

**Worcester Board of Health Meeting
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, December 4, 2023
6:30 pm
Minutes by Aidan Giasson**

Welcome and Introductions

Board Members Present: Interim Chair Frances Anthes, Vice Chair Chareese Allen, Gary Rosen, Leopoldo Negrón Cruz

Staff Present: Matilde ‘Mattie’ Castiel, MD, Commissioner of HHS; Dr. Mike Hirsh, Medical Director; Soloe Dennis, Director of DPH and CMRPHA; Cherry Tangri, Tobacco Prevention Specialist; Nikki Nixon, Chief of Data, Research, and Epidemiology; Ian Wong, Deputy Director of DPH

Guests Present: Hedro Lahdo, Hedro’s Smoke Shop; Fernando Figueroa, Attorney at Eden Rafferty; Casey Burns, Coalition Health Greater Worcester; Henry Schwan, Worcester Telegram & Gazette; Patrick Harrington, Police Officer; Gordon Benson, Interim President of Community Healthlink; Jim Leary, Government and Community Relations for UMass Memorial Health; Stephane Manzi, Vice President of Substance Use Disorder Services at CHL

Violation Hearing – finding of applicable state law regulations

1. Hedro smoke shop, 319 Grafton Street, Worcester

On Oct. 6th, 2023, the Division of Public Health was alerted that a violation involving a business holding a license to sell tobacco occurred. The division is recommending that the board revoke the tobacco permit.

Police Officer Harrington explained that Hedro Smoke Shop was found to be illegally selling stun guns while categorizing them as tobacco. The smoke shop was also found in possession of 3.8 oz of marijuana which is believed to be for sale. The smoke shop doesn’t possess a license to sell stun guns or marijuana.

Hedro’s attorney, Fernando Figueroa, stated that Mr. Lahdo is asking the board to not revoke his permit for selling tobacco because he had no other issues, allegations of improper sale or any other violations during his time as a business owner in Worcester. They asked the board to move the proceedings 60 to 90 days as Mr. Lahdo has yet to be arraigned on these charges.

Cherry Tangri the Tobacco Prevention Specialist mentioned that in 2021 Mr. Lahdo had been fined \$300 for selling blunt wraps which is against local Worcester Ordinances Chapter 8 Section 3. She had also received complaints twice after this instance about his store selling flavored vapes for which he was given warnings to remove the products from his store.

Chareese Allen moved to revoke the tobacco license for Hedro’s Smoke Shop at 319 Grafton Street. Gary Rosen seconded the motion. Gary Rosen, Leo Negrón Cruz, and Chareese Allen all voted favor of revoking the license. Frances Anthes voted no.

With a 3-1 vote the license was revoked.

Review and Approve November Meeting Minutes

Gary Rosen moved to approve the minutes from November 6th, 2023. Chareese Allen seconded the motion. All voted in favor of approving the minutes.

Covid and Communicable Disease Update

Dr. Hirsh provided his update on Covid infections. Wastewater numbers have been increasing now for three consecutive weeks, but actual case numbers remain down in Massachusetts. Case numbers are now estimates rather than hard numbers, but the whole Northeast has a diminishing number of Covid cases. There is an ill-defined viral pneumonia that is starting to cause emergency room visits and hospitalizations. There is no specific treatment for this other than the supportive care used for anybody with a respiratory tract infection. A good proportion of the patients coming in are children. There is an outbreak in China of an unnamed respiratory ailment which they are tracking for any developing trend. The flu cases are rising slowly and are later than they have been in past years.

Dr. Hirsh is working with Judy Schaechter, the President of the American Board of Pediatrics, on gathering information about how climate change is impacting the health of Worcester residents. The presentation will be at the February meeting. One thing he learned in discussion with two MA pediatric pulmonologists is that asthma is on the rise.

2024 Greater Worcester Community Health Assessment

Casey Burns from the Coalition for a Healthy Greater Worcester and Nikki Nixon from DPH presented the results from the 2024 Community Health Assessment (CHA). The assessment informs the development of the Community Health Improvement Plan (CHIP) which goes from 2021-2026. The CHA is done to identify health issues in our communities which included Worcester, Shrewsbury, Grafton, and West Boylston. There are many community partners involved in collecting the data for the CHA (all listed on slides below).

They are using an intersectional framework that leads with race but is also aware of other parts of people's identities including income, gender, sexuality and more.

The priority areas for the 2024 CHA include public transportation, food access, safe affordable housing, broadband, navigating public benefits, healthcare workforce shortages, and culturally representative healthcare.

Homelessness

New 24/7 emergency winter shelter for this winter will be in the old downtown RMV at 611 Main St. There will be 60 beds for individual homelessness. Evictions went up a lot and most of the people evicted were not represented by an attorney. We need to work with the families prior to being evicted because once they are evicted, they are not eligible for many programs.

Last spring there was discussions on transitional housing, which would be places where people have individual rooms like hotels. After Covid it was discussed that we can't keep having shelters with people living next to one another and that people should have the dignity and ability to have their own space. When people including children are homeless the chances of them becoming addicted to substances and/or having mental health issues increases.



Community Healthlink

Leadership from CHL came to update on the progress of reopening their facilities. Since last month's meeting facility upgrades are expected to be done by mid-January. Staffing is one of the most critical components of their reopening, so they are working with the Service Employees International Union (SEIU) and to come up with plan to assess how many CHL staff are coming back. They can not officially recall staff until an opening date is set, so with their preliminary recall 22 of 57 staff have said they are committed to returning to their full-time position. They are feeling very hopeful with this response and are working closely with SEIU to address problems that were happening in the recovery unit prior to the temporary closure.

CHL is working closely with the Bureau of Substance Addiction Services their licensing body to figure out the steps to the applications and the site visit. They will get a temporary license to start and hopefully after a few months BSAS will issue them their two-year license.

They do have the ability to open before they are fully staffed. They will just have to adjust the number of beds they have in the unit based on the staffing ratios they are required to have.

Next Meeting Dates and Topics

January 8th

Covid After Action Report

February

Climate Change

Adjournment

Chareese Allen moved to adjourn the meeting at 8:20, and all were in favor.

2024

Greater Worcester COMMUNITY HEALTH ASSESSMENT

PRESENTED BY:

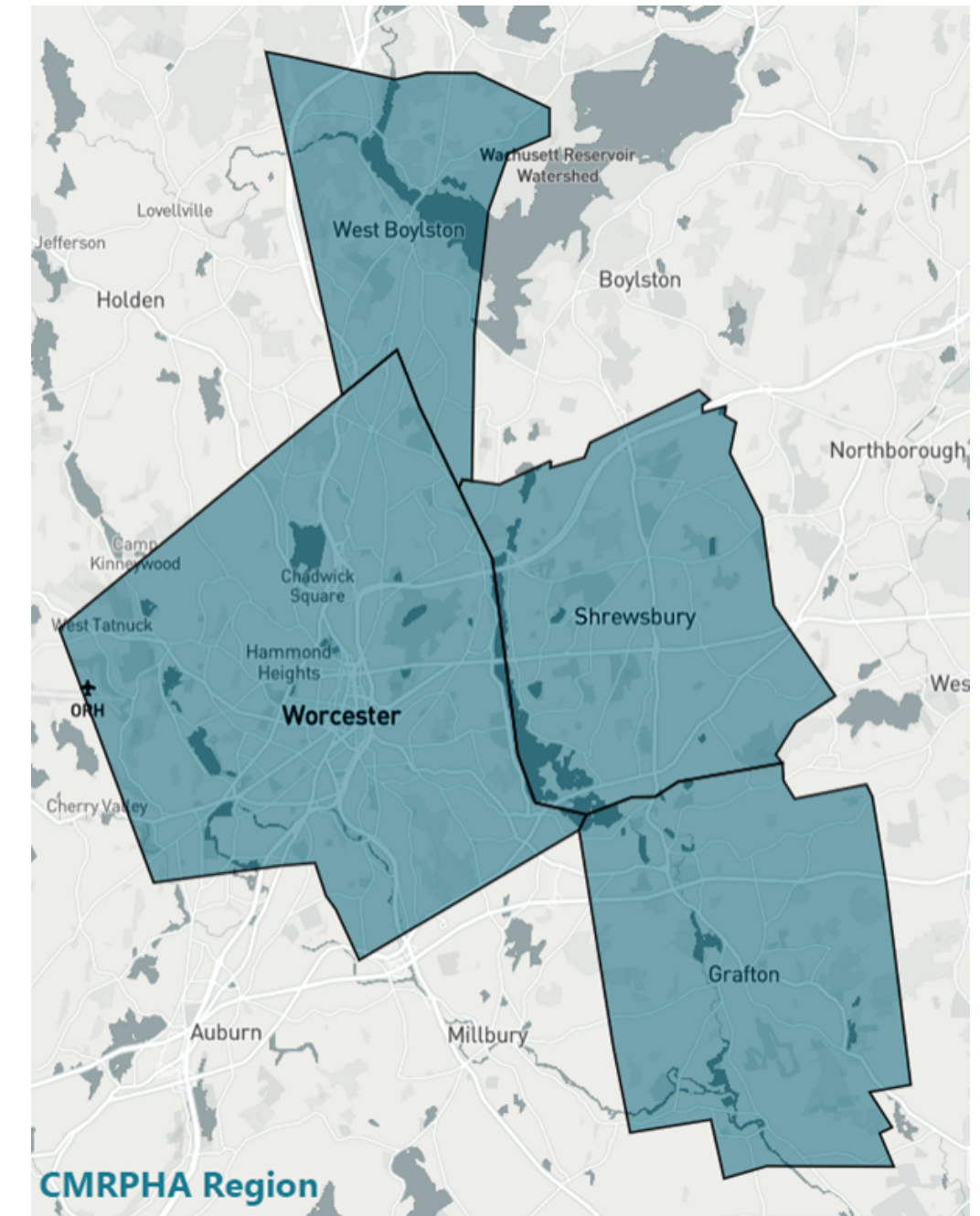
Nikki Nixon, Worcester Division of Public Health

Casey Burns, Coalition for a Health Greater Worcester

Background & Purpose

2024 Community Health [Needs] Assessment

- To identify community health issues through collaborative planning process
- Engages the community to determine shared needs and priorities
- Informs strategy development in the Community Health Improvement Plan (CHIP)
- 5th iteration of the Greater Worcester CHA



Methods

Mixed-Methods Assessment

Quantitative Data Collection

- Primary data collection
- Secondary data collection

Qualitative Data Collection

- Community conversations
- Community interviews

Facilitating Partners

Planning Committee

- City of Worcester Public Health
- UMass Memorial Health
- Coalition for a Healthy Greater Worcester
- Fallon Health

Advisory Committee

- 55 participants

Methods



Planning Committee

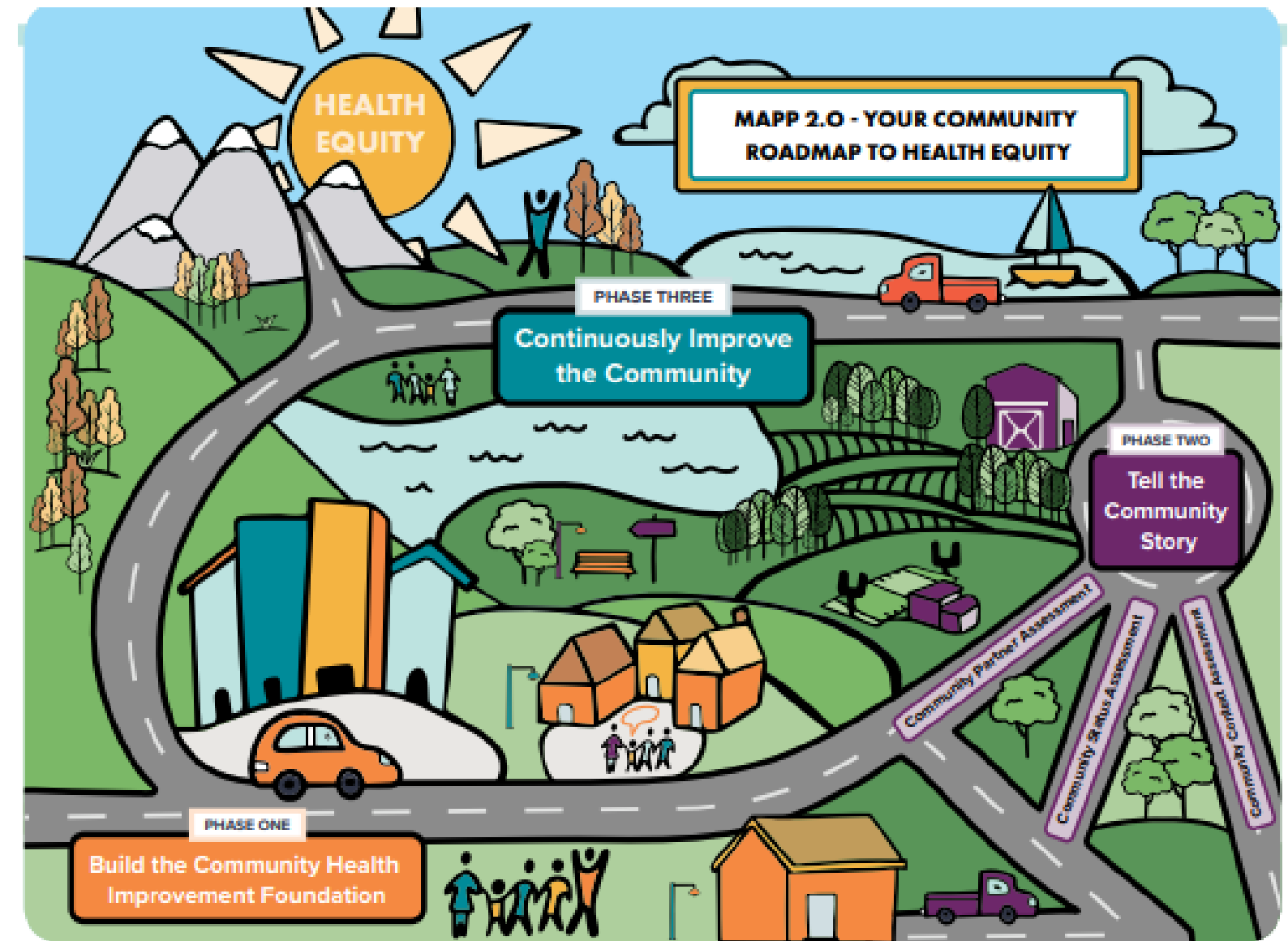
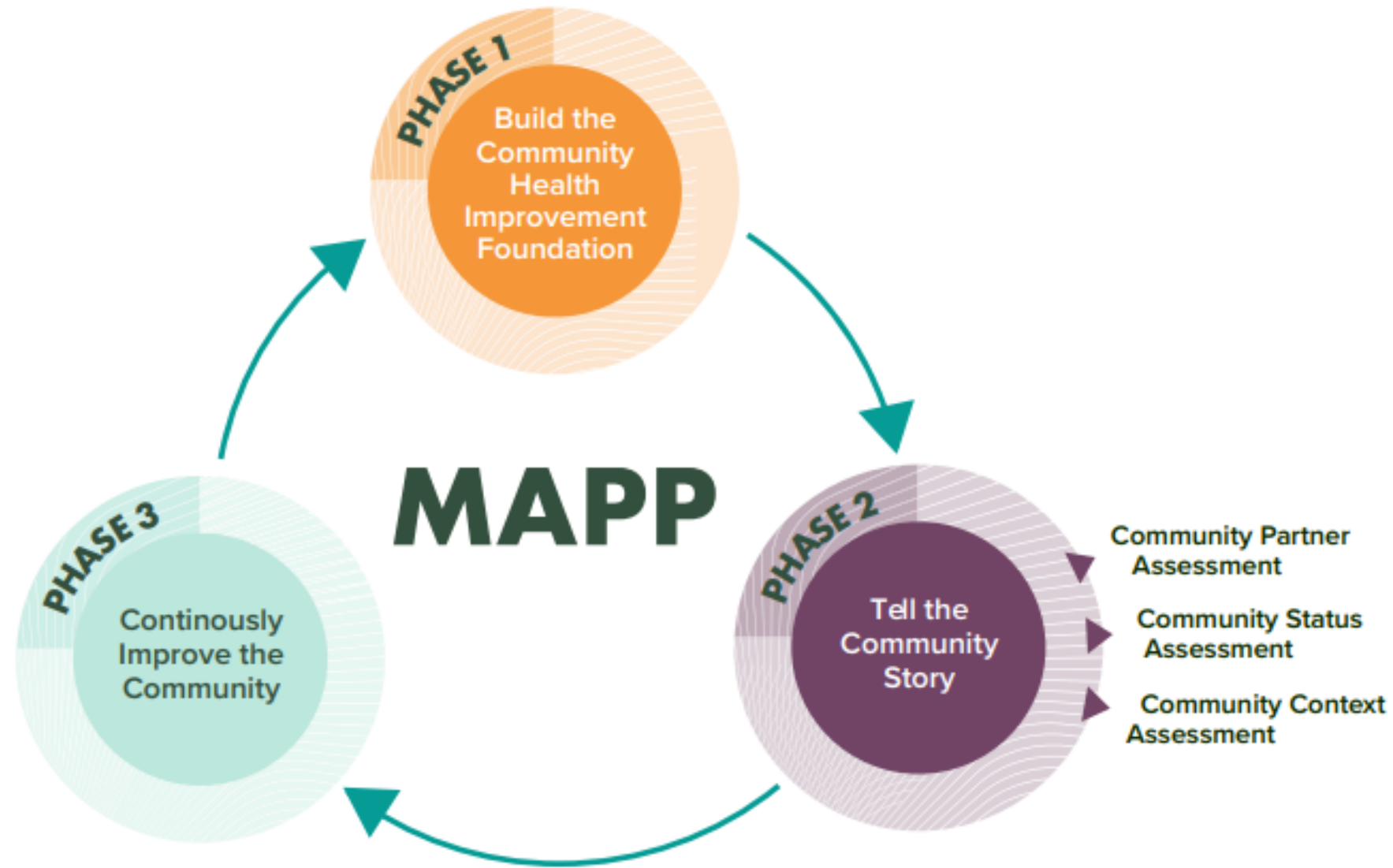
Responsible for ensuring timely completion and distribution of the CHA. Ensured that the process and documents met all requirements (i.e., IRS, PHAB). **Met at least monthly from Jan - Sept 2023.**



