

City of Worcester Human Rights Commission Minutes
VIRTUAL & IN-PERSON MEETING – Monday, December 6, 2021, 6:00pm

Members Present: Jacqueline Yang, Elizabeth O’Callahan, Jorge Lopez-Alvarez,
Edward G. Robinson, Lilian Chukwurah

Members Absent: Deidre Padgett, LaToya Lewis, Guillermo Creamer Jr

Staff: Jayna Turchek

Guests:

Staff from City of Worcester Department of Health & Human Services:

Eniya K. Lufumpa, Homeless Outreach Specialist LufumpaE@worcesterma.gov and

Evis Terpollari, Homeless Projects Manager TerpollariE@worcesterma.gov

1. Call to order and Introductions

A quorum was established, and Chairperson Yang called to order. The Chairperson welcomes members of the commission and those present and introductions of those in attendance as well as roll call were taken.

Chairperson Yang began with an acknowledgement of the traditional, ancestral, territory of the Nipmuc Nation, the first people of Massachusetts and those whose land we are convening on tonight. While the Nipmuc history predates written history, records from the 1600s inform us that the original inhabitants of Worcester dwelled principally in three locations: Pakachoag, Tatasset (Tatnuck), and Wigwam Hill (N. Lake Ave). It is important to make this acknowledgment and to honor the ancestors that have come before us. It is all too easy to live in a land without ever hearing the traditional names and the history of the people who first resided and prospered in these lands and continue to reside and prosper.

The Human Rights Commission was established to promote the city’s human rights policies. It is the policy of the City to assure equal access, for every individual, to and benefit from all public services, to protect every individual in the enjoyment and exercise of civil rights and to encourage and bring about mutual understanding and respect among all individuals in the city. Our work requires us to address institutional racism so that as a community we can achieve racial equity. Our work also requires us to make visible the unheard, unearned, and unquestioned privilege enjoyed by some members of our community to the detriment of others. We take time to make this acknowledgement, to educate, so a path can be cleared for healing.

The term “**institutional racism**” refers specifically to the ways in which institutional policies create difference outcomes for different racial groups. The institutional policies may never mention any racial group, but their effect is to create advantages for whites and the oppression and disadvantage for people from groups classified as people of color.

The term “**racial equity**” is the active state in which race does not determine one’s livelihood or success. It is achieved through proactive work to address root causes of inequalities to improve outcomes for all individuals. That is, through the elimination or shifting of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them.

The term “**privilege**” describes the unearned social power and informal institutions of society to all members of a dominant group. For example: “white privilege” and “male privilege.” Privilege is usually invisible to those who have it because we are trained to not see it but nevertheless it puts them at an advantage against those who do not have it.

2. Approval of Meeting Minutes

Approval of the meeting minutes for the November 8, 2021, Human Rights Commission meeting.

3. Annual Homelessness Update

We have the City of Worcester Health and Human Services here. We have Eniya K. Lufumpa, Homeless Outreach Specialist and Evis Terpollari, Homeless Projects Manager.

Eniya K. Lufumpa: We put together a presentation based on some of the points Jayna had identified in terms of information that the Commission may want to know. In terms of staffing updates, the team originated with Evis Terpollari the Homeless Projects Manager. Last year in September and October the team expanded to a team of four. We have me, the Homeless Outreach Strategist and Team Lead, plus Johanna Diaz the Community Navigator and Recovery Coach and Sivan Martinez also a Recovery Coach. Through a grant from the Division of Public Health and Spectrum, we also have two additional recovery coaches who work with us to support our efforts.

Data: In April of 2021 there were 137 people who counted as being “unsheltered” individuals. That meant that they were living in areas that were not meant for habitation and were not accessing shelter. This could be somebody sleeping under a bridge or in an encampment. Of those 137 unsheltered individuals there were 38 people that were identified as being chronically homeless. The be chronically homeless, one is identified as having a disability, such as substance use, who has been homeless for a minimum of a year or who has had, I believe it is, 3 episodes of homelessness that total a year over a period of 3 or 4 years. Within the city of Worcester there are approximately 370 individuals who are identified as homeless through both shelter and street outreach.

Demographics: 81% of that population are white, 18% are black and 1% are multi-racial. When looking at ethnicity, 27% of the individuals are Hispanic or Latino. And the majority are male at 66% with 31% female and 3% transgender. When we look at family homelessness, we see a decrease from 2017. In 2017 there were 599 families that were identified as being homeless and in 2020 that number decreased to 339.

