
SECTION FIVE:

PUBLIC SERVICES

I. Introduction¹

A. Somerville Population

Perhaps the most renowned aspects of the City of Somerville are its well-recognized residential density and the diversity of its population. Built as a streetcar suburb of Boston, Somerville remains the most densely populated city in New England, housing 77,478 residents in a little over four square miles. The density of the built environment has nearly innumerable benefits to the community including relatively affordable (albeit increasingly higher in cost) housing, multiple housing types and options, strong support for pedestrian and bicycle activity, and extremely high transit usage, especially around the Davis Square Red Line Station. Communities around the country seeking to promote Transit Oriented Development merely need to look at Somerville to see the benefits.

Somerville recognizes the strength of its diversity on multiple levels – ethnicity, country of origin, language spoken at home, age, income, etc. This diversity is a tremendous asset to the community and has contributed to the many new ethnic stores, restaurants, and services through the City.

B. Ethnicity and Language

Somerville has long been a gateway community for newcomers to the United States. In past decades, the City has experienced sizeable waves of Italian, Irish and Portuguese immigrant populations. Recent years have seen influxes of Brazilian and Central/South American immigrants. 2000 U.S. Census data indicate that foreign-born residents of Somerville represent 29.3% (22,727) of the population, of whom roughly half have arrived in the past ten years and almost two-thirds are not naturalized citizens.

Not surprisingly, 36% of Somerville residents speak a language other than English at home and more than 50 languages are spoken in the city. Between 1990 and 2000, the Latino population increased by 41.3%, from approximately 4,800 to 6,800 residents. Today, the Latino community represents almost 9% of Somerville's population, which ranks as the 13th largest Latino population in the state. Primarily residing in the 02145 zip-code within the City of Somerville, Latinos greatly populate the neighborhoods of Prospect Hill, East Somerville, Winter Hill and Ten Hills. According to the 2000 U.S. Census of persons who speak a language other than English at home, Portuguese is spoken by 8,932 persons 5 years old or older, Spanish by 5,794 persons 5 years old or older, and French-Creole by 2,023 person 5 years old or older. Brazilians make up a majority of the Portuguese-speaking newcomers and most reside in East Somerville. Behind English, this makes Portuguese the 2nd most commonly spoken household language in Somerville, Spanish the 3rd most commonly spoken household language spoken in the city, and French-Creole the 4th most commonly spoken household language.

The City of Somerville High School reports that in school year 2004-05, over 50% of students grades 9-12 spoke a language other than English as their primary language; 12.3% had limited

¹ For the purpose of this document “public services” and social services” are interchangeable and include services such as child care, after-school programming, health education, youth leadership programs, elderly transportation, drug abuse counseling / treatment, emergency food assistance, health and wellness programming for elderly and special needs residents, among others, which may be provided by the CDBG grantee directly or by subgrantees.

English proficiency. A survey conducted by the Somerville Public School Administration revealed that in school year 2004-05, enrolled students spoke 46 identified languages.

During the 1990s, the Asian population nearly doubled (+79.3%) from approximately 2,800 to 5,000 residents. At the same, the White population declined by 12.4% to 56,320 residents.

C. Household Income

Historically, Somerville developed as the home of farmers, factory owners, shopkeepers and workers. With the exception of farmers, this mix of professions and incomes can still be found today. In the 1990's as middle-income professionals returned to the center cities, the median income in Somerville increased. However, large areas of mid- to low-income population remain.

In fact, the 2000 Census determined the 10% of Somerville households had an income less than \$10,000, and more than a quarter of households in Somerville earned less than \$25,000. In relation to the rest of the state, Somerville has actually seen improvements in its income rankings among the 351 jurisdictions in Massachusetts. From 1989 to 1999, Somerville's rank in terms of median household income improved from 275 to 265. However, as reflected in the decrease in median family income from 1989 to 1999, Somerville's rank for this category fell from 273 to 297. Despite these modest increases in median household income and per capita income, Somerville is still not a wealthy community.

Another indicator of income is the poverty rate of a community. Somerville has seen a slight increase in the number of residents with incomes below the poverty level, as illustrated in the chart below.

	1989	1999	1989 Poverty rate	1999 Poverty rate	Change	% Change
Persons whose poverty status determined	74,061	75,199			1,138	1.50%
Total persons below poverty	8,492	9,395	11.50%	12.50%	903	10.60%
Persons 18-64	5,755	6,663	10.80%	11.80%	908	15.80%
Persons 65 or older	978	1,063	10.80%	13.60%	85	8.70%
Persons age 17 or younger	1,759	1,669	15.30%	15.20%	-90	-5.20%
Families whose poverty status determined	14,876	14,592				
Total families below poverty	1,221	1,254	7.60%	8.40%	33	2.70%

Source: 1990 and 2000 U.S. Federal Census

Geographically, the neighborhoods of East Somerville and parts of Winter Hill, in particular, have some of the lowest household incomes in the city. In terms of ethnicity, the per capita income for Latinos was \$16,490 compared to \$26,126 for white, not-Hispanic residents and 15% of Latinos lived in poverty in 1999 (vs. 11% of white-not-Hispanics).

D. Age

The majority of Somerville’s population is within the age range of 25-54. This is also an age group that saw rapid growth in Somerville during the 1990’s (+12.4%) in contrast to statewide trends in Massachusetts, which saw declines in the 20-30 population. Interestingly, the population aged 85 or greater also increased (+14.8%) during the same time period.

However, between 1990 and 2000, the number of residents in every other age group (under 5, under 18, 18-24, and 55+) fell. The greatest numeric declines were in the population aged 55-85, despite the fact that this population is growing nationwide as the Baby Boomer generation ages. In addition the median age rose slightly in 2000, to 31.1 years old.