Advisory Committee

Group of invested community partners that provided guidance on the scope of the CHA including data collection, topics, priority populations and distribution. **Met 3 times. Up to 55 participants engaged.**

Methods



MAPP 2.0 Framework

Methods

Quantitative Data Collection

1. Greater Worcester Regional Youth Health Survey (RYHS)

- over 11,000 middle and high school participants

2. UMMH Office of Quality Informatics

- hospitalization and ED visits data around ambulatory care sensitive conditions (ACSC)
 - >3,500 patients
 - >2,000 ED visits

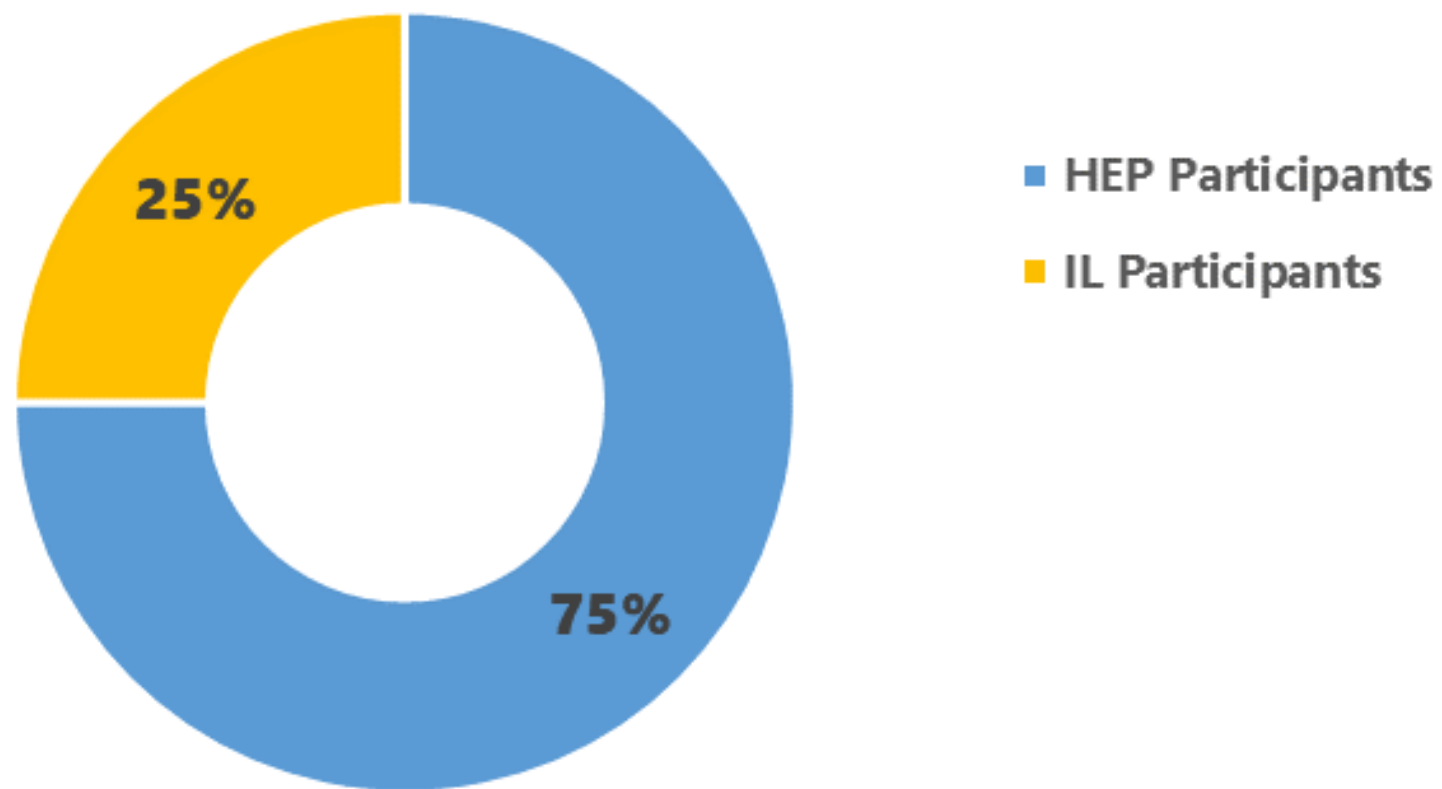
3. 2024 CHA Public Survey

- July 10 to September 10, 2023
- 1,003 respondents
- English, Spanish, Portuguese, Vietnamese, Arabic and Swahili

Methods

Qualitative Data Collection

Percentage HEP and IL Participants in Community Conversations, Jun - Aug, 2023



73 Participants, 30-minute interviews
2100 minutes of transcript

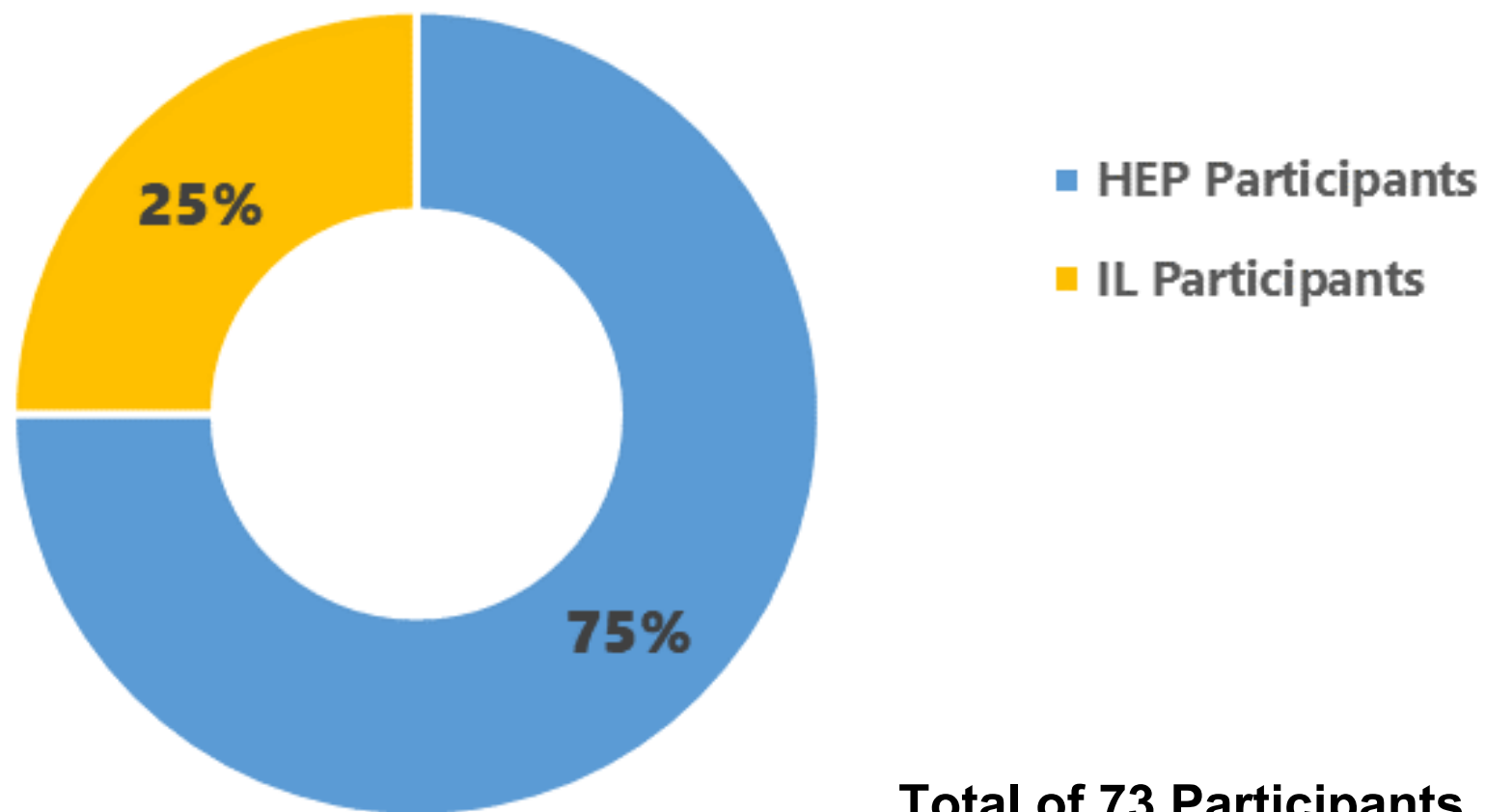
Health Equity Population Group Interviews

- Families, parents, and caregivers with young children
- Indigenous peoples
- People who identify as Black
- Individuals with one or more disability
- Youth
- People with substance use disorder accessing harm reduction services, in treatment, or in recovery
- Immigrants
- Refugees
- People living in Affordable Housing Complexes
- Older Adults
- People who have experienced homelessness
- College Students
- People living with low-income
- People who speak English as a second language
- People who do not speak English at all
- Members of the LGBTQIA++ community
- Residents of Shrewsbury
- Residents of West Boylston

Methods

Qualitative Data Collection

Percentage HEP and IL Participants in Community Conversations, Jun - Aug, 2023



**Total of 73 Participants, 30-minute interviews
2100 minutes of transcript**

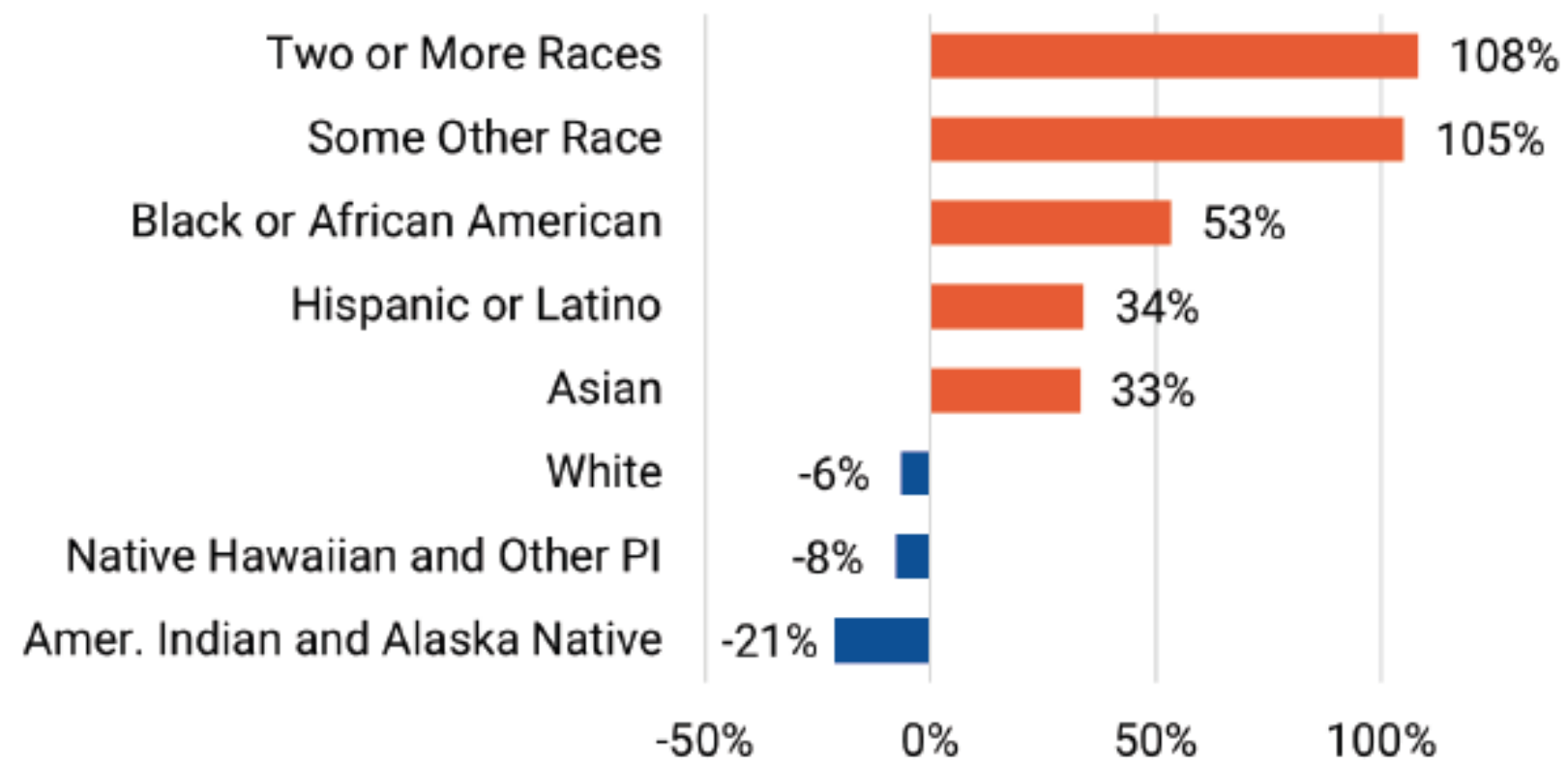
Institutional Leader Interviews

UMass Memorial Health
Office of the City Manager
Office of the Superintendent of WPS
Worcester City Council Public Health Subcommittee
Shrewsbury Youth & Family Services
Greater Worcester Community Foundation
Center for Living & Working
Clark University
Pernet Family Health
Central Massachusetts Housing Alliance
Worcester Community Action Council
Ascentria Care Alliance
African Methodist Episcopal Zion Church
Latino Education Institute
Southeast Asian Coalition

Community Profile Highlights

Race and Ethnicity

Figure 5. Percentage Change in Ethnoracial Composition in Worcester, 2010 to 2020



Black, Indigenous, People of Color (BIPOC) - increase since 2010

Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Est.

Community Profile Highlights

Refugees & New Arrivals

- The number of new arrivals increased by **2745%** from FY21 to FY22.
- In FY22, arrivals entering the county with the Afghan Humanitarian Parolee status accounted for **82% of the 939 arrivals** in the county.

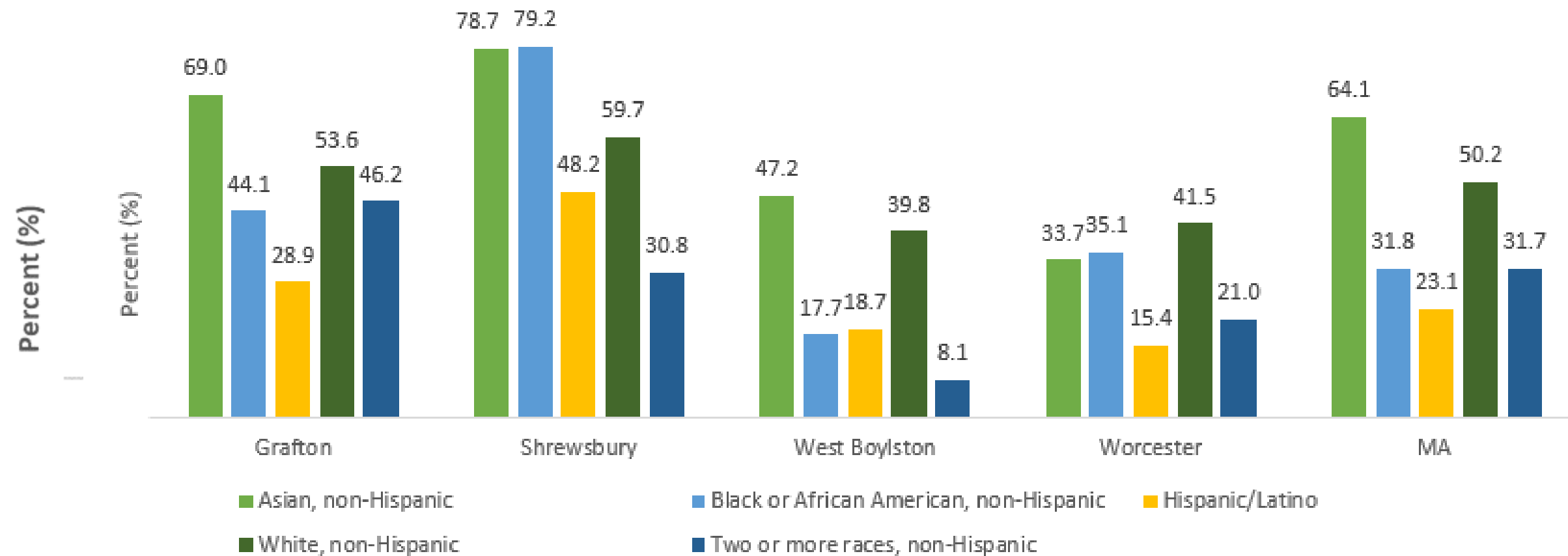
Table 5. Refugee/Asylee Arrivals in Central MA, FY21-23

	FY21	FY22	FY23
Refugee (special immigrant visa, US Tie and Free)	22	76	221
Cuban/Haitian Entrant-Primary	0	45	78
Cuban/Haitian Entrant-Secondary Migrant	2	14	111
Certified Victim of Trafficking	1	0	0
Asylee	8	8	4
Afghan Humanitarian Parolee	0	768	0
Ukrainian Humanitarian Parolee	0	28	110
Total Arrivals: Central MA	33	939	524
Total Arrivals: Massachusetts	1,018	4,359	7,353

Community Profile Highlights

Educational Attainment

Population with a Bachelor's Degree or Higher by Race and Ethnicity, 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Worcester

- Lowest rates of people with a bachelor's degree or higher

Shrewsbury

- Highest rates of people with a bachelor's degree or higher across all racial-ethnic groups compared with other Alliance communities and the state.

Asian Population

- Highest rates of people with a bachelor's degree or higher in the Alliance (except Worcester, where White population is highest)

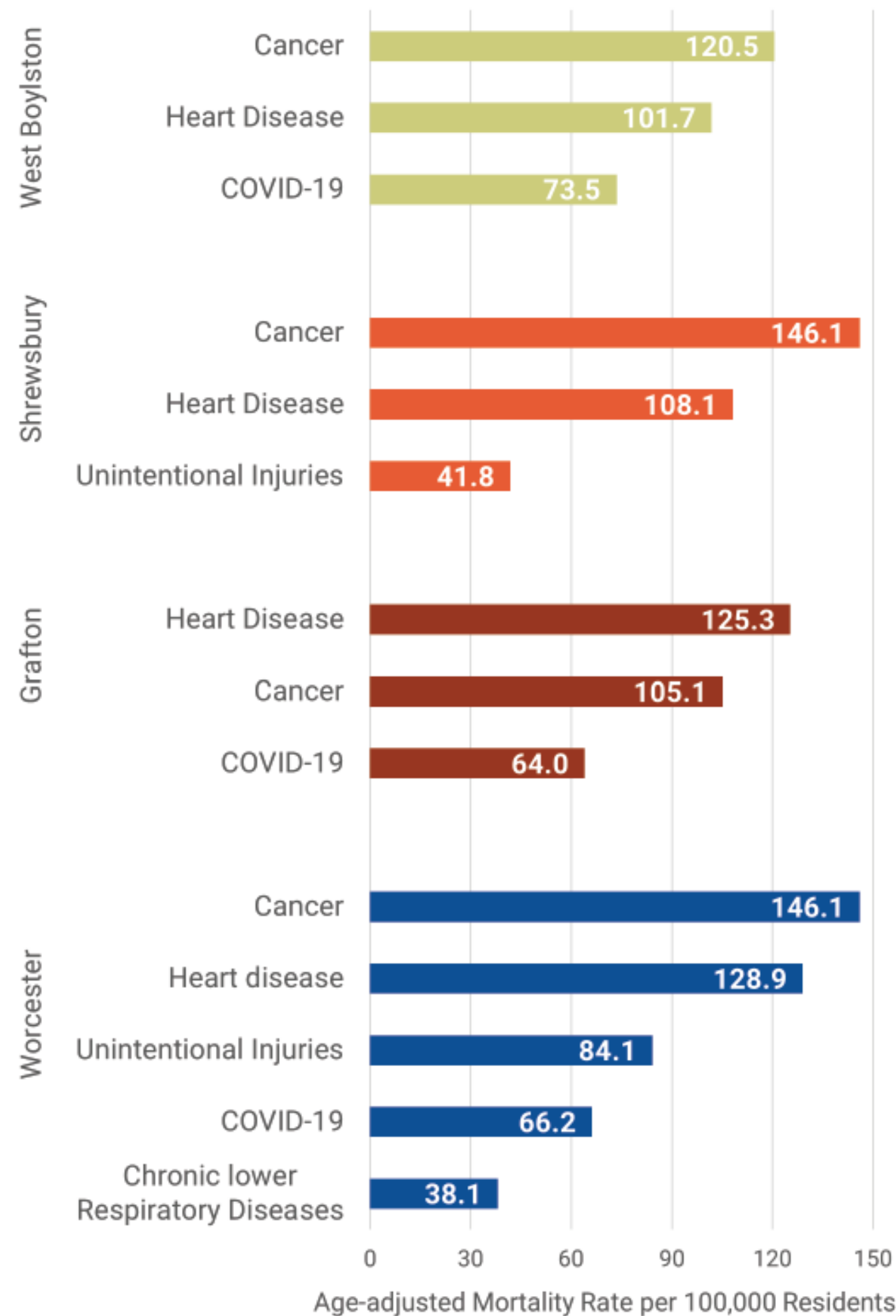
Hispanic/Latino population

- Lowest rates of residents with a bachelor's degree or higher

Community Profile Highlights

Leading Causes of Death

- **Cancer** is the leading cause of death in
 - Worcester
 - Shrewsbury
 - West Boylston
- **Heart disease** is the leading cause in
 - Grafton



Community Profile Highlights

Rate of UMMMC Hospitalizations

With respect to race and ethnicity, three health conditions displayed disparate outcomes among CMRPHA residents.

Pneumonia:

- Highest rates among Hispanic and Black patients.

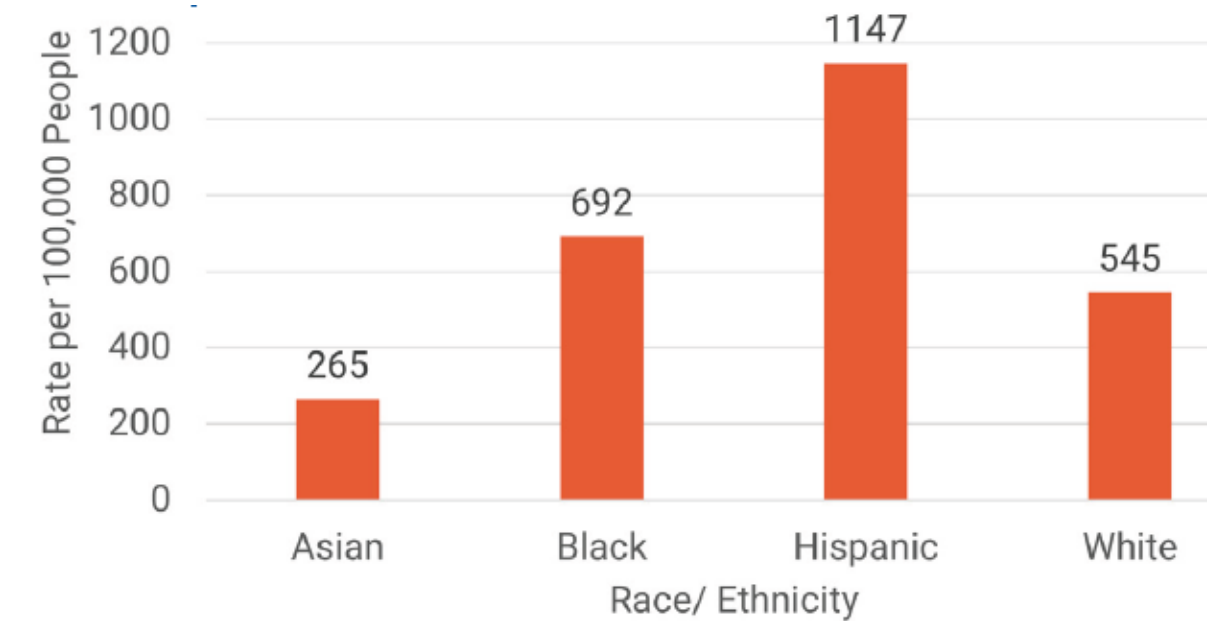
Hypertension:

- Highest rates among White and Black patients.

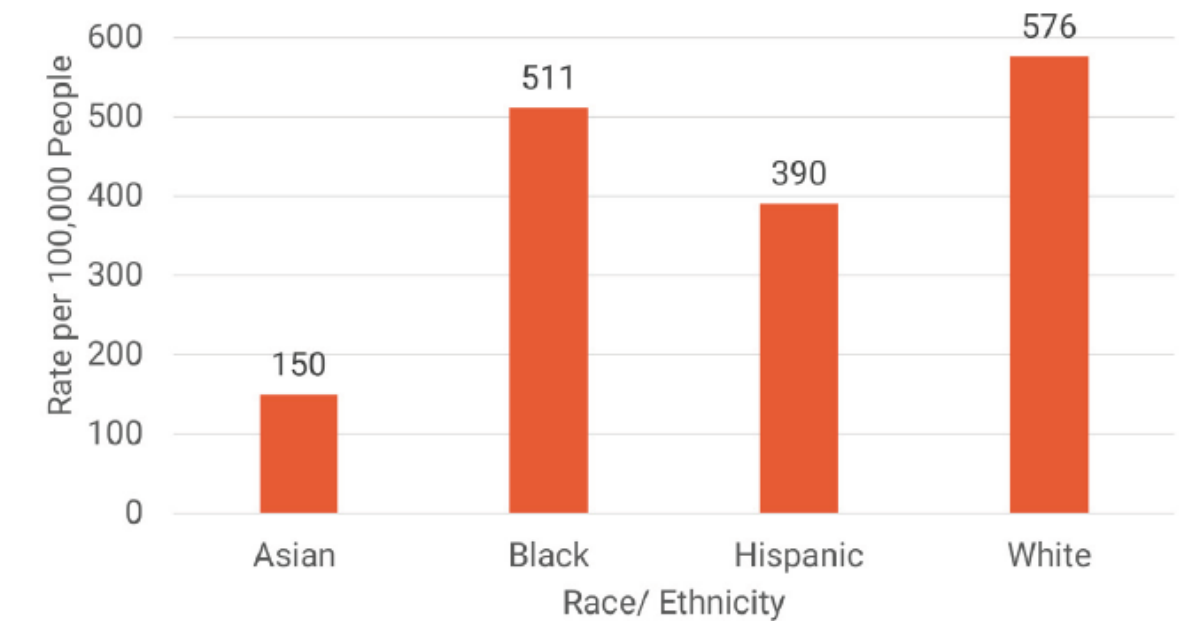
G.I./ Colorectal/ Anal Cancer:

- Highest rates among White patients, followed by Hispanic and Black patients.

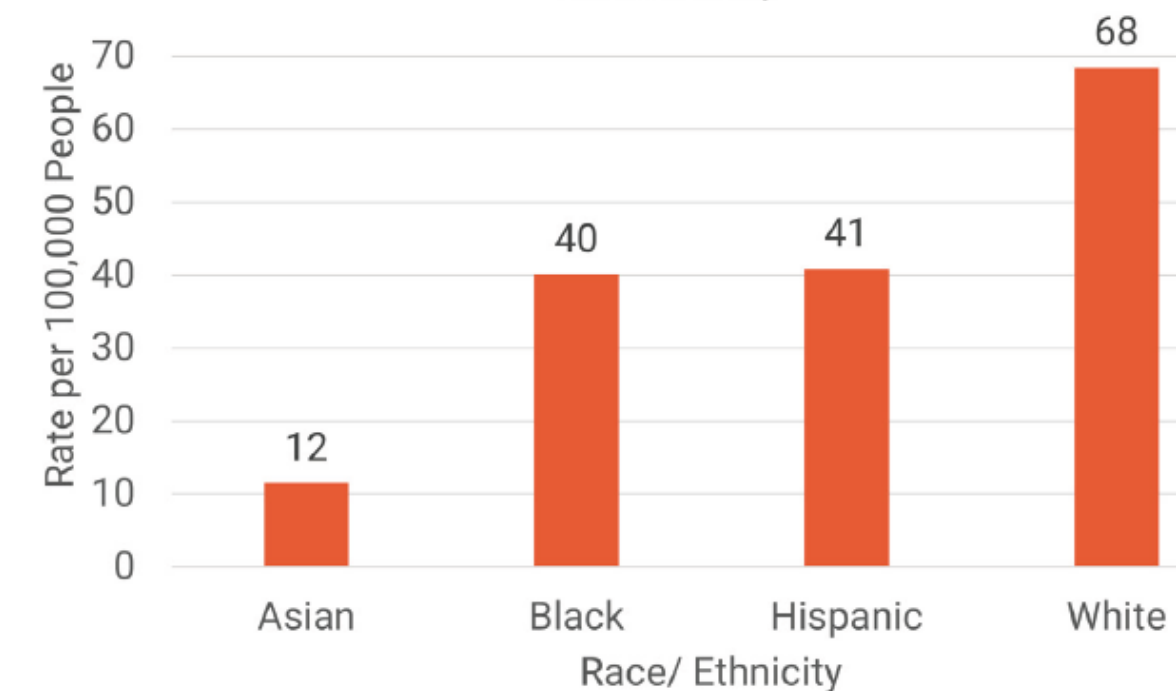
Pneumonia



Hypertension



G.I., Colorectal, Anal Cancer

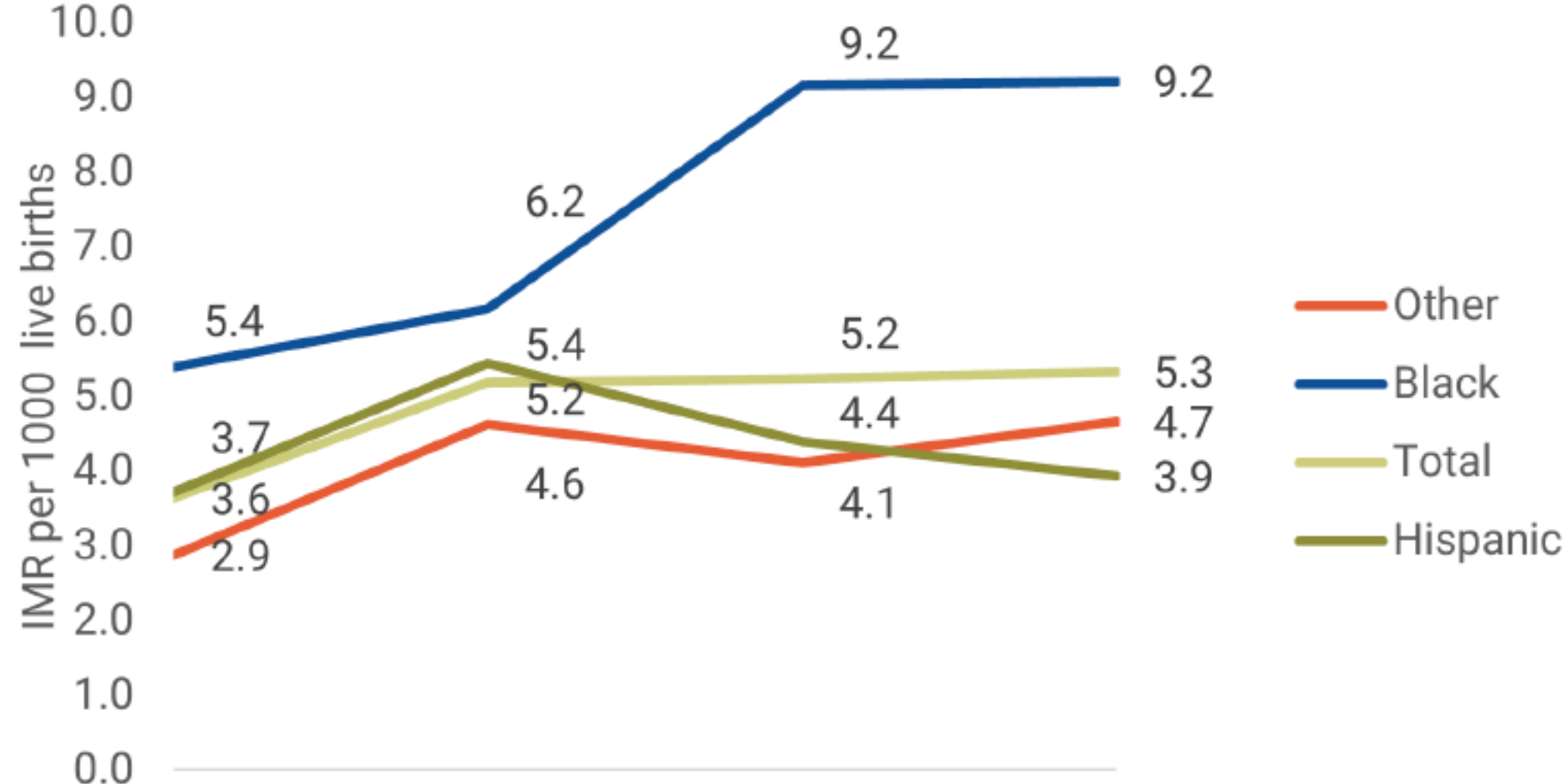


Community Profile Highlights

Infant Mortality

Infants born to Black birthing parents are **2x as likely to die** when compared with birthing parents of other racial-ethnic groups in Worcester.

Figure 42. Infant Mortality 3-year Rolling Averages by Race & Ethnicity, 2017-2022



Source: Massachusetts Department of Public Health, Worcester Healthy Baby Collaborative. *Preliminary data, subject to change

Community Profile Highlights

Youth Mental Health Crises

Overview

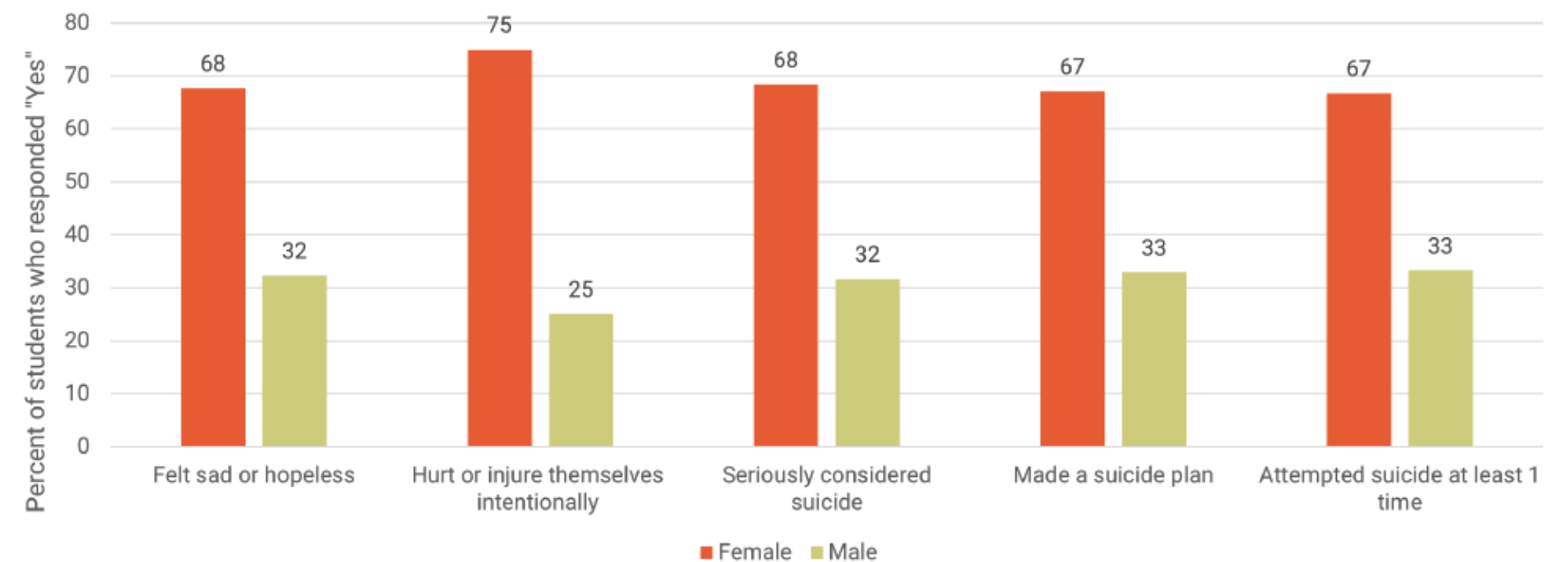
- 2,848 students (37.5%) reported feeling so sad or hopeless that they stopped their usual activities
- 1,077 (14.2%) students engaged in self-harm
- 1,078 students (14.2%) indicated that they had seriously considered attempting suicide
- 786 students (10.4%) planned to attempt suicide
- 464 students (6.9%) attempted suicide at least once

Community Profile Highlights

Youth Mental Health Crises

- Female students' mental health burden **more than double** that of male students
- **Feeling sad or hopeless**
 - 62% of gay or lesbian students
 - 29% heterosexual students
- **Intentional self-injury**
 - Gay or lesbian students (32%)
 - Bisexual students (32%)
 - Students whose identity is "Other" (36%)
 - Heterosexual students (8%).

Figure 31. Mental Health Outcomes in High School Students by Gender



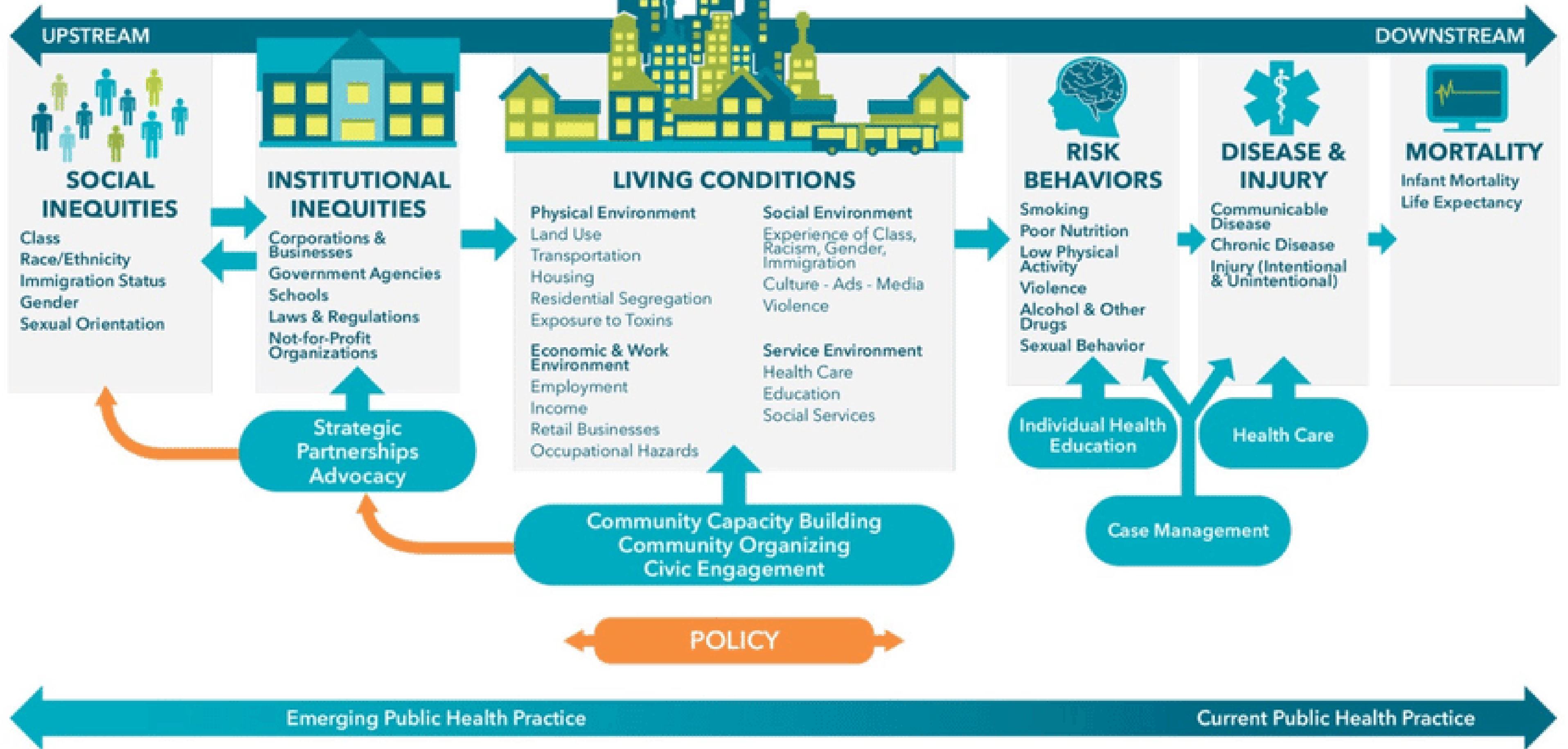
Source: Greater Worcester Regional Youth Health Survey, 2021



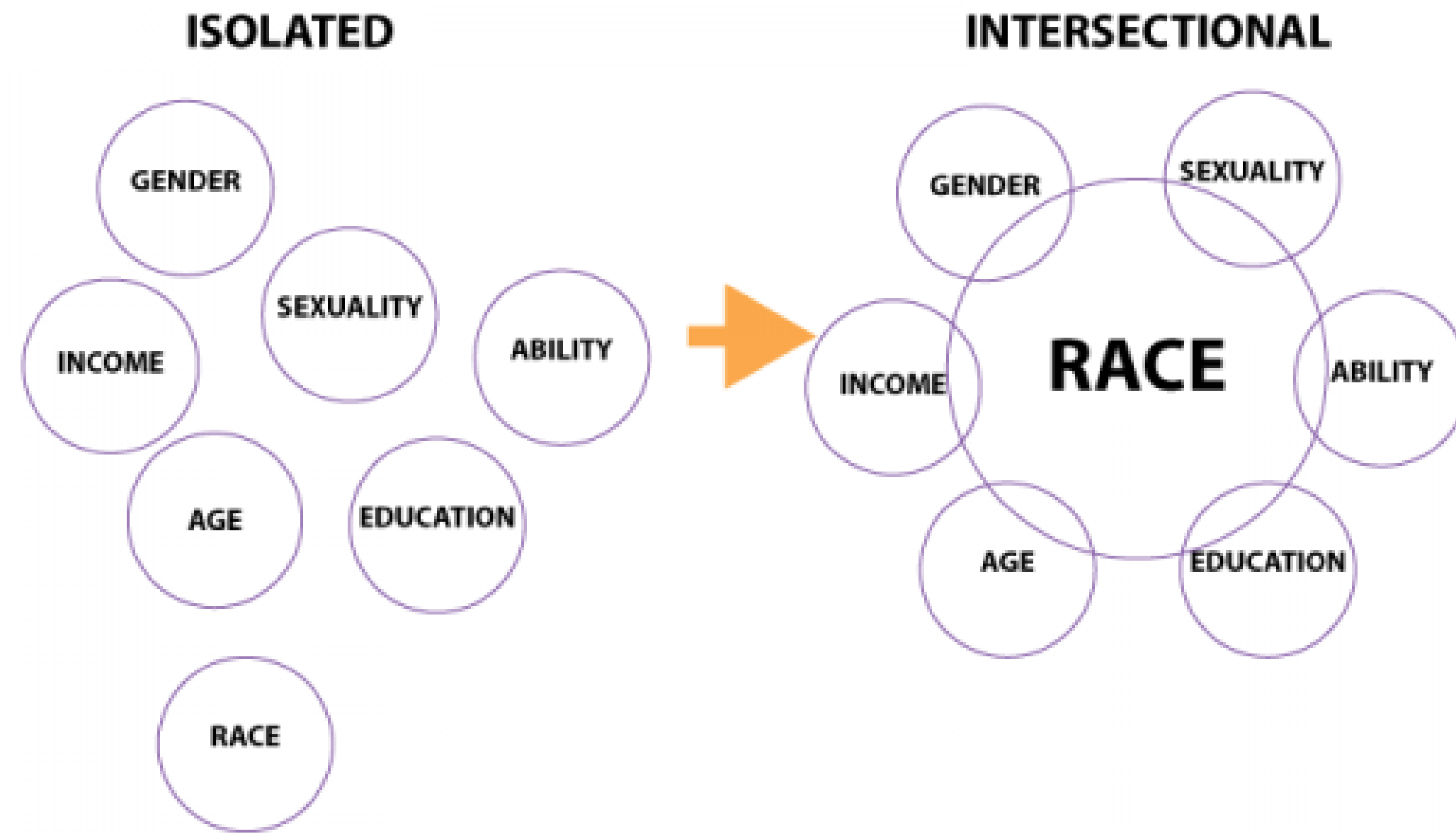
2024 CHA Priority Areas

Areas where we can make the most **long-lasting, equitable impact** on health and social outcomes, based on **what the community told us**

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Leading with Race Approach



Leading With Race Framework → Asset-based Systems

Moving Upstream



Source: NCCDH Let's Talk Moving Upstream

Racism, Classism, Bias and the Wage Gap

Access and Trust

Overarching Themes

Priority Areas

Short-term Outcomes

Long-term Outcomes

Social Determinants of Health

- 1) **Built environment**
 - Public and active **transportation**
 - Location, quality, and culturally inclusivity of **food** access points
- 2) **Affordable, safe housing**
- 3) **Access to quality, reliable broadband**

- Decrease sense of safety and belonging
- Inequitable access to:
 - Providers and appointments
 - Healthy/culturally inclusive food
 - Affordable, safe housing and resources
 - Telemedicine and information

Health Care and Public Systems

- 4) **Navigating public benefits**
 - MassHealth and other insurance program
 - Access to SNAP and TANF
- 5) **Healthcare Workforce**
 - Workforce shortage
 - Reimbursement rates for Primary Care Providers and mental health providers
- 6) **Culturally representative healthcare**

- Underinsured or not insured at all
- Lack of access to care and interventions
- Long wait lists for care, conditions worsen, patient apathy develops
- Inadequate communication between patient and provider

Poor physical and mental health outcomes disproportionately affecting people with lesser access to resources above.

Priority Areas: Social Determinants of Health

- **Built Environment**
 - Public and active **transportation**
 - Location, quality, and cultural inclusivity of **food** access points
- Affordable, safe **housing**
- Access to reliable, quality **broadband**



2024 CHA Priority Areas: Areas where we can make the most long-lasting, equitable impact on health outcomes, based on **what the community told us**

Priority Area: Built Environment - Transportation

- **100%** of health equity population focus groups **named transportation** as a key issue in accessing services

“Affordable transportation is huge. Like I've been on the paratransit bus and it's a rideshare, it's reliable, but you have to schedule the day ahead. And it's ridesharing. And I was on the bus with someone, and we were running late to get to one of their infusions...**it takes a lot of coordination to get to your doctor's appointments if you're relying on public transportation and MassHealth**”.



Supporting Data Highlights

2024 CHA Public Survey:

- 38% of the respondents had challenges with walkability/bike-ability
- 23% of respondents experienced challenges with transportation in the past 3 years.

Community Conversation Interviews:

- Public transportation in the region has stops at locations that are inefficient for people trying to get to health and social service appointments.
- Public transportation in the region is punctually unreliable.
- Providers lack home-location-home transportation for patients and clients.

Priority Area: Built Environment - Food

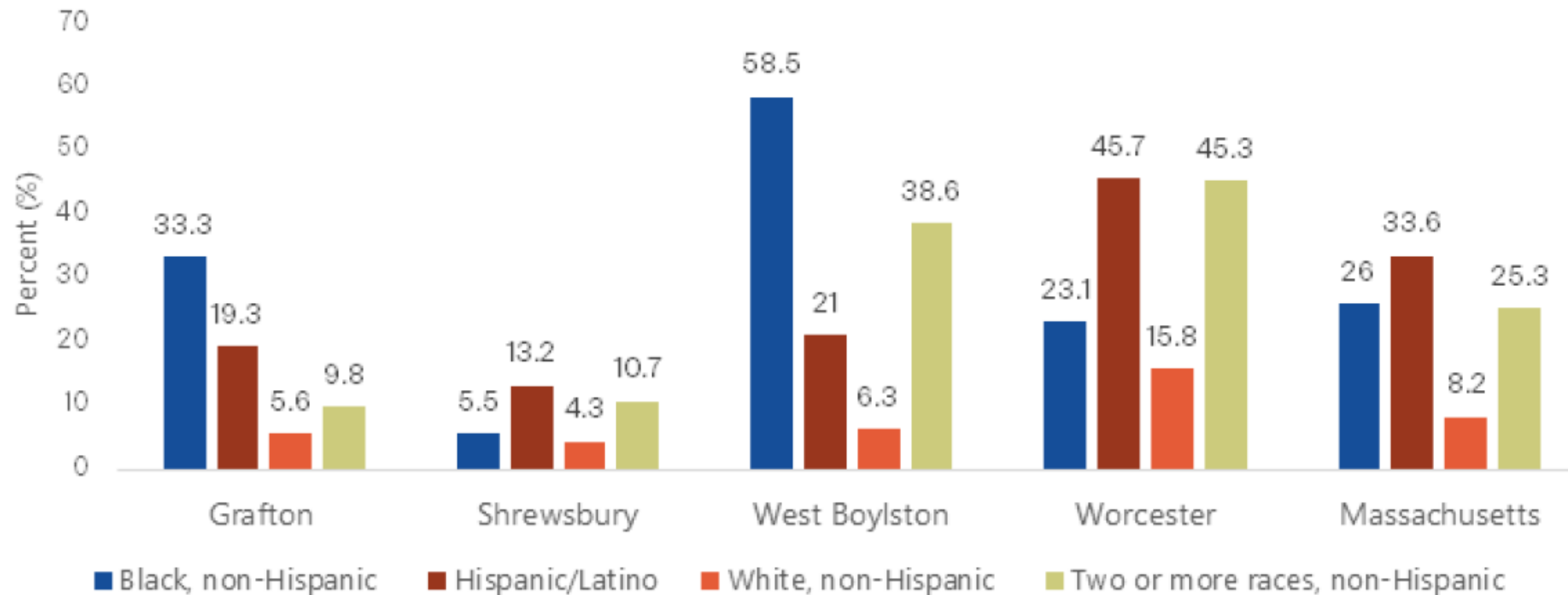
- Food was named in the **top 3 priorities** that make a community healthy in the CHA Public Survey
- Availability to "healthy" and "culturally inclusive food" depends on the **zip-code** someone lives.

"Families experiencing low incomes in Worcester are more subjected to food deserts...
It's definitely an issue that comes up, I think, especially in talk about preventative health measures, making sure that people are eating right and have access to that".



Supporting Data Highlights

Figure 11. Households Receiving Massachusetts Supplemental Nutrition Assistance Program Benefits (SNAP), 2021



BIPOC are more likely to be SNAP recipients across all alliance communities, following state trend

Priority Area: Affordable, Safe Housing

- Affordable, safe housing is not being invested in a way that is effective for populations **disproportionately impacted by low incomes.**

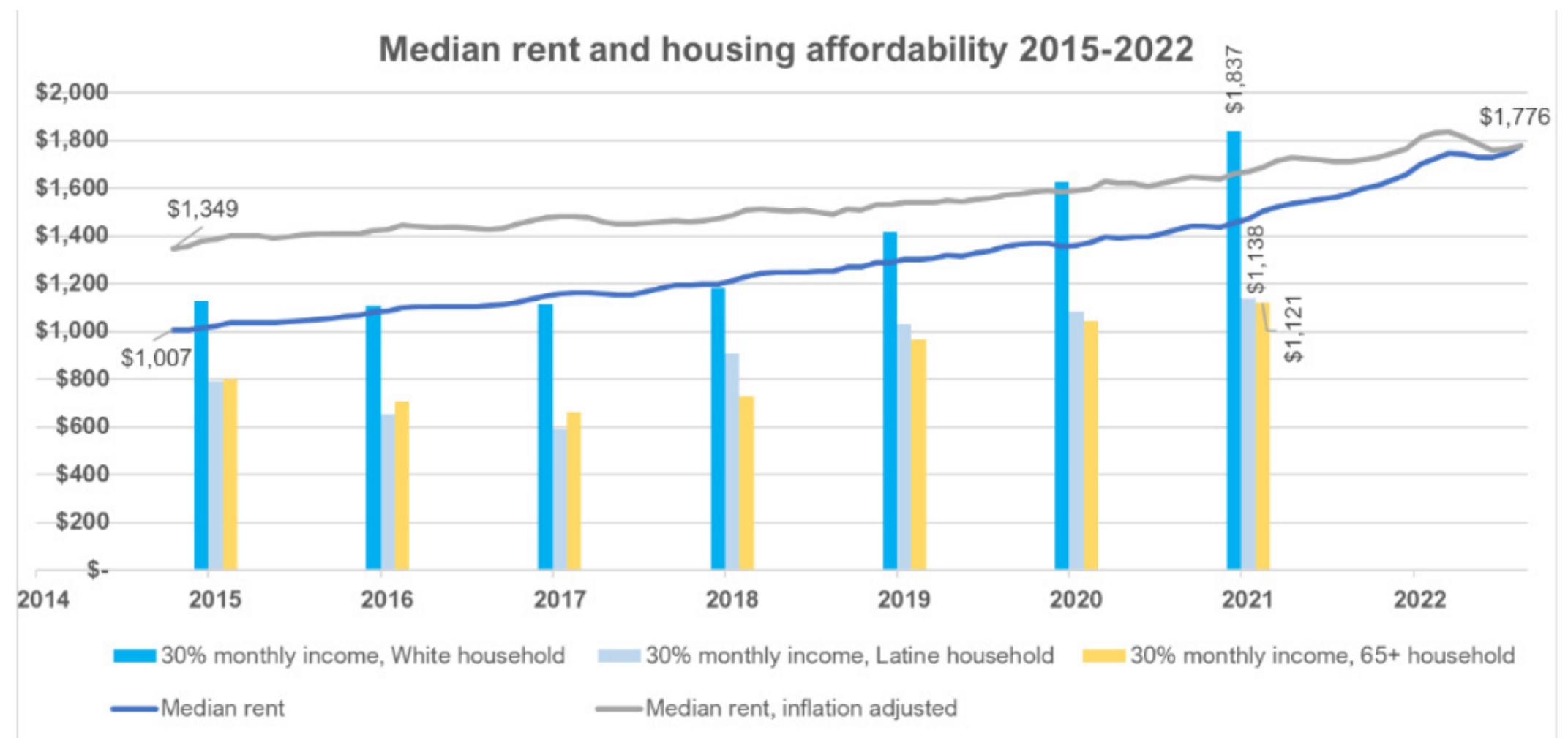
“Housing. It takes two people today to pay for your rent, mortgage, everything. It isn’t how it used to be, where you could pay your rent with one job. You need that extra income coming in to take care of your family and your home...”



Supporting Data Highlights

- Latino households continue to earn far below the income they would need to not be housing cost burdened.
- Older residents aged 65+ are very frequently housing cost burdened.

Figure 18. Median rent and housing affordability for selected populations in Worcester 2015-2022



Priority Area: Quality, Reliable Broadband Internet

- In conversations with community, a recurring theme was that **low-quality broadband** made telemedicine difficult to access

“It’s 2023, and if you can’t access the internet, you’re losing.”

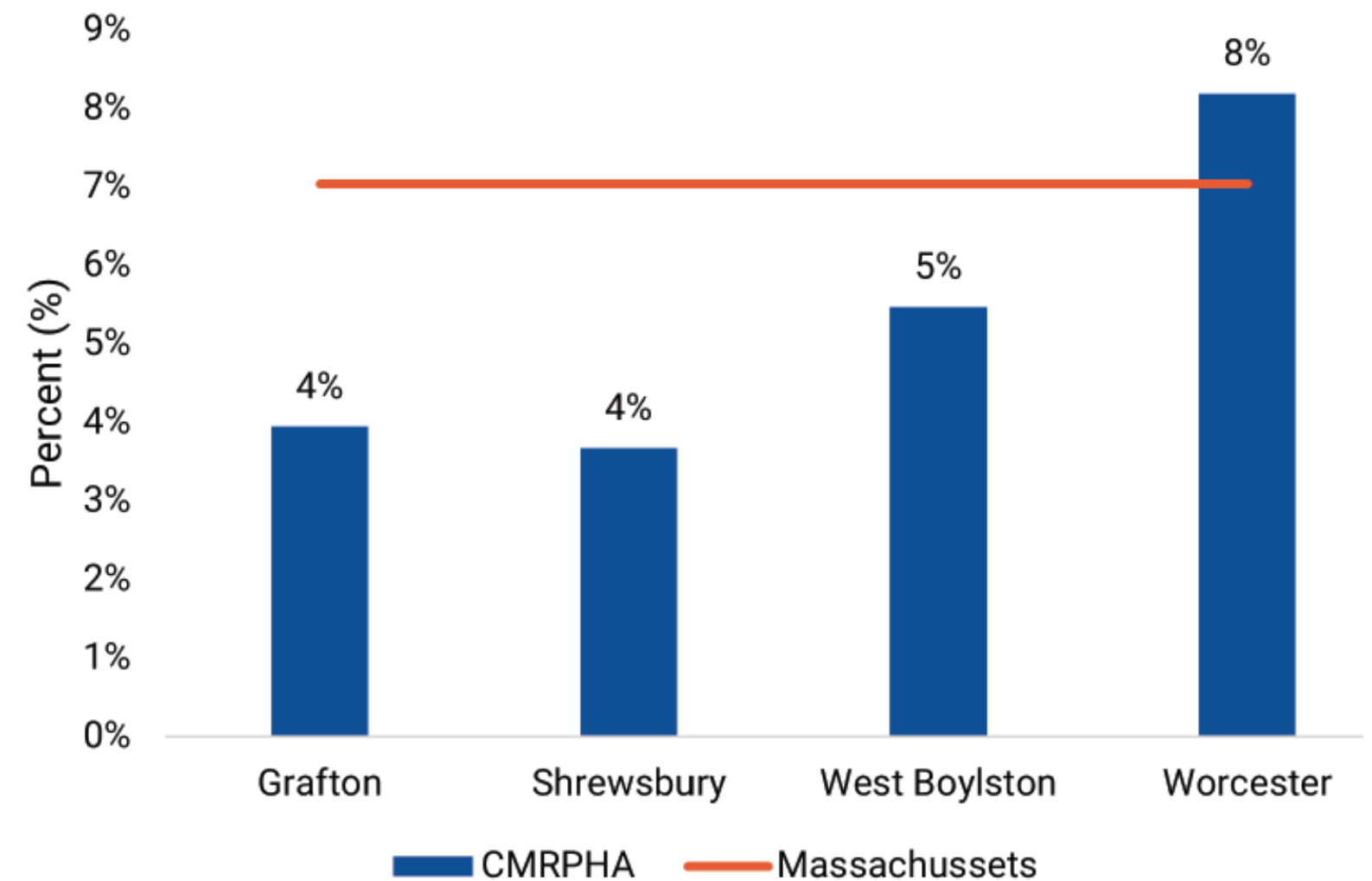


Supporting Data Highlights

Population with no Internet Access Subscription

- Worcester has the highest percentage (8.2%) among the Alliance communities.
- Grafton (3.9%)
- Shrewsbury (3.7%)
- West Boylston (5.5%)

Figure 13. Percent of Population with No Computer or Internet Access Subscription



Priority Areas: Health Care and Public Benefits Systems

- **Navigating systems**
 - **MassHealth** and other insurance programs
 - **SNAP** (Supplemental Nutrition Assistance Program) and **TANF** (Temporary Assistance for Needy Families)
- **Workforce shortage and reimbursement rates**
- **Cultural inclusivity**

2024 CHA Priority Areas: Areas where we can make the most long-lasting, equitable impact on health and social outcomes, based on *what the community told us*

Priority Area: Healthcare and Public Benefits System

- Navigating and/or accessing health insurance was named in **100%** of community conversations.



Priority Area: Healthcare and Public Benefits Systems continued

- **1/3** of health equity population participants (HEP) explicitly stated they felt very fortunate to live in Massachusetts and felt fortunate to be proximate to excellent care but that obtaining high-level care is a challenge
- **100%** of HEP conversation participants stated that inaccessibility to quality, timely care is a top issue in the health system



“I think there is also a stigma as well. When people find out they are on something like MassHealth, they're very rude about it or biased.”

“Yeah, the Black girl experience is very harsh and a reality that I feel like a lot of people don't know about. Other groups suffer too. Even in cases of an emergency where it's a life-or-death situation and they are sitting there waiting for hours to be seen while somebody else who has better insurance or more money will get the services, they need in that moment rather than somebody else.”

“For the undocumented community, we’re less likely to get MassHealth, and of course that affects us. My family members who were born here and have health insurance get full coverage, great care, gets treated well. I don’t have that.”

Priority Area: Workforce shortage and low reimbursement rates

- Primary care provision was named in **90%** by HEP groups as a serious challenge.
- **Waitlisted so long that their health issues worsened before they could be addressed**
- Wages for health and human service workers are uncompetitive and are leading to an exodus of quality providers in the region
- **Those most impacted by this shortage are those qualifying for MassHealth and/or are living with low-incomes**



Priority Area: Cultural Inclusivity

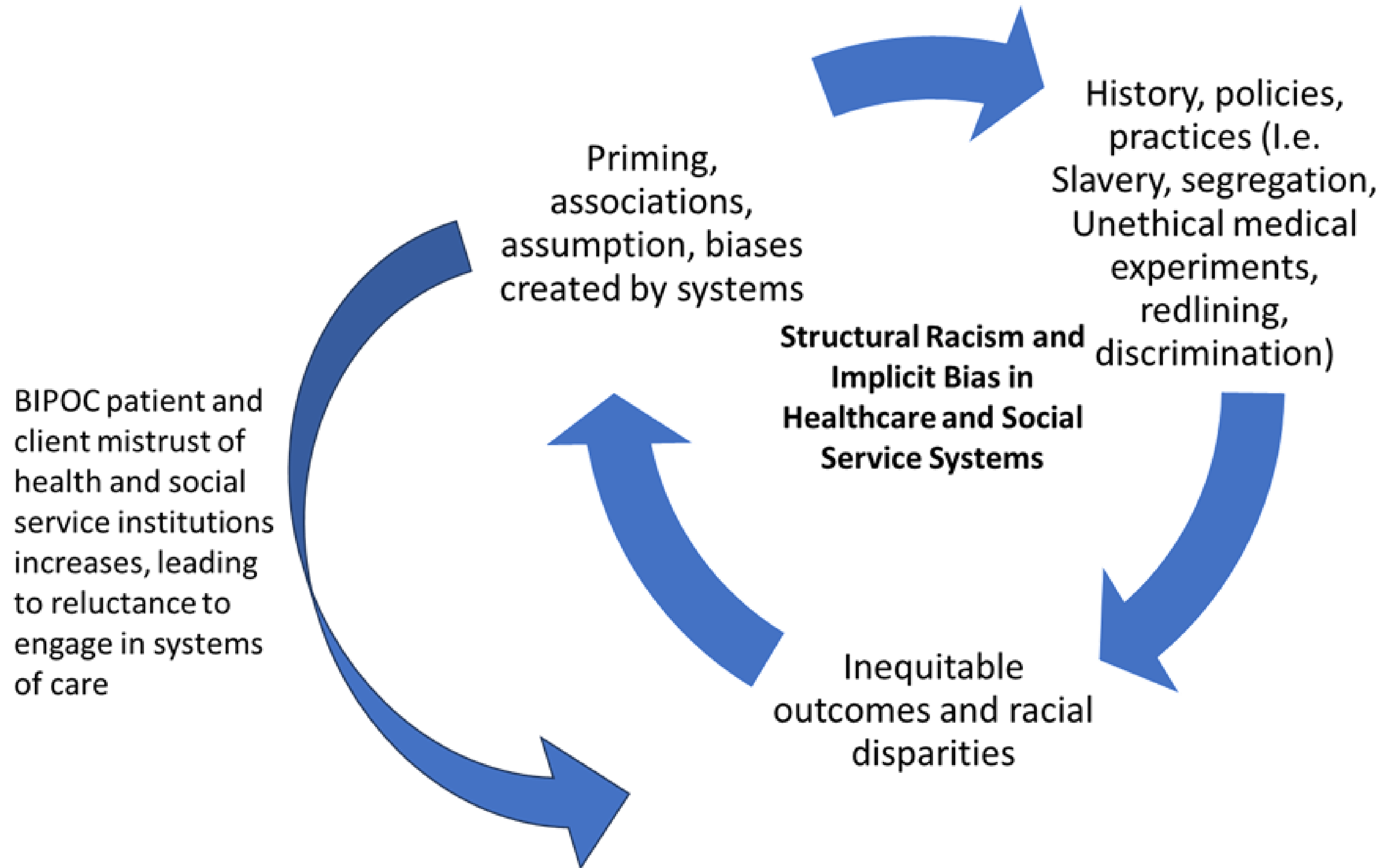
- **99%** of community conversation participants stated that health disparities in the region were a result of structural racism and poor cultural competency and representation.
 - Patient and client services are affected by **implicit biases**
 - Leads to lack of trust between BIPOC patients and non-BIPOC providers.

A Lack of Diversity May Lead to Health Disparities

Evidence shows that, broadly speaking, people of color have **greater incidence** and **more severe cases of diseases** compared to white people in the U.S.



Source: International Neurology Journal, 2020



“Immigrant communities, refugees, people who are coming here with little to no knowledge of the system... how to call, who to call, have the language to communicate...they face implicit bias; there's structural racism ...we know that there's a large poverty percentage in Worcester and that overlaps largely with black and Latino communities....I think if you are experiencing poverty , then you are going to have a lower quality of life in terms of where you can live and the risk that comes with that.”

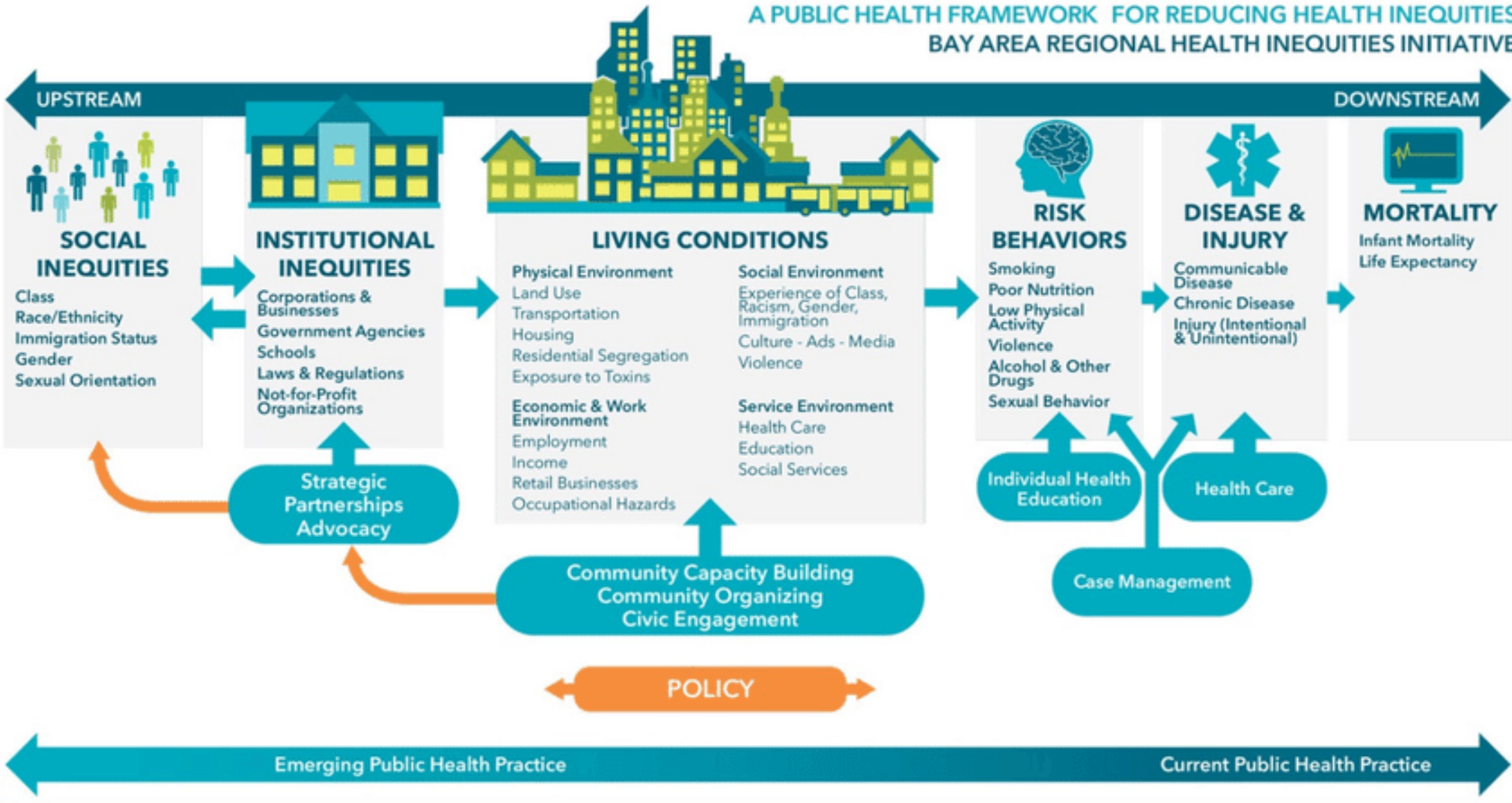
Short-term Outcomes of inequitable access to priority areas...

- Weakened sense of survival and security
- Inequitable access to resources
- Underinsured or not insured at all
- Lack of access to care and interventions
- Long wait lists for care, conditions worsen, patient apathy develops
- Inadequate communication between patient and provider

These short term outcomes then lead to...

Long-term Outcomes - Diagnoses and Behaviors

Poor physical and mental health outcomes disproportionately affecting people with lesser access to resources



- Maternal and infant mortality
- Mental health disorders
 - Chronic depression
 - Chronic anxiety
 - Chronic acute stress
- COVID-19
- Respiratory Issues, Asthma
- Opioid Crisis and Overdose deaths
- Hep C
- Cardiovascular Disease
- Hypertension

Next Steps



Next Steps

Findings and priorities identified in the 2024 Greater Worcester CHA will be:

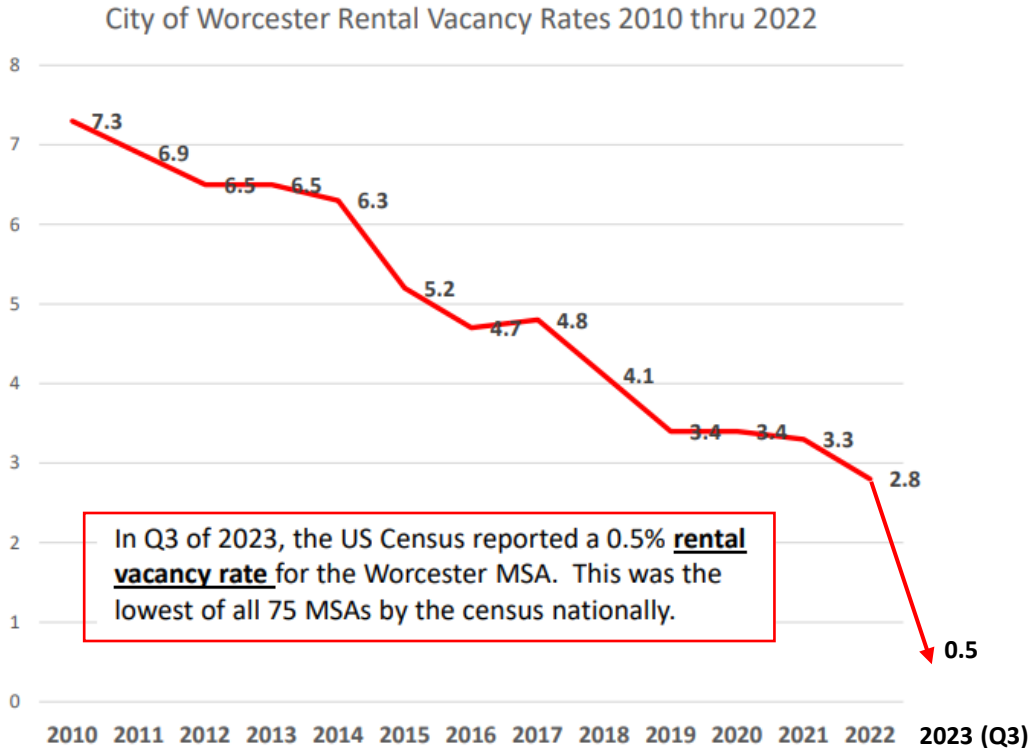
- Published and presented to the community
- Used to inform the Community Benefits funding program, CHIP, and other health equity initiatives
- Developed as an electronic version on *MySidewalk* (interactive data platform)
 - democratize and modernize public health data



Homelessness in Worcester

Board of Health Meeting
December 2023

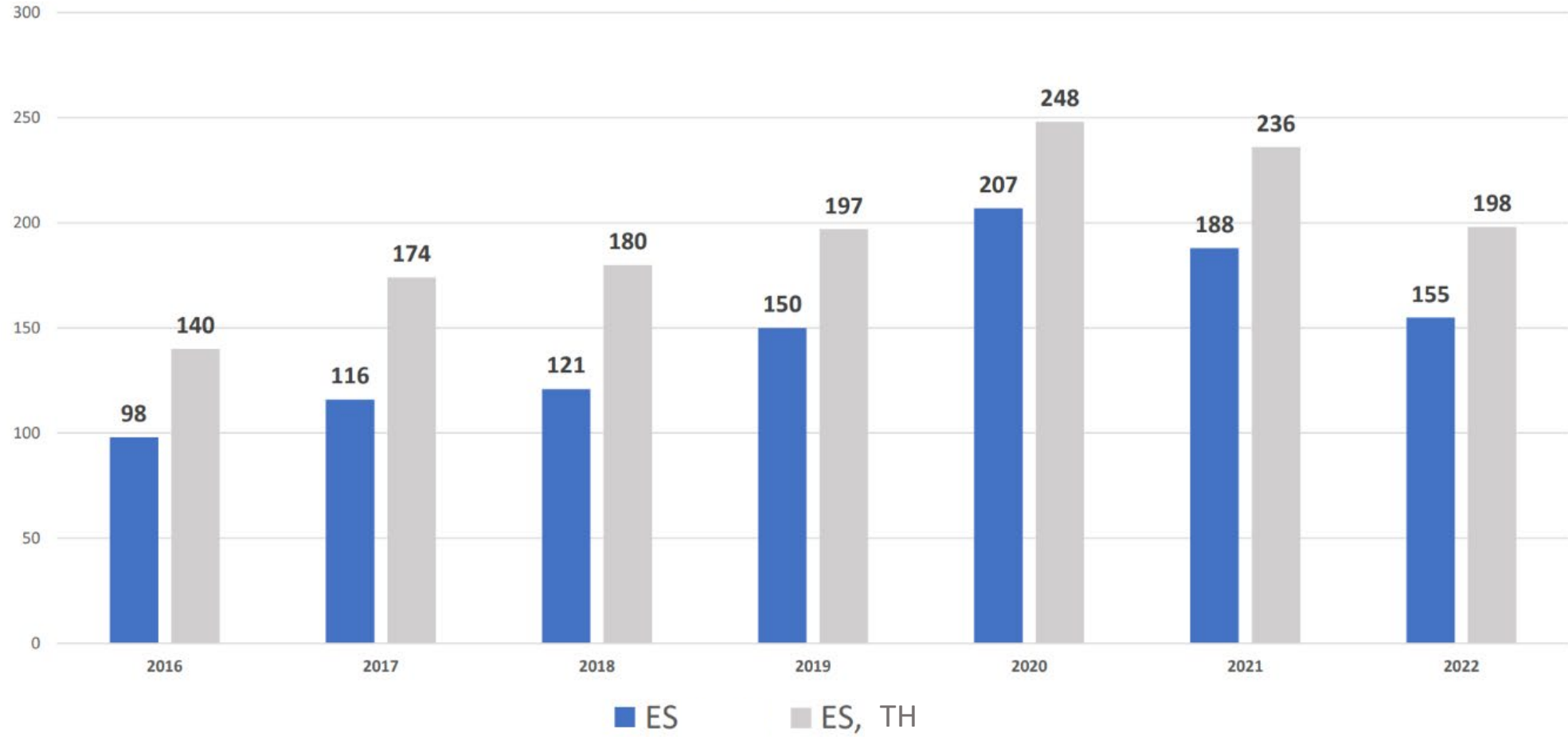
Worcester currently has the most competitive rental market in the country



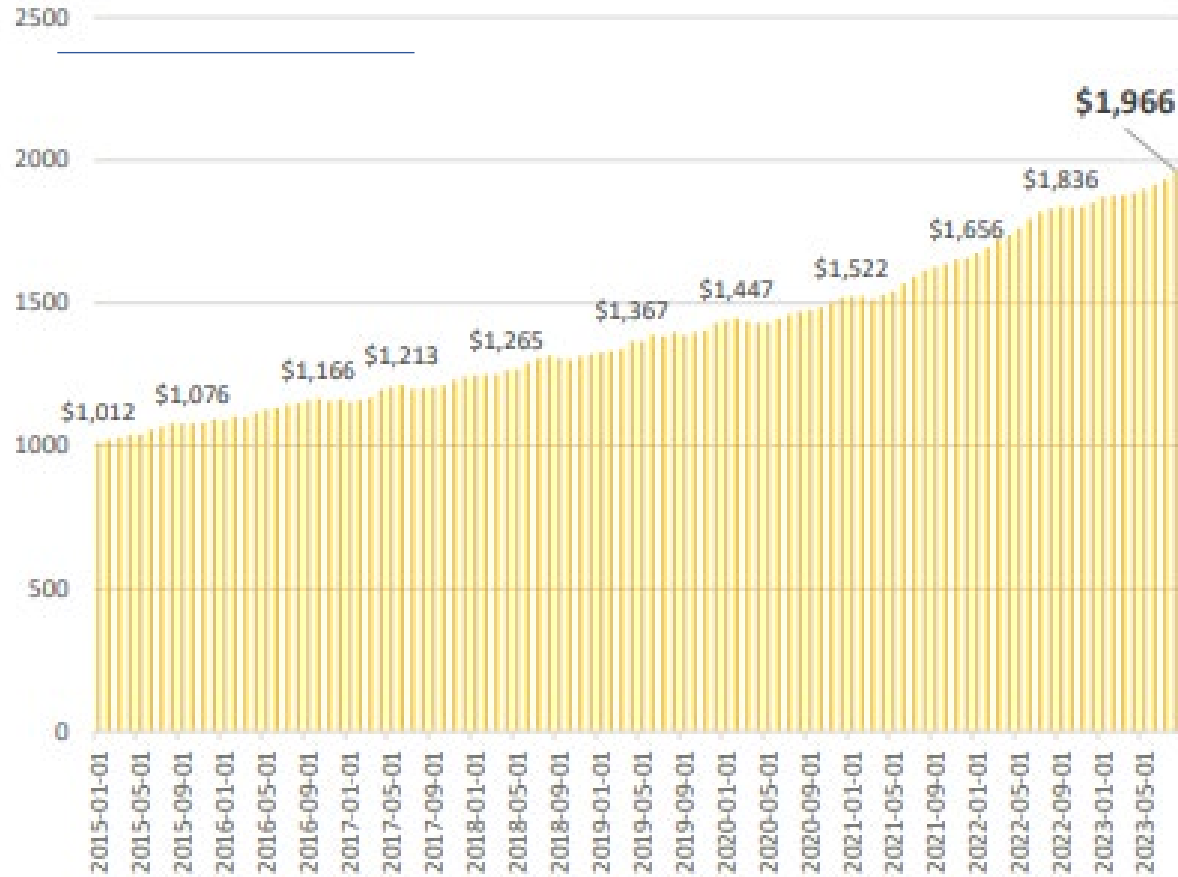
- MA's two largest cities fall in the Top 10 most competitive rental markets
 - Worcester is the second largest city in MA and is the hardest place to get an affordable apartment in the country right now
 - Boston, even though the median rent for a 1-bedroom apartment is almost \$1,000 per month more than in Worcester, falls in the 9th place
- A healthy rental vacancy rate is between 7% and 8%

“We analyzed 71 of the largest metro areas in the United States... Worcester, MA is the hardest place to get an affordable apartment in the country right now.” – Apartment Advisor, May 2023

Measure 1 - Average Length of Time Homeless(Days)



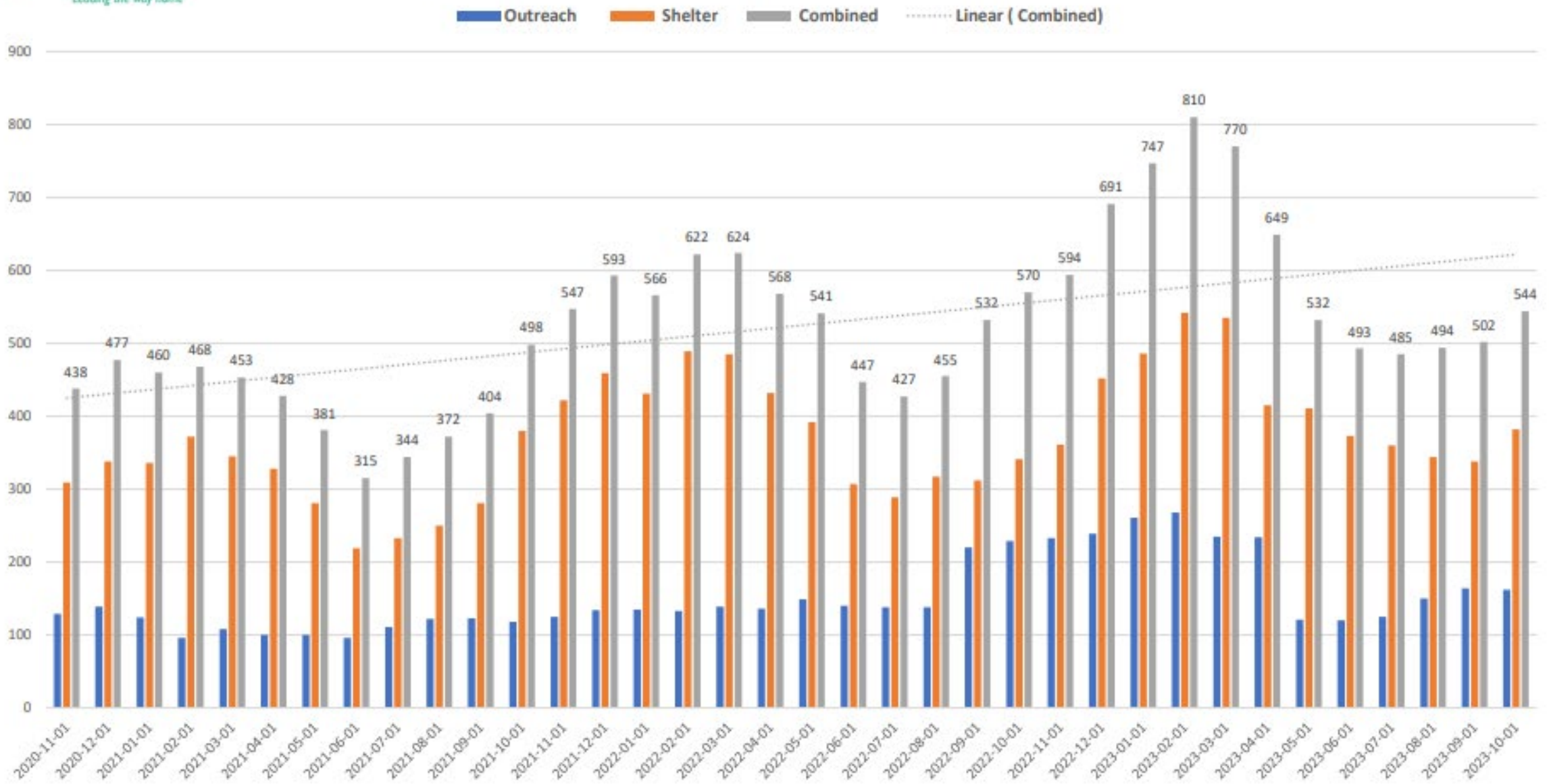
Worcester Metropolitan Statistical Area Rents displayed monthly
Per Zillow Observed Rent Index January 2015 thru August 2023



Rental housing availability is at an all-time low. Worcester rental housing prices have reached all-time highs and become unaffordable for low-income households

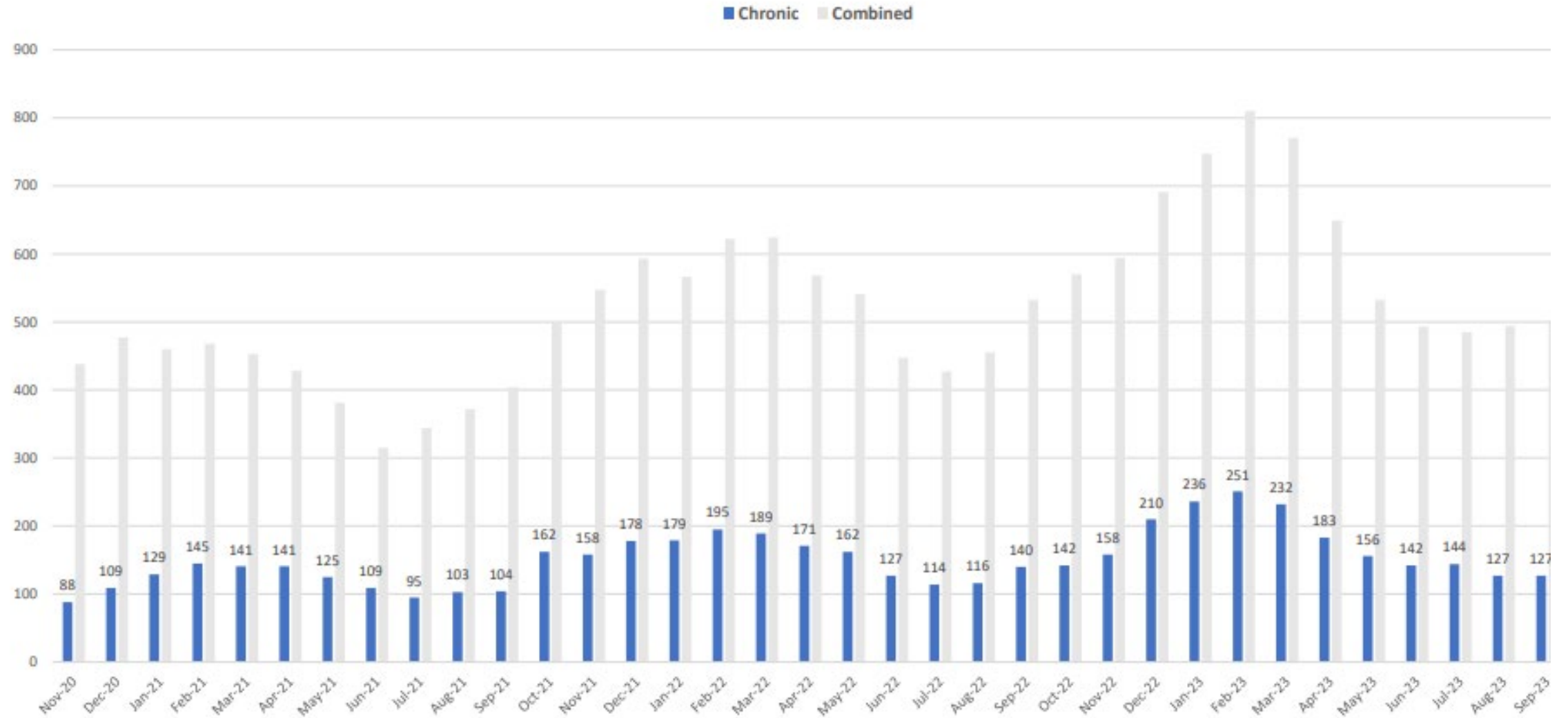
*Zillow Observed Rent Index (ZORI) - is a repeat-rent index that is weighted to the rental housing stock to ensure representativeness across the entire market, not just those homes currently listed for-rent

City of Worcester Adult Shelter and Outreach enrollments summarized monthly

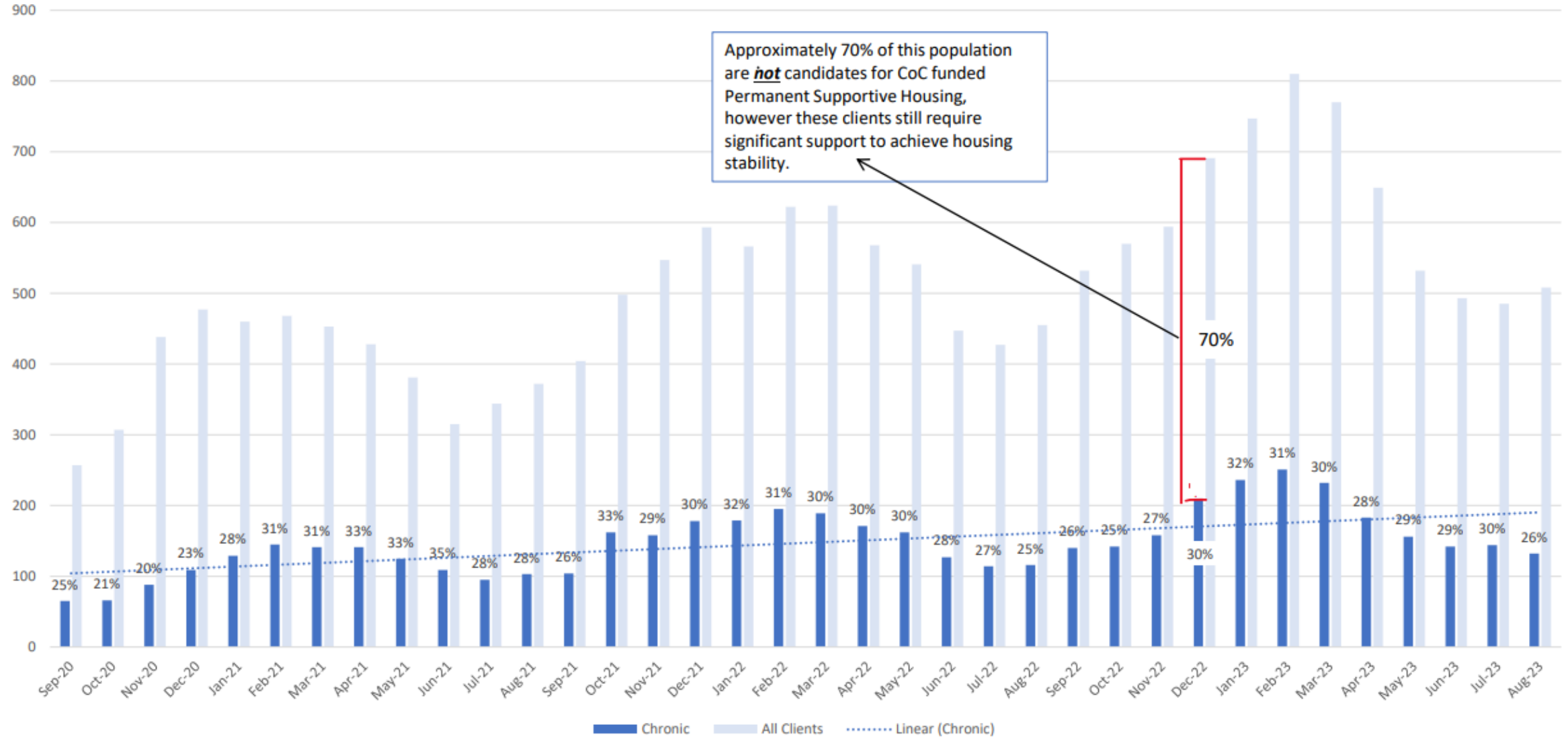




Chronically Homeless Single Adults - City of Worcester Emergency Shelter and Outreach programming November 2020 thru October 2023



As a percentage, roughly 30% of single adults engaging with the system demonstrate patterns of chronicity and are candidates for CoC funded Permanent Supportive Housing.

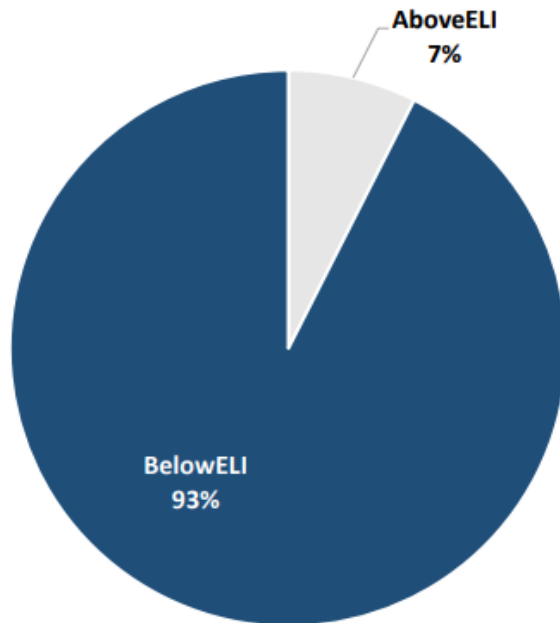


Non-Chronic and Extremely Low-Income Analysis

The extremely low-income threshold for a household in Worcester is **\$24,6000**

This is less than half of what HUD suggests would be needed to afford a **Fair Market Rent*** for a studio or efficiently in Worcester

Of the *non-chronic* single adults interacting with Worcester shelter and outreach programs last year, 93% reported income at or below \$24,600, the Extremely Low Income threshold for Worcester.

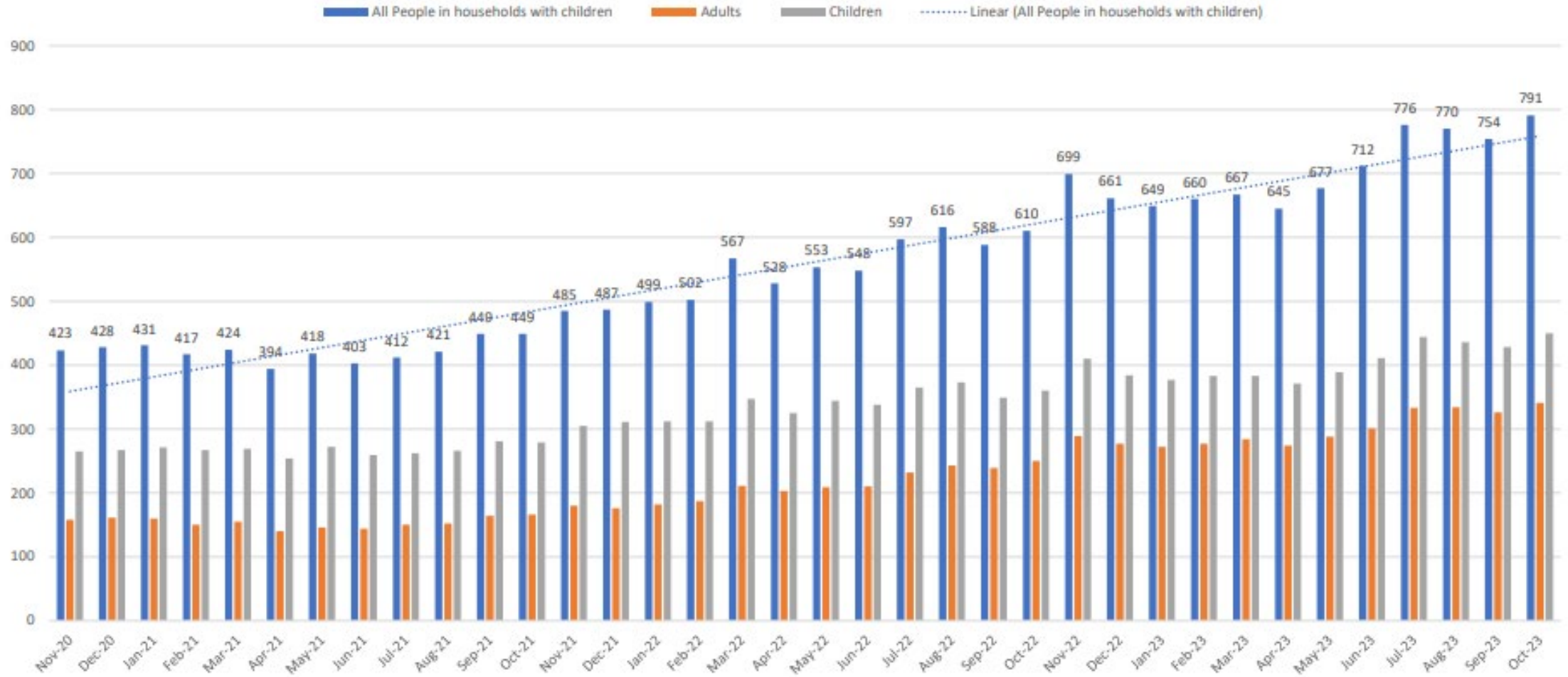


Final FY 2024 & Final FY 2023 FMRs By Unit Bedrooms					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2024 FMR	\$1,282	\$1,292	\$1,661	\$2,008	\$2,212
<u>FY 2023 FMR</u>	\$1,231	\$1,272	\$1,635	\$1,990	\$2,196

- Median income for people below ELI (93% of non-chronic population) is **\$10,400** annually
 - Assuming 30% of this income were to be used for housing, a single adult in this group would have just **\$261** per month available for rent

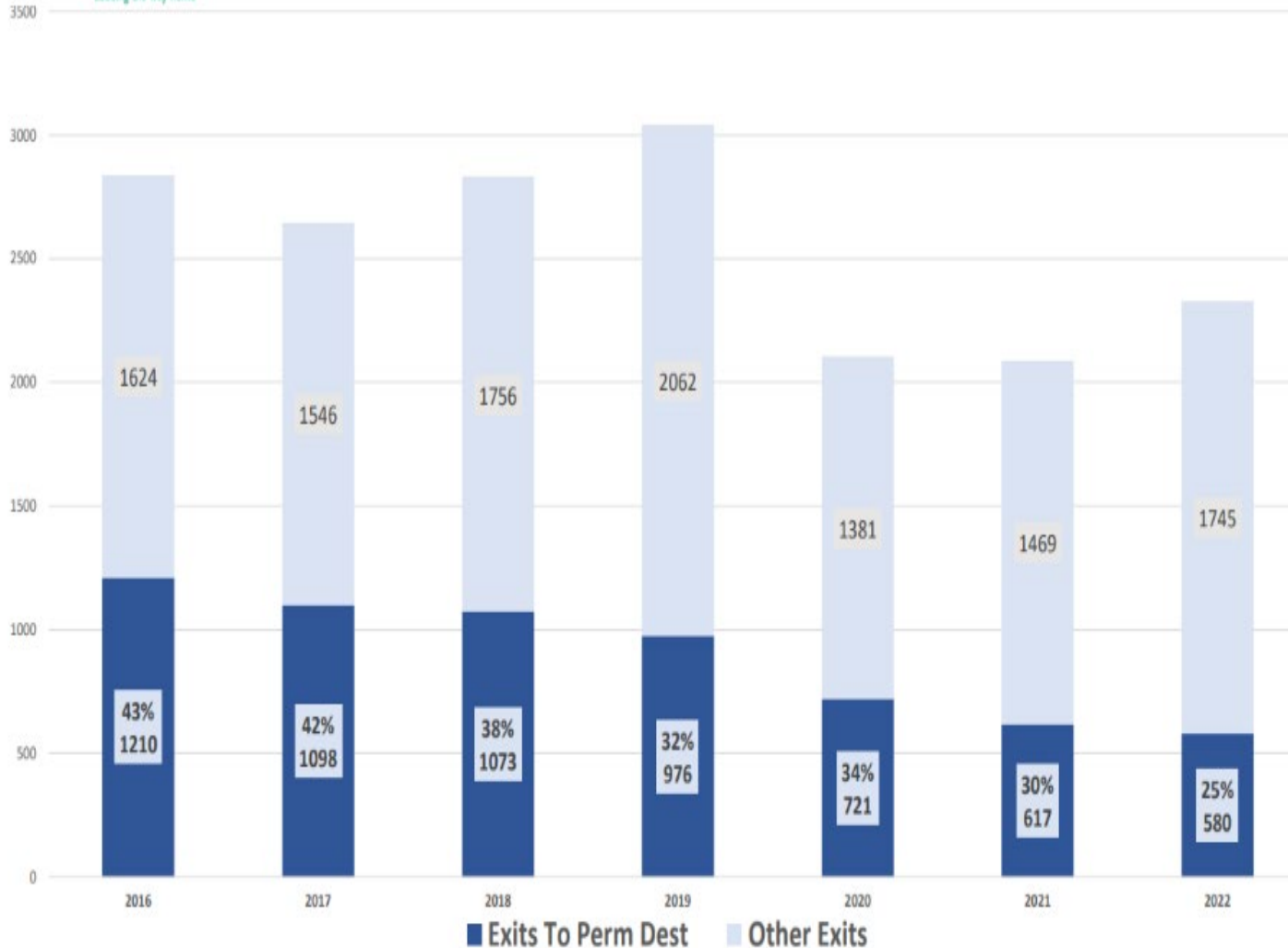
*Fair Market Rent (FMR) –is a statistic developed by HUD in order to determine payments for various housing assistance programs, most notably, the Section 8 Housing Choice Voucher Program. FMRs differ by local area, and are updated on an annual basis. It is generally calculated as the 40th percentile of gross rents for regular, standard-quality units in a local housing market.

City of Worcester enrollments for people in homeless **households with children** sheltered or unsheltered
November 2020 thru October 2023



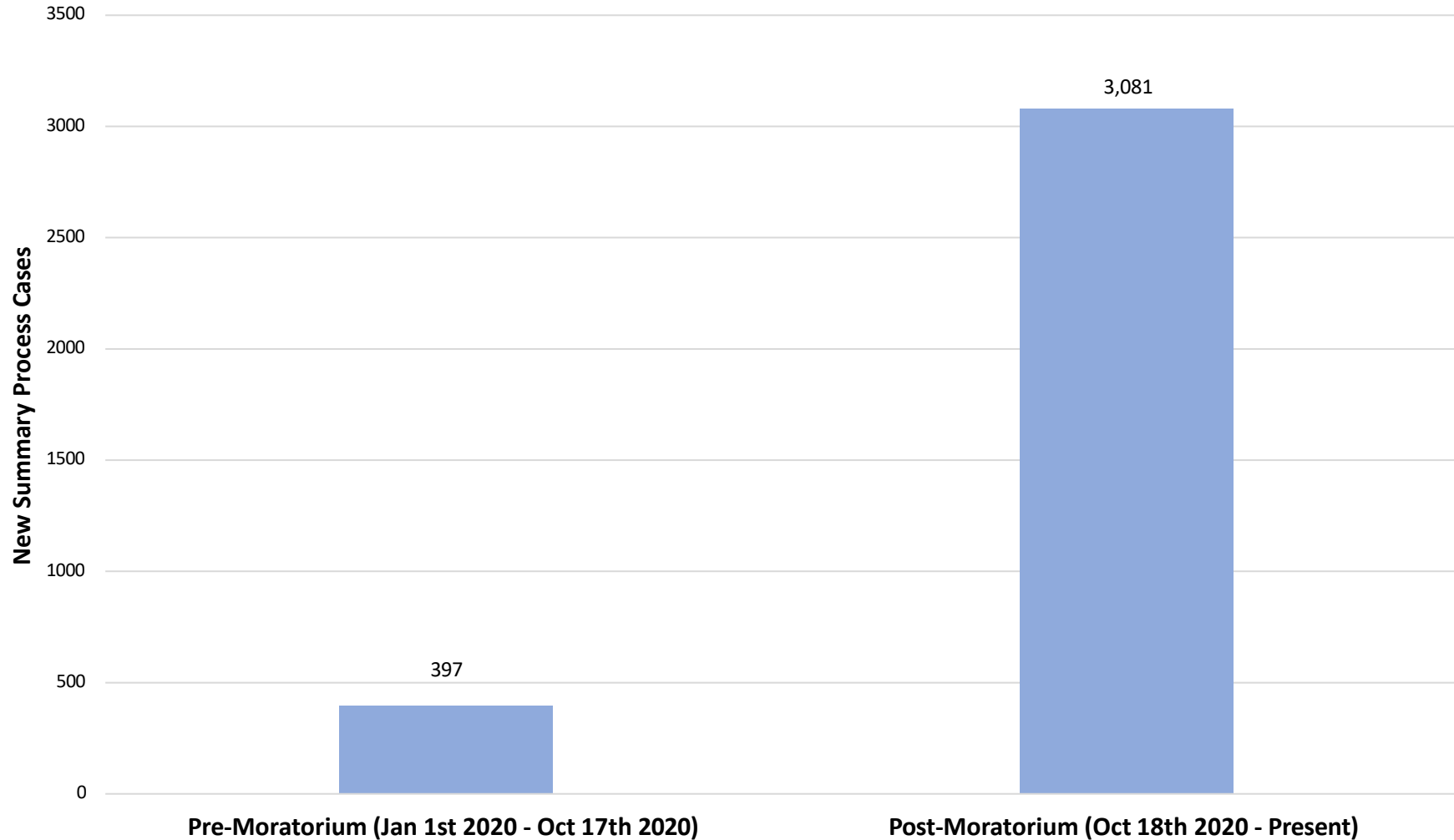


Measure 7 - Worcester County Exits with focus on Permanent Destinations year over year



HUD HMIS Project Types:	
#	Type: TEMPORARY
1	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
15	Foster care home or foster care group home
6	Hospital or other residential non-psychiatric medical facility
14	Hotel or motel paid for without emergency shelter voucher
7	Jail, prison or juvenile detention facility
27	Moved from one HOPWA funded project to HOPWA TH
16	Place not meant for human habitation
4	Psychiatric hospital or other psychiatric facility
29	Residential project or halfway house with no homeless criteria
18	Safe Haven
12	Staying or living with family, temporary tenure (e.g., room, apartment or house)
13	Staying or living with friends, temporary tenure (e.g., room apartment or house)
5	Substance abuse treatment facility or detox center
2	Transitional housing for homeless persons (including homeless youth)
#	Type: PERMANENT
25	Long-term care facility or nursing home
26	Moved from one HOPWA funded project to HOPWA PH
11	Owned by client, no ongoing housing subsidy
21	Owned by client, with ongoing housing subsidy
3	Permanent housing for formerly homeless persons
10	Rental by client, no ongoing housing subsidy
28	Rental by client, with GPD TIP housing subsidy
20	Rental by client, with other ongoing housing subsidy
19	Rental by client, with VASH housing subsidy
22	Staying or living with family, permanent tenure
23	Staying or living with friends, permanent tenure
#	Type: OTHER
24	Deceased
8	Client doesn't know
9	Client refused
99	Data not collected
30	No exit interview completed
17	Other

Evictions in the City of Worcester



When the moratorium on eviction (placed during the COVID 19 emergency) was lifted, Worcester experienced a dramatic increase.

Many of the evicted are ending up at one of Worcester's shelters or with the homeless prevention program.

Almost all of those evicted proceed through their court case without a lawyer.

Shelter Bed Capacity, Worcester

Shelter Bed Capacity single adults

- 25 Queen St: 100 beds (70 bunk beds and 30 mattresses)
- MLK: 54 beds
- Abby's House : 2 (female)
- Veterans Sheridan's Street : 13 female (low-barrier), 1 family
- Cambridge Street (Veterans): 8 male (low-barrier)
- SMOC: 7 respite beds at MLK (to open in January)



Upcoming Housing Projects

- Lewis Street: A 25-unit single occupancy housing, opened on October 31st 2023
- Quality Inn Hotel by WCHR: 90-unit single occupancy permanent supportive housing (to be opened in 2024)
- SMOC 30 Winfield St: 18 micro-units (early 2024)
- SMOC 30 Wyman St: 16 units (available by January)
- Abby's House: Redoing the shelter & 2 studio apartments
- East Side CDC: 18-unit tiny homes village (to be opened in 2025)

