

A Guidebook to Social Services for MassHealth ACOs

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The Center for Social Policy researches the root causes of economic hardship and examines the intersection of public policies and employment practices to boost economic and social well-being. The center accomplishes this through active engagement with policymakers, researchers, service providers, and those affected by policies and policy analysis.

The Center for Social Policy is part of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston. In carrying out its projects, the professional staff collaborates with faculty and graduate students from the University.

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The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI's mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

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INTRODUCTION

There is increasing recognition of the important role that social conditions can play in the overall health and well-being of families, individuals, and our communities. To date there is preliminary evidence that accessing social services can both reduce health care costs and improve health outcomes. A review of the literature¹ on how social service programs relate to health care costs and health outcomes found that there is evidence that certain housing services, nutritional assistance, and case management can reduce health care costs for targeted populations. In addition, the literature review found that increasing investment in income support programs and early childhood education can improve health outcomes. This is also evidenced by a vast literature that connects socio-economic status and health.

Increasingly, state health programs are recognizing the importance of social determinants of health. The Massachusetts Executive Office of Health and Human Services has contracted with 17 accountable care organizations (ACOs)² designed to serve MassHealth members (MassHealth is the name of Massachusetts' Medicaid and Children's Health Insurance Programs). The program aims to improve the member's experience of care, address population health, and increase efficiency in service delivery. In addition to promoting strong connections with behavioral health and long-term services and supports through the creation of Community Partners, another key goal of the program is to integrate health-related social services. Under a federal 1115 demonstration waiver, a limited amount of funding will be available through the Delivery System Reform Incentive Program (DSRIP) for ACO purchase of "flexible" services. These services will include goods and services not typically covered by MassHealth such as housing related and food related supports and must meet certain criteria, including being health-related and cost effective. DSRIP funding is time-limited and will phase out over the five years of this waiver extension.³

In Massachusetts, very few social service programs are operated by state agencies; some are provided by municipal governments,

A Guidebook to Social Services for MassHealth ACOs (Revised June 2018) provides an overview of the various social services available in Massachusetts and includes a description and examples of the types of organizations that provide each service, as well as a summary of key funding sources. This resource identifies key social services, social service organizations, and as described in more detail below, facilitating agencies, with the aim of helping to support greater coordination between health care and social service organizations. The guidebook was created in the context of developing MassHealth Accountable Care Organizations (ACOs) as they seek to transform care delivery to improve health outcomes and reduce health care costs. For this reason, the guidebook is *not* intended to be a comprehensive directory of all available social service programs and providers, but rather focuses on highlighting a subset of social service categories that are important to individuals eligible for MassHealth ACOs (i.e., those under the age of 65, including families, children with and without disabilities, adults with and without disabilities, and the elderly ages 60-64). Additionally, this guidebook does not include services that are otherwise covered by MassHealth such as non-emergency transportation for medical visits. Among the updates made to the guidebook, based on valuable feedback from stakeholders, this version includes a new section on facilitating agencies that directly provide or provide linkages to multiple types of social services.

1 L.A. Taylor, C.E. Coyle, C. Ndumele, E. Rogan, M. Canavan, L. Curry, and E.H. Bradley. (2015). "Leveraging the Social Determinants of Health: What Works?" Prepared for the Blue Cross Blue Shield of Massachusetts Foundation.

2 For more information: www.mass.gov/eohhs/gov/newsroom/press-releases/eohhs/masshealth-partners-with-17-health-care-organizations.html.

3 For more information on this and other features of the state's 1115 waiver see www.bluecrossmafoundation.org/publication/masshealth-waiver-2016%E2%80%932022-delivering-reform.

and most reside within nonprofit organizations. Most social service programming is operated by nonprofit organizations, small and large, that weave together multiple funding sources, both public and private. Nonprofits providing social services are primarily organized around a mission. The mission guides the organization with respect to the kinds of programs and services it supplies, who gets access to its resources, and the types of funding it applies for. The availability of services described in the guidebook are often contingent on the availability of funding for nonprofits. When the service is not an entitlement, there are often wait lists to contend with.

This guidebook has been prepared for health care administrators and providers to help them better understand the kinds of social services available in Massachusetts, the organizations that provide such services, and their key sources of funding. The hope is that this information will help facilitate greater coordination between health care and social service organizations to improve health outcomes and reduce health care costs. For the purpose of this guidebook, a social service organization is defined as a community-based organization or a public agency that provides services meant to improve the social and economic well-being of low-income families and individuals.

This guidebook is organized by the following topics:

- Housing
- Income Supports
- Food and Nutrition
- Energy Assistance
- Domestic Violence and Sexual Assault
- Physical Activity
- Early Education and Child Care
- Transportation
- Workforce Development for Job Seekers
- Services for Re-entry Residents
- Information and Referral Services (Facilitating Agencies)

Although each topic is handled individually, individuals and families have interconnected needs across topics. For example securing reliable child care and transportation is a precursor to looking for employment.

Under each topic we provide a description of the social context and social problems that the specific type of social service is meant to address; a general overview of the main programs and services available, including the types of organizations that provide them, their funding sources, and the eligibility criteria to receive services; and descriptive statistics on the nonprofit landscape for each sector.

HOUSING

Despite decades long efforts to address experiences of homelessness, estimates suggest that there were nearly 20,000 people in Massachusetts who were experiencing homelessness on a given night in 2016.⁴ About 6,400 people are experiencing homelessness as individuals (33%) and about 13,200 people are experiencing homelessness as part of a family (67%).⁵ As described in more detail below, housing and homeless programs available in Massachusetts have complex eligibility criteria that vary by a host of factors including consideration of individual or family status, income, disability status, assets, and other stipulations such as work requirements.

In 1983, then Governor Michael Dukakis signed a pioneering “right to shelter” law and established the first public shelter in Massachusetts. The law meant that the state of Massachusetts would provide a shelter for any family who did not have a place to live. Although some cities nationwide have similar systems, Massachusetts has the only statewide system—which means that all families with no place to live have immediate access to a roof over their heads through the state’s Emergency Assistance program.⁶ While this law does establish a right to shelter for eligible families, it does not extend to homeless individuals with the exception of pregnant women.⁷

Over time, the eligibility criteria for Emergency Assistance have become more stringent.⁸ A 2012 regulatory change mandated that prior to being deemed eligible for shelter, a family⁹ must prove that they have spent at least one night in a place not meant for human habitation. Since that regulatory change, hospital emergency rooms have reported an increase in families who present with “homelessness” as a symptom, in order to meet eligibility requirements under the revised law. In 2015, Boston Medical Center saw an average of 15 families a month who reported to the pediatric emergency unit because they needed a place to spend the night—an occurrence that was rare prior to the 2012 law.¹⁰ This process takes up key hospital resources, but a family is discharged with the diagnosis of “homeless,” which usually gets them immediate access to shelter.

Over the past three decades, Massachusetts has shifted its approach to homelessness by adopting a “Housing First” model particularly for individuals (e.g., [Home and Healthy for Good](#)). Housing First is an approach that prioritizes providing permanent housing to people experiencing homelessness. This approach, often referred to as a “low-threshold” model, is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical (e.g., employment, maintaining sobriety, etc.). Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.¹¹

4 U.S. Department of Housing and Urban Development, Office of Community Planning and Development (2016, November). *The 2015 Annual Homeless Assessment Report to Congress*. Washington, D.C.: Author. Available at www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf.

5 Coalition for Homeless Individuals. *Number of Homeless in Massachusetts*. Available at www.chimassachusetts.com/individual-homelessness/population.

6 “Responses to Rising Family Homelessness in Massachusetts”: www.scholarsstrategynetwork.org/sites/default/files/ssn-key-findings-bingulac-on-family-homelessness-in-massachusetts-2.pdf.

7 Coalition for Homeless Individuals. Available at www.chimassachusetts.com/individual-homelessness/right-to-shelter-in-massachusetts.

8 For more information: www.masslegalhelp.org/income-benefits/emergency-assistance-guide/10-can-you-be-denied.

9 This rule is for family shelters only.

10 www.bostonglobe.com/business/2015/01/14/strict-rules-force-homeless-families-into-risky-situations-advocates-say/OpdRjVC601VvonOQ3hUp5L/story.html.

11 National Alliance to End Homelessness (2016, April). *Fact Sheet: Housing First*. Washington, D.C. Available at www.endhomelessness.org/pages/contact_us.

One important program operating according to the Housing First philosophy and currently available to eligible MassHealth members is the Community Support Program for People Experiencing Chronic Homelessness (CSPECH). This program, established in 2006, provides community-based support services for chronically homeless individuals. CSPECH services are delivered alongside separately financed and administered subsidized housing in an approach known as permanent supportive housing. Although permanent housing is a critical complement to CSPECH services, housing costs are not reimbursable through Medicaid. CSPECH services are provided by community support workers who work with eligible individuals to help them prepare for and transition to an available housing unit and to coordinate access to needed health and other services.¹²

For families, the approach is generally on homelessness prevention efforts, shelter diversion, and rapid re-housing. For example, families at risk of needing emergency shelter are diverted to other supports, such as the Residential Assistance for Families in Transition (RAFT) program or the HomeBASE program, both of which provide flexible cash assistance in order to divert or rehouse families from shelter.¹³

The recovery from the Great Recession of 2008–2009 has been uneven in Massachusetts, leaving many low-income individuals and families behind. The increase in housing instability and homelessness can be attributed to persistent poverty and low wages with both problems exacerbated by the Great Recession and subsequent foreclosures, diminished development of new housing, and greater demand for rental units at a time when housing development stalled. These circumstances drove up rents in many areas, despite declining incomes and rising unemployment.¹⁴ To compound these inventory and affordability problems, there is a shortage of accessible and appropriate units for people with disabilities or particular needs. This shortage of accessible units does not refer solely, for example, to units that are wheelchair accessible, but rather refers to the need for availability of diverse types of housing. This may include, for example, first floor units to meet the needs of someone who may have difficulty navigating stairs, like someone with Chronic Obstructive Pulmonary Disorder (COPD), or units without carpeting to meet the needs of someone with severe asthma or other allergies.

Parents and their children can become homeless because they face competing challenges—looking for work and holding low-wage jobs while trying to afford child care, and finding affordable housing while awaiting public assistance. Increases in the cost of basic necessities make it more likely that a family will be unable to afford what they need and will become housing-unstable. Nearly a quarter of Massachusetts wage-earning families are unable to cover the basic cost of living even when public supports supplement their income.¹⁵ These working families have too little income to pay their bills—putting some of these families on the road to homelessness.

