**Furthering the Work of the**

**MA State Plan to End Youth Homelessness:**

***A state-level analysis of Community Needs Assessments***

***from the ten EOHHS Homeless Youth Program Regions***

**2019**

**Acknowledgments**

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**SECTION ONE: PROCESS**

***“If a person becomes homeless, we have failed. From a well-being standpoint, and from a fiscal standpoint, the earlier we can be involved, the more effective it will be.” — Service Provider, Three County***

***Introduction***

In 2018, the Interagency Council on Housing and Homelessness (ICHH) published the *Massachusetts* *State Plan to End Youth Homelessness*, a document outlining the Commonwealth of Massachusetts’ next steps to make homelessness a rare, brief, and non-recurring experience among youth and young adults (YYAs).[[1]](#footnote-0) It includes a vision to “build a system in which every community in the Commonwealth has coordinated, developmentally appropriate, and trauma-informed resources [for YYAs experiencing homelessness] that are effective, regionally accessible, and reliably funded”[1]. The State Plan establishes that the first step towards this vision is to understand the demographics and experiences of those YYAs and the resources designed to serve them in every region across the State.

The Massachusetts Special Commission on Unaccompanied Homeless Youth (Commission) envisioned a Community Needs Assessment (CNA) process that would meet the State-level need to better understand YYA homelessness and as a key strategy to build regional capacity; by mobilizing regional partners to understand who is experiencing youth homelessness within their communities, what local resources exist to meet YYAs needs, and what they need from the Commonwealth to support them. It would help communities to better tell the story of youth homelessness to their stakeholders, and as a result, provide greater capacity to advocate for and leverage future funding to support their YYAs.

In July, 2018, EOHHS issued a grant application for funding within each of ten Homeless Youth Services Program Regions (Program Regions). The grant application offered approximately three million dollars from the Homeless Youth line item (4000-0007) allocated in the FY19 state budget[2] to create or enhance regional capacity, a key outcome of the State Plan. Importantly, the grant application made completing a CNA an explicit grant requirement.[[2]](#footnote-1) The Executive Office of Health and Human Services (EOHHS) awarded funds to a provider in each region to submit their completed CNAs. This report, *Furthering the Work,* compiles the regional CNAs to create a more accurate statewide picture of our needs and resources.[[3]](#footnote-2)

*Geography*

EOHHS divided Massachusetts into ten Program Regions taking into account existing relationships among the Commonwealth’s fourteen U.S. Department of Housing and Urban Development (HUD) defined Continuums of Care (CoCs), geographic proximity of municipalities, and shared resources such as transportation systems. The purpose was to find communities with shared identities that would be well suited to assessing their collective needs, making decisions together, and leveraging common resources. HUD uses the CoC geography to allocate federal resources and coordinate local responses to homelessness. Figure A. compares the boundaries used by HUD for the CoC program with those used by EOHHS for the ten Program Regions.

Four program regions—Three County, Hampden County, Worcester County, and Cape & The Islands—align exactly with CoC boundaries. The Bristol County Region completely combines three CoCs and the remaining five include a mix of CoCs that occasionally overlap. The Balance of State CoC is the most complicated to align and is spread over five Program Regions. To account for this overlap and the way that each of these communities collect data, stakeholders submitted 11 CNAs—one for each of the ten Program Regions and one for the Balance of State CoC.

*Quantitative and Qualitative Analysis*

As a part of the CNA process, EOHHS requested that each region submit, **at a minimum,** the following information: both Point In Time (PIT) and annual prevalence of unaccompanied youth homelessness, characteristics of unaccompanied YYAs experiencing homelessness, availability of housing resources, gaps and strengths of services, and initial recommendations. To acquire these data, regions performed a quantitative analysis, using their communities’ data from sources such as the State Youth Count, their CoC’s PIT count, and their CoCs’ Homelessness Management Information System (HMIS). To support these efforts, EOHHS facilitated data acquisition from state agencies including: the Department of Children and Families (DCF), Department of Youth Services (DYS), the Department of Mental Health (DMH), the Department of Elementary and Secondary Education (DESE), and the Department of Public Health (DPH)/ Bureau of Substance Addiction Services (BSAS). Through these data, regions gained an understanding of how state systems of care impact the experiences of YYAs at the local level. Additionally, throughout the CNA process EOHHS encouraged Program Regions to collect qualitative data. To this end, most Program Regions conducted surveys, stakeholder interviews, and focus groups with both YYAs and service providers.

*Compiling this Report*

Program Regions submitted draft CNAs by June 30, 2019 and their final CNAs in July 2019. EOHHS then analyzed Program Region data and findings looking for common themes in YYA experiences of homelessness, resource allocation, availability, delivery, and system capacity. It drafted conclusions about the gaps and opportunities for meeting the needs of YYAs experiencing homelessness, reviewed preliminary findings with key stakeholders and incorporated their feedback. Ultimately, this report furthers the work of the State Plan by compiling findings from the regional CNAs to inform the Commonwealth’s future priorities to prevent and end youth homelessness.

**SECTION TWO: FINDINGS**

**“I wish my service providers could feel the way I feel physically- a lack of food and sleep and the loneliness that I feel.” — Unaccompanied Homeless Youth, Metro Boston**

This section consolidates learning from the regional CNAs. It offers aggregated data, highlights the most prominent and consistent findings identified by the regional partners, and provides insights into strengths and challenges that regions share and uniquely experience.

***Finding 1: Prevalence***

On a single night in January 2018, **at least 1,080** YYAs lived on the streets, in places not meant for human habitation, shelters, and transitional programs, throughout Massachusetts [3]. Of these YYAs experiencing homelessness, 465 were individual unaccompanied YYAs and 615 were pregnant and parenting [3]. This count uses the most limited definition of homelessness, is not a YYA-specific count, and is conducted during the winter. Therefore, 1,080 is likely a minimum, perhaps representing the most vulnerable and visible YYAs struggling to survive without a place to call home.

