a lifetime history of interpersonal trauma.¹⁰
- 83% of homeless children have been exposed to at least one serious violent event by age 12.¹¹

Mental/Behavioral Health

- 93% of psychiatrically hospitalized adolescents have histories of physical and/or sexual and emotional trauma.¹²
- 75% of clients in substance abuse treatment settings report histories of significant trauma.¹³

Veterans

- 81% - 93% of women veterans have been exposed to trauma over their lifetimes.¹⁴

Justice

- 96% of female offenders have experienced trauma, often in the form of sexual abuse and intimate partner violence.¹⁵
- 75% - 93% of youth involved with juvenile justice have experienced trauma.¹⁶

Child Welfare

- 50% of children and youth in the child welfare system have experienced trauma.¹⁷

¹⁰ Hayes, Zonneville, & Bassuk, *Service and Housing Interventions for Families in Transition*, The SHIFT Study: Final Report, 2013.

¹¹ Buckner, Beardslee & Bassuk, *Exposure to violence and low-income children's mental health: Direct, moderated, and mediated relations*, 2004.

¹² Lipschitz, Winegar, Hartnick, Foote, & Southwick, Posttraumatic Stress Disorder in Hospitalized Adolescents: Psychiatric Comorbidity and Clinical Correlates, *Journal of the American Academy of Child & Adolescent Psychiatry*, April 1999.

¹³ Jennings, Ann, *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services*, National Technical Assistance Center, 2004.

¹⁴ Zinzow, H., Grubaugh, A., Monnier, J., Suffoletta-Malerie, S., & Frueh, B., *Trauma Among Female Veterans: A Critical Review*, October 1, 2007. Hayes, Zonneville, & Bassuk, *Service and Housing Interventions for Families in Transition*, The SHIFT Study: Final Report, 2013.

¹⁵ Nixon, Vivian. "The Need for Trauma-Informed Approach to Female Incarceration". February 28, 2017.

¹⁶ Adams, Erica, MD, *HEALING INVISIBLE WOUNDS: Why Investing in Trauma-Informed Care for Children Makes Sense*, Justice Policy Institute, July 2010.

¹⁷ Frank Alvarez, *Understanding Childhood Trauma: ACES and Foster Children*, Dec. 1, 2018

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This is the current ACE Score Sheet being utilized:

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

The Philadelphia Expanded ACE questions look at Community-Level Adversity

Witness Violence	How often, if ever, did you see or hear someone being beaten up, stabbed, or host in real life?
Felt discrimination	While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?
Adverse Neighborhood experience	Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?
Bullied	How often were you bullied by a peer or classmate?
Lived in foster care	Were you ever in foster care?

The chart above shows some additional questions being considered for inclusion in the score sheet.

Linkages between ACEs and addiction

In an article written by ACEs Connection founder/publisher Jane Steven, she says:

“It is no surprise that serious childhood trauma can lead people to use opioids. In the absence of healthy alternatives and an understanding of how experiences — such as living with a parent who’s alcoholic or depressed, divorce, and being constantly yelled at when you’re a kid — can make your adult life miserable, opioids help many people cope with chronic depression, extreme anxiety and hopelessness.”

“But a new study has shown the significance of ACEs and ACEs-science-informed treatment: Each additional type of adverse childhood experience increases a person’s risk of relapse during medication-assisted opioid treatment by a whopping 17 percent. And each visit to a clinic that integrates trauma-informed practices based on ACEs science reduced the relapse rate by two percent, which can carry a person perhaps not to zero, but to a minimal risk of relapse.”

“This research clearly shows the lasting impact that ACEs (adverse childhood experiences) can have,” says Dr. Karen Derefinko, lead author and assistant professor in the Department of Preventive Medicine at the University of Tennessee Health Science Center. ‘I think it’s the first research to connect ACEs to relapse.’”

Addiction

The science of addiction shows us that adverse childhood experiences change the chemistry of the brain and close off specific areas that house coping skills. This often leads to addiction issues, as the brain seeks to remedy those imbalances.

Shatterproof is a national nonprofit organization dedicated to ending the devastation addiction causes families. The following excerpts come from the Shatterproof website. This organization was formed by a father, Gary Mendell, who lost his son to addiction.

What is addiction?

The National Institute of Drug Abuse (NIDA) defines addiction as *a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.*

In the United States, 8–10% of people over the age of 12 are addicted to alcohol or other drugs which is approximately 22 million people. (Cigarette smoking is also an addiction that kills people.)

Addiction is chronic—but it’s also preventable and treatable

When a disease is chronic, that means it’s long-lasting. It can’t be cured, but it can be managed with treatment. Other examples of chronic diseases include asthma, diabetes, and heart disease.

It is critical that treatment simultaneously addresses any co-occurring neurological or psychological disorders that are known to drive vulnerable individuals to experiment with drugs and become addicted in the first place. [Learn more about the connection between addiction and mental health here](#) or visit: <https://www.shatterproof.org/co-occurring-disorders-addiction-mental-health>.

Addiction is a medical illness

Respected institutions like the American Medical Association and the American Society of Addiction Medicine define addiction as a disease. Studies published in top-tier publications like *The New England Journal of Medicine* support the position that addiction is a brain disease.

A disease is a condition that changes the way an organ functions. Addiction does this to the brain, changing the brain on a physiological level. **It literally alters the way the brain works**, rewiring its fundamental structure. That’s why scientists say addiction is a disease.

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Although there is no cure for addiction, there are many evidence-based treatments that are effective at managing the illness. Like all chronic illnesses, addiction requires ongoing management that may include medication, therapy, and lifestyle change. Once in recovery from substance use disorder, a person can go on to live a healthy and successful life. Addiction is treatable, and recovery should be the expected outcome of treatment.

How does addiction change the brain?

The human brain is wired to reward us when we do something pleasurable. Exercising, eating, and other pleasurable behaviors directly linked to our health and survival trigger the release of a neurotransmitter called dopamine. This not only makes us feel good, but it encourages us to keep doing what we're doing. It teaches our brains to repeat the behavior.

Drugs trigger that same part of the brain—the reward system. But they do it to an extreme extent, rewiring the brain in harmful ways.

When someone takes a drug, their brain releases extreme amounts of dopamine—way more than gets released as a result of a natural pleasurable behavior. The brain overreacts, reducing dopamine production in an attempt to normalize these sudden, sky-high levels the drugs have created. And this is how the cycle of addiction begins.

Once someone is addicted, they're not using drugs to feel good — they're using drugs to feel normal

Studies have shown that consistent drug use severely limits a person's capacity to feel pleasure at all. Over time, drug use leads to much smaller releases of dopamine. That means the brain's reward center is less receptive to pleasure and enjoyment, both from drugs, as well as from every day sources, like relationships or activities that a person once enjoyed. Once the brain has been altered by drug use, it requires more and more drugs just to function at a baseline level.

Withdrawal is a painful, whole-body experience

Withdrawal happens when a person who's addicted to a substance stops taking it completely: either in an attempt to quit cold turkey, or because they don't have access to the drug. Someone in withdrawal feels absolutely terrible: depressed, despondent, and physically ill.

An addicted brain causes behavior changes

Brain imaging studies from drug-addicted individuals show physical, measurable changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control. Scientists believe that these changes alter the way the brain works, and may help explain the compulsive and destructive behaviors of addiction.

A promising student might see his grades slip. A bubbly social butterfly might suddenly have trouble getting out of bed. A trustworthy sibling might start stealing or lying. **Behavioral changes are directly linked to the drug user's changing brain.**

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Cravings take over. These cravings are painful, constant, and distracting. The person can't stop seeking out drugs, no matter the consequences, often resulting in compulsive and destructive behaviors. Especially given the intensity of withdrawal symptoms, the body wants to avoid being in withdrawal at all costs.

"We need to tell our children that one drink or one pill can lead to an addiction. Some of us have the genes that increase our risk of addiction, even after just a few uses. I never knew that when I was raising my son, and I wish that I did." Maxine *Shatterproof Ambassador*

What fosters addiction? Science says there are three main factors.

The first time a person tries alcohol or another drug, it's a voluntary choice. But at some point during use, a switch gets flipped within the brain and the decision to use is no longer voluntary. As the Director of the National Institute on Drug Abuse puts it, it's as if an addicted person's brains has been hijacked.

Anyone who tries a substance can become addicted, and research shows that the majority of Americans are at risk of developing addiction. Over 40% of 13–14-year-olds, and over 75% of 17–18-year-olds, report that they've tried alcohol. What's more, 42% of 17–18-year-olds report that they've tried illicit drugs.

After initial exposure, no one chooses how their brain will react to drugs or alcohol. So why do some people develop addiction, while others don't?

The latest science points to three main factors:

1. Genetics - Genetics account for 50% of risk of addiction

Scientific research has shown that 50–75% of the likelihood that a person will develop addiction comes from genetics, or a family history of the illness. Exactly how genetics factor into addiction, and what we could do to protect against their influence, is something scientists are actively researching right now.

2. Environment

Research shows that growing up in an environment with older adults who use drugs or engage in criminal behavior is a risk factor for addiction. Protective factors like a stable home environment and supportive school are all proven to reduce the risk.

3. Development

Addiction can develop at any age. But research shows that the earlier in life a person tries drugs, the more likely that person is to develop addiction. Our brains aren't finished developing

until we're in our mid-20s. Introducing drugs to the brain during this time of growth and change can cause serious, long-lasting damage.

All this scientific evidence points to one bottom line: addiction is not a moral failing.

Addiction is not a choice. It's not a moral failing, or a character flaw, or something that "bad people" do. Most scientists and experts agree that it's an illness that is caused by biology, environment, and other factors.

Harmful consequences, shame, and punishment are simply not effective ways to end addiction. A person can't undo the damage drugs have done to their brain through sheer willpower. Like other chronic illnesses, such as asthma or type 2 diabetes, ongoing management of addiction is required for long-term recovery. This can include medication, behavioral therapy, peer-support, and lifestyle modifications.

Learn more about evidence-based [prevention](https://www.shatterproof.org/prevention) (<https://www.shatterproof.org/prevention>), [treatment](https://www.shatterproof.org/shatterproof-national-principles-care) (<https://www.shatterproof.org/shatterproof-national-principles-care>), and [recovery](https://www.shatterproof.org/recovery) (<https://www.shatterproof.org/recovery>) methods.

More than 21 million Americans have a substance use disorder. But in the United States, **only one in ten people with addiction receives any treatment at all—and even fewer receive treatment that aligns with research-backed medical best practices.** This is the biggest reason why so many of our loved ones are dying at such an alarming rate.

In order to turn the tide of the opioid epidemic, the first thing we need to do is to expand and improve addiction treatment. People in need must have access to treatment that is affordable, high-quality, and readily available—no wait times, no hoop-jumping.

To achieve this, there are **three key areas** where states should focus their policy.

1. Treatment capacity

We need more health professionals trained to provide addiction care. More doctors able to prescribe life-saving medications. More treatment, whether within an inpatient facility or at a doctor's office, that is fully aligned with research-backed best practices. We need it all to truly turn the tide of the opioid epidemic.

Here are three concrete steps that states can take to improve treatment capacity:

1. Train all healthcare professionals in state in addiction care, including the use of medication-assisted treatment (MAT).
2. Use telehealth models to enable care delivery in rural and underserved areas.

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3. Improve reimbursement rates for evidence-based treatment of SUD. With better reimbursement rates, more health care professionals will be motivated to get involved in treating SUD.

2. Treatment quality

While some treatment programs offer evidenced-based and clinically effective medical treatment, others employ tactics based on ineffective and outdated methodologies. This kind of treatment can actually do more harm than good.

States can help ensure that all addiction treatment aligns with the proven research and science that improve patient outcomes.

Here are **three concrete steps** that states can take to improve treatment quality:

1. Incentivize evidenced-based treatment in state-funded programs
2. Require all state-funded Emergency Departments to:
 - i. Screen for substance use disorder
 - ii. Provide appropriate intervention, including medication when needed
 - iii. Provide a warm hand-off to a treatment professional for further care
3. Leverage state licensing regimes to require minimum standards of professional credentialing and provision of MAT

3. Treatment coverage

Too many families go bankrupt sending their loved ones to addiction treatment centers not covered by their insurance plans. Worse still, those expensive treatment facilities often do not offer the sort of evidence-based treatment that's proven by research to improve patient outcomes. So more treatment is needed. The cycle continues.

There are a number of key policies states can enact to turn this around. Here are **four concrete steps** states can take to improve treatment coverage:

1. Cover MAT through Medicaid and remove pre-authorization
2. Work with commercial insurers to cover MAT without pre-authorization
3. Maximize Medicaid waivers (1115 and 1915) to expand treatment recovery services
4. Partner with health insurance payers to develop alternative payment models and modify enrollee benefit design for these services

Addressing stigma will save lives

Science has proven that substance use disorder is a chronic brain disease that can be managed with medical treatment. **It is NOT a moral failing or a character flaw.** But still, only **1 in 10**

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Americans with a substance use disorder receive treatment. Addiction is highly stigmatized, and that stigma is fueling an American public health crisis.

Developing a national strategy

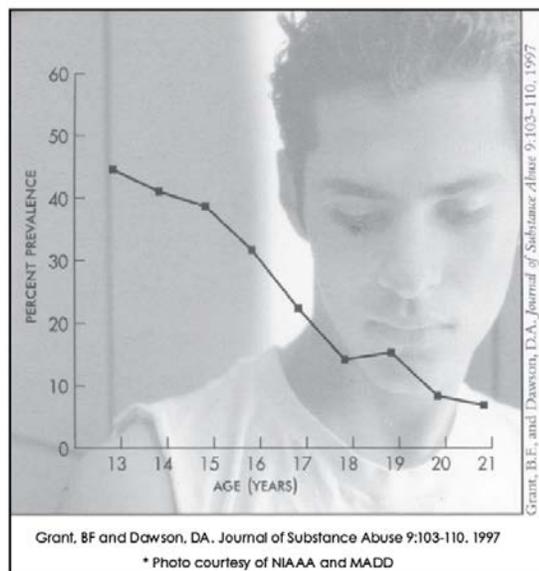
A team of experts has been studying social change and stigma work that has happened in the past 20 years and pulling **best practices** from successful work to inform the strategy.

The strategy will not only open hearts and minds with the public, but will be addressing structural changes with employers, healthcare providers, law enforcement and the education system, primarily secondary schools and higher education.

Addiction needs to become a national conversation and safe to discuss at work, in the community, and around the kitchen table, because telling our stories, honestly and without shame, is one of the most powerful ways to change hearts and minds. Breaking down the stigma will open the opportunities for more people to seek quality treatment and create hope in a very dark world of despair.

Author's Note: The information just listed is from the Shatterproof website. It is offered here as a reference. There may be other facts and suggested steps that need to be considered. It is not meant to be all inclusive. (Science of Addiction, (n.d.), Retrieved from <https://www.shatterproof.org/about-addiction/science-of-addiction>.)

Teen Alcohol Use Wires The Brain For Addiction



40% of kids who begin drinking at age 15 will become alcoholics.

Only 7% of those who begin drinking at age 21 become alcoholics.

To conclude, there are many sources that confirm that alcohol and drug use early on, before the brain has completely developed, are indicators for subsequent health and addiction issues.

Opioid addiction epidemic

One hundred and ninety-two Americans are dying from drug overdoses every day in this country. Although deaths from opioid overdoses appear to be receding in other parts of the state, the Massachusetts Department of Public Health experts say it has increased in Franklin, Berkshire, Hampshire, and Hampden counties by 73%. Experts say that while the levels of fentanyl in heroin are higher in the eastern part of the state, those levels are increasing everywhere, including western Massachusetts. Fentanyl is a powerful opioid associated with the vast majority of fatal opioid overdoses in the state, experts say. Dr. Ruth Potee, Director of Addiction Services for Behavioral Health Network in Springfield (as well as Medical Director at the Franklin County House of Correction), said the numbers are even worse in Hampden County, with opioid deaths doubling from 2017 to 2018.

***“Despite all of our efforts, more people are dying.
We still have a lot of work to do.”***

– Dr. Ruth Potee

According to a Daily Hampshire Gazette article published August 22, 2019, Dr. Potee said, however, that there *has* been progress in the Commonwealth. “We’ve advanced 100 years in the last seven years.” Dr. Potee credited the widespread understanding of addiction as a disease, as well as the prevalence of people discussing the use of the overdose-reversal drug Narcan. Additionally, she said that half of the commonwealth’s jails and one of its state institutions will be offering the full range of medications to treat opioid addiction, including methadone, by September 1, 2019. She helped the Franklin County House of Correction secure its own methadone [license this month \(https://www.recorder.com/a1-Jail-to-distribute-methadone-27864345\)](https://www.recorder.com/a1-Jail-to-distribute-methadone-27864345), which she said was a difficult process.

Cherry Sullivan, Program Director for Hampshire HOPE, provided the following data from the Department of Public Health on opioid deaths of Northampton residents. 2019 data was not yet available.

<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
11	4	8	7	8

According to the Massachusetts Ambulance Trip Reporting Information System (MATRIS), a statewide database for collecting emergency medical service (EMS) data from licensed ambulance services, Northampton Emergency Medical services responded to 81 calls for an opioid overdose in 2017 and 89 calls in 2018.

The following chart from the Department of Public Health Bureau of Substance Abuses System indicates substance use trend data from 2008-2017 in Northampton.

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NOTICE

Substance Use Trends

Primary Substance of Use

At admission, clients identify a "primary drug" of use, which is the substance for which they seek treatment. Table 1 shows the percent distribution by primary drug.

Table 1
Primary Drug Trend: FY 2008 - FY 2017

	Total Admissions *	Alcohol	Crack/Cocaine	Heroin	Marijuana	Other	Other Opioids	Other Sedatives/Hypnotics	Other Stimulants
2008	689	56.3%	10.6%	20.6%	6.1%	0.9%	4.6%	*	*
2009	518	57.9%	7.1%	23.6%	5.4%	*	4.4%	1.2%	*
2010	505	58.2%	7.9%	20.6%	4.0%	*	7.5%	*	*
2011	300	49.7%	5.7%	29.3%	5.0%	*	9.0%	*	*
2012	275	49.1%	5.8%	32.4%	2.9%	*	7.3%	*	*
2013	274	40.1%	3.3%	46.4%	3.6%	*	4.7%	*	*
2014	295	38.3%	3.1%	48.5%	2.0%	*	6.4%	*	*
2015	285	37.5%	3.9%	48.1%	3.2%	*	6.0%	*	*
2016	324	42.3%	4.9%	46.6%	2.2%	*	2.5%	*	*
2017	411	37.0%	7.5%	48.4%	2.7%	*	2.7%	1.7%	*

Other includes PCP, Other Hallucinogens, Methamphetamine, Other Amphetamines, Other Stimulants, Benzodiazepines, Other Tranquilizers, Barbiturates, Other Sedatives, Inhalants, OTC, Club Drugs, Other All Other Opioids include Non - Rx Methadone, Other Opiates, Oxycodone, Non-Rx Suboxone, Rx Opiates, Non-Rx Opiates

* Number of total admissions may be different than the reported number on the first page due to missing/unknown values for primary drug

Past Year Substance Use

Upon entering treatment, clients are asked to report ALL substances used in the year (12 months) prior to admission. It is possible to report using more than one substance within the past year. Therefore, percentages may total more than 100%. Table 2 shows the distribution of past year drug use for all substances. It only includes those admissions that did report past year substance use.

