

**Strategies To Address Root
Causes of Chronic Homelessness
in Downtown Framingham**
City of Framingham

METROBRIDGE



About this Report

This report is a product of student work in Boston University's SAR HS 349: Cultural Humility, Racial Justice, and Health taught by Professor Kaytlin Eldred in Fall 2021.

Acknowledgments

The MetroBridge program at Boston University's Initiative on Cities wishes to thank our partners in the Framingham Mayor's Office for their collaboration and support on this project.

About BU MetroBridge

MetroBridge empowers students across Boston University to tackle urban issues, and at the same time, helps city leaders confront key challenges. MetroBridge connects with local governments to understand their priorities, and then collaborates with Boston University faculty to translate each city's unique needs into course projects. Students in undergraduate and graduate classes engage in city projects as class assignments while working directly with local government leaders during the semester. The goal of MetroBridge is to mutually benefit both the Boston University community and local governments by expanding access to experiential learning and by providing tailored support to under-resourced cities.



Table of Contents

Summary Memo p. 4

Review of Literature p. 5

Peer City Case Studies p. 7

Strategic Approaches to Combat Homelessness

Introduction p. 9

Mental Health p. 11

Substance Use p. 13

Racial Inequity p. 15

Summary Memo

Project Background

In the summer of 2021, the City of Framingham requested help planning interventions for people experiencing chronic homelessness in the Downtown Framingham area. The City relies on social service agencies to provide homelessness assistance and previously convened meetings with stakeholders to address the issue, but those meetings were perceived as unproductive and, due to staffing changes, the meetings have ceased. The City points to the COVID-19 pandemic and difficulties coordinating efforts between the City and the local social service agencies as a barrier to best helping people experiencing homelessness. The City requested that interventions pay particular attention to racial equity in relation to homelessness, in support of Framingham's Racial Equity Vision, a proposed working framework developed as part of the City's first Racial Equity Municipal Action Plan (REMAP).

Methodology

During the Fall 2021 semester, Professor Kaytlin Eldred and her undergraduate students in *SAR HS 349: Cultural Humility, Racial Justice, and Health* provided research support to the City of Framingham. Our research and recommendations use an intersectional lens to better understand and address chronic homelessness happening in downtown Framingham. First, our team reviewed relevant literature to best understand chronic homelessness, the root causes of chronic homelessness, and what the current best practices are in addressing chronic homelessness. We analyzed all data provided by Framingham regarding the prevalence of homelessness, the existence and accessibility of social services in the area, and the previous efforts to address homelessness. Then, we looked to cities of similar size and demographics to identify strategies they have implemented and analyze the effectiveness of those strategies. We held a panel discussion with the City, and members from the mayor's office, the police department, and local social services were present. We were able to discuss pressing challenges from the community's perspective, which informed our final recommendations.

Recommendations

We believe it is in the best interest of Framingham to address homelessness through preventative strategies. We have prepared multiple tiered strategies for the City through the lens of the three most common causes of homelessness: mental health, substance use, and racial inequity. Intervening *before* someone begins to experience homelessness will have the greatest impact in homelessness as a social challenge. We understand that these recommendations might not provide housing for those currently unhoused, but we are writing our recommendations with the understanding that the City wants to create long term social change, not just identify temporary solutions.

Review of Literature

Homelessness in the US

The United States Department of Housing and Urban Development (HUD)'s 2020 Annual Homeless Assessment Report shows that homelessness is still a significant challenge for our nation. In 2020, on any given night, 580,466 people experienced homelessness, which is a 2.2% increase from 2019.

Demographically by gender: 61% were men and boys, 39% were women and girls, and less than 1% were transgender or gender non-conforming.

Demographically by race: 39% were black or African American, 48% were white, 23% were Hispanic or Latino.

Demographically by age: 91% were 25 or older, 8% were aged 18-24

Demographically by location: 52% were in one of the nation's 50 largest cities (25% in New York City and Los Angeles), 24% were in suburban areas, and 18% were in rural areas.