From January 1 to December 31, 2018, **3,789 unaccompanied YYAs were identified by local providers as experiencing homelessness.** This figure includes data from CoC HMIS databases (reporting for emergency shelter, street outreach, and transitional housing), non-HMIS-using service providers, and DESE’s student homelessness reports (for unaccompanied minors).[[4]](#footnote-3)[[5]](#footnote-4) Annual counts allow us to capture the nonlinear nature and seasonality of homelessness for YYAs, and HMIS allows a wide variety of programs to use their standard administrative practices (as opposed to a once a year protocol) to capture client information [4]. Most Program Regions only submitted their CoC program HMIS data, therefore missing YYAs who do not interact with the formal homelessness system, making it likely that 3,789 is also an undercount. In a respected 2017 nation-wide study, researchers found that on average, one in ten YYAs ages 18-24 and one in thirty YYAs ages 13-17 experienced a form of homelessness over the course of a year, including couch surfing [5].

***Finding 2: Demographics***

Program Regions collected information on the demographics and experiences of YYAs experiencing homelessness including: age, race, LGBTQ+ identity, system-involvement, and pregnant and parenting status. The federal government and prominent national partners have identified these demographic elements, among others, as necessary in understanding youth homelessness.[[6]](#footnote-5)

*2a: Age*

The average age at which YYAs report leaving the households of their parent or guardian for the first time is 16.7 and leaving for good at 17.6 [6]. However, HMIS and non-HMIS-using service provider data report minors representing less than 5% of all YYAs experiencing homelessness; and even fewer are identified during annual HUD PIT counts. Through conversations with YYAs and providers, the CNAs suggest that many minors choose to remain hidden from systems of care until the age of eighteen; instead seeking out precarious housing situations such as sleeping in cars or couch-surfing among family and friends.

Homelessness has significant and disparate impacts on “youth”—under 18—and “young adults”—between 18 and 24. The age of YYAs experiencing homelessness is critical to how they enter, interact with, and leave systems of care. It impacts the services available to them, determines the community and system rules that they must follow, and correlates with their preparedness for the programs, resources, and relationships with which they will interact. In Hampden County, one provider commented, “The young people that come in are in unstable housing for one reason or another. We’ve got 10-12 people coming regularly, weekly. Half of them are in group homes and are getting ready to age out. Our current concern is where they are going to go. There is just not a lot to do for folks [this age] [7].”

*2b: Race*

Statewide, Black YYAs are over 4x more likely to experience homelessness as compared to the overall population of YYAs [8], with the greatest disparities in the Balance of State CoC [9], where Black YYAs are 10.3x more likely to experience homelessness, and in Plymouth County where Black YYAs are over 7x more likely [10]. Latinx YYAs are more than 2.5x likely to experience homelessness in MA as compared to the overall population of YYAs [11], with the greatest disparities in the Metro West region where Latinx YYAs are 8.5x more likely to experience homelessness [12]. Table 1 displays the disparities for each region.

**Table 1. Racial Disparities among YYAs experiencing homelessness by region.**

|  |  | **YYAs Experiencing Homelessness (HMIS, FY18)** | | **YYA in Population 15-24 (ACS 2013-2017 5-Year Estimate)** | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Region** | **Name** | **Black** | **Latinx** | **Black** | **Latinx** | **Times More Likely to Experience Homlessnessness** | |
| 1 | Three County | 16% | 35% | 4.5% | 7.0% | 3.5 | 5.0 |
| 2 | Hampden | 18% | 68% | 10.5% | 31.4% | 1.7 | 2.2 |
| 5 | Worcester | 11% | 32% | 6.2% | 14.6% | 1.8 | 2.2 |
| 4 | Bristol | 26% | 29% | 5.2% | 10.2% | 5.0 | 2.9 |
| 5 | Cape Cod | 26% | 22% | 4.3% | 4.0% | 6.1 | 5.5 |
| 6 | Plymouth | 57% | 10% | 8.0% | 3.7% | 7.2 | 2.7 |
| 7 | Essex | 29% | 31% | 5.0% | 26.9% | 5.7 | 1.2 |
| 8 | North Middlesex | 30% | 41% | 8.7% | 19.3% | 3.4 | 2.1 |
| 9 | MetroWest | 22% | 32% | 7.4% | 3.8% | 3.0 | 8.5 |
| 10 | Metro Boston | 51% | 33% | 15.9% | 17.8% | 3.2 | 1.9 |
| N/A | Balance of State | 45% | 44% | 4.4% | 49.7% | 10.3 | 0.9 |
|  | **Statewide Total** | **38%** | **38%** | **8.9%** | **14.8%** | **4.3** | **2.6** |

Beyond overrepresentation, Black and Latinx YYAs report that their race and ethnicity have had an impact on their ability to receive services. YYAs in the Essex region lament, “...landlords judge you on everything–race, whether you have a child, lack of credit—even if just one thing is missing, you’re not accepted [13].” Race also may contribute to or magnify feelings of isolation during experiences of homelessness. In Metro Boston, one Black young adult expressed this sentiment saying, *“I felt like I was in an [school] environment that was 90% White people, 9% Asian, 1% Black people. I feel like that played a role in why I didn’t express myself. Certain people couldn’t relate.”* A YYA in the Worcester region reported,“Providers deny services and push my problems under the rug. People are prejudiced because I am a young Hispanic male with piercings and tattoos. Why should I try and keep trying to find positive help if doors keep getting shut? Negative help is easier to find [14].”This suggests that not only are Black and Latinx YYAs overrepresented among unaccompanied YYAs experiencing homelessness, but they also face additional barriers to self-identification of housing instability and finding support to address this challenge.

