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Report on the City of Chelsea American Rescue Plan Act Community Fund Allocation Process

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Health Resources in Action
Advancing Public Health and Medical Research

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Executive Summary

In March of 2021, the American Rescue Plan Act (ARPA) was passed by the United States Congress and signed into the law. ARPA provided \$1.9 trillion dollars to address the economic impact of the COVID-19 pandemic across the country. This included providing funding directly to state, local, territorial, and tribal governments to address the impact of the pandemic in their communities. The City of Chelsea received approximately \$40 million in ARPA from the state and federal governments. This report details the community-driven process that Chelsea used to develop and prioritize key funding strategies for these ARPA funds.

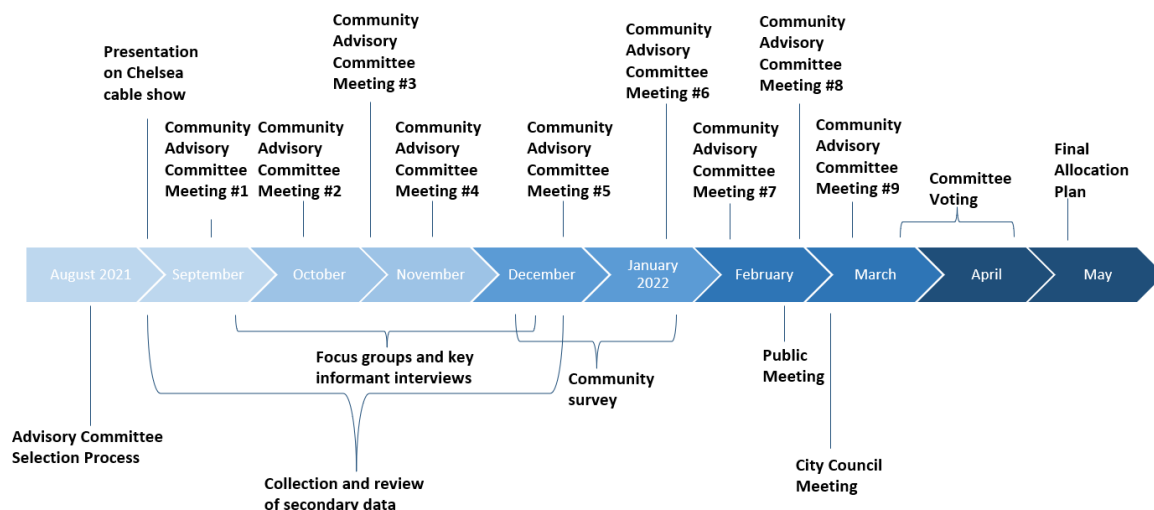
Community Fund Allocation Process

Chelsea received \$40 million dollars in ARPA funds in 2021. Of that, \$25 million was used to offset City revenue lost due to the pandemic. The City elected to use the remaining \$15 million to create a Community Fund to support initiatives and priorities developed by the community to address priority needs in Chelsea. To frame the process, six priority areas were identified for further exploration and understanding through data collection efforts. These priority areas were:

- Housing
- Food Security
- Small Business Development
- Workforce Development
- Environmental Health & Open Spaces
- Behavioral and Mental Health

A participatory community process, led by a Community Advisory Committee, was implemented to inform the allocation strategies. To inform the allocation process and Advisory Committee decision making and to further understanding of the six priority areas and their impact on Chelsea residents, data were collected through key informant interviews and focus groups, a review of secondary data, and a resident survey.

Figure 1. Timeline of Key Activities



Advisory Committee members reviewed relevant secondary data, as well as findings from community engagement activities, to inform the creation and prioritization of strategies to fund through the allocation process. The Committee conducted an initial voting process to rank strategies from highest to lowest priority. Following the creation and initial prioritization of strategies by the Committee, a community wide meeting was held in March 2022. The purpose of the meeting was to provide residents an opportunity to prioritize the proposed strategies for funding. The meeting was open to all Chelsea residents and was held in Spanish with English translation.

Final Allocation Decisions

Following the community meeting, the Community Advisory Committee met to review the results of community ranking process, combine, and reframe strategies, and then select through voting two to three strategies per priority area. The Community Advisory Committee also decided on allocation of funds by priority area. Following the allocation of funds to the overarching priority areas, Advisory Committee members were asked to vote to distribute funds to individual strategies. The final strategies and allocated amounts are shown in the table below.

Table 1. Final Allocation Amount by Strategy

Housing	Allocated Funding
Increase equitable affordable and mixed income housing opportunities, including affordable housing (below 80% AMI) and workforce housing (between 80% AMI and 120% AMI), to meet the needs of the current community	\$2,218,487
Support housing stability initiatives and programs to prevent evictions and displacement	\$1,317,227
Mental and Behavioral Health	
Increase non-clinical mental and behavioral health services and delivery options, particularly for youth and including through a community center, while also addressing stigma for seeking services within the community	\$1,119,048
Increase clinical mental and behavioral health services, meeting people where they are, and addressing stigma within the community	\$652,778
Expand services for those experiencing domestic violence and barriers to seeking help	\$746,032
Environmental Health	
Increase the amount of open space, parks, and active outdoor spaces	\$589,286
Improve air quality by addressing pollution sources, mitigate indoor air quality issues in housing stock, and decrease noise pollution	\$696,429
Food Security	
Increase food pantry support and distribution mechanisms	\$1,011,905
Engage local, small businesses in food assistance and food distribution programs	\$910,714
Direct monetary assistance	\$809,524
Small Business	
Centralized support for small businesses at City Hall and through partners, including personalized guidance and training opportunities for small businesses	\$894,231
Support at-home daycare providers as small businesses	\$605,769
Workforce Development	
Support workforce development (career preparation, job search, support services, and training) for underserved Chelsea residents in fields that are in demand and lead to living wage jobs	\$2,244,156
Access and ability to use high-speed, quality broadband internet at prices people can afford	\$748,052
Portal for businesses to post local job opportunities	\$2,244,156
Total Funding Amount:	\$15,000,000

Introduction

In March of 2021, the American Rescue Plan Act (ARPA) was passed by the United States Congress and signed into the law. ARPA provided \$1.9 trillion dollars to address the economic impact of the COVID-19 pandemic across the country. This included providing funding directly to state, local, territorial, and tribal governments to address the impact of the pandemic in their communities. The City of Chelsea received approximately \$40 million in ARPA from the state and federal governments. This report details the community-driven process that Chelsea used to develop and prioritize key funding strategies for these ARPA funds.

COVID-19 in Chelsea

Chelsea has been particularly hard hit by the on-going COVID-19 pandemic, compared to cities of similar sizes, geography, and demographics. At the height of the pandemic's first wave, in the spring of 2020, Chelsea was considered to be "the epicenter" of COVID-19 in Massachusetts¹ and, at one point, had a rate of infection higher than that of New York City² - a city with a population more than 400 times larger than that of Chelsea. From the start of the pandemic to May 2022, there had been over 15,000 confirmed COVID-19 cases in Chelsea.³ These high rates of infection and spread were attributed largely to two factors – the large population of Chelsea residents that are essential workers and were unable to stay home during lockdowns and the density of the city making isolating very difficult for many families and individuals.⁴ In addition to the physical health impacts of COVID-19, Chelsea residents have been greatly impacted economically, socially, and emotionally by the pandemic. Surveys of city residents during the pandemic have illuminated the impact it has had on Chelsea residents' employment⁵, housing, access to food, and mental and behavioral health⁶. One survey of residents found that almost-half of respondents (45%) lost their job during the pandemic. While community case rates of the virus have improved with the introduction of vaccinations and other public health measures, the social and economic consequences of the pandemic have continued to impact the community.

Community Fund Allocation Process

Chelsea received \$40 million dollars in ARPA funds in 2021. Of that, \$25 million was used to offset City revenue lost due to the pandemic. The City elected to use the remaining \$15 million to create a Community Fund to support initiatives and priorities developed by the community to address priority needs in Chelsea. To frame the process, six priority areas were identified for further exploration and understanding through data collection efforts. These priority areas were:

- Housing
- Food Security
- Small Business Development
- Workforce Development
- Environmental Health & Open Spaces
- Behavioral and Mental Health

¹ Ellement, J.R., (April 2020). Chelsea city manager sounds urgent alarm, calls for residents to stay home for 24 hours a day. *Boston Globe*. <https://www.bostonglobe.com/2020/04/09/nation/chelsea-is-epicenter-covid-19-outbreak-people-should-stay-home-24-hours-day-city-manager-says/>

² 'Stay at home at all hours': Chelsea reports coronavirus infection rate higher than NYC (April 2020). *CBS News Boston*. <https://www.cbsnews.com/boston/news/coronavirus-chelsea-outbreak-stay-home/>

³ City of Chelsea (May 2022). *Coronavirus Updates*. <https://www.chelseama.gov/COVID>

⁴ 'Stay at home,' *CBS News Boston*.