Table 1
Past Year Substance Use Trend: FY 2008 - FY 2017

	Total Admissions *	Alcohol	Crack/Cocaine	Heroin	Marijuana	Other	Other Opioids	Other Sedatives/Hypnotics	Other Stimulants
2008	655	82.0%	36.9%	23.7%	36.9%	4.7%	19.1%	11.3%	1.8%
2009	496	80.4%	30.0%	31.2%	31.5%	3.6%	17.3%	14.5%	3.0%
2010	483	77.2%	25.5%	28.8%	29.4%	5.0%	19.0%	11.4%	3.1%
2011	279	73.1%	35.5%	39.1%	32.6%	7.5%	25.4%	22.6%	7.5%
2012	259	73.0%	32.8%	39.4%	29.7%	5.8%	21.6%	14.3%	5.0%
2013	258	64.0%	29.5%	50.8%	30.6%	8.1%	19.0%	16.3%	5.4%
2014	285	57.9%	26.3%	52.6%	22.1%	3.2%	19.6%	14.4%	4.2%
2015	276	62.7%	34.8%	56.2%	23.6%	3.6%	18.8%	18.1%	5.1%
2016	310	64.2%	26.1%	55.2%	24.2%	2.3%	11.3%	12.6%	3.2%
2017	397	60.7%	40.1%	58.2%	31.0%	4.5%	14.6%	11.8%	4.3%

Other includes PCP, Other Hallucinogens, Methamphetamine, Other Amphetamines, Other Stimulants, Benzodiazepines, Other Tranquilizers, Barbiturates, Other Sedatives, Inhalants, OTC, Club Drugs, Other All Other Opioids include Non - Rx Methadone, Other Opiates, Oxycodone, Non-Rx Suboxone, Rx Opiates, Non-Rx Opiates

* Number of total admissions may be different than the reported number on the first page due to missing/unknown values and due to the fact that the table above does not include those admissions who did not report past year use

To protect client confidentiality, categories with 5 or fewer admissions are suppressed

In 2014, a new system of reporting was adopted for Methadone treatment providers. Due to this system change, the reported enrollment numbers for FY 2014 may vary from the actual number of enrollments and future reports on FY 2014 data may differ from the current report

Clients of all ages are included in these statistics

Homelessness at enrollment is determined based on the client's housing disposition at the time of enrollment.

Missing/Unknown values are excluded from the data

Data and definitions as of July 6, 2018

Prepared by: Massachusetts Department of Public Health, Bureau of Substance Addiction Services, Office of Statistics and Evaluation

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Northampton

The total number of people served during FY 2017 was 362. People served refers to individuals who received services during the fiscal year. This number includes individuals that could have been admitted prior to the beginning of the fiscal year. The total number of admissions during FY 2017 was 421. This fact sheet excludes data for county correctional facilities. The data below is based on admissions; the percentages exclude all missing/unknown values for each category.

Enrollment Characteristics	% of Enrollments
Gender	
Female	30.6%
Male	69.4%
Transgender	0.0%
Race	
Black or African American	6.3%
Multi-Racial	12.3%
Other	12.1%
White	69.3%
Hispanic	
Hispanic	20.2%
Non-Hispanic	79.8%
Education Level	
No Education or Less Than High School	18.6%
High School Diploma / GED	48.0%
Beyond High School, No College Degree	21.4%
College Degree or Higher	10.7%
Other	*
Marital Status	
Married	8.1%
Divorced	13.7%
Separated	4.6%
Never Married	69.9%
Partnership	2.4%
Widowed	*
Age	
Less Than 18	*
18 to 25	12.8%
26 to 30	14.7%
31 to 40	34.0%
41 to 50	20.0%
51 and Older	18.3%
Employment at Enrollment (N= 149 ; excludes not in labor force)	
Employed	41.6%
Not Employed	58.4%
Homelessness at Enrollment (N= 328 ; excludes cases where housing disposition at enrollment could not be determined)	
No	72.9%
Yes	27.1%
Past Year Needle Use	
No	50.4%
Yes	49.6%
Prior Mental Health Treatment	
No	44.8%
Yes	55.2%

This chart shows general profile data for FY17 for people admitted into the Bureau of Substance Abuse Services licensed treatment facilities from Northampton. Of note, 27% had experienced homelessness at the time they received treatment. Almost 60% were unemployed.

Mental health challenges

According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on any given night AND at a minimum, 140,000 or 25% were seriously mentally ill and 250,000 or 45% were living with a mental illness. This is compared to a 2016 study that estimated 4.2% of U.S. adults had been diagnosed with a serious mental illness.

Affective disorders such as bipolar disorder, depression, schizophrenia, anxiety disorders and substance misuse disorders are among the most common types of mental illnesses observed in those experiencing homelessness.

Much research has been conducted on the connection between homelessness and mental illness. A person's mental illness may lead to cognitive and behavioral problems that make it difficult to carry out daily activities, such as maintaining housing or being employed. Other studies have shown, however, that people suffering with mental illness often find themselves homeless as a result of lack of affordable housing and poverty. The combination of homelessness and mental illness can lead to increased levels of alcohol and drug abuse.

Studies also show that becoming and experiencing homelessness can be a traumatic event that impacts a person's symptoms of mental illness. This experience can be related to higher levels of psychiatric distress, higher levels of alcohol use and lower levels of perceived recovery in people with previous mental illness challenges. These scenarios can lead to more encounters with the criminal justice system. Homeless adults with mental illness who have experienced abuse or neglect in childhood are more likely to be arrested for a crime, or be the victim of a crime.

Even if individuals with mental illnesses experiencing homelessness are provided with housing, they are unlikely to achieve residential stability and remain off the streets unless they have access to continued treatment and services. Research has shown that supported housing is effective for people with mental illnesses. In addition to housing, supported housing programs should offer services such as mental health treatment, physical health care, education and employment opportunities, peer support and daily living and money management skills training. Programs that include outreach and engagement workers, a variety of available treatment options to choose from and services to help people re-integrate into the community are ideal. Lack of funding for such comprehensive programming is a significant barrier to serving this segment of our population.

Tarr, Peter Ph.D., *Homelessness and Mental Illness: A Challenge to our Society*, Brain and Behavior Magazine, November 19, 2018.

Becoming trauma-informed

As defined, a trauma-informed perspective views trauma related symptoms and behaviors as “an individual’s best and most resilient attempt to manage, cope with, and rise above his, her or their experience of trauma”.¹⁸ Being trauma informed has been a practice in the clinical realm for a while, but operating from that modality at the macro level, from a community development lens, is still evolving.

Becoming educated about adverse childhood experiences, toxic stress, the science of addiction, and the opioid epidemic should lead us to embark on a process that focuses on the root causes of these conditions, rather than on actions that blame and/or punish people who may be struggling with these issues and are trying to survive in public spaces.

Trauma-informed care: Trauma-informed care is a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services”.¹⁹

As a trauma informed community, we would encourage local services to embrace the following basic tenants (adjusted according to the type of trauma experienced):

- Safety and harm reduction
- Trustworthiness through transparency
- Peer support
- Collaboration and mutuality
- Empowerment, giving voice and choice
- Awareness of cultural, historic and gender issues

Types of Trauma	Definition
Acute	A one-time traumatic event
Chronic	Chronic trauma occurs when people experience multiple traumatic events
Complex Trauma	Describes both people’s exposure to multiple traumatic events — often of an invasive, interpersonal nature — and the wide-ranging, long-term impact of this exposure

¹⁸ *Treatment Improvement Protocol (TIP) Series, No. 57, Trauma-Informed Care in Behavioral Health Services*, Substance Abuse and Mental Health Services Administration (US). 2014.

¹⁹ Hopper, Bassuk & Olivet, *Trauma-Informed Care*, Center for Evidence-Based Practices, 2010.

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Being a trauma informed caring community means, then, that in all realms, the engagement/treatment/service premise becomes:

(not) WHAT'S WRONG WITH YOU > (but rather) WHAT HAPPENED TO YOU

Programmatic adjustments for us to examine in all practices may include:

- Flexible appointments, including bringing appointments to the person
- Writing out steps and tasks
- Avoiding judgment
- Creating emotional safety; reinforcing physical safety
- Building connections outside of the program
- Taking nothing personally as the staff person/provider of service
- Engaging in harm reduction
- Provide an active voice in determining type, duration, frequency and intensity of services

There are also physical space design considerations for settings that interact with people that can hinder or foster a person's sense of safety.

- Urban design and street presence
- Separation distance and personal space
- Air flow
- Urinals, toilets, showers and sinks
- Kitchen
- Trauma-informed interior design
 - Matte colors
 - Soft, adjustable lighting
 - Wide corridors
 - Rounded corners
 - Open staff spaces

These design elements are explained in detail by viewing Iain De Jong's PowerPoint presentation on *How to Be An Awesome Shelter*, slides 140-149. <https://app.box.com/s/cgwd5899b24qkuiej50fz66r5e8oyv5x>

Trauma-informed systems

To emphasize, philosophically, this movement embodies a paradigm shift that moves the focus of human services work from "being a deficit-based system to an asset-based response that is participant driven, recovery oriented and is accomplished through a cross-sector collaboration of community sectors. The process and end result, then, not only changes the program and services within the system, but how people are viewed by the programs and services within the system". These coalitions are forming all over the country and people are committing to developing these elements on system wide levels:

- A Common Understanding about Principles of Trauma Informed Care

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- Organizational Commitment (not just personal)
- Staff Training (begins with the receptionist all the way to the CEO)
- Peer Collaboration (work together at all organizational levels)
- Cultural Competency (which means more than attending one workshop)
- Data Driven and Rigorous Evaluation Systems
- Cross-Sector Participation between:
 - Schools
 - Law Enforcement
 - Child Welfare Systems
 - Health Care Systems
 - Sexual and Domestic Violence Service Systems

AND on the more local level, we are very fortunate to have a network of professionals, consumers, and citizens that have recognized the humanity in and necessity of being a trauma-informed community. Coalitions such as SPIFFY (Strategic Planning Initiative for Families and Youth), Hampshire HOPE and the Western Mass Network to End Homelessness are incorporating ACE and addiction science data into their work. SPIFFY promotes policies and practices aimed at “increasing protective factors like parental connection, involvement in positive social activities, connections with school and trusted adults because they actually buffer a teen against the pressure to use alcohol and other drugs. SPIFFY’s approach offers a way to measure risk factors and look at an entire community in light of the prevalence of traumatic childhood events, also known as toxic stress. Their mission then, is to work on approaches to address community-wide problems with roots in personal trauma. This work led to the eventual creation of...

Trauma-Informed Hampshire County: A Network Responding to Adverse Childhood Experiences by Building Resilience

This is a newly formed group composed of representatives from the criminal justice system, health care, police departments, mental health agencies, schools, health departments and public health professionals. The local effort, focused on ACE and trauma informed practices represents a “conscious decision to break down silos and build bridges between sectors. ACE science gives us a common framework in which to build healthier communities.”²⁰

The goals of the newly forming network are to:

1. Prevent risk factors surrounding trauma and increase protective factors that build resilience;
2. Address stigma and create a culture and environment where people feel safe;
3. Connect community members by encouraging/creating a sense of shared responsibility towards the health and well-being of children and families;
4. Improve the health of those affected by adverse childhood experiences.

²⁰ Warner, Heather and Loisel, Laurie, *Hampshire HOPE: Health Problems that Stem from Childhood Adversity*, Daily Hampshire Gazette, February 26, 2019. *See the Community Resources section for a fuller description of this exciting new effort.

Appendix F: Existing and new community resources

Existing Community Resources

Street outreach service providers

Eliot Homeless Services

Licensed mental health clinicians provide street outreach and case management services to individuals experiencing homelessness. Eliot Homeless Services operates through a statewide Department of Mental Health grant to administer the Project for Assistance in Transition from Homelessness (PATH) program. In our region, PATH workers cover Northampton, Greenfield, Amherst, Holyoke, Westfield, Springfield, and Pittsfield. Outreach clinicians visit encampments, shelter sites and meals programs to link people with resources.

Contact: Jay S. Levy, Regional Manager, Eliot CHS Homeless Services
(413) 587- 6427
www.eliotchs.org

Dial/Self

Serves at-risk young adults ages 18-24. Dial/Self provides street and shelter outreach and case management support. There are eight units of housing being created on Hatfield Street in Northampton. This agency serves Hampshire and Franklin County youth, including specific programming for LGBTQ youth and youth aging out of the foster care system.

Contact: Phil Ringwood, Director
196 Federal Street, Greenfield MA
(413) 774-7054
<http://www.dialself.org/index.html>

Emergency shelter

The Grove Street Inn

The Grove Street Inn, a 21-bed shelter for men and women individuals experiencing homelessness is located at 91 Grove Street. It has been in year-round operation since 1990. The farmhouse was part of the State Hospital property and ownership of the building was transferred to the city during the deinstitutionalization process. At its inception, the shelter program was operated jointly by the Hampshire Community Action Commission and Valley Programs (the precursor to ServiceNet, Inc.). In 2016, the property ownership was transferred to ServiceNet, who continues to administer the program. It serves approximately 100 different men and women each year.

Contact: ServiceNet
(413) 586-6001

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Hampshire Inter-Faith Winter Shelter

The winter shelter operated by ServiceNet and Friends of Hampshire County Homeless, is a 20-bed shelter for men and women individuals. The shelter is open beginning November 1 and closes April 30 each year. The shelter offers an evening meal, overnight shelter and breakfast each morning. Case Management services are provided during the day at the Hampshire County Resource Center, co-located at 43 Center Street.

Contact: ServiceNet
(413) 586-6750

Soldier On

Soldier On provides veterans who are homeless with food and clothing, emergency shelter, transitional housing and permanent housing. Each Veteran has access to case management, medical and mental health services, substance abuse treatment and peer support through both the Department of Veterans Affairs and community-based agencies. Soldier On offers transportation to medical appointments, legal appointments, education and employment.

Contact: (413) 584-4040 x 2287
<https://www.wesoldieron.org/>

Safe Passage

Safe Passage operates an emergency shelter for adults and their children who need to flee abuse and find safety from violent and life-threatening domestic violence situations. The shelter is in a confidential location for the safety and privacy of its residents. Safe Passage is part of a statewide system of emergency shelters.

Contact: Hotline for support or information at: (413) 586-5066 or (888) 345-5282 (toll-free)
<https://safepass.org/>

Housing support services

Hampshire County Resource Center

The Resource Center is a ServiceNet program, located at 43 Center Street, which functions as the city's entry portal to services for homeless individuals. Staff conduct intake and assessment activities to create service plans that may include housing search, job search, accessing mental health and substance abuse services or other relevant referrals. Case managers, nursing staff and a benefits analyst are located on site. Hours of operation are Monday through Friday from 9 a.m. to 12 Noon and Tuesday through Friday from 1 p.m. to 3 p.m.

Contact: (413) 587-7555

SRO (Single Room Occupancy) Outreach Project

The SRO Outreach Project provides comprehensive support services to residents living in SROs in Northampton. The coordinator provides individualized programs for individuals to promote long-term housing stabilization, food security, improved physical and mental health and greater self-sufficiency, while helping people build a community network for continued independence. The SRO Outreach food pantry is open Mondays from 1 p.m. to 3 p.m. and Wednesdays and

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Fridays from 12:30 p.m. to 2:30 p.m. Clients of the food pantry can come once per month for food and once weekly for bread and baked goods. This is a program that was created during the deinstitutionalization of the Northampton State Hospital in the late 1980s. It is a unique program, in constant operation since that time and is administered by the Center for Human Development. The staff has always consisted of one person, supported by other providers in our local service delivery system. The small budget is composed of city CDBG funding, United Way funding and contributions from area housing providers, such as the Valley CDC and Way Finders.

Contact: Danielle McColgan, Center for Human Development
(413) 584-4457

Office and Food Pantry located in the basement of the First Churches, 129 Main St.

Community Housing Support Services Program

This is another locally initiated program. Members of the Northampton Housing Partnership applied for Community Preservation Committee funding to create a staff position to assist families at risk of eviction due to non-payment issues. This was in recognition that half of the families summoned to court for evictions are in rent-assisted units. Therefore, the issue is not affordability, as much as needed guidance on how to maintain the housing. The Housing Partnership secured a three year grant, and a one year renewal from the CPC. An RFP was issued and the Center for Human Development came forward to administer the program which is now starting its fourth year. Long-term funding needs to be secured. The program has been extremely successful providing supports to families and preventing evictions. Services offered include:

- Making a plan to keep/sustain the housing
- Accessing support services in Northampton
- Creating a financial plan and save money
- Landlord mediation to preserve the tenancy
- Becoming educated about tenants and landlord rights responsibilities
- Navigate or avoid Housing Court

Contact: Jose Cruz, Center for Human Development
(413) 313-6529

jocruz@chd.org

Office located in the basement of the First Churches, 129 Main St.

Tenancy Preservation Program (TPP)

Providing Sustainable Homelessness Prevention for Individuals and Families with Disabilities

This program works with tenants, including families, facing eviction as a result of behavior related to a disability. In consultation with the Housing Court, TPP works with the landlord and tenant to determine whether the disability can be reasonably accommodated and the tenancy preserved. The program originated in Western Massachusetts at the Mental Health Association of Springfield, and now operates statewide. TPP clinicians:

- Assess the reasons for the eviction
- Identify needed services

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- Develop a treatment plan to maintain the tenancy
- Monitor the case for as long as necessary.

Contact: Christine Harris, Director, Mental Health Association
995 Worthington Street
Springfield, MA 01109
(413) 233- 5327

Community Legal Aid

Community Legal Aid and its wholly owned subsidiary, the Central-West Justice Center, gives free civil (non-criminal) legal help to low-income and elderly people in central and western Massachusetts. Local staff are represented on the Northampton Housing Partnership and work closely with the Northampton Housing Authority and the Community Housing Support Services Program. Apply for legal aid by telephone during the following hours, Monday, Tuesday, Thursday and Friday from 9:30 a.m. to 12:15 p.m. and Wednesday from 1:30 p.m. to 4:15 p.m. You can also apply online at any time.

Contact: Intake Phone Number: 855-CLA-LEGAL or 413-584-4034
20 Hampton Avenue, Northampton, MA 01060
Elder Intake Phone Number: 855-252-5342
Online Intake Website: <http://www.communitylegal.org/apply-online>

Friends of Hampshire County Homeless Individuals

The Friends of Hampshire County Homeless Individuals, a local volunteer run 501(c)3 created by Yvonne Freccero, has been inspired by the Housing First movement to create permanent housing for homeless individuals. Housing First shows that homeless people are more able to rebuild their lives when provided with permanent housing **first**, and **then** receiving support services, rather than the other way around as in the traditional shelter model. In 2008, the Friends purchased a duplex in Florence to house six chronically homeless individuals; this house is called Yvonne's House, and now is owned and managed by ServiceNet. For more on Yvonne's House and other ServiceNet shelter and housing services, [click here](#) or visit: <https://www.servicenet.org/services/shelter-and-housing/shelter-and-housing-services/>. In 2011, the Friends purchased another duplex in downtown Northampton, this time to be a permanent residence for six formerly homeless people who are also committed to recovery from substance abuse. The Friends partnered with the Gandara Center for this project. A third house project is currently underway in Florence to create eight units for unaccompanied homeless youth, in partnership with Dial/Self, a Franklin County based agency serving at risk young adults.

The Friends fundraise to support shelter operations at the Hampshire County Inter-Faith Winter Shelter located at 43 Center Street, Northampton. They also fundraise to support a Boots Program, a rental assistance fund and raised funds to create a medical exam room at the Shelter in which Health Care for the Homeless' medical personnel treat guests. The Friends provide financial and volunteer support for the operation of the Inter-Faith emergency shelter and for associated programs:

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- **Health Care** - Two Health Care for the Homeless nurses from Mercy Hospital based in Springfield monitor the health of the guests, dispense medication and make referrals as needed. The Friends paid for the creation of a medical exam room at the Resource Center.
- **Prescription Assistance** - The Friends assist with copayment costs for participants to secure needed medications, under certain circumstances.
- **First and Last Month's Rent Program** - The program helps housing- ready people currently in the shelter pay their first and last month's rent when a suitable apartment is identified. The Friends have been able to help many people access housing from the shelter by assisting with what is often a large sum of money required by landlords.
- **Winter Boot Program** - Shelter residents are able to exchange their worn-out shoes for sturdy boots, thanks to a voucher program offered by the Friends and the generous cooperation of Deals and Steals.

Other support services

Tapestry Health System

Tapestry operates a reproductive and sexual health care clinic and a Syringe Access Program in Northampton and offer overdose prevention services.