TABLE 2: SOMERVILLE’S POPULATION BY AGE GROUP - 1990 and 2000

Age Group	1990	2000	1990-2000 % Change	1990-2000 Change	% of 1990 population	% of 2000 population
Under 5	3,944	3,500	-11.30%	-444	5.20%	4.50%
5 to 9	3,136	3,085	-1.60%	-51	4.10%	4.00%
10 to 14	2,906	3,086	6.20%	180	3.80%	4.00%
15 to 17	1,881	1,824	-3.00%	-57	2.50%	2.40%
Totalder 18	11,867	11,495	-3.10%	-372	15.60%	14.80%
18 and 19	2,380	2,332	-2.00%	-48	3.10%	3.00%
20 to 24	10,460	9,992	-4.50%	-468	13.70%	12.90%
Total 18 to 24	12,840	12,324	-4.00%	-516	16.80%	15.90%
25 to 34	20,133	21,362	6.10%	1,229	26.40%	27.60%
35 to 44	10,226	11,623	13.70%	1,397	13.40%	15.00%
45 to 54	5,922	7,802	31.70%	1,880	7.80%	10.10%
Total 25-54	36,281	40,787	12.40%	4,506	47.60%	52.60%
55 to 64	5,818	4,773	-18.00%	-1,045	7.60%	6.20%
65 to 74	5,194	4,059	-21.90%	-1,135	6.80%	5.20%
75-84	3,247	2,934	-9.60%	-313	4.30%	3.80%
85 or older	963	1,106	14.80%	143	1.30%	1.40%
Subtotal 65+	9,404	8,099	-13.90%	-1,305	12.30%	10.50%
Total All Ages	76,210	77,478	1.70%	1,268		
Median Age	30.8	31.1				

Source: 2000 U.S. Federal Census

Nationwide, the population of people over the age of 65 will double in 2030. The 85 and older population, those most likely to give up their car keys, will also double. It is anticipated that many seniors will prefer to age with dignity in their homes.

E. Persons with Disabilities

According to the 2000 Census, 32% of people (25,059 persons) 5 years old or older in City of Somerville have a disability. Of this population 29% of those persons (7,148 persons) are 65 years old or older.

TABLE 3: CITY OF SOMERVILLE PERSONS WITH DISABILITIES		
Civilian	Population	Percent (%)*
Total Population	77,748	
Total Population (5 years old and above)	73,746	
Population 5-15 Years Old with Disability	320	0.4%
Sensory Disability	36	
Physical Disability	54	
Mental Disability	282	
Self-Care Disability	58	
Go-Outside-Home Disability		
Employment Disability		
Population 16-64 Years Old with Disability	10,408	14.1%
Sensory Disability	799	
Physical Disability	2,218	
Mental Disability	1,771	
Self-Care Disability	755	
Go-Outside-Home Disability	4,262	
Employment Disability	7,676	
Population 65 Years Old & over with Disability	3,589	4.9%
Sensory Disability	1,076	
Physical Disability	2,490	
Mental Disability	783	
Self-Care Disability	856	
Go-Outside-Home Disability	1,943	
Employment Disability		
Total Persons with Disabilities	14,317	19.4%
** % of Somerville population		
Source: 2000 U.S. Federal Census		

According to the 2005 Census, more than 32% of people with disabilities in Somerville live below poverty levels. Neighborhood Revitalization Strategy Areas in Somerville each include a high percentage of residents below the poverty level – approximately 21%. This is a population with unique issues and challenges, yet it is an increasingly organized community that advocates for the types of comprehensive and cohesive, yet individualized services that it needs. The City of Somerville in collaboration with its Commission on DisAbilities strives to serve people with disabilities through education and advocacy for their fullest civil rights and for their inclusion in all public service opportunities.

F. History of Public Services

Since 1994, the City of Somerville has utilized HUD Emergency Shelter Grant (ESG) Funds and Community Development Block Grant (CDBG) Funds to provide essential services to low- and moderate-income individuals and families in Somerville. Public Services provide an entry point for

low-income residents to receive the services they need. These programs assist residents to overcome barriers to access, achieve self-sufficiency, and integrate into the community.

Programs have addressed both short-term crisis intervention and long-term support and development depending on the residents' needs (services have included housing, legal counseling, access to government assistance, etc.) These essential services range in scope from transportation services for the elderly and disabled, to after school youth mentoring programs, English as a Second Language classes for immigrants and new comers, to homeless supportive services and shelter operations.

Through the Equal Choice bill, Massachusetts' seniors can elect to use tax dollars to receive care at home instead of in a nursing home. Staying at home with its many practical benefits also brings with it the risk of isolation and disengagement from the community. Without access to critical services, staying at home can result in being trapped at home. The National Association of Area Councils on Aging confirms that transportation issues are closely correlated with poor income, self-care problems, isolation and loneliness. Non-profit and City agencies have provided the vital link between home and the community to enable the goal of aging in place.

Non-profit and City agencies have cooperated with anti-crime programs to involve young people who are most likely to become involved in negative behaviors and unconstructive activities in programming to realize their full potential as productive, responsible and caring citizens. Mentoring by caring adults has fostered constructive attachment, moral compass and achievement as an important value. Summary findings by the Center for Teen Empowerment pointed to the need for programs to address prevalent youth issues – drugs, suicide, gangs, violence, safety, jobs and youth voices. Not only do youth need a safe space to meet but direct and intentional connections between specific goals, activities and problematic issues that are occurring among youth living in Somerville neighborhoods.

With growing demands and level funding, non-profit organizations are becoming even more creative in leveraging limited resources. These organizations often maximize the use of available resources through joint programming and collaborations including: the Youth Workers Network, counseling with the Department of Social Services and a partnership with the Cambridge Health Alliance. Over the next five years the City will continue to work in collaboration with its Public Services partners to provide the Somerville community with effective, high quality services.

G. HUD CDBG Public Services & ESG Funding

The U.S. Department of Housing and Urban Development's CDBG regulations require that funds allocated to public services cannot exceed 15 percent of the total CDBG grant awarded for that program year. Over the past three years, not including the current fiscal year, this amount has ranged from \$442,137 to \$511,525.