*2c: Sexual orientation*

Statewide, 23.7% of all YYAs experiencing homelessness identify as LGBTQ+ [6]. The CNAs describe LGBTQ+ YYAs, particularly transgender YYAs, as having insufficient support for meeting their basic needs. They also express that LGBTQ+ YYAs feel under-recognized among individuals experiencing homelessness and feel that they experience discrimination when attempting to access services. When they do access services, LGBTQ+ YYAs communicate that they are often uncomfortable with the types of services offered to them. For example, in Hampden County one provider expressed, “...LGBTQ youth will do anything to avoid adult shelter. They will stay anywhere else [7].”

It is important to note that not all communities currently have the capacity to collect and report data on LGBTQ+ YYAs experiencing homelessness. The CNAs primarily used the State Youth Count to understand this demographic, although the sample size for many communities was prohibitively small. While HMIS does not include LGBTQ+ data elements by default, it has the capacity to collect these data and requires that federally funded Runaway and Homeless Youth (RHY) programs enter these data in a RHY-specific module. Nevertheless, the data collection is inconsistent statewide and in many communities does not exist at all. Even with strong data collection, some CNAs still described their LGBTQ+ numbers as undercounts as a result of collection methodology and community factors that may be limiting the efficacy of self-identification.

*2d: Pregnant and Parenting Youth*

According to CoC 2018 PIT counts, 615 pregnant and parenting YYAs experienced homelessness on a single night, or roughly 60% of all YYAs identified as experiencing homelessness in Massachusetts [3]. Of these young parents, 100% were reported as sheltered [3]. The high percentage among all YYAs and in shelter may be due to the fact that pregnant and parenting YYAs have access to additional resources for families when experiencing homelessness. Since 1983, the Commonwealth of Massachusetts has been a “right to shelter” state for families, which requires the Department of Housing and Community Development to “administer a program of emergency housing assistance to needy families with children and pregnant woman with no other children [15].” The nationally accepted rule of thumb is that 40% of YYA experiencing homelessness are pregnant or parenting [5].

*2e: YYAs involved with State Systems of Care*

YYAs from each Region reported engagement with multiple systems including: DCF, DMH, DPH/BSAS, Department of Development Services (DDS), Department of Transitional Assistance (DTA), adult and juvenile justice systems, and hospitals, among many others. DCF was the most frequently discussed state system and interviews with both YYAs and providers noted concern regarding the housing stability of youth exiting this system. During the 2018 State Youth Count, 26.4% of YYAs identified experiencing homelessness had ever been in foster care. The CNAs also describe their need for improved data and data-sharing agreements with state agencies in order to fully understand the scope of housing insecurity and need for improved transition planning among systems-involved youth.

***Finding 3. Resources***

The CNAs included information on the availability of key resources and services within the ten Regions—housing, employment, education, transportation, healthcare, etc. When YYAs receive services, there are often not enough programs that offer YYA-specific services designed to meet their unique developmental needs. As explained by a service provider on the Cape and Islands, the *“population skews older and a lot of emphasis is placed on the 45+ age group and frail elders group. I think one of the impacts of that shift is that youth sort of get left out about needs very often—the safety nets are designed to catch the older folks* [16]*.”*

*3a: Housing*

The Commonwealth currently does not have sufficient YYA-specific housing resources necessary to prevent and end youth homelessness. At a minimum, YYAs and service providers voiced a desire to increase the number of YYA-friendly shelter beds. The CNAs identified only 76 YYA-specific emergency shelter beds and 13 host homes statewide in 2018. And as with all services, these shelter beds are not distributed equally. The majority (64%) of all YYA-specific emergency shelter beds are located in the Metro Boston region [17]. Table 2 illustrates the regional distribution of housing.

**TABLE 2: Regional Distribution of Housing Models**

|  |  | **Number of Beds/Units** | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Region** | **Name** | **YYA-Specific shelter Beds** | **Host Homes** |  | **Rapid Rehousing** | **Transitional Housing** | **Permanent Supportive Housing** | **TOTAL** |
| 1 | Three County | N/A | 0 |  | 24 | 8 | 24 | 56 |
| 2 | Hampden | 6 | 6 |  | 26 | 5 | 20 | 51 |
| 5 | Worcester | N/A | 4 |  | 5 | 72 | 0 | 77 |
| 4 | Bristol | 6 | 0 |  | 0 | 8 | 11 | 19 |
| 5 | Cape Cod | N/A | 0 |  | 0 | 0 | 0 | 0 |
| 6 | Plymouth | 4 | 0 |  | 33 | 0 | 8 | 41 |
| 7 | Essex | 7 | 3 |  | 0 | 0 | 0 | 0 |
| 8 | North Middlesex | 0 | 0 |  | 9 | 4 | 0 | 13 |
| 9 | MetroWest\* | 4 | 0 |  | 0 | 26 | 0 | 26 |
| 10 | Metro Boston | 49 | 0 |  | 40 | 38 | 90 | 168 |
| N/A | Balance of State | 4 |  |  | N/A | 12 | 3 | 15 |
|  | **Total** | **76** | **13** |  | **137** | **173** | **156** | **466** |

In addition to not having enough shelter beds, Program Regions appear to have insufficient longer-term housing resources including Rapid Rehousing (RRH), Transitional Housing (TH), and Permanent Supportive Housing (PSH). There are currently 466 YYA-dedicated housing units across the Commonwealth. Even if one assumes that only 30% of YYAs interacting with HMIS will need an independent longer-term housing intervention to exit homelessness,[[7]](#footnote-6) nearly three high-need identified young people experiencing homelessness need independent housing for each available bed.