Many cities have adopted a Continuum of Care Approach, which focuses on treatment before housing. This includes strategies to achieve sobriety, comply with psychiatric treatment, and learn independent living before people experiencing homelessness are considered ready to be housed. Alternatively, the Housing First Approach focuses on housing people first, then providing the resources necessary to become sober, comply with psychiatric treatment, etc. Studies comparing the Continuum of Care Approach and the Housing First Approach found that the Housing First model reduced homelessness overall, decreased alcohol and drug use, decreased hospitalization and emergency service use, and decreased various service costs (Katz, 2015).

Homelessness in Massachusetts

Massachusetts has seen one of the largest increases in homelessness in the country between 2007 and 2020 (18.8%), but between 2019 and 2020 there was a decrease in homelessness by 2.7%. While Massachusetts has a large number of people experiencing homelessness (17,975), the state has a very low percentage of people who are unsheltered (7.2% or 1,294 individuals), meaning that the social support services in Massachusetts are effective.

Homelessness in Framingham

On average in Framingham, between 40 and 60 people on any given day are experiencing acute homelessness. The age range of these individuals are between 29 and 71 years old, with disability and poverty being high risk factors. Beyond this limited information, there is

no documentation of how or if Framingham keeps records of individuals at risk of or currently experiencing homelessness.

Within the downtown area, there are 10 social services available for people experiencing homelessness, such as free counseling or legal services. Police reports show that 3% of all police calls have ended in arrests in Framingham each year for the past 3 years, which could be a result of the police department's "soft entry" methodology, which prioritizes connecting people to services over arrests. The emergence of COVID-19 might have created interruptions or additional barriers in this police tactic.

Chronic Homelessness

HUD defines a chronically homeless person as follows (2015):

1. An individual who:
 - a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for 1 year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year; and
 - c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all the criteria in paragraph (1) before entering the facility
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless

Overall, in the United States, between 2007 and 2019, the total number of chronically homeless individuals has decreased by 7.7%, but between 2019 and 2020, the total number of chronically homeless individuals increased by 15%, with expectations that COVID-19 has made this worse. The percentage of individuals who had chronic patterns of homelessness represents 27% of all individuals experiencing homelessness. Massachusetts has seen one of the largest decreases (47.7%) in chronic homelessness between 2007 and 2020.

Paragraph (1) line (c) guides us in the direction of understanding why and how people may become chronically homeless. Often, homelessness is caused by multiple social and personal factors occurring simultaneously, and HUD identifies mental health challenges, substance use disorder, and disability among the strongest determinants of homelessness.

These factors can be exacerbated by structural faults in support services, such as lack of affordable or emergency housing or lack of trained professionals within substance use or mental health treatment facilities. This can create a negative cyclical effect, as individuals who are experiencing mental health challenges might be at high risk of homelessness, and if they do become homeless, it could intensify their mental health challenges.

Peer City Case Studies

	Framingham, MA	Auburn, WA	Medford, MA	Beaverton, OR	Pawtucket, RI
Population Size (2020)	72,362	87,256	59,659	97,494	75,604
Median Household Income (in 2019 USD) 2015-2019	82,709	72,822	96,455	71,806	50,476
Civilian Population in Labor Force (%) 2015-2019	72.7	67.9	71.6	71.0	69.0
Persons in Poverty (%) 2019	8.4	10.7	8.8	11.3	15.6
With a disability, under 65 years (%), 2015-2019	7.6	8.7	5.1	7.9	12.9
Veteran Population (2015 – 2019)	2,324	4,676	1,814	4,634	2,965
Foreign born persons, %, 2015-2019	28.4	21.1	21.9	21.1	25.8
Race – White (%), 2021	69.5	62.3	75.1	74.0	61.6
Race – Black (%), 2021	7.3	6.1	9.2	2.3	17.6
Race – Native (%), 2021	0.5	2.2	0.1	0.5	0.6
Race – Asian (%), 2021	7.9	11.4	9.9	12.9	2.4
Median Gross Rent (USD) 2015-2019	1,434	1,245	1,817	1,338	920

All data sourced from United States Census Bureau.