In addition to CDBG funding, the City of Somerville also received Emergency Shelter Grant (ESG) funds. ESG funds are used as the first step in a continuum of assistance to prevent homelessness and to enable homeless individuals and families to move toward independent living. The objectives of the ESG Program are to increase the number and quality of emergency shelters and transitional living facilities for homeless individuals and families, to operate these facilities and provide essential

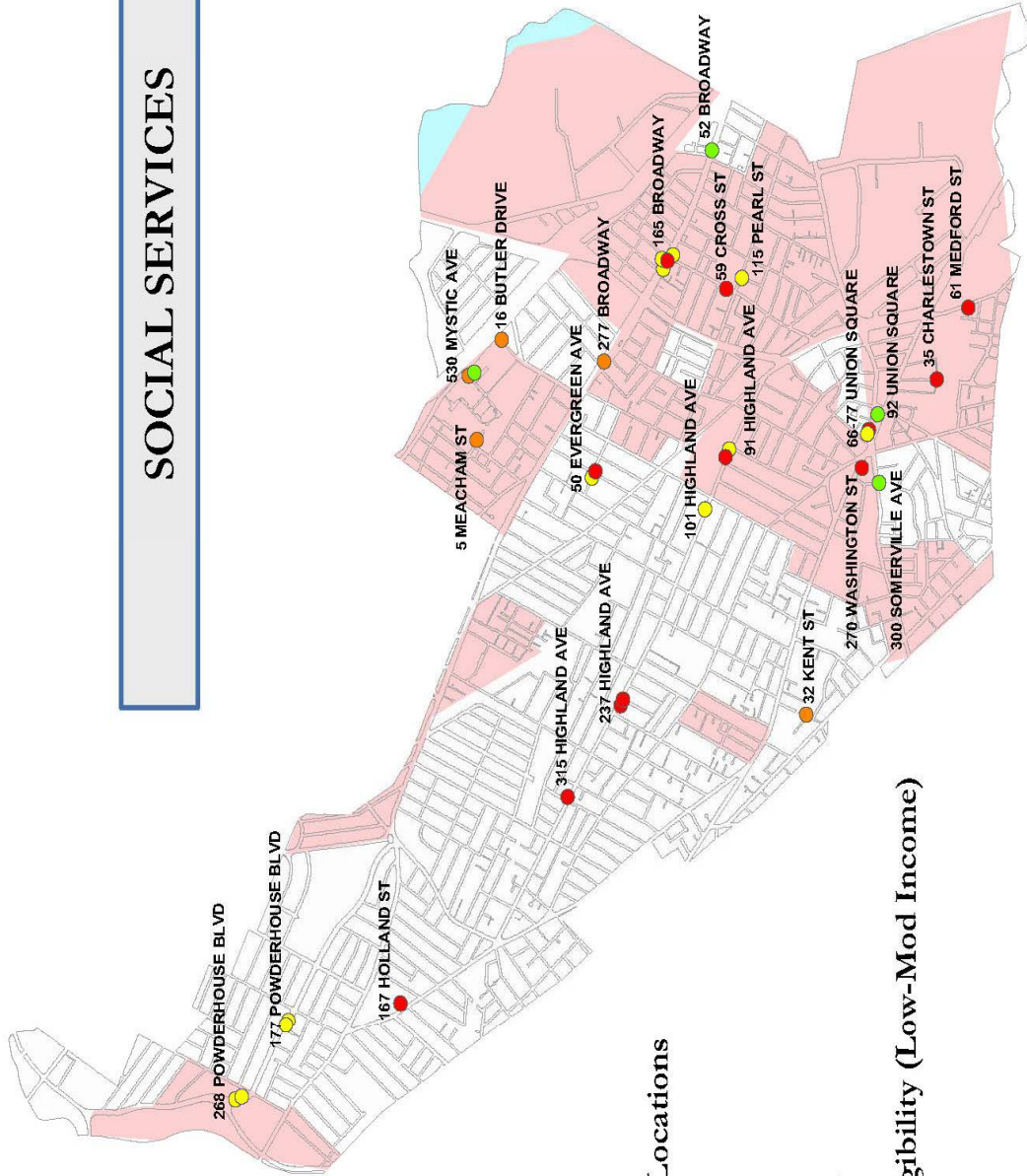
social services, and to help prevent homelessness. ESG grants can be used for facility operating costs (rent, maintenance, utilities or insurance), the rehabilitation or conversion of buildings into homeless shelters, the provision of essential shelter services and/or prevention of homelessness. The City of Somerville's ESG grant has ranged from \$125,755 to \$127,918 over the past several years. Subgrantees have leveraged CDBG and ESG funding to attract other funding sources.

II. Five Year Consolidated Plan Goals (2003-2008)

The existing Five Year Consolidated Plan has a series of ambitious goals for the Public Services Program. The goals include:

1. Provide service to City's homeless and HIV/AIDS population through care management, support services for persons on the street, eviction prevention assistance, and voicemail capabilities for housing and employment.
2. Increase access to healthcare, and education for low income and public housing tenants, especially youth.
3. Provide Services and resources for the City's immigrant population and assist non-governmental agencies to achieve the same.
4. Provide paratransit services for seniors and the disabled to enable better access to healthcare, recreational services, and to encourage self-sufficiency.

SOCIAL SERVICES



- Social Service Locations**
- Health
 - Family
 - Youth
 - Diversity
 - Self Sufficiency

2000 HUD Eligibility (Low-Mod Income)

- YES
- NO



Mayor Joseph A. Curtatone
 Office of Strategic Planning & Community Development
 Mapping prepared by City of Somerville



III. Accomplishments 2003-2008

More than 5,000 residents have been served by local social service agencies each year through the Public Services Program. They have received a variety of services to meet their basic needs whether this be through individual and group counseling; workshops on healthcare and immigration; or job readiness training and financial literacy. Youth have been offered positive opportunities to grow and challenge themselves in lieu of delinquent behavior and / or gang involvement. Educational, recreational and wellness programming for elders have helped decrease isolation and encourage participation in the community. Some specific accomplishments include:

- The bilingual and bicultural staff at Massachusetts Alliance of Portuguese Speakers, Concilio Hispano, Haitian Coalition and the Welcome Project have actively supported the minority community and limited English speakers. Additionally, many agencies have hired bi-lingual staff to assist the needs of their clients, such as Community Action Agency of Somerville, Guidance Center, Just-a-Start, Respond and the Somerville Health Department.
- Individual and group counseling has been provided by CASPAR, Guidance Center, Respond, Somerville Homeless Coalition, Somerville YMCA, Walnut St Center, Somerville Department on Aging, Community Action Agency of Somerville, Catholic Charities and Transition House.
- Workshops on healthcare were presented by Cambridge Public Health Alliance, Concilio Hispano, Haitian Coalition, Massachusetts Alliance of Portuguese Speakers, Walnut Street Center and the Somerville Health Department.
- Immigration workshops were conducted and or collaborated on by Massachusetts Alliance of Portuguese Speakers, Concilio Hispano, Haitian Coalition, Community Action Agency of Somerville and the Welcome Project.
- Job readiness training and budgeting was offered by Boys and Girls Clubs, Cambridge Public Health, Groundwork Somerville, Haitian Coalition, Mystic Learning Center, Somerville YMCA, Wayside Youth and Family Support Network, Somerville Arts Department, Somerville Cares about Prevention, Center for Teen Empowerment and Community Action Agency of Somerville.
- Youth behavior modification programs offering positive opportunities for youth were conducted by the Boys and Girls Clubs, Cambridge Public Health, Center for Teen Empowerment, Haitian Coalition, Mystic Learning Center, Somerville Community Corporation, Somerville YMCA, Transition House, Wayside Youth and Family Support Network, Somerville Arts Department, Somerville Cares about Prevention, Somerville Youth Program and Community Action Agency of Somerville.
- Presenting education educational, recreational and wellness programming for elders and the disabled community were conducted by the Somerville Department on Aging, Walnut Street Center and SCM Community Transportation.