It is important to keep in mind that limited housing for these YYAs—as well as all persons experiencing homelessness—is in part indicative of a greater challenge: the lack of affordable housing across Massachusetts. Data from the United States Census Bureau demonstrates that from 2012 to 2017, Massachusetts permitted 88,911 housing units while its population increased by 200,192 individuals [18]. Over this same time, the median rent for an apartment in the State increased by 9.73%—from $1,069 to $1,173. The Commonwealth is now the eighth most expensive state in which to rent an apartment [19].

*3b: Employment*

YYAs often face multiple barriers to employment including limited work histories, low education, few occupational and work readiness skills, inadequate social networks, and difficulties trusting authority figures. Even so, YYAs express a strong desire in securing financial and housing stability that is not tied to subsidies or public benefits. The 2018 State Youth Count found that only 35% of YYAs experiencing homelessness were employed [6]. Even with employment, YYAs need the living wages that allow them to afford rent and satisfy their basic needs and the support to both maintain a current job and rise in their careers over time. According to the most recent report from the National Low Income Housing Coalition, renters in MA earning minimum wage need to work over 90 hours to afford a modest one bedroom rental home at federally established Fair Market Rents [18]. The living wage for a young parent who needs more than a studio or one bedroom apartment is almost $34 per hour.

In addition to the private job market, only a few Program Regions report that local supportive employment programs have sufficient capacity to support YYAs experiencing homelessness and housing instability, build their employment and life skills, and provide them with income and other supports. A young adult in Bristol county stated, *“I am willing and able to work. The problem for me is that I am not trained in anything. So, I keep hearing that I need to take job skills training programs but most of those don’t pay you while they train you and there is no promise of work after the training has ended. It’s very frustrating.”* Similarly, a provider on the Cape and Islands said “*we need employment where people can earn. That’s one of those things ... across the country - the middle-class jobs are gone* [16]*.”*

*3c: Education*

The 2018 State Youth Count identified that 21% of YYAs were still making progress towards a degree in the public school system [6], and data from DESE reported that during the 2017-2018 school year 514 unaccompanied minors were identified in schools as experiencing homelessness as well as 810 unaccompanied young adults [20]. YYAs often name teachers as the persons who they confided in the first time they experienced homelessness. One youth in Essex County captured this sentiment well, saying, *“When I was enrolled in school, I would go to my teachers, because I was very close to them, so I felt comfortable* [8]*.”*

Many Program Regions reported on challenges regarding higher education. A 2018 report conducted by the Hope Lab and cited by several CNAs found that 49% of students attending two-year colleges in the Commonwealth experience housing insecurity, 44% experience food insecurity, and 13% experience homelessness; and among students at four-year institutions the figures are 32% for housing insecurity, 34% for food insecurity, and 10% for homelessness [22]. Some communities, like the Cape and Islands, also identified the need for both more college opportunities located in the region and more supports for students from the region who attend college in other communities [16].

*3d: Transportation*

Both YYAs and providers list transportation as one of the greatest barriers to resolving experiences of homelessness. Human services are not equally distributed throughout Massachusetts leaving geographically-based service gaps in the absence of transportation support. This appears most prominent in Program Regions with large geographies such as Three County, Worcester County, and the Cape and Islands. Nearly all of the CNAs include stories of community members asked to travel significant distances away from their homes by public transportation, bus, car, or boat to access the critical resources that might meet their needs. In Three County, a provider commented, “*We’re disconnected from the larger communities because of lack of transportation…. They can’t find transportation to jobs* [23]*.*” Additionally, a YYA in the Cape and Islands region shared that “*Transportation is a real need... I have friends that have cars but they're busy a lot. I need to go places, but I feel bad because I can't pay them gas money. So I don't want to ask* [16]*.”*

*3e: Behavioral Health*

Homelessness is a traumatic experience; it has physical, mental, and emotional implications for the well-being of YYAs. Though it remains difficult to measure the extent of behavioral health challenges among YYAs experiencing homelessness, most of the CNAs noted the lack of appropriately accessible substance use and mental health care as significant barriers to obtaining and maintaining stable housing. Specifically, providers reported not having adequate capacity and connections to support the behavioral health needs of YYAs experiencing homelessness, which is often further compounded by long waitlists that engender feelings of hopelessness and exacerbate harm. One youth from the Metro West region explained, *“my mental health issues impacted my ability to work, I lost my job and everything got very hard* [10]*.”*

***Finding 4. Regional relationships and readiness***

The CNAs include important information on Program Region capacity to effectively implement coordinated community responses to end youth homelessness. They reflected a wide range of readiness to mobilize community support, coordinate planning and interventions, fundraise, collect data, and manage region-wide processes.

Prior to EOHHS funding, no Program Region had a coordinated response to end youth homelessness; and the CNA process helped many of them in reinforcing a regional approach to the work. A few CoCs among the Program Regions have some form of youth group or youth committee under their existing CoC structure; but even these communities did not have a governance or decision-making protocol with a broad enough range of stakeholders to adequately address youth homelessness, including the ability to regularly gather salient data, coordinate among partners working on prevention, diversion, crisis engagement, and long term support, recruit and support the engagement of YYAs in the decision-making process, and facilitate collaboration across a variety of political, non-profit, business, and community partners. At least one community had no previous dedicated capacity at the regional or CoC level to support an effort to end youth homelessness.

