



Edward M. Augustus, Jr.
City Manager

CITY OF WORCESTER

Report of the City Manager's Task Force for Sustaining Housing First Solutions
July 9, 2018

Background

In 2011, the U.S. Interagency Council on Homelessness (USICH) recognized Worcester as the first city of its size to effectively end chronic adult homelessness through the "Home Again" initiative. "Home Again" put Housing First into practice and ultimately housed 108 chronically homeless individuals in scattered and clustered sites around the city.

However, this robust effort did not foresee the need for a process to monitor the status of chronic homelessness in the city and adapt to emergent changes or challenges in the population. Without an accountability mechanism to continue the success of "Home Again," several compounding factors contributed to the increase in chronic homelessness from 2014-2017, according to the Worcester City and County Continuum of Care:

- 1) A lack of safe and affordable single room occupancy, 1-bedroom and efficiency units;
- 2) An end to federal and state stimulus funding for homeless prevention and rapid re-housing;
- 3) A shortage of behavioral health services amidst the opioid epidemic; and
- 4) A limited capacity and underutilization of Medicaid-reimbursable housing supportive services.

In February 2018, Worcester City Manager Edward M. Augustus, Jr. appointed a 28-member Task Force to reverse the three-year rise in the number of people experiencing chronic homelessness in the City of Worcester. The Task Force was charged with reenergizing the "Housing First" approach that targets persons experiencing chronic homelessness who are living on the streets, in encampments, or in shelters for the appropriate level of supportive housing necessary to keep them sufficiently housed within the community.

The intention of this rejuvenated effort was to build on existing strengths within Worcester's homeless service community, while targeting barriers and lessons identified by local experts and individuals on the ground. In a letter to Task Force appointees, City Manager Augustus wrote,

"...the numbers are manageable, and we know what we need to do because we have done it before. The difference this time is the emphasis on sustainability and projecting the resources required over time to continue our success."

The Task Force was comprised of the following individuals:

Rev. Bob Bachelder

Worcester Area Mission Society

Sharon Krefetz, PhD

Worcester City & County Continuum of Care

Brian Bickford

Eliot CHS Homeless Services

Patrick DiGregorio

Veterans Inc.

Katherine Calano

City of Worcester

Monica Lowell

UMass Memorial Health Care

Grace Carmark

Central Massachusetts Housing Alliance

Konstantina Lukes, JD

Worcester City Council (At-Large)

Matilde Castiel, MD

City of Worcester

Father John Madden

St. John's Catholic Church

Jim Cuddy

South Middlesex Opportunity Council

Dominic Marcigliano

Worcester Community Housing Resources

Alex Corrales

Worcester Housing Authority

David McMahon

Dismas House

Joe Finn

Mass Housing & Shelter Alliance

Doug Quattrochi

MassLandlords Association

John Ford

HHS, Commonwealth of Massachusetts (Former)

Sarai Rivera

Worcester City Council (District 4)

David Fort

Worcester Board of Health

Michelle Smith

AIDS Project Worcester

Eric Garcia, MD

Homeless Outreach & Advocacy Program
Community Healthlink

Linn Torto

MA Interagency Council on Homelessness

Nicole Gagne

Community Healthlink

Linda Weinreb, MD

Fallon Health Accountable Care Organization

Tim Garvin

United Way of Central Massachusetts

Jan Yost, EdD

The Health Foundation of Central MA

Robyn Kennedy

YWCA of Central MA

A Rejuvenated Community-Wide Effort

Task Force Objective:

To develop and recommend a plan to engage the appropriate community infrastructure necessary to support and sustain a long-term system of permanent supportive housing within the City of Worcester.

The Process:

The Task Force engaged in a four-month process that drew from broad-based community representation, with expertise on chronic homelessness and the Housing First approach.

City Manager Augustus chaired five full Task Force meetings from March to June 2018.