Auburn, WA

Auburn estimates that there are ~350 people experiencing homelessness, and ~40% are unsheltered. There are around 40 encampments in Auburn. In April 2021, the city of Auburn passed an Ordinance 6817, a law against camping on city-owned property. It is important to note that in Ordinance 6817, individuals who are ticketed for trespassing are not subject to a monetary fine, but instead are given access to public transportation, shelter, behavioral health services, and other resources as long as they comply with city regulations. Another measure being taken by Auburn and King County is the newly formed *Health Through Housing Initiative*, which converts former hotels into 1600 emergency housing and permanent supportive housing units for people in the county experiencing chronic homelessness. This initiative is being funded by one tenth of a cent of sales tax revenues in King County and is expected to be finished in late 2022. These programs are newly formed, so there is not much documentation about the effectiveness of these initiatives. With the Health Through Housing Initiative not taking place until late 2022, it is difficult to say if this is a program worth adopting for Framingham. Additionally, large housing units may not be

feasible for Framingham's chronically homeless population, as this may lead to less individualized care necessary to combat the unique circumstances that unhoused individuals are facing.

Medford, MA

Both Medford and Framingham share transit with the Massachusetts Bay Transit Authority (MBTA) and thus have the advantage of being connected with the greater Boston area. Medford's efforts to combat homelessness have come in the form of resource improvement and availability by creating partnerships with existing organizers. There is a large amount of state and federal funding poured into Continuum of Care (CoC) programs that are focused on working with homeless populations and populations that are at risk of becoming homeless. One of these programs is *The Mobile Homeless Outreach Unit (MHOT)* which does constant outreach in the community and is working with other city groups to relocate homeless groups into better conditions. The MHOT helps meet transportation needs by directly connecting individuals experiencing homelessness to programs in and around Medford. It is also effective because its individual approach to services cultivates trust between individuals who are experiencing homelessness and the community. This could be a program that is beneficial to Framingham as it promotes cooperation between other cities and allows for specialized individual approaches.

Beaverton, OR

In April 2019, the City of Beaverton hired the organization Just Compassion to manage a new intervention to combat homelessness, the *Safe Parking Pilot Program*. The program's goal is to create and manage designated safe parking spots in the city for people who live from their vehicles. These spots also provide onsite storage, access to showers, and case management to connect people with possible housing and jobs. An interview process is necessary to obtain a spot, which includes a background check and discussion about the individual's needs and challenges. According to Just Compassion's website: "Guests start with a 30-day probationary period in which they must meet with Just Compassion to complete a case management plan. Guests that complete the plan and comply with program rules throughout the probationary period will be able to stay for up to 120 days. After 120 days, guests may request an extension if housing is imminent." The total cost for the pilot year of this program was \$42,000 and funded management, portable restrooms, and onsite storage. As of February 2020, 17 individuals had been able to use the program, and it helped transition 7 people into housing (10 relocated to other areas). There is evidence that this program is highly needed, as there were 15 people on the waitlist within the first year of the program. As of October 2021, Beaverton has 15 parking spots in 5 different locations. Beaverton has also committed to the Continuum of Care, the federal program designed to promote community wide commitment to the goal of ending homelessness, including housing, medical, and social services as well as job training. Specifically, Beaverton has a

2019 Housing Five-Year Action Plan with a goal of providing shelters and transitional housing, making homes affordable.

Pawtucket, RI

Blackstone Community Action program is a nonprofit agency funded by federal, state, and local grants. Their mission is to support and empower low-income individuals by providing food, clothing, and mental support during hard times. A staff of more than fifty people that reflects the diversity of the homeless community enables the program to be sensitive to culture and language, and to provide the community with the best possible support. The program serves around 12,000 families.