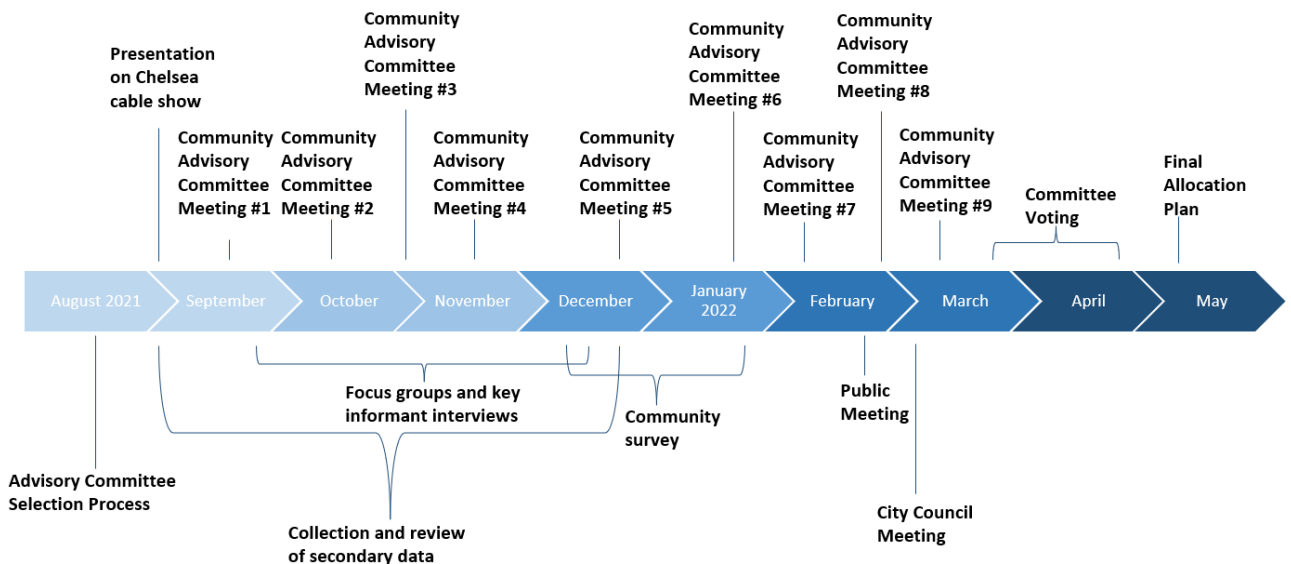
⁵ Christina Alonso, for La Colaborativa (December 2020). *Community impact survey: The impact of COVID-19 in Chelsea*

⁶ Massachusetts Department of Public Health (February 2021). *COVID-19 community impact survey: Data by county, municipality, and demographic groups*. <https://www.mass.gov/info-details/covid-19-community-impact-survey>

It is important to note that priority areas relating to schools and students were not included as the Chelsea School District received separate funding through the Elementary and Secondary School Emergency Relief (ESSER) grant. The school district underwent its own community driven process to inform the allocation of those funds. To learn more about the use of ESSER grant funds in Chelsea schools please visit: <https://www.chelsea.k12.mi.us/esser-updates>

A participatory community process, led by a Community Advisory Committee, was implemented to inform the allocation strategies. To inform the allocation process and Advisory Committee decision making, data were collected through a review of secondary data, focus groups, key informant interviews, and a survey of Chelsea residents. A description of methods and results for each activity can be found in the following sections of this report. A timeline of key activities in the Community Fund allocation process is shown in **Figure 2**.

Figure 2. Timeline of Key Allocation Process Activities



Using the information gathered through these activities, proposed strategies were created to address issues within the key priority areas, which were then voted on and prioritized by the Committee and then by the Chelsea residents at an open community meeting. Informed by the results of the community meeting, the Advisory Committee reframed strategies and selected two to three strategies in each area to fund. The allocation of the funds was done in two stages. First, the funds were divided between the six priority areas. Following that, each area’s funds were allocated between selected strategies by the Advisory Committee. Further details about each aspect of the allocation process, as well as the resulting findings and funding decisions are presented in the following sections of this report.

Community Advisory Committee

The community fund allocation process was guided by a Community Advisory Committee. The Advisory Committee was tasked with directing the process, reviewing, and discussing relevant secondary data and findings from the community engagement process, determining priority strategies, and creating a final Allocation Plan.

Formation of Advisory Committee

The Community Advisory Committee was comprised of 20 members, including two City Councilors, nine executives from local community-based organizations (CBOs), and nine Chelsea residents/small business owners. The Committee members representing CBOs had a history of working collaboratively with the City Manager and were selected from an Executive Committee that meets quarterly to discuss pressing City matters. Resident Committee members were identified through an application and interview process and were chosen to reflect the diverse identities and experiences of Chelsea residents, as well as to offer differing perspectives from those of the members representing CBOs and the City Council. A list of Advisory Committee members can be found in **Appendix A. Advisory Committee Members**. Advisory Committee meetings were held simultaneously in Spanish and English. The meetings were recorded and made publicly available on the City’s website but were not open to the public while they were occurring.

Engagement of Advisory Committee

The Advisory Committee participated in nine committee meetings to review and discuss data, identify, and vote on funding strategies, and finalize the allocation plan. The topics covered by the nine Community Advisory Committee meetings are outlined in **Table 2**.

Table 2. Community Advisory Committee Meeting Topics, by Meeting Date

MEETING DATE	TOPICS COVERED
SEPTEMBER 29, 2021	Introduction to ARPA; Allocation process; Community Advisory Committee role; Review of Chelsea demographic data
NOVEMBER 3, 2021	Small Business and Workforce Development (including review of relevant secondary data and qualitative themes)
NOVEMBER 17, 2021	Housing and Food Security (including review of relevant secondary data and qualitative themes)
DECEMBER 1, 2021	Planning for ESSER Grant Funds in Chelsea Public Schools; Environmental Health & Open Space (including review of relevant secondary data and qualitative themes)
JANUARY 19, 2022	Behavioral and Mental Health (including review of relevant secondary data and qualitative themes); Review of data questions and additional requested data
FEBRUARY 2, 2022	Discussion of key issues and identification of emerging strategies
FEBRUARY 16, 2022	Review of community survey results; Review of strategy and initial voting process
MARCH 16, 2022	Discussion of voting results from community meeting
MARCH 30, 2022	Final discussion of strategies and allocation

Committee members reviewed relevant secondary data, as well as findings from community engagement activities, to inform the creation and prioritization of strategies to fund through the allocation process. Additional information about this process can be found in other sections of this report.

The Committee conducted an initial voting process to prioritize strategies at the seventh committee meeting. At that meeting, strategies were presented by priority area, and committee members were given the opportunity to suggest additions or changes to strategies and to advocate on the behalf of specific strategies. The Committee then used an online voting platform to rank strategies from highest to lowest priority. The prioritized lists in each area were then advanced to the Public Meeting for residents to rank. Finally, the Committee discussed strategies in the context of differences between Committee and community prioritization. Strategies were refined, combining them where appropriate. Committee members then voted by paper ballot for their top strategies. A final selection of 2 or 3 strategies per priority area was then advanced to have funds allocated to them. The strategies created and voted on by the Advisory Committee can be found in the [Strategies and Final Allocation](#) section of this report.

Review of Secondary Data

To inform the decision-making process, existing secondary data were collected and presented to the Community Advisory Committee, alongside corresponding qualitative data findings. Data were presented at topical meetings where the Committee reviewed key findings, discussed the findings within the context of Chelsea, and identified additional data needs and areas for further exploration.

Data collected included demographics of Chelsea residents (e.g., race/ethnicity, household income, immigration status, etc.), housing data (e.g., costs, quality, housing instability, etc.), food security (e.g., impact of COVID-19 on food security, data from Chelsea Eats and other food support programs, etc.), environmental health (e.g., air quality and impact, tree cover, heat islands, etc.), and mental health (e.g., prevalence of poor mental health, use of mental health and other behavioral health services, etc.).

Data reviewed came from a variety of national, state, and local sources. The types of data included demographics, vital statistics, public health surveillance, and self-reported health behaviors. Data sources included, but were not limited to, the U.S. Census Bureau, the North Suffolk Community Health Needs Assessment, and the Massachusetts Department of Public Health. Copies of the secondary data presentations provided to the Advisory Committee are available on Chelsea's website: [ARPA Community Engagement Schedule](#)

Limitations

As with all data collection efforts, there are several limitations that should be acknowledged. A number of secondary data sources were drawn upon throughout the allocation process and each has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups (e.g., race/ethnicity) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

Self-reported data (such as data from surveys) should be interpreted with particular caution. In some instances, respondents may over report or under report behaviors and illnesses based on fear of social stigma, potential repercussions due to responses (e.g., relating to citizenship status or receipt of public benefits) or misunderstanding the question being asked. In addition, respondents may be prone to recall bias – that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest.

Community Engagement: Interviews and Focus Groups

To further understanding of the six priority areas and their impact on Chelsea and residents, qualitative data were collected through key informant interviews and focus groups. Ten focus groups and seven key informant interviews were conducted between September – December 2021. Half of the focus groups were organized to focus on the previously identified priority areas of Housing, Workforce Development/Small Business, Food Insecurity, Mental and Behavioral Health, and Environmental Health. Interviews were conducted with key community leaders from local community-based organizations, small businesses, and other sectors relevant to the priority areas.