The City Manager also appointed a Leadership Team to help manage the Task Force's work:

Katherine Calano, Homeless Projects Manager, City of Worcester

Matilde "Mattie" Castiel, Commissioner of Health & Human Services, City of Worcester

Joe Finn, President & Executive Director, Massachusetts Housing and Shelter Alliance

Sharon Krefetz, Professor, Clark University and Continuum of Care Advisor Board Chair

Jan Yost, President & CEO, The Health Foundation of Central Massachusetts

Barbara Poppe of Barbara Poppe and Associates was hired as a consultant to the Task Force, made possible by support from The Health Foundation of Central Massachusetts. Ms. Poppe is the former Executive Director of the USICH and a nationally-recognized expert on results-driven public-private partnerships to address homelessness.

Nineteen Task Force members volunteered additional time to support 15 committee meetings and 10 sub-committee meetings. In addition, 12 community members who were not on the Task Force also served on committees.

Committee members included:

Data Committee

Grace Carmark, Committee Chair

Brian Bickford

Danielle LaRiviere

Jack Moran

Singumbe Muyeba

Stephanie Page

Jerry Schlater

Affordable Housing Committee

Jim Cuddy, Committee Chair

Elizabeth Alfred

Bob Bachelder

Brian Bickford

Tom Brigham

Katherine Calano

Alex Corrales

Parlee Jones

Robyn Kennedy

Sharon Krefetz

Konstantina Lukes

Dominick Marcigliano

David McMahon

Doug Quattrochi

Miguel Rivera

Jan Yost

Outreach & Case Management Committee

John Ford, Committee Chair

Matilde Castiel

Patrick DiGregorio

David Fort

Nicole Gagne

Erik Garcia

Tim Garvin

Susan Gentili

Robyn Kennedy

Taylor Lacroix

Barbara Lucci

Michelle Smith

Paul Therrien

In addition, the process included active public participation with approximately 120 attendees (40 speakers) between the two Public Forums/Listening Sessions held on March 26 and June 13, 2018 and 10 e-mail comments submitted on the Task Force website (<http://www.worcesterma.gov/hhs/housing-first>). People with lived experience of chronic homelessness participated in committee meetings, Listening Sessions, and in two focus groups. In total, there were 80 individuals whose voices directly impacted the recommendations of the Task Force.

The Cost (Savings) of Housing First

The National Alliance to End Homelessness calls Housing First a “proven effective alternative in reducing chronic homelessness as well as public health care costs.” Housing First provides people with permanent housing and supportive services to help them access and remain in housing. It is a platform from which people can access primary and behavioral health services to improve physical health, foster mental health, and reduce alcohol and drug use. While the homeless response system across the Commonwealth of Massachusetts and in Worcester fully embraces Housing First as a best practice, the high-cost housing market does not currently have the appropriate housing availability or affordability to take Housing First to scale.

U.S. Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report (AHAR) results make clear that, even in a strong economy, tackling homelessness will require targeted and expanded efforts to address the wide gap between rental housing costs and the incomes of the nation’s poorest households. In areas where housing supply is not keeping pace with demand, investments in expanding the supply of affordable rental housing are crucial.ⁱ

It is estimated that \$4-6 million in capital investment will be required to create the permanent housing to meet the current needs of the adult chronic homeless population in the City of Worcester at the time of this report. Exact sources of these funds are yet to be identified but will include a combination of public, private, and philanthropic investment. Modest investment in additional housing is anticipated in future years to address new individuals who become chronically homeless.

Just as crucial as housing is access to the necessary community-based support services and healthcare to promote housing stabilization. The Community Support Program for People Experiencing Chronic Homelessness (CSPECH), started in 2006 by the Massachusetts Behavioral Health Partnership in collaboration with the Massachusetts Housing and Shelter Alliance, is an innovative Medicaid-funded program that provides community-based support services for chronically homeless individuals. CSPECH

services are crucial for helping sustain recipients' tenancy in housing, showing an ~85% housing retention rate, and they have consistently led to a reduction in average per-person healthcare costs.

A March 2017 studyⁱⁱ found that initiation of CSPECH services was associated with significant cost savings of \$6,072 or \$11,914 in annual per-person healthcare costs, depending on the analytic approach employed. These savings more than offset the cost of CSPECH services, resulting in annual per-person net savings of \$2,291 or \$7,013. This translates into a return of between \$1.61 or \$2.43 for each dollar spent on CSPECH services.