Strategic Approaches to Combat Chronic Homelessness

The following strategies to combat chronic homelessness in Framingham, MA have been developed using a public health model that was first designed for intervening in drug and alcohol use. This model recognizes that drug use is a reality within society and understands that attempting to completely remove drug use from society will be an unreachable goal. Applying this logic to the social challenge of homelessness, we recognize that homelessness is currently a reality within society and that at this point in time, attempting to completely eliminate all homelessness from society will be an unreachable goal.

The public health model has three factors that we should be aware of: the agent, the host, and the environment. From conversations with Framingham's government representatives, police department, local businesses, and social services, as well as our research on the broader challenge of homelessness beyond the City's borders, we can define the factors of chronic homelessness as the following:

1. ***The agent:*** *the characteristics and effects of homelessness*
In public health, the "agent" refers to the characteristics and effects of a virus, bacteria, or drug. Applying this definition to chronic homelessness, we are referring to inadequate and/or infrequent access to shelter for an extended period, typically over a year.
2. ***The host:*** *the characteristics of the individual or group of people experiencing homelessness*
In public health, the "host" refers to the person or group of people directly affected by the agent. Certain risk factors can make people more susceptible to the causative agent. The most common risk factors for homelessness are mental health challenges, substance use disorder, racial inequality, and unemployment.
3. ***The environment:*** *the context of chronic homelessness*
In public health, the "environment" refers to the factors that can increase opportunity for the host to become exposed to the agent. Applying this definition to chronic homelessness, we are referring to socioeconomic factors like poverty, lack of social support from family and friends, as well as lack of social services provided by the government like transitional housing, employment, or health services.

It is important to note that these factors have a cyclical influence on each other. For example, if someone is experiencing mental health challenges and then begins to experience homelessness, it can worsen their mental health, which can then extend the amount of time they are homeless.

We suggest ensuring that Framingham has support services in place that intervene at multiple times in a person's life to best prevent homelessness before it begins or to quickly

address homelessness after someone becomes at risk. The three types of prevention strategies are as follows:

1. **Primary prevention:** This prevention strategy occurs very early in someone's life, is continuous throughout their life, and would be considered a large social change or campaign from larger influences like the government, the education system, or the healthcare system. The goal is to ensure homeless does not occur. Examples include community development, drug education, and media-based strategies.
2. **Secondary prevention:** This prevention strategy is employed early after risk factors for homelessness are identified, like loss of employment or income, mental health challenges are diagnosed, substance use disorder is diagnosed, etc.
3. **Tertiary prevention:** This prevention strategy is employed when homelessness is considered serious and may be affecting the individual's health, finances, relationships, and/or legality. Treatment may include counselling, hospitalization, police intervention, etc.

To provide the City of Framingham with strategy recommendations, we believe it would be more helpful to provide primary, secondary, and tertiary prevention strategy options within specific risk factors for homelessness (the risk factors for the host in the public health model). Referring again to conversations with Framingham's government representatives, police department, local businesses, and social services, as well as our research on the broader challenge of homelessness beyond the City's borders, the three largest risk factors for homelessness in Framingham are: mental health challenges, substance use disorder, and racial inequity. We would like to emphasize that the social challenge of homelessness is not defined by laziness or character flaws, and that government policies like implementing rent control and an increased minimum wage are necessary to see any significant change.

Mental Health

Being homeless can cause significant and sustained mental stress due to the lack of access to necessities such as healthy foods, healthcare, and housing. Using the resources provided to us from Framingham, there appears to be little to no direct mental health resources for the homeless population. The community health center does provide mental health services, but it is unclear if they do direct community outreach. Addressing mental health could be a step in the right direction for gaining employment and housing.