Contact: Overdose Prevention Services, 16 Center St., Suite 423, (413) 586- 0310

Sexual and Reproductive Health Services, 16 Center St., Suite 415, (413) 586-2539

Cathedral in the Night

Cathedral in the Night is an outdoor Christian community in downtown Northampton, which seeks to create a safe place for all people: the homeless, the housed, the church-less, the church-ed, the student and the resident to explore, question and live out their spiritual beliefs and to gather for a meal and to empower one another to engage in issues of social justice by working to fight the causes of inequality and homelessness. They gather every Sunday evening in front of First Churches at 129 Main Street.

Contact: Rev. Stephanie Smith

info@cathedralinthenight.org

MANNA

The MANNA Soup Kitchen provides five free meals a week all year round for anyone who wants or needs them - all are welcome to partake. They are served Monday, Tuesday and Thursday at Noon in St. John's Episcopal Church and Wednesday evening at 6 p.m. and Saturday at 11:30 a.m. in Edwards Church.

Contact: Lee Anderson

(413) 584-1757

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Northampton Recovery Center

The Northampton Recovery Center (NRC) is a safe, peer-to-peer based community that provides a positive welcoming environment for people on all pathways and in all stages of recovery from addiction, as well as families, friends, and allies. Daily recovery support groups and meetings as well as wellness classes such as yoga and mindfulness meditation, art, writing, and a life skills group called AREAS are offered. Recovery coaches are available for those who feel they might need extra support from time to time maintaining recovery, or navigating the health system or other obstacles in their lives. Since the NRC is a peer-run organization, members plan and design programming and events. The center also hosts Al-Anon, Debtors Anonymous, Adult Children of Alcoholics, and Refuge Recovery groups. Narcotics Anonymous will be added in the near future. The NRC is located at 2 Gleason Plaza, just off Pleasant Street in Northampton. Hours of operation are Monday, Thursday and Friday from 11 a.m. to 7 p.m., Wednesday from 9:30 a.m. to 7:30 p.m. and Saturdays from 11 a.m. to 5 p.m.

Contact: (413) 834-4127

northamptonrecoverycenter.org

City CDBG Funded Public Social Services

The City of Northampton receives an annual allocation of Federal Community Development Block Grant (CDBG) program funding. The U.S. Department of Housing and Urban Development allocates annual grants on a formula basis to states, cities, and counties to develop viable communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. The program is authorized under Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended [42 U.S.C.-530.1](http://www.gpo.gov/fdsys/pkg/PLAW-101-530-1/html/PLAW-101-530-1.htm) (http://portal.hud.gov/hudportal/HUD/program_offices/comm_planning/communitydevelopment/rulesandregs/laws/sec5301) et seq. Each year, the Northampton Mayor's Office assembles an ad hoc committee composed of representatives from the City Council, the Human Rights Commission, the Housing Partnership and interested citizens to review applications for funding. With the overall grant being approximately \$600,000 a year, 15% of that amount can be allocated for public social services. The other amounts can be used for affordable housing, economic development, improvement of public facilities and public infrastructure projects, all geared to benefiting those with low and moderate incomes. The sub-recipients of the public social service funds combine to provide holistic services to local residents to gain self-sufficiency and housing stability. The list of annual awardees for the 2020 fiscal year are indicated in the chart that follows.

Contact: Wayne Feiden, Director of Planning and Sustainability

Northampton City Hall

210 Main Street, Northampton.

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Amount Funded	Program	Program Description
\$ 8,000	CHD / Big Brothers Big Sisters	Mentoring for children with multiple risk factors in families with low and moderate incomes in Northampton
\$ 10,000	CHD / SRO Outreach	Comprehensive outreach and services to address housing stabilization provided by the Outreach Coordinator & operation of a food pantry three days a week (M,W,F)
\$ 11,000	Center for New Americans	Offers free classes in English for speakers of other languages. Advisers meet with students to draft an education/career plan, provide career coaching and employment assistance. Citizenship assistance and immigration legal services also provided
\$ 5,000	Community Action Resources & Advocacy	Provides information, referral and advocacy for the public benefit systems such as SNAP, health insurance, etc.
\$ 8,000	Community Action Youth Employment Readiness	Provides career development assistance, employment readiness training and educational workshops focused on employment in high-growth sectors for at risk Northampton youth ages 12-24
\$ 9,000	Community Legal Aid	Provides free legal services to Northampton tenants with low and moderate incomes at risk of eviction, focusing on tenants with rental assistance subsidies
\$ 10,000	Literacy Project Pathways to Success	Provides adult basic education (ABE) services to adults and out of school youth ages 16 and up to develop college and career readiness as pathways to economic opportunity and security
\$ 4,000	MANNA Soup Kitchen	Provides five free meals a week (Monday through Thursday and Saturdays) with a special meal on Thanksgiving and Christmas Day
\$ 11,715	ServiceNet Grove Street Inn Homeless Shelter	Owns and operates a 21-bed year round emergency shelter serving homeless individuals. Participants may stay up to 90 days and staff provide on-site services supporting residents' efforts to rebuild their lives.
\$ 12,000	ServiceNet Interfaith Winter Shelter	20 bed overnight winter emergency shelter for homeless individuals from November 1 – April 30 from 6 p.m. – 7 a.m.
\$ 12,000	Survival Center Emergency Food Pantry	Provides nutritionally balanced food packages monthly, customized to individual's dietary needs. Clients also have weekly access to fresh bread and produce.
	TOTAL	\$100,715

Health/mental health services

Clinical & Support Options (CSO)

Community Support Program (CSP)

8 Atwood Drive, Suite 201
Northampton, MA 01060
(413) 582-0471

ServiceNet, Inc.

21 Olander Drive
Northampton, MA 01060
(413) 585-1300

<https://www.servicenet.org/>

ServiceNet offers more than 100 different programs and services:

- Counseling and psychiatry services for individuals and families
- An early intervention program for children, from birth through age three, who have various risk factors or developmental delays
- After school programs for children and adolescents who have emotional and mental health challenges
- Intensive programs for young people coping with serious mental health issues
- Comprehensive therapeutic and residential support for adults living with long-term mental illness
- Sober living options for people in recovery from addiction
- Residential and outreach services for individuals with developmental disability or autism
- Residential, rehabilitation, and day programs for people with brain injury
- Vocational services – including a working farm – for individuals with developmental disability or autism
- Emergency shelters and continuing support to help individuals and families move from homelessness to permanent housing

Viability

5 Franklin Street
Northampton, MA 01060
(413) 584-1460

VIABILITY is a human services provider, accredited by CARF and certified by Clubhouse International. The mission statement expresses the belief that individuals with disabilities and other societal disadvantages are an essential resource for our country's future. The mission is to help build a world in which individuals with disabilities and other disadvantages realize their full potential. VIABILITY leverages community and employer partnerships to create opportunities for the members. The agency's strength lies in embracing differences and empowering members to reach their fullest potential. With a staff of over 500 individuals and 37 service

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locations across the country, VIABILITY enriches the lives of the people they we serve and continues to be driven by the belief that every individual, no matter their ability, can be a valuable contributor to our community and our workforce. Viability oversees the clubhouse network, including the local Starlight Center. The "Clubhouse" model, which was developed over a half century ago, provides members with a supportive environment where they can get assistance with transitioning into the workplace or back into school, along with increasing their participation in the community. VIABILITY clubhouses provide members with the opportunity to increase their social, vocational, and educational skills, develop friendships, and overcome feelings of isolation. Membership is voluntary and service are designed to meet individual needs.

Star Light Center

251 Nonotuck Street
Florence, MA 01062
(413) 586-8255

Star Light Center is a membership organization open to adults of Hampshire County who have serious mental illness. Modeled after Fountain House in New York City, members and staff work side-by-side running the club to provide service and information and referral. The building has braille indicator signs. The club offers work opportunities in the community as well as inside the clubhouse. Star Light Center believes every individual has the right to work and to lead full and productive lives as contributing members of our communities. The clubhouse model program offers services to adults with mental illness to prepare for, find, and retain employment. Members and staff work together to operate the club and to ensure the opportunity to contribute to the community through meaningful work. Star Light Center has been serving Hampshire County and parts of Franklin County since 1987. Each member develops an individualized rehabilitation plan which identifies training/job preferences and priorities. Members have access to various resources including career counseling, interview skills training, resume writing, and job search assistance. **Contact:** Evan Kreke, Program Director

(413) 586-8255

starlight@viability.org

Cooley Dickinson Hospital

30 Locust Street, Northampton
(413) 582-2000

Northampton's local hospital provides:

- Inpatient behavioral health unit licensed for 22 beds which offers group and individual therapy, occupational therapy, medication management, trauma-informed care and comprehensive discharge planning.
- A unit within the emergency department with trained behavioral health staff in a quieter setting which provides a safe and comfortable setting for patients waiting for evaluation or transfer.

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- Behavioral health services integration into primary care at the Cooley Dickinson Medical Group facility at Atwood Drive, to increase access to care and coordinated assessment/services.

A Positive Place (a program of Cooley Dickinson Hospital)

A Positive Place has been providing confidential and comprehensive HIV care and prevention in Hampshire County and surrounding areas since 1991. The program was created to respond to a full-blown medical crisis for people living and dying with AIDS in our community. Today, the face of HIV and AIDS has changed dramatically, and so has the work at A Positive Place. With the availability of medical tools and vision to test people on demand, detect HIV early, treat every HIV positive person and prevent the spread of the virus, an end to the epidemic is possible. A Positive Place has created interdisciplinary teams, innovative services, and culturally rooted programs that help improve quality of life, eliminate inequities of care, and prevent transmission of the virus. A Positive Place offers services from offices in downtown Northampton, and in homes, doctor's offices, hospitals and long-term care facilities, cafes, and other personal and social spaces as needed to serve a diverse clientele. The program embraces a diversity of lifestyles and cultures rather than judge, discriminate, and stigmatize.

PROGRAMS & SERVICES

- Medical and social case management
- Government benefits, health insurance, and drug reimbursement application and advocacy
- Housing search, support and subsidies and rental and utilities assistance
- HIV education, positive prevention, risk reduction
- Peer navigation, recovery support and coaching
- Crisis management
- Medical transportation and emergency food assistance
- Referral to treatment, legal, dental, counseling and other resources

Contact: Betsy Shally Jensen, Director

Betsy_Shally-Jensen@cooley-dickinson.org

(413) 586-8288

Substance use disorder services

Community Support Options (CSP)

CARES Recovery Coaching and Support

29 N. Main Street, Florence, MA 01062

(413) 586-5555

Detoxification services

Swift River Treatment Campus

151 South Street, Cummington, MA 01026

(518) 269-8306

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McGee Recovery Center, Berkshire Medical Center

725 North Street, Pittsfield, MA 01201
(413) 442-1400

Brattleboro Retreat

1 Anna Marsh Lane, Brattleboro, VT 05302
(802) 258-3700

Behavioral Health Network (BHN): Franklin Recovery Center

First step program for actively using people in need of medically supervised treatment.
289 Federal Street (Route 5), Greenfield, MA 01301
(413) 733-1423, (413) 737-2439

Behavioral Health Network (BHN): The Northern Hope Center

Intensive clinical stabilization and treatment program.
289 Federal Street (Route 5), Greenfield, MA 01301
(413) 733-1423, (413) 737-2439

Community Substance Abuse Center

297 Pleasant Street, Northampton, MA 01060
(413) 584-2404

OnCall Urgent Care Center

6 Hatfield Street, Northampton, MA 01060
(877) 489-0915

Valley Medical Group

Amherst: 31 Hall Drive, Amherst, MA 01002; (413) 256-8561
Easthampton: 238 Northampton Street, Easthampton, MA 01027; 413-529-9300
Northampton: 70 Main Street, Florence, MA 01062; (413) 586-8400

CleanSlate

Suboxone treatment
1 Arch Place, Greenfield, MA 01301
(413) 341-1787

Holyoke Medical Center's Comprehensive Care Center

575 Beech Street, Suite 404, Holyoke, MA 01040
(413) 535-4889

Residential recovery programs

Grace House (Women)

Grace House is a residential treatment program, administered by the Center for Human Development, for mothers in early recovery. Grace House can house up to 14 families in a collective living environment, where families share space and resources in an effort to build sober community and peaceful living. As a therapeutic setting, each family is provided with a safe, nurturing environment where mothers and their children can experience success. Families have the opportunity to grow emotionally, socially, and spiritually through the various clinical and supportive services offered. Grace House programming follows a structured daily schedule with groups, meetings, and clinical sessions. Women participate in the AA/NA communities, attend relapse prevention support groups, attend individual and family therapy sessions and pursue educational and employment goals.

Contact: 143 West Street, Northampton, MA 01060

(413) 586-8213

Closed referral through the Department of Public Health

Hairston House, Gandara (Men)

Hairston House is a 17-person substance use recovery program for men. The program focuses on individual responsibility and peer support and uses behavior modification techniques with positive reinforcement. The average length of stay is three to six months. To be admitted into the program, individuals are interviewed in person and must meet with men in the program. Eligibility: Men at least 18 years-old who are willing to take responsibility for developing and maintaining an individualized service plan. Referral: Open. Funded by the Department of Public Health Bureau of Substance Abuse Services. Administered by the Gandara Center.

Contact: 82 Graves Avenue, Northampton, MA 01060

(413) 585-8390

Swift River Treatment Campus

Administered by Addiction Campuses, Inc.

151 South Street, Cummington, MA 01026

(518) 269-8306

Wright Home for Women

A congregate setting for formerly homeless women working to rebuild their lives and become self-sufficient. Administered by South Middlesex Opportunity Council.

305 Main Street, Easthampton, MA 01027

(413) 527-3527

Northampton municipal department resources

Northampton Police Department

Community Liaison Officers: Members of the Northampton Police Department (NPD) recognize the importance of establishing direct and personal relationships with members of our community. This is particularly true for members of groups who are sometimes the targets of harassment, discrimination, or hate crimes. In an effort to improve communication and to ensure that there are individuals in place who can serve as liaisons to identified individuals or groups, NPD has staff members who are designated as liaisons. These officers work to build relationships with citizens so that they can be of assistance whenever they are called upon. In addition, these officers attend specialized trainings that better prepare them to assist special groups within our community. While these officers are designated liaisons, all members of NPD can be called at any time to assist and to answer questions.

DART: The Drug Addiction Response Team (DART) operating out of the Northampton Police Department, offers referrals to community resources for people struggling with drug use. The DART team consists of police officers and recovery coaches who pursue treatment options (secure available detox beds), provide transport and do follow up with those identified as at-risk as a result of drug use. DART is a **free service** that supports people who are at risk for an opioid overdose or family members affected by overdose. DART is made up of specially trained recovery coaches and police officers who provide access to harm reduction tools, such as NARCAN and safety plans for use; connections to community resources; and short or long-term recovery support. To learn more about DART or get connected to DART support, call or text (413) 588-2335.

International Association of Chiefs of Police (IACP) One Mind Campaign: February 28, 2018, the Northampton Police Department announced it completed a pledge to improve its response to those suffering from mental illness in our community. The pledge was part of the One Mind Campaign, an initiative started by the IACP, a 30,000 member professional association for law enforcement that provides training, technical assistance, and recruitment services. To join the One Mind Campaign, law enforcement agencies had to pledge to implement four promising practices in a 12-36-month period to ensure successful future interactions between police officers and persons with mental illness. In completing the One Mind Pledge, the Northampton Police Department committed to the following required elements of the challenge:

1. Establish a sustainable partnership with a local mental health organization
2. Develop and implement a model policy to address officers' interactions with those affected by mental illness
3. Ensure that all NPD officers received some type of mental health awareness training, with at least 20% of the department completing the more intensive Crisis Intervention Training. The 40-hour Crisis Intervention curriculum is designed by local agencies to train a team of specialized officers to respond to calls that involve individuals with mental health disorders such as depression or intellectual disability. The curriculum

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includes education on various de-escalation techniques as well as live role-play scenarios of officers responding to persons who need mental health assistance.

The Northampton Police Department has led the way in best practices regarding police response to people with mental health issues. Prior to joining the One Mind campaign it already had well-established relationships with local service providers, had a detailed policy on responding to incidents that involve people with mental illness, and much of its staff was already trained in Mental Health First Aid (MHFA) and Crisis Intervention. Other initiatives that the department pursued in response to the needs of the community include the establishment of a Mental Health Liaison Supervisor and a Mental Health Liaison Officer.

Park and Walk Program: In response to community concerns about quality of life issues in the downtown area, The Northampton Police Department implemented a park and walk program that requires downtown officers on all shifts to engage in foot patrol for a portion of their shift. This has dramatically increased the presence of police officers walking the beat downtown. The increased foot beat officers makes officers more approachable and enhances communication.

Joined the White House Police Data Initiative (PDI) (6/2016): The Northampton Police Department became the first police agency in Massachusetts to participate in the PDI. The department created an Open Data team and collaborated to make more police information and data sets accessible to the public. There is now a maintained Open Data portal, accessible from NPD's website, which includes information on use of force, employee demographics, motor vehicle citation data, general crime statistics, and overdose data.

Massachusetts Police Accreditation Commission (MPAC) Accredited Police Agency: In 2006 NPD became only the sixth police department in the state to be accredited by MPAC. The purpose of accreditation is to improve the delivery of public safety services primarily by complying with a body of standards covering a wide range of up-to-date public safety initiatives; establishing and administering an accreditation process; and recognizing professional excellence.

Northampton Health Department

The City of Northampton Health Department, under the guidance of the Board of Health, assesses and addresses the needs of the community in order to help protect and improve the health and quality of life of residents and visitors. This is carried out by the implementation of disease surveillance, health promotion, environmental health inspection, public outreach, education, and empowerment. The office oversees Hampshire HOPE, the community coalition addressing the opioid crisis, sharps disposal efforts and smoking cessation activities.

Contact: Merridith O'Leary, RS, Director of Public Health

Hampshire HOPE: Hampshire HOPE is a multi-sector coalition addressing the rise in prescription opioid misuse, heroin use, addiction, and overdose death in the Hampshire County region, through policy, practice, and systems change.

Background: In January 2015, the City of Northampton Health Department, in collaboration with key community partners, applied for and was awarded a five-year (\$100,000 per year) Massachusetts Bureau of Substance Addiction Services (BSAS) Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) grant to develop Hampshire HOPE, a coalition dedicated to preventing opioid overdose deaths and opioid misuse among youth. Additionally, in September of 2017, the city was also awarded a four-year, \$1.7 million Substance Abuse and Mental Health Services Alliance (SAMHSA) grant to further enhance its post-overdose response work. In May of 2018, Hampshire HOPE also received a \$100,000 Community Compact IT grant from the state to develop an opioid surveillance database. Over the past three years, Hampshire HOPE has undertaken an extensive needs assessment, partnership development, and program implementation to address the rising rates of overdose deaths. Hampshire HOPE publishes a monthly column written by coalition members in the Daily Hampshire Gazette's Tuesday Health Section to increase awareness of opioid addiction, local resources, recovery, and to reduce stigma.

Goals: Preventing misuse of opioids among youth, preventing overdose death, and closing the gaps in the systems of care.

- To prevent misuse among youth, Hampshire HOPE partners closely with youth substance use coalitions funded through the Drug Free Communities (DFC) Act and with schools to provide primary prevention interventions such as safe storage campaigns, medication take back, community education, evidence-based curriculum in schools, and are beginning to explore the concept of trauma-informed communities. Additional youth prevention activities engaged in include opioid education for athletes and caretakers, co-sponsoring community education forums, and increasing the number of schools using evidence-based substance abuse prevention curriculum (primarily the Botvin Life Skills Training).
- Towards preventing overdose death in Hampshire County, the coalition works closely with the Northwestern District Attorney's office, Hampshire County Jail, Probation, first responders, treatment providers, hospitals, recovery coaches, and harm reduction programs. Hampshire HOPE developed a drug diversion to treatment program, a re-entry program at the jail, piloted overdose response teams, held Narcan trainings in the community, hosted many events designed to increase empathy for addiction (anti-stigma), and provided technical assistance and training for first responders. Through the SAMHSA grant, the coalition provides Narcan to first responders in Hampshire County, as well as other key community agencies or people who are likely to be a bystander to an opioid overdose.
- To improve the systems of care by increasing access to wrap-around services in intervention, treatment, and recovery (close the gaps on the continuum of care), the coalition brings together provider services, harm reduction, other support

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services (housing, faith, etc) and the users of the systems to identify gaps in care and create strategies to work toward. The work of Hampshire HOPE helped to launch two recovery centers in the county and to enhance the availability of peer support services. The coalition recently created goals to improve systems navigation, create an "all threshold" support services, and overcome transportation challenges. Lastly, it continues to work with local hospitals to better serve patients through the induction of MAT during in-patient stays, at the emergency department, or within primary care.