Programming has focused on 5 major priorities – Community Health, Support Family Employment, Support Youth Empowerment, Discrimination and Diversity and Self-Sufficiency.

Community Health

Accomplishments under community health include:

- Through the work of Respond, Somerville residents and members from surrounding communities have received domestic violence support and information from domestic violence counselors - 24 hours a day. Counselors have responded to approximately 300 calls each month providing safety net planning and information and referral.
- The Guidance Center, Just-a-Start and Elizabeth Peabody House made referrals to early intervention agencies to assist over 100 at-risk infants yearly who have displayed early warning signs of developmental delays and education was provided to low income families to implement behavior changes and develop community collaborations to prevent recurring problems. The Guidance Center was a pilot site for a federally funded Massachusetts Department of Public Health project on postpartum depression and newborns exposed to illegal substances.
- Yearly, over 300 low income men and women who are homeless or at risk of homelessness due to a history of chronic substance abuse have received individual and group counseling services and treatment planning and case management services to stay sober and make difficult lifestyle changes. These services were provided CASPAR, Catholic Charities, Respond, Somerville Homeless Coalition and Transition House.

- Transportation services were provided to over 300 low-income elderly or disabled residents providing the vital link between home and the community, decreasing the risk of isolation and disengagement from the community. The majority of the transportation provided was for medical appointments. Transportation services were provided by SCM Community Transportation, Shepherd Center and the Haitian Coalition.



- The Walnut Street Center created a health and wellness program for over 20 developmentally disabled adults. In partnership with a local teaching hospital, volunteer buddies integrated physical fitness into the daily lives of developmentally disabled adults to achieve a higher standard of healthy living. The Somerville Commission on DisAbilities conducted a survey of disabled persons focused on the needs of

FIGURE 1: SCM PARATRANSIT

Source: OSPCD, 2007

this community . Based on this survey, a report was compiled that the City will use as a tool to increase understanding of disabled issues throughout the City. In addition, the Disability Commission developed a cable access TV show to publicize contact information related to the survey results and questions. The show offers information to city consumers regarding a wide array of disabilities-relevant topics. A five agency Community Partnership was formed to gather information and partner to design responses to common constituent's needs.

- Each year, fifteen Somerville High School teens received health education training from Cambridge Public Health to develop and lead interactive activities to educate and raise health awareness of their peers. These activities are conducted monthly at the high school to reach fellow students. Youth talked about body image, eating disorders and the media's influence on perceptions of beauty. Research was done on the affects of the media and how these images are affecting children as young as 10 years of age.
- During the research, the youth came across Dove's Campaign for Real Beauty – a campaign that embraces bodies of all shapes and sizes, all races and ethnicities from young to old. Pictures were taken as a true representation of a diverse student body of all ethnicities, shapes and sizes. In the final picture, youth cut out images of models, actors and actresses to demonstrate the media's message on body image. Youth were asked to write their thoughts on real beauty and positive body image, which were posted around the cafeteria for everyone to read.



FIGURE 2: TEEN HEALTH ADVISORY TABLE – INFO ON POSITIVE BODY IMAGE

Source: OSPCD, 2007

- Youth programming was developed by the Boys and Girls Program, Community Action Agency of Somerville, Center for Teen Empowerment, Haitian Coalition, Mystic Learning Center, Somerville YMCA, Wayside Youth and Family Support Network, Somerville Cares about Prevention and the Somerville Youth Program to reduce youth's access to use and abuse of alcohol and other drugs by engaging youth, parents, law enforcement, educators and substance abuse providers.
- Through the Shape Up Somerville Program, residents (pre-school, school age youth and adults) participated in a healthy lifestyle study in conjunction with Tufts University. Health education, workshops and nutrition information fostered changes in the community. Additional

partnerships were forged with the School Department/PEP Grant to implement a fitness and nutrition curriculum for youth participating in after-school programming.

Support Family Employment

Accomplishments under Support Family Employment include:

- Affordable daycare and after-school care through the Boys and Girls Clubs, Mystic Learning Center, Somerville YMCA and infant/toddler care programs at the Elizabeth Peabody House have served over 275 youth yearly with positive, enriching learning experiences. As a result, working families were more productive knowing their children are well care for.
- Through programs with the Guidance Center, Haitian Coalition, Elizabeth Peabody House Infant/Toddler Center, parenting workshops were conducted to facilitate the smooth and effective transition to the school system, parents were linked to support services and community resources. Early intervention services have assisted over 100 disabled children yearly with special needs services to achieve optimal development while supporting families through prevention and therapeutic intervention in home visits.
- A mentor program through Just-A-Start's Mentor Aftercare Program has provided a support system to 20 vulnerable youth mothers yearly by offering teens a positive relationship and role model to encourage youth mothers in building a safe and nurturing living environment as they raise their child(ren) and transition into adulthood. Over 30 families have been involved developing a sense of pride and community spirit through their participation in policy and program development at the Mystic Learning Center.
- Multi-faceted programming has been developed for 41 formerly homeless residents working to rebuild their lives at Transition House. Workshops and activities were designed to bring residents together in non-threatening environments, creating a sense of empowerment and decreasing isolation.
- Programs at Transition House for parents have stressed relief and self-esteem that have strengthened their self-confidence. Additional workshops included budgeting assistance and money management. Youth and teens have worked at the homework assistance program to increase their academic grades and self-esteem. Clubs have worked on emotional issues as well.