Primary Prevention

Employment has been shown to be a protective factor against homelessness as it provides individuals with a stable source of income, which alleviates some of the stress, challenges, and barriers that are experienced during periods of homelessness. Decreasing unemployment rates and focusing specifically on connecting people early in their career to employment opportunities as well as increasing workforce literacy, e.g., resume skills, interviewing skills, financial management, and office professionalism, will decrease the chance that someone will experience mental health deterioration after job loss.

Implementing career development curriculum for social services can be an effective strategy. Wayside Youth and Family Support Network in Framingham is a well-established resource for individuals experiencing homelessness. This program can be improved upon by implementing a career development curriculum to the services provided. This would provide individuals with the opportunity to learn professional skills that are otherwise not taught in schools. One example would be classes offered on writing cover letters and resumes, as well as learning interview techniques. In addition, the creation of a professional attire donation drive (as seen in Dress For Success Inc.) provides individuals with the opportunity to be well prepared for their interviews. Along with the clothing drive and resume building classes, access to technology is important to consider. Offering computer access allows for individuals to find job listings, create their resumes, and set up or even attend interviews.

An effective program that helps adolescents facing mental health and medical issues is the Bridge for Resilient Youth in Transition (BYRT), created by the Brookline Center for Community Mental Health. Creation of a similar program, or partnering with BYRT, could be a worthwhile strategy for Framingham by allowing youth and young adults to focus on school with the help of dedicated academic and counseling support. In Brookline, BYRT has reduced dropout rates from 50% to 8%, and 85% of participants graduate or are on track to graduate on time. Students facing mental health or medical hardships would benefit greatly from earning their high school diploma as this opens the door for post-secondary education or eligibility for many careers and occupations.

Secondary Prevention

Identifying risk of homelessness due to mental health concerns early and implementing secondary prevention strategies are necessary to slow the recurring cycle of chronic

homelessness. Affordable housing options are an example of a secondary prevention strategy. A “housing-first” approach focuses on establishing housing before implementing strategies to increase and improve psychiatric care compliance. Affordable housing can include rent subsidies given to those transitioning out of acute homelessness. Additionally, programs that focus on psychiatric treatment compliance can lower the risk of extreme mental health challenges, like job and housing loss. The federal PATH benefits program is a good example of how government intervention may reduce mental health challenges among those experiencing homelessness through screening and diagnostic treatment services and community mental health services.

Tertiary Prevention

Once an individual becomes unhoused, maintaining mental health becomes an even greater challenge. Tertiary prevention strategies should aim to intervene within the mental health crisis of the unhoused population. The Framingham Police Department responds frequently to the unhoused population in the downtown area. Ensuring that first responders are trained in trauma response is important, but also creating and maintaining partnerships between the police department and local mental health centers could allow for joint response to calls, the connection of individuals to emergency food, shelter, and health services, and the possible retention of individuals in mental health supportive care.

Substance Use Disorder (SUD)

High rates of substance use disorder (SUD) have commonly existed alongside high rates of homelessness. SUD is something that many Americans struggle with but has been seen at much higher rates among the unhoused population. SUD can be both a precursor to job and financial insecurity and homelessness and a result of homelessness as individuals may turn to drugs and alcohol as coping mechanisms. HUD's 2013 Annual Homelessness Assessment Report states approximately 257,000 homeless people have a severe mental illness or a chronic substance abuse issue. The National Coalition for the Homeless has found that 38% of homeless people are alcohol dependent and 26% are dependent upon other drugs. In some communities, SUD is experienced by as much as 50% of the unhoused population. A 2014 survey of cities by the United States Conference of Mayors shows that substance abuse is the third leading cause of homelessness, with alcohol abuse more common among older generations and drug abuse being more common in youth and young adults.