12 To be eligible for CSPECH services, an individual must meet HUD's definition of chronic homelessness which includes 1) having a disability (at least one of the following: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments from brain injury, chronic physical illness or disability), and 2) meeting criteria for duration of homelessness (either continuously homeless for one year or more, or having four or more episodes of homelessness cumulatively totaling one year or more over a three-year period). In addition, the individual must meet the medical necessity criteria for the program which includes having a clinical diagnosis with risk for inpatient admission, and being reasonably expected to respond to intervention. More information available at www.bluecrossmafoundation.org/sites/default/files/download/publication/CSPECH_2pager_Mar17_FINAL_0.pdf.

13 D.H. Friedman, K. Calano, M. Bingulac, C. Miller, and A. Zeliger. (2013). "Children and Homelessness in Massachusetts," *New England Journal of Public Policy*, 25:1, article 8. Available at scholarworks.umb.edu/nejpp/vol25/iss1/8.

14 Sard, B. (2009, January 8). *Number of homeless families climbing due to recession: Recovery package should include new housing vouchers and other measures to prevent homelessness*. Washington, D.C.: Center on Budget and Policy Priorities. Available at www.cbpp.org/research/number-of-homeless-families-climbing-due-to-recession.

15 Center for Social Policy. (2014). Research completed for the On Solid Ground White Paper Initiative, University of Massachusetts Boston.

Family homelessness, in particular, has been a persistent but elusive problem. On any given night in 2011, in Massachusetts 38 percent of all homeless persons were children.¹⁶ Between 2007 and 2015, family shelter usage in the state increased 75 percent, from 2,468 families to a peak of approximately 4,800 families. Of those families, 2,000 were sheltered in hotels or motels across the state because of the overflow in the Emergency Assistance shelters. Since then, the Massachusetts government has made concerted efforts to reduce the number of families in hotels/motels, demonstrating successful outcomes. On January 31, 2017, the total Emergency Assistance caseload was 3,568 families, 87 (2 percent) of whom were in hotels/motels. While the hotel/motel numbers have decreased, the number of homeless families remains high.¹⁷

HOUSING PROGRAMS AND SERVICES

There are 12 major housing programs, all of which are administered by the Department of Housing and Community Development (DHCD).¹⁸ Massachusetts has approximately 90,000 units of state and/or federally subsidized housing that are managed by the 253 local housing authorities.¹⁹ All of the programs listed in Table 1 have complex eligibility criteria that vary by family size, income, assets, and other stipulations such as work requirements.

TABLE 1. HOUSING AND HOMELESS PROGRAMS IN MASSACHUSETTS

PROGRAM NAME	PURPOSE	TARGET POPULATION(S)	FUNDING SOURCE
Alternative Housing Voucher Program (AHVP)	Provides housing vouchers to people with disabilities who are under 60 years of age and who are on wait lists for state public elderly and disabled housing. There are currently about 500 AHVP vouchers in use in the state.	Individuals under age 60 with a disability	State
Home and Healthy for Good	Provides housing and supportive services to chronically homeless adults.	Individuals	State
Massachusetts Emergency Assistance (EA) Shelter	Provides shelter to families and pregnant women in need of emergency shelter.	Families and pregnant women	State
Shelters for Unaccompanied Individuals	Provides shelter for individuals or households without a child (under 21). There is no guarantee of placement and the length of stay varies on an individual and shelter basis.	Individuals	Varies
Massachusetts Rental Voucher Program (MRVP)	Provides housing vouchers to low-income families and individuals. There are two components to this program: tenant-based (or mobile) vouchers (family can take a voucher to any development that accepts them), and project-based (non-mobile) vouchers (family must reside in an assigned development). Project-based units are discussed below under multifamily housing. There are currently about 2,000 MRVP tenant-based vouchers and 3,000 project-based vouchers in use.	Families and individuals	State

continued

¹⁶ Friedman, et al.

¹⁷ DHCD EA Monthly Report, Statewide Summary, January 2017. Latest available data reported by the Department of Housing and Community Development: www.mass.gov/hed/docs/dhcd/hs/ea/eamonthlyreport.pdf.

¹⁸ For more on programs and details on eligibility for each: www.mass.gov/hed/housing/stabilization.

¹⁹ List of all housing authorities: www.mass.gov/hed/economic/eohed/dhcd/contacts/local-housing-authority-listing.html.

continued

PROGRAM NAME	PURPOSE	TARGET POPULATION(S)	FUNDING SOURCE
HomeBASE	Provides rehousing benefit (designed to help people exit homelessness quickly) to those who qualify for emergency assistance and shelter and provides an opportunity to overcome some of the financial barriers to ending their homelessness. Can provide funds for first and last month's rent and security deposit in a new home, furniture (not to exceed \$1,000), a monthly stipend to help pay rent for up to one year as well as utilities, travel costs, and many other expenses that would otherwise prevent a family from accessing a new home.	Families	State
Residential Assistance for Families in Transition (RAFT)	Provides short-term financial assistance to low-income families who are homeless or at risk of becoming homeless. It offers flexible financial assistance designed to meet each family's particular needs. Eligible uses include moving-cost assistance, rent and utility arrears, rental stipends, and utility bills. RAFT also helps families who must move but do not have enough money to pay a security deposit, utility startup costs, first/last month's rent, or buy furniture (no more than \$1,000 for furniture). Families cannot receive more than \$4,000 within a 12-month period.	Families*	State
Housing Choice Voucher (Section 8)	Provides affordable housing to very low-income families, the elderly, and persons with disabilities. The Section 8 voucher program is funded by the federal government through the U.S. Department of Housing and Urban Development (HUD). With a Section 8 voucher, one can live anywhere in Massachusetts. When people move, they can take the voucher with them and, after the first year, can use it anywhere in the country where Section 8 vouchers are accepted.	Families and individuals	Federal
Public Housing	Provides affordable, decent, and safe rental housing for eligible low-income families, the elderly, and persons with disabilities.	Families, the elderly, and persons with disabilities	Federal and State
Community Based Housing	Provides housing for people with disabilities that are moving out of institutions or other facilities or at risk of institutionalization.	Persons with disabilities	State
Home Modification Loan Program	Allows residents to make modifications to their home to accommodate a need and allows them to stay in their home and not have to move.	A homeowner who is an elder or who has a disability, who has a household member with a disability, or rents to an individual with a disability. Income guidelines apply.	State
Tenancy Preservation Program	Provides a neutral party present in Housing Court that helps address disputes related to behavior of the tenant if they have a disability, including mental health disorders or substance use disorders.	Persons with disabilities	State

* RAFT has traditionally been for families. However, in state Fiscal Years 2017 and 2018 the legislative language authorizing the program included families of all configurations, extending this program to individuals. It is not certain if this will continue in future years.

HOUSING NONPROFIT DATA SNAPSHOT

Housing nonprofits made up about 8.1 percent of the Commonwealth’s public charities in 2013, the most recent year for which this data is available. The data summarized here include 138 Massachusetts housing nonprofits that provide services to low-income families and individuals.²⁰

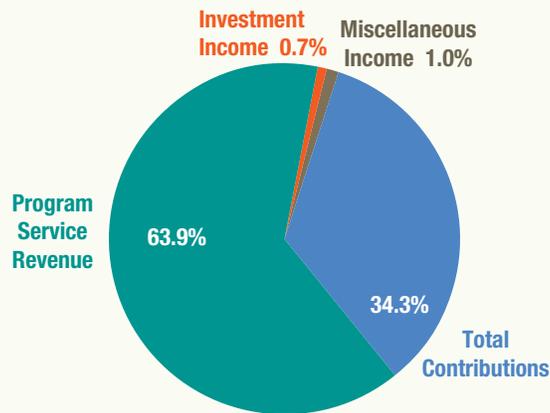
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING HOUSING AND SHELTER SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	HOUSING
Number of Organizations	138
Average Age of Organization (min–max)	25 (3–85)
Average Number of Employees (min–max)	35 (1–630)
Average Total Revenue	\$3,676,164
Average Total Spending	\$3,265,127
Average Total Assets	\$7,954,089

DISTRIBUTION OF NONPROFITS PROVIDING HOUSING AND SHELTER SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	HOUSING (N=138)
<\$250K	28.3%
\$250K–\$1M	34.8%
\$1M–\$5M	25.4%
\$5M–\$10M	6.5%
\$10M–\$50M	2.9%
\$50M+	2.2%

REVENUE SOURCES FOR NONPROFITS PROVIDING HOUSING AND SHELTER SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

²⁰ The following National Taxonomy for Exempt Entities codes are included: L21 Public Housing, L30 Housing Search Assistance, L40 Temporary Housing, L41 Homeless Shelters, and L80 Housing Support. See Appendix B for a more detailed description of the data.

INCOME SUPPORTS

Massachusetts is an expensive state in which to live. For example, in 2013–2014 the average greater Boston resident paid 25 percent more for housing than the average U.S. resident.²¹ Social service providers, those who work directly with low-income individuals and families, attest to the significant gap between a household's income and its basic expenses. Economic Mobility Pathways, a Boston-based nonprofit that provides social services in addition to research and advocacy, calculates a basic family-needs budget for regions across the Commonwealth. Basic needs include, for example, housing, utilities, transportation, food, child care, and taxes.²² In 2013, it was estimated that a single parent with two children needed just over \$65,000 a year for the family's basic expenses. This budget does not include recreation, entertainment, savings, debt payments, or emergency needs (e.g., car repairs). In 2013, a single adult living alone would have needed \$28,500 a year, and a family with two adults and two children would have needed over \$73,000.²³

A shortfall in a household's income relative to their basic expenses is called a hardship gap. Approximately 25 percent of Massachusetts residents live in households that experience a hardship gap. This takes into account public income supports.²⁴ (See Table 2 below for examples of public income support programs.) The primary reasons for the hardship gap are low wages and public income supports that have not kept pace with the rising costs of housing, child care, and health care.

Families with young children, especially single-parent families, rely on a mix of public supports to maintain their well-being. In addition, families with young children in particular face higher costs because the parents need to purchase child care when they are at work.

21 Buell, S. (2017). "How Massachusetts' Cost of Living Compares with National Averages." *Boston* magazine. Available at www.bostonmagazine.com/news/article/2017/02/05/massachusetts-salaries-vs-national-average/, accessed 5/5/2017.

22 Economic Mobility Pathways (EMPath) is a Boston-based nonprofit that provides social services in addition to research and advocacy. EMPath calculates a basic needs budget for regions across the state.