Support Youth Empowerment

The broad network of social service organizations working with youth in Somerville have focused on engaging youth in positive activities and service to others; challenging them to learn and explore; exposing them to a wide range of adult mentors and providing them access to powerful experiences to develop essential life skills, build self-esteem and create cross-cultural understanding. These agencies include Boys and Girls Clubs, Center for Teen Empowerment, Cambridge Public Health Alliance, Haitian Coalition, Mystic Learning Center, Somerville YMCA, Somerville Cares About Prevention, Groundwork Somerville, Somerville Arts Council and the Somerville Youth Department.

At least six of these agencies (Center for Teen Empowerment, Cambridge Public Health, Mystic Learning Center, Somerville Arts Department, Community Action Agency of Somerville, Somerville YMCA) have recruited, screened, interviewed and hired (7-17) youth each year. These programs include developing a training curriculum around employment and job readiness and leadership opportunities. In addition, leadership programming allowed youth to lead trainings and supported and empowered youth to use their voice to improve and participate in the community. These youth have developed leadership skills to work with their peers to address issues and bring about changes. Activities have focused on the environment, occupational safety, educational enrichment and substance abuse prevention strategies. Youth have drawn on their research, energy, example and artistic skills to teach and educate their peers.

Two organizations (Somerville Community Corporation and Wayside Youth and Family Support Network) have been working specifically on training students as mediators, conducting workshops teaching conflict resolution skills, anti-bullying techniques and resisting peer pressure when faced with gang involvement. Nearly 125

disputes have been resolved peacefully.



FIGURE 3: MURAL OF MYSTIC RIVER WATERSHED
Source: OSPCD, 2007

In order to create a mural on Mystic Avenue (nine 4 x 8' MDO panels to be connected to the existing mural), Somerville Arts Department youth decided a map of the watershed was important in the context of the existing mural – explaining why it was created and how the images were connected. In order to do this the youth explored 16 different areas of the watershed that expressed the variety of experiences found on the River.

Elimination of Discrimination and Support of Diversity

At least four organizations including Concilio Hispano, Massachusetts Alliance of Portuguese Speakers, Haitian Coalition and the Welcome Project (serving over 900 clients) have been working citywide to empower refugee and immigrant communities and create opportunities for residents of all backgrounds to work together to improve their social, economic and personal well-being. A key component to their success has been the focus on education and self-development initiatives.

Efforts have been very successful in expanding and improving ESL, ESOL and Citizenship classes. Some agencies provide daycare for parents, classes are offered in both the evening and daytime to reach new constituency. Clients were linked with the Career Center for job searches and workshops. Clients participating in classes can participate in a range of agency support and education services to contribute to their overall success.

Self-Sufficiency

Through education, information, referral and training, social service agencies have provided their clients with the tools to become independent, advocate for their own needs and integrate into the larger community and economy. During the summer through the YMCA Counselor in Training/Leadership in Training, forty-eight youth (ages 14 through 16) from low-income families have participated in job readiness, team building and leadership activities. Youth participated in Job Fairs and were exposed to job opportunities within the community.



FIGURE 4: COUNSELOR IN TRAINING / LEADERSHIP IN TRAINING JOB READINESS PROGRAM
Source: OSPCD 2007

High school youth participated in summer job programs that included environmental education, stewardship projects and recreational activities. Low-income youth built connections with youth from different communities and explored themes such as climate change, GPS mapping and the importance of open space. Together, they worked on multiple service projects each week that benefited the lives of other in Somerville.



FIGURE 5: MYSTIC RIVER CLEANUP 2007
Source: OSPCD. 2007



FIGURE 6: GROUNDWORKS SOMERVILLE GREEN TEAM
Source: OSPCD. 2007

Early intervention and infant/toddler services have stressed family driven prevention and therapeutic intervention services that maximize supporting families and developing community

collaborations to achieve optimal development and assisting families to understand ways to advocate for their child. Spanish parent-child groups were developed along with workshops for parents and providers.

Public Services Overall Accomplishments

The City is proud to announce that 4 of the 5 goals established in the 2003-2008 Consolidated Plan have been accomplished and exceeded. The fifth goal – provision of paratransit services – has not been met through the fourth year of the 2003-2008 Consolidated Plan. However, the City, through SCM Transportation, expects to serve an additional 400 clients in the fifth and final year of the 2003-2008 Consolidated Plan, achieving approximately 90% of this goal set for the 5-year period. With transportation costs increasing notably over the past four years, and returning clients using the service more intensively, the number of new clients that can be served has been constrained. SCM Community Transportation provides services are on a first-come first-served basis. All available rides have been booked; many two weeks in advance. Strategies are being analyzed for SCM to collect a sliding fee for services thus freeing up rides for the neediest residents.

5 Year Goal	Expected Clients	Actual Clients
Increase safety within the City through tenant security, domestic violence prevention, youth mediation, and tenant outreach	15,000	21,789
Provide service to City's homeless and HIV/AIDS population through care management, support services for persons on the street, eviction prevention assistance, and voicemail capabilities for housing and employment	700 - 1,000	6,223
Increase access to healthcare, and education for low income and public housing tenants, especially youth	4,000	6,423
Provide Services and resources for the City's immigrant population and assist non-governmental agencies to achieve the same.	2,500	6,761
Provide paratransit services for seniors and the disabled to enable better access to healthcare, recreational services, and to encourage self-sufficiency	2,400	1,713

IV. Needs Assessment

A. Needs Assessment Data and Surveys

The City is fortunate to have access to the results of a series of questionnaires, forums and surveys conducted by various non-profit and city agencies in recent years to help guide the needs assessment process. Questionnaires and surveys were conducted by both agencies receiving and not receiving CDBG funds. While the questions were not written specific to the Consolidated Plan, the timely information generated by diverse populations is very helpful in understanding public service needs in the community.

Area of focus	Subject	Date	Participants	Agency
Middle School Youth	Youth Risk Behavior Survey (grades 6 through 8)	10-Apr-07	926 students at 9 sites	Health Dept

Immigrant Workers	Work & Safety Concerns	N/A	240 Spanish speakers	CAAS and Haitian Coalition
Disabled Residents	Access Concerns	Nov-07	100 disabled residents	Disability Commission
Youth & Youth Providers	Peace Conference	Apr-07	500	Center for Teen Empowerment
Youth	Comprehensive Assessment of Youth Services and Recommendations to Increase Effectiveness of Intervention and Prevention Strategies	Mar-04	23 social service organizations and 4 youth focus groups of 10-15 youth each	Center for Teen Empowerment

Youth Risk Behavior Survey

This survey was conducted April 10, 2007 by the Health Department at nine sites with students from grades 6 through 8. The survey took approximately 30 minutes to complete. The survey was given between 10 am and noon in school classrooms. Questions included youth's perception and use of alcohol, drugs and tobacco, violence, mental health issue, nutritional and physical activity, etc. The survey alternated between middle school youth and high school youth. 926 surveys were analyzed. Fifty were discarded because the department felt the youth did not answer honestly and information might skew the results.

