

The New Haven Ten Year Plan to End Chronic Homelessness



**Prepared for Mayor John DeStefano, Jr.
under the leadership of the
Mayor's Homeless Advisory Commission**

Financial Support for the Development of the Plan Provided By:

The Community Foundation for Greater New Haven

The Hospital of St. Raphael

NewAlliance Foundation

United Way of Greater New Haven

Yale-New Haven Hospital

The New Haven Ten Year Plan to End Chronic Homelessness Steering Committee Members

Gary F. Spinner (Chair)
Chief Operating Officer
Hill Health Center

Sheila Allen Bell
Community Services Administrator
City of New Haven

Robert Cole
Chief Operating Officer
Connecticut Mental Health Center

Paula Crombie
Director of Social Work
Yale-New Haven Hospital

Alison Cunningham
Executive Director
Columbus House, Inc.

Joanne Goldblum
President
New Haven Diaper Bank

Judy Gott
Executive Director
South Central Regional Council of Governments

Sister Joan Granville
President
St. Raphael Foundation
Hospital of Saint Raphael

Rev. Bonita Grubbs
Executive Director
Christian Community Action

Laurie Harkness
Director, Community Care Center
Veterans Administration, Connecticut
Healthcare System

Kim A. Healey
Executive Director
NewAlliance Foundation

Bret Hill
Executive Director
HOME, Inc.

John Huettner
Special Projects Director
Community Services Administration
City of New Haven

Khalid Lum
Member of the Homeless Commission

Edward Mattison
Alderman (10-D)
City of New Haven

Robert McGuire
Director of Community Investment & Agency
Relations
United Way of Greater New Haven

Michael Morand
Associate Vice-President
Office of New Haven & State Affairs
Yale University

Maureen Novak
Special Asst. to the Deputy Executive Director
New Haven Housing Authority

Rev. Samuel T. Ross-Lee
Pastor
Immanuel Baptist Church

Patricia Scussel
Executive Director
Greater New Haven Leadership Center
Greater New Haven Chamber of Commerce

Robert Solomon
Commissioner
Housing Authority of New Haven

Sergeant Martin Tchakirides
District Manager, Downtown Substation
New Haven Department of Police Service

Regina Winters
Interim Executive Director
Housing Authority of New Haven

City of New Haven Homeless Advisory Commission

MEMBERS

Gary F. Spinner, Chair

Khalid Lum

Diane Ecton

Jessica Leight

Joanne Goldblum

Maureen Novak

Noel A. Hogan, III

Marion Spigener

Antwone Hoskie

Verelda Wilson

Alderwoman Joyce Chen (2-G)

Alderman Edward Mattison (10-D)

EX-OFFICIO

Ronald Manning
Community Services Administration

Andrew Rizzo
Livable Cities Initiative
(Designee: Nilda Torres)

STAFF

John Huettner
Community Services Administration

Report authored by Holt, Wexler and Farnam, LLP

The New Haven Ten Year Plan to End Chronic Homelessness

Executive Summary

In the fall of 2004, Mayor John DeStefano, Jr. requested that the City of New Haven Homeless Advisory Commission develop a ten year plan to end chronic homelessness in New Haven. A Steering Committee, which included more than 20 traditional and non-traditional stakeholders, met multiple times over the spring and summer of 2005 to draft the plan. The planning process built on the New Haven Continuum of Care's extensive data collection, and was supplemented by focus groups with homeless people that were facilitated by homeless and previously homeless individuals. The planning group also held a community forum with over 75 community members to get additional input into the Plan.

The Ten Year Plan outlines the strategies that the City of New Haven and a wide range of community partners will need to take over the next decade to end chronic homelessness in our community. It is an ambitious agenda, and one that can only be achieved through a concentrated regional effort, a significant commitment of federal and state dollars, and the work of many groups all focused on the ultimate goal.

Who Are the Chronically Homeless?

The federal government defines the chronically homeless as “unaccompanied individuals with a disabling condition, who have either been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years.”¹ The New Haven Steering Committee believed that the federal definition was too narrow because it excluded families, a growing percentage of the homeless population in our city. Thus, this plan focuses on both individuals and families who have either been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years.

According to the 2004 homeless count conducted in New Haven, there are 1,113 homeless in the City of New Haven. Twenty-three percent of this population (252 individuals) meets the federal definition of chronic homelessness. This number understates the problem, given that it does not count families, who comprise 44% of the total homeless population in our City.

Many of those who are chronically homeless have substance abuse issues and mental illness, as well as frequent histories of hospitalization, unstable employment, and incarceration. While the Steering Committee recognized the importance of addressing the needs of all homeless or near homeless individuals and families in New Haven, they focused their planning efforts on the long-term homeless population in large part because this group consumes a disproportionate amount of costly resources. Addressing the needs of this group will free up resources for other homeless groups, such as veterans, individuals living with HIV and AIDS, and victims of domestic violence, and for more prevention-oriented efforts.

¹ Federal Register/Vol. 69, No. 94, Friday, May 14, 2004/Notices, 26951

What are their Service Needs?

As part of the planning process, members of the Columbus House Leadership Group conducted six focus groups with 59 homeless individuals. When asked about the factors contributing to their homelessness, 50% cited either the lack of a job or of income to support housing costs; 34% cited substance abuse issues; and 16% attributed their homelessness to family issues.

The dominant service need cited by the participants was simply an affordable place to live. Beyond that, they cited needs for counseling and support groups for persons with less severe mental health needs and problems related to life pressures as opposed to substance abuse. They also cited a need for jobs that provide a living wage. The need for more employment opportunities, at a living wage, was underscored by participants in the community forum as well.

Many focus group participants felt that many of the root causes of their homelessness were not being addressed because many services are only available to people who meet multiple criteria (e.g., people who have both a mental illness and substance abuse issue). Participants indicated that there is also a need for more case management assistance to help people get connected to services.

The 2003 Homeless Count also asked homeless individuals about their service needs. Over 50% of the chronically homeless population identified the following seven service needs: income, insurance, mental health services, basic needs, medical care, substance abuse treatment, and vocational services.

Guiding Principles

This plan offers specific recommendations to accomplish the ambitious goal of ending chronic homelessness in New Haven. To guide its work, the Steering Committee developed the following set of principles that describe its core beliefs. These beliefs are reflected in the strategies that comprise the plan:

- No one should be homeless.
- Homeless persons and families should be provided housing with services available, but they should not be required to utilize these services as a condition of housing (the “housing first” philosophy).
- Services should be offered along a continuum and in a holistic, coordinated way.
- There is “no wrong door.” Homeless individuals and families should be able to access housing and services regardless of how they enter the system.
- Homeless individuals and families should be involved in decisions about their service options.
- Homelessness is not just a “New Haven” issue, but a regional issue. Solutions should also be regional.
- Resources should be enhanced to expand prevention efforts.

- Ending chronic homelessness is both about securing new resources as well as using existing resources differently.
- The plan should contain challenging, albeit realistic, strategies that will truly address the issue of chronic homelessness.

Priorities for Action

The Steering Committee developed a comprehensive plan with goals, strategies, and outcomes. Some of these strategies will require significant new investment, while other strategies will not require new dollars, but rather changing how agencies and organizations conduct their work. This document highlights five priorities that the Committee recommended for implementation during the next five years. The full plan, which includes additional strategies, is attached as Appendix B. These recommendations build on the wide array of services and resources already available in New Haven.