Trends: We are seeing an increase in individuals who are experiencing homelessness overall. That is attributed to multiple things such as (1) COVID which has affected people's ability to keep their jobs, (2) people refusing to stay in shelters for one reason or another, (3) weather, during the warmer weather people have the ability to sleep outside as opposed to being in a shelter where they may not want to be. Another factor is (4) poor discharge planning. Being the big city that Worcester is, a lot of the social services and recovery and or treatment services are based here in Worcester so there are people who get brought from different cities here to be access services and unfortunately, sometimes adequate planning is not done in terms of where they will go when they leave the services or finish with their treatments. We have seen an increase in the number of people who have been coming from other cities to access services ending up in the shelter system.

Opioid Epidemic: Massachusetts, as a state, has noticed an increase in opioid deaths. Broken down by demographic:

- 75% increase in Black men
- 5% increase in Latino men
- 4% decrease for White men
- 32% increase for Black women
- 68% increase for Latina women
- 8% increase for white women

Looking specifically at Worcester city data, there has been an 8% decrease in opioid-related death within the city. It is interesting to know that there has been a 27% increase in the number of deaths of Worcester residents outside of the city. There are more people dying who call Worcester their home, but they are dying in neighboring cities.

Initiatives: With regards to Outreach efforts, our team does outreach on a weekly basis. Basically, every day of the week the team goes out to areas identified as needing services. Through our team we work to connect people to the local services that are available whether it is somebody who needs treatment, or somebody who is looking to go into a shelter, find a job, get their ID. That is the role of our team; to connect people to those services. Unfortunately, we do not have housing units that we own so we are also working with landlords to try and identify units that we could possibly direct people to.

Another initiative is the Hub initiative, which is a forum run by Leah Serafin, another member of HHS. Through Hub people who are identified as being at the highest risk, usually having multiple risk factors, are presented to the Hub which brings together a number of community partners to get connected to services. The different agencies who are able to provide those services step up and say they are able to provide the client with assistance, they get in touch with the client and the follow that client to make sure they are receiving those services and that their risk is being reduced.

We also have the Housing First Coordinating Council through the City Manager's office which looks at adopting the Housing First Model which means to provide people who are experiencing homelessness with housing first and then supporting them with wrap around services to make sure that they are able to maintain their housing and improve their quality of life. Through the Housing First Coordinating Council, there are four different groups which are working to increase the number of housings. Currently there are three housing projects that are taking place to increase the number of housing units in the city by 64 units. They are also working to get medical services into the shelters so that people can receive primary care services in addition to the other services they receive.

I touched on the Recovery Coach Initiative through the Division of Public Health which is in collaboration with Spectrum. That is mainly to increase the recovery efforts that are being done through HHS. The data tells us that the vast majority of people experiencing adult individual homelessness also have a dual diagnosis with substance use and mental health. Through the Recovery Coach initiatives, we have been able to hire an additional two recovery coaches who go out with us and do outreach in the community, especially the areas hardest hit by the opioid epidemic.

Another initiative we are working on is creating some sort of recovery continuum, so getting people into detox beds then creating a way to ensure that continuum can be met. Once they finish detox, they can move into a Clinical Stabilization Service (CSS) bed where they can stay for anywhere between 14 and 28 days then move into a Transitional Support Service (TSS), where they can stay for up to 3 months, followed by a Sober Home, which is a bit more structured than a halfway house which allows them a bit more freedom and makes the transition to independent living a bit smoother.

We are also working on a rental assistance program. This would be mainly for homelessness prevention and providing people with funds to be able to maintain their housing as well as finding housing as this would include the first, last and security needed when moving into a new apartment.

Shelters: We are working on improving the quality of services guests receive in shelters. We are working with a number of local shelters to ensure that people are being provided with the services that they need, and they are being treated in a fair manner.

There are a couple of shelters here within Worcester. For walk-in shelters there is 25 Queen Street, which is run by SMOC and has a 50-bed capacity, and Hotel Grace, run by Net of Compassion and has a 60-bed capacity. Hotel Grace was able to increase their bed capacity by 10 this last year. There is also the MLK Center, 237 Chandler Street which has 40 beds, the Harbour Shelter, operated by LIFT which has 15 beds for individuals who identify as women, and Veterans Inc, with 12 beds for women.

When it comes to families, most of the family shelters are through the Department of Housing and Community Development (DHCD) and applications are made by DHCD for families to get into the family shelters.

Q&A with Commission Members

Chairperson Yang: What is the Hub? Can you tell us more about that?

Eniya K. Lufumpa: The Hub is a weekly meeting run out of our office. Our colleague, Leah Serafin, is the one who facilitates those meetings. Agencies within the community who identify individuals or families as higher risk. A lot of times people who are homeless get presented to the Hub. The purpose of it is the coordinate services in an efficient manner. We have representatives from most of the agencies present during that forum with the purpose of coordinating the care that people need. It could be getting people connected to shelters, or connected to a job opportunity, or treatment facility. That is what the Hub does.