Once the results of the survey are approved by the School Committee, the Health Department will make presentations of the findings to the community – youth, educators, service providers, parents, etc. – to address concerns and shifting trends in behavior. While findings from the most recent survey are not yet available, previous surveys include findings that alcohol is the substance of choice, with 38% of middle school students reporting that they had consumed alcohol in their lifetime and 13% reported that they had consumed alcohol 30 days prior to the survey. Approximately one in every four students (245) reported using cigarettes and one in ten (11%) had used marijuana and inhalants. Both lifetime and current use of substances other than alcohol, cigarettes, marijuana and inhalants was comparatively low.

Overall, the percentage of Somerville middle school students who reported ever using each of these substances increased with age/grade. For example, the percentage who reported ever using alcohol in their lifetime increased from 28% in 6th grade to 34% in 7th grade and 51% in 8th grade. By spring of their 8th grade, over half of middle school students (51) reported that they had ever tried alcohol, approximately one-third (33%) had tried cigarettes, one-fifth (20%) had tried marijuana and 14% had tried inhalants. Comparative middle school data (2004 Monitoring the Future Survey, conducted by the University of Michigan for the National Institute on Drug Abuse) indicated rates of 8th grade lifetime use of alcohol (51% Somerville, 44% National), cigarettes (33% Somerville, 28% National) and marijuana (20% Somerville, 16% National). Somerville's rates were higher than the national average. The rate of lifetime cocaine use was the same (3%) in Somerville and nationally. Rates of 8th grade lifetime use of inhalants (14% Somerville, 17% National), steroids (1% Somerville, 2% National), heroin (.9% Somerville, 2% National) and ecstasy (1% Somerville, 3% National) were lower than the national average.

The 2005-2006 results of a study of Somerville High School Students regarding depression and

suicidal ideation noted that depression among Somerville high school students (31%) was higher than the Massachusetts 2005 average (27%). Rates of suicidal ideation and behavior were similar among both populations, with the Somerville rate of planning suicide dropping below the state average: *seriously considered* suicide (14% Somerville, 13% MA), *planned* suicide (10%, 7% MA), *attempted* suicide (8%, 3%).

While the Somerville survey focused on many risk behaviors, it also contained item designed to measure the strength of certain protective factors such as social support, community attachment and physical activity. The percentage of Somerville high school students who reported protective factors increased between 2004 and 2006: volunteer work (25% to 31%), extra curricular activities (58% to 63%), school adult confidant (53% to 59%), family adult confidant (68% to 70%) non-family/school confidant (38% to 40%), engaging in *vigorous* physical activity three or more times a week (48% to 54%) and *moderate* activity five or more times (16% to 21%).

Additionally, the Institute for Community Health plans to conduct a telephone survey of adults entitled the Adult Behavior Risk Survey in 2008. Members of the Health Dept will be involved in the collection. The results will be immediate.

CAAS-Community Action Agency & Haitian Coalition

Both agencies are working with Tufts University on a 4-year study entitled "Occupational Risks Among Immigrants in Somerville". The Tufts University School of Engineering received a grant from the National Institute of Occupational Safety and Health to advance understanding of the occupational health risks among a fast growing but vulnerable segment of the American workforce: immigrant workers. Beginning in 2006, an annual Latino Immigrant Worker Needs Assessment survey was conducted to identify and characterize this immigrant population, changes in the ethnic makeup, and work-related environmental exposure risk to immigrant workers in Somerville. The survey was performed by bi-lingual youth at events like the annual Immigrant Health Fair and through information tables at the Somerville Immigrants Conference organized by the Somerville Family Network, at St. Benedict's Church and at the Mayor's Summer Jobs Program.

Armed with in-depth knowledge of risk and health issues, such as respiratory and dermal exposure to potential harmful solvents and cleaning agents, the study team trained youth educators who will teach immigrant worker about occupational hazards and safe practices. This training model was successful in previous years on topics such as tobacco use to other environment issues. The results from this study will provide a model for other communities.

Assessment results indicated that immigrant workers in Somerville and greater Boston are working in small groups, particularly in service industries, such as housecleaners, floor refinishers housepainters or in small businesses such as nail salons, beauty salons and auto body shops. They often receive inadequate training about the hazards and how to do the job safely and as a result frequently develop illnesses and injuries that are often unseen and unmet.

To highlight how important an issue this is, the Boston Globe did a feature article highlighting the environmental work of the Brazilian Women's Group, their use of 'green' friendly products and education about health hazards at work and ways to help prevent occupational injuries. The Brazilian women cleaners formed a non-profit green cleaning cooperative that has worked to break

down the barriers of isolation facing these workers who are benefiting from the new structure and learning about safe work practices and benefits of using environmental friendly cleaning products.

Center for Teen Empowerment

The Center for Teen Empowerment conducted a comprehensive needs assessment of youth services provided by the City and other non-profit youth and educational organizations and made recommendations concerning ways to increase the effectiveness of intervention and prevention strategies. The assessment reviewed the present youth service delivery system, interviewed 23 adult service providers (who work for the City or with private non-profit providers), conducted a series of 4 two-hour focus groups of 10-15 youth each (held at Mystic Learning Center, Full Circle Alternative High School, Somerville Community Youth Program and Matignon High School) and observed youth program activities at 3 sites (Boys and Girls Club, YMCA and Somerville Community Youth Program).

The assessment revealed a youth service system that has suffered from a series of severe budget cutbacks on the state and local levels and has lost much of its past capacity to reach and engage high-risk youth. Among the teen services available at this time, there is a lack of connection between the needs of adolescents and the limited programs provided. While these efforts vary in quality, few are structured to intentionally address the issue of drugs, gangs, suicide and racial tension that characterize the patterns of behavior among far too many Somerville youth. Many youth reported a lack of connection with police, leaving police with the tendency to be suspicious of all youth. Many youth expressed interest in participating in projects that would engage them in theater, art and music-based activities, but such programs are currently available on an extremely limited basis. Finally, many youth programs reported that there is no clear way for community-based programs to coordinate their efforts with the intervention and prevention programming taking place within the schools and these school-based programs are very limited.