Interviews and focus groups were conducted using semi-structured moderator’s guides. Interviewees and focus group segments were identified by staff from the City of Chelsea, the Community Advisory Committee, and through recommendations of interviewees and focus group participants. Interviews and focus groups were facilitated by a trained moderator and detailed notes were taken during conversations.

Segments and organizations engaged in focus groups and interviews included:

- Bunker Hill Community College
- Chelsea Beautification Committee
- Chelsea Black Community
- Chelsea Hub
- Chelsea Hunger Network
- Chelsea Residents
- Chelsea School District
- Community Labor United
- Community Preservation Committee
- Green Roots Chelsea
- La Collaborativa
- Local Child Care Providers
- MassGeneral Hospital
- MassHire
- Small Business Owners
- Teen Action Project
- The Neighborhood Developers
- Chelsea High School students
- Chelsea Housing Authority Tenant Councils

The collected qualitative data was analyzed using NVivo 12 software. A trained qualitative researcher assigned codes to segments of text that represented the original meaning in the text. This process yielded key themes for each of the priority areas. Those themes and select illustrative quotes are presented below. Themes were also distilled into additional strategies.

Key Qualitative Themes

The following section presented key themes from the focus groups and interviews conducted as part of this process. Themes are organized by the identified priorities of Small Business Development, Workforce Development, Housing, Food Security, Environmental Health and Open Spaces, and Behavioral and Mental Health.

While focus groups and interviews conducted for the ARPA fund allocation process provide valuable insights, results are not necessarily representative of a larger population due to non-random recruiting techniques and small sample size. Additionally, it is important to note that data were collected at one point in time, so findings, while informative and descriptive, should not be interpreted as definitive.

Small Business Development

When discussing the impact of the COVID-19 pandemic on Chelsea, participants **described small-businesses, especially Latino-owned businesses, as being particularly hard hit**. Participants shared a perception that Latino-owned business had less access to financial resources that were made available to help businesses weather the pandemic. One focus group participant shared, *“The restaurant restoration [initiatives in Chelsea] ...not many Latino restaurants were able to take advantage.”* Participants attributed this perception to a variety of factors including language barriers, the size of businesses, and what one focus group participant described as *“the undervaluing of the Latinx community systematically.”*

To address the impacts of the pandemic, participants suggested a **more intentional approach to connecting small businesses with the resources and supports available to them**. Suggestions for how to connect businesses with resources include the creation of *“a centralized location for all of the small business resources, including education.”* In addition to centralizing resources, participants suggested providing **centralized assistance for businesses to access those resources and thrive post-pandemic**. One participant shared: *“We need technical assistance to help with finances, operating, how to use the internet, how to price products, how to get started the new business model that can survive and be sustainable in the post-COVID world.”* Interviewees and focus group participants also emphasized the need for more, intentional communication about available resources targeted at communities that have historically had less access to supports and resources.

Workforce Development

In addition to supporting residents in obtaining good, living wage jobs interviewees and focus group participants were asked about general challenges to workforce development in Chelsea and to share ideas of what could be done to address those challenges going forward. One of the key challenges for Chelsea’s workforce was the **lack of available, affordable licensed childcare**. Participants described this challenge as preventing residents, especially women, from entering and staying in the workforce. The cost of childcare was named as being particularly challenging for Chelsea residents, participants sharing stories of Chelsea residents having to decide between staying home to watch children or working just to cover the costs of childcare.

“It costs more to pay for childcare [in Chelsea] than what I would make working.”
- Focus Group Participant

Interviewees familiar with the supports available to residents to help cover the cost of childcare shared the perception that many residents do not know how to access vouchers available to help cover costs of childcare. One participant shared: *“Many people went to more affordable, unlicensed childcare because they had no idea what a voucher was or how to access it.”* Participants agreed that a **lack of affordable childcare in Chelsea hit women particularly hard**. One participant summarized the challenge: *“[Because of] childcare supply issues and childcare demand, women are leaving the workforce...They are leaving to take of their children and their labor has not been supported or recognized.”*

Childcare providers that participated in data collection activities shared their own challenges. In particular they expressed frustration with the perception that childcare providers had not be able to

access supports and resources made available to other businesses and industries hit hard by the pandemic.

Literacy and language barriers were also raised as key challenges to workforce development in Chelsea. Participants described Chelsea residents with limited English language skills as having less access to job opportunities, including training programs and other supports or resources for workers. Computer and technology literacy, as well as internet access, were also named as a barrier to workforce development.

“The system does not allow for other opportunities if you are not English speaking, reading, and writing.” – Interviewee

To address workforce development challenges, participants agreed on the need for more **job training programs that focus on the skills needed for the modern workforce** and that address the needs of different groups, especially English-language learners and youth. One participant connected the need for job training back to the needs of small businesses in Chelsea: *“We need more volume. There is a very high demand for more workforce development... We don’t have enough to help small businesses.”* Participants in interviews and focus groups highlighted the need for more job training and workforce development initiatives that target youth and young adults in Chelsea. One focus group participant shared the perception that *“We have no strategy to connect with the youth, especially with workforce development and jobs. We are employing a lot of youth with help from MassHire, but we have a huge waitlist of youth waiting for jobs.”*

Housing Security

The cost, quality, and availability of housing in Chelsea was another key concern discussed across data collection efforts. Participants in focus groups and interviews shared that, while the COVID-19 pandemic has worsened the housing situation in Chelsea, **rising costs of housing was a community challenge prior to 2020**. One interviewee said: *“It’s not new, but the pandemic really lifted the curtain. The overcrowding and high rents were already there.”* Participants shared how high housing costs have led families to double and triple up in homes in order to stay in Chelsea, leading to overcrowding which they described as making it difficult to maintain social distancing and quarantines during the height of the COVID-19 pandemic.

“Housing prices are so high. How do our families live here?”
– Focus Group Participant

In addition to rising costs, participants shared **concerns about the quality of housing and the affect it may have on residents’** health and well-being. Interviewees and focus group participants shared stories about Chelsea residents dealing with mold, rodents, lead, and other poor housing conditions with limited options for addressing the concerns. An interviewee that works in the housing field shared their experience:

“A lot of places are owned by developers and absentee landlords and don’t have a great track record of maintaining properties. So now we’re seeing a high volume of cases of apartments in poor condition, rain coming in, cockroaches, mold, mildew, broken windows... The large property

owners don't care about that. Tenants were already under pressure because of late rent [and] they don't want to feel like they were stirring the pot."

Participants described how these challenges had led to **an increase in illegal evictions** in Chelsea. They described these evictions as happening outside of the court system, without any legal protections for tenants. One interviewee explained: *"In communities like Chelsea, you can't rely on the court. Our evictions happen illegally overnight. Families are threatened with their immigration status. And a lot of people also don't even deal with landlords, just the master tenant due to a subleasing situation."*

"All my family has left Chelsea - I am the only one still here...They all left because it's too expensive." – Focus Group Participant

To address housing concerns in Chelsea, participants suggested implementing programs to support local home ownership to provide more stability in housing and as they perceived homeowners with a connection to the community would be more invested in providing affordable, quality housing to renters. They also suggested using ARPA funds to renovate public housing buildings and build new, affordable housing options for the community.

Food Security

Focus group and interview participants shared that food insecurity in Chelsea was exacerbated by the pandemic and that **residents, especially undocumented residents, face barriers to existing assistance** programs. Participants shared stories of residents being faced with choices between paying for food and paying for rent or utilities. While food assistance programs are available in Chelsea, interviews described the need for them to be expanded in their reach and offerings. One interviewee highlighted the importance of *"identifying the undocumented [residents] that need food and helping those populations get that food when they don't qualify for federally funded programs like WIC or EBT."* Many participants highlighted the success of the Chelsea Eats⁷ program that was launched during the height of the pandemic in lowering the barriers to assistance for residents.

"If we have a holiday that falls on a pantry day, the community calls 911 to find out when the pantry will be open again...There is so much fear that the food pantry won't exist." – Interviewee

Providers from food assistance programs that participated in data collection described their ability to provide services as being **limited by availability of physical space, especially during winter months** when it becomes difficult to offer services due to inclement weather. One focus group participant described their organization's situation: *"We need to get in some sort of room away from the elements."*

⁷ Chelsea Eats was a program launched in September 2020 to provide households with monthly debit cards that could be used to purchase grocery and baby items. To learn more about the program visit: <https://www.chelseama.gov/ChelseaEats#:~:text=In%20September%202020%2C%20the%20City,in%20a%20safe%2C%20dignified%20manner.>

We really need a space large enough to operate at capacity, so people don't go without food...Winter is coming, and we are going to have long lines in frigid temperatures."