- Both goals two and three are incorporated into the newest initiative, DART (Drug Addiction and Recovery Team). DART is a free service that supports people who are at risk for an opioid overdose or family members affected by overdose. DART is made up of specially trained recovery coaches and police officers who provide:
 - Access to harm reduction tools, such as NARCAN and safety plans for use.
 - Connections to community resources.
 - Short or long-term recovery support.
 - 24-48 hours after someone has experienced an overdose, DART officers reach out to that person and/or their family to see what services they may want or need. They safety plan with people and talk about a variety of harm reduction strategies to reduce their risk for overdose. People can also self-refer into the program.

To support this program, Hampshire HOPE provides professional development to first responders and emergency departments to promote a deeper understanding of the cycle of opioid addiction, harm reduction, and effective intervention tools. The coalition also works to improve bystander's comfort with calling 911 through a Good Samaritan Law multi-media campaign and stigma reducing work.

Task Force Committees

- Educational Outreach and Communication
- Healthcare Solutions
- Housing and Workforce Development
- Law Enforcement, Justice, and Corrections
- Treatment, Intervention, and Recovery
- Youth Prevention

Hampshire HOPE is currently supported by two grants:

1. Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) grant held by the City of Northampton Health Department and in partnership with the Health Departments of Easthampton, Amherst, South Hadley, and Quabbin Health District (Pelham, Belchertown, Ware). MOAPC provides support to increase the capacity of these municipalities in order to prevent the misuse/abuse of opioids and to reduce unintentional deaths and nonfatal hospital events associated with opioid poisonings.
2. Harold Rogers Prescription Drug Abuse Grant through the Northwestern District Attorney Dave Sullivan's Office. The ultimate goal is to use the data to create improved

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prescriber practices, fight addiction and crime-related activity, and improve the quality of life in the forty-seven communities in the Northwestern District.

Contact: Cherry Sullivan, Hampshire HOPE Program Coordinator, Northampton Health Department
hampshirehope@northamptonma.gov, (413) 587-1219
<http://www.hampshirehope.org/get-help/treatment-and-recovery-resources>

Northampton Veteran's Services Department

The primary mission of the Veterans' Services Department is to assist veterans with receiving the benefits due to them, and to provide food and housing, medical, and employment assistance as necessary. The city's veteran's agent serves all veterans in Northampton, Williamsburg, Amherst, Pelham, Chesterfield, Cummington, Hadley, Middlefield and in the VA Medical Center in Leeds.

Contact: Steven Connor, Director of Veteran's Services

Northampton Senior Services

Northampton Senior Services is dedicated to enhancing the quality of life for the city's elders, ages 60 and over, with some programs and activities available to those 55-59 years of age. Every elder is a valued member of the community and has the right to a life of dignity while maintaining a maximum level of independence. To meet this goal, Senior Services identifies needs and provides a range of programs, activities and services to address those needs.

Contact: Marie Westburg, Director of Senior Services

Northampton Housing Partnership

The Northampton House Partnership is a mayoral appointed volunteer board charged with facilitating and supporting the creation and preservation of affordable housing.

Contact: Wayne Feiden, Director of Planning and Sustainability
(413) 587-1265

Next Step Collaborative

Monthly meeting for housing and homeless service providers to network and coordinate the local service delivery system.

Contact: Wayne Feiden, Director of Planning and Sustainability
(413) 587-1265

Human Rights Commission

This mayoral appointed volunteer commission acts to promote human rights in the city by advocating for and providing information on the rights guaranteed pursuant to local, state, and/or federal law on the basis of race or color, gender, physical or mental ability, religion, socio-economic status, ethnic or national origin, sexual identification or orientation, or age for all persons within the city.

Contact: Mayor's Office
(413) 587-1249

Regional resources

Community Action of Pioneer Valley

Community Action of Pioneer Valley works to assist people with low incomes achieve economic stability and security and works to build communities in which all people have the opportunity to thrive. Founded in 1965 during the War on Poverty, it is the federally designated anti-poverty agency for Franklin and Hampshire Counties, northwestern Worcester County and western Hampden County. It serves 27,000 annually. Services include homelessness prevention, mediation, financial counseling, information and referral, free food nutrition education, fuel assistance and energy conservation, family support, early childhood education, youth leadership and workforce development, senior volunteer placement and free tax assistance. It serves as the lead agent for the 3-County Continuum of Care for HUD McKinney programming.

Contact: Headquarters are located at 393 Main Street, Greenfield MA 01301

(413) 774-2318

www.communityaction.us

Western Massachusetts Network to End Homelessness

The Western Massachusetts Network to End Homelessness creates collaborative solutions to prevent and end homelessness through a Housing First approach that *makes homelessness rare, brief and non-recurring*. Since 2009, when first established through state funding, it has grown into the leading regional vehicle for coordinating and promoting best practices across the four western counties with an impact that spans the Commonwealth. **The Network's**

impact:

By population: The Network's value extends across every person at risk of or experiencing homelessness in Hampden, Hampshire, Franklin or Berkshire Counties. For example:

- **Families:** The Network provides the umbrella for effectuating the best response to family homelessness. In FY19, for example, it convened dozens of providers across the four counties to facilitate a joint response to the MA Department of Housing and Community Development's (DHCD) request for recommended reforms to its statewide family homelessness system. The Network facilitated a unified voice for these recommendations, including domestic violence and mental health system reform, which will better serve families across Massachusetts.
- **Unaccompanied Homeless Youth:** The Network is playing a vital role in coordinating effective implementation of Massachusetts' recent investments in ending youth homelessness. This May, for example, it partnered with the MA Department of Children and Families (DCF), Division of Youth Services (DYS) and other state agencies to provide a training to over 100 state agency staff on how to prevent homelessness among young people leaving foster care or juvenile detention, both transitions that lead to youth homelessness.
- **Veterans:** The Network convenes state Veteran Services Officers across the region, federal Veterans Administration staff, housing and shelter providers and sheriff departments to build systems to maximize systems for quick identification of veteran status and referral to appropriate housing resources.

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- **Chronically Homeless Individuals:** The Network convenes all shelter providers and state agency representatives (MA Department of Mental Health, DHCD) to facilitate rapid assessment and re-housing. The Network developed specific criteria to utilize for housing sex offenders – the single hardest population to re-house despite public safety interests to re-house them – and provided the criteria, along with other recommendations, in testimony before the Special Commission to Reduce Sex Offender Recidivism.

By Training and Resource-sharing: The Network offers statewide opportunities to advance the goal of ending homelessness through trainings led by national experts on the cutting edge of system reform. For example:

- *Racial Equity in Ending Homelessness:* The Network offered this three-part series led by National Innovation Service founder Marc Dones to over 100 Network partners. Participants – from executive directors to front-line staff across every community sector – are gaining an understanding of the role race plays in homelessness and building a homelessness response system with a racial equity lens. DHCD Assistant Undersecretary Jane Banks is participating in the training, along with other statewide leaders.
- *How to Think Like a System; How to Run an Awesome Shelter; How to Divert from Shelter:* The Network offered this series of trainings led by a premier national training group, OrgCode, through its founder Iain De Jong and associate, to over 300 partners and state agency leaders. This training is having a direct and immediate impact on shelter and re-housing practices across the region and ultimately across the state as DHCD leaders consider these best practices in their statewide funding opportunities.
- The Network offers regular “Resource Fair” opportunities for providers across the region, convening over 200 providers at least annually to share information and opportunities to better prevent and end homelessness.
- Upcoming Training Topics being considered are: EA/Home Base System Overview, Overcoming Tenant Screening Barriers, Legal Services Training/Eviction Prevention, Child Care Voucher System Overview, SSI/SSDI Systems Overview, Legislative Advocacy/How to Get A Bill Passed, Mental Health/Substance Abuse Systems Overview, Safety Planning For Victims of Domestic Violence, Employment Training, Continuation of Racial Equity Training

By Public Policy: The Network plays a leading role in the region in distilling policy and budget priorities that will have the greatest impact in preventing and ending homelessness. It works closely with its local and statewide partners to coordinate outreach and information to state legislators across the region and Commonwealth.

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By Direct Service: The Network also allocates a portion of its funds to direct services. Through the work of its partners, in FY19 the Network prevented homelessness and provided re-housing to over 60 households across the four counties.

How the Network Works

The Network is staffed by a part-time director. Its Leadership Council of over 60 members spans every sector of our community. From career centers to businesses to community colleges to hospitals to planning commissions to mayors and state legislators to child care and housing providers, the Network boasts precisely the shared commitment the Commonwealth envisioned when the Network was first created. The Network's Steering Committee is a sub-set of the Leadership Council and the Network's four committees broken down by sub-population, along with its Career Services Committee, makes a total of roughly 500 strong across the four counties and the state, working together to prevent and end homelessness in Massachusetts.

Contact: Pamela Schwartz, Director, Western Massachusetts Network to End Homelessness
pschwartz@westernmasshousingfirst.org
413-219-5658
<http://westernmasshousingfirst.org>

Northwestern District Attorney's Drug Diversion and Treatment Program (DDTP)

This program is designed for non-violent offenders with substance abuse issues who are charged with certain drug-related offenses. The voluntary program seeks to reduce drug abuse and improve public safety by offering evaluation, treatment and intensive case management. It provides eligible candidates with the opportunity to receive comprehensive substance abuse treatment services in lieu of prosecution through the traditional court process. Completing the diversion program requires full participation in an individualized treatment plan with case management for a period of at least six months. Eligible persons must sign a contract acknowledging responsibility for their behavior and agree to voluntarily participate in all aspects of the program. [DDTP brochure](#)

(<https://northwesternnda.org/sites/default/files/u10/Brochure-Drug%20Diversion%20and%20Treatment%20%20Dec%202017.pdf>). *This program is jointly funded by the Office of Northwestern District Attorney and the Edward J. Byrne Memorial Justice Assistance Grant Program.*

Contact: DDTP Program Director at (413) 586-9225

Hampshire County House of Corrections (HCHOC) Lifeskills Program

Within the enclosed perimeter of HCHOC property, there is a dormitory-style modular unit which consists of two 60-man housing units. One 60-bed unit, the South Side, has become the Community Accountability Program (CAP). It serves as both pre-treatment and initial treatment, Phase I, for inmates. The other unit, the North Side, became the Lifeskills Program in October of 1999. The unit contains a 60-bed comprehensive substance abuse treatment program for highly motivated individuals. Each of the two units has a common area called the day room, where most treatment groups occur.

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Goals of the program:

- Protect the public by reducing recidivism.
- Increase the effectiveness and efficiency of transitioning recovering substance abusing offenders back into the community.
- Increase the effectiveness of treatment to the offender population.
- Increase opportunities for family integration.
- Promote healthy communities through on-going collaboration with volunteer and community agencies.

Intakes are performed on all new arrivals to the facility. At this time a basic screening for substance abuse, including potential detoxification needs, is completed. This screening intake is performed by a qualified case manager and/or clinician. It is completed within 24 hours of arrival to the facility. This assessment examines substance abuse, criminogenic nature, family, legal, and employment factors, educational history, and mental health along with other psychosocial components that impact successful reintegration and the likelihood an offender will recidivate should these needs not be addressed.

A treatment plan is developed with each offender as the result of the findings of the initial intake. The individualized treatment plan is developed with a case manager, substance abuse clinician, re-entry coordinator, and individual offender. Treatment plans include services for, however are not limited to, substance abuse and relapse prevention, education such as pre-G.E.D., G.E.D., literacy, post-G.E.D., college, vocational classes. They also address family issues, parenting, communicable disease education, employment and/or vocational services, anger management, addictive and criminal thinking, victim impact, anger management, decision training, religious instruction and worship, self-help groups including AA, NA, Smart Recovery, Big Book Step Study Groups, community-based AA Meetings for men in minimum and Pre-Release, as well as Peer-Led Groups that address substance abuse. They also offer relaxation and stress management such as the labyrinth walk program and other creative stress reduction opportunities like art classes and creative writing.

Contact: Assistant Deputy Superintendent, Melinda Cady
(413) 582-7720.

Strategic Planning Initiative for Families and Youth (SPIFFY) Coalition

SPIFFY, founded in 2002, is a broad, countywide coalition that helps local communities reduce risk factors that make it more likely youth will engage in unhealthy behaviors, while increasing protective factors that encourage youth to make healthy choices. This approach collects and uses data to identify strategies, policies and evidence-based programs that reduce unhealthy behaviors. SPIFFY is administered by the Collaborative for Educational Services.

Some initiatives include:

- Decreasing youth access to alcohol and other drugs.
- Supporting parents in setting clear expectations around risky behaviors.

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- Working with schools to implement evidence-based prevention programs targeting youth violence, bullying and substance abuse.

Research shows that creating a culture in our community in which unhealthy behavior is not acceptable is the best deterrent for youth. With this in mind, SPIFFY helps communities throughout Hampshire County develop environmental strategies to prevent these problems and promote healthy decision-making. The coalition has expanded their focus to address the growing problem of obesity and chronic disease that is impacting health of our communities.

Highlights

- For the past five years, SPIFFY has worked with schools to survey 8th, 10th and 11th graders across the county to assess risk and protective factors for substance abuse, bullying, and other behaviors that put teens at risk for a variety of problems in school and life.
- SPIFFY has surveyed hundreds of Easthampton parents for a social norms marketing campaign to illustrate the positive attitudes and choices parents are making to prevent drug and alcohol use among teens.
- SPIFFY has hosted trainings on adolescent brain development and addiction, bullying and school climate, and using prevention curriculum in the schools.
- SPIFFY has conducted bi-annual alcohol compliance checks to ensure that underage youth are not served.
- SPIFFY has sponsored server trainings for 80 bar, restaurant, and package store employees.
- SPIFFY has hosted a “meet and greet” community forum to bring together Easthampton parents, local leaders, educators, youth, police, businesses, and faith communities.
- SPIFFY has organized and facilitated local task forces focused on youth substance abuse prevention.

Contact: Sue Cairn, Director, Healthy Families and Communities
(413) 586-4900 x 5580
scairn@collaborative.org

Hampshire County Roads to Resilience

Hampshire County Roads to Resilience is a newly formed group of individuals and organizations across multiple sectors all committed to educating, promoting policy changes and providing the necessary resources to the people of Hampshire County towards building resilient and trauma-informed communities. For over a year, an organizing committee from Hampshire County met to plan a Roads to Resilience conference. The long-term plan was to create a trauma-responsive Hampshire County by working collaboratively with and in the community. The kick-off conference was attended by hundreds and led by Laura Porter, the co-founder of ACE Interface. Porter informed attendees about the neuroscience of ACEs and how others use it to become trauma-informed, trauma-responsive, and to create self-healing communities, work she has

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been doing with many communities across the country for the past decade. The goals of the movement are to:

- Prevent risk factors surrounding trauma and increase protective factors that build resilience;
- Address stigma and create a culture and environment where people feel safe;
- Connect community members by encouraging/creating a sense of shared responsibility towards the health and well-being of children and families;
- Improve the health of those affected by adverse childhood experiences.

This initiative has a new online community platform located on ACEs Connection to support their work. The community is open to everyone and the work is collaborative.

Contacts for Hampshire County Roads to Resilience:

Kristal Cleaver, [@Kristal Cleaver](#), is "supporting staff and community in building trauma-informed practices." She is a social worker at Clinical and Support Options, Inc.

Andrea Mancuso, [@Andrea Mancuso](#), is a graduate student at UMass Amherst and working with the Center for Community Health Equity Research and the SPIFFY Coalition.

Heather Warner's, [@Heather Warner](#), goal is "building a resilient and trauma-informed community." She works as a public health/coalition coordinator for the SPIFFY Coalition/Collaborative for Educational Services.

Services for unaccompanied homeless youth

Dial/Self TeenHousing Programs

Since 2006, **TeenHousing** has been developing and managing affordable housing for young adults, particularly those who are homeless or are at risk of homelessness. Thirty-eight units of very affordable housing have been created since 2006.

TeenHousing is the only developer in Western Massachusetts of affordable housing specifically for teens and young adults. These supported housing projects include an array of social services, life skills education, case management, and community service responsibilities for the residents. **TeenHousing** is supported by private foundations (including BankNorth Foundation), the MA Department of Housing and Community Development, Boston Community Capital, Federal Home Loan Bank, Greenfield Cooperative Bank, Greenfield Savings Bank and gifts from local residents and businesses.

The **Greenfield TeenHousing** division owns 10 efficiency apartments which provide subsidized supportive affordable housing for low income homeless young adults ages 18-24.

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The forms below are provided to help to answer frequently asked questions.

- [Greenfield TeenHousing Program Brochure](#)
 - <http://www.dialself.org/pdf/teenhousing/TeenHousing-%20Brochure%20-%20Nov%202012.pdf>
- [TeenHousing Pre-Application](#)
 - <http://www.dialself.org/pdf/teenhousing/GTH-OTH-NTH%20Pre-Application-ver-12-1-2017.pdf>
- [Greenfield TeenHousing Occupancy Agreement](#)
 - <http://www.dialself.org/pdf/teenhousing/GTHLLC-Resident%20Lease-%20Revised-10-31-2011.pdf>
- [Section 8 Housing Quick Guide](#)
 - <http://www.dialself.org/pdf/teenhousing/SECTION%208%20HOUSING-QUICK%20SHEET%20W-INCOME%20GUIDELINES.pdf>
- [Greenfield TeenHousing Internet Use Policy](#)
 - <http://www.dialself.org/pdf/teenhousing/GTHLLC-%20Internet%20Use%20Policy%20Agreement%20-%203-31-2010.pdf>
- [Greenfield TeenHousing Overnight Guest Request Form](#)
 - <http://www.dialself.org/pdf/teenhousing/GTHLLC%20-%20Overnight%20Guest%20Request%20Form%20-%203-19-10.pdf>

The **Orange TeenHousing** division operates 10 efficiency apartments which provide subsidized supportive affordable housing for low income homeless young adults ages 18-24 in the North Quabbin Region. Orange TeenHousing program information is available here: <http://www.dialself.org/oth.html>.

The **Northampton TeenHousing** division operates two two-bedroom apartments which provide supportive affordable housing for low income homeless young adults ages 18-24 in the Greater Northampton Area. The project is in the process of developing four more efficiency units for 2019. The Northampton TeenHousing forms are listed below.

- [Northampton TeenHousing Program Brochure](#)
 - <http://www.dialself.org/pdf/teenhousing/NTH-Brochure-May2018.pdf>
- [Pre-Application Form](#)
 - <http://www.dialself.org/pdf/teenhousing/GTH-OTH-NTH%20Pre-Application-ver-12-1-2017.pdf>
- [Northampton TeenHousing Occupancy Agreement](#)
 - <http://www.dialself.org/pdf/teenhousing/NTH-OccupancyAgreement-03-15-2018.pdf>
- [Northampton TeenHousing Internet Use Policy](#)
 - <http://www.dialself.org/pdf/teenhousing/GTHLLC-%20Internet%20Use%20Policy%20Agreement%20-%203-31-2010.pdf>

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For information about the different housing options offered by DIAL/SELF, please contact the **TeenLine** program at 413-774-7054 ext. 4 or email TeenLine@dialself.org.

Drug Courts

Massachusetts has **25** adult drug courts that provide intensive, supervised probation and mandatory treatment, as well as random drug testing with progress monitored by a supervising probation officer. The court works with treatment providers, which provide clinical assessments, develop and monitor treatment placements, and identify ancillary counseling, case management and outreach services. One is located in Holyoke.