Evis Terpollari: It is an emergency response system that we have amongst providers. It was actually modeled after a Canadian social service platform that has been starting to spread like wildfire in the states as well.

Chairperson Yang: Do you know how many agencies join that meeting?

Evis Terpollari: It is a weekly meeting and I believe there is probably over 20 agencies. There are homeless providers, mental health providers, social service agencies, immigration services, harm reduction agencies that deal with children and DCF, and the fire department. It seems as though every so often we are bringing in a new partner to the fold so it is increasingly getting more folks in there.

Commissioner Lopez-Alvarez: How has COVID effected the way that you hold weekly meetings? Are they happening by phone? By zoom?

Eniya K. Lufumpa: The meetings have been held virtually. I joined toward the end of last year so during my whole time here, they have been virtual. Prior to COVID I believe they were meeting in person in city hall.

Evis Terpollari: Yes, the emergency management center. Just because the meetings are held virtually, that does not mean Our team is boots on the ground and we cover the aspect of day-to-day life. The DHHS and quality of life, throughout COVID, we did not take any days off throughout the whole pandemic. I am not sure if we covered this, but we were able to house over 40 individuals by the time the COVID-19 shelters were closed.

Eniya K. Lufumpa: There is a tier system interns of agencies, one tier of agencies attends all the meetings and then there is a tier that get referrals. We always have a contact person for the tier 2 agencies so if there is someone who needs to be connected to specialized services and the

representative of the agency is not at the meeting, we always have a contact. Normally there would be an email connecting them to everyone else who is involved in coordinating care for that individual.

Evis Terpollari: It is for families as well. It is not just individuals. It covers everyone out there.

Commissioner O'Callahan: I remember this was something we discussed a few years ago and it sounds like that is something that helps the silo of these services and make them not so siloed and separate anymore.

Evis Terpollari: If I could add something, more of a comment, one new sort-of update that has come down the pipeline through MassHealth is the discharge planning. There is more accountability, now, in the written law for folks who are coming out the institutional setting especially the hospital, they have to have appropriate discharges so that they do not go back into homelessness. There is this recidivism because there are current clients now that do not belong in a shelter setting because of a compromised immune system and they need a higher level of care but we have had instances where the hospital will deem them the same so where do they actually belong? One of the good things MassHealth has come down to address this issue right at the medical care providers when they go into the emergency room and some of those challenges addressed there. The wrap-around services are founded by a branch of MassHealth called Seize Back and its services for previously chronic homeless individuals. That is how we were able to get a case manager for homeless folk out there. I think in the coming years, maybe in a few years, those services may be open to everyone. It won't be for just chronically homeless individuals. The new standards for MassHealth are going to make it easier for our homeless population to get case management services right on the street or encampment or wherever they may be. We are very excited about those changes.

Commissioner O'Callahan: I am really glad that you touched on that. One of the questions I had while the presentation was happening was how well do these systems work? Do you find that people end up in some type of setting where they are being provided with services and then they end up back out experiencing homelessness again or being unsheltered or do you find that once people are set up with services, they end up going through the system successfully? I am sure there are cases of both happening but what would you say if you had to guess what the trends are looking like?

Evis Terpollari: One of the ways we are able to provide stability for folks, once they are housed, are the services that are designed for chronically homeless individuals. Often times, folks present with such a high number of indefinite issues that they need to be wrapped around with multiple services. The Seize Back, in my opinion, is a good service but is not one service for all. Some of the other services out there, especially in DMH, involve a number of other supports such as providing a client with a therapist, psychiatrist, ACCS Models. In other words, it provides them with not just one person, a Seize Back Case Manager, but with a team approach. That is what we advocate as an office. Clients require more services than they ever have. COVID has exposed a lot of the issues involving mental illness or the opioid epidemic. Those have made it that must

more challenging to keep someone housed. That is why we always advocate for more services. Is Seize Back sufficient? No, I don't believe that it is. We need a lot more services, but for now, this is what we have. The more people who do outreach, building relationships, and the more we do this job, the better we will be able to support those individuals, once they are housed, with those models: the Seize Back Case Manager working in partnership, getting folks involved in the Hub Model, presenting them if there is a crisis. Our model is that whenever someone is housed, we need to be able to follow up and through with them and so we become an integral part of their lives so that they do not go back on the street.

Chairperson Yang: I have another question. Regarding the Housing First model, can you talk a little more about that for people who don't know about it? Also, can you tell us how many individuals you have helped in the last year?