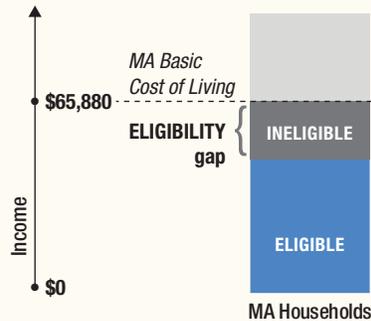
23 M.W. Ames, J.D. Lowe, K. Dowd, R. J. Liberman, and D.C. Youngblood. (2013). "Massachusetts Economic Independence Index 2013." Crittenton Women's Union (Economic Mobility Pathways).

24 R. Albelda and J. Shea. (2008). "Bridging the Gaps Between Earnings and Basic Needs in Massachusetts." University of Massachusetts Boston, Economic Faculty Publication Series.

Families with household income below the basic cost of living face various gaps as they try to achieve economic stability.

ELIGIBILITY GAP

Households with earnings too low to meet basic needs but **too high to be eligible** for public income supports.

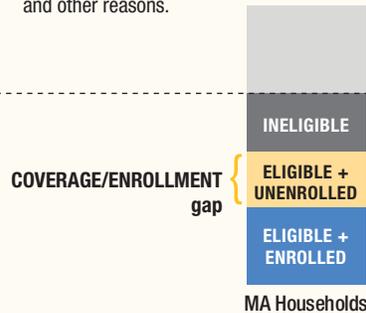


The **Eligibility Gap** occurs when a family's earnings are too low to meet basic needs but the family is ineligible for a range of public income supports because its earnings are too high to meet the stringent eligibility criteria. For example, of families with earnings below-basic-needs:

- 94% are ineligible for the Transitional Aid for Families with Dependent Children (TAFDC) Program;
- 58% are ineligible for the Earned Income Tax Credit (EITC);
- 49% are ineligible for public housing;
- 47% are ineligible for income-based child care vouchers;
- 42% are ineligible for Supplemental Nutritional Assistance Program (SNAP); and
- 28% are ineligible for MassHealth.

COVERAGE GAP

Households that are **eligible** for public income support **but do not receive it** due to administrative barriers, wait lists, lack of resource availability, and other reasons.

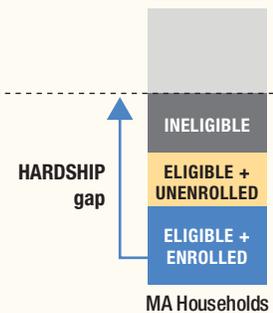


The **Coverage Gap** occurs when a family qualifies for a public support but does not receive it because of issues such as long wait lists, administrative challenges, general lack of affordable housing stock, and discretion that property owners are allowed over tenant selection. In addition, the burden of figuring out various eligibility rules is often placed on families themselves, which makes it less likely that they will receive all of the benefits for which they are eligible. To illustrate, the percentage of families with earnings who qualify for but do not receive a program, thereby falling into the coverage gap, is as follows:

- 73% for public housing;
- 49% for Section 8 vouchers; and
- 42% for SNAP

HARDSHIP GAP

Households with **total resources below the basic cost of living**, even when taking into account the **value of public income supports they receive**.



The **Hardship Gap** happens when a family's resources remain below the basic cost of living in Massachusetts even after taking into account the value of public income supports they receive along with their earnings from work. During 2008—2013, 24 percent of all Massachusetts families with earnings had resources insufficient to cover their basic needs.

Cliff Effects occur when a family faces a hardship gap and needs to increase work hours or find a better-paying job to earn enough to make ends meet. Unfortunately, small increases in work earnings often result in a reduction or total loss of subsidies for food, housing, child care, and other essential benefits, leaving the family worse off financially than they were before the income increase. For example, a single parent with two small children, ages 3 and 8, living in Boston experiences a major cliff effect when her earnings rise to \$11 per hour, putting her in a hardship gap of \$6,630 per year away from being able to afford her family's basic needs.

Source: Adapted from FSG — Reimagining Social Change (2016). Action Lab: Social Equity and Health. PowerPoint slides.

INCOME SUPPORTS PROGRAMS AND SERVICES

We categorize the different public supports that are a key aspect of a family's or individual's income package into 1) work-supports programs and 2) income-supplementing supports. Work supports include programs like the earned income tax credit (EITC) and federal and state child tax credits. These programs were termed “work supports” in the 1990s when employment promotion gained traction as a way to address poverty. Work supports are available only to people with earnings. The rest of the programs that families and individuals access supplement incomes and should be thought of as anti-poverty programs.

TABLE 2. WORK AND INCOME SUPPORTS PROGRAMS

PROGRAM NAME	PURPOSE	TARGET POPULATION(S)	FUNDING SOURCE
WORK-SUPPORTS PROGRAMS			
Federal and State Earned Income Tax Credit (EITC)	Provides refundable earned income credit for low-income working individuals.	Families and individuals	Federal and State
Federal Child Tax Credit	Provides up to a \$1,000 tax credit for qualifying child for low-income working individuals. ²⁵	Families	Federal
Unemployment Insurance (UI)	Provides temporary income assistance to Massachusetts workers who have a record of recent work, are unemployed through no fault of their own, and who are able to work, available for work, and looking for a job. Administered by the Department of Unemployment Assistance.	Families and individuals	Federal and State, Plus Payroll Tax
INCOME-SUPPLEMENTING/ANTI-POVERTY PROGRAMS			
Emergency Aid to the Elderly, Disabled, and Children (EAEDC)	Provides cash and medical assistance to certain categories of people to stabilize their lives. These categories are the elderly, people with disabilities, individuals caring for a person with a disability, some children who are not eligible for TAFDC, and persons participating in a Massachusetts Rehabilitation Commission training program.	Elderly, persons with disabilities, and children who are not eligible for TAFDC	State
Supplemental Security Income (SSI) & Massachusetts State Supplemental Program (SSP)	Provides monthly payments to certain people who are age 65 or older, blind, or disabled. Federally funded program of the Social Security Administration. Massachusetts adds more money to SSI payments for Massachusetts residents. This is called the State Supplement Program, or SSP. Administered by the Department of Transitional Assistance (DTA).	Elderly and persons with disabilities	Federal and State

continued

²⁵ www.irs.gov/uac/ten-facts-about-the-child-tax-credit.

continued

PROGRAM NAME	PURPOSE	TARGET POPULATION(S)	FUNDING SOURCE
Transitional Aid to Families with Dependent Children (TAFDC)	Provides cash assistance to families with children, and pregnant women in the last 120 days of pregnancy, with negligible or no assets or income. Participants receive child care and transportation support associated with job assistance, and they can access a number of supportive referrals to substance use disorder and mental health professionals and domestic violence specialists. The DTA provides job assistance to TAFDC participants including job training, job search, and placement into jobs. Other key services include Access to Basic Education, English for Employment, Graduate Equivalency Diploma (GED) assistance, work-readiness and skills training within the limits of available funding. A variety of programs are available to TAFDC clients under the Employment Services Program (ESP): education, occupational skills, and employment-support services. ESP also provides child care for TAFDC recipients who are working or participating in a DTA-approved education or training program, and it provides some transportation assistance for TAFDC recipients in approved education or training programs. Administered by the DTA	Families	Federal and State

A challenge with accessing these programs is that they have different eligibility rules and funding capacities. For example, there are different income tests for programs, meaning that a family will be considered poor enough for some but not poor enough to receive others. Further, research by the Massachusetts Institute of Technology shows that the income eligibility measures do not reflect the true living wage index for a region, but rather underestimate how much a family needs to make ends meet.²⁶ Funding availability also affects actual access to most of these programs.

Work supports and income supports programs are administered by the state and federal government, therefore this section does not provide data on nonprofits—since they do not provide these services. Although it should be noted that many nonprofits, including those described in this guidebook provide assistance in accessing work and income supports.

FOOD AND NUTRITION

For low-income families and individuals, meeting a household food budget is often a challenge. The primary reason why a household experiences food insecurity is inadequate income.

According to the U.S. Department of Agriculture (USDA), between 2013 and 2015 an average of 9.7 percent of households in Massachusetts experienced food insecurity. Although not as high a level as was reported during the recession, this level is still statistically significantly higher than the pre-recession level, which was estimated to be 7.8 percent of households.²⁷

²⁶ The MIT living-wage index provides accurate estimates of the cost of basic needs that vary by geography and family size: www.livingwage.mit.edu.

²⁷ A. Coleman-Jensen, M.P. Rabbitt, C. A. Gregory, and A. Singh (2016). "Household Food Security in the United States in 2015." U.S. Department of Agriculture, Economic Research Service.

FOOD AND NUTRITION PROGRAMS AND SERVICES

The three largest USDA food and nutrition programs attempt to address food insecurity as follows:

- The Supplemental Nutrition Assistance Program (SNAP): In fiscal year 2015, SNAP provided benefits to 14 percent of people nationally, with an average monthly benefit of \$127 per person. Statistics for Massachusetts are similar to the national average.
- The National School Lunch Program: Nationally in fiscal year 2015, this program served more than 30 million children, with 72 percent of participating schools providing free or reduced-price lunches. In Massachusetts, 99 percent of public schools participate in the free and reduced-price lunch program.
- The Women, Infants, and Children (WIC) Nutrition Program: Nationally, in fiscal year 2015, WIC served an average of 8 million people per month, with an average monthly food benefit of \$44 per person. In Massachusetts, WIC has served over 100,000 people on average each month with an average monthly food benefit of \$54.

1. Supplemental Nutrition Assistance Program (SNAP)

www.mass.gov/eohhs/gov/departments/dta/food-assistance.html

The Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, helps low-income households supplement their food budget and buy healthy foods. SNAP is a federal entitlement program, which means that everyone who is eligible will receive the benefit. Households are eligible for SNAP if their income is below 200 percent of the federal poverty level (FPL). People of all ages employed or unemployed, whether they do or do not receive cash assistance, are eligible if they meet the income and asset guidelines. However, able-bodied adults without dependents (ABAWDs) are subject to a three-month time limit on SNAP benefits, unless they work or participate in an approved training program for 20 hours per week.²⁸ SNAP benefits are disbursed via an electronic benefits transfer (EBT) card, which can be used like a debit card at grocery stores, convenience stores, and farmers' markets.

It is possible to apply for SNAP online or download the application to mail in on the following website: www.mass.gov/snap. Alternatively, one can visit a local DTA office to apply (www.eohhs.ehs.state.ma.us/dtaoffices) or call Project Bread's Food Source Hotline at 1-800-645-8333.