Environmental Health and Open Space

Interviewees who work in the field of environmental health described how **Chelsea's air quality and overall environmental health has been negatively impacted** by the city's proximity to Boston's Logan Airport, the North East Expressway, a diesel rail line, and other heavily used thoroughfares, as well as large industrial and manufacturing spaces and the trucking that goes with it. One interviewee highlighted the connection between Chelsea's environmental health and the disproportionate impact of the COVID-19 pandemic has had on the city: *"We get COVID or another pandemic or a climate disaster and what we expected to happen happened. We got hit first and worst and have had the hardest time bouncing back. Our environmental injustices make us be hit unequally."*

"We carry a big burden for environmental public health. That comes with a lot of consequences...[including] higher rates of asthma and asthma hospitalization, cardiovascular disease, obesity, and shorter life spans." – Interviewee

When asked about the environment and environmental health of Chelsea, residents raised concerns about a **lack of trees across the city and the perception that trees that die or are cut down aren't replaced**. Residents raised this concern as they perceived that a lack of tree cover and the shade provided by trees is connected with the occurrence of urban heat islands in Chelsea and experiences of heat-related conditions by residents, such as heat stroke, during the summer. One resident shared how this had impacted them: *"There aren't enough trees in some neighborhoods. In the summer, our street is very hot since most of the driveways are asphalt...[and] there are no trees where I live."*

"The streets are all named after trees. But [those trees] are all gone." – Focus Group Participant

Residents also described **trash and the cleanliness of the city as a key environmental concern**. One focus group participant shared: *"The trash was the first thing that came to mind, especially in the playgrounds. It seems like the only way to get it under control is to get DPW more involved. We just have to have more funding."* Participants described trash as leading to an increase in the presence of rodents in public spaces and in housing. The presence of rodents was named as concern relating to both environmental health and housing in Chelsea: *"I want a city that is clean, with people who don't throw away trash...I imagine it would alleviate the problem of rats."*

Residents also shared that **noise pollution in Chelsea negatively effects their health**. One focus group participant shared their experience: *"It's loud where I live. I'm awoken at all hours. The blessing and the curse of being near the airport, the commuter rail, and the bridge. The downside is the noise."* Participants were interested in seeing ARPA funds be used to **develop more open, accessible public greenspaces** that can be easily utilized by Chelsea residents. One focus group participant gave an example of what new greenspaces could include: *"We should have a bike path, on that goes to Boston."*

Other suggestions included cleaning up Chelsea’s waterfront area and renovating existing public recreation spaces.

Mental and Behavioral Health

Across focus groups and interviews, participants described **experiences of trauma, before and due to the pandemic, as having a major** impact on Chelsea residents and their mental health. One participant explained: *“We try to address trauma head on, but I think as a community we could do more. Bring people together in a different way to better navigate the trauma our residents have experienced. There’s a lot of trauma.”*

“Mental health disorders are literally the second pandemic.”- Interviewee

Participants that work in the mental and behavioral health field described how residents that had immigrated to the United States often experienced trauma before or during their immigration process that they were unable to address due to systemic barriers. One focus group participant described the barriers: *“There are barriers for immigrants... [leading to] unaddressed trauma [including] access to care for undocumented residents, long waitlists for mental health services, and a lack of culturally appropriate care and providers that look like residents.”* Participants connected residents’ experiences of trauma with a perceived increase in substance use, which they also described as lacking the services to address.

“It’s about capacity. We have hundreds of people on waiting lists to see Spanish speaking therapists. We just don’t have enough people to meet the need.”
- Interviewee

Participants described multiple barriers to accessing mental and behavioral health services, including particularly **long wait lists for services and limited numbers of providers that speak Spanish**. One service provider interviewed shared: *“We’ve had clients tell us that it’s limited when it comes to Spanish speaking therapists...They end up waiting and end up walking away.”*

Another population described as needing more mental and behavioral health services in Chelsea are youth. Participants, including those from the Teen Action Project, share the perception young people in Chelsea had lost a lot of supports and outlets due to the COVID-19 pandemic, particularly with the move to virtual school. One focus group participant shared what they would like to see to support youth mental health: *“More adults in the school that can be on call or speak about these things, if something happens right in that moment someone can be there to help you in case your social worker or therapist is busy.”*

One focus group participant connected the need for more mental health services back to workforce development suggesting that Chelsea *“support a pipeline of youth who would like to pursue mental health services, since it is an expensive profession to get into. You will eventually end up with a more representative mental health workforce.”*

Community Engagement: Resident Survey

A survey of Chelsea residents was launched in December 2021 to collect input on how the community funds should be allocated. Demographic data collected included gender, age, race/ethnicity, income, household composition, and renter/homeowner status. The first portion of the survey asked residents to describe how their financial situation had changed over the course of the COVID-19 pandemic and their ability to afford household expenses and housing costs. Residents were then asked to rank their household's level of concern regarding the priority areas on a scale of 1 ("Not at all concerned") to 5 ("Very concerned"). The areas that respondents were asked to rank included:

- Affordable Rental Units
- Affordable Homeownership
- Food Security
- Workforce Development
- Youth Employment
- Entrepreneurship and Small Business Development
- Childcare
- Internet access
- Environmental Health
- Mental and Behavioral Health
- Open Space
- Community Space and Programming

Respondents also had the opportunity to provide additional ideas for funding allocation through open ended survey questions.

From 12/6/21 to 2/4/22, there were a total of 524 survey respondents. Respondent demographics are shown below in **Table 3**. The table also presents similar data from the U.S. Census Bureau's American Community Survey. These data are intended to illustrate how survey respondents represented Chelsea overall. However, many of the categories were not asked or analyzed in the same manner between the two sources, so comparisons should be made with caution.

By race/ethnicity, survey respondents primarily identified as Hispanic or Latino(a), any race (69.5%), White or Caucasian, non-Hispanic or Latino (21.8%), or as Black or African American, Non-Hispanic or Latino (5.2%). 2 in 3 residents had a household annual income under \$50k (62.9%). Sixteen percent reported a household income between \$51-80k, 9.3% between \$81-110k, and 11.5% more than \$110k. More than half of respondents identified as women (71.3%), with men comprising of 28.2% of all survey respondents and 0.6% identifying as either non-binary or transgender. Household size was evenly distributed across 1-3 person households, however 45.8% of respondents reported a household size of four or more people.

Most respondents reported having children in the household (47.6%). Among all survey respondents, half reported having children aged 6-18 years and more than a quarter with children aged 5 and under.

Table 3. Survey Respondent Characteristics, 2021

Survey Categories	Survey Respondents* (n=524)	Census Categories	Chelsea, MA** (n=39,878)
Race/Ethnicity	% (n)	Race/Ethnicity	% (n)
Hispanic or Latino(a), Any Race	69.5% (364)	Hispanic or Latino(a), Any Race	67.7% (26,999)
White or Caucasian, Non-Hispanic or Latino	21.8% (114)	White or Caucasian, Non-Hispanic or Latino	19.6% (7,831)
Black or African American, Non-Hispanic or Latino	5.2% (27)	Black or African American, Non-Hispanic or Latino	5.2% (2,081)
Native American or Alaska Native, Non-Hispanic or Latino	0.4% (2)	Native American or Alaska Native, Non-Hispanic or Latino	0.0% (0)
Asian or Asian American, Non-Hispanic or Latino	1.0% (5)	Asian or Asian American, Non-Hispanic or Latino	3.7% (1,471)
More Than One Race, Non-Hispanic or Latino	1.7% (9)	More Than One Race, Non-Hispanic or Latino	3.4% (1,336)
Other Race	0.6% (3)	Other Race	0.4% (160)
Annual Income	% (n)	Household Income in Past 12-Months	% (n)
Less than \$30k	42.8% (230)	Less than \$35k	33.0% (4,345)
\$30 – 50k	20.1% (108)	\$35 – less than \$50k	9.3% (1,229)
\$51 – 80k	16.2% (87)	\$50k – less than \$75k	18.4% (2,423)
\$81 – 110k	9.3% (50)	\$75k – less than \$100k	12.9% (1,705)
More than \$110k	11.5% (62)	\$100k or more	26.4% (3,472)
Gender Identity	% (n)	Sex	
Man	28.2% (151)	Male	50.8% (20,269)
Non-Binary	0.2% (1)	Female	49.2% (19,609)
Transgender	0.4% (2)		
Woman	71.3% (382)		
Household Size	% (n)	Household Size	% (n)
1 Person	16.2% (90)	1 Person	32.9% (4,334)
2 People	19.9% (110)	2 People	21.9% (2,879)
3 People	18.1% (100)	3 People	14.2% (1,876)
4 or More People	45.8% (254)	4 or More People	31.0% (4,085)
Children In Household	% (n)	Age of Children in Household	% (n)
No Children in Household	43.4% (241)	No Children in Household	69.0% (9,084)
Children 5 and Under	27.2% (151)	Children Under 6 Years Only	6.3% (827)
Children 6 to 18	49.5% (275)	Children 6 - 17 Years Only	17.5% (2,305)
		Children Under 6 years and 6 to 17 years	7.3% (958)
Adults 65+ in Household	%(n)	Adults 65+ in Household	%(n)
Households with 1 or more people 65+	19.8% (110)	Households with 1 or more people 65+	22.7% (2,984)
Households without anyone 65+	80.2% (446)	Households without anyone 65+	77.3% (10,190)
Current Housing Situation	%(n)	Status of Occupied Housing	%(n)
Homeowner	28.5% (154)	Owner occupied housing units	26.9% (3,539)
Renting a basement, room, or apartment/condo	70.1% (379)	Renter occupied housing units	73.1% (9,635)
Homeless	0.6% (3)		
Live with family	0.7% (4)		
Living at Chelsea Soldiers Home	0.2% (1)		