Without this capacity, Program Regions identified significant challenges regarding decision- making. Many regions found it difficult to manage overlapping CoC and Program Region jurisdictions and planning bodies with purview over different programs and the young people that they serve. All Program Regions struggle with coordinating among multiple internal jurisdictions and inter-community dynamics. For example, larger regions, like Three County and Worcester County, cover vast distances and many independent communities [14,21]. Their towns and cities have distinct policy values and cultures and little history coordinating with their neighbors. Political dynamics, like those on the Cape and Islands, make regional planning difficult where each small town council has a high level of independence and its own institutions [9]; and even smaller geographic areas in the east of the state, like the Metro Boston region, cover many populous cities and CoCs with their own systems and priorities, even as YYAs move fluidly between them.

Beyond formal infrastructure, the CNAs report that general community awareness concerning youth homelessness is low. In several CNAs, YYAs reported that they did not self-identify as experiencing homelessness despite meeting the definition established in 2013 by the MA Special Commission on Unaccompanied Homeless Youth[[8]](#footnote-7); and they suggest that this results from misunderstanding the definition of homelessness and stigma associated with homelessness. Providers and older adult community members also play a critical role in this process and are frequently failing to identify YYAs experiencing housing instability themselves. Teachers, guidance counselors, physicians, and others may lack the tools, knowledge, or general awareness to ask the right questions in the right way, know who to give that information to, or know how to help. The consequences of a lack of awareness for Program Regions appear to include fewer YYAs seeking support when they really need it, fewer adults ready and willing to identify and support YYAs seeking support, less attention in local policy development and budgeting, and increased NIMBY[[9]](#footnote-8)-ism.

***Finding 5. Data Limitations***

The CNA process illuminated challenges related to data collection and analysis. For example, the CNAs primarily used three sources to illustrate the number of individuals experiencing homelessness—the PIT count, State Youth Count, and HMIS—however, the field has long recognized that they do not capture all young people experiencing homelessness nor all kinds of homelessness experiences. Those sources often miss key data elements, such as sexual orientation and gender identity, systems experience, and couch surfing. Furthermore, there are no uniform collection methods for housing stability and exit destination data among state systems of care, and the State Youth Count that relies on YYA-self reports is the most frequently cited data source for how youth move through systems of care. The CNAs confirm what national research has shown—that homelessness is a transient experience [4]. YYAs move between situations (e.g., couch-surfing, living on the street, foster care), communities (e.g., Boston to Cambridge), and regions (e.g, Three County to Essex County). Without the resources to accurately track YYAs as they engage (or don’t engage) with services and agencies in different communities, it may prove difficult to appropriately plan where to increase services to prevent and end youth homelessness.

Overlapping EOHHS-defined regions and CoC geographies made it particularly challenging for four of the Program Regions[[10]](#footnote-9) to disaggregate and submit quantitative data. The CoCs from these geographies were asked to submit their data for the most critical elements, which allowed us to paint a statewide picture, however the affected Program Regions were unable to produce some region-specific figures.

**SECTION THREE: ADDRESSING THE CNA FINDINGS**

**“Homelessness is a symptom of other fundamental issues: school drop-out, substance use, unemployment, depression. There is a range of issues they face…all these interlocking problems.” —Service Provider, Hampden County**

Overall, the CNA findings demonstrate that youth homelessness is complex; the individuals who experience it are diverse; and, its causes are intersectional. As one YYA in North Middlesex stated, “Homelessness - it’s not a choice. You don’t choose to be homeless. You don’t decide you want to be homeless. It happens. Circumstances lead to up to events and events can’t be avoided [24] .” These findings reinforce the recommendations already outlined in the MA State Plan to End Youth Homelessness, provide greater specificity and more nuanced regional understanding, and address some elements not previously identified. As we transition to the next phase of implementing the State Plan, EOHHS recommends the following actions concerning housing, employment, transportation, the availability of services, and behavioral health support, among others, should guide the work.

| **HOUSING**  **Recommendation 1: Increase the availability of YYA-specific housing resources**  **Relevant Findings: 2b; 3a; 4** |
| --- |

**EOHHS recommends that the ICHH and its partner agencies increase the availability of a broad array of housing resources across the Commonwealth in urban, suburban, and rural communities where homelessness is prevalent.** The lack of available, safe, affordable, and YYA-specific housing resources is the most consistent finding across the regional CNAs. It is the bedrock for many of the other opportunities that communities hope to make accessible to their young people related to health, education, employment, and wellbeing, and is the most tangibly connected to the outcomes that local, state, and federal entities use to measure community success. This recommendation builds upon the precedents in the State Plan that the Commonwealth “[e]xpand the current spectrum of accountable and evidence-informed models of housing and services” [1].

Using [a simple housing model](https://docs.google.com/spreadsheets/d/1EEUeKmps-Fz1XEeRk3js6tA1CNT5bgKUYOZB0z1j0uE/edit?usp=sharing) first developed by the Boston CoC in 2018 and since adapted for other Program Regions, **we estimate that Massachusetts needs to support access to between 1,100 and 1,200 additional YYA-supported beds** including RRH, RRH Plus, PSH, TH-RRH and Host Homes—over the next five years to end youth homelessness for YYAs who would not stabilize without housing assistance. The lead agency from each Region should have an established relationship with the local Housing Authority(ies) as well as a cultivated portfolio of landlords that are willing to rent to young adults. Additionally, EOHHS in partnership with ICHH and the Program Regions will continue to assess and evaluate the precise number and distribution of housing types based on (at this time) limited longitudinal data for youth housing and including regional and demographic influences. (See Appendix A: Housing Model and Assumptions)

This recommendation acknowledges that there is a general lack of affordable housing for all residents. To address issues of homelessness and housing insecurity among YYAs we must ensure that dedicated resources exist for affected YYAs and address the market forces which allow for it to occur in the first place. Program Regions should also partner with local housing development programs and agencies and both public and private funders to align their goals and investments with the Region’s CNA findings and a regionally customized version of the simple housing model.