Veterans' Treatment Courts

There are **five** veterans' treatment courts in Massachusetts which offer a court-supervised, treatment-focused collaborative for defendants who have served in the United States Armed Forces. Veterans' treatment courts are designed to handle criminal cases involving defendants who have a history of military service through a coordinated effort among the veterans' services delivery system, community-based providers, and the court. The sessions aim to improve public safety while dealing with the underlying issues of posttraumatic stress disorder, traumatic brain injury, and military sexual trauma. Abstinence from drugs and alcohol, mandated treatment, swift accountability, and weekly interaction with the court are requirements of the Veterans Treatment Court. The courts in our state are located in:

- Norfolk County Veterans Treatment Court, located at the Dedham District Court
- Boston Veterans Court, located in the Central Division of the Boston Municipal Court
- Essex County Veterans Treatment Court, located at Lawrence District Court
- Middlesex County Veterans Treatment Court at the Framingham District Court
- Western Massachusetts Veterans Treatment Court, located at the Holyoke District Court

Community Food and Meals Programs

MANNA, the Northampton Survival Center, the SRO Food Pantry at First Churches, the Western Mass Food Bank, meals at Cathedral in the Night, Star Light Center Friday bag lunches and College Church breakfasts during the winter, all help to insure that food insecurity is not an issue in our community.

Newly created local & regional resources

Exciting **new** resources that will make positive impacts on life quality for people at risk are being created in the Pioneer Valley. A sampling of some of these new additions to the service delivery system are described below.

Treating opioid use disorder in criminal justice settings

A \$10 million federal grant has been awarded (July 2019) to the University of Massachusetts from the National Institutes of Health to pilot a program for opioid addiction treatment in seven facilities in the Commonwealth. One of the sites is the Hampshire County Jail and House of Corrections. According to a Daily Hampshire Gazette article published July 26, 2019, "The grant comes from \$115 million in National Institute of Health's National Institute on Drug Abuse

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funding distributed among 12 institutions from around the country to create the Justice Community Opioid Innovation Network, which is aimed at improving opioid treatment in criminal justice settings. The program will pilot a state mandated treatment program over the next five years.

The Hampshire Sheriff's Office began providing medication assisted treatment, which combines behavioral therapy with medication in 2014 to treat opioid-use disorders. Among other programs, those incarcerated also receive overdose education and are given Narcan upon release. Nearly 60% of the men in the custody of the Hampshire Sheriff's Office meet criteria for an opioid use disorder. The program will not only track treatment effects among incarcerated populations, but also among those released from jail. According to a 2017 report by the state's Department of Public Health, the death rate for those released from Massachusetts prisons and jails is 120 times higher than those who do not have a history of incarceration and almost one out of 11 people who die of an opioid-related overdose have a history of incarceration in the state. A vital aspect of the program is ensuring follow-up care once prisoners are released. Although the three medications included in the program (methadone, naltrexone and buprenorphine/naloxone) have shown to be very effective at treating opioid abuse disorder, Elizabeth Evans, Assistant Professor at the UMass Amherst School of Public Health and Health Sciences says that for treatment to be successful, it's so important that people have access to the medications and continue to take them. With the implementation of the program, she said it could be a turning point in the role that jails can play in addiction treatment.

"Jails seem to be embracing an expanded role not just about making sure our communities are safe, but also how they can help to prevent opioid overdose deaths and promote health and wellness among incarcerated populations."

Sheriff Patrick Cahillane said he is "pleased that my office is among the county correctional facilities taking part in the medication assisted treatment pilot program. Through our work with Dr. Evans, we hope to improve our programs and improve the outcomes for the men in our care and custody, for their families and their communities."

Franklin County House of Corrections to administer methadone

Dr. Ruth Potee, Medical Director at the Franklin County House of Corrections, has worked to secure a federal license to administer methadone (August 22, 2019). The jail is among the first in the country to provide methadone to combat opioid addiction in affected inmates. The jail now has permission to provide all three drugs currently being used to address opioid addiction – methadone, buprenorphine and naltrexone. Franklin County Sheriff Chris Donelan estimates that nearly 50% of those entering the county jail do so with an opioid use disorder. Prior to the issuance of this license, people who entered while using methadone, were not able to continue treatment and had to be withdrawn from it. Now they can continue the treatment and maintain stability. Dr. Potee says the federal laws are outdated but the efforts at the state level to require jails to implement medication assisted treatment programs is a huge step. (See item above).

Regional forums on opioid addiction treatment

Several public education symposiums have been held in the region and Dr. Potee, who is often the featured speaker, is succeeding in furthering awareness of this issue nationally. She has single handedly educated thousands of medical personnel, service providers, and interested citizens about the science of addiction and what needs to happen for us to make headway with those suffering the effects of this disease. A forum was held September 6, 2019, at UMass Amherst to coincide with the release of a report by the Massachusetts Health Policy Forum, a nonpartisan research organization based at Brandeis University. The report, put together in partnership with Blue Cross Blue Shield, RIZE Massachusetts, Baystate Health and UMass Amherst, is a systematic analysis of the problem in western Massachusetts and explores the causes of opioid addiction in rural and poor areas in western Massachusetts and explores ways to fight the crisis. One of the things Dr. Potee spoke about at the forum was deregulating methadone and the need for pharmacies and community health centers to have a protocol to distribute it. She said methadone is the strongest of the three drugs available to treat opioid addiction and that the absence of a methadone clinic in western Massachusetts has played a role in the crisis and that for one and a half years the clinics in Hampshire and Franklin counties have largely been unable to take new patients.

Tapestry outreach and education efforts

Tapestry, the local/regional health care organization, conducts public health training sessions that will also improve our community response to this crisis. The sessions addressed information about narcotics and included hands on instruction on administering naloxone, which can counteract the effects of an overdose. Information about the Good Samaritan Law is also imparted, to encourage people to get involved in a crisis situation. Enacted in Massachusetts in 2012, it prohibits responders and patients from being arrested for drug use if they call emergency services during an overdose situation. Tapestry also has a syringe access program in Northampton and has recently formed a support group for people using drugs.

A recent Daily Hampshire Gazette editorial dated July 24, 2019, said,

“The work to overcome this public health challenge is impressive. Likewise are this regions many public health servants who rise to meet every challenge; we commend them for their on-going work. By meeting people where they’re at and by treating drug users as equals, with judging, Jill Shanahan (Assistant Director for Drug User Health) and so many others like her are making an impact that’s far more profound than simple instruction – they’re eroding the stigma that surrounds addiction. Only when it is gone can we, as a society, extend non-judgmental assistance to those who so desperately need our help.”

Springfield Drug Court, Springfield

Begun in January 2017, the Springfield Drug Court directs non-violent drug offenders to treatment programs instead of prison. Statewide, there are 46 specialty courts, 27 of which are drug courts. Using a team approach, the court provides supervised probation and mandatory

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treatment. Participants are tested randomly for drugs and are required to attend weekly court sessions, where issues with the treatment or relapses get immediate assistance. Participation in the court is voluntary. The courts in the state are seeing results - of the 158 participants who have been out of the program for a year or more, only 25.3% have had a new arrest within the first year of their graduation. Recidivism nation-wide for high-risk populations, including those with substance use disorder, is 60%. Data from the National Association of Drug Court Professionals cites that drug courts are six times likelier to keep offenders in treatment long enough for them to get better than traditional court proceedings and family reunification rates are 50% higher. Seventy-five percent of drug court graduates nationwide remain arrest-free at least two years after leaving the program.

The Living Room, Greenfield

In addition to the Living Room located in Springfield, a new program similar in design and purpose, opened in Greenfield in April 2019. Located in a two-story residence, the program draws 10-20 people a day “for anyone who thinks they need it”. Created by Clinical and Support Options, a non-profit behavioral and mental health agency, the day time drop in center offers showers, laundry facilities, a kitchen and lounge. The space is peer-run by people with lived experience in the mental health and recovery systems.

Student Housing Security Pilot, Massachusetts State Government

A pilot project is being funded by the Massachusetts Commission on Unaccompanied Homeless Youth in conjunction with the Massachusetts Department of Higher Education. The program began in January of 2019 and will run through 2020. Four four-year universities are partnering with community colleges to provide up to five beds for students, identified by campus staff or local service providers, as experiencing homelessness. In the first semester, 19 students enrolled and 17 completed the spring semester. Ten students had over a 3.0 grade point average and 13 of 19 participated in campus activities. Feedback from the students included statements such as “grateful” and “now I can focus on my work”. The cost of the program is estimated to be \$800 per student per month. Private fundraising is being sought to continue the program.

Franklin County Youth Action Board (YAB), Community Action of Pioneer Valley

In formulating the assessment of youth and young adult homelessness for the 3-County Continuum of Care, Community Action of Pioneer Valley partnered with youth experiencing homelessness. A YAB was created to facilitate the engagement of young people with lived experience. YAB members created meeting norms, identified areas on which to focus work, which included housing affordability, employment, transportation and the need for earlier more supportive interventions. YAB members and focus group participants received cash stipends for their time and contributions. A summit on youth homelessness, held June 20, 2019, had several sessions that were created and facilitated by members of the YAB that community participants found to be extremely moving and informative. The YAB in Franklin County will continue to be supported by Community Action and has dedicated resources for cash stipends

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that values the time of the participants. The work moving forward will involve creating a recruitment strategy and build a social media presence. The YAB has been recognized by the Continuum of Care Board as an official committee and will become more integrated into the regional planning and decision-making processes relative to addressing, preventing, and ending homelessness.

Housing Authorities applying for Housing and Urban development (HUD) 811 Mainstream Rental Vouchers

Following the lead of the City of Springfield and the Springfield Housing Authority, the Western Massachusetts Network to End Homelessness has encouraged the housing authorities in the 3-County Continuum of Care region to apply to HUD for 811 Mainstream Rental Vouchers. The rental assistance vouchers are available to non-elderly disabled individuals with a focus on housing the chronically homeless. The Northampton Housing Authority, the Amherst Housing Authority, the Franklin County Regional Housing Authority and the Greenfield Housing Authority submitted applications September 5, 2019. Hopefully, an issuance of 45 additional vouchers will help facilitate movement out of our local shelter networks, into new housing settings with support services committed to by area service providers. For the Northampton Housing Authority application, 15 vouchers were applied for and the units need to be located in Northampton, at least for the first year.

Increase in Massachusetts Rental Voucher Program (MRVP) subsidy rents

The MRVP Program is the state's equivalent to the Federal Section 8 rental assistance program. The amounts a landlord could yield as the subsidy amount, after the tenant paid their percentage of the rent based on their income, had not been adjusted for over a decade. This rendered the program virtually useless in communities with high housing costs as there was no incentive for a landlord to participate. The increased amounts, effective August 1, 2019, raised the subsidy amounts to the following, which come a little closer to actual market rate rents (but not enough).

SRO unit	Enhanced SRO	Studio/0 BR	1 BR	2 BRs	3 BRs	4 BRs	5 BRs	6 BRs
\$527	\$580	\$702	\$831	\$1,061	\$1,329	\$1,521	\$1,749	\$1,977

Common Housing Application for Massachusetts Public Housing (CHAMP)

Finally, there is a website that allows people to apply and supply all their documentation one to time for state aided public housing. People in need of housing often become overwhelmed when they realize many affordable housing opportunities are all separate systems requiring separate applications. Hopefully, the federal system will follow and create a system where one can apply universally for federally funded rental assistance and housing programs. This state system became operational in the spring of 2019.

HUD Youth Homelessness Demonstration Program

As the writing of this report was concluding, news was received that Community Action of Pioneer Valley, the lead agency for the 3-County Continuum of Care, and the City of Springfield,

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lead agency for the Hampden County Continuum of Care, have received \$1.9 million and \$2.4 million respectively over a two-year period from the U.S. Department of Housing and Urban Development for work to end youth homelessness. Of only 21 communities across the nation to receive funding awards, two were awarded to OUR Region!! The funding will be used to build local systems to support a range of housing programs including rapid rehousing, transitional housing, and permanent supportive housing and host homes. Youth Action Boards will be enhanced and will be the decision makers for who should get local funding awards. The programs will be evaluated for successful outcomes and inform the federal effort going forward. Funded grantees will serve as leaders in the nation on the work to end homelessness among young people!!

Congrats to all our Network colleagues for securing these competitive funds.

Appendix G: Research and Ideas from Other Locations

Programs from Other Places that Serve People At-Risk

There are several projects and programs across the nation discovered by the Work Group that may have applicability for our local service delivery system. Included herein is a sampling of some of those that may be worthy of further investigation, based on the service gaps identified through this process and community feedback.

24-hour emergency access shelters

Programs that provide individuals access to shelter around the clock can limit the time people need to be unsheltered. Particularly successful shelter models also contain transitional services such as rapid re-housing, health care and income support. This allows someone to come off the street and begin the process of stabilizing at any time, and immediately. For those experiencing street homelessness, having access to shelter around the clock enables them to meet basic needs quickly and begin working with case managers to attain acute health and mental health needs, as well as housing.

Downtown Emergency Services Center (DESC), Seattle, Washington

DESC is a non-profit organization that provides not only 24-hour access to shelter but supportive housing solutions, clinical treatment and outreach programs to those living on the street with persistent mental health or substance use disorders. At shelter intake, case managers utilize the vulnerability assessment index and are assigned a bed based on their need severity. DESC operates over 1,000 units of supportive housing that people can transition to from shelter. A Housing First model is employed and people work closely with case managers and health professionals to help them achieve stability. <http://www.desc.org/index.html>

Multi-disciplinary outreach teams

Downtown Homeless Outreach Team, Washington D.C.

This program employs a team of outreach workers who engage people on the street of D.C. with the goal of placing them into housing. The team is fully funded by the downtown property owners through the Downtown Business Improvement District (BID) and managed by the non-profit Pathways D.C. The collaboration has benefitted both organizations by enhancing the outreach capacity of the service provider and street stabilization for the BID.

<http://www.downtowndc.org/programs/homeless-services>

Crisis Intervention Team (CIT), Memphis, Tennessee

This program was created by the local chapter of the National Alliance on Mental Illness in conjunction with the local police department and two local universities. It involves a specialized unit that responds to crisis situations with people suffering mental health challenges. The CIT is composed of volunteer officers trained by mental health providers, family advocates and mental health consumer groups where de-escalation techniques are taught. CIT officers are available to provide immediate response to crises events anytime. The University of Tennessee reports that the program has contributed to a decrease in the arrest rates for people experiencing mental illness, successful diversions into the health care system and a resulting lower rate of people with mental illness in the jail system.

<http://www.memphistn.gov/framework.aspx?page=302>

Street outreach teams coupled with Safe Havens units

Street outreach paired with transitional or permanent supported housing units is a highly successful strategy to facilitate individuals, with many barriers, leave the streets. For those who have difficulty entering shelters for varied reasons, such as untreated mental illness, substance abuse disorders, or inebriation, this might be the only path. Small dormitory style residences, known as Safe Havens, serve as entry level housing for those too vulnerable or fragile to enter a larger shelter. This can serve as a safe environment while other longer term housing is pursued. Support services could be delivered on site, such as medical care, recovery services and case management.

Project H.O.M.E., Philadelphia, Pennsylvania

This is a non-profit organization that has outreach staff working around the clock to identify and engage with people on the streets. Through building trust, people are encouraged to accept placement within Project H.O.M.E. housing units (or others). The agency operates two safe haven residences that offer an alternative to the larger emergency shelters that may be avoided by high need individuals coming directly off the streets. This population is often older, more frail and/or unable due to mental health challenges willing/able to navigate a larger shelter setting. Project H.O.M.E. safe havens settings provide low barrier entry into safe environments for chronically homeless individuals who may also be suffering with substance use disorders and poor health.

Common Ground, New York City, New York

This program, run by a non-profit organization, uses street outreach to identify the more vulnerable people living on the streets, using a vulnerability index to make that assessment. An appropriate housing placement is made based on that information. Street outreach workers in Manhattan, Brooklyn, and Queens, make placements into low barrier transitional or permanent supportive housing developed by the organization. All Common Ground housing is supportive housing which includes case management and recovery services and makes other service linkages to promote resident stability in the housing.

Safe Haven Program, New York City, New York

This program is administered by the New York City Department of Homeless Services. The program serves chronically homeless individuals in five boroughs, and provides low-barrier smaller-scale temporary housing. Street outreach workers connect with people on the streets to engage them. Safe Haven residences use a Housing First approach and serve people who often have severe mental health or substance use disorders. Through intensive case management, people are referred to permanent housing opportunities within the existing city network. <http://www.nyc.gov/html/dhs/html/home/home.shtml>

Low-barrier programming with a housing focus

“Low-barrier shelter is a cornerstone of a functional crisis response system that prevents and ends homelessness”. USICH Federal Benchmarks and Criteria

Implementing programs that accept people and focus on housing solutions immediately is a paradigm shift. Previously, and still in many locations', people accessed shelter and remained there for months and sometimes years while they “reached milestones” and pursued goals and where housing was held out like a carrot at the end of a stick. The following example describes how one organization made the shift.

Salvation Army Center of Hope, Charlotte, North Carolina

The Salvation Army Center of Hope in Charlotte, N.C., provides emergency shelter and rapid re-housing to individual women and families with children. An institution in the community for more than 100 years, the Center of Hope embraces a philosophy of accepting people *regardless of their needs*. The shelter has capacity to serve 340 people. Center of Hope's original model of service delivery was focused on helping clients obtain employment to save money until they could afford housing. However, as affordable housing became scarce, the community saw an increase in family homelessness and a rise in the number of families with long stays in shelter. To address this need, Center of Hope transitioned its shelter model to a low-barrier model that has a primary goal: **assisting clients to find and retain permanent housing as quickly as possible**. Center of Hope shifted the organizational mindset away from *housing readiness* to a *Housing First* philosophy. **As a result, the average length of time clients remained in shelter was reduced from six months to 39 days.**

1. Transition to a Low-Barrier, Housing-Focused Model

Center of Hope removed entry requirements such as sobriety and minimum income to ensure the most vulnerable households would be able to access shelter. Shelter staff were initially hesitant about this change. To help gain their support for this shift, Center of Hope's Director made sure to continually connect their work and their role to the national goal of ending homelessness.

2. Obtain Stakeholder Buy-in

It was essential to communicate with and gain buy-in from the shelter's clients. Previously, shelter staff held a meeting every Thursday to discuss shelter rules and expectations. Clients

and staff would leave this meeting exhausted. **The shelter director reworked this meeting, and now meets with residents weekly to discuss the national goal of ending homelessness, what rapid re-housing (RRH) is, and what they can do to start looking for housing right away.** It became an opportunity to inspire and empower clients to take ownership of their housing. Finally, the Center of Hope invited another Salvation Army from Ohio, which has used RRH successfully for many years, to present on their model to the Center of Hope's Board of Directors.

3. Develop Rapid Re-Housing

A major reason the Center of Hope was able to reduce the length of shelter stay was its increased use of rapid re-housing. RRH helped participants save up the resources for housing costs, and connected them with available units. To do this, Center of Hope initially reallocated \$315,000 in funding from transitional housing to rapid re-housing. Case managers started focusing on obtaining permanent housing with clients immediately. From their first meeting with a client, the case manager focuses on developing a plan to find permanent housing as quickly as possible. There are four rapid re-housing case managers, including one responsible for building relationships with landlords. Every other week, a housing-focused meeting is held to discuss topics like landlord negotiation. The Charlotte Continuum of Care is working on creating a community-wide effort to recruit landlords — modeled after Seattle's Landlord Liaison Project. Landlord fairs are also held every month. In 2015, the Urban Institute conducted an assessment of Center for Hope's rapid re-housing program. Out of 102 clients served in 2012-2013, **91% did not return to the shelter.** On average, financial assistance lasted for three months and totaled \$4,800. Of note, a large percentage of clients rapidly re-housed had significant barriers to housing in the past: 65% has a previous eviction, 42% were unemployed, and 41% had a mental illness diagnosis. The rapid re-housing program is funded through a variety of different funding sources including private foundations, county, and Emergency Solutions Grant (ESG) funding.