DATA SOURCE: *City of Chelsea Community ARPA Survey, 2021; U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2016 – 2020

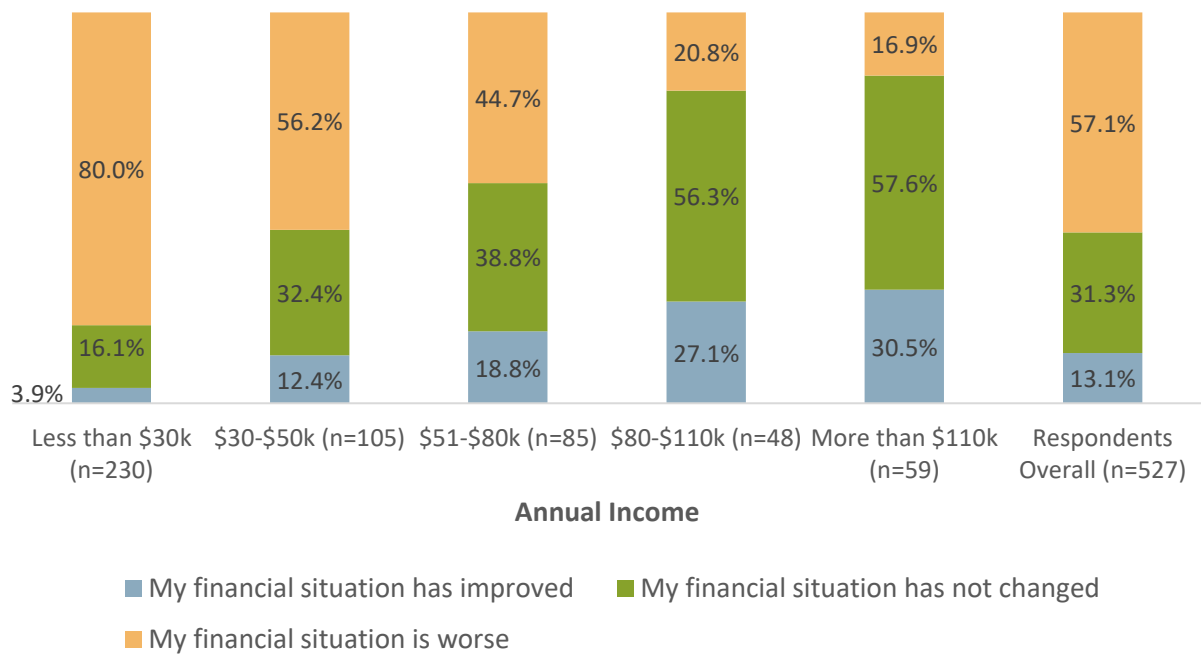
NOTE: Percentages for children in household do not sum to 100% since households could have children 5 and under AND children 6 to 18.

Key Survey Findings

Given the impact of the COVID-19 pandemic on employment and wages, respondents were asked whether their financial situation had improved, worsened, or not changed since March 2020 (**Figure 3**). Overall, 57.1% of respondents reported a worsened financial situation, 31.3% reported no change, and 13.1% reported an improvement in their financial situation.

Changes in financial situation since March 2020 were also analyzed by income level. Residents with the annual income level less than \$30k (80.0%) and \$30-\$50k (56.2%) reported the largest proportion of worsened financial situation. In contrast, less than 21% of respondents with annual incomes above \$80k reported a worsened financial situation since March 2020.

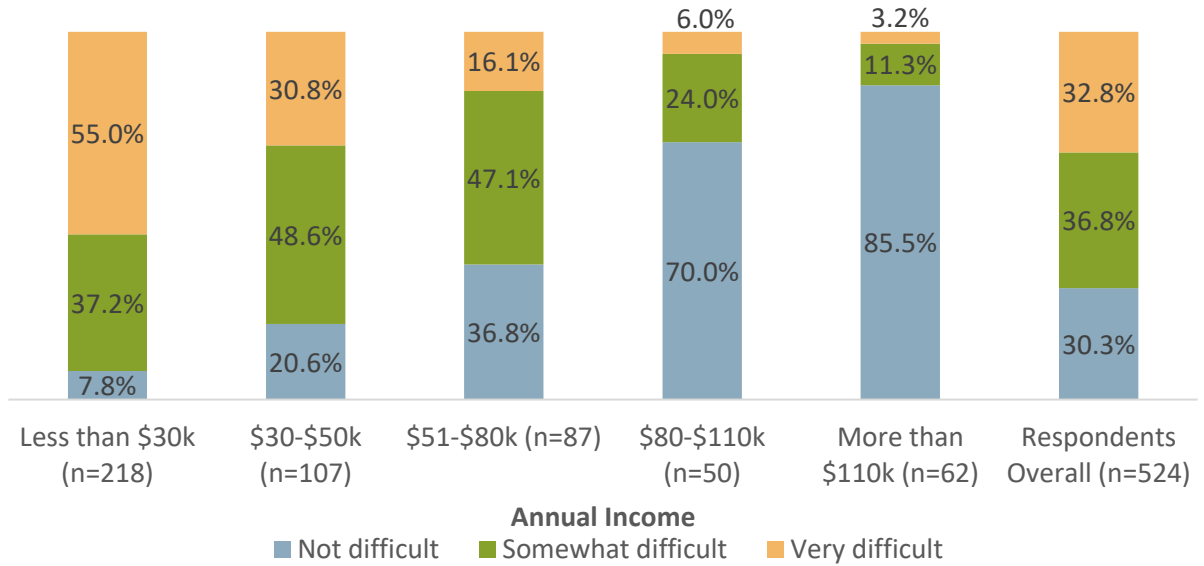
Figure 3. Changes to Financial Situation Since March 2020, by Annual Income, 2021



DATA SOURCE: City of Chelsea Community ARPA Survey, 2021

To understand current financial challenges experienced by Chelsea residents, survey respondents were asked to describe their difficulty in paying household expenses in the past 3-months. Nearly 1 in 3 respondents overall indicated that paying household expenses in the past 3-months was very difficult (**Figure 4**). Results by income level highlight that more than half of respondents earning less than \$30K reported that they found paying household expenses very difficult. More than a third of these respondents reported some difficulty in paying household expenses, with only 7.8% indicating they had no difficulty. Across all income levels, those with the highest income levels typically reported less difficulty in affording household expenses.

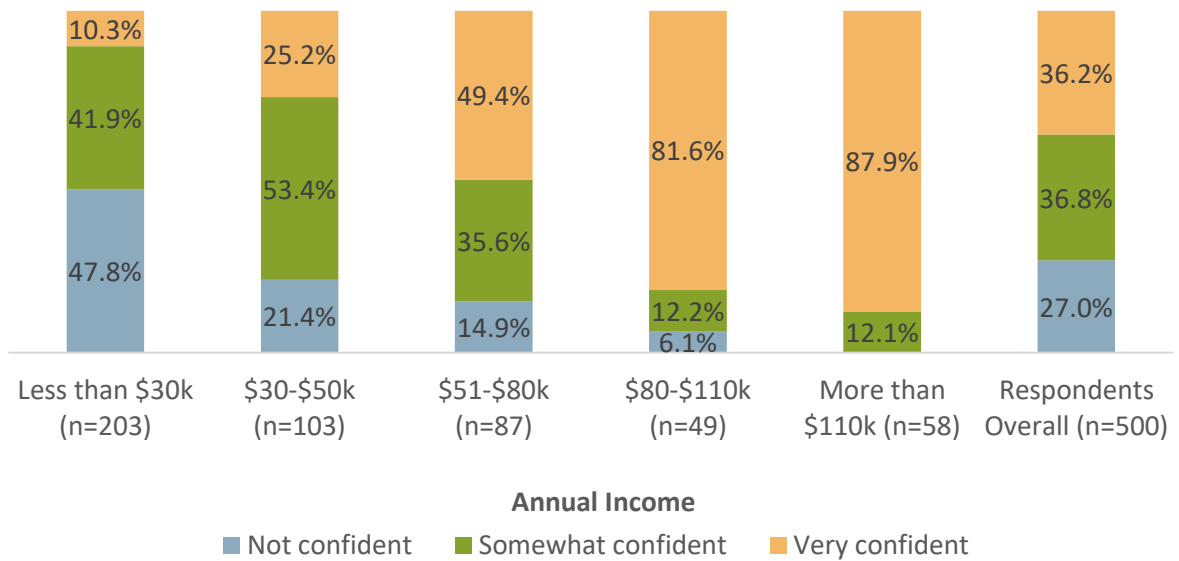
Figure 4. Difficulty Paying Household Expenses in Past 3-Months, by Annual Income, 2021



DATA SOURCE: City of Chelsea Community ARPA Survey, 2021

The affordability of housing was a high concern among residents, so survey respondents we asked to rate their confidence in their ability to pay next month’s rent/mortgage (Figure 5). Among all respondents, 36.2% were very confident, 36.8% somewhat confident, and 27.0% not confident in their ability to pay their housing costs. Like respondents reporting of difficulty in paying household expenses, households with lower annual incomes reported lower confidence in their ability to afford next month’s housing costs.