Primary Prevention

Primary prevention strategies seek to prevent the initiation of substance use. Potential strategies include drug education campaigns in the school, home, and medical settings. The education system's role in educating children on the risk of substance dependency can exist through workshops, guest speakers, student discussion groups, or through instructors in each individual classroom. Schools can also provide materials for students to bring to their guardian that can initiate conversation around warning signs of substance dependency or SUD. Effective parenting skills that can ensure successful prevention of substance dependency include appropriate communication skills, fostering positive family relationships, and establishing clear values and expectations. The UN has found family skills training programs to be the second most effective way to prevent adolescent substance use and 15 times more effective than youth-only sessions. These programs are also deemed cost-effective.

Secondary Prevention

For individuals who have already started to experiment with substances or are regularly using substances, interventions should be implemented as soon as substance use is recognized. Ideally, these interventions will prevent substance dependency and the effects on financial security, employment, and housing options that SUD can cause. These interventions should focus on education, cessation, and the formation of new coping strategies. Schools or community health centers could offer drop-in centers or group therapy sessions for people to seek help and talk about their dependencies before they become a large life interrupter. Schools could implement drug testing for all students to encourage abstinence from drug use, but it is important to note that withholding education as punishment should never occur. If students test positive for drug use, therapy and treatment should be incorporated into their daily education, but students should not be expelled. Expulsion will only result in more time to engage with substances, the opportunity for greater drug dependency, and a decrease in school retention and graduation rates. An

example of a successful program would be the SAMSHA Center for the Application of Prevention Technologies, which provides targeted training and education for people in the early stages of drug dependency.

Tertiary Prevention

Tertiary prevention strategies for chronic homelessness caused by SUD are focused on treatment of SUD and preventing further or additional harm to individuals. Tertiary prevention strategies for SUD are most applicable for people currently experiencing homelessness, because with fast and effective intervention, cities can prevent chronic homelessness from occurring. Treatment in hospitals or clinics that specialize in SUD and are equipped to treat individuals with extreme cases should be prioritized before legal or financial repercussions. This involves a high level of outreach and community involvement, so it is encouraged to assign specific social workers or case managers who have a passion for helping this community to create consistency and rapport. The goal should be to actively seek out individuals who are experiencing SUD, encourage them to seek treatment at specific clinics or hospitals, and provide resources or assistance in bridging them to care.

An example of this type of program is the *Cambridge and Somerville Programs for Addiction Recovery (CASPAR)*. CASPAR was founded in 1970 in response to the growing community need for SUD treatment. CASPAR utilizes mobile teams that can easily travel to known locations with a large homeless population. During their outreach, they offer access to SUD treatment and meal programs. CASPAR also responds to calls from the public, businesses, hospitals, and police which reduces the number of individuals that could end up in jail or in the hospital.

Another example is the *Boston Healthcare for the Homeless Program (BHCHP)*. In response to the city's increase in opioid overdoses, which are magnified among people experiencing homelessness, BHCHP has implemented a program called Supportive Place for Observation and Treatment (SPOT). SPOT responds to calls regarding individuals, many of whom are homeless, who are over-sedated from the use of substances. Upon intake, SPOT offers immediate and short term support and medical monitoring, but they also serve as an entry to long-term primary care and SUD treatment or detoxification.

Racial Inequity

The racial makeup of Framingham residents is not proportionate to the racial makeup of Framingham residents living in poverty. While the goal would be to have no family or individual experience poverty, the US Census data shows a clear wealth disparity between racial groups, highlighting extreme racial inequality in the area.

Racial Group	% of all Framingham Residents	Poverty Rate
Native American	0.50	36.3 %
Black	7.31	21.1 %
Hispanic	16.1	13.0 %
Multiple	2.59	9.6 %
White	69.5	6.2 %
Asian	7.88	5.91 %

According to the Framingham demographics from the US Census, most individuals living in poverty are disproportionately people of color, including Native American residents, Black residents, and Hispanic residents. Approximately 8.1% of Framingham residents live in poverty, and around 25% of those in poverty tend to be disabled. The age range of those in poverty is 29-71 years old—data provided by the City of Framingham. Minority groups tend to be overrepresented in the unhoused population as generational poverty can be caused by systemic racism, like segregation, rental housing discrimination, redlining, incarceration, and lack of access to quality healthcare.