Evis Terpollari: The Housing First Model is designed to reduce harm on an individual in the institutional settings by providing housing first and then providing them with a wrap-around approach. When I find someone in a shelter, or on the street, who fits the definition required, the person is housed. The idea of housing first is to provide housing immediately, right at entry, and then once that is done, the social services approach is provided. There is a case manager who provides them with wrap around services to make sure that there if there are any type of issue, they are able to be addressed with the client. The idea came from the same agency who has proposed some of the designs on the tiny homes. A good video to watch is called "A Place to Live" about tiny homes and the use of those for a lot of the chronically homeless folks. The idea is that if you house someone you reduce the harm to that individual not just by having a roof over their head but also, they won't be subject to illegal activity, hospitalization, incarceration, etc. That reduces the cost to the taxpayers as well.

Chairperson Yang: Speaking of incarceration with housing, are there any CORI issues regarding housing these individuals.

Eniya K. Lufumpa: I think one of the biggest issues that we see when it comes to people's CORI are around arson charges and any form of sex offender charges. There are a number of units that just will not allow any sex offender charges, arson charges and the production of methamphetamine charges. For those individuals, housing is not as easily available. That is one thing we are looking to do: finding appropriate housing for them.

Evis Terpollari: That is why the city of Worcester is working with a variety of partners to develop more extreme-low affordable housing such as the 25 units on Lewis Street. We are hoping that will be up and running by the beginning of next year. We are also working with (inaudible) working on the tiny village and which is projected as upcoming, maybe the year after. The idea is to keep building the units and to keep this Housing First approach. We see the trend of homelessness as we go through economic shifts in our country. It is always going to have ups and downs but we want to be ahead that curve. That is the exciting part of being apart of this Housing First Council, it addresses, not only building new housing units but also talks about our shelter system, data, where we are going, what trends we are seeing and then, most

importantly, the support services piece that ensures that people remain housed once they get housed because it gets even that much more difficult if someone gets evicted. This is especially true if there are issues with credit history and past criminal history. But, we do have a number of landlords that do work with our population and I am just grateful that they continue to work with us because they have also experienced some loss over the many years. We try to get involved and reduce the harm to the individual and to the landlord. That is why we have also put out a landlord-tenant guarantee fund – go garner trust to the landlords. It guarantees them that once they are in the housing unit, there is this extra funding to protect the landlord from harm that may happen to the apartment or if a payment is not made in time. It gives us some new approaches with landlords.

Chairperson Yang: One of the other questions is about the rental assistance program. Can you speak a little more about that program? Is it for the prevention of homelessness? Is it for individuals who are already homeless? Where do the funds come from? What is your fiscal budget?

Evis Terpollari: The funding is allocated through the Department of Economic Development. There were five different agencies that were funded to assist with homeless prevention. Open Sky, WCHR, A Friendly House, R-Cap (?), between those five agencies if someone was stuck behind on rent, that could be directly correlated to Covid. Covid effected just about everything for the average person. The funds would essentially pay for up to \$3,000 in back rent plus arrearages. Utility bills would be an additional supplement to help people be caught up debt that that may occurred throughout the pandemic.

Chairperson Yang: So, someone interested in this program can possibly go to R-Cap solutions and do an application?

Evis Terpollari: Yes. I have a flyer that I would be very happy to send to you. There is a direct phone number for all agencies. We do get a volume of calls at the city's Department of Health and Human Services, and we get involved in deciphering the information. We reach out to the agencies. That is the quickest response to this. Obviously different folks, different approaches. We have sort of served as the main contact. We have done some outreach in the community. Alongside with economic development.

Chairperson Yang: Do you have to be U.S. citizen to access these resources, or can anyone access the benefits?

Evis Terpollari: That is a good question. I am not sure. I would assume that they would have to have some proof of identity. That may mean a social security number, drivers license, or ID or something to do that. I know that there has been some support for those who don't yet have immigration status and I know the Catholic charities also help with some of the funding too.

Chairperson Yang: So, people who are undocumented probably would not be able to access these services?

Evis Terpollari: I am assuming not, just because of the paperwork that is required. Just to be able to get a Mass ID you need to have a birth certificate, residential address. The second one can be easy but the first one is usually a challenge. That is something that we do as well. We've helped many homeless individuals obtain Mass IDs. We have worked on a number of cases. It takes us some time to be able to call the other city or town to have the birth certificate sent to us and then through funding, whether it is Catholic charities or another agency, we are able to get the IDs for them. Based on that I would assume that yes, you have to probably be a legal resident to be able to access some of this funding. But it is not to be said that individuals with no immigration status can't. They can, actually, just through different agencies.

Chairperson Yang: What is your budget? What is the annual budget?