Priority #1: Expand permanent supportive housing opportunities.

- a. Create 392 units of supportive housing for the long-term homeless in New Haven by 2015 (360 units for individuals, 32 units for families). The estimated annual cost to provide 392 units is \$5.7 million per year.
 - i. Link supportive services to existing federally-supported housing to create 175 units in partnership with the Housing Authority of New Haven.
 - ii. Create the remaining 217 units of supportive housing for the chronically homeless through new construction and conversion of existing units.
 - iii. Finance supportive housing through state bonding, federal Low Income Housing Tax Credits, Section 8 housing subsidies, private financing from local banks, and local business and philanthropic support.
 - iv. Tap supportive housing funding included in State's FY2005-06 budget.
 - v. Approach Habitat for Humanity to develop "sweat-equity" projects that allow homeless individuals to build supportive housing specifically for the chronically homeless.
 - vi. Work with the other Connecticut communities developing similar plans (including Hartford, Bridgeport, and Danbury) to approach DMHAS, DSS and DPH to expand the Medicaid case management dollars currently administered by DMHAS.
- b. Expand security deposit assistance to more homeless families and individuals who have located housing but cannot afford the required security deposit.
 - i. Work with landlord groups to establish a deposit loan pool supplemented by donations and housing-related court fines.

Next Steps

These steps outline the immediate work that needs to be undertaken to begin to implement Priority #1:

- The Homelessness Steering Committee will establish a detailed workplan to create the new units of supportive housing. The workplan will include development goals, timelines, and financing strategies. The workplan will include specific steps outlining how the HANH will convert existing units and expand use of Section 8 vouchers for supportive housing.
- The Homelessness Steering Committee will seek the assistance of Habitat for Humanity to develop “sweat equity” projects that allow homeless individuals, providers, and advocates to build supportive housing specifically for the chronically homeless, in a concept similar to the WomenBuild project.
- The Homeless Advisory Commission will reach out to the other large urban areas in Connecticut to create an ad-hoc planning group to approach DMHAS, DSS and DPH to expand the Medicaid case management dollars currently administered by DMHAS.
- The Homeless Advisory Commission will approach DSS to expand security deposit assistance to more homeless families and individuals who have located housing but cannot afford the required security deposit.
- The Homelessness Steering Committee will work with landlord groups to establish a security deposit loan pool supplemented by donations and housing-related court fines.

Priority #2: Expand employment opportunities for persons who are homeless.

- a. Create new partnerships to integrate a strong employment focus into all local efforts to engage and serve the long-term homeless population.
- b. Secure additional state and federal resources to expand employment services, particularly in connection with supportive housing.
- c. Increase the involvement of the local business community.

Next Steps

These steps outline the immediate work that needs to be undertaken to begin to implement Priority #2:

- Convene through the Homeless Steering Committee and the Workforce Alliance the primary employment services funders to strengthen the partnership with employment services providers serving the homeless and those at risk of long-term homelessness. The charge for this Work Group will be to (1) define and remove systemic barriers to accessing available services; (2) build new funding partnership that flexibly cover the full spectrum of needed services; and (3) facilitate and encourage service partnerships between sectors in the employment services and homeless services worlds.
- The Homeless Steering Committee and the regional legislative delegation should work with the Commissioners of DMHAS and DOC in particular to seek an expansion of funds committed to comprehensive, integrated employment services for this population beyond the Next Steps and Building Bridges initiatives.
- The Homeless Advisory Commission, working with partners such as the Chamber of Commerce and the Regional Leadership Council, should develop presentations on the Ten Year Plan for business leaders and service clubs (e.g., Rotary, etc.) to engage

employers directly in hiring candidates from the employment services programs serving this population. Consideration should be given to enlisting employers into a sustained, named partnership for this purpose.

Priority #3: Strengthen efforts to prevent chronic homelessness.

- a. Work with the other large urban areas to ensure that state agencies invest more resources in ensuring that individuals involved in their systems do not exit into homelessness, or lack the services that could help prevent homelessness.

Department of Corrections

- i. Ensure no one is discharged from the correctional system without a housing plan in place based on pre-release planning that starts well in advance of release
- ii. Initiate Supplemental Security Income (SSI) advocacy and application/reinstatement for all eligible inmates prior to release
- iii. Expand financing for reentry services

Department of Mental Health and Addiction Services (DMHAS)

- iv. Increase its investment in securing affordable supportive housing
- v. Increase case management services for mental health clients leaving DMHAS treatment programs
- vi. Work closely with emergency shelter operators to relocate all shelter residents in their care, whether for mental health or substance abuse treatment, to permanent affordable housing

Department of Children and Families (DCF)

- vii. Help finance additional units of supportive housing for families under their supervision
- viii. Invest additional resources into helping youth develop a housing and services plan prior to their exit from the system
- ix. Finance additional transitional and permanent housing for these youth
- x. Change the current DCF policy which states that a youth who declines further supports upon leaving DCF custody at age 18 cannot go back into the DCF system for assistance, should he or she change his mind.

Department of Social Services (DSS)

- xi. Ensure that families exiting the TFA program are prepared to succeed in the housing market.
- xii. Increase DSS funding for New Haven's shelter services so that local funds can be redirected to prevention.
- xiii. Change Department policy so that individuals who are eligible for entitlements have their eligibility status put on "hold" (rather than terminated) when they are incarcerated so that it is easier to reinstate their benefits upon release

Local hospitals

- xiv. Connect homeless patients, or patients at-risk of homelessness with case managers and the homeless service system upon entry to the hospital so that the person has a place to go upon discharge
- b. Help at-risk households remain stably housed by improving access to supportive services through expanded case management and providing emergency assistance.
 - i. Examine existing case management services to identify areas of duplication and ineffectiveness; make specific recommendations about how to better use existing case management resources to prevent homelessness.
 - ii. Secure additional funding for case management. Funding possibilities include Medicaid, which will pay for targeted case management services.
 - iii. Increase coordination with services provided by the Veterans Administration and local non-profits to maximize the utilization of mainstream resources for homeless veterans.
 - iv. Expand funding for the Eviction and Foreclosure Prevention Program run by Community Mediation.
 - v. Promote the development of a plan by City and local agencies to expand access by homeless individuals and families to specialized services, both mainstream and community-based, such as disability, HIV/AIDS, youth programs, and programs for the developmentally disabled.

Next Steps

These steps outline the immediate work that needs to be undertaken to begin to implement Priority #3:

- The Homeless Advisory Commission will reach out to the other large urban areas in Connecticut to create an ad-hoc planning group to advocate with state agencies to invest more resources in ensuring that individuals and families involved in their systems do not exit into homelessness, or lack the services that could help prevent homelessness.
- The Homelessness Steering Committee will work with local hospitals to connect homeless patients or patients at-risk of homelessness with case managers and the homeless service system upon entry to the hospital so that the person has a place to go upon discharge.
- The Homelessness Steering Committee will examine existing case management services to identify areas of duplication and ineffectiveness and make specific recommendations about how to better use existing case management resources to prevent homelessness.
- The Homelessness Steering Committee will work to secure additional funding for case management services.
- The Homelessness Steering Committee will work with the U.S. Department and State Department of Veterans' Affairs and local non-profits to maximize the utilization of mainstream resources for homeless veterans.

- The Homelessness Steering Committee will develop a plan, in partnership with local agencies, to expand access by homeless individuals and families to specialized services, both mainstream and community-based, such as disability, HIV/AIDS, Veterans’ services, youth programs, and programs for the developmentally disabled.

Priority #4. Engage in public policy and public awareness efforts to address the barriers that contribute to chronic homelessness.

- a. Work with elected officials at the local and state level to change policies that serve as barriers to ending chronic homelessness.
 - i. Create a workgroup to pursue policy changes in concert with the City’s legislative delegation.
 - ii. Identify and address other policies at the local and state levels that are contributing to homelessness or standing in the way of people moving out of homelessness.
 - iii. Work with leaders other Connecticut communities developing similar plans (including Hartford, Bridgeport, and Danbury) to align where possible and advance this agenda with state agencies.
- b. Educate and engage regional citizens and organization in the effort to end chronic homelessness.
 - i. Support existing education campaigns, such as Partnership for Strong Communities and the New Haven Continuum of Care.
 - ii. Reach out to and involve non-traditional audiences such as the business community.

Next Steps

These steps outline the immediate work that needs to be undertaken to begin to implement Priority #4:

- Under the leadership of the Homeless Advisory Commission, create a workgroup to pursue policy changes in concert with the City’s legislative delegation and community providers.
- The Policy Workgroup will identify and address other policies at the local and state levels that are either contributing to homelessness or standing in the way of people moving out of homelessness.
- The Homeless Advisory Commission will reach out to the other large urban areas in Connecticut to create an ad-hoc planning group to discuss desired policy changes at the state level and to advance this agenda with state agencies.
- The Homelessness Steering Committee will work with Interfaith Cooperative Ministries and Community Mediation to sponsor a series of conversations about homelessness through the Dialogue Project.
- The Homeless Advisory Commission will explore specific ways to support existing education campaigns, such as Partnership for Strong Communities and the New Haven

Continuum of Care, with a particular emphasis on ways to reach and engage the business community.

- The Homeless Advisory Commission will develop a summary document of the Ten Year Plan to share with the broader public (ideally with photos, vignettes about homeless people in New Haven, and easy-to-read text).

Priority #5. Strengthen mechanisms for planning and coordination to support implementation of the plan.

- a. Create the infrastructure to implement the plan.
 - i. Create a Homelessness Steering Committee that includes regional representatives under the City’s Community Services Administration to develop a detailed action plan for implementation
 - ii. Ensure that the Homelessness Advisory Commission provides oversight for the plan’s implementation, working at the policy and strategic level.
- b. Create a centralized database to promote information sharing and service coordination.
 - i. Integrate the Homeless Management Information System with other relevant databases, such as the City’s database on shelter usage.
 - ii. Maintain real-time information on the availability housing and services, eligibility requirements, and application processes
 - iii. Develop a common application process across service providers

Next Steps

These steps outline the immediate work that needs to be undertaken to begin to implement Priority #5:

- Create a Homelessness Steering Committee under the City’s Community Services Administration to develop a detailed action plan for implementation.
- The Homelessness Steering Committee will work with the New Haven Continuum to integrate the Continuum of Care’s Homeless Management Information System (HMIS) with other relevant databases, such as the City’s database on shelter usage.
- The Homelessness Steering Committee will work with the New Haven Continuum and other service providers to develop a common application process across service providers.

Resources Needed

Some of the strategies included in this Plan are costly. Others are not and will instead require other kinds of resources, such as leadership and political support, to become reality. The detailed action plan for implementation to be developed by the Homelessness Steering Committee will include cost estimates for the initiatives contained in this plan. However, we

know that the strategies in the Plan are wise investments – of funds, time, and energy – that will improve the lives of the homeless individuals and families in our city, and, ultimately, will save money for New Haven, the region, and the State.

The New Haven Ten Year Plan to End Chronic Homelessness

BACKGROUND

In 2003, the federal government adopted a goal to eliminate chronic homelessness within ten years and called upon the nation's cities to adopt plans to make this goal a reality. Initially a challenge from the National Alliance to End Homelessness, the federal government, the Interagency Council on Homelessness, and the U.S. Conference of Mayors have all embraced this goal.

In the fall of 2004, Mayor John DeStefano, Jr. requested that the City of New Haven Homeless Advisory Commission develop a ten year plan to direct the City's response to this ambitious goal. Recognizing that any successful effort to address these issues must involve the entire New Haven community, the Mayor and Homeless Advisory Commission invited a broad range of stakeholders – both traditional and non-traditional – to participate on a Steering Committee to develop *The New Haven Ten Year Plan to End Chronic Homelessness*. The Steering Committee met six times over the spring and summer of 2005 to develop the plan. The planning process built on the extensive data collection work conducted annually by the New Haven Continuum of Care, and was supplemented by six focus groups with 59 homeless people that were facilitated by homeless and previously homeless individuals. In addition, the Steering Committee sponsored a community forum in July 2005 to solicit input on the plan from the wider community. The forum drew over 75 participants.

The plan outlines the strategies that the City of New Haven and a wide range of community partners will need to take over the next decade to end chronic homelessness in our community. It is an ambitious agenda, and one that can only be achieved through a concentrated regional effort, a significant commitment of federal and state dollars, and the work of many groups all focused on the ultimate goal. The New Haven community will also join forces with the other Connecticut communities developing similar plans (including Hartford, Bridgeport, and Danbury) to secure changes in state policies and priorities required to implement the plans.

Despite significant efforts the City and its partners have made to reduce homelessness in New Haven over the years, the number of homeless families and individuals is still too high. This plan provides a framework for changes in programs, policies, and practices that can, over the next ten years, end chronic homelessness and contribute to the overall economic and social viability of the city and the entire region.

WHO ARE THE "CHRONICALLY HOMELESS"?

The federal government defines the chronically homeless as "unaccompanied individuals with a disabling condition, who have either been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years."² The New Haven Steering Committee believed that the federal definition was too narrow because it excluded families, a growing percentage of the homeless population in our city. Thus, this plan focuses on both

² Federal Register/Vol. 69, No. 94, Friday, May 14, 2004/Notices, 26951

individuals and families who have been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years.

There are 1,113 homeless persons in New Haven, based on a comprehensive count coordinated through the New Haven Continuum of Care, the entity that coordinates planning for applications to HUD for SuperNOFA funding for homeless services. Of these 1,113, 45% are children and youth. Table 1 provides detailed information about New Haven’s homeless population.

New Haven’s homeless population is similar to the city’s general population in its racial and ethnic diversity, with similar proportions of the racial and ethnic groups represented. The city’s homeless population consists of several subgroups. An understanding of the characteristics of each subgroup has helped the Committee design its strategies.

Table 1. New Haven’s Homeless Population

Part 1: Homeless Population	Total
1. Homeless Individuals	627
2. Homeless Families with Children	172
2a. Persons in Homeless Families With Children	486
Total (1 + 2a)	1,113
Part 2: Homeless Subpopulations	Total
Chronically Homeless	252
Severely Mentally Ill	197
Chronic Substance Abuse	387
Veterans	112
Persons with HIV/AIDS	223
Victims of Domestic Violence (estimated)	118 single females 271 persons in fam.
Youth (Under 18 years)	499

Source: 2004 Continuum of Care Application

- **Transitional homeless:** These are individuals or families who have been homeless for one year or less. The transitional homeless population consists of the working poor (45% of shelter users), victims of domestic violence and/ or divorce and passers-through (mostly single men).
- **Chronically homeless:** The chronic homeless population has an average age in the early 40s, and includes those with frequent histories of hospitalization, unstable employment, and incarceration. New Haven’s Homeless Count identified 247 chronically homeless individuals in 2003 and 252 in 2004. These numbers may be an underestimate, as they do not take into account individuals who have had four episodes of homelessness within a three-year period. It also does not include families. New Haven’s chronic homeless population can be subdivided into individuals with special needs, substance abusers, individualists, and recently released/paroled felons (see box below).
- **Youth:** Unaccompanied homeless adolescents and young adults often come from situations of family violence, abuse and neglect. Runaway and “throwaway” youth are particularly fearful of authorities and service agencies legally mandated to report their whereabouts.
- **Families:** Families account for approximately 45% of the total homeless population. Some parents (especially single parents) are wary of outside interventions and the risk of losing children through assessments of parental neglect. Children over the age of five are mandated to attend elementary school; frequent moves often require changes in school placement and create additional instability for homeless children. Parents receiving services for domestic violence have concerns related to personal safety and are cautious about revealing personal information.

According to shelter providers, women are the fastest growing group of homeless individuals. Detailed demographic and other data on the homeless population are included in Appendix A.

Who are the Chronically Homeless?

Individuals with Special Needs:

- Those with mental illness, often dually diagnosed with addiction and physical disabilities.
- Use shelter services intermittently over long periods of time.
- Individuals who fail to meet eligibility requirements utilize emergency shelters during transition between treatment and placement.
- Individuals who fail to meet HUD qualifications (i.e. those with less severe mental illness) become long-term shelter users.

Substance Abusers:

- Make up 80% of New Haven's sheltered homeless, and many remain in shelter system for extended periods of time.
- Often overlap with special needs population due to correlation between mental illness and substance abuse.
- Difficult to engage as many are in denial of their addiction(s).
- Includes subpopulations of Vietnam veterans and individuals with correctional histories.
- Outreach and engagement process can take several years.

Individualists:

- Most vulnerable and hard to reach homeless population.
- Consists mostly of single men, and an increasing number of single women and women with children, who have been traumatized from past experiences such as war or stays in mental institutions.
- Group often refuses shelter stays and other social supports; only go to shelters on the year's coldest days or to obtain identification.
- Reside in hidden outdoor locations (i.e. under bridges) and often suffer from drug abuse or mental illness.

Released/Paroled Felons:

- During recent years, the largest statewide number (over 2,000) of released and paroled felons has been dropped off annually in New Haven.
- Those lacking local or regional family ties remain in shelters for extended period.
- Due to felony record, group has difficulty securing jobs and affordable housing.

WHAT ARE THE NEEDS OF THE CHRONICALLY HOMELESS?

As part of the planning process for the Ten Year Plan, members of the Columbus House Leadership Group facilitated six focus groups with individuals who are homeless. There were 59 participants in the focus groups. 77% of participants had been homeless more than a year, with 25% homeless more than three years (median two years). 36% receive disability income (SSI) and 13% are employed. Only 31% listed their last town of residence as New Haven, with 19% from other South Central Connecticut towns, 28% from the rest of Connecticut (three from New London), and 21% from out of state. The median age of participants was 41.

Focus group participants filled out brief surveys in which they described factors contributing to their homelessness: 50% cited either lack of a job or of income to support housing costs; 34% cited substance abuse issues, and 16% attributed their homelessness to family issues.

The dominant service need cited by the participants was an affordable place to live. Beyond that, they cited needs for counseling and support groups for persons with less severe mental health needs and problems related to life pressures as opposed to substance abuse. They also cited a need for jobs that provide a living wage. The need for more employment opportunities, at a living wage, was underscored by participants in the community forum as well.

Many focus group participants felt that many of the root causes of their homelessness were unaddressed due to restrictions on services designed to target their availability, which require people to meet multiple criteria before accessing them. There was a general feeling that there is a need for more case management assistance to help people get connected to services – the current staff are overwhelmed by the demand.

The homeless count conducted in 2003 also asked homeless individuals and families about their service needs. These self-reported service needs are detailed in Table 2. Subgroup numbers above in Table 1 also suggest needs for services such as substance abuse and mental health treatment. All chronically homeless could benefit from skilled, comprehensive case management to assist them in accessing the wide array of services that are available in the community that could support efforts to avoid continued homelessness.

Table 2. Self-reported Service Needs

Area	Unduplicated responses (n=962)	Single Adults and Youth (n=541)	Chronically Homeless (n=247)	Families (n=174)
Income	67% (632)	65% (349)	77% (191)	61% (107)
Insurance	57% (553)	56% (302)	68% (168)	57% (99)
Mental health	55% (525)	56% (304)	65% (161)	39% (68)
Basic needs	57% (552)	55% (297)	60% (149)	75% (131)
Medical	49% (468)	51% (274)	60% (148)	30% (53)
Substance Abuse	48% (460)	51% (278)	59% (145)	20% (34)
Vocational	51% (494)	51% (274)	59% (144)	54% (94)
Legal	29% (279)	30% (164)	33% (81)	23% (40)
Family, child services	22% (211)	16% (88)	17% (42)	56% (97)

Source: New Haven Homeless Count 2003

Housing Needs

Homelessness results from many factors, including low-paying jobs, addictions, and mental illness, according to a 2001 survey by the U.S. Conference of Mayors. But the leading reason for homelessness, according to the survey, is a lack of affordable housing.³ According to the 2000 Census, 35,937 households in the region (17% of all households) and 13,744 households in New Haven (30% of all households) are low-income and paying more than 30% of their income for housing costs (the federal standard for defining excessive housing cost burden).

The lack of affordable housing in the region has been exacerbated since 2000 as the housing market has heated up and the number of assisted units has declined. Sales prices of one-to-four family structures in New Haven have increased 109% between 2000 and 2004, driven by the demand of both homeowners and investors and the relative affordability of housing compared to other markets. According to state figures, the number of assisted units in the region has declined

³ U.S. Conference of Mayors (2001). *A Status Report on Hunger and Homelessness*.

by 12% from 2001 to 2004, with the total in the towns outside New Haven dropping faster than in New Haven.⁴

The HUD Fair Market Rent for the New Haven area was \$903 for a two bedroom apartment in 2004. The estimated wage required to support the fair market rent is \$17.37 per hour.⁵ As another measure of the need, the Housing Authority of New Haven currently has a waiting list of 434 applicants for its efficiency apartments; of those, more than 15% list their current address as a homeless shelter.⁶

The City of New Haven has done much to address the affordable housing issue, providing 15,838 units of assisted or deed-restricted housing, 56% of the regional total. With 30% of the City's housing stock already in assisted units, the City is focusing its housing efforts primarily on affordable home ownership to stabilize its neighborhoods and on renovation and preservation of affordable rental housing.

Recognizing that the lack of affordable housing is a regional issue – and will require a regional solution – the City is also working with other towns in the region to participate more in meeting the region's need for affordable housing. In 2003, the South Central Council of Governments (COG) convened a Housing Choice Task Force to examine the need for affordable housing in the region. In 2004, the Council adopted the resulting report, *Regional Housing Market Assessment*, which recommends goals for affordable housing, including the Reaching Home Goals related to permanent affordable housing, and calls for a range of actions to implement the recommendations. The COG is seeking to develop some units of housing as a demonstration to show that affordable housing can be produced in a way that accommodates the needs of each community.

The chronically homeless comprise a subset of those in need of affordable housing. The Committee relied on data from the New Haven Continuum of Care and the statewide Reaching Home Campaign to define the need for housing for individuals and families who are homeless. New Haven's support resources for homeless services are also drawn upon by individuals and families from the Greater New Haven region. Approximately 30% of the homeless served in New Haven are from outside the city, another sign of the regional nature of this issue.

CURRENT SERVICES FOR HOMELESS IN NEW HAVEN

New Haven is fortunate to have a well-developed array of services that are available to homeless individuals and families. Examples of these services include rental assistance, emergency housing funds, landlord-tenant training programs, assistance for individuals with mental illness and/or addiction issues to help retain housing, and outreach and engagement services for people with severe mental illness, chronic substance abuse, youth, and people living with HIV/AIDS who are homeless or at risk of becoming homeless. Additional types of services include temporary, transitional, and permanent housing, case management, job training and placement services, assessment and referral, alcohol and drug abuse treatment (detox, residential, out patient), mental health treatment (in/out patient), addiction and recovery supports, HIV/AIDS services (case management, primary care, housing, transportation, counseling, etc.), education, child care,

⁴ Connecticut Department of Economic and Community Development, Affordable Housing Appeals List, 2001-2004, <http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=249724&ecdNav=>

⁵ National Low Income Housing Coalition, *Out of Reach*, 2005.

⁶ Personal correspondence, M. Novak, HANH, 7/1/2005.

transportation, parenting skills, youth services, mentoring, leadership training, legal services, veteran's services, and domestic violence services.

That these services are available is due in large part to the considerable expertise and creativity among New Haven service providers who work with this population. In the 2004 New Haven Continuum application to HUD, the group identified a total of \$38.5 million in services devoted to serving homeless individuals and families or preventing homelessness (Table 3). While this is not an exhaustive list of the resources devoted to this population, it does reflect the significant costs associated with homeless services. The challenge facing our community is to move these funds from services that address the *effects* of homelessness to services which *prevent* homelessness.

Table 3 Estimated Resources Devoted to Services to Homeless Individuals and Families, 2003

	HUD Projects	Match for HUD Projects	Other Resources	Total	%
Health & Mental Health Services					
Health Services		687,470	1,680,000	2,367,470	6%
Mental Health and Substance Abuse Services		3,368,481	2,708,260	6,076,741	16%
Subtotal		4,055,951	4,388,260	8,444,211	22%
Housing Services					
Emergency Housing		2,987	5,314,455	5,317,442	14%
Transitional Housing	1,515,732	4,455,575	903,995	6,875,302	18%
Permanent Supportive Housing	1,598,998	427,063	2,150,000	4,176,061	11%
Other Housing		-	3,113,730	3,113,730	8%
Subtotal	3,114,730	4,885,625	11,482,180	19,482,535	51%
Other Services					
Alternative to Detention			2,687,125	2,687,125	7%
Basic Needs		25,650	60,000	85,650	0%
Outreach & Engagement		282,478	2,319,420	2,601,898	7%
Case Management	171,113	1,715,129	650,000	2,536,242	7%
Employment Services		515,500	1,715,245	2,230,745	6%
Family Support Services		200,200		200,200	1%
Subtotal	171,113	2,713,307	4,684,665	7,569,085	20%
Grand Total	3,479,435	11,680,533	23,302,230	38,462,198	100%

Source: New Haven Continuum of Care, 2004 Application

Included within this total is \$3.6 million the City of New Haven provided from local funding and \$452,000 from Community Development Block Grant funding (for a total of \$4.1 million) to augment the other federal, state, and private funding that supports services for homeless families and individuals.

In recent years, the organizations that provide services for the homeless have made a concerted effort to work in a more collaborative fashion. The New Haven Continuum of Care has been at the forefront of this push toward coordination, bringing together a subset of the region's homeless service providers for joint problem-solving. While there has been considerable progress toward improved coordination of services, there is still much work to be done. This need to work

together more effectively (and efficiently) was recognized in the planning process and is captured both in the guiding principles of the plan as well as the strategies.

In the six focus groups with homeless individuals, participants provided their opinions about what is and is not working in services for the homeless and shared their ideas for solutions. Participants recognized the advances in service delivery in New Haven in recent years and were very specific about what is working well. They cited a number of agencies and specific programs, like Shelter Plus Care and vocational programs, that provide essential services and supports in the areas of shelter, housing, food, treatment, and employment. The importance of good case managers at programs like Columbus House and Connecticut Mental Health Center was stressed.

On the question of what is not working, participants cited the difficulties in finding out exactly what services are available, negotiating complicated eligibility and other program requirements, and then facing waiting lists or other impediments to access. Seemingly arbitrary and inconsistent administration of program requirements was a source of frustration. The largest concern was a lack of affordable housing and of employment to provide the income to secure housing. With respect to the service system for those who are homeless, the lack of coordination and information on services and coordination across services was cited. Many complained that the staff or agencies serving them are overworked and in some cases poorly trained, often treating clients with disrespect.

Participants put forward a wide range of solutions for consideration, ranging from very specific tactics like providing plain language guidance in all literature and eliminating credit check fees for apartments, to providing access to vacant or abandoned buildings for them to renovate and live in, learning a trade in the process. Other ideas included more employment services, better transportation, increased advocacy for the homeless, and efforts to organize the homeless to do more for themselves and advocate for systems change. The participants welcomed the chance to voice their opinions and were eager to offer their suggestions and to get engaged.

While New Haven does have many services for homeless individuals and families, there are still many needs that are not being addressed, as evidenced by the data presented above. Thus, the Ten Year Plan focuses on building on the strengths of the community – the existing effective programs, the expertise of service providers, and the growing commitment to work collaboratively – to accomplish the goal of ending chronic homelessness.

WHY FOCUS ON THIS POPULATION?

While the Steering Committee recognized the importance of addressing the needs of all homeless or near homeless individuals and families in New Haven, regardless of the duration or intensity of their homelessness, they focused their planning efforts on the long-term homeless population for several reasons:

- This group consumes a disproportionate amount of costly resources.
- Addressing the needs of this group will free up resources for other homeless groups, such as veterans, individuals living with HIV and AIDS, and victims of domestic violence, and for more prevention-oriented efforts.
- This group is in great need of assistance and special services.

- Chronic homelessness has a visible impact on the community’s safety and attractiveness.
- Because the chronically homeless comprise a smaller sub-population, they present a more finite and manageable set of issues that can, through concerted effort, be addressed.
- New Haven has a group of highly skilled organizations prepared to address this issue effectively.

It is anticipated that the strategic directions and proposed outcomes that are outlined in this plan will also have a positive effect on those who do not fit the definition of long-term homeless, but are homeless for a shorter period of time or are at imminent risk of becoming homeless.

GUIDING PRINCIPLES

This plan offers specific recommendations to accomplish the ambitious goal of ending chronic homelessness in New Haven. To guide its work, the Steering Committee developed the following set of principles that describe its core beliefs. These beliefs are reflected in the strategies that comprise the plan:

- No one should be homeless.
- Homeless persons and families should be provided housing with services available, but they should not be required to utilize these services as a condition of housing (the “housing first” philosophy).
- Services should be offered along a continuum and in a holistic, coordinated way.
- There is “no wrong door.” Homeless individuals and families should be able to access housing and services regardless of how they enter the system.
- Homeless individuals and families should be involved in decisions about their service options.
- Homelessness is not just a “New Haven” issue, but a regional issue. Solutions should also be regional.
- Resources should be enhanced to expand prevention efforts.
- Ending chronic homelessness is both about securing new resources as well as using existing resources differently.
- The plan should contain challenging, albeit realistic, strategies that will truly address the issue of chronic homelessness.

PRIORITIES FOR ACTION

The Steering Committee has developed a comprehensive plan to end chronic homelessness in New Haven over the next ten years. The plan includes four goals, with recommended strategies and activities for each goal, and short-term, intermediate, and long-term desired outcomes. The detailed plan document is included as Appendix B.

Recognizing that the plan would need to be phased in over time, the Steering Committee selected five priorities on which to focus during the first five years. These priorities build on successful

local efforts, incorporate the best practices of innovative programs across the nation that have proven successful, and will help accomplish the goals outlined in the plan.⁷

This section highlights the Committee's **five key priorities** for the New Haven community to focus on and address in the first five years. While some of these recommendations will require significant investment, failing to act also has significant cost.

The four goals and priorities for action in the Ten Year Plan are:

Goal 1. Improve access to, and coordination of, housing and services for homeless individuals and families.

- Expand permanent supportive housing opportunities. **(Priority #1)**
- Expand employment opportunities who are homeless or at risk of long-term homelessness. **(Priority #2)**

Goal 2. Strengthen efforts to prevent people from becoming homeless. (Priority #3)

- Prevent people from becoming homeless when they leave institutional care.
- Help at-risk households remain stably housed by improving access to supportive services through expanded case management and providing emergency assistance.

Goal 3. Engage in public policy and public awareness efforts to address the barriers that contribute to chronic homelessness. (Priority #4)

- Work with elected officials at the local and state levels to change policies that serve as barriers to ending chronic homelessness.
- Educate and engage regional citizens and organizations in the effort to end chronic homelessness.

Goal 4. Strengthen mechanisms for planning and coordination to support implementation of the plan. (Priority #5)

- Create the infrastructure to implement the plan.
- Create a centralized database to promote information sharing and service coordination.

⁷ A growing body of best practices literature informs the ideas of this document. Many of these can be found at the National Alliance to End Homelessness at www.endhomelessness.org/best/

Priority #1. Expand permanent supportive housing opportunities

Supportive housing is affordable permanent housing that offers residents a range of services to enable individuals with a variety of challenges, such as mental illness, drug addiction, or low literacy levels, to remain stably housed. Services can be located on-site, or offered through visiting social service agencies. The housing is permanent in that there is no “end date” by which a person must leave. The length of stay is up to the individual or family – there is no time limitation as long as the tenant is in lease compliance. Supportive housing has as its primary purpose helping an individual or family to live independently in the community and to meet the obligations of tenancy. While participation in services is encouraged, it is not a condition of tenancy. There are currently 620 units/beds of permanent supportive housing in New Haven, 60% of which are for individuals and 40% for families.⁸

The Steering Committee identified the creation of more supportive housing as the most important step in ending long-term homelessness in New Haven. This emphasis on increasing the supply of supportive housing reflects the Steering Committee’s commitment to the “housing first” philosophy. This approach assumes that the factors that have contributed to a household’s homelessness can best be remedied once the household is housed.⁹

*A **housing first** approach seeks to help individuals and families exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services.*

Supportive housing is a cost-effective solution to chronic homelessness that has proven benefits for tenants and communities. In 1993, The Corporation for Supportive Housing joined forces with the State of Connecticut, housing developers, and human services providers to create the Connecticut Supportive Housing Demonstration Program. This initiative produced 281 units of service-enriched permanent housing for homeless and at-risk populations.

The Connecticut Supportive Housing Demonstration Program, researched by the University of Pennsylvania Health System in 2002, substantiated the success of supportive housing:

- Tenants decreased their utilization of restrictive and expensive health services. For example, the study found that the cost of Medicaid-funded inpatient health and behavioral health care provided to tenants dropped by 71 percent from two years prior to three years after they entered the housing. This decrease can lead to significant savings: supportive housing costs, on average, \$36 per person per day, compared to over \$1,200 per day in some cases for inpatient hospital care.¹⁰
- Tenants increased their usage of less expensive ongoing and preventive health care.
- Tenants reported high levels of satisfaction with all aspects of the housing and services.
- Tenant income increased, on average from \$500 to \$639 per month.

⁸ 2005 Continuum of Care application.

⁹ National Alliance to End Homelessness (2000). *A plan: Not a dream. How to end homelessness in ten years.* Washington, DC: Author.

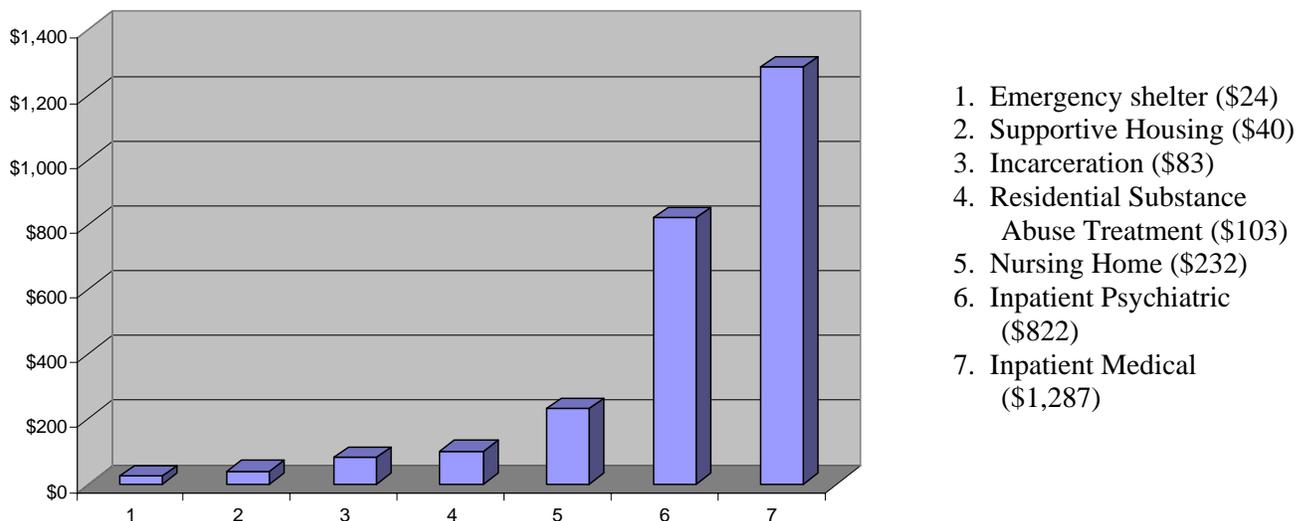
¹⁰ Corporation for Supportive Housing Reaching Home Steering Committee (June 2004). *Reaching Home: Ending Long-Term Homelessness in Connecticut.*

- Two-thirds of tenants reported being employed or in education and training programs.
- Property values increased by more than 30 percent in eight of the nine neighborhoods after the projects were built.
- The majority of neighbors and nearby business owners reported that their neighborhoods looked better or much better than before the projects were built.
- Development of the projects yielded \$72 million in direct and indirect economic and fiscal benefits to Connecticut communities.

Research from supportive housing programs in other states confirms the cost-effectiveness of supportive housing. A comprehensive New York study tracked almost 5,000 homeless adults with severe mental illness through hospitals, psychiatric centers, outpatient clinics, correctional facilities, emergency shelters and supportive housing, and found that it costs about the same to provide supportive housing as it does to leave someone with a chronic or severe illness homeless – with much better results.¹¹ Services to the subset of chronically homeless individuals with complex needs can cost many times more than supportive housing.

The New Haven Plan does **not** recommend an expansion of emergency shelter. Rather, the emphasis is on creating more supportive housing to encourage more rapid re-housing of homeless families and individuals, and hopefully, less long-term use of the shelter system. The full plan (see Appendix B) recognizes the role of transitional housing in addressing the needs of some to the chronically homeless (e.g., sober houses). However, the primary emphasis over the next several years will be the acquisition, production, and operation of permanent supportive housing.

Cost per Day of Connecticut Supportive Housing vs. Alternative Settings for Homeless Consumers¹²



¹¹ Dennis P. Culhane, et.al., “The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative,” Housing Policy Debate, a Journal of the Fannie Mae Foundation, May 2001.

¹² Source: Partnership for Strong Communities, Reaching Home Campaign. “We can end homelessness as we know it.” Cost estimates on pages 8 and 14.

A. Create 392 additional units of supportive housing for chronically homeless individuals and families in the City of New Haven by 2015.

The statewide *Reaching Home* plan has estimated the need for supportive housing throughout the state; in the South Central region (which encompasses New Haven), *Reaching Home* has established a goal of developing 1,615 new supportive housing units, of which 980 would be for long-term homeless households. Based on the estimates for the region, the New Haven Plan recommends the creation of 392 new units of supportive housing in New Haven over the next ten years. The bulk of these units would be for individuals (360), with the remaining 32 units designated for families. Members of the Steering Committee most familiar with the issues of homeless families indicated that 32 units is a low number, based on the need that they see in the community. Additional supportive housing is needed regionally and the effort in New Haven should be one part of a larger regional approach to reach the regional goal of 1,615 additional units of supportive housing for individuals and families. It is very clear that New Haven alone cannot meet the needs of the homeless in our region.

Creating units through partnerships. One of the primary ways to create these additional units in New Haven is to link existing federally-supported housing with supportive services. The Housing Authority of New Haven (HANH) has agreed to set aside Section 8 vouchers that can be used for supportive housing for people who are chronically homeless and is very open to discussing the conversion of existing units into supportive housing or the development of new units. In either case, these units would be connected to supportive services through the expansion of the existing pilot supportive housing program operating at Ruoppolo Manor in partnership with ALSO/Cornerstone and the Connecticut Mental Health Center. The partnership with the HANH is expected to produce 175 units of supportive housing for the chronically homeless over the next ten years and builds on the HANH's previous commitment to supportive housing.¹³

While the partnership with the HANH will make a significant contribution to the supply of supportive housing, it will not be sufficient to meet the goal of 392 units for the chronically homeless over 10 years. Thus, the City, through its Livable City Initiative, and in partnership with the Corporation for Supportive Housing, non-profit housing developers and state and federal agencies, will devote resources toward the creation of an additional 217 units of supportive housing for the chronically homeless through new construction and conversion of existing units. Housing types could include single room occupancy residences, as well as project-based and scattered-site units for both individuals and families. Some portion of this housing will need to be available to homeless ex-offenders, who are barred from federally-funded housing due to their conviction records. While scattered site units will likely all be for chronically homeless, the goal is that units in new and rehabilitated multi-unit structures would be integrated with other affordable units. The City's property inventory is a resource that can be used to develop more supportive housing. While each project is planned according to its own circumstances, the *Reaching Home* plan envisions on average a third of the units in a given development would be for persons with service needs. For example, the Cedar Hill development has 50% of the units reserved for persons with service needs, however all residents have access to services if needed.

¹³ In 2000, the HANH committed 100 vouchers for supportive housing; they are supporting approximately 50 units at present. The 175 units in the plan would be over and above the existing commitment for 100.

The units in New Haven should be developed in close coordination with regional efforts to meet the overall goal of 981 supportive housing units for the long term homeless contained in the Housing Task Force report adopted by the Council of Governments in 2004. That report recommended that the regional partnership formed as a result of the study work with *Reaching Home* and other partnerships and organizations within the region to develop strategies to meet the 10 year production targets for permanent supportive housing in the region. It cited the first step as recognizing the creation of supportive housing as an important component of the overall goal for promoting affordable housing in the South Central Connecticut region.

Financing the housing units. The new units will be developed with financing provided through state bonding, federal Low Income Housing Tax Credits, Section 8 housing subsidies, private financing from local banks, and local business and philanthropic support. Another source of support is the state's expansion of supportive housing funding. The total cost will depend on the mix of newly constructed units and existing units converted to supportive housing use. Using the figure of \$40 per day for the cost of providing supportive housing (including the annual costs of capital costs, operating costs, and supportive services), the annual cost of providing the full 392 units would be approximately \$5.7 million per year. Much of this amount could be made up through a combination of costs avoided in other programs as a result of the stability provided by supportive housing (e.g. prisons, hospitals, psychiatric facilities, emergency rooms) and increased federal reimbursements for Medicaid.

Funding for the first 500 units of the Reaching Home plan is included in the FY06-07 budget, and will be made available through requests for proposals (or requests for qualifications) that will be issued by the State and the Connecticut Housing Finance Authority in 2005. The FY06-07 State budget includes \$1.8 million in State funding for supportive services and \$4.2 million in State operating support, which will support over \$27 million in capital financing through CHFA. The funding will support projects serving chronically homeless adults, homeless families, and young adults transitioning from youth systems, as well as other households needing decent, safe, affordable housing. However, the State has not yet indicated how this money will be distributed; New Haven will work to ensure that the City receives its fair share of this funding.

Other measures that will support the development of additional supportive housing include reviewing and potentially revising the city's zoning and building code policies to encourage the creation of a variety of permanent supportive housing types while preserving the health and safety of residents and surrounding neighborhoods. One of the reason recent supportive housing projects have taken so long to complete has been opposition from neighbors. There is a need to work with communities to understand that supportive housing is not something to be feared, but that it can be a positive addition to the neighborhood.

The Homelessness Steering Committee will approach Habitat for Humanity to supplement these projects with "sweat-equity" projects that allow homeless individuals to build supportive housing specifically for the chronically homeless, a specific recommendation that emerged from the focus groups with consumers. In addition, service providers and developers in New Haven will be encouraged to continue to take advantage of the intensive technical assistance program, "One Step Beyond," provided by the Corporation for Supportive Housing. Several groups from New Haven have been trained and are moving forward in their efforts to develop more supportive housing.

Supportive housing providers have been creative in securing both funding and in-kind service commitments to provide the supportive services to their residents. Resources are drawn from

existing programs and special funds. One significant resource that is underutilized at present is the provision within the state Medicaid program for targeted case management for clients of DMHAS. This program can leverage additional federal funds to support case management components within supportive housing and to prevent homelessness in general for persons with mental health diagnoses. The City will work with the other Connecticut communities developing similar plans (Hartford, Bridgeport, and Danbury) to approach DMHAS, DSS and DPH to expand the Medicaid case management dollars currently administered by DMHAS.

B. Expand security deposit assistance to more homeless families and individuals who are ready to go into permanent housing, but cannot afford the required security deposit.

There are homeless families and individuals who are ready to move to permanent housing, but do not have the ability to pay the required security deposit, which often equals or exceeds two months' rent. Providing additional funding to programs that offer security deposit assistance is a relatively low-cost way to help homeless individuals and families take that next step toward permanency. Currently, the Homelessness Intervention Program managed by Community Mediation, Inc. is only able to offer a maximum of \$500 in security deposit assistance, which is generally not enough to cover even one month's rent. Given the enormous demand in the community for help with security deposits, program managers would like to be able to provide individual households with more assistance, and estimate that they could serve twice as many households (increasing from 70 to 140), if more funding were available.

This is a relatively low-cost intervention which makes a significant difference in the lives of those who are on the path out of homelessness. The New Haven Plan recommends working with landlord groups to establish a security deposit loan pool supplemented by donations and housing-related court fines. The Connecticut Department of Social Services, which also administers a security deposit assistance program, is asked to play an expanded role in supporting these efforts, which are central to its mission of preventing homelessness.

Next Steps

These steps outline the immediate work that needs to be undertaken to translate the Ten Year Plan from paper to reality.

- The Homelessness Steering Committee will establish a detailed workplan to create the new units of supportive housing. The workplan will include development goals, timeline, and financing strategies. The workplan will include specific steps outlining how the HANH will convert existing units and expand use of Section 8 vouchers for supportive housing.
- The Homelessness Steering Committee will seek the assistance of Habitat for Humanity to develop "sweat equity" projects that allow homeless individuals, providers, and advocates to build supportive housing specifically for the chronically homeless, in a concept similar to the WomenBuild project.
- The Homeless Advisory Commission will reach out to the other large urban areas in Connecticut to create an ad-hoc planning group to approach DMHAS, DSS and DPH to expand the Medicaid case management dollars currently administered by DMHAS.

- The Homeless Advisory Commission will approach DSS to expand security deposit assistance to more homeless families and individuals who have located housing but cannot afford the required security deposit.
- The Homelessness Steering Committee will work with landlord groups to establish a security deposit loan pool supplemented by donations and housing-related court fines.

Priority #2. Expand employment opportunities for persons who are homeless or at risk of long-term homelessness.

A root cause of homelessness is a lack of income resulting from un- or under-employment. This condition is often associated with disabling conditions such as mental illness or substance abuse, as well as other barriers to employment such as lack of skills, lack of child care or lack of transportation. In the New Haven focus groups, homeless participants stressed their interest in securing good jobs. About half attributed their homelessness to a lack of employment or insufficient income from underemployment.

New Haven has a well-developed employment services network, supported through funding from the Workforce Alliance (the regional Workforce Investment Board for South Central Connecticut), DMHAS, DOC, Empower New Haven, and the Bureau of Rehabilitative Services. These organizations and their contractors have extensive experience working with persons with multiple barriers to employment using several evidence-based models. Some of these services are limited to people with specific diagnoses, such as the DMHAS programs which work with persons with substance abuse and mental health issues, conditions found in an estimated 60% of the long-term homeless. Other programs focus on individuals who are coming out of incarceration, such as the Building Bridges initiative, expanded investment in programming at the regional Alternative Incarceration Program, and the Connecticut Reentry Program (CRP), all of which include a strong focus on employment.

Successful employment services for those at risk of or experiencing chronic homelessness require a long-term commitment of resources in order to provide ongoing support for individuals once they have been placed in a job. Because resources are limited, the demand for employment services in New Haven outstrips the supply, leading to waiting lists and delays in services. For example, while DMHAS employment services have been successful in working with dual diagnosed individuals at risk of long-term homelessness, there are about 100 people on the waiting list at any point in time, with new entrants facing a wait of approximately six months. There is also some resistance in the system to devoting the level of effort that providers feel is necessary to attain positive outcomes with people facing multiple barriers to employment.

The disconnect between the treatment, housing, and employment services systems hinders effective service delivery. Providers are beginning to address this issue by trying to integrate employment services with the work of other service providers. For example, a working group that includes DMHAS and the Corporation for Supportive Housing is working to provide more integrated and effective employment services in the New Haven region. As part of this effort, staff at the housing facilities, including case managers, and the New Haven Continuum agencies have been trained so that they are aware of the employment services that are available and how to connect their clients to these services. However, based on interviews with providers and funders, there is still more that needs to be done to ensure that the different programs are communicating

and working together to address the comprehensive employment needs of the long-term homeless across the continuum from engagement to pre-employment services to job retention. The challenge is to secure the resources to continue and expand effective practices, to connect employment services more strongly to the local employer community, to integrate services across “siloed” service systems, and to continually monitor and refine their execution.

Strategies

A. Create new partnerships to integrate a strong employment focus into all local efforts to engage and serve the long-term homeless population.

The workforce investment system has many moving parts. The first priority in expanding employment services to the long-term homeless will be to make the primary funders and providers of employment services fully aware of the needs of the homeless and to make homeless services providers and operators of supportive housing fully aware of the services available through the Connecticut Works One-Stop system overseen by the Workforce Alliance – connecting the several funding and operating agencies. Opportunities and services specific to veterans that are struggling with chronic homelessness should be included as part of this information.

The Corporation for Supportive Housing and a work group of the five Connecticut Workforce Investment Boards recently held an invitational conference on workforce services for persons with disabilities to highlight these issues and address the disconnects in the system. A goal emerging from this conference is to build the capacity of the One-Stop system to better address both the service needs of persons with disabilities as well as to take a lead in addressing planning and systemic issues, fulfilling their statutory role overseeing the workforce system.¹⁴

Agencies providing employment services will need to work together with the other service providers to integrate a strong employment focus into all efforts to engage and serve this population. By working together at a systems level, these new partners can ensure that strategies are connected to meet people’s needs across all phases from initial engagement through to economic stability. Program design guidelines, outcome measures and performance measures must take into account the realities of working with this population (e.g. the need for a long-term service plan) to ensure the continuous improvement of services.

¹⁴ There are federal agencies and resources willing to assist in this effort, particularly the Office of Disability Employment Policy (ODEP) at the US Department of Labor (<http://www.dol.gov/odep/welcome.html>) and the federal Veterans Administration.

This new partnership approach can:

- Assist State agency leadership and staff in identifying and addressing systemic issues that sometimes hinder progress in achieving strong outcomes for individuals;
- Serve as the vehicle for a deeper connection to the local employer community; and
- Engage a network of community supports to nurture positive directions for homeless persons that will be important to success, including faith-based organizations, community associations, and strengthened family ties.

Leadership in building this partnership should come from the Workforce Alliance, the Connecticut Bureau of Rehabilitation Services, DMHAS, and service providers.

B. Secure additional state and federal resources to expand employment services, particularly in connection with supportive housing.

Our community has been refining its approach to employment services to prepare persons who are homeless for productive employment, place them in jobs, and support their retention of those jobs. The challenge is to expand local capacity to serve more people