Project Bread is a statewide anti-hunger organization that educates, advocates, and funds initiatives that strengthen the regional food system. Project Bread has developed a website dedicated to educating users about SNAP benefits: www.gettingsnap.org.

2. National School Lunch Program

www.doe.mass.edu/cnp/nprograms/nslp.html

Nearly all public schools and many private schools in Massachusetts participate in the National School Lunch Program. Participating schools receive cash subsidies and commodity foods to supply free and reduced-price lunches to eligible children. Families can apply for the free or reduced-price lunch at their participating schools. Households with an income at or below 130 percent FPL are eligible for a free lunch and households between 130 percent and 185 percent FPL qualify for a reduced-price lunch. All other students must pay the regular price (which is set by the school) for their lunch, except at some schools that qualify to provide free lunch to all students, because of the makeup of their student body and the high percentage of students who are eligible.

²⁸ Mass Legal Services www.masslegalservices.org/content/snap-time-limit-able-bodied-adults-without-dependents-abawds-advocacy-tools-and-dta-forms.

OTHER NUTRITION PROGRAMS FOR CHILDREN

Child and Adult Care Feeding Program

www.doe.mass.edu/cnp/nprograms/cacfp.html

Healthy meals for children and adults enrolled in day care.

Fresh Fruit and Vegetable Program

www.fns.usda.gov/ffvp/fresh-fruit-and-vegetable-program

Provides fresh produce in schools for children as a way to combat obesity.

Massachusetts Special Milk Program

www.doe.mass.edu/cnp/nprograms/milk.html

In-school milk program, set up by the school, which determines whether to serve milk for free.

School Breakfast Program

www.doe.mass.edu/cnp/nprograms/sbp

Provides breakfast at the beginning of the school day to eligible children receiving free or reduced-price meals.

Massachusetts Summer Food Service Program

www.doe.mass.edu/cnp/nprograms/sfsp

Sites provide one or two meals a day for children living in households at or below 185 percent FPL.

3. Women, Infants, and Children (WIC)

www.mass.gov/eohhs/consumer/basic-needs/food/wic

WIC provides healthy food, nutrition education, and breast-feeding support to families at or below 185 percent of FPL. In addition to meeting income requirements, WIC recipients must be pregnant or breast-feeding mothers or have children age 5 and under. WIC programs have strong connections to health care organizations and providers. In fact, there are many WIC programs that are co-located with health care providers in Massachusetts. One can apply for WIC by calling 1-800-WIC-1007 or by visiting a WIC location (www.mass.gov/eohhs/consumer/basic-needs/food/wic/participants/offices).

In addition to the three federal programs, another commonly accessed food and nutrition resource is community-based food programs. Community-based food and nutrition programs target those most in need or most at risk for food insecurity. This includes helping a variety of households with food assistance. For example, families that depend on school meal programs might turn to community-based food programs to secure adequate food for the weekends, vacation days, and snow days. Some of these programs, such as Meals on Wheels, also conduct outreach to seniors who live on fixed incomes.

Examples of community-based food programs include:

- Greater Boston Food Bank (www.gbfb.org);
- Food Bank of Western Mass (www.foodbankwma.org);
- Regional Environmental Council—Food Hub (www.recworchester.org/worcester-regional-food-hub-);
- Mobile Markets—Mill City Grows (www.millcitygrows.org/mill-city-grows-markets/food-access);
- Community Servings—Medical Meals (www.servings.org/programs/what_we_do.cfm);
- Food for Free (www.foodforfree.org); and
- Worcester County Food Bank (www.foodbank.org).

MEALS ON WHEELS

For seniors, including those 60–64 who are homebound or meet certain criteria, Meals on Wheels provides a daily lunch and a check in with the driver. Drivers are trained to make some assessments on well-being and provide a social contact for the recipient. You can call the local Council on Aging or Aging Services Access Point to find a program in your area (www.mass.gov/elders/meals-nutrition/home-delivered-meals.html).

FOOD AND NUTRITION NONPROFIT DATA SNAPSHOT

Food and nutrition nonprofits made up about 14.5 percent of the Commonwealth’s public charities in 2013, the most recent year for which this data is available. The data summarized here cover 30 Massachusetts food and nutrition nonprofits that provide services to low-income families and individuals.²⁹

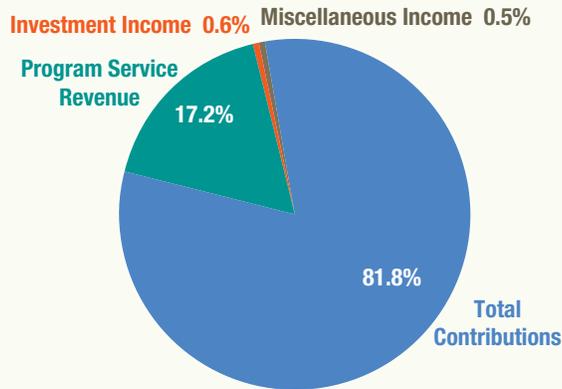
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING FOOD AND NUTRITION SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	FOOD AND NUTRITION
Number of Organizations	30
Average Age of Organization (min–max)	22 (4–40)
Average Number of Employees (min–max)	17 (1–124)
Average Total Revenue	\$5,281,894
Average Total Spending	\$5,017,774
Average Total Assets	\$2,854,961

DISTRIBUTION OF NONPROFITS PROVIDING FOOD AND NUTRITION SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	FOOD AND NUTRITION (N=30)
<\$250K	30.0%
\$250K–\$1M	33.3%
\$1M–\$5M	20.0%
\$5M–\$10M	3.3%
\$10M–\$50M	10.0%
\$50M+	3.3%

REVENUE SOURCES FOR NONPROFITS PROVIDING FOOD AND NUTRITION SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

²⁹ The following National Taxonomy for Exempt Entities codes are included: K30 Food Programs, K31 Food Banks and Pantries, K34 Congregate Meals, K35 Soup Kitchens, K36 Meals on Wheels, and K40 Nutrition. See Appendix B for a more detailed description of the data.

ENERGY ASSISTANCE

Energy assistance programs improve housing stability and help households meet their basic needs. Although energy programs usually are not sufficient to pay entire utility bills for the winter months, they do help free up money that a family can use for rent and other necessities. These programs help address the hardship gap described in the Income Supports section.

ENERGY ASSISTANCE PROGRAMS AND SERVICES

The Low Income Home Energy Assistance Program (LIHEAP) is a federal program authorized by Congress in 1981. LIHEAP provides financial assistance to cover home energy bills, as well as assistance for weatherization and heating-equipment repair. The U.S. Department of Health and Human Services administers block grants to states and territories. In 2014, \$3.425 billion was appropriated to LIHEAP, which provided assistance to 6.3 million households nationally. The program serves only about 15 percent of eligible households.³⁰

LIHEAP provides economic support, improves health and safety in the home, and helps people retain affordable housing. The financial assistance that households receive under LIHEAP helps reduce “trade-off” decisions. For example, low-income households may be less likely to have to choose between paying their utility bill and buying food.

In Massachusetts, LIHEAP is administered by the Department of Housing and Community Development (DHCD). Responsibility for operating the program is contracted out to about 20 nonprofit organizations, most of which are local community action agencies (CAA). According to DHCD’s plan for fiscal year 2017, it anticipates a block grant of \$131.88 million to provide assistance for about 200,000 households across the state.

COMMUNITY ACTION AGENCIES

The Economic Opportunity Act of 1964 created several anti-poverty initiatives, among them community action agencies (CAAs). Since 1981, CAAs have received their core funding through the Community Service Block Grant (CSBG). Today, CSBG is only part of CAA’s funding strategy as it seeks out multiple sources of funding through federal, state, and local agencies. CAAs are locally controlled and design their programs and services to meet the specific needs of low-income people in their communities. Low-income residents participate in the administration of CAAs to the extent feasible. CAAs are a critical component of our nation’s safety net and provide our most vulnerable families with needed resources.

In Massachusetts, there are 23 CAAs. In fiscal year 2015, these CAAs provided services to over 650,000 individuals. In addition to providing energy assistance, CAAs provide:

- Adult education, job training, and assistance in finding employment;
- Child care or help accessing child care;
- Emergency food assistance; and
- Free tax preparation, financial management, and benefits counseling.

Additionally, individual CAAs may offer shelters and homelessness prevention, health services, programs for seniors and youth, WIC, small business planning, and affordable housing development.

Massachusetts Association for Community Action (MASSCAP) is the statewide association for CAAs in Massachusetts (www.masscap.org).

³⁰ U.S. Department of Health and Human Services. (2014). “Low Income Home Energy Assistance Program: Report to Congress for Fiscal Year 2014.” Office of Community Services, Washington D.C.

LIHEAP has three components. First is financial assistance to pay heating bills from November 1 through April 1. This includes payments for deliverable fuel (e.g., oil and propane) and utilities (e.g., gas and electric). LIHEAP provides, second, assistance for weatherization, and third, assistance to repair heating equipment in the home. Eligibility for LIHEAP is determined based on income and household size. Anyone with a household income at or below 60 percent of the state’s median income qualifies. (See Appendix A for state median income levels for families of different sizes.) The program seeks to serve as many households as possible but focuses on the households with the highest needs, including seniors and people with disabilities living on fixed incomes, and lower-income families.

In Massachusetts, a moratorium on utility companies that precludes shutting off a household’s gas or electricity is in effect from November 1 through April 1. If a household cannot pay its utility bills during the winter, the utility company is required to continue service. However, this does not mean that the household does not have to pay. For deliverable fuel, like oil, there is no moratorium. Households must pay for deliverable fuel on delivery.

The CAAs that operate energy assistance programs often provide a slightly higher benefit to households with deliverable fuel—which comprises approximately 40 percent of households that receive LIHEAP. Additionally, CAAs can help individual households coordinate with utility companies to negotiate payment plans for gas and electric bills.

In addition to LIHEAP, funding for energy assistance also comes from utility companies, state appropriations, private donations, and churches.