Finally, to address the racial and ethnic disparities evidenced by the HMIS data, every Region must assess if their programs provide access to housing resources at equitable rates and achieve equitable outcomes for YYAs across races and ethnicities. EOHHS also recommends that the ICHH and its partner agencies explore root causes of existing racial disparities to make outcomes more equitable.

| **EARLY IDENTIFICATION and AWARENESS**  **Recommendation 2: Increase early identification and awareness of youth homelessness**  **Relevant Findings: 2a; 2e; 4; 5** |
| --- |

**EOHHS will create and launch an empowering, compassionate, trauma-informed youth homelessness awareness campaign targeted to YYAs, providers, and the general public** that highlights efforts to end youth homelessness, defines youth homelessness and housing instability, and identifies how each stakeholder group can support identification and access to resources. Without proper identification, YYAs will struggle to identify and access appropriate services that will meet their needs and systems will fail to create the policies and interventions that address the community-wide challenge of youth homelessness. These findings support the State Plan’s recommendation for “[enhanced] early identification, connection, and outreach systems to improve young people’s connection to existing resources” [1]. Local YABs should be involved throughout both the creation and implementation of the campaign. Additionally, materials and staff support must be available in English, Spanish, and other languages as identified as prominent by individual Program Regions.

**EOHHS will continue to support Program Region efforts to partner with and train a wide range of stakeholders concerning homelessness and housing instability.** Providers need to better understand and interpret the stories YYAs present to them, proactively ask trauma-informed questions about housing, and increase their program-wide efforts to reach out to YYAs who may not be ready, able, or willing to self-identify. Communities should make specific efforts to partner and conduct cross-training with LGBTQ organizations, such as the AGLY[[11]](#footnote-10) network, and community organizations that support Black and Latinx YYAs. Systems providers need to build an awareness of how YYAs present and self-identify (or not) into their policy and operations (e.g., PIT counts, HMIS, Coordinated Entry, DCF, DYS and education data collection efforts, etc.) and the general public needs to compassionately incorporate housing instability and homelessness into their community vocabulary.

**Finally, EOHHS recommends an improved identification and service protocol for minors** as a means to both prevent experiences of homelessness and to serve them as quickly as possible when they are already experiencing homelessness. Identifying YYAs earlier in their housing instability might mitigate traumatic experiences, increase opportunities for success in education and employment, and dramatically reduce crisis response costs while increasing the success of publicly funded interventions. Better identifying and responding to instability, or its likelihood, in systems of care (principally child welfare, justice, and health) will also help to mitigate the impact of cliff effects associated with aging out. The ICHH should continue its partnership with the Office of the Child Advocate to develop improved transition protocols for youth aging out of state care and strategies for identifying and serving unaccompanied minors experiencing homelessness. This should include guides for providers that clarify state mandated reporting requirements. Additional strategies include a dedicated effort between the ICHH and DESE to improve screening for housing instability among students in schools that is more universal and does not rely on self-identification, while protecting the privacy of students.

| **DATA COORDINATION AND COLLECTION**  **Recommendation 3: Determine Housing Stability Indicators that can be adopted across multiple state agencies**  **Relevant Findings: 2; 2e;4; 5** |
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**EOHHS recommends that the ICHH convene of a data workgroup that includes representatives from state agencies (DCF, DYS, DMH, DESE, Office of the Child Advocate, Executive Office of Labor and Workforce Development, MA LGBTQ Youth Commission, etc).** This workgroup will be tasked with creating a common definition of terms and developing a standardized set of questions to be included in transition planning protocols and discharge forms designed to measure housing stability and to determine privacy-sharing agreements as well as recurring reporting expectations. This group will also be tasked with determining standardized language for questions about gender and sexual identities on intake forms. The work of the data workgroup must be shared widely and available to private funding partners.

The CNAs uncovered significant inconsistencies in data collection and reporting regarding YYA homelessness from both systems of care and traditional homelessness programming. This is a consequence of service providers not using common data collection tools, implementing different client database management systems—including ETO, Clarity, and provider spreadsheets— and following a wide variety of different requirements from public and private funders and compliance agencies. The CNA findings reinforce the State Plan call for a “systematic outcome measurement systems and data-sharing opportunities” necessary for the Commonwealth to better understand youth homelessness. Program Regions will also benefit from this consistency by comparing local program and locally implemented state agency work to one another and assessing their performance against the success of other regions in the Commonwealth.

| **TRANSPORTATION**  **Recommendation 4: Increase transportation opportunities for YYAs experiencing homelessness**  **Relevant Findings: 3d; 5** |
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**EOHHS recommends that the ICHH supports Program Regions to improves access to transportation by reviewing existing programs and opportunities for expansion, coordinating among regional transportation authorities, and investing in innovation and flexibility.** Program Regions should include transportation for YYAs in their grant solicitations, program design, and implementation. Finally, Program Regions should continue to build their own partnerships with regional transportation authorities and private transportation businesses (e.g., driving schools, bike shops, Lyft) to support access for YYAs experiencing homelessness.