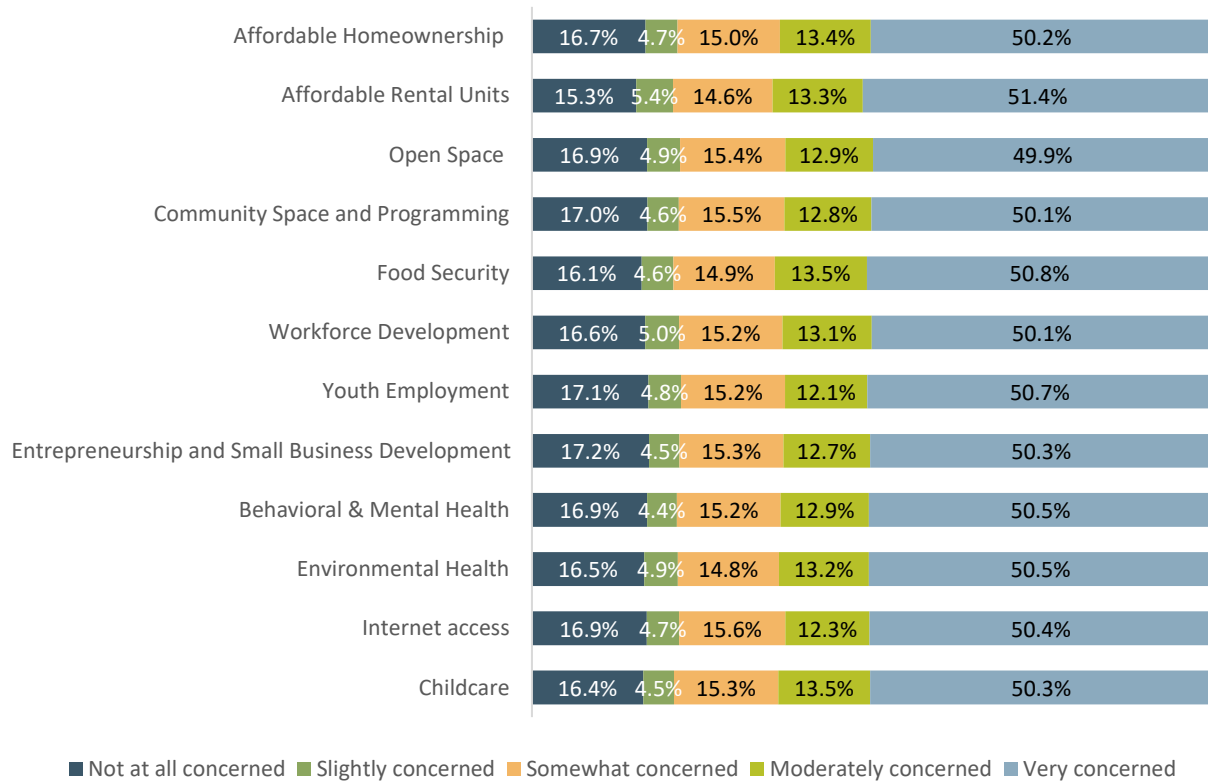
Figure 5. Confidence in Ability to Pay Next Month’s Rent/Mortgage, by Annual Income, 2021



DATA SOURCE: City of Chelsea Community ARPA Survey, 2021

After describing some of the specific financial challenges COVID-19 posed to respondents, they were asked to rate 12 eligible areas for ARPA funding on a scale from 1 to 5, with 1 being “not very concerned” and 5 being “very concerned” (**Figure 6**). Overall, the top 5 areas of concern rated as very or somewhat concerning included: affordable rental units (64.7%), food security (64.3%), childcare (63.8%), environmental health (63.7%), and affordable homeownership (63.6%).

Figure 6. Ranking of Level of Concern, by Priority Area, among Chelsea Households, 2021



DATA SOURCE: City of Chelsea Community ARPA Survey, 2021

All areas eligible for ARPA funding were rated by more than half of respondents as very or somewhat concerning, however, the areas rated as highest priority varied by demographic factors. **Table 4** highlights the top 5 areas of concern for Chelsea Hispanic households by income. Notably, behavioral and mental health were rated as more concerning by Hispanic respondents across income levels.

Table 4. Top 5 Areas of Concern for Chelsea Hispanic Households, by Annual Income, 2021

	Less than \$50k (n=213-252)	\$51-\$80k (n=43-47)	Above \$81k (n=32-35)
1	Affordable Rental Units (75.0%)	Behavioral & Mental Health (72.1%)	*Behavioral & Mental Health (75.0%)
2	Behavioral & Mental Health (72.3%)	Affordable Homeownership (69.8%)	*Environmental Health (75.0%)
3	Environmental Health (68.8%)	Environmental Health (66.7%)	Affordable Homeownership (68.8%)
4	Open Space (65.3%)	Affordable Rental Units (66.0%)	Childcare (62.5%)
5	Food Security (63.9%)	Open Space (63.6%)	Internet Access (57.6%)

DATA SOURCE: City of Chelsea Community ARPA Survey, 2021

NOTE: * indicates areas of concern were tied.

Similarly, the table below shows the top 5 areas of concern for Chelsea non-Hispanic households by income (**Table 5**). Across income level, environmental health was a top area of concern, with respondents earning over \$81k being the most likely to rate it as a somewhat or very concerning area (81.9%). Compared to the overall results, open space and behavioral & mental health emerged as bigger concerns among non-Hispanic households earning \$51-\$81k or \$81k+ annually.

Table 5. Top 5 Areas of Concern for Chelsea Non-Hispanic Households, by Income, 2021

	Less than \$50k (n=48-56)	\$51-\$80k (n=34)	Above \$81k (n=72)
1	Environmental Health (74.5%)	Environmental Health (76.5%)	Environmental Health (81.9%)
2	Affordable Rental Units (62.5%)	Open Space (76.5%)	Open Space (68.1%)
3	Internet Access (60.8%)	Behavioral & Mental Health (73.5%)	Behavioral & Mental Health (66.7%)
4	Behavioral & Mental Health (58.8%)	*Affordable Homeownership (70.6%)	Community Space and Programming (59.7%)
5	Affordable Homeownership (57.4%)	*Community Space and Programming (70.6%)	Affordable Homeownership (51.4%)

DATA SOURCE: City of Chelsea Community ARPA Survey, 2021

Areas of concern were also analyzed by households with and without children (**Table 6**). Both respondents with and without children rated environmental health, behavioral & mental health, open space, and community space & programming as top areas of concern. Those with children were more likely to report concern regarding affordable rental units (68.6%), which was not a top 5 concern for respondents without children. In contrast, respondents without children rated affordable homeownership as a bigger concern (61.3%).

Identification of Strategies

Through a review of secondary data, responses to the community survey, key themes from focus groups and interviews, and from discussion with the Advisory Committee, proposed strategies were developed for each of the six priority areas. The process focused on the development of broad strategies to address key concerns and challenges facing Chelsea residents. Individual projects or programs were not considered as part of the process.

In discussion with the Advisory Committee, strategies were further refined and tailored to better meet the needs and lived reality of Chelsea's residents and businesses. Identified strategies were then brought to the public for further discussion and prioritization.

During data collection suggestions for policy changes to address challenges were frequently raised (e.g., a rent control policy). While policy changes are not able to be addressed through ARPA funding and were not included in the strategy selection process, these suggestions were shared City officials to inform future policy creation and decision making.

Public Meeting

Following the creation and initial prioritization of strategies by the Community Advisory Committee, a community wide meeting was held on March 2, 2022. The purpose of the meeting was to provide residents an opportunity to prioritize the proposed strategies for funding. The meeting was open to all Chelsea residents and was held in Spanish with English translation. Childcare and food were provided to participants. Over 300 residents attended the public meeting. This was the first Public Meeting the City had conducted primarily in Spanish and had the largest turnout in recent history.

Each attendee was placed in a small group at the beginning of the meeting. The small groups moved together to discuss each of the key priority areas (Housing, Food Security, Small Business Development, Workforce Development, Mental and Behavioral Health, and Environmental Health and Open Space) and vote on the proposed strategies related to each area. Following their group discussions, attendees were asked to select their three priority strategies for the topic and then rank those three in order of priority. Every attendee had the opportunity to discuss and vote using a paper ballot on strategies for each of the six topic areas. For many of the attendees, who are deliberately disenfranchised, this was their first opportunity since arriving in the states to vote on a matter of public importance.

