



## Framework for Worcester Task Force for Sustaining Housing First Solutions

**Primary Goal:** To achieve and sustain functional zero adult chronic homelessness in the City of Worcester, Massachusetts.

**Background:** From January 2007-2013, the City of Worcester's service providers, led by Community Healthlink, collaborated on "Home Again," a project funded by The Health Foundation of Central Massachusetts that introduced "Housing First" in Worcester. The project housed 108 chronic homeless individuals on scattered and clustered sites around the City, enabling the closure of the People in Peril (PIP) Shelter and the creation of the Triage Center with 25-bed capacity. In January 2011, the U.S. Interagency Council on Homelessness (USICH) recognized Worcester as the first city of its size to effectively end chronic adult homelessness. Massachusetts transitioned its housing supports from sheltering to "Housing First."

The U.S. Department of Housing & Urban Development (HUD)'s 2017 Annual Homeless Assessment Report (AHAR) found that on January 25, 2017, the date of the federally mandated Point-in-Time Count, 553,742 people were experiencing homelessness in the U.S. In Massachusetts, there were 17,565 people without homes on that same night, and in Worcester County, 1,507 people (including adults, children, and unaccompanied youth) were counted as homeless living in shelters, transitional housing, or in places not meant for human habitation (1,111 counted within the city of Worcester).

From 2016-2017, Worcester County experienced a 4.3% decrease in the overall number of homeless persons, which is attributed to the decrease in the number of people in homeless families with children under 18. This positive momentum is thanks to the strength of Worcester County's homeless service system for families, and Massachusetts' policy as a Right to Shelter state, which invests in the prevention and rapid re-housing of homeless families.

Unfortunately, the same level of resources is lacking for the chronically homeless adult individual population, and 2017 was the third consecutive year that Worcester County saw an increase in the number of adult homeless individuals. The number of unsheltered or street homeless persons in particular increased 97%, from 66 persons on the streets in 2016 to 130 in 2017. Of special concern is the rise of the number of chronically homeless persons, both veterans and non-veterans, which continued its upward trend from 41 to 60 individuals in 2017, an increase of 46%.

Several factors contributed to these increases in adult homelessness and pose significant challenges, including: a lack of safe and affordable single room occupancy, 1-bedroom and efficiency units; an increase in opioid use and addiction combined with a shortage of treatment beds; and the underutilization of reimbursable wraparound supportive service funds.

**Task Force Objective:** To develop and recommend a plan based on the evidenced-based “Housing First” strategy, which includes engaging the appropriate community infrastructure necessary to support and sustain a long-term system of permanent supportive housing within the City of Worcester.

**Housing First as Strategy:** The foremost challenge before the Task Force is to reenergize the “Housing First” approach that targets chronic homeless persons on the streets, in encampments, or in shelters for the appropriate level of supportive housing necessary to keep them sufficiently housed within the community. As noted in a recent report of the USICH, “communities are increasingly focused on using evidence-based practices to streamline connections to housing opportunities and to provide people with the appropriate level of services to support their long-term housing stability. This shift in focus to permanent housing outcomes, driven by research on effective practices, has helped reduce homelessness nationwide by 13% between 2010 and 2017.”

**Key Elements in Plan Design:** As Worcester reinitiates a Housing First Plan to End Adult Chronic Homelessness, the following elements should be considered as fundamental components of a successful plan.

1. *Identification of Population through Data Collection and Assessment of Need:* The population to be served needs to be verified and prioritized according to need. This can be achieved through outreach, review of homelessness data, review of additional institutional databases and utilization of effective and meaningful triage assessment tools. Data should be compiled in a single, central list of all chronically homeless persons, and the community should agree on how frequently and in what manner it is updated.
2. *Assessment of Emergency Infrastructure Need:* To ensure adequate short-term emergency shelter will be available, an estimated aggregation of chronic homelessness within the community should be determined. This will assure that demand does not exceed capacity, which would result in the inability to move persons rapidly to housing.
3. *Assessment of Housing Inventory and Availability to Chronic Homeless Persons:* A review of current local affordable housing dedicated to the chronically homeless and their turnover rates is critical in identifying available units for chronic homeless persons. An audit also ensures that units dedicated to chronically homeless persons are actually filled by chronically homeless persons on the central list developed by all community partners. All housing providers must remain faithful to “Housing First” principles so that housing opportunities are low-barrier and do not screen out individuals unnecessarily.
4. *Dedication of Existing Housing Opportunities to Chronic Homelessness:* If the affordable housing unit inventory is deemed insufficient to accommodate this population, strategies for expanding the affordable housing market must be developed. Local housing authority, community development corporations, affordable housing developers/managers, the Worcester County Continuum of Care, and other community partners should be engaged to ensure that a substantial portion, if not all, of existing public housing units, affordable units, and voucher subsidies are dedicated to chronically homeless persons.

5. *Outreach and Engagement of Chronic Homeless Persons:* Once identified and prioritized, the community will review and revise, as needed, its outreach and engagement plan to bring in those in shelters, encampments or on the street and extend the offer of housing to this population in an efficient and effective manner that respects the rights and integrity of these persons. In a “Housing First” low-threshold approach, housing opportunities must be offered without requirements beyond the provisions of a normal lease, such as clinical objectives, sobriety, service engagement, etc.
6. *Development of New Low-Threshold Housing Opportunities:* Based on assessment of existing housing inventory dedicated to chronically homeless persons, the number of chronically homeless persons, and turnover rate of existing inventory, a projection of the number of additional new units required over time, as well as strategies for their creation, must be developed.
7. *Structure of Community-based Robust Supportive Services Necessary for Successful Tenancies:* A review of existing supportive services within the community as well as alternative models for funding such services, including Medicaid or other possible public resources, must be an integral part of this plan and should include a process for monitoring future changes in the systems.

Next Steps:

1. **Appointment of Task Force:** The City Manager appoints the members and Chair of the City of Worcester Task Force for Sustaining Housing First Solutions (Task Force).
2. **Initial Convening of Task Force:** The City Manager convenes Task Force to lay out its mission and objective: the recommendation of a plan involving a comprehensive set of strategies to achieve and sustain functional zero adult chronic homelessness in the City of Worcester.
3. **Task Force Meetings:** It is envisioned that the Task Force will likely engage in a series of 5-6 meetings, including two public forums, and may form sub-committees to facilitate the gathering of specific information regarding the housing component and the case management components.
4. **Task Force Meeting with Consultant:** The Task Force will be aided by the engagement by the City of a consultant with expertise in developing and structuring the components of the plan.
5. **Release of the Recommendations:** Based on the data and input, the Task Force will prepare a draft report which will be vetted with stakeholders and then finalized.