ENERGY ASSISTANCE NONPROFIT DATA SNAPSHOT

The data summarized here cover 26 Massachusetts energy assistance nonprofits that provided services to low-income families and individuals in 2013, the most recent year for which this data is available.³¹

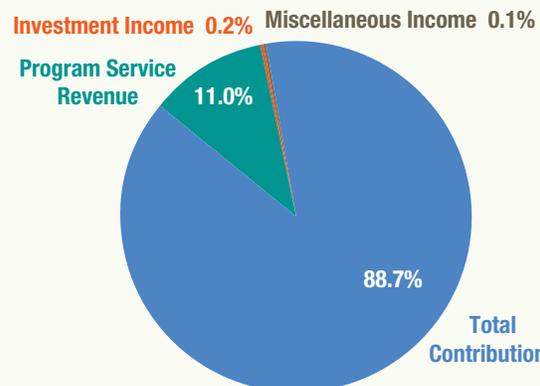
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING ENERGY ASSISTANCE SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	ENERGY ASSISTANCE
Number of Organizations	26
Average Age of Organization (min–max)	25 (6–81)
Average Number of Employees (min–max)	4 (1–23)
Average Total Revenue	\$1,252,997
Average Total Spending	\$1,051,886
Average Total Assets	\$998,372

DISTRIBUTION OF NONPROFITS PROVIDING ENERGY ASSISTANCE SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	ENERGY ASSISTANCE (N=26)
<\$250K	30.8%
\$250K–\$1M	38.5%
\$1M–\$5M	30.8%
\$5M–\$10M	0
\$10M–\$50M	0
\$50M+	0

REVENUE SOURCES FOR NONPROFITS PROVIDING ENERGY ASSISTANCE SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

³¹ The following National Taxonomy for Exempt Entities code is included: P60 Energy Assistance. See Appendix B for a more detailed description of the data.

DOMESTIC VIOLENCE AND SEXUAL ASSAULT

In Massachusetts, nearly one in every three women and one in every five men has experienced rape, physical violence, and/or stalking by an intimate partner.³² The prevalence of domestic and sexual violence is exacerbated by economic stress. Violence against women occurs more often, and is more severe, in disadvantaged neighborhoods. Unemployment, insufficient income, and worries about finances increase the risk of intimate partner violence for women.³³

According to guidance issued by the Massachusetts Executive Office of Health and Human Services (EOHHS), health care providers are well positioned to address health-related consequences of violence, help connect patients to community services, and engage in prevention efforts by developing partnerships with community-based organizations that specialize in providing trauma-informed services that address the complex needs of victims of domestic and sexual violence, and their children.³⁴

DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS AND SERVICES

In Massachusetts, Jane Doe, Inc. (JDI), is the state's coalition against sexual assault and domestic violence. JDI provides advocacy and technical assistance to its 60 member organizations. It also provides an online list of domestic violence and sexual assault programs (also called rape crisis centers) for people looking for help, searchable by city/town or Zip code. This list is the best place to search for local programs and is available at www.janedoe.org/find_help/search.

JDI member organizations provide a wide range of supportive services to victims and survivors of domestic violence and sexual assault, all of which are free, voluntary, and confidential. These supportive services are tailored to the needs and priorities of each person and may include but are not limited to:

- Multilingual hotlines;
- Crisis counseling and intervention;
- Risk assessment and safety planning;
- Advocacy and support navigating systems and other service networks;
- Individual and group counseling;
- Psychoeducational groups and workshops;
- Assistance with applying for financial, housing, and other assistance;
- Legal information and advocacy, accompaniment to court, help applying for restraining orders;
- Shelter; and
- Groups and services for children exposed to violence.

Jane Doe, Inc. (JDI), and its member organizations are well positioned to assist health care professionals and organizations in responding to the guidance from EOHHS. In addition to being the critical link for survivors, they can:

- Educate professionals about working with someone who has been exposed to trauma;
- Build connections with survivors;
- Educate professionals about abuse dynamics; and
- Help professionals access training on domestic violence and sexual assault.

³² Centers for Disease Control and Prevention. (2010). "National Intimate Partner and Sexual Violence Survey." Available at www.janedoe.org/site/assets/docs/Learn_More/NISVS/NISVS_MA_2010.pdf, accessed 1/25/17.

³³ U.S. Department of Justice. (2004). "When Violence Hits Home: How Economics and Neighborhood Play a Role." Office of Justice Programs, National Institute of Justice.

³⁴ The Commonwealth of Massachusetts. (2014). Circular Letter: DHCQ 14-11-622. Executive Office of Health and Human Services, Department of Public Health. Available at www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2014/dhcq-1411622.pdf, accessed 2/6/17.

DOMESTIC VIOLENCE AND SEXUAL ASSAULT NONPROFIT DATA SNAPSHOT

The data summarized here include 41 Massachusetts domestic violence and sexual assault nonprofits that provided services to low-income families and individuals, among others, in 2013, the most recent year for which this data is available.³⁵

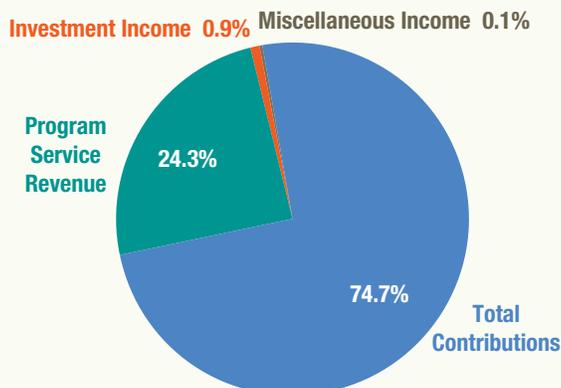
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	DOMESTIC VIOLENCE AND SEXUAL ASSAULT
Number of Organizations	41
Average Age of Organization (min-max)	27 (3-42)
Average Number of Employees (min-max)	22 (1-81)
Average Total Revenue	\$983,101
Average Total Spending	\$975,452
Average Total Assets	\$990,402

DISTRIBUTION OF NONPROFITS PROVIDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	DOMESTIC VIOLENCE AND SEXUAL ASSAULT (N=41)
<\$250K	14.6%
\$250K-\$1M	41.5%
\$1M-\$5M	43.9%
\$5M-\$10M	0
\$10M-\$50M	0
\$50M+	0

REVENUE SOURCES FOR NONPROFITS PROVIDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; 2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

³⁵ The following National Taxonomy for Exempt Entities codes are included: P43 Family Violence Shelters, P46 Family Counseling, P62 Victim's Services, I71 Spouse Abuse Prevention, I72 Child Abuse Prevention, and I73 Sexual Abuse Prevention. See Appendix B for a more detailed description of the data.

PHYSICAL ACTIVITY

Federal guidelines recommend that adults engage in 2.5 hours of aerobic activity a week and that children exercise an hour a day, every day.³⁶ According to the 2015 National Health Interview Survey, 49 percent of U.S. adults met the federal guidelines for aerobic activity. Twenty-one percent of adults met the guidelines for aerobic and muscle strengthening activities in 2015. Although this means that less than half of American adults are getting enough exercise, it represents an increase since 1997.³⁷ Among high school students, only 27 percent met the federal guidelines for aerobic exercise in 2013. Fifty-one percent of high school students met the federal guidelines for muscle strengthening exercise.³⁸ A lack of interest, motivation, confidence, or encouragement can be barriers to physical activity, as can the built environment (e.g., a lack of sidewalks or parks) and work and family responsibilities.³⁹

PHYSICAL ACTIVITY PROGRAMS AND SERVICES

Whether or not you are low-income, overcoming the barriers named above is challenging. The YMCAs across the Commonwealth provide a low-cost resource for increasing physical activity. YMCAs also operate with a community focus and offer a wide range of programs that meet members' needs. There are 30 nonprofit YMCA associations in Massachusetts with more than 370 service locations. They serve 1.2 million people a day—nearly 20 percent of the population.⁴⁰

Most YMCAs have a gym, pool, and basketball court in addition to a wide range of services and programs that are structured around community needs. These other programs might include housing assistance, job training, health care, help with nutrition, child care, and after-school programs.

YMCAs potentially have two unique offerings for MassHealth members. First, YMCAs are accustomed to seeing people who are disengaged from the social service system, and they have the capability to help individuals and families connect to other services that they need. Second, YMCAs have health coaches on

YMCA HEALTHY LIVING INITIATIVES

YMCAs provide health and wellness programming including fall prevention, diabetes prevention, youth obesity prevention, cancer survivor groups, smoking cessation, and blood pressure monitoring. Some of these programs are funded by the MA Prevention and Wellness Trust Fund. This trust fund was established by Chapter 224 of the Acts of 2012 to help address health care cost containment. The YMCA programs target prevalent and preventable conditions and seek to increase healthy behaviors. These efforts also focus on low-income communities, thereby addressing health disparities.

To date, some health care providers and YMCAs have established referral relationships whereby doctors connect with their local YMCA and “hand off” MassHealth members who will benefit from the YMCA programs. Accessing the Prevention and Wellness Trust Fund fills a gap in funding since most third-party payers do not reimburse YMCAs for their prevention work. However, the Massachusetts Alliance of YMCAs has embarked on an initiative working with third-party payers to reimburse prevention activities.

36 Office of Disease Prevention and Health Promotion. (2008). “Physical Activity Guidelines for Americans.” Available at www.health.gov/paguidelines/guidelines/summary.aspx, accessed 1/22/17.

37 B.W. Ward, T.C. Clarke, C.N. Nugent, and J.S. Schiller. (2016). “National Health Interview Survey Early Release Program.” U.S. Department of Health and Human Services.

38 Centers for Disease Control and Prevention. (2014). “Youth Risk Behavior—United States 2013.” U.S. Department of Health and Human Services.

39 Centers for Disease Control and Prevention. (2011). “Overcoming Barriers to Physical Activity.” Available at www.cdc.gov/physicalactivity/basics/adding-pa/barriers.html, accessed 1/22/17.

40 Doliber, Peter. Executive Director at Massachusetts Alliance for YMCAs. Key informant interview, 2017.

staff and are equipped to help a member follow recommended treatment plans in a community setting. Thus, individuals can work toward a healthier lifestyle as part of a community and receive psychosocial benefits from those connections.

Membership fees are set on a sliding scale based on income, and no one is turned away for inability to pay. Membership is required to access some but not all of the services and programs at a YMCA. About one-half of a YMCA's funding comes from membership fees, a portion comes from the Massachusetts Department of Youth Services, and the rest is a combination of government contracts, gifts and donations, grants, and program fees.

In addition to YMCAs, most cities and many towns in Massachusetts have at least one community center. For example, Boston has 35 community centers across the city. They have swimming pools, gym equipment, fitness classes, and other activities for all ages. Community centers do not belong to a comprehensive association like the YMCAs, but you can find local information by calling Mass 2-1-1. As mentioned below, Mass 2-1-1 is funded across the state by local United Ways. Mass 2-1-1 is a resource for residents, enabling them to call this number and get help connecting to essential services like child care and government benefits.