In addition to discussing and ranking the strategies for each of the six topic areas, meeting attendees participated in second round of voting to indicate which of the six topic areas were the highest priority to them. To do this, each attendee was provided with three chips and could use those chips to vote for the topic areas of highest priority to them. Attendees could choose to put one, two, or all three of their chips to a single topic area.

A recording of the public meeting can be found here: [Chelsea Public Meeting](#). The results of voting at the public meeting can be found in the [Strategies and Final Allocation](#) section of this report.

City Council Presentation

In March of 2022, a presentation was given to a subcommittee of the Chelsea City Council about the Community Fund allocation process. The presentation included an overview of the process, methodology, interim results from community engagement, and a review of the prioritized strategies for each priority area. City councilors were given the opportunity to ask questions about the process and to provide input on the strategies. Councilors' input was summarized and presented to the Committee during deliberations. A recording of the City Council meeting can be found here: [City Council Subcommittee Meeting](#)

The ARPA funds are not subject to appropriation by the City Council. The timing of this meeting was to allow the Council to be informed of the process and to offer any input before decisions regarding the allocation of funds had been made.

Strategies and Final Allocation

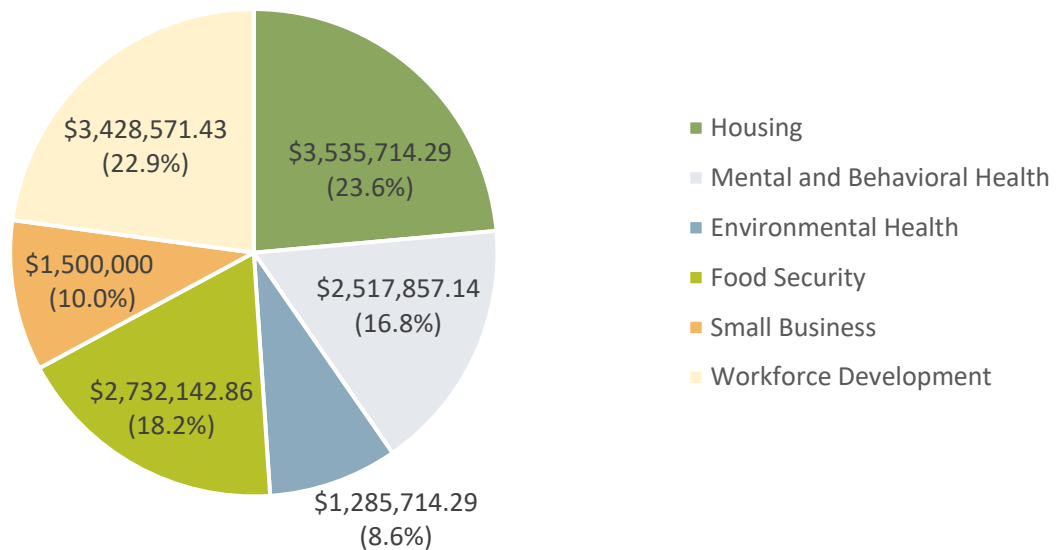
The strategies developed by the Community Advisory Committee and voted on the Committee and at the public meeting are presented below, organized by the priority areas. Additionally, strategies that were discussed by the Advisory Committee but were not included in the voting process are listed for each area. These may serve as a guide for future city programming or funding initiatives.

Strategies were developed by the Community Advisory Committee to address the key concerns and issues that arose from the review of secondary data, focus groups and interviews, and the community survey. Strategies suggested through the community survey responses were also considered. Following the identification of proposed strategies, the Community Advisory Committee members ranked the strategies (organized within priority areas) from highest priority to lowest priority. The ranking results from the Community Advisory Committee and the community public meeting are presented below.

Following the community meeting, the Community Advisory Committee met to review the results of community ranking process, combine, and reframe strategies, and then select through voting for two to three strategies per priority area.

The Community Advisory Committee also decided on allocation of funds by priority area. Each member was given 20 physical tokens that could be placed in jars representing each of the six areas. Members distributed their tokens between the six priority areas to determine the percentage of the \$15 million that would be allocated to each of the six areas. For example, if an Advisory Committee member wanted to vote for one-quarter (25%) of the ARPA funding to be distributed to Housing strategies, they would place five (or 25%/one-quarter) of their tokens in the jar representing that priority area. Members had to be physically present for the discussions to vote and distribute their tokens. The distribution of funds by priority area is shown in **Figure 8**.

Figure 8. Allocation of Funds by Priority Areas



Small Business Development

The Advisory Committee voted to allocate \$1,500,000 towards strategies to address small business development in Chelsea. The proposed strategies to address small business development are listed in **Table 7. Results of Advisory Committee and Public Meeting Rankings, Small Business Development Strategies**

Table 7. Results of Advisory Committee and Public Meeting Rankings, Small Business Development Strategies

Small Business Development	
Community Advisory Committee Ranking	Public Meeting Ranking
1 Create an asset-strong, go-to option at City of Chelsea, able to give final guidance on policy and other issues affecting business	Support at-home daycares as small businesses, access to traditional and other programs/supports
2 Support trainings for small business such as serve safe, OSHA, financial planning, legal, business, and developing a strategic plan - potentially minority business center	Increase the availability of childcare through employer and employee supports
3 Support at-home daycares as small businesses, access to traditional and other programs/supports	Support trainings for small business such as serve safe, OSHA, financial planning, legal, business, and developing a strategic plan - potentially minority business center
4 Direct cash infusion to support small businesses	Decrease barriers and additional costs for small businesses (such as PPE, childcare, accommodations that allow safe functioning through pandemic, licensing and permitting)
5 Decrease barriers and additional costs for small businesses (such as PPE, childcare, accommodations that allow safe functioning through pandemic, licensing and permitting)	Create an asset-strong, go-to option at City of Chelsea, able to give final guidance on policy and other issues affecting business
6 Increase the availability of childcare through employer and employee supports	Provide business incubation/start-up costs for small businesses
7 Provide business incubation/start-up costs for small businesses	Direct cash infusion to support small businesses

NOTE: Each column is organized with from highest priority (1) to lowest (7)

Following a review of the public meeting results and a discussion by the Advisory Committee, the final strategies to address small business development were:

- Centralized support for small businesses at City Hall and through partners, including personalized guidance and training opportunities for small businesses
- Support at-home daycare providers as small businesses

Workforce Development

The Advisory Committee voted to allocate \$3,428,571.43 towards strategies to address workforce development in Chelsea. The proposed strategies to address workforce development are listed in **Table 8**.

Table 8. Results of Advisory Committee and Public Meeting Rankings, Workforce Development Strategies

Workforce Development		
	Community Advisory Committee Ranking	Public Meeting Ranking
1	Increase workforce development for those most in need, the undocumented, and opportunities for youth	Increase workforce development for those most in need, the undocumented, and opportunities for youth
2	Provide subsidized training in critical areas, including the trades, where employment is available in Chelsea and nearby – (subsidizing these trainings with stipends, transportation, and childcare options, and address cliff effects)	Provide subsidized training in critical areas, including the trades, where employment is available in Chelsea and nearby – (subsidizing these trainings with stipends, transportation, and childcare options, and address cliff effects)
3	Foundational training in IT and computer skills, ESOL, childcare and entrepreneurship	Foundational training in IT and computer skills, ESOL, childcare and entrepreneurship
4	Access to high-speed, quality broadband internet at prices people can afford, access to computers	Provide accessible, flexible English language classes, including industry-specific pathways, especially for youth
5	Provide accessible, flexible English language classes, including industry-specific pathways, especially for youth	Access to high-speed, quality broadband internet at prices people can afford, access to computers
6	Create a portal for Chelsea businesses/job opportunities	Create a portal for Chelsea businesses/job opportunities
7	Engage businesses who commit to taking on less experienced employees (such as apprenticeship) with incentives	Engage businesses who commit to taking on less experienced employees (such as apprenticeship) with incentives
8	Subsidies for public transit	Subsidies for public transit

NOTE: Each column is organized with from highest priority (1) to lowest (8)

Following a review of the public meeting results and a discussion by the Advisory Committee, the final strategies to address workforce development were:

- Support workforce development (career preparation, job search, support services, and training) for underserved Chelsea residents in fields that are in demand and lead to living wage jobs
- Access and ability to use high-speed, quality broadband internet at prices people can afford
- Portal for businesses to post local job opportunities

Housing

The Advisory Committee voted to allocate \$3,535,714.29 towards strategies to address housing needs in Chelsea. The proposed strategies to address workforce development are listed in **Table 9**.