4. Re-design Shelter Services and Staffing

Case managers shifted their services to focus entirely on helping clients to obtain housing and to work through barriers preventing them from moving in. The shelter discontinued GED services to increase the focus on housing and is exploring ways to provide these services once clients are re-housed. Staff are offered trainings on de-escalation, trauma-informed care, and treating clients with respect.

5. Serve Special Populations

Center of Hope works to accommodate households of different configurations. Spanish is the most widely spoken language other than English, and the shelter has several Spanish speaking staff. Prior to the release of [HUD's Equal Access Regulations](http://portal.hud.gov/hudportal/documents/huddoc?id=12lgbtfinalrule.pdf) (<http://portal.hud.gov/hudportal/documents/huddoc?id=12lgbtfinalrule.pdf>), households identifying as transgender were provided with hotel vouchers. The shift away from this approach to providing equal access and sheltering these households in the dormitories was supported by ongoing staff training.

6. Engage in Community Planning to Work Within the Crisis Response System

The Center of Hope's leadership is very involved with the local Continuum of Care and represents emergency shelters in the community on their coordinated entry committee. The shelter is one of three sites where people seeking homelessness services are assessed and assigned to housing interventions through coordinated entry.

How to Run an Awesome Shelter, OrgCode

The Western Massachusetts Network to End Homelessness sponsored a training conducted by Iain De Jong entitled *How to Run an Awesome Shelter*. Over a hundred service providers participated. PowerPoint presentation can be found at this link.

<https://app.box.com/s/cgwd5899b24qkuiej50fz66r5e8oyv5x>

Housing First units

Pathways to Housing, New York City, New York

This program is credited with creating the Housing First model. The program works to house unsheltered individuals who may be experiencing chronic homelessness and who often have substance use disorders or mental illness. Assertive Community Treatment (ACT) teams conduct street outreach to identify high needs people in the community. Once identified, workers help move people directly into permanent supported housing, absent any prerequisites around sobriety or psychiatric treatment. Upon placement in the apartments, the ACT teams coordinate health, mental health and other services the person may need to gain and maintain stability.

Central City Concern (CCC), Portland, Oregon

CCC is a non-profit organization that provides housing, recovery services and medical care to individuals and families experiencing homelessness who may also suffer from mental health or substance use disorders. CCC offers a variety of programming including recovery centers, recuperative care centers for those exiting hospital stays, detoxification centers, a recovery residence for pregnant women and young children, and an integrated healthcare network for those who need immediate care. CCC also provides over 1,000 units of housing with supportive services for both individuals and families. CCC partners with the Portland Police Department, the Department of Community Justice, Multnomah County, and community treatment providers to engage people living on the street and facilitate their entrance into a 24-hour shelter. <http://www.centralcityconcern.org/>

Foster Youth to Independence Initiative Program, Housing and Urban Development (HUD)

A new HUD initiative targeted at keeping young people aging out of the foster care system from becoming homeless has been launched in Portland, Maine. David Tille, HUD New England Regional Administrator, traveled to the Portland Housing Authority's Sagamore Village to introduce the Foster Youth to Independence (FYI) initiative and explain what it could mean for Maine's youth population. HUD is partnering with the Portland Housing Authority, the Preble Street Teen Services Program and the City of Portland's Housing and Community Development

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Department. This is another tool in our toolbox, a valuable tool, in addressing affordable housing and homelessness in Portland," said Mary Davis, Director of the city's Housing and Community Development Department. The FYI program is available to local public housing authorities to prevent or end homelessness among young adults under the age of 25 who are leaving, or have recently left, the foster care system without a home to go to. This new initiative will use Tenant Protection Voucher funds in alignment with HUD's Family Unification Program, targeted to youth.

Emergency room diversion/day programs

The Living Room, Springfield, Massachusetts

The Living Room program model offers a peer-based home-like setting in which anyone 18-years or older can access support as an alternative to going to a hospital emergency room. Such programs exist in Greenfield, Springfield, and Framingham. The program is administered by the Behavioral Health Network based in Springfield and funded by grants from the Massachusetts Behavioral Health Partnership and the Massachusetts Department of Mental Health (DMH). The operational underlying premise is that recovery is possible for all who experience mental health challenges, trauma and/or substance use issues. No referral, insurance, payment, DMH eligibility or provider involvement is required. Professional staff are present and peers receive training. People "in a developing crisis, a current crisis, or post-crisis situation find help from others who have had similar experiences and who can provide support, encouragement and guidance". Inherent strengths and intuition of guests are built upon to support them in their unique journeys to recovery. The Springfield facility, located at 21 Warwick St., Springfield, allows some overnight stays, has an eight-person. (413)310-3312

Angeline's Day Center for Women, Seattle, Washington

Angeline's provides a safe and welcoming space for women experiencing homelessness. The program offers emergency housing shelter for women, access to breakfast and lunch, laundry, showers, personal storage lockers, activities and connections to other services such as health care. Up to 250 women use Angeline's Day Center drop-in services on a daily basis. Open from 8 a.m. to 8:00 p.m., advocates at Angeline's talk with women about their needs, help with tasks like getting an ID or completing SSI paperwork, and connect them to other resources and services for housing, employment and stability.

Overnight shelter is offered in the winter to single adult women. Referrals from service agencies are accepted nightly from 6 p.m. to 9 p.m. and self-referrals are accepted after 9 p.m., based on available bed space. Case management and overnight shelter are provided to women enrolled in Angeline's Enhanced Night program, which helps participants transition into permanent housing. Rapid re-housing for single adults is another program to help participants cover costs associated with permanent housing.

Employment Programs

There's a Better Way, Albuquerque, New Mexico

In May 2015, Mayor Richard J. Berry launched the "There's a Better Way" campaign to give panhandlers a chance at a change in their lives and a way to provide caring members of the community a way to donate their money. Within months of its initial launch, Mayor Berry unveiled the There's a Better Way van to circulate throughout the city and offer panhandlers a job for the day. In partnership with HopeWorks, the van transports individuals to a job site under the supervision of the City of Albuquerque Solid Waste Department, to do work such as landscape beautification in designated areas to earn a day's pay. At the end of the workday, the workers receive their pay from HopeWorks and are offered other resources as needed or available. <https://www.hopeworksnm.org/programs-and-services/theres-a-better-way/>

Downtown Streets Team, Palo Alto, California

This project was created in response to a Business Improvement District survey that identified cleanliness and homelessness as the two biggest issues facing local business owners. City officials, law enforcement, local businesses and volunteers join together to provide job opportunities and one-on-one assistance to people experiencing homelessness. Program participants clean and sweep the streets and business walkways in exchange for vouchers for food, shelter and other services to help them secure permanent employment and housing. The program began in 2005 and has assisted 164 men and women on their journeys to self-sufficiency. <http://www.streetsteam.com/>

Portland Opportunity Crew, Portland, Maine

This is a pilot program building on the success of similar programs in other cities such as Albuquerque New Mexico, and San Jose California. The program offers people engaging in panhandling the option of earning money through cleaning up public areas and links them with needed services such as job training and support. Program participants are paid minimum wage at the end of each shift. The program is operated by the City's Social Services Division and the Parks Division. It operates 2 days a week for 36 weeks and hires up to five people each day. The City partners with Workforce Solutions and People Ready to link participants with job training and employment support. <https://www.portlandmaine.gov/1989/Portland-Opportunity-Crew>

Landlord outreach/assistance programs

Marin County Landlord Partnership Program, California

In many locations, landlords are hesitant to accept vouchers due to a perception that voucher holders are problematic tenants and damage units. The Marin Housing Authority knew that not to be the case for the majority of participating households. The Landlord Partnership was created to incentivize landlords to accept vouchers. Over time, negative perceptions were overcome and more landlords participated (not sure how they addressed the Fair Market Rental rate issue as this is a very expensive real estate market). The incentives for landlords to accept housing choice vouchers are:

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- Up to \$2,500 for a security deposit;
- Loss mitigation up to \$3,500
- Up to one month of rent to a property owner while repairing excessive damage
- Waiver of building permit fees
- 24-hour hotline for landlords to call with immediate issues.

The Landlord Partnership Program is exceeding the initial goals of the Partnership. Sixteen months in, the program has 71 new landlords accepting Section 8 vouchers. Additionally, significant goodwill has been built with the landlords. The County of Marin entered into a contract in 2016 with the Marin Housing Authority, in the amount of \$404,000, to fund the program. Federal funds can be tapped to offer property owners renting more than half of their units to holders of vouchers interest free loans of up to \$25,000 for rehabilitation or repair of their units. Marin Housing Authority set up and is administering the Partnership.

LA County Landlord Incentives, Los Angeles, California

Very low vacancy rates in Los Angeles County's rental housing market makes it difficult for people with federal subsidies to secure housing. As a result, the LA County Homeless Incentive Program recruits landlords to rent to people without homes who do have a federal housing subsidy and are in need of permanent supportive housing. The program is administered by the housing authority, with funds from the County through Measure H, a quarter-cent tax for 10 years that raises \$355 million annually to homeless prevention activities. The program offers these incentives:

- **Vacancy payments:** provides landlords with payments to hold a rental unit for one or two months after a tenant with a subsidy has been accepted by the landlord and while the landlord is going through the HUD approval process.
- **Move-in assistance:** provides homeless families and individuals with a listing of available units, transportation to visit units, preparation for the rental process and financial assistance to cover the security deposit, utilities and other move-in costs.
- **Tenant assistance with credit checks and rental application fees:** provides funding directly to the property owner to cover the cost of credit checks and application fees.
- **Damage claims:** provide financial assistance to landlords to mitigate damage caused by tenants during their occupancy under the voucher program.

Drug treatment/health system programs

Supervised Consumption Spaces

Supervised Consumption Spaces (SCS), also called Safe or Supervised Injection Facilities (SIF), are being advocated for and considered in areas of the country hit hardest by the opiate epidemic. Advocates ranging from physicians to people who use drugs (PWUD) themselves and the harm reduction community, are proposing these facilities as part of a public health response to help curb overdose fatalities, reduce HIV and HCV transmission rates as well as connect participants to treatment services. Safe consumption spaces would allow people who inject drugs (PWID) to use their per-obtained drugs safely in a sterile, comfortable, environment while observed by medical professionals. SCS workers actively monitor those

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using and can respond immediately to overdoses with Narcan, saving crucial minutes often lost to fear of calling for help or waiting for first responders to arrive. Participants are provided with physical space to use sterile injection equipment including syringes and other safer injection materials which have been shown to reduce the spread of infectious disease as well as serious soft tissue infections. Safe Consumption Spaces, with now over 100 operating worldwide, have never reported an overdose fatality on-site. SCS are considered harm reduction programs, meant to be part of the continuum of care for those with substance use disorders. These facilities are connected to those at highest risk for overdose and often serve as access points to other health care needs such as treatment for wounds, abscess and other infection, peer support as well as detox or medicated-assisted treatment. The relationships that can be built between staff and participants is the type of non-judgmental support which often helps facilitate participants moving toward health and substance use services with the goal of keeping people alive and improving overall health. SCS have shown to also benefit the greater communities by way of reducing public injection as well as discarded syringes. The preventative health measures such as reducing the spread of infectious diseases like HIV and Hepatitis C and reduction in overdose death has shown to save millions annually.

<https://www.massmed.org/advocacy/state-advocacy/sif-report-2017/>

Engaging hospitals and health systems in affordable housing investment

Tackling the affordable housing crisis will require actors from every sector to finance housing development for low- and moderate-income people. The Urban Institute developed a guide to help nonprofit hospitals and health systems understand how their institutional assets and prestige can support affordable housing development. The guide also offers practical information and encouragement to start investing in much-needed affordable housing. The guide is informed by Urban's research examining current practice and the motivations, opportunities, and barriers non-profit hospitals and health systems face when initiating and broadening investments in housing development. Its findings suggest that although nonprofit hospitals and health systems may be increasingly aware of and involved in addressing the housing concerns of their patients and communities, few invest in construction and rehabilitation projects.

Key findings:

- Non-profit hospitals are largely aware of housing needs. Whether through a community health needs assessment or other means, nearly all hospitals in the study identified housing instability, housing affordability, or poor housing conditions as concerns in their communities or among their patients.
- **Hospitals say improving health outcomes is their primary concern and they want evidence that housing-related initiatives can improve those outcomes.** Overwhelmingly, hospitals were motivated to undertake housing initiatives to improve health outcomes and reduce unnecessary emergency room visits and avoidable hospitalizations. To that end, hospitals indicated seeing more evidence that housing-

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related initiatives improve health outcomes and reduce costs could encourage them to increase their investments in such activities.

- **Hospitals see housing as a platform for addressing social determinants of health but are concerned about the time and resources needed.** Almost all hospitals in the study believe housing is a fundamental resource that can support health and well-being, and about half think the health care sector should be involved in developing housing or providing rental assistance. But many perceive housing-related projects as risky, resource-intensive efforts that require a significant amount of time before they can achieve health and cost outcomes, if at all.
- **Hospitals most often dedicate health services, administrative capabilities, and political leverage to support housing initiatives.** Hospitals most often reported providing medical care to people experiencing homelessness and offering clinical services and food assistance at affordable housing sites.
- **Hospitals seem less interested in direct financial investments in housing.** Many hospitals are not interested in pursuing direct housing investments, such as donating or swapping land to allow for affordable housing development, providing low-interest loans or investments to rehabilitate or build affordable housing, or developing employee housing.

Implications for action:

- Although investing in housing construction and rehabilitation is new for most hospitals and health systems and survey results indicate less overall interest than other housing-related activities, the report's authors believe hospitals' institutional assets focus on health outcomes and position as anchor institutions make them well positioned to invest in affordable housing.
- The authors suggest that non-profit hospitals and health systems follow eight steps when developing an affordable housing investment strategy: assess social determinants of health in the community, identify the target population or community, engage the community, understand the policy context, determine affordable housing investment and support strategies, select implementation partners, identify internal champions, and measure progress.
- Non-profit hospitals and health systems are well positioned to fill the financing gap that often prevents affordable housing from being built or rehabilitated. Hospitals can fill the gap by donating land or buildings or swapping land with a housing developer; using their financial position to enhance credit, lower borrowing costs, or provide a direct loan for construction, renovation, or rehabilitation; and contributing staff time or capital to encourage others to invest in affordable housing development

*Taken from **How Housing Matters** article April 2019.*

Chicago Housing for Health Partnership

This program is a hospital-to-housing project that identifies chronically ill people who are homeless and places them in permanent supportive housing. Intensive case management is provided so they can maintain their health and gain long-term housing stability. This effort is a response to the national phenomenon of hospitals discharging to emergency shelters where people have great difficulty focusing on their health recovery. This innovative collaboration of health care, outreach, and housing providers improves the continuity of care and improves outcomes for high risk groups of individuals experiencing homelessness.

Miscellaneous Ideas

Vending machines for people "sleeping rough"

The British charity group, Action Hunger, installed vending machines at Broadmarsh Centre, a shopping center in Nottingham, England, to provide basic needs items to people who are "sleeping rough" or are among the unsheltered homeless. So far, more than 100 machines have been donated to the cause to provide 24/7 access to basic needs items. The items stocked in the machine are based on surveys and requests coming directly from people experiencing homelessness.

There are plans to install similar machines in New York City, Los Angeles, and Seattle. Action Hunger's vending machines offer fruit, sandwiches, energy bars, clean socks, toothbrushes, and other necessities to any person given a card by a local shelter or homelessness services organization. In this manner, access to the vending machines is dependent upon having a weekly check-in with community service organizations that support and serve folks who experience homelessness.

Constructive alternatives to criminalization

A report issued by the United States Inter-Agency Council on Homelessness in 2012 recommended three categories of possible solutions which are recounted here, as alternatives to criminalization options. We examined whether or not we have those elements currently.

1. The creation of comprehensive and seamless systems of care that combine housing with behavioral health and social service supports have been shown to prevent and end homelessness.

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Element	We have it	We have it but could improve it	We don’t have it
Active community-wide planning that bring together variety of stakeholders to create collaborative and innovative solutions	Western MA Network to End Homelessness, 3-County Continuum of Care, Hampshire County Roads to Resilience, COSA, Hampshire HOPE	We have a variety of groups talking about the issues, but not one all-inclusive group with many sectors present that meets regularly	
Housing First permanent supportive housing to provide immediate options for people experiencing chronic homelessness		Yvonne’s House and the McKinney funded PSH units administered by CHD, but we need more	
24-hour access to shelters/services that offer alternatives to living in public spaces			X
Street outreach teams and housing units to refer people to		We have street outreach, but they have no place to bring people into once engaged, other than shelter if there is a bed	X
Employ communitywide collaboration through education, volunteerism and donations to provide solutions		Need public education campaign to unite all sectors. Could coalesce in the Hampshire County Roads to Resilience coalition	
Coordinate food sharing activities that promotes access to food	MANNA, Cathedral in the Night, College Church, the Starlight Center, Northampton Survival Center and the SRO Food Pantry have us covered		
Access to Mainstream Benefits Programs/ Resources	Eliot Homeless Services, Resource Center, many agencies		

2. Collaboration between law enforcement and behavioral health and social service providers that result in tailored interventions that divert individuals experiencing homelessness out of the criminal justice system and meets the community’s goal of reducing the number of people inhabiting public spaces by connecting people with housing, services and treatment.

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Element	We have it	We have it but could improve it	We don’t have it
Outreach and engagement with police and service provider collaboration to link people with resources to avoid arrest	See Municipal resources section/ Northampton Police Department NPD and Eliot Homeless Services, CSO work closely together		
Cross training of police officers and service providers to facilitate information sharing and coordination	See above		
Crisis Intervention Teams with specially trained officers working with behavioral health professionals to respond to people in mental health crisis	See above. NPD hosts quarterly Jail Diversion meetings with Dept. of Mental Health case managers and Eliot Street Outreach Clinicians		

3. Implementation of alternative justice system strategies to reduce people finding themselves homeless involvement with the criminal justice system, decrease recidivism and facilitate connections with other systems of care.

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Element	We Have It	We have it but could improve it	We don’t have it
<p>Problem-solving courts, including homeless courts, mental health courts, drug courts and Veterans courts, that focus on the underlying causes of illegal activities with the intention of reducing recidivism and encouraging reintegration into society</p>	<p>There is a Veteran’s Court in Springfield, and a Drug Court in Holyoke There is also a Drug Diversion and Treatment Program through the Northwestern District Attorney’s Office.</p>		
<p>Citation dismissal programs that allow individuals who are homeless with low level infractions to participate in service or diversion programs or link them with appropriate services in lieu of paying a fine</p>	<p>Diversion program through the DA’s office offers community service option in lieu of paying a fine</p>		
<p>Create holistic public defender offices, enabling them to provide a range of social services in addition to standard legal services for populations with special needs</p>		<p>The Committee for Public Counsel Services, the Public Defender’s Office has a Social Services Coordinator</p>	
<p>Volunteer legal projects and pro bono attorneys that provide essential legal services for homeless populations and for the agencies serving them</p>		<p>Community Legal Aid & The Mass. Fair Housing Center provides those services locally and regionally, although only able to serve half of those in need of assistance</p>	
<p>Re-entry or transition planning to prepare people in prison or jails to return to the community by linking them to housing and needed services and treatment</p>		<p>The HCHOC monthly round table reviews potential housing placements/ most indicated returning to family and friends, or emergency shelter wait lists, as there are few housing options available otherwise</p>	
<p>Reentry housing, specialized housing with support services tailored to the needs of ex-offenders, designed to help</p>	<p>The Hampshire House of Correction is one of five county facilities that utilize the Western Massachusetts</p>	<p>In 2005, the HCHOC initiated a collaboration between local police departments, the MA</p>	

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them make a successful transition from incarceration back to the community

Recovery and Wellness Center in Springfield. The center is operated by the Hampden Sheriff's Office and provides custody and treatment for offenders incarcerated for OUI and OUI related offenses. All offenders incarcerated in the Hampshire House of Correction for OUI and related offenses are screened for transfer and participation in the WMRWC program. Men in Phases I, II, and III are eligible to transfer to this facility

State Police, the depts. of Parole and Probation & other community service providers to review transitioning offenders. This coordinated effort allows sharing of information & resources between the agencies most involved with individuals leaving custody and returning to the community

Reentry employment, transitional work and supportive employment services to individuals shortly after their release from jail/prison

X
Not a formalized referral system

Legislative Advocacy

With the western Massachusetts delegation leading in support and advocacy, Committee hearings in the State House on July 16, 2019, considered the following:

Right to Counsel for Tenants in Eviction Proceedings - S.913, H.3456, H.1537

In 2018, 92% of tenants went to housing court without a lawyer, while over 70% of landlords were represented. Imbalance has a direct impact on homelessness. Backed by the Northampton City Council via a resolution on July 13, 2019, the resolution noted that 40,000 households had eviction notices filed against them across the state last year; 5,738 filed in the Western Mass Housing Court, covering Northampton.