Stable, safe, and affordable housing not only saves money within the healthcare system, but it also reduces costly systems of public safety, shelter, and incarceration, although those costs were not included in the study.

Task Force Recommendations

The following recommendations are compiled based on the work of the Task Force for Sustaining Housing First Solutions, its three committees, stakeholder focus groups, listening sessions, and systems analysis, and are presented to City Manager Edward M. Augustus, Jr. to endorse the enhancement of a whole-community approach to addressing the complex social issue of adult chronic homelessness.

GOAL: To achieve and sustain a “functional zero”ⁱⁱⁱ of adult chronic homelessness^{iv} in the City of Worcester by building upon and enhancing a community response that incorporates the five components of Housing First: Crisis Response System; Housing Supply and Rental Assistance; Support Services; Housing Stabilization System; and a Data-Driven System.

OVERARCHING RECOMMENDATIONS:

1. Public entities, and nonprofit organizations, as well as private landlords should work together to produce 103 housing units with rental assistance and continue to preserve and develop adequate units for those who become chronically homeless in future years. About half of these units should be completed by December 31, 2019, and the other half by July 1, 2020.
2. All community housing entities and mainstream support service providers that serve adults who experience homelessness should become part of the Worcester City & County Continuum of Care^v (CoC) Coordinated Entry System^{vi} (CES), aimed at providing housing subsidies with individualized support services prioritized for chronically homeless individuals.
3. The City Manager should establish and support a “Sustaining Housing First Solutions Coordinating Council,” which will meet quarterly at a minimum to ensure a coordinated community-wide system that acts with urgency, and embodies these essential elements:
 - a. Actionable, measurable goals;
 - b. Clear, accountable leadership;
 - c. Prioritized access to housing, with active case conferencing that respects confidentiality;
 - d. Public commitment & transparent reporting;
 - e. Funder education, alignment & sufficiency of resources.

RECOMMENDED SYSTEM COMPONENTS:

Crisis Response System

4. Outreach providers serving the chronic homeless should continue to build upon a coordinated system to deploy staff to locations most frequented by people who are unsheltered to engage and connect individuals to services and supports.
5. Shelter providers should continue to follow best practices, which include “low barrier” access, safe environment, and appropriate diversion through problem-solving conversations.
6. The Coordinating Council should explore the establishment and piloting of an early warning system in the community that includes a Housing First Retention Fund, an adequate triage and assessment system of diversion, alternative residential or service referral, reunification/relocation where appropriate, and rapid re-housing to prevent people from becoming homeless or to limit shelter stays.

Housing Supply and Rental Assistance

7. The City and Coordinating Council should encourage the production of a variety of housing units that are affordable for people with extremely low incomes, from individual scattered sites to small (e.g., 10-15 units) and moderate-sized (e.g., 25 units) congregate sites, which would include on-site resident managers, to accommodate the various current needs of clients, including special populations, and anticipate the need in future years.
8. The City and the Coordinating Council should assist in identifying sources of capital for the development of housing for the chronic homeless, including the enhancement of a Worcester-based low interest loan fund.
9. The City and the Coordinating Council should assist in identifying and advocating for sources of rental assistance or operating support to ensure the rents are affordable for tenants who have experienced chronic homelessness.
10. The Coordinating Council should review and advise lenders on proposals to access funds from the Worcester-based loan fund established to house the chronic homeless population, with the City offices that already review housing-related projects.
11. The CoC should continue to prioritize its HUD funding applications for Housing First programs and the expansion of the number of permanent supportive housing units, targeting especially those chronic homeless subpopulations that are the most difficult to house.
12. The City should assist providers by continuing to sustain safety-related code enforcement to preserve safe housing, identifying properties appropriate for developing housing units, and when possible, donate City-owned property. The Coordinating Council should advise the City on regulations and zoning that promotes development of appropriate housing.