Eniya K. Lufumpa: In regards to ...

Chairperson Yang: For the city budget what is it? As far as your funds.

Eniya K. Lufumpa: That I do not have off the top of my head. Our budget mainly comprises of just our salaries. We are working on securing additional funding to help us supporting the clients we have. Getting additional funding for getting their IDs which is \$25 per person, birth certificates from other cities and states and then also transportation.

Chairperson Yang: Who pays for that now?

Eniya K. Lufumpa: We have gotten funds from a number of different agencies. For example, transportation to treatment facility we work closely with AIDs project Worcester. They have been instrumental in providing transportation.

Evis Terpollari: Worcester PAR, program for addiction recovery. A lot of the Saint John's, Father Madden, has been great at assisting a lot of times with some of the things like co-pays and if folks get stuck in the city and have no means to get back home. It is really trying to work with everyone we have to be able to achieve solutions.

Chairperson Yang: So, even with the rental assistance program, funding comes from...

Eniya K. Lufumpa: That is a different department. That is Economic Development. They would have more information about the budget as it relates to that. In terms of our actual budget, that is just our salaries.

Evis Terpollari: To my knowledge, most of the funding came through CARES Act, which basically supported shelters we ran, the COVID-19 shelters. Also, some of the salaries to hire new outreach workers and recovery coaches. Recovery coaches came through a grant but just being able to assist folks with housing, say 'first, last and security.' I think that would be a better question for Economic Development. They can certainly talk more about the numbers.

Chairperson Yang: Regarding getting people into rehab, do you have certain beds set aside, certain contracts with some of the rehabs to say to them “okay, we have this person that we just met today who is willing to get into a bed and we have one available” because I know it can be very difficult to get people into beds.

Eniya K. Lufumpa: It has been a challenge at times. Especially when the facilities are full, but what we have relied on are our connections with the facilities and informing them in advance. That is something we are also working on. The initiative that I had mentioned before with the recovery continuum is something we are working on in terms of speaking to the facilities, especially on days where we have heavy outreach days and just letting them know that we are going to be doing outreach and if there is anyway to put aside maybe one or two beds so they are available because we always find somebody who is looking to get into treatment. So that is something that we are looking at. For the most part we have relied on communicating with recovery coaches that work in other agencies who also have connections the treatment facilities and who may know of any beds that are available, within Worcester and also outside of Worcester.

Commissioner Lopez-Alvarez: With the opioid epidemic, is there anything that’s being done as far as panhandling in Worcester goes? It has been skyrocketing over the past couple of years and most of the times I have noticed that it has been people who appear to have been using. Is this for the people who are “under bridges and stuff like that” or do you talk to people who are asking for money?

Eniya K. Lufumpa: The team does outreach to anybody who is homeless or who is in need of housing support. They do work with people who panhandle. They speak to everybody that is the area that they are doing outreach. They try to speak to them a bit more about the resources that are available with regards to treatment. Another aspect, in addition to the treatment facilities, is connecting people to jobs.

Evis Terpollari: There is this presumption that everyone who panhandles is homeless and that is not the case. There are a number of people who we have housed that are still panhandling. It becomes a job and we all have to respect that as such. Often times, a lot of the money does end up going to addiction but I have seen other cases. Addiction is such a difficult thing. It is very costly. It makes folks do things that they do not want to do, whether it is panhandling or robbing a store, or whatever it may be. It is such a complex situation that I don’t have an answer for. All we can say is that, if we have enough time to love them and continue to provide services and assistance then the rest... we are not the people who get paid to pass down judgement. We see it as just another aspect of life. Yes, it does become burdensome to the average walker or people who may not feel that it is the best thing for them to do but I think we just have to treat it as just another thing we got from COVID and the opioid epidemic. A lot of the folks that do panhandle are housed and that is a means of making a few dollars to do whatever it is that they need to do.

Commissioner O’Callahan: A good way to maybe summarize that is that that is not the problem it is a symptom of a larger mental health crisis that we really struggle with as a country.

Evis Terpollari: Absolutely.

Commissioner O’Callahan: Are there specific barriers to this very large complex issue that you feel like if only you had the resources, you could address this large crisis a little bit easier? What are the concrete barriers that you can easily identify beyond the existential we have a not-great health care system in our country? And, in terms of resources, what do you think could help address those barriers?