The HOMES Act - Eviction Sealing - S. 824, H.3566

Bills would enact legislation that automatically seals eviction records upon filing and only releases them when the cases are resolved, if there is a finding against the tenant and only if they are resolved against a tenant. Consequences of having an eviction notice on a household's record are severe and lifelong, directly impacting homelessness. Currently the filing of a notice becomes an instant public record regardless of whether the tenant did anything wrong or

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counter-claimed against the landlord, or had the case dismissed, or entered into an agreement. Resolution supported by the Northampton City Council, July 13, 2019.

Cliff Effects Pilot Program and State data reporting

Bills introduced to address the “cliff effect” which is the sudden drop in income and other public assistance when there is an increase in earnings that puts the household further behind in resources. State data reporting would require cross-agency reporting to better understand who is impacted by the cliff effect. The Pilot Program would include 50 families from western Massachusetts to track this phenomenon and identify and resolve which resources work at cross purposes.

Act of Living Bill S.76/H.150 An Act Related to the safety, dignity and civil rights of persons experiencing homelessness

The Act of Living Bill creates basic civil and human rights protections for people experiencing homelessness. Fact sheet follows. Contact Gretchen Van Ness, Legislative Director, 617-722-1555 or gretchen.vanness@masenate.gov for more information.

Act of Living Bill

Decriminalizing acts of survival in public spaces protects unsheltered people experiencing homelessness from needless harassment and costly and unnecessary involvement with the criminal justice system.

The Act of Living protects the rights of people experiencing homelessness in three ways:

1. Extends anti-discrimination protections in Chapter 151B and Chapter 272 of the Massachusetts General Laws to persons experiencing homelessness, including protections when seeking employment, housing, voter registration, and access to public spaces and places of public accommodation.
2. Secures the right of persons experiencing homelessness to rest, seek shelter from the elements, occupy a legally parked car, pray, eat, and avoid needless harassment in public spaces.
3. Repeals Sections 63 through 69 of Chapter 272 of the MGL, which includes archaic and derogatory laws criminalizing homelessness.
 - According to the U.S. Department of Housing and Urban Development, 20,068 people experienced homelessness in Massachusetts in 2018. This was a 14.2% increase from 2017 – the largest increase nationally – totaling over 2,500 people.
 - Nearly 1,000 Massachusetts residents remained unsheltered in 2018.
 - Access to emergency shelters, including LGBTQ+ friendly shelters, varies drastically statewide.

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- Aside from archaic and derogatory laws criminalizing “vagrants,” “tramps,” and “vagabonds,” state law currently provides no guidance to municipalities on how to treat unsheltered people experiencing homelessness.
- Nationwide, municipalities have enacted anti-homeless ordinances and arrested people for acts of survival: sleeping in vehicles, asking for money, lying down in public, sharing food, and more. The Act of Living would protect persons experiencing homelessness from these unfair policies in MA.
- Research consistently shows that people experiencing homelessness want to work. In a 2014 survey, the National Coalition for the Homeless reported that 70.4% of homeless respondents felt that they had been discriminated against by private businesses based on housing status.
- LGBTQ youth both in Massachusetts and nationally report being turned away from shelters. They also report instances of homophobia and transphobia while in shelters.

Providing civil rights protections to people experiencing homelessness will reduce the barriers they face trying to get themselves back up on their feet.

Appendix H: Local Affordable Housing Production

The Mayor's Office and the Office of Planning and Sustainability works diligently with local and regional affordable housing developers to create a range of housing options in the community. The city must continue to be diligent and work to identify potential projects and prioritize population segments most in need of housing and support services. Some of the recent projects completed and in the pipeline are described herein.

Live 155, Way Finders



Project Description: Demolition of an existing 58-unit SRO and new construction of a four-story, mixed use, mixed income building located at 155 Pleasant Street. Seventy rental units; 28 studios and 42 one-bedroom units; 47 affordable (20 studios and 27 one-bedrooms), 23 market rate (six studios and 17 one-bedrooms). 65,000 sq. ft. total including 2,600 sq. ft. of first floor commercial space as required by zoning. Project began in 2015 and opened for occupancy in June of 2018. The total project cost was roughly \$20,000,000.

Income levels: 23 units at 60% of the area median income (AMI) as defined by the U. S. Department of Housing and Urban Development (HUD) for the Springfield Standard Metropolitan Statistical Area (SMSA) for incomes of \$41,280 or below; four units at 50% AMI

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for incomes \$34,400 or below; 20 units at 30% AMI for incomes of \$18,600 or below. The 23 market rate units have no income eligibility requirements.

Units for special needs populations: All units at Live 155 are disability accessible with roll-in showers. Four units (one per floor) are fully handicap accessible. Ten units are set aside for homeless or formerly homeless (at the 30% of AMI or less level); five apartments are set aside for clients of the Department of Mental Health and two units are designed to accommodate visually and/or hearing-impaired residents.

Rents/Subsidy Source: Way Finders is able to offer the affordable units through participation in the Federal Low-Income Housing Tax Credit program, with the 30% of AMI apartments having a subsidy attached to them through the Massachusetts Rental Voucher program. This means the tenants pay 40% of their gross income toward the rent, with the subsidy paying the difference. The rents for these apartments are \$701 for the studio units and \$844 for the one bedroom units. The 50% area median income apartments rent for \$700 and \$750 a month for studios and one-bedrooms respectively, while the 60% area median income apartments rent for \$840 and \$900. The rent includes all utilities and tenants have the option of purchasing Wi-Fi from Way Finders for \$30 a month. The market-rate studio apartments rent for \$900 a month, while the one-bedroom apartments rent at \$1,000 a month.

Lumber Yard Apartments, Valley Community Development Corporation



Project Description: Demolition of a former lumber yard, retail building and various outbuildings and new construction of a four-story mixed use building located at 256 Pleasant Street. Fifty-five affordable rental units will be comprised of 14 one-bedroom units, 34 two-bedroom units and seven three bedroom units. 69,785 square feet total including 5,400 square feet of first floor commercial space as required by zoning. Project began in 2014 will be completed in June of 2019. The total project cost is roughly \$19,200,000.

Income levels: Forty-three units are available for households earning at or below 60% of the area median income and 12-units are for households earning at or below 30% of area median income. The 12-unit breakdown is one one-bedroom unit, nine two-bedroom units and two three-bedroom units.

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Units for Special Needs Populations: Six units are set aside for homeless or formerly homeless; two two-bedroom units for Massachusetts Rehab Commission Community Based Housing Program; three fully accessible handicap units; one unit for sensory impaired residents.

Rent/Subsidy Source: Maximum rents for the 60% of area median income eligibility levels will be \$908 for one-bedroom units, \$1,090 for two-bedroom units and \$1,259 for three-bedroom units. Twelve of the units come with project based rental assistance subsidies.

Friends of Hampshire County Homeless individuals

In the year 2000, through the leadership of Yvonne Freccero, volunteers formed a 501(c) 3 non-profit organization called Friends of Hampshire County Homeless Individuals, Inc. with the mission of providing financial and volunteer support for the Inter-Faith Winter Shelter. In addition to fulfilling that mission, every year since, the Friends purchased three homes and partnered with three different service providers to create housing for populations in need in Northampton. The Friends chose an organization most suited to serving the tenant population selected, fundraised to locate and purchase suitable houses, then transferred ownership to the partner service providers for on-going operation.

Yvonne's House – Straw Avenue - Purchased in 2008 through the financial support of Northampton's Community Preservation Committee and the Friends, Yvonne's House provides a permanent residence for six people who struggled with homelessness. ServiceNet owns and manages the duplex and offers supportive services. Residents pay rent based on their income. Yvonne's House exemplifies the movement known as Housing First as well as the unwavering determination of Yvonne Freccero.



Gandara-Friends House - Maple Avenue - Purchased in 2011 with major financial support from the Northampton Community Preservation Committee, Mass Housing, the Charlesbank Homes Foundation and private fundraising efforts. The duplex provides permanent housing for six previously homeless individuals committed to sober living. It is owned and managed by the Gandara Center, a regional agency that provides services for those in recovery from substance abuse.

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Dial/Self - Friends - Northampton Teen Housing – Hatfield/Locust Street – The third project, Northampton Teen Housing, located on Hatfield Street, will create supportive affordable housing for unaccompanied homeless young adults ages 18-24. The partner in this project is Dial/Self, a non-profit agency that has provided housing and support services to at-risk youth since 1977. The project is being implemented in two phases. An existing home was purchased and renovated and currently is home to four young adults. New construction of an additional building adjacent to the existing home on the same parcel will see completion in the fall of 2019. The new building will provide four additional units, common and office space.



Sergeant House renovation/expansion, Valley CDC & Way Finders



Project Description: This stately historic building located at 82 Bridge Street has been owned and operated by Valley Community Development Corporation since 1990. Currently, the building is composed of 15 single room occupancy (SRO) units with a common kitchen and four common bathrooms. Moderate rehabilitation work occurred in 2000. Portions of the building date to 1820. Eight of the units receive rental subsidy through the Section 8 Mod Rehab Program. Plans are now underway to accomplish a gut rehab and double the size of what is now called, the Sergeant House. The 31 new units will be enhanced SROs, meaning every unit will include a bathroom and kitchenette. Renovations will also include a new elevator, a handicapped-accessible entryway, on-site property management and social service offices.

Income Levels: Sergeant House will provide eight units for homeless individuals earning 30% of the area median income or less; two units will be set aside for individuals with extremely low incomes of 30% of area median income or less, two units will be set aside for clients of the Department of Mental Health earning 50% of the area median income or less; six units will be rented to people with very low incomes at 50% of AMI or less, and 12 units will be made available to those earning 60% of the area median income or less which is \$33,900 for an individual in the Springfield metropolitan statistical area and three units will be fully handicap accessible. The total project cost is \$8.2 million.

Project Status: As of June 2019, the existing tenants had been relocated to other homes during the construction period and the renovation got underway. Occupancy is scheduled for May of 2020.

Village Hill Northampton/The Community Builders & Valley CDC

Project Description: Village Hill Northampton is a 126-acre master-planned community based on New Urbanist principles. It combines commercial, research and development, light industrial and residential uses with open space to support regional job creation, housing, business development, and recreation. MassDevelopment is the managing partner overseeing the development effort that has been on-going for 20+ years. When build-out is complete, the one-time state hospital site will feature approximately 300,000-square feet of commercial space comprised of retail, office, and light industrial uses; 350-mixed income market rate affordable homes and rental units; and ample open space.

Affordable Housing: The Community Builders (TCB) has been the developer of the affordable housing created on-site to date. Two of the first projects undertaken in the campus redevelopment early on transformed two existing buildings into 33 affordable rental units at the Hilltop Apartments (2006) and 40 affordable rental units at Hillside Place (2008). TCB, now in partnership with Valley CDC, is currently moving forward on creating 65 units of mixed income housing on two parcels – one at the far north end of the campus (North Commons/53 units) and one infill lot located near the main entry (35 Village Hill Road/12 units plus 2,500 square feet of first floor commercial space). TCB is committed to sustainable design and energy efficiency and are in the process of securing funding. The addition of these developments will promote economic diversity within this planned community.

North Commons

Project Description: This project will create 53 residential units in one structure and provide common outdoor areas on the northernmost campus parcel. The open space will include a playground, walking paths, linkages to area trails and permanent riverfront conservation protection. Local CPA and CDBG funding has been awarded but the project awaits the Department of Housing and Community Development One Stop Funding decision on an application submitted in February 2019.

Income levels: There will be 10 units at 30% AMI, four units at 50% AMI, 10 units at 60% AMI, 16 units at 80% AMI and 13 units at 120% AMI, combining affordable and work force housing components.



35 Village Hill Road

This smaller project will see new construction of 12 residential units and 2,300 square feet of first floor commercial space. Income levels will be six units at 80% of AMI (one studio, two one-bedrooms and three two-bedrooms) and six units of 120% AMI work force housing (one studio, four one-bedrooms, and one two-bedrooms). This project has received local funding as well as an award from the state's newly created Community Scale Initiative geared towards smaller scale projects in more rural areas.



Christopher Heights Northampton

Assisted Living: In February 2016, the Grantham Group opened an 83-unit assisted living facility on the former State Hospital campus. Forty-three of units are affordable and designated for low-income seniors. Residents enjoy private apartments, prepared meals, social activities, personal care assistance and medication reminders and staff are available at all hours.



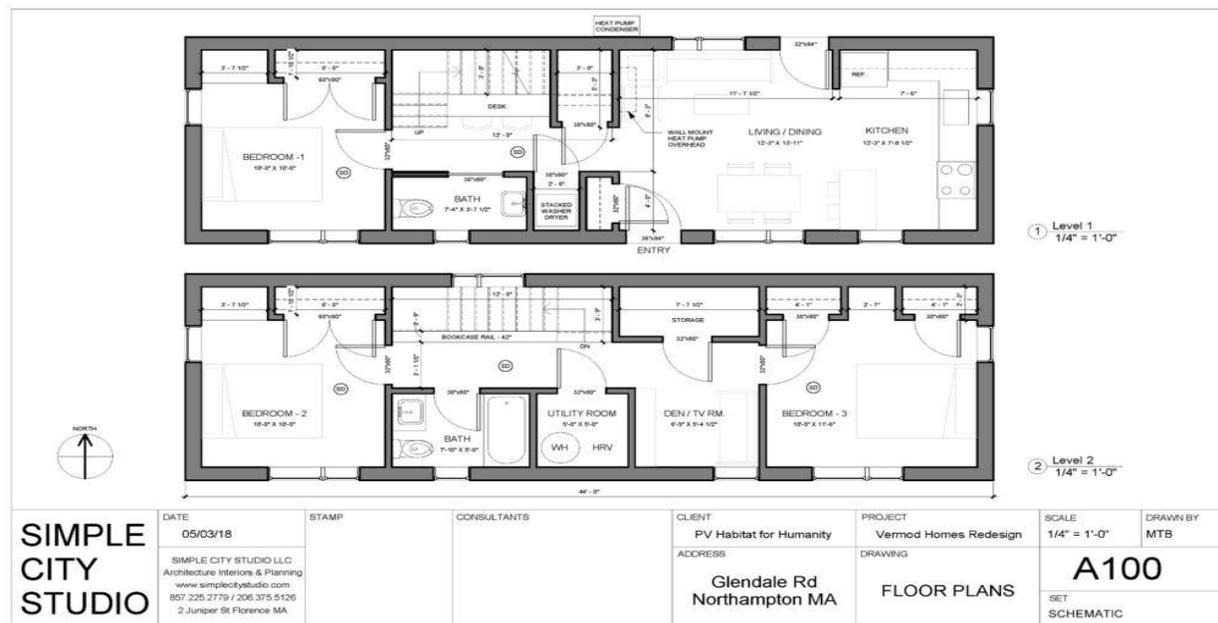
Pioneer Valley Habitat for Humanity (PVHH) - Homeownership Units

Verona/Garfield Avenue – This newly constructed home ownership development, underway for several years, is now approaching completion. Pioneer Valley Habitat for Humanity has successfully built five homes on the Garfield Avenue site between 2008 and 2016. The first construction was townhouse style, with the wall dividing the homes running along the property line – two homes, not a condominium. The first family has been living in their home since fall of 2010. The second family moved in in June of 2011. The third home is a detached single-family home and it became occupied during the summer of 2012. Work began on the fourth house during the fall of 2012 and became occupied in 2014. The next home to be constructed began in 2014 and occupied in January of 2015. The final home, nearing completion, is a 650 square foot one-bedroom home, exemplifying the results of a design competition called Big Enough, from which PVHH is piloting the best of the small home revolution. The home features a simple energy efficient design and solar panels donated from community partner, PV Squared. Smith Vocational and Agricultural High School plumbing and electrical students contributed labor to the project.



Glendale Road – Pioneer Valley Habitat for Humanity broke ground in 2018 on three zero-net energy homes that share a common driveway off Glendale Road. Two of them will be built with modular construction techniques through an innovative partnership with the Vermont Energy Investment Corporation (VEIC), the Massachusetts Department of Energy Resources and a modular homebuilder called Vermod. The home being built on site will be adapted to have a first floor fully handicap accessible bath. This project has received local CDBG and Community Preservation Committee funding awards, in addition to other awards. The first three homes are under construction with future homeowners contributing sweat equity. The two modular homes at this site finished construction in the summer of 2019 and the third home being built on site is slated to be finished by December 2019. Smith Vocational and Agricultural High School forestry students have begun tree clearing for the fourth and final building lot at this site.

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Other Habitat Projects In Northampton

- A duplex condo home on Pine Brook Curve in 1993
- A single family home on Cahillane Terrace in 1999
- A duplex condo home on Vernon and Forbes Avenue in 2000
- A duplex condo home on Ryan Road in 2002
- Three duplex condo homes on Westhampton Road 2003-2007

City supported housing rehab projects

Grove Street Inn Homeless Shelter improvements

The city has financially supported physical improvements to the Grove Street Inn Homeless Shelter over the years. The farmhouse, located on former Northampton State Hospital property, was deeded to the city for use as a shelter, in the early 1990s, via a land disposition agreement. The city owned the building for many years while ServiceNet administered the program. Improvements included installation of an electrical fire alarm system, boiler replacement, site drainage work and exterior painting. The city recently transferred ownership of the building to ServiceNet. The shelter has capacity for 21 homeless men and women.

New South Street Apartments rehabilitation

Home City Housing received \$250,000 from the Community Preservation Committee and \$130,000 of CDBG funds to do exterior rehabilitation work at this downtown affordable housing property in 2014. The historic building, located at 22-34 New South Street contains 18 affordable apartments.

Alliance for Sober Living/Gandara Center

The city supported, with CDBG funding, physical improvements at a property located on Summer Street. This program serves six individuals committed to sober recovery. Several CDBG allocations have been made over the years, the most recent in 2016 for roof and interior repairs.

Housing Rehabilitation Program

The city re-created a Housing Rehabilitation Program in 2016. (An earlier program was discontinued several years ago). The Pioneer Valley Planning Commission administers the program for the city. The program is fully supported by CDBG funds and focuses on single family homeownership units. To date, 16 properties have been qualified, 15 are under contract and 11 units have been completed. Several new homeowners are in the process of being qualified. The goal of the program is to address three to five units per year. Total project costs are allowable up to \$45,000 to accommodate lead paint abatement if needed. All units are lead tested.

Other housing support services projects

Access to Housing Initiative

ServiceNet applied for and received \$10,000 in 2013-2014 from the Community Preservation Committee (CPC) to administer a pilot program geared towards facilitating movement out of homelessness. The funds were allocated to eligible individuals to utilize for first and last month's rent and security deposits. Lack of access to these sums is a barrier for those trying to exit homelessness. Six people benefitted from the pilot program and were able to secure housing in Northampton. All six were still in those homes at the end of the grant program. Two of the participants made repayments to the program, in order to create a small revolving fund.