The CNAs identified transportation as a significant and nuanced barrier to accessing resources and achieving independence. YYAs and providers reported that a lack of accessible and reliable transportation options affects access to many other critical resources like healthcare services, emergency triage, and childcare, while limiting education and employment opportunities as well as connection to non-service-based experiences and people. Ultimately, the type of transportation support that YYAs experiencing homelessness need depends on the geography and existing infrastructure of the Program Region. Given the number of YYAs in need of these services and their dependence on transportation solutions to meet their needs, this recommendation asks the ICHH and Program Regions to make specific efforts to increase transportation options for all YYAs experiencing homelessness or housing instability.

| **SUBSTANCE USE AND MENTAL HEALTH SUPPORT**  **Goal 5: Provide additional support to YYAs with behavioral health challenges**  **Relevant Findings: 2; 2e; 3e** |
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**EOHHS will coordinate efforts with MassHealth, DPH/BSAS and DMH to improve support for YYAs in existing substance use and mental-health programming and to create new YYA-dedicated resources where appropriate.** The CNAs highlighted data reporting a large number of YYAs who experienced behavioral health challenges while also reporting both a lack of services available and long waitlists for YYAs who sought out treatment. Additionally, providers reported not having adequate connections to the behavioral health system in order to make appropriate and timely referrals. **EOHHS will work with Masshealth to develop a process for ensuring that YYAs experiencing housing instability or homelessness are successfully enrolled in the appropriate and most robust insurance plan which will meet their needs.** In addition, there must be a strong connection made to local community health centers or ACO’s who can provide primary care services, wellness support and connection to developmentally appropriate behavioral health providers in their community. Not all YYAs will need clinical support from DMH. However, all YYAs will need access to community based health care and behavioral health care that follows them and MassHealth should provide continuity of care for YYAs throughout their journey into adulthood and self-sufficiency.

**Furthermore, EOHHS will continue to support a Housing First framework while also acknowledging the unique needs of YYAs, and in particular those YYAs with substance use and mental health-related challenges.** Unaddressed and unsupported behavioral health challenges can have a detrimental effect on YYAs obtaining and maintaining stable independent housing and employment. Housing first-based programs must be designed to take this into account and with the capacity to serve their young people with a more intensive and intentional set of resources than their older adult counterparts. Other communities have designed and implemented innovative housing first models for youth that the commonwealth could consider as a template for this work.[[12]](#footnote-11)

| **EMPLOYMENT**  **Goal 6:** Identify approaches to working with employers that support the hiring and retention of youth experiencing/or who have experienced homelessness  **Relevant Findings: 3b; 3c** |
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**EOHHS recommends that the ICHH and its partner agencies develop a state-wide hiring and retention strategy for YYAs experiencing homelessness in close partnership with the Executive Office of Labor and Workforce Development.** This effort will require data driven collaborations across multiple systems with the goal of supporting a path towards a living wage for YYAs experiencing homelessness.DMH is another key partner, asgood mental health has been found to be the strongest predictor of successful youth employment.[[13]](#footnote-12) Local governments and industry partners are also key to this effort.

**EOHHS also recommends that the ICHH continues the partnership with the Department of Higher Education (DHE) and funding of the State’s College Pilot.** To support the path towards a living wage, communities identified the need for both more college opportunities located in the region and more support for students from the region who attend college in other communities. Nationally, programs that combine education and work experience have shown stronger outcomes than individual components. Partnership with DHE should also include exploration of how to improve connections of YYAs experiencing housing instability to training, certificate, and degree programs in trade schools and other emerging industry sectors.

**SECTION FOUR: CONCLUSION AND NEXT STEPS**

**Homelessness is a symptom of other fundamental issues: school drop-out, substance use, unemployment, depression. There is a range of issues they face…all these interlocking problems. —Service Provider, Hampden County**

The CNA process and analysis successfully advanced the work outlined in the MA State Plan to End Youth Homelessness. They were designed in part to increase understanding of the needs of the Program Regions, refine recommendations for State and Regional partners, and increase the likelihood that the Program Regions would be able to design and implement coordinated community responses to prevent and end youth homelessness.

This process enabled the Commission to better identify what the state and regions need to end youth homelessness. The analysis of the regional CNAs reinforced key elements of the State Plan and has added specificity critical to drafting concrete policy and investment asks. It also identified new areas of focus that will support this effort, including data on housing and racial disparities, and unidentified areas of need such as transportation. Moreover, Program Regions are now better equipped to create region-specific work plans as a result of their qualitative and quantitative data analysis and community engagement efforts.

In May 2019, two Program Regions, Three County and Hampden County, used the CNA process to submit applications to HUD’s highly competitive Youth Homelessness Demonstration Program (YHDP).[[14]](#footnote-13) Three tenets of the CNA process—understanding one’s community, mobilizing community partnerships, and building YYA leadership capacity—are critical components of the YHDP. In August, HUD awarded the two Program Regions a combined $4.2 million and comprehensive national technical assistance to begin to implement community plans to end youth homelessness. Prior to this, in 2018 the City of Boston was awarded $4.9 million in YHDP funds. Boston, Three County and Hampden County will lead the way during our next phase of work. The ICHH will work to ensure that they are supported and that the eight other Program Regions share in their learning.

The needs and recommendations included in this document, together with the State Plan and local CNAs, provide useful guidelines for implementing policy and interventions where specified, and to draft specific action plans where still necessary.

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# Appendix A: Housing Model and Assumptions

Using [a simple housing model](https://docs.google.com/spreadsheets/d/1EEUeKmps-Fz1XEeRk3js6tA1CNT5bgKUYOZB0z1j0uE/edit?usp=sharing) we estimate that Massachusetts needs to support access to roughly 1,180 additional YYA-supported beds including—including Host Homes, Rapid Rehousing (RRH), RRH Plus, Permanent Supportive Housing (PSH), Transitional Housing-RRH (TH-RRH) and Host Homes,—over the next five years to end youth homelessness for YYAs who would not stabilize without housing assistance. This includes 655 units in 2020 (including units brought online during the second half of 2019), 279 in 2021, 135 in 2022, and 66 in 2023. The model takes into account a number of assumptions below and can accommodate additional or refined variables as they become relevant and available; but it is at first designed to provide simple guideposts.