Evis Terpollari: I think that housing continues to be a piece of that, but then we have to also talk about having long term residential programs that folks can go into and focus on dealing with a multitude of issues. Often they call those dual-diagnosis programs. What we need are more of those programs where people can go and live in them and get the behavioral health they need, the support services and while they are there, they have their name on some type of a housing list. It would be an all-teams approach, wrapping them around with legit services. The opioid epidemic continues to be a driving force behind this, so we have to make it easier for people to access MAT. It is very difficult for us and our team to be able to get someone to say a methadone clinic because (a) they have certain days for intakes, (b) they need some type of identification and (c) providing the right health insurance. I think we should make it very easy to be able to access some of this treatment, but it is a federally funded program and it’s a medication (methadone) which is why people must be able to show who they are prior to receiving it. We have to make it easy for people to be able to access MAT. I think that is something we do advocate for, more available treatment beds, more long-term programs. I think it is a combination of just about everything.

Eniya K. Lufumpa: One other thing that we have also noticed is the environment that people are in is another barrier to being able to maintain sobriety. You have people who will go into detox, they go into clinical stabilization services or TSS but then, as soon as they get out they have to go back the same area that they are used to where, in a lot of cases, there is a lot of drug use in those areas and the places that they are used to. So, that I think is another barrier to people being able to maintain their sobriety. They do get sober, but then they have to go back to the same environment, where there is high drug usage.

Commissioner O’Callahan: Would you identify that as an infrastructure issue or a funding issue, or something else?

Eniya K. Lufumpa: I think it is a mix. Infrastructure in the sense that we don’t have enough affordable housing in the city, which everybody knows about. But also, being able to send people to different locations if they do want to leave the city because there are a number of people who have expressed that they are willing to leave the city in order to maintain their sobriety. That I think is another aspect of it.

Commissioner O’Callahan: So, there is a physical lack of places for people to go and lack of places people can afford to go. One of the other pieces I heard Evis start to touch upon was the lack of beds, do you mean a physical lack of beds or a lack of personnel to staff those beds?

Eniya K. Lufumpa: It is a combination. One of the things we haven't noticed, especially as the weather gets colder, there is an increase in people who want to receive detox services because that is a sheltered environment for them to be in. In those situations, the number of beds are just not as available as they would be during other times of the year. I think, also, when it comes to the treatment facilities, an issue that we have heard directly from people who work at these agencies is that they just don't have enough staff to be able to provide the intense case management and/or the other services that are required. So, I think, it is a combination of both.

Commissioner O'Callahan: It really feels like every societal problem comes into play, compounding this very complex issue that you are facing. So, we just have to fix all of society and then this will get better. That is what it feels like.

Eniya K. Lufumpa: It's a very complex issue, but I think little by little we can address the different factors at play.

Chairperson Yang: It looks like we have a question: Last year, the women's shelter opened through HARBOR and SMOC now has a separate women's shelter on Chandler Street, MLK Center. Of the 50 beds at SMOC, Queen Street, what number of them are for women, if any? Are numbers for women individual homelessness increasing and what is the reason? Is there a move to have only single gender shelter facilities?

Evis Terpollari: I can speak to that a little bit. Initially the city only had the main shelter at 25 Queen Street, which was 50 beds. With the COVID pandemic we have had the need to space out the beds which resulted in the opening of another shelter, which became the overflow shelter for SMOC, so that is another 40 beds. They have beds for males and females. I am not sure as to how many for each gender they have. HARBOR opened a 15 bed facility that gave us another 15 bed capacity for our population, in addition to that, Veterans Inc. opened a 12 bed facility. There is increased capacity for shelter as well as for women who are homeless and had no where to go but they were not necessarily pleased with the services at one particular site. This became another option for them.

Eniya K. Lufumpa: So, I read through the questions and I would like to add a point of correction. The question is stating that there is a separate women's shelter on Chandler Street, the MLK Center. The MLK is for both male and female individuals. It is not specific to one gender. In terms of creating a shelter for people who identify as women is due to the fact that when it comes to homelessness there are certain risks that are increased for certain genders. It was to ensure that they were creating a safe space for anyone identifying as a women.

Evis Terpollari: HARBOR has been great because it has been capturing a lot of the folks out there. We are finding more and more data now, since they have been open.

Commissioner O'Callahan: I think this has come up in the past and I don't have a lot of first-hand knowledge about it, but when you mentioned that there are other options for people who are not happy with services from one shelter and I have anecdotally heard about people avoiding certain shelters. I know that when we have done police ride-alongs and found unsheltered people

outside on very cold evenings (I think the last one I did it was 17 degrees.) There were people outside, clearly unsheltered, who were finding reasons to avoid coming with us to go to the shelters. There seems to be a fear about going to some of them. Can you talk a little bit about that? About why and what efforts are being made to address that?

Eniya K. Lufumpa: Through the housing first coordinating council, the crisis response working group, a survey was conducted and a series of focus groups were conducted with the homeless population who are or previously have accessed shelters just to find out more about their experiences. A number of the reasons why people did not want to access shelters came down to the treatment they were receiving while in the shelters and the services they were receiving. Maybe the lack of case management, being treated in a disrespectful manner. Those are things we have identified and we have had numerous conversations with the different shelters in terms of what can be done to improve the services that they are providing or even just the prospective that they have when it comes to working with the homeless population. I touched on it briefly before, but that is one of the initiatives we have. We have a biweekly meeting with one of the shelters, just to try and work some of those issues and they are very open to improving the services that they already provide and making sure that they are creating an environment that is welcoming and warm for the homeless population. We are working on it. That would also improve increased shelter capacity, in terms of people actually wanting to go to those facilities.

Evis Terpollari: there are more options now then there ever was before but absolutely, it is a work in progress and we have seen some improvement.

Chairperson Yang: I am not sure if anyone will be able to answer this but does Worcester offer warming shelters in the wintertime?

Eniya K. Lufumpa: The Worcester Public Library has served as an unofficial cooling and warming center here within Worcester. During the summer, I know that was something we had been on with another group of agencies that meet in terms of creating designated warming and cooling centers for the homeless population. I believe that the library is still serving as an unofficial warming center.

Evis Terpollari: we have had cooling centers. This year, due to the threat of tornados. We try to stay active with the threat of extreme weather conditions. The purpose of Hotel Grace, about 5 years ago it started with 25 people, was to be a seasonal shelter for when temperatures drop below 32 degrees. But we found we needed to have it open prior to that and longer than we have ever had it open. Its essentially open in October and closes in May.

Chairperson Yang: There are a number of homeless camps around Worcester, one in particular is Lincoln Street, do you guys work closely with those individuals?

Eniya K. Lufumpa: There are a couple of encampments, not just the Lincoln Street one, and our team has gone out on a weekly basis to engage with individuals there and to try to connect them to any services that they need, to talk to them about some of the local shelters that are available

and if they would like to go into shelters and also to facilitate that. So, yes, we have been working with people who are in the encampments.

Chairperson Yang: I know we have talked a lot about the challenges and the barriers but, briefly, can you just tell us a story of how you have actually helped or assisted someone, where it was positive?

Evis Terpollari: We have housed a number of folks not just this year, but also in the past. We had an individual that had been homeless for over seven years, probably a decade, with serious mental illness. It took a good three years of offering services but finally the individual accepted help. We presented them at our central entry system, which is a COC meeting, where there is a scoring method that determines the higher need/higher priority for subsidy which would come with support services. Once we were able to get the support services in place and then the subsidy, we worked with a local landlord (that we had used prior, during COVID) who was exceptionally warm to us and was very grateful to have someone to call if there was any issue with previous folks we had housed there. He offered us an apartment. The couple were housed and it was a success story. The individual continues to be there to this day and is not sleeping on a park bench behind city hall. It took a number of engagements. There is another similar case, almost identical, where the person was not willing to receive services for a long time but eventually, with consistency, we managed to be able to work with them and it turned into another success story.

Chairperson Yang: How long do you follow the individuals? It sounds like you follow them for a while. Is there a point where you stop following them?

Evis Terpollari: the program that we use, our model, allows us to track data indefinitely. We don't want them to give up on their services or on themselves. It could be a weekly engagement, a monthly engagement, it all depends on the number of services that they need. If it is something as simple as, once the person is housed now we have to figure out the bank information for the individual to open an account so they can pay the rent.. it all depends because if the person is unmedicated and dealing with serious mental illness, they could be very paranoid around who they trust in their lives, often time it will require several engagements prior to making that other touch point with the banking assistance. It varies. It could be several times a week, if there is a crisis to maybe once a month. We have clients who just reach out to us for Christmas and they are looking for a turkey and we get them help for that. It all just varies on the number of needs there is all kinds of spectrums.

Chairperson Yang: Someone emailed that the Worcester Public Library makes their facility available as a cooling and warming center. The only caveat is there is no sleeping. They can sit, read, participate in conversation or events but they must sit up, no heads on the table. The Worcester Public Library security staff is gentle in the administration but strict on enforcement. I know that this from observations on my many visits to the library.

Evis Terpollari: Worcester Library staff does a terrific job. They just love their people so much. We communicate often because we have clients that go there to get away from the elements or read or surf the web.

Eniya K. Lufumpa: I wanted to just add, for Hotel Grace, they opened their doors this summer, especially when there was a heatwave to allow for people to go there as a cooling center. But they are not a traditional cooling center. Right now they are operating as a shelter, but they do allow their guest to stay the whole day if they want to.

Chairperson Yang: I was just thinking about the most vulnerable people out on the streets when the weather gets really extremely cold and they do not want to go to a shelter but there is a warming station or somewhere they can go to get out of the cold.

Evis Terpollari: Whenever there is an extreme weather alert, the job the Quality of Life taskforce is to go and notify folks. That is absolutely something we do.

Chairperson Yang: Just to recap, if anyone is interested in any of the programs that you offer they should contact your office at:
City of Worcester, Health and Human Services

Chairperson Yang: Is there anything that we can do as a commission to help?

Evis Terpollari: I think it is always good to have these meetings because it brings forth questions and dialog which is always good.

Eniya K. Lufumpa: We have an annual homeless person's memorial day which is always on the longest night (usually December 21st) this year the event will be on Monday December 20th at 5:30pm. We will go back to an in-person event while adhering to as many of the COVID guidelines as we can. We will be providing masks, social distance as much as possible. We are also going to include a walk. We will start with the walk then go into a number of speeches from people who have lived experience. We have two key-note speakers who are prominent members of the community and doing great things, who also have lived experience with homelessness. They will speak to us a bit more about that and provide a message of hope for the rest of the community.

Chairperson Yang: Where is it going to be?

Eniya K. Lufumpa: Outside City Hall in the back by Worcester Common. We are trying to also do a donation for the homeless who may not be accessing shelters so we are asking for anyone who may have winter coats, winter supplies, winter things, if they could bring them so that anyone who needs them can get them. Any extras that we have we are looking to donate to the shelters.

Commissioner O’Callahan: When I was much younger, this is not something that I was aware of, so for anyone listening out there who is not familiar with this can you speak a little bit to the spirit in which we come together to observe this night and what it means and why we are doing it?

Eniya K. Lufumpa: The purpose of the memorial day is to come together and honor those who have passed away in the last year while homeless. Its really just to recognize them and show our commitment to the community that we don’t believe homelessness should exist and we are genuinely and actively working to reduce some of those factors that lead to people experiencing homelessness and reducing the number of people who are experiencing homelessness as well as to provide a message of hope for those who are currently experiencing homelessness. And just reminding them that we are doing everything in our power to make sure we are addressing this issue.

4. Communication Received: Update on the Worcester Police Department Racial Intelligence Training and Engagement (RITE)

Commissioner Robinson made this request based on some concerns about how the police departments were trained to deescalate situations.

Commissioner Robinson: In very stressful situations, you might not be thinking clearing (block-out syndrome) so one of the things the RITE training does is called Step In, Tap Out and Take Over. If another officer is having block-out syndrome, another officer is duty bound to take over and do it. The thing is the cumulative career trauma is kind of like PTSD (because they are still working it was given a new name). This is just a way to lower the stress levels when they do interact with the public so that they are thinking clearly. It is an expensive course but I understand that when you can have up to 30 participants it is good and the trainer is also a very good thing and I see, from Pam Callahan, that the police department did go through it and that Sargent Derek Leto is also spearheading the program by the police department.

Chairperson Yang: I did see the memo and I had a few questions in regard to the memo. The memo said in the spring of 2021 the RITE Academy provided training to the fire department and several police personnel were invited, including Derek Leto, who spearheaded the program in the police department. Then it says, the first day, 16 members of WPD Command Staff, including Chief Sargent and Deputy Chiefs, Captains and some Lieutenants attended the full-day leadership course. During the next two days 13 WPD employees from the training division and recruitment and diversity teams, including Sargent Leto. During the next several weeks, in-service training, the rest of the command staff and police officers were trained by the WPD staff who attended the Train the Trainer Course. One of my questions is: is that everyone? Did everyone receive the training? It was a little vague. I was not sure if everyone received it and I would be curious to know.

Motion to ask if every WPD officer attended that training because it would be nice to know how many attended.

I am also curious, based on the training, what have they learned and how are they implementing it into their everyday policing? Also, how much did the training cost?

Motion to ask the above questions.

Commissioner O'Callahan: Seconded but with an amendment to also ask if the entirety of the police department has not been trained, what is their plan, ultimately, in terms of the RITE program for the department.

Chairperson Yang: And, how does the training change their operational policies, if any? What have they implemented from the training?

Commissioner Robinson: I was wondering if we could, in the future, were we give an accommodation to someone who has the racial intelligence, emotional and models like that. This way we aren't always negative toward the police department.

Chairperson Yang: I agree, but where would we get that information from?

Commissioner O'Callahan: Suggestion: Can we, when we reach out with these questions, can we express our appreciation for them having shared the information and that we like the idea that this is a training that is happening and commend the effort they have put in so far?

3. Adjournment at 7:35pm

Our next meeting will be January 10th, 2022