Community Housing Support Services Program

Northampton's Housing Partnership, a mayoral appointed board of volunteers charged with addressing the city's affordable housing needs, designed and obtained local Community Preservation funds in 2015 to create the Community Housing Support Services Project. The Center for Human Development (CHD) was selected to administer the program following a public bidding process. For the last four years, CHD staff have helped Northampton residents

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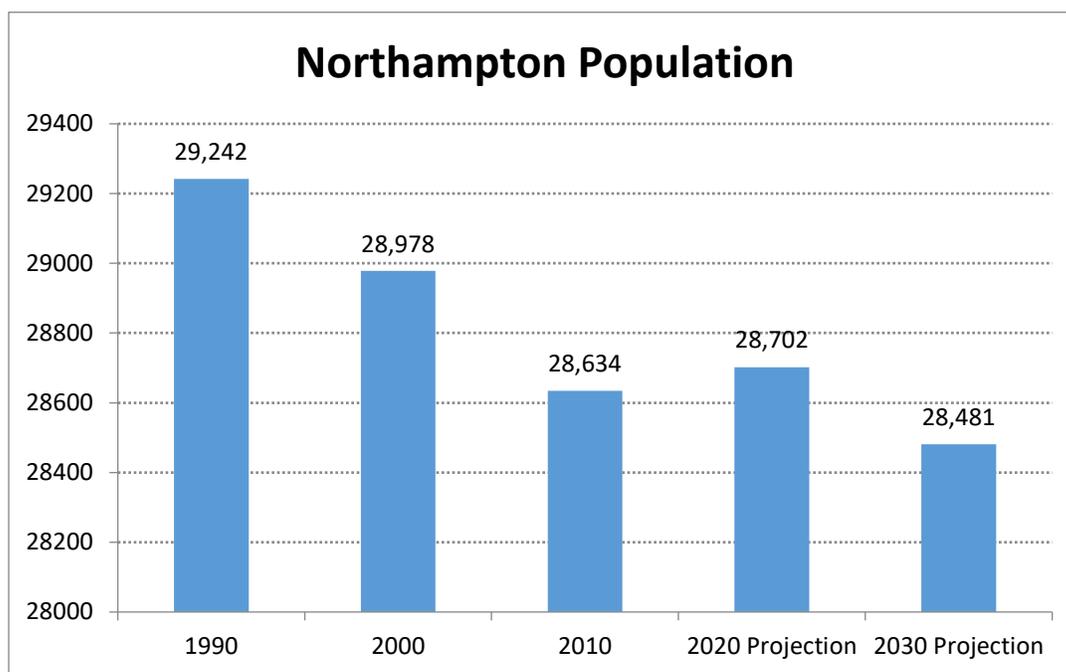
that has included budget counseling and financial literacy, income maximization, linkages to education and employment training, referrals to food, health, and child care or other eligible benefits and assistance with the timely payment of rent. Eighty-nine households have participated in the program and tenancies have been preserved for 86, yielding a 97% success rate for keeping people stably housed. The initial three-year grant was renewed by the CPC for one year beginning April 1, 2019. Longer term funding sources will need to be identified and secured for the program to continue upon exhaustion of the CPC funds.

Appendix I: Demographics

Northampton demographic profiles

Population

The population of the City of Northampton is currently 28,483, according to the 2016 American Communities Survey (the most recent data available at the time this report was written).²¹ The population has stayed relatively stable over the past few decades, with a mild decline. This number is expected to decrease slightly over the coming years according to UMass Donahue's population projections.



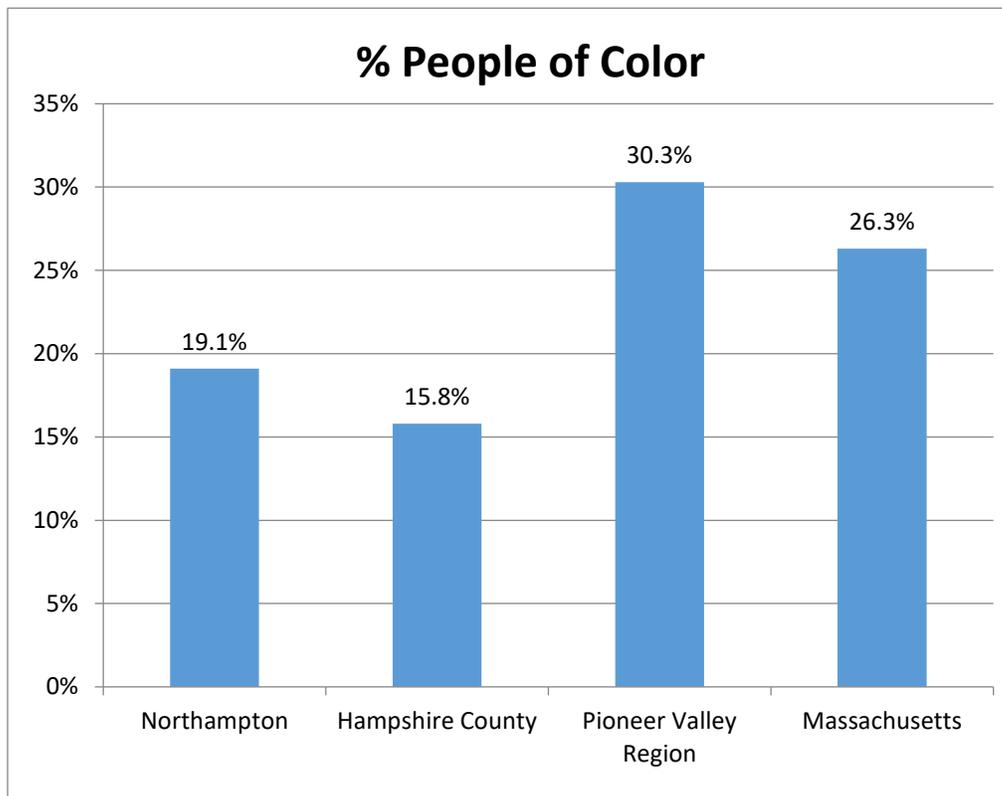
While Northampton is more racially diverse than Hampshire County, it is far less racially diverse than the region as a whole. In 2016, 19.1% of Northampton's population identified as people of color, whereas 15.8% of Hampshire County identified as people of color. In 2017, 87.4% of the population identifies as White, 8.7% identify as Hispanic or Latino, 5.2% identify as Asian, 2.5% identify as Black, and 1.5% as other races.

²¹ American Community Survey (ACS) 2012-2016 5-Year Estimates, Table DP05, retrieved from <https://www.census.gov/programs-surveys/acs>

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The Pioneer Valley Region (Hampden and Hampshire counties) has a much more diverse population than Northampton, 30.3% people of color, which is also higher than the state percentage of 26.3%.

“Person of color” is herein defined as someone who identifies in any other way than White and Not Latino or Hispanic. People who identify as Hispanic or Latino can be of any race but are considered people of color in this context.



Like most of the country, with regard to age, Northampton is experiencing a graying of its population. The median age in 2010 was 37.6 and 38.7 in 2016. The most common household type is a non-family one-person household which makes up 37.5% of all households, followed by the two-person family household at 23.4% of all households.²²

The Latino population is the largest ethnic minority in Northampton as it compromises 8.4% of the population.²³ However, the Latino population has increased at a slower rate than in Massachusetts or Hampshire County.

²² ACS 2012-2016, American Community Survey (ACS), 2012-2016, Table B11016, retrieved from <https://www.census.gov/programs-surveys/acs>

²³ *Ibid.*

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Households with Severe Housing Cost Burden ²⁴	(Northampton, MA) CDBG Jurisdiction			(Springfield, MA) Region		
	# with severe cost burden	# households	% with severe cost burden	# with severe cost burden	# households	% with severe cost burden
Race/Ethnicity						
White, Non-Hispanic	1,380	10,170	13.57%	24,580	182,025	13.50%
Black, Non-Hispanic	95	179	53.07%	3,125	13,381	23.35%
Hispanic	120	615	19.51%	10,320	34,164	30.21%
Asian or Pacific Islander, Non-Hispanic	75	429	17.48%	970	4,359	22.25%
Native American, Non-Hispanic	0	14	0.00%	64	295	21.69%
Other, Non-Hispanic	35	114	30.70%	680	2,575	26.41%
Total	1,705	11,535	14.78%	39,739	236,815	16.78%
Household Type and Size						
Family households, <5 people	480	5,175	9.28%	16,849	132,444	12.72%
Family households, 5+ people	140	545	25.69%	2,599	18,050	14.40%
Non-family households	1,080	5,810	18.59%	20,275	86,320	23.49%

Characteristics of people challenged by disabilities

It is estimated that 11.1% of Northampton's population has a disability. Most of these individuals (6.2%) have ambulatory difficulties but other disability types include cognitive difficulty, vision difficulty, hearing difficulty, independent living difficulty, and self-care difficulty. Of the children under the age of 18, 6.5% have a disability and 45.2% of adults over the age of 75 have a disability.²⁵

²⁴ Affirmatively Furthering Fair Housing, Table 10- Demographics of Households with Severe Housing Cost Burden; CHAS

²⁵ ACS 2012-2016, American Community Survey (ACS), 2012-2016, Table S1810, retrieved from <https://www.census.gov/programs-surveys/acs>

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There is a direct correlation between disability and poverty; 35.1% of people with a disability between 18- and 64-years-old are living in poverty in Northampton compared to 14.4% of people between 18 and 64 who do not have a disability.²⁶

The number of people with a disability living in publicly supported housing is disproportionately high compared to that of the community at large.²⁷ In Northampton, 46.4% of people with Housing Choice Vouchers (more commonly known as Section 8) have disabilities and 31.5% of those living in public housing have disabilities.

Northampton	People with a Disability	
	#	%
Public Housing	34	31.48%
Project-Based Section 8	11	12.79%
Other Multi-family	N/A	N/A
HCV Program	220	46.41%
Pioneer Valley Region		
Public Housing	1,369	43.36%
Project-Based Section 8	1,332	28.70%
Other Multifamily	16	5.65%
HCV Program	3,694	35.68%

Income

Northampton's median household income was \$61,813 according to the 2012-2016 American Community Survey (ACS) data, slightly lower than that of Hampshire County as a whole (\$62,608).²⁸ The median household income for Massachusetts was \$75,297. Asian residents have the highest median household income at \$88,750 and Latinos have the lowest at \$33,942. Data from the 2012-2016 ACS does not include median household income for Black households, likely due to a small sample size. The most recent ACS to include this data is from 2008-2010. This data shows a large disparity between Black households and White households as well as

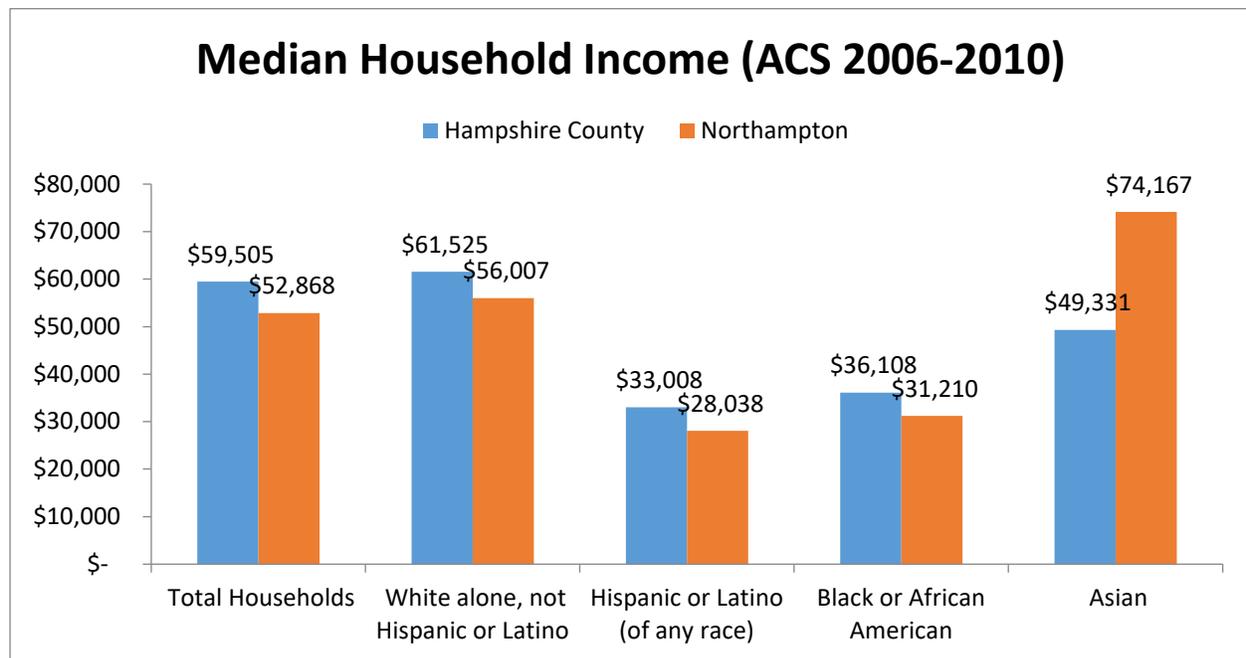
²⁶ ACS 2012-2016, American Community Survey (ACS), 2012-2016, Table C18130, retrieved from <https://www.census.gov/programs-surveys/acs>

²⁷ Affirmatively Furthering Fair Housing, Table 15 - Disability by Publicly Supported Housing Program Category; American Community Survey, retrieved from <https://www.census.gov/programs-surveys/acs>

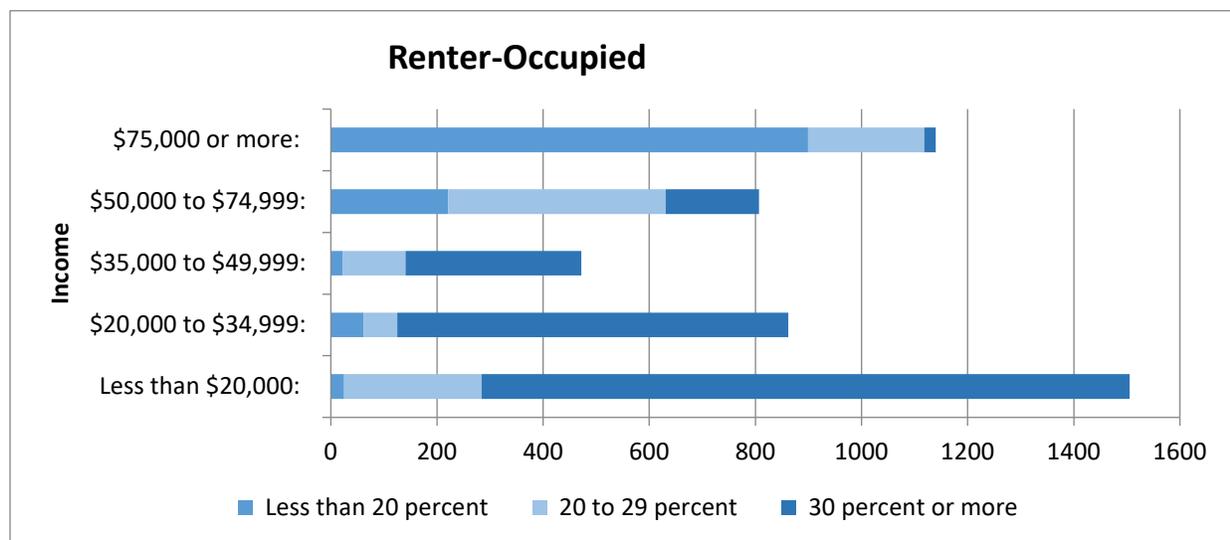
²⁸ ACS 2012-2016, Table S1903

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between Latino households and non-Latino White households. Asian households have a much higher income than any other racial or ethnic group.



The percent of people at or below the poverty line in Northampton is slightly higher than Hampshire County as a whole and the Pioneer Valley (Franklin, Hampden, and Hampshire counties combined).²⁹ Those who have lower incomes tend to spend a higher percentage of their income on housing expenses, according to the table below.³⁰



²⁹ ACS 2012-2016, Table S1701

³⁰ ACS 2012-2016

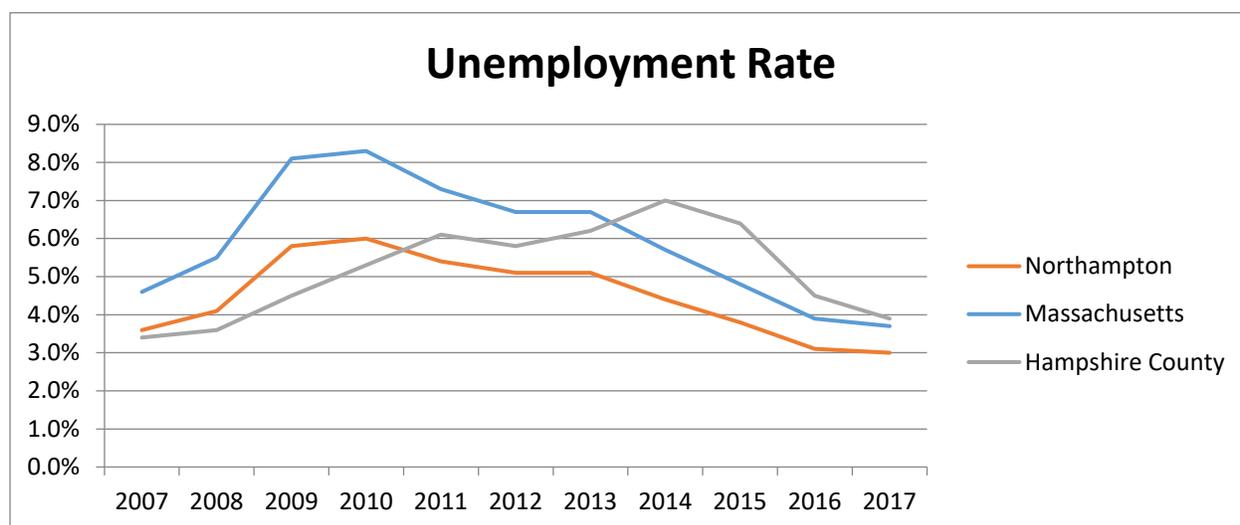
Employment and education

Low-income households are typically unemployed or underemployed due to a number of factors such as a challenging labor market, limited education, a gap in work history, a criminal record, unreliable transportation or unstable housing, and poor health or a disability.

For those who are low-income but employed, wages have been stagnant and have not kept pace with expensive housing costs. The typical American worker has seen little to no growth in his/her weekly wages over the past three decades. Too little income combined with the dwindling availability of low-cost housing leaves many people at risk for becoming homeless.

In 2017 the annual unemployment rate for Northampton was 3.0%, compared to 3.7% in Massachusetts. This accounts for approximately 483 unemployed residents.³¹

The top industry of employment in Northampton is Health Care and Social Assistance which makes up about 30% of the employment. It is followed by Educational Services with 14%, Retail Trade with 10.8%, Accommodation and Food Services at 9.2% and Public Administration at 5.3%. About 50% of those who live in Northampton work in other communities. Northampton has the third lowest rate in the Pioneer valley of people who work within the community they live in, followed closely behind Springfield (49%) and Amherst (35.5%).



Minimum wage in Massachusetts is \$12.00 per hour as of January 1, 2019. A person making minimum wage working full-time would spend 51.6% of their income on rent if they were to pay the gross median rent in Northampton. This is considered extremely cost-burdened.

³¹ Executive Office of Labor and Workforce Development, not seasonally adjusted

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Education Level	Massachusetts	Hampshire County	Pioneer Valley Region	Pioneer Valley	Northampton
Less than 9th grade	4.7%	1.9%	5.1%	4.7%	2.0%
9th to 12th grade, no diploma	5.3%	3.8%	7.4%	7.2%	3.0%
High school graduate (includes equivalency)	25.1%	24.3%	28.9%	28.8%	17.9%
Some college, no degree	16.0%	15.8%	18.3%	18.3%	12.3%
Associate's degree	7.7%	9.4%	9.6%	9.8%	7.2%
Bachelor's degree	23.1%	21.8%	17.2%	17.3%	24.7%
Graduate or professional degree	18.2%	22.9%	13.5%	13.9%	32.9%

Educational attainment in Northampton correlates very clearly with a person's poverty rate. Over 25% of those in Northampton with less than a high school graduate degree are living at or below the poverty line, whereas only 5.6% of those with a bachelor's degree or higher are living in poverty.

Educational Attainment	Poverty rate
Less than high school graduate	25.9%
High school graduate (includes equivalency)	13.8%
Some college or associate's degree	9.8%
Bachelor's degree or higher	5.6%