The agency recommended developing a network of youth leaders to mount a major effort to engage adolescent in positive involvement with their neighborhoods and provide input into the policies and practices of governmental, police and school/community based organizations.

Disability Access Report & Evaluation

The disability access survey gathered information from at least 100 disadvantaged individuals related to their inclusion in public services and community opportunities. The survey was conducted between January and March, 2007, and the results of this survey were presented in November, 2007. This survey requested responses to ten (10) questions, including:

- 1) What is your experience regarding programs, services and activities operated by the City?
- 2) What is your experience moving around the City?
- 3) What is your experience with City employees when making reports and requests regarding access problems?
- 4) What is your experience with Hospitals, Public Safety Departments, and Public Health Department?

The findings from this survey identified some areas of strength (69% of respondents rated their

experience with Hospitals, Public Safety, and Public Health Departments as either good, very good, or excellent), as well as some areas of weakness (43% of respondents rated their experience moving around the city as poor). Additional information on this survey is available at the City of Somerville Office of Strategic Planning or at the Somerville Commission for Persons with Disabilities. The results of this survey are reflected in the public services needs and priorities for both Transportation Services and HUD’s categories of Handicapped Services and Transportation Services as being ranked high for the next five years.

B. Needs Assessment Process

In addition to reviewing the results of the surveys and questionnaires noted above, the City held three public hearings in the fall of 2007 to solicit input into community public service needs. In addition, a focus group with service providers was held on October 29, 2007. Some of the comments from the focus group include:

- The City should take a proactive approach towards the expected changes in Somerville and increase collaboration among its organizations. There was understanding that Somerville faces similar issues each year, and the Focus Group members wish to evaluate strategies to addressing these issues to improve responses.
- Affordable housing and gentrification. The Focus Group is concerned with the increasing cost to live in Somerville. It is concerned that its vulnerable populations are increasingly at risk of being forced out, or forgotten about under a new influx of more affluent residents. It is weary of the prospect of gentrification eroding Somerville’s diversity.
- The wish to promote different demographics of the community to engage with one another, so all groups can learn and benefit from each other. The Focus Group believes an intergenerational philosophy integrated into all aspects of the city can foster civic involvement and a stronger sense of community.

V. Prioritization of Needs

The categories listed below encompass the priority public service needs for low- and moderate-income residents. Cost estimates are not as critical a factor in the public services planning process because the needs are inevitably greater than the available CDBG and ESG funds. The estimates provided below are based on both the amount of CDBG funds requested for 2008-2013 in each of the public service categories and from the information obtained through the Consolidated Plan public participation process.

TABLE 6: PUBLIC SERVICE NEEDS & PRIORITIES		
	Need Level	Units
Immigrant Services & ‘ESL	High	Persons
Public Services (05)	High	Persons
Services for Seniors (05A)	High	Persons
Handicapped Services (05B)	High	Persons
Youth Services (05D)	High	Persons
Transportation Services (05E)	High	Persons
Substance Abuse Services (05F)	High	Persons
Battered and Abuse Services (06G)	High	Persons

Employment Training (05H)	High	Persons
Tenant/Landlord Counseling (05K)	Medium	Persons
Child Care Services (05L)	Medium	Persons
Health Services (05M)	High	Persons
Shelter Operation Costs (03T)	High	Persons

VI. Obstacles to Meeting Underserved Needs

Based on information derived from grantees and other service providers with the City, it is clear that several obstacles to meeting needs exist. These include:

Insufficient Resources to Meet Demand

Resources presently available to provide services to the underserved population are inadequate to meet demand. Each day, service providers are stretching their resources to provide basic services to their client population. The commitment shown by the agencies and their staff is tremendous and they each go beyond the call of duty regularly. That said, the costs of providing services continues to increased and is usually unmatched by equivalent increases in resources. Today's high energy costs and the crisis in the lending market with an increase in foreclosures across the country can only result in a increase in individuals and families in need.

Limited English Proficiency

In order to best serve Somerville's population in need, services need to be provided in multiple languages including Portuguese, Spanish, and Haitian Creole. Advertising campaigns or flyers to make people aware of services must be provided in multiple languages and the City must target those periodicals and agencies best recognized by the limited English speaking populations in Somerville. This increases the cost and complexity of performing outreach across the city.

Distrust of Government

Among the populations in need are individuals who have a distrust of government and government services, whether this distrust has arisen from experiences in their native country or experiences in the U.S. In order to successfully reach these individuals, the barrier of distrust needs to be reduced. Unfortunately, reports indicate that in recent months immigration actions in Somerville and other parts of New England have heightened the concerns of this population.

VII. Vision, Goals, and Strategies

Vision

Critical services will be available to needy individuals and families to meet their unique needs.

Goals

1. Provide opportunities for residents to improve their economic, social and political situation.

2. Provide children with the best opportunities to live healthy and productive lives.
3. Provide education and leadership opportunities for youth to become involved in the community.
4. Provide comprehensive programs for low-income individuals and families who are having difficulty meeting their basic needs.
5. Prevent homelessness by providing interpersonal and systematic supports to undermine the causes of homelessness.
6. Provide services to support the elderly and persons with disabilities of all ages.