Support Services

13. Providers should assist chronically homeless clients to fully access healthcare, support and case management services through enrollment in an appropriate insurance product, including:
 - MassHealth's Community Support Program for People Experiencing Chronic Homelessness (CSPECH);
 - MassHealth's CSPECH for Seniors "Senior Care Options" (including Dual Eligibles);
 - Commonwealth Care Alliance's "One Care" (for Dual Eligibles between ages 21-64)
 - Other products that may become available through the new ACO health care system
14. The CoC should continue to offer trainings on a regular basis for provider staff to help orient new staff, provide updates on eligibility and accessing CES, various benefits, and offer opportunities for peer learning on a variety of case management related topics, including accessing health insurance, social security and SNAP benefits, as well as motivational interviewing and engagement techniques. This should include mechanisms to receive ongoing feedback from local providers and clients.
15. The CoC should continue to ensure the full utilization of Community Health Workers, Recovery Navigators, and Certified Peer Specialists in providing culturally specific and person-centered housing stability services.
16. If a gap in support services is identified, the Coordinating Council should evaluate capacity, eligibility, or other policies that prevent resources from being made available to those who are homeless or at-risk of homelessness. For example, Legal Assistance related to CORI barriers to housing and employment, assistance with transportation.

Housing Stabilization System

17. The City should explore the establishment and piloting of a Landlord-Tenant Insurance Fund, which reduces the perception of risk for private property owners and eliminates housing barriers on rental applications.
18. The Coordinated Entry System should continue to prioritize chronically homeless persons as top priority for access to permanent supportive housing and other resources that can eliminate chronic homelessness.
19. The City should partner with the CoC and Veterans programs to ensure that federal, state and homeless Veteran-specific resources are prioritized for Veterans who experience chronic homelessness.
20. The Coordinating Council should annually review the sufficiency of permanent supportive housing inventory to attain and maintain a functional end to chronic homelessness.

Data-Driven System

21. All private funders of homeless service providers should require (unless prohibited by law) and help support providers to participate in the CoC's Homeless Management Information System (HMIS), which will also feed into the Statewide Data Warehouse.
22. All funders of homeless service providers should require providers to participate in active case conferencing for all Chronically Homeless individuals for coordinated entry administered by the CoC.
23. The City and the Coordinating Council should develop a system to aggregate and report homeless episodes among those released from correctional facilities, behavioral health institutions, and other public emergency services with a goal of providing more intensive and integrated services for people at high risk of homelessness.
24. The CoC should continue to provide the annual Point in Time Count, quarterly unsheltered counts, as well as quarterly updated estimates from the HMIS, including the number of housing placements, the duration of time it takes to house individuals and their housing retention rates to the Coordinating Council; and regularly update stakeholders in the form of a Status Dashboard.
25. The City's staff should assist the Coordinating Council by developing and implementing an ongoing communications plan to inform the public about the issue of homelessness and the progress being made to achieve and sustain "functional zero."
26. The CoC, in partnership with the Coordinating Council, should complete the process to obtain federal recognition for achieving the designation as having attained the benchmarks and criteria for a functional end to chronic homelessness.

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ⁱ <https://www.cbpp.org/blog/new-homelessness-count-shows-theres-still-work-to-do>

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https://bluecrossmafoundation.org/sites/default/files/download/publication/CSPECH_Report_Mar17_FINAL.pdf

ⁱⁱⁱ **FUNCTIONAL ZERO:** Functional zero is reached when the number of persons experiencing (chronic) homelessness within a community is less than the average number of persons being connected with permanent housing each month. In achieving this measure, a community has demonstrated the system and capacity to quickly and efficiently connect people with housing and ensure that homelessness within the community will be rare, brief, and non-recurring.

^{iv} **CHRONICALLY HOMELESS PERSON:** (as defined by HUD) An individual (or family) with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

^v **CONTINUUM OF CARE:** A community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. This is often used to refer to the system of programs to address and prevent homelessness as well as the body that coordinates such efforts. The Central Massachusetts Housing Alliance (CMHA) is the Lead Agency for the Worcester City & County CoC.

^{vi} **COORDINATED ENTRY SYSTEM:** A community-wide process to perform outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization of those with the highest need, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.