Boys and Girls Clubs are also available across the state, offering a variety of sports and recreation activities, as well as youth development, social, and educational services, to children ages six through 18. Information on locations and specific services and programs provided by local Boys and Girls Clubs can be found by searching Boys and Girls Clubs of America (www.bgca.org/get-involved/find-a-club), which is affiliated with community-based clubs serving small towns, large cities, and communities living in public housing.

41 The following National Taxonomy for Exempt Entities codes are included: N30 Physical Fitness and Community Recreational Facilities, N31 Community Recreational Centers, N32 Parks and Playgrounds, P27 Young Men's or Women's Associations, and P28 Neighborhood Centers. See Appendix B for a more detailed description of the data.

PHYSICAL ACTIVITY NONPROFIT DATA SNAPSHOT

Physical activity nonprofits made up about 9.2 percent of the Commonwealth's public charities in 2013, the most recent year for which this data is available. The data summarized here cover 108 Massachusetts physical activity nonprofits that provide services to low-income families and individuals.⁴¹

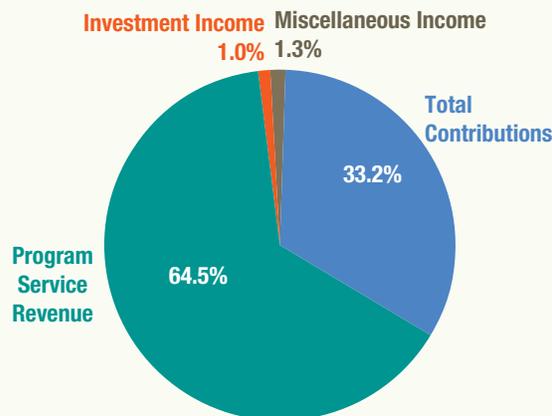
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING PHYSICAL ACTIVITY SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	PHYSICAL ACTIVITY
Number of Organizations	108
Average Age of Organization (min-max)	46 (3-94)
Average Number of Employees (min-max)	217 (1-3, 220)
Average Total Revenue	\$4,133,337
Average Total Spending	\$3,823,308
Average Total Assets	\$8,640,594

DISTRIBUTION OF NONPROFITS PROVIDING PHYSICAL ACTIVITY SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	PHYSICAL ACTIVITY (N=108)
<\$250K	24.1%
\$250K-\$1M	29.6%
\$1M-\$5M	27.8%
\$5M-\$10M	9.3%
\$10M-\$50M	8.3%
\$50M+	0.9%

REVENUE SOURCES FOR NONPROFITS PROVIDING PHYSICAL ACTIVITY SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

EARLY EDUCATION AND CHILD CARE

Parents need child care that is accessible and dependable and aligns with their values. Children benefit socially and developmentally from high-quality child care, but quality across child care settings varies, and it is not easy for any parent to discern what high-quality, developmentally appropriate care is. Low-income families are challenged to find affordable quality child care. They are also more likely than middle- and high-income parents to work nonstandard hours, when child care is harder to find. Child care choices may also be limited due to transportation issues. Vouchers and Head Start programs help low-income families access needed child care services.⁴²

EARLY EDUCATION AND CHILD CARE PROGRAMS AND SERVICES

There are two main sources of funding for child care vouchers in Massachusetts. First is the Child Care Development Fund (CCDF), a federal block grant that is administered by the Massachusetts Department of Early Education and Care (EEC). The second comes through Temporary Assistance for Needy Families (TANF). Child care subsidies through TANF are for families eligible for cash assistance through Transitional Aid to Families with Dependent Children.

For both funding sources, in addition to income and other eligibility criteria, recipients have to meet service requirements—meaning that they can only receive child care assistance if they are working (either part-time or full-time) or enrolled in school. The service requirement is waived if the family is homeless. Parents may also meet the service requirement if they are volunteering, participating in substance use disorder or mental health treatment, or confronting domestic-violence-related issues.

To qualify for a CCDF voucher, a family has to be at or below 50 percent of the state median income (SMI). The family's income can subsequently increase up to 85 percent of SMI and the family may still hold the voucher. (See Appendix A for SMI levels for families of different sizes.) A voucher is authorized for one year, and then the family needs to recertify, showing proof of income. As of October 2016, there were 25,000 children on the state's wait list for a CCDF voucher, with 15,000 of these children being infants or toddlers and 10,000 being of school age.⁴³ Non-TAFDC families can call Mass 2-1-1 to get on the statewide wait list for a child care voucher. They can also call their local Head Start program and apply for subsidized child care that way.

HEAD START

Head Start programs have been operating in Massachusetts since the 1960s to help prepare preschool-age children from low-income families for school. In the 1990s Early Head Start began to include socially and developmentally appropriate care for infants and toddlers as well.

Today, there are 31 Head Starts in Massachusetts, serving 14,000 families. To be eligible for Head Start, a family must have an income at or below the federal poverty level. Children who are housing-insecure, have a disability, or are in foster care may also be eligible.

To learn more and apply, go to www.massheadstart.org/how-to-apply

⁴² N. Cabrera, R. Hutchens, and H.E. Peters, eds. (2006). *From Welfare to Childcare*. New Jersey: Lawrence Earlbaum Associates.

⁴³ Emily Levine. Director of Policy and Advocacy at Horizons for Homeless Children. Key informant interview, 2017.

Other resources for parents and caregivers:

- **Coordinated Family and Community Engagement**

A statewide effort led by the Massachusetts Executive Office of Education to increase knowledge about and access to early education and care and facilitate parent learning.

(www.mass.gov/edu/birth-grade-12/early-education-and-care/find-early-education-and-care-programs/coordinated-family-and-community-engagement.html)

- **Early Intervention**

An effort led by the Massachusetts Department of Public Health to provide family-centered services for children in the first three years of their life who have a qualifying disability.

(www.mass.gov/eohhs/gov/departments/dph/programs/family-health/early-intervention)

- **Early Childhood Special Education**

Children with disabilities ages 3 to 5 have a right to an individual education plan if their disability requires that they receive special instruction other than what is offered in the preschool environment. They receive services in the least restrictive environment possible, this could be at home or at a public school, for example.

(www.doe.mass.edu/sped/ecse)

- **Cradles to Crayons**

A Boston-centered nonprofit that provides children with clothing, toys, and educational supplies.

(www.cradlestocrayons.org)

- **Massachusetts Association of Early Education and Care (MADCA)**

An association of private community-based child care providers that engages in advocacy, promotion, and coordination for the field of early education and care. (www.madca.org)

- **Local YMCAs**

YMCAs are the largest provider of child care in the state. (www.maymca.com)

EARLY EDUCATION AND CHILD CARE NONPROFIT DATA SNAPSHOT

Youth development nonprofits made up about 14.5 percent of the Commonwealth’s public charities in 2013, the most recent year for which this data is available. The data summarized here cover 158 Massachusetts early education and child care nonprofits that provide services to low-income families and individuals.⁴⁴

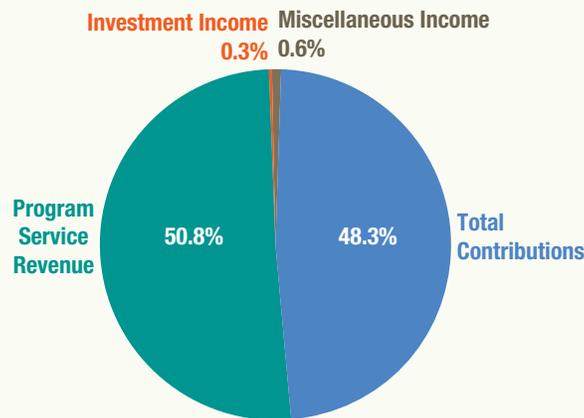
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING EARLY EDUCATION AND CHILD CARE SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	EARLY EDUCATION AND CHILD CARE
Number of Organizations	158
Average Age of Organization (min–max)	34 (1–82)
Average Number of Employees (min–max)	41 (1–334)
Average Total Revenue	\$2,055,481
Average Total Spending	\$2,003,888
Average Total Assets	\$1,279,451

DISTRIBUTION OF NONPROFITS PROVIDING EARLY EDUCATION AND CHILD CARE SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	EARLY EDUCATION AND CHILD CARE (N=158)
<\$250K	10.1%
\$250K–\$1M	47.5%
\$1M–\$5M	38%
\$5M–\$10M	1.9%
\$10M–\$50M	1.9%
\$50M+	0.6%

REVENUE SOURCES FOR NONPROFITS PROVIDING EARLY EDUCATION AND CHILD CARE SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

⁴⁴ The following National Taxonomy for Exempt Entities code is included: P33 Child Day Care. See Appendix B for a more detailed description of the data.

TRANSPORTATION

Low-income individuals and families rely more heavily on public transportation and getting rides from family and friends than others do. Moreover, those who are low-income and own a car are likely to face challenges in affording insurance, maintenance, and fuel. When transportation options are limited, a single activity (e.g., getting to an appointment) can take the entire day and conflict with other activities like work. Further, transportation issues interfere with access to nutritious food, socialization, getting to the gym, and participating in the community.⁴⁵

Transportation is critical to accessing needed health care services. Transportation related to medical care is covered by MassHealth for most members who do not have access to public transportation. Under some circumstances members can get the cost of public transportation reimbursed.

Research suggests that communities should strive to improve their “paratransit” services (specialized transportation services for people with disabilities providing door-to-door, shared ride service), expand fixed-route public transportation, and develop automobile access programs.⁴⁶

Despite having relatively limited options, low-income households carry a proportionally heavier burden with respect to transportation costs than wealthier households. One study found that nationally low-income households spent 15.7 percent of their income on transportation in 2014, compared with 8.2 percent of income for upper-income households.⁴⁷ Social service and community-based organizations may offer some form of financial assistance to help with transportation needs, but assistance is often fragmented and receipt depends on the policies and eligibility criteria of different organizations. For example, the Massachusetts Department of Transitional Assistance reimburses clients for transportation but only for transportation to and from work and child care.

TRANSPORTATION PROGRAMS AND SERVICES

- **Regional Transit Authorities**

In addition to the Massachusetts Bay Transportation Authority (MBTA), there are 15 other regional transit authorities in the state. They all provide fixed-route bus service and paratransit service and reduced fares for seniors, people with disabilities, and students. People with disabilities who are unable to use fixed-route bus service are eligible for paratransit. Seniors frequently qualify for paratransit as well. The Ride is the MBTA’s paratransit service, for example.