Table 9. Results of Advisory Committee and Public Meeting Rankings, Housing Strategies

Housing	
Community Advisory Committee Ranking	Public Meeting Ranking
1	Increase equitable housing opportunities based on residents' needs, including affordable housing, public/private partnerships, and workforce/middle income (and 80% to 120% AMI) housing
2	Increase new construction of affordable housing/mixed income housing; new/sustainable models
3	Make investments that leverage multiple/additional resources to expand capacity for housing stability services, including support for resident rental arrearage
4	Temporary housing and emergency housing
5	Support housing stability initiatives and programs, such as Chelsea Eviction Task Force
6	Increase re-development and rehabilitation of available housing stock to create healthy, comfortable homes
7	Homeownership program for current residents, including rent-to-own opportunities, interest rate subsidies, and down payment assistance
8	Support rent increase mitigation – rent control, longer term rental assistance, incentives for landlords to not raise rents
9	Housing voucher and other supports for people already in apartments/housing insecure
10	Create housing specifically for civil servants and community-based organization staff to live in the city

NOTE: Each column is organized with from highest priority (1) to lowest (10)

Following a review of the public meeting results and a discussion by the Advisory Committee, the final strategies to address housing needs were:

- Increase equitable affordable and mixed income housing opportunities, including affordable housing (below 80% AMI) and workforce housing (between 80% AMI and 120% AMI), to meet the needs of the current community
- Support housing stability initiatives and programs to prevent evictions and displacement

Food Security

The Advisory Committee voted to allocate \$2,732,142.86 towards strategies to address food security in Chelsea. The proposed strategies to address workforce development are listed in **Table 10**.

Table 10. Results of Advisory Committee and Public Meeting Rankings, Food Security Strategies

Food Security	
Community Advisory Committee Ranking	Public Meeting Ranking
1	Increase food pantry support and develop a Winter food distribution location/mechanism
2	Engage local and small businesses in food assistance and food distribution programs
3	Establish urban agriculture infrastructure, such as farmers markets, community gardening/greenhouses, grants for residents to start gardens
4	Food assistance programming – ex Chelsea Eats
5	Provide education in healthy eating and how to shop in American grocery stores
6	Establish urban agriculture infrastructure, such as farmers markets, community gardening/greenhouses, grants for residents to start gardens
7	Provide access to food storage (and education) and kitchens for those who do not have access

NOTE: Each column is organized with from highest priority (1) to lowest (7)

Following a review of the public meeting results and a discussion by the Advisory Committee, the final strategies to address food security were:

- Increase food pantry support and distribution mechanisms
- Engage local, small businesses in food assistance and food distribution programs
- Direct monetary assistance

Environmental Health and Open Space

The Advisory Committee voted to allocate \$1,285,714.29 towards strategies to address environmental health in Chelsea. The proposed strategies to address workforce development are listed in **Table 11**.

Table 11. Results of Advisory Committee and Public Meeting Rankings, Environmental Health Strategies

Environmental Health and Open Space		
	Community Advisory Committee Ranking	Public Meeting Ranking
1	Increase the amount of open spaces, parks, and active outdoor spaces	Support pest control and mold mitigation within housing stock
2	Support pest control and mold mitigation within housing stock	Increasing street cleaning, sanitation in public spaces and pest control, including commercial and resident responsibility for cleanliness and education to the general public
3	Develop programming for home-owners and small landlords who may need to renovate to bring housing up to code	Increase the amount of open spaces, parks, and active outdoor spaces
4	Support renovation of homes to improve windows/ventilation and decrease noise pollution	Support renovation of homes to improve windows/ventilation and decrease noise pollution
5	Support indoor and outdoor efforts to mitigate industrial and vehicular exhaust	Develop programming for home-owners and small landlords who may need to renovate to bring housing up to code
6	Increasing street cleaning, sanitation in public spaces and pest control, including commercial and resident responsibility for cleanliness and education to the general public	Increase education about environmental health and taking care of the environment (protecting parks, protecting trees, rising water)
7	Plant more trees	Develop a bike path to connect Chelsea to Boston
8	Increase education about environmental health and taking care of the environment (protecting parks, protecting trees, rising water)	Support indoor and outdoor efforts to mitigate industrial and vehicular exhaust
9	Develop a bike path to connect Chelsea to Boston	Plant more trees

NOTE: Each column is organized with from highest priority (1) to lowest (9)

Following a review of the public meeting results and a discussion by the Advisory Committee, the final strategies to address environmental health were:

- Increase the amount of open space, parks, and active outdoor spaces
- Improve air quality by addressing pollution sources, mitigate indoor air quality issues in housing stock, and decrease noise pollution

Mental and Behavioral Health

The Advisory Committee voted to allocate \$2,517,857.14 towards strategies to address mental and behavioral health in Chelsea. The proposed strategies to address workforce development are listed in **Table 12**.

Table 12. Results of Advisory Committee and Public Meeting Rankings, Mental and Behavioral Health Strategies

Mental and Behavioral Health	
Community Advisory Committee Ranking	Public Meeting Ranking
1	Support for youth development programs including extracurricular activities at no/low cost for students, opportunities for sports/recreation outside of school time, a community center, youth center, one stop multi service center, and music lessons
2	Expand services for those experiencing domestic violence
3	Provide trauma and mental health supports for immigrants and undocumented
4	Increase mental health services (including for 0–8-year-olds)
5	Support rapid crisis intervention teams and increase social workers’ services within the city
6	Increase number of locations available to residents to access mental health resources, multi-service center
7	Support peer-to-peer support for addiction/substance abuse
8	Launch a campaign to address mental health stigma and normalize getting help and seeking out resources, including rapid referral card
9	Implement preventative mental health measures and early supports, including peer to peer mental health
10	Mental health and wellbeing training for parents and community

NOTE: Each column is organized with from highest priority (1) to lowest (10)

Following a review of the public meeting results and a discussion by the Advisory Committee, the final strategies to address mental and behavioral health were:

- Increase non-clinical mental and behavioral health services and delivery options, particularly for youth and including through a community center, while also addressing stigma for seeking services within the community
- Increase clinical mental and behavioral health services, meeting people where they are, and addressing stigma within the community
- Expand services for those experiencing domestic violence and barriers to seeking help

Suballocations to Strategies

Following the allocation of funds to the overarching priority areas, Advisory Committee members were asked to vote to distribute funds to individual strategies. Members were given a link to an online survey where they indicated how they would like to distribute those allocated funds between the selected strategies. For example, if a priority area had three selected strategies, an Advisory Committee member could vote to distribute all of the allocated funds to one strategy or to divide it between two or three of the strategies. The final selected strategies and allocation amounts are shown in **Table 13**.

Table 13. Final Allocation of ARPA Community Funds, by Strategy and Priority Area

Priority Area and Selected Strategies	\$ (Millions)	Chips (Votes)
Housing		
Increase equitable affordable and mixed income housing opportunities, including affordable housing (below 80% AMI) and workforce housing (between 80% AMI and 120% AMI), to meet the needs of the current community	\$2.22	32
Support housing stability initiatives and programs to prevent evictions and displacement	\$1.32	19
Mental and Behavioral Health		
Increase non-clinical mental and behavioral health services and delivery options, particularly for youth and including through a community center, while also addressing stigma for seeking services within the community	\$1.12	24
Increase clinical mental and behavioral health services, meeting people where they are, and addressing stigma within the community	\$0.65	14
Expand services for those experiencing domestic violence and barriers to seeking help	\$0.75	16
Environmental Health		
Increase the amount of open space, parks, and active outdoor spaces	\$0.59	22
Improve air quality by addressing pollution sources, mitigate indoor air quality issues in housing stock, and decrease noise pollution	\$0.70	26
Food Security		
Increase food pantry support and distribution mechanisms	\$1.00	20
Engage local, small businesses in food assistance and food distribution programs	\$0.91	18
Direct monetary assistance	\$0.81	16
Small Business		
Centralized support for small businesses at City Hall and through partners, including personalized guidance and training opportunities for small businesses	\$0.89	31
Support at-home daycare providers as small businesses	\$0.61	21
Workforce Development		
Support workforce development (career preparation, job search, support services, and training) for underserved Chelsea residents in fields that are in demand and lead to living wage jobs	\$2.24	36
Access and ability to use high-speed, quality broadband internet at prices people can afford	\$0.75	12
Portal for businesses to post local job opportunities	\$0.44	7

Appendix A. Advisory Committee Members

Advisory Committee Member	Organization/Role (Sector, if applicable)
Roy Avellaneda	Councilor At-Large, Chelsea City Council President
Roseann Bongiovanni	GreenRoots Chelsea (Environmental Justice)
Susana Carella	Resident
Jenny Camacho	Small Business Owner
Joan Cromwell	Chelsea Black Community
Richelle Cromwell	Community Action Program Inter-City (Economic/Community Development)
Cara Cogliano	Chelsea Community Connections Coalition (Children and Families)
Richard Gordon	Small Business Owner
Rosa Lopez	Resident
Rafael Mares	The Neighborhood Developers (Economic/Community Development)
Alice Murillo	Bunker Hill Community College
Paul Nowicki	Chelsea Chamber of Commerce
Mohamud Qasim	Resident
Edgard Romero	Resident and Small Business Owner
Mayra Romero	Resident and Small Business Owner
Amanda Rosario	Resident
Scott Scherffenberg	ROCA (Youth Development/Restorative Justice)
Todd Taylor	District 1 Councilor
Gladys Vega	La Colaborativa (Immigrant Justice/Economic Development)
Wendy Velazquez	Resident