Strategies

Improve Economic, Social, Political Situation

- 1.1 Provide job readiness program, computer literacy, resume workshops, and other efforts to improve employment opportunities for Somerville residents.
- 1.2 Reduce barriers to participating in the community by providing ESL, ESOL and Citizenship classes.
- 1.3 Provide affordable daycare opportunities and support services for working families to better provide for their families.
- 1.4 Provide training to workers on occupational health issues and worker safety
- 1.5 Provide training on how to stabilize and grow financial resources, including but not limited to, financial literacy
- 1.6 Provide culturally appropriate avenues for linguistic minorities to access necessary services

Services for Children

- 2.1 Provide support services to include parenting workshops, early intervention strategies to create optimal development environments for at-risk children
- 2.2 Continue to support Shape Up Somerville and other initiatives that prevent and address childhood issues health and obesity
- 2.3 Support efforts for early childhood education
- 2.4 Support efforts to provide school breakfasts and lunches and other nutritional programs

Educational and Leadership Opportunities for Youth

- 3.1 Provide programs to promote mentoring skills, sub-stance abuse and gang prevention strategies, community service, employment skills and academic success
- 3.2 Provide safe after-school programming offering tutoring, enrichment and recreational activities
- 3.3 Develop leadership training for youth to become agents for change in the community
- 3.4 Support and increase summer and year-round employment opportunities for youth

Comprehensive Programs for Families

- 4.1 Provide outreach, information, referral, education, counseling and case management on housing, health services, educational opportunities, social service benefits, food.
- 4.2 Provide services that stabilize the family and home setting
- 4.3 Provide mentoring programs to enable residents to support one another

Prevent and Address Homelessness

- 5.1 Provide safety net planning for individuals and families experiencing domestic violence
- 5.2 Provide mediation and tenant / landlord counseling
- 5.3. Provide education, support services and tools to prevent homelessness

Services of the Elderly and Persons with Disabilities

- 6.1 Provide appropriate services for low income seniors living on fixed incomes
- 6.2 Embrace intergenerational initiatives to find commonality among all ages and walks of life
- 6.3 Provide programs to meets the needs of people with disabilities, including but not limited to transportation, job training, and other support services

VIII. Performance Measures

Applicants for CDBG public service grants in FY08 and beyond will be required to develop a logic model for their funded service and they will report regularly on program outputs and outcomes. The overall performance measurement will be employed to measure the success of the Somerville public service program will be promoting sustainability and livability. The City had between 30 and 35 public service grantees, the City will use this outcome to compile individual outcome information from the agencies.

In the program accomplishment area of the yearly Requests for Proposals, all public service grantees will answer the following four questions:

- 1- List the main ‘program goals’ of this service.
- 2- List the ‘number assisted’ – primary and secondary clients served by the program.
- 3- List the ‘program impact’ – direct products of the program activities.
- 4- List the desired ‘outcomes’ of this service. (What benefits will result? What will be the value to the community?)

Those grantees who received public service grants have and will continue to receive technical assistance in the development of logic models. Additionally, program report requirement are specified in each grant agreement and must be filed by public service grant recipients quarterly.

PUBLIC SERVICES PERFORMANCE MEASURES		
Goal	Strategies	Benchmarks
1. To create opportunities for residents to improve their economic, social and political situation	1.1 Provide job readiness program, computer literacy, resume workshops, and other efforts to improve employment opportunities for Somerville residents.	1.1.1 Serve 440 residents over five years
	1.2 Reduce barriers to participating in the community by providing ESL, ESOL and Citizenship classes.	1.2.1 Serve 400 residents over five years
	1.3 Provide affordable daycare opportunities and support services for working families to better provide for their families.	1.3.1 Serve 185 households each year

PUBLIC SERVICES PERFORMANCE MEASURES		
Goal	Strategies	Benchmarks
	1.4 Provide training to workers on occupational health issues and worker safety	1.4.1 Serve 400 residents over five years
	1.5 Provide training on how to stabilize and grow financial resources, including but not limited to, financial literacy.	1.5.1 Offer workshops to serve 400 residents over five years
	1.6 Provide culturally appropriate avenues for linguistic minorities to access necessary services	1.6.1 Serve 335 residents over five years
2. Provide children with the best opportunities to live healthy and productive lives	2.1 Provide support services to include parenting workshops, early intervention strategies to create optimal development environments for at-risk children	2.1.1 Serve 350 households over five years
	2.2 Continue to support healthy lifestyles (Shape Up Somerville) and other initiatives that prevent and address childhood issues health and obesity	2.2.1 Provide education to 535 households over five years
	2.3 Support efforts for early childhood education	2.3.1 Contract with 2 preschool agencies yearly to identify delays and develop prevention strategies to prevent larger problems later
	2.4 Support efforts to provide school breakfasts and lunches and other nutritional programs	2.4.1 Collaborate with agencies on 3 nutrition sites each summer
3. Create education and leadership opportunities for youth to become involved in the community	3.1 Provide programs to promote mentoring skills, sub-stance abuse and gang prevention strategies, community service, employment skills and academic success	3.1.1 Fund 8 programs each year
	3.2 Provide safe after-school programming offering tutoring, enrichment and recreational activities	3.2.1 Serve 600 youth through after-school programming over five years
	3.3 Provide leadership training for youth to become agents for change in the community	3.3.1 Engage 180 youth in leadership training over five years
	3.4 Support and increase summer and year-round employment opportunities for youth	3.4.1 Provide stipends to 400 youth over five years
4. Provide comprehensive programs for low income individuals and families who are having difficulty meeting their basic needs	4.1 Provide outreach, information, referral, education, counseling and case management on housing, health services, educational opportunities, social service benefits, food.	4.1.1 Offer information and referral 24 hours a day in collaboration with 27-30 non-profit agencies and operate a food program to benefit 10,000 residents each year
	4.2 Provide services that stabilize the family and home setting	4.2.1 Contract with 7 agencies yearly who will provide family counseling
	4.3 Provide mentoring programs to enable residents to support one another	4.3.1 Support 200 residents over five years

PUBLIC SERVICES PERFORMANCE MEASURES		
Goal	Strategies	Benchmarks
5. Prevent and address homelessness by providing interpersonal and - systematic supports to undermine the causes of homelessness	5.1 Provide safety net planning for individuals and families experiencing domestic violence	5.1.1 Provide safety net planning to 1,000 persons facing domestic violence over five years
	5.2 Provide mediation and tenant / landlord counseling	5.2.1 Train 100 mediators and counsel 250 residents facing eviction over five years
	5.3. Provide education, support services and tools to prevent homelessness	5.3.1 Provide case management to 1,000 residents in 5 shelters over five years
6. Provide services to support the elderly and persons with disabilities of all ages	6.1 Provide appropriate services for low income seniors living on fixed incomes	6.1.1 Operate 3 senior centers offering recreational and educational programming each year
	6.2 Embrace intergenerational initiatives to find commonality among all ages and walks of life	6.2.1 Encourage 2 youth and 2 senior agencies to work together over five years
	6.3 Provide programs to meets the needs of people with disabilities including but not limited to transportation, job training and other support services	6.3.1 Serve 2,100 residents over five years