- **Councils on Aging (COAs)**

(www.mass.gov/elders/docs/directory-of-coa-sites.pdf)

There is a COA in each of the 349 cities and towns in Massachusetts. Designed to provide services to seniors (55+) and their families and caregivers, COAs are often very knowledgeable about transportation programs in their respective communities, including local transportation

MOBILITY MANAGERS

Some organizations employ mobility managers. A mobility manager is knowledgeable about all transportation resources in a community, can help people plan trips, can coordinate with transportation providers, and can advocate for improved mobility in a community. Additionally, other organizations may have staff that fill the role of a mobility manager but hold a different job title.

45 Pioneer Valley Planning Commission & United Way Hampshire County. (2015). “Getting to Healthy: Improving Access to Care—A Study for the Cooley Dickinson Health Care Healthy Communities Committee.” January 2015.

46 E. Blumenberg and M. Waller. (2005). “The Long Journey to Work: A Federal Transportation Policy for Working Families.” Brookings Institution.

47 The Pew Charitable Trusts. (2016). “Household Expenditures and Income.” Issue Brief, March 30, 2016. Available at www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/03/household-expenditures-and-income, accessed on 01/10/17.

services and volunteer driver programs. In some communities in Massachusetts, the COA is the only public social service agency involved in transportation and sometimes provides services to non-elderly residents as well.

- **Veterans' Service Officers**

(www.mass.gov/veterans/utility/local-veterans-service-officers-3.html)

Every town has a designated Veterans' Service Officer who can assist a veteran in securing transportation.

- **MassRIDES**

(www.commute.com)

MassRIDES is an initiative of the Massachusetts Department of Transportation (MassDOT) with the goal of decreasing traffic congestion, improving air quality, and increasing mobility. One service offered by MassRIDES is NuRide, an online ride-matching service. The service allows you to build a profile and search for rides in your area.

- **Free and Low-Cost Automobiles**

There is very limited assistance available to help low-income drivers finance and secure an automobile. The Massachusetts Rehabilitation Commission helps its clients who are working to secure a car for free through a donation program. This program has a wait list.

- **Bicycling**

MassDOT intends to triple the amount of walking, bicycling, and public transit use between 2010 and 2030. It has published a design guide for including bike lanes in road projects. There are Earn-A-Bike programs in different locations across the state. Earn-A-Bike allows a low-income individual to learn about bicycle maintenance and repair and earn a bike that has been donated.

MassMobility is a joint initiative of the Massachusetts Executive Office of Health and Human Services (EOHHS) and MassDOT. One role that MassMobility plays is that of a coordinator. It helps connect organizations interested in collaborating around transportation issues with transportation providers and other stakeholders. The main goal is to increase mobility for people with disabilities, seniors, veterans, and low-income individuals and families. As part of this effort, MassMobility provides technical assistance to the regional coordinating councils across the state that connect various stakeholders and engage in activities such as developing inventories of transportation resources in an area, conducting a transportation needs assessment in a locality, and sharing information.

TRANSPORTATION NONPROFIT DATA SNAPSHOT

The data summarized here cover eight Massachusetts transportation nonprofits that provided services to low-income families and individuals in 2013, the most recent year for which this data is available.⁴⁸

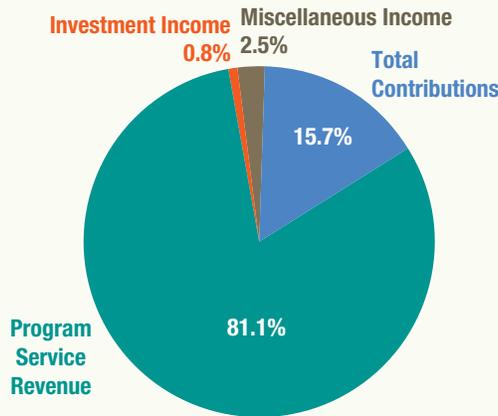
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING TRANSPORTATION SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	TRANSPORTATION
Number of Organizations	8
Average Age of Organization (min-max)	27 (6-41)
Average Number of Employees (min-max)	19 (1-55)
Average Total Revenue	\$822,550
Average Total Spending	\$764,799
Average Total Assets	\$846,979

DISTRIBUTION OF NONPROFITS PROVIDING TRANSPORTATION SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	TRANSPORTATION (N=8)
<\$250K	25.0%
\$250K-\$1M	37.5%
\$1M-\$5M	37.5%
\$5M-\$10M	0
\$10M-\$50M	0
\$50M+	0

REVENUE SOURCES FOR NONPROFITS PROVIDING TRANSPORTATION SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

⁴⁸ The following National Taxonomy for Exempt Entities code is included: P52 Transportation Assistance. See Appendix B for a more detailed description of the data.

WORKFORCE DEVELOPMENT FOR JOB SEEKERS

In December 2016, the unemployment rate in Massachusetts was 2.8 percent—the lowest it has been since December 2000.⁴⁹ This is positive news for the state’s economy. However, low-income individuals and families are still faced with the hardship gap as described earlier. As stated above, about one-quarter of working families in Massachusetts do not earn enough to meet their basic needs. In order to thrive, it is not just about finding a job, but finding an adequately paying job.

WORKFORCE DEVELOPMENT PROGRAMS AND SERVICES

American Job Centers (One Stop Career Centers) were established under the Workforce Investment Act of 1998. Career centers provide services for both job seekers and employers to help match qualified candidates to employment opportunities. Services for job seekers include assistance in searching for a job, writing a résumé, and developing interview skills. In Massachusetts, there are 32 career centers located across the state (www.mass.gov/lwd/employment-services/dcs/find-a-career-center-near-you.html). They are often embedded in larger organizations that provide training, education, and other services. Anyone is eligible to access services at a center; however, the centers are best equipped to assist “job-ready” candidates. This means that the job seeker has reliable transportation, child care, and stable housing, and is managing any mental health or substance use disorder issues he or she may have.

A career center is a gateway to information about training and education in addition to employment opportunities. Career centers keep listings of local training programs and educational opportunities, including community college offerings, which help individuals advance in the labor market. Career centers are familiar with adult basic education programs including the GED and HiSET exam for high school equivalency and English for Speakers of Other Languages (ESOL).

Numerous nonprofits and community-based organizations provide job training for specific occupations and industries across the state. A statewide directory exists and is searchable by region through the Massachusetts Job Quest (www.jobquest.detma.org/jobquest/Training.aspx). Individual career centers have additional information on training programs as well. In greater Boston, there is the Job Training Alliance, a network of organizations that advocate for employment opportunities for low-income job seekers (www.jobtrainingalliance.org) and offer a range of training opportunities.

Historically, workforce development programs have focused on short-term goals—helping someone complete a training program and get a job. These are important programs, and there are many successful examples; however, there are also programs that take a longer-term perspective on economic mobility and self-sufficiency. These types of programs have long time horizons, provide mentoring or coaching to low-income individuals and families, and help them set goals for self-sufficiency including finding employment that pays a living wage and offers opportunities for advancement.

FINANCIAL COACHING

More and more, workforce development programs offer financial coaching services. As a job seeker sets and works toward employment goals, financial counseling can assist her or him in building income security. Various programs exist across the state and offer assistance with budgeting, tax preparation, and access to public benefits. These programs can also assist with financial management, opening bank accounts, and developing assets. MassSaves is a statewide resource that helps connect interested individuals to financial coaching services (www.masssaves.org).

49 Commonwealth of Massachusetts. (2017). “December Unemployment Rate Drops to 2.8 Percent.” Press release, January 19, 2017.

State agencies also provide employment and vocational services for those that are eligible including people with disabilities and mental illness. The Massachusetts Rehabilitation Commission helps to reduce barriers to work for individuals with physical, psychiatric and learning disabilities. They do this by providing vocational training, career counseling, and job placement. Other state agencies with significant and comparable employment programs include the Massachusetts Commission for the Blind, the Department of Mental Health, and the Department of Developmental Services.

WORKFORCE DEVELOPMENT NONPROFIT DATA SNAPSHOT

Employment nonprofits made up about 1.4 percent of the Commonwealth’s public charities in 2013, the most recent year for which this data is available. The data summarized here cover 46 Massachusetts workforce development nonprofits that provide services to low-income families and individuals.⁵⁰

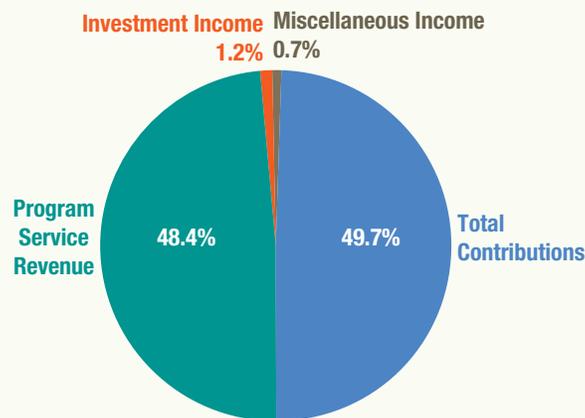
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING WORKFORCE DEVELOPMENT SERVICES IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	WORKFORCE DEVELOPMENT
Number of Organizations	46
Average Age of Organization (min–max)	30 (5–78)
Average Number of Employees (min–max)	92 (1–1,063)
Average Total Revenue	\$4,036,872
Average Total Spending	\$3,614,495
Average Total Assets	\$4,527,136

DISTRIBUTION OF NONPROFITS PROVIDING WORKFORCE DEVELOPMENT SERVICES BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	WORKFORCE DEVELOPMENT (N=46)
<\$250K	13.0%
\$250K–\$1M	32.6%
\$1M–\$5M	39.1%
\$5M–\$10M	8.7%
\$10M–\$50M	4.3%
\$50M+	2.2%

REVENUE SOURCES FOR NONPROFITS PROVIDING WORKFORCE DEVELOPMENT SERVICES



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

⁵⁰ The following National Taxonomy for Exempt Entities codes are included: J20 Employment Preparation and Procurement, J21 Vocational Counseling, and J22 Job Training. See Appendix B for a more detailed description of the data.

SERVICES FOR RE-ENTRY RESIDENTS

In 2016, the incarceration rate in Massachusetts was an estimated 330 inmates for every 100,000 residents, relatively low compared to other states.⁵¹ In 2015, over 60,000 probationers and over 2,000 parolees were being supervised in the community.⁵² Additionally, there are many recently released re-entry residents who are not supervised by the correctional system.

PROGRAMS AND SERVICES FOR RE-ENTRY RESIDENTS

Prior to being released, inmates are provided with individualized planning that is meant to connect them with community services, health insurance, behavioral health services, housing, and vocational opportunities. Local sheriff's departments and the Office of Community Corrections can provide information on community services for re-entry residents.

When re-entry residents “come home,” they are often in immediate need of housing, employment, and behavioral health services.

- There are limits on whether or not a re-entry resident can qualify for public housing or a housing subsidy, depending on what he or she was convicted of. Therefore, re-entry residents need to connect to specialized services that can help them do a housing search. These are offered by community-based organizations that provide housing and shelter services for those with a criminal background.
- Likewise, workforce development services provide limited opportunities for individuals with a Criminal Offender Record Information (CORI), requiring the person to search for a job training program that specializes in working with re-entry residents.
- Applying for MassHealth and connecting to behavioral health services, including culturally competent behavioral health services, is critical for re-entry residents.

COMING HOME DIRECTORY

Although there is no statewide directory of services for re-entry residents, there is one for Boston. The social service system is fragmented, and accessing different services requires going to multiple organizations. The Coming Home Directory provides information about different services available in the greater Boston area that are “CORI-friendly” (www.cominghomedirectory.org).

⁵¹ Prison Policy Initiative (2016). States of Incarceration: The Global Context. Available at www.prisonpolicy.org/global/2016.html.

⁵² National Institute of Corrections. (n.d.). “Corrections Statistics by State – Massachusetts.” U.S. Department of Justice. Available at www.nicic.gov/state-statistics-information?location=Massachusetts, accessed 3/19/18.

SERVICES FOR RE-ENTRY RESIDENTS NONPROFIT DATA SNAPSHOT

Crime- and legal-related nonprofits made up about 1.4 percent of the Commonwealth’s public charities in 2013, the most recent year for which this data is available. The data summarized here cover nine Massachusetts re-entry resident support nonprofits that provide services to low-income families and individuals.⁵³

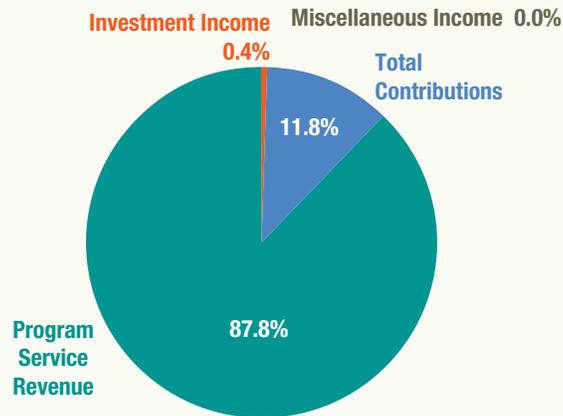
DESCRIPTIVE STATISTICS ON NONPROFITS PROVIDING SERVICES FOR RE-ENTRY RESIDENTS IN MASSACHUSETTS (2013)

ORGANIZATIONAL STATISTICS	RE-ENTRY RESIDENT SUPPORTS
Number of Organizations	9
Average Age of Organization (min–max)	18 (3–40)
Average Number of Employees (min–max)	103 (1–835)
Average Total Revenue	\$4,538,365
Average Total Spending	\$4,421,254
Average Total Assets	\$3,323,531

DISTRIBUTION OF NONPROFITS PROVIDING SERVICES FOR RE-ENTRY RESIDENTS BY BUDGET SIZE (2013)

BUDGET SIZE (EXPENSES)	RE-ENTRY RESIDENT SUPPORTS (N=9)
<\$250K	44.0%
\$250K–\$1M	33.3%
\$1M–\$5M	11.1%
\$5M–\$10M	0
\$10M–\$50M	11.10%
\$50M+	0

REVENUE SOURCES FOR NONPROFITS PROVIDING SERVICES FOR RE-ENTRY RESIDENTS



Note: Revenue sources are divided into four categories: (1) Total Contributions – Government and philanthropic grants, fundraising and donations; (2) Program Service Revenue – Membership dues and fees paid for services; (3) Investment Income; and (4) Miscellaneous.

Source: National Center for Charitable Statistics.

⁵³ The following National Taxonomy for Exempt Entities codes are included: I31 Half-Way Houses for Offenders and Re-entry residents, I40 Rehabilitation Services for Offenders, I43 Inmate Support, and I44 Prison Alternatives. See Appendix B for a more detailed description of the data.

INFORMATION AND REFERRAL SERVICES (FACILITATING AGENCIES)

Several organizations already covered in the guidebook, including Community Action Agencies, Counsels on Aging, and YMCAs, directly provide and/or provide information and referral services to multiple types of social services. This section briefly describes a few more organizations that have significant capacity to provide information and referrals to services in communities across the state. A number of nonprofit organizations serve as a point of contact and make referrals to multiple types of social services. A few examples include:

- United Way of Massachusetts Bay and Merrimack Valley
- MassOptions
- Independent Living Centers

United Way of Massachusetts Bay and Merrimack Valley

(www.unitedwaymassbay.org/what-we-do)

United Way of Massachusetts Bay and Merrimack Valley acts as a point of contact in the greater Boston area for families in need of job training and placement, budget coaching and financial education, affordable housing and homelessness prevention, and emergency assistance with food, heat, housing, and access to benefits. As mentioned above, Mass 2-1-1 is funded by local United Ways. Mass 2-1-1 provides an easy number to remember where residents can call and get help connecting to essential services like child care and government benefits.

MassOptions

(www.massoptions.org/massoptions)

MassOptions connects elders (including those 60–64), individuals with disabilities, and their caregivers with agencies and organizations that can best meet their needs. MassOptions connects people with in-home care for the elderly as well as provides assistance to individuals with disabilities seeking to live independently. MassOptions is a service of the Executive Office of Health and Human Services.

Independent Living Centers

(www.mass.gov/eohhs/consumer/disability-services/living-supports/independent-living/independent-living-philosophy-at-massachusetts.html)

Independent Living Centers (ILCs) are community-based organizations that provide services and advocacy to people with disabilities. ILCs provide a range of services, including personal assistance services, housing services, transportation services, educational services, vocational services, equipment services, communication services, advocacy services, and social/recreational services. A list of ILCs can be found at: www.mass.gov/independent-living-centers/locations.

APPENDIX A. INCOME LIMITS

TABLE A-1. MASSACHUSETTS STATE MEDIAN INCOME (SMI) BY FAMILY SIZE, FFY 2018

PERSONS IN FAMILY	60% OF ESTIMATED STATE MEDIAN INCOME
1	\$34,380
2	\$44,958
3	\$55,537
4	\$66,115
5	\$76,693
6	\$87,272

Adapted from LIHEAP Clearinghouse, Massachusetts State Median Income for FFY 2018.

TABLE A-2. FEDERAL POVERTY LEVEL (FPL) BY FAMILY SIZE, 2018

PERSONS IN HOUSEHOLD	100% FPL	115% FPL	130% FPL	185% FPL	200% FPL	300% FPL
1	\$12,140	\$13,961	\$15,782	\$22,459	\$24,280	\$36,420
2	\$16,460	\$18,929	\$21,398	\$30,451	\$32,920	\$49,380
3	\$20,780	\$23,897	\$27,014	\$38,443	\$41,560	\$62,340
4	\$25,100	\$28,865	\$32,630	\$46,435	\$50,200	\$75,300
5	\$29,420	\$33,833	\$38,246	\$54,427	\$58,840	\$88,260
6	\$33,740	\$38,801	\$43,862	\$62,419	\$67,480	\$101,220
7	\$38,060	\$43,769	\$49,478	\$70,411	\$76,120	\$114,180
8	\$42,380	\$48,737	\$55,094	\$78,403	\$84,760	\$127,140

Adapted from U.S. Department of Health and Human Services Poverty Guidelines.

APPENDIX B. OVERVIEW OF MASSACHUSETTS PUBLIC CHARITIES

Nonprofit organizations with 501(c)3 tax-exempt status from the U.S. Internal Revenue Service (IRS) are known as public charities. The IRS uses the National Taxonomy of Exempt Entities (NTEE) to categorize public charities. The NTEE is a classification system developed by the National Center for Charitable Statistics (NCCS) at the Urban Institute. The NTEE consists of 26 codes (A–Z) that describe the main programmatic missions of nonprofit organizations.⁵⁴ The data in this report rely on the most recently available data from the IRS and the NCCS based on the subset of federally registered Massachusetts public charities that filed an annual Form 990 return with the IRS in 2013.⁵⁵ The sample includes 6,952 public charities that received more than \$25,000 in revenue and are required to file a return, and excludes most churches.

TABLE B-1. INDUSTRY SECTOR COMPOSITION OF MASSACHUSETTS PUBLIC CHARITIES

MAJOR INDUSTRY SECTORS	NUMBER OF NONPROFITS	NTEE CLASSIFICATION*
Arts, Culture, and Humanities	829	Arts, Culture & Humanities (A)
Education, Science, Technology, and Social Sciences	1,306	Education (B); Science & Technology (U); Social Sciences (V)
Environment and Animal-Related	319	Environment (C); Animal-Related (D)
Health Care and Medical	1,004	Health Care (E); Mental Health & Intervention (F); Diseases, Disorders & Medical Disciplines (G); Medical Research (H)
Community Capacity	543	Crime & Legal Related (I); Employment (J); Public Safety, Disaster Preparedness & Relief (M); Civil Rights, Social Action & Advocacy (R); Community Improvement & Capacity Building (S)
Human Services	1,006	Food, Agriculture & Nutrition (K); Human Services (P)
Housing and Shelter	566	Housing & Shelter (L)
Youth Development, Sports, and Recreation	638	Youth Development (O), Sports & Recreation (N)
Philanthropy	276	Philanthropy (T)
Other	465	International, Foreign Affairs & National Security (Q); Public & Societal Benefit (W); Religion-Related (X); Mutual & Membership Benefit (Y); Unknown (Z)

*The grouping of the 26 NTEE Codes follows 10 operational categories representing specific modes of service delivery (column 1) as used in the Boston Foundation Report, *Passion and Purpose: Raising the Fiscal Fitness Bar for Massachusetts Nonprofits* (Keating, Pradhan, Wassall, and DeNatale, 2008).

⁵⁴ Sumariwalla, R.D. "Toward a National Taxonomy of Exempt Entities." (1986). Prepared for Independent Sector.

⁵⁵ Detailed data provided throughout this report focuses on nonprofits that provide services to low-income families and individuals.



FOUNDATION
MASSACHUSETTS