| **Model Assumptions** |
| --- |
| No other changes to the YYA homelessness system – i.e., no effect from increased collaboration, prevention, or efforts to improve the other four outcomes |
| All new units designed to serve YYAs with staff and resource capacity to serve them well |
| Only includes YYAs currently interacting with HMIS |
| Model impact depends on the type and number of each resource communities expect to develop and when they become operational |
| New resources assumed operational for the entire year they are added |
| New resources are geography neutral - i.e., the model does not estimate regional distribution |

| **Characteristics of Current YYAs Population in HMIS (Finding 1)** | |
| --- | --- |
| YYAs who experienced homelessness in 2018 | 3384 |
| % of YYAs who did not get a housing resource, self-resolve, or disappear in 2018 | 17% |
| YYAs entering homelessness in 2018 | 2809 |
| % of YYAs who may need a housing intervention | 30% |

| **Existing Housing Resources** | | |
| --- | --- | --- |
|  | **Inventory** | **Annual Turnover** |
| PSH | 115 | 15% |
| RRH | 136 | 75% |
| RRH Plus | 0 | 30% |
| TH (incl. Host Homes) | 153 | 75% |
| TH-RRH | 0 | 75% |

| **New Housing Recommendations[[15]](#footnote-14)** | | | | |
| --- | --- | --- | --- | --- |
| **Unit Type** | **2020** | **2021** | **2022** | **2023** |
| New Host Home units | 100 | 50 | 50 | 25 |
| New RRH units | 150 | 54 | 5 | 0 |
| New PSH units | 105 | 50 | 25 | 25 |
| New RRH Plus | 200 | 75 | 50 | 10 |
| New TH-RRH | 100 | 50 | 5 | 6 |

1. YYAs= Up to age 25 [↑](#footnote-ref-0)
2. In addition to conducting a needs assessment, each lead agency was responsible for coordinating their regional response to youth homelessness, including prevention, outreach, assessment, crisis intervention, winter response, data tracking, reporting, and performance measurement. EOHHS allocated funds among the ten Program Regions to serve YYAs who meet the state definition of youth homelessness, complete the CNA, and build system capacity. [↑](#footnote-ref-1)
3. The Executive Office of Health and Human Services allocated $150,000 from both its FY19 and FY20 administrative line item (4000-0300) to continue the state’s commitment to understand the scope of homelessness among unaccompanied youth. This report is submitted as part of those efforts. [↑](#footnote-ref-2)
4. To better account for the number of under 18 year olds experiencing homelessness, at a minimum and over the course of the year, the authors subtracted the small number of minors from the HMIS dataset and added the larger number of unaccompanied students experiencing homelessness under the age of 18 from the DESE dataset. This increased the count by approximately 400 young people. [↑](#footnote-ref-3)
5. The limits inherent to HMIS and DESE data collection suggest that this is likely an undercount. [↑](#footnote-ref-4)
6. The federal government and national partners recently completed a multi-stakeholder process that identified and prioritized national areas of focus for ending youth homelessness. A paper written by Chapin Hall describes the process and findings, which address each of the demographic groups identified here. The report can be accessed here: <https://www.chapinhall.org/wp-content/uploads/Federal-actions-to-prevent-and-end-youth-homelessness-final.pdf> [↑](#footnote-ref-5)
7. Some Massachusetts communities have begun to estimate the lower limit for independent housing units they will need to end youth homelessness by analyzing the number of YYAs currently in HMIS, the year over year rate of return to homelessness (recorded in HMIS) for YYAs, the number of YYAs experiencing homelesssness for the first time each year, the number and types of housing resources, and the turnover rate for those resources. Two of these communities have used values close to 30% for the number of YYAs in a given year who interact with HMIS and who will not exit shelter, transitional housing, or the street, without a long-term independent housing intervention. These simple calculations provide a baseline for the minimum number of units needed and make other important assumptions that simplify calculations. They should be used as guides to help in decision-making and not as definitive answers. [↑](#footnote-ref-6)
8. “A person 24 years of age or younger who is not in the physical custody of a parent or legal guardian, and who lacks a fixed, regular, and adequate nighttime residence. “Fixed” refers to a residence that is stationary, permanent and not subject to change. “Regular” means a dwelling at which a person resides on a regular basis (i.e. nightly). “Adequate” means that the dwelling provides safe shelter, meeting both physical and psychological needs of the youth. All three components of this definition- age, connection to a parent or guardian, and housing status- must be met in order for a person to be considered an unaccompanied homeless youth.” *-Definition established in 2013 by the MA Special Commission on Unaccompanied Homeless* [↑](#footnote-ref-7)
9. NIMBY or “Not In My Back Yard” refers to the perspective of a person who may support a policy in general, but not when the policy will be implemented near their home or in their community. [↑](#footnote-ref-8)
10. Metro West, North Middlesex, Metro Boston, and Essex [↑](#footnote-ref-9)
11. AGLY: The Alliance for Gay and Lesbian Youth. For more information see: <https://www.bagly.org/the-agly-network> [↑](#footnote-ref-10)
12. For more information, see the following report, This is Housing First for Youth, produced by the Canadian Observatory on Homelessness: <https://www.homelesshub.ca/HF4Y> [↑](#footnote-ref-11)
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14. For more information, see <https://www.hudexchange.info/programs/yhdp/> [↑](#footnote-ref-13)
15. It is important to note that this unit type allocation represents only one possible array of new housing resources. It satisfies the requirement of finishing each year with zero YYAs left without a housing resource who would otherwise continue to experience homelessness, and we believe that the number of each unit type is reasonable—e.g. An average of 10 new host homes per region in year 1, 5 in years 2 and 3, and 2.5 in year 4. However, we recommend additional deliberation with several key stakeholder groups before establishing a more definitive prescription. Because of differences in the annual turnover rate, a change to the unit type make-up may increase or decrease the total number of units needed. [↑](#footnote-ref-14)