



Strategic Plan to Prevent and End Homelessness in New Bedford

August 2017 to July 2019



Overview

- Being "Strategic"
- Process and Plan Development
- Homelessness in New Bedford
- Community Planning to Address Homelessness
- Financial and Political Environment
- Strategic Recommendations
- Implementation Plan





Being Strategic

Why be so concerned with "strategy?"

To ensure the greatest success, outcomes and return on investment in its efforts to end homelessness, the New Bedford Continuum of Care (CoC) is committed to crafting an effective and intentional approach to how it is moving forward to end homelessness.

The U.S. Department of Housing and Urban Development (HUD) has continually reinforced the importance of performance-driven data and methodologies, thoughtful planning practices, interventions, systems development and community engagement in ensuring the successful Continuum of Care.

The most effective outcomes are realized through strategic efforts that maximize and leverage human and financial capital.





Process and Plan Development

How was the plan created?

HUD awarded the New Bedford CoC a planning grant for the purpose of developing its own strategic plan. After soliciting proposals for the work, the Technical Assistance Collaborative was selected and worked with the CoC in developing a two year strategic plan.

TAC worked with the City of New Bedford, the CoC and community stakeholders to facilitate a comprehensive, data-driven community planning process. This process included:

- 。 Telephone interviews
- 。 In-person meetings
- $_{\circ}\,$ Detailed reviews of data and
- $_{\circ}\,$ A well-attended CoC planning retreat in November of 2016

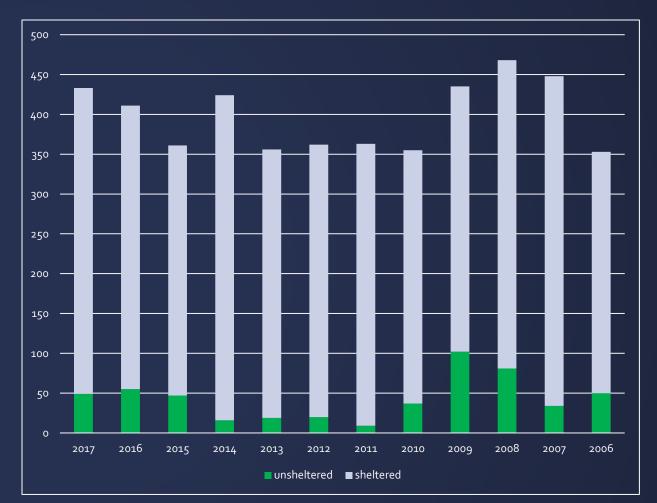
This effort culminated in the development of a two year strategic plan.





Homelessness in New Bedford

- What factors were considered?
 - 1 <u>Demographics of People Experiencing</u> <u>Homelessness</u>
 - The Point In Time Count methodology and data from 2006 2017:
 - Revealed a consistent total homeless
 count of between 350 and 500 persons
 - An unsheltered homeless population averaging 37 people per PIT, and
 - A sheltered average PIT count of 354



New Bedford Point In Time Count of Persons Experiencing Homelessness





Homelessness in New Bedford

What factors were considered?

2 Housing Stock

- Population has decreased since 1970
- Percentage living below poverty line has steadily increased
- Housing stock reflects the history of the city
- 43,291 housing units, 58% of which are renter-occupied
- Over 51% of the housing stock predates 1940 (this brings with it, challenges of lead paint and other health hazards, accessibility issues, potential for costly upkeep/maintenance)
- 22% of New Bedford households are severely cost burdened spending more than half their income on housing & utilities







Homelessness in New Bedford

What factors were considered?

3 <u>Street Homelessness</u>

- The number of people living on the street ("unsheltered") and in encampments has stayed relatively constant over the past few years.
- Encampments present significant concerns to the CoC and the community.
- Growing opioid epidemic presents complications in addressing encampments and other street homelessness.
- In response the City has developed a local action plan—the HEART protocols.







Community Planning to Address Homelessness

- Homeless Emergency Assistance Response Team (HEART)
- Community Hospital Acceleration, Revitalization and Transformation (CHART)
- Community Crisis Intervention Team (CCIT)
- Rise Up for Homes
- New Bedford Connect
- Homeless Management Information System (HMIS)
- Regional Planning (SoCo)





Financial and Political Environment

- HUD Resources and federal funding
- Housing First
- Chronic Homelessness
- System Performance Measures
- Coordinated Entry Requirements
- Massachusetts Resources (EA, RAFT, HomeBASE)





Strategic Recommendations

Three Strategic Plan Goals evolved from the data, these considerations and conversations:



- Prevent and divert new households from becoming homeless
- Move people who are experiencing homelessness into permanent housing as quickly as possible
- Help people who formerly experienced homelessness to retain their housing





Strategic Recommendations

• Many of the action strategies identified fall into the three priorities that guide the Plan:



Data Improvement, both in quality and breadth;

- Alignment with HUD priorities, meaning really working on developing an increased fidelity to HUD directives, priorities, expectations, etc. to increase success toward ending homelessness
- E
- Education, including public campaigns, HSPN trainings, program staff professional development, etc.