Please note that primary and secondary prevention strategies to achieve racial equity will result in more equitable outcomes that will decrease homelessness among people of color.

Primary Prevention

One way to create more equitable outcomes for adults is to intervene during childhood, particularly within educational opportunities. Ensuring that every school has equal funding, resources, leadership, and student to teacher ratios can improve all student outcomes. Additionally, programs designed to provide disadvantaged students, especially students of color, additional educational opportunities and support could decrease the racial wealth gap in the long term. Examples of successful programs are *Reach Prep* in Connecticut and *Prep for Prep* in New York. These summer programs utilize an application and interview process to increase student retention and work to prepare them for independent and private schools. A program like this could be applied in Framingham beyond just preparation for private schools, and could partner with local universities, businesses, and organizations to prepare students for both academics and a career.

Historically, it has and continues to be harder for people of color to acquire jobs at the same rate as their white counterparts. Often facing discrimination due to their name or physical

appearance, the job search can become tedious and sometimes dehumanizing for a person of color. At a young age, many teens don't even know how to get a job if they don't have access to personal connections or the resources needed to compile a reputable job application. Summer opportunities for high school students to have gainful employment while learning introductory job skills could help many teens and young adults gain work experience and a stable income as they start to enter the job field. An example of this is *Boston's Summer Scholars Program*, managed by John Hancock. This program provides summer jobs for over 600 Boston high schoolers. This could easily be applied in Framingham. Working with Framingham business owners, the City of Framingham can develop a portfolio of businesses willing to hire high schoolers in different job fields. Teens will need to complete an application that will put their name in a lottery system. The lottery system eliminates any racial bias that may occur and ensures that everyone has equal access to these jobs. The application for the program should only require basic information so that teens are not being selected for jobs based on previous experiences or skills, which will incentivize individuals to apply. Once a student is chosen for the program, Framingham can hold a mandatory orientation where teens learn about resume and cover letter skills, financial literacy, work attire, and other professional development skills.

People of color are disproportionately disadvantaged when it comes to having access to resources that alleviate financial burdens in their lives. Oftentimes, especially if they're immigrants, they may not know how to file taxes, what it means to invest, or how to save properly. A financial literacy program, especially ones built into the high school curriculum or offered at the university, will teach students how to properly manage their finances and understand what it means to take out a loan or have a mortgage. That way, they can avoid making bad decisions about their finances because they don't understand the gravity of their choices.

The programs that Framingham already has in place, including the *Wayside Youth and Family programs*, should routinely monitor for racial inequity. Program managers should analyze outcomes and intervention plans for people of color compared to all people utilizing their services to ensure all treatment is equal. If the proportion of people who are using the services do not align with the proportion of people of color who would benefit from the programs, other interventions must occur to increase community outreach and fix the problem.

Secondary Prevention

People of color are disproportionately affected by drug and substance use disorders. Experimenting and addiction can occur very early in life, so drug interventions in school, as previously described, should be implemented. If Framingham sees that the proportion of students experimenting with drugs or experiencing early stages of SUD are students of color, schools should take additional steps to resolve racial disparities through

conversations with family members, consistent student counseling, academic support, as well as ensuring counselors of color are on staff. Again, expulsion should not be an option.

Tertiary Prevention

The City of Framingham noted that most of the calls to police about unhoused individuals were made by business owners in the downtown area. Racial justice training for business owners and first responders can be helpful to reduce undue stress on unhoused individuals fueled by racism. For example, if an unhoused individual is spending time in a public area and is not harming anyone or putting themselves or others at risk of harm, a call to the police is usually unnecessary. If the call to the police occurred because the unhoused individual is a person of color, this is a blatantly racist and unnecessary call and there should be repercussions for the caller.