Goal: Prevent and divert new households from becoming homeless

| Strategy 1: Collect and analyze data on those at risk of homelessness and those homeless for the first time |
|---|
| Tasks |
| Obtain data on evictions from housing court |
| Gather data from Southcoast Health/St. Luke's |
| Establish a data-sharing agreement between DHCD and Mass Health |
| Identify households eligible for Tenancy Preservation Program |
| Assess reliability of data related to first time homelessness |
| Collect and analyze data on Street Outreach initiatives |
| Strategy 2: Create a community-wide initiative to prevent homelessness |
| Tasks |
| Facilitate meeting of all agencies with prevention resources |
| Set ambitious goal to reduce first time homelessness |
| Sponsor community campaign on risks and indicators of homelessness |
| Strategy 3: Expand coordinated entry system's diversion capacity |
| Tasks |
| Add questions to THE CALL's Initial Assessment |
| Track information and review diversion data monthly |
| Incorporate THE CALL into HMIS |
| Expand THE CALL staff to include a case manager |
| Strategy 4: Increase access to mainstream service resources |
| Tasks |
| Encourage CoC fund d staff to participate in the SOAR on line training to increase access to SSI/SSDI. |
| Establish formal link with Southcoast Health/St. Luke's |
| Target Southcoast Health resources |
| Assess employment needs |
| Crosscheck data between HMIS, THE CALL and Medicaid |
| Partner with New Bedford Housing Authority in distributing resource information |





| Goal: Move People Who are Experiencing Homelessness into PH as Quickly as Possible |
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| Strategy 1: Pursue strategies such as reallocation and permanent housing bonus funds to expand PSH and RRH |
| Tasks |
| Review 2016 CoC application and debrief for ways to increase points |
| Review 2017 CoC Program NOFA for point maximization |
| Review existing CoC projects for performance |
| Strategy 2: Increase number of units in private housing dedicated to people who are homeless |
| Tasks |
| Consider potential for 811 PRA units |
| Encourage homeless preference in HUD multifamily housing |
| Strategy 3: Create a property owner engagement initiative |
| Tasks |
| Launch campaign to attract property owners |
| Train staff on owner engagement and retention |
| Create a property owner mitigation fund and other incentives |
| Strategy 4: Maximize Housing First opportunities |
| Tasks |
| Train providers in Housing First |
| Facilitate a Housing First intensive course |
| Create a learning community for providers to share experiences |
| Monitor CoC programs for compliance with Housing First |





Goal: Move People Who are Experiencing Homelessness into PH as Quickly as Possible, Continued

| Strategy 5: Target resources to the most vulnerable |
|--|
| Tasks |
| Launch targeted community-wide initiative to end chronic homelessness |
| Create a master list of homeless veterans |
| Review HMIS capabilities for entering master list information |
| Explore feasibility of setting target goals at New Bedford Connect |
| Seek 21 st Century Cures funding |
| Use MassHealth data to link eligible individuals to CSPECH |
| Explore possibility of a medical respite pilot program |
| Strategy 6: Use data to lead planning and programming priorities |
| Tasks |
| Ensure HMIS is able to generate reports |
| Collect data on previous homelessness |
| Target one or two SPMs to improve in the next year, reducing first time homelessness should be prioritized |
| Pilot an expansion of HMIS to St. Luke's Hospital |





Goal: Help Formerly Homeless People to Retain their Housing

Strategy : Make resources and services available to maintain tenancy

Tasks

Expand partnerships and resources

Set CoC-wide standards for home visits to identify risk of homelessness

Include other risk factors in annual housing inspections

Create a pilot employment initiative

Partner with vocational rehabilitation services





Going Forward

- So how will we know we have achieved something as a result of this planning process?
 Key metrics will be used to evaluate the effectiveness of this plan:
 - Increase in the number of affordable housing units dedicated to people experiencing homelessness
 - Decrease in homelessness in the community including in key subpopulations (families, vets, etc.)
 - Decrease in the number of persons who become homeless for the first time
 - Decrease in the average and median length of time persons remain homeless
 - Decrease in the percentage of persons who return to homelessness
 - Increase in the percentage of adults who gain or increase employment or non-employment cash income over time
 - Increase in the percentage of persons who exit to or retain permanent housing





Going Forward

- Broad community support
- Leveraging
- Quarterly meetings to report on progress and barriers
- Introduction of a new HMIS system/product
- Increased fidelity to HUD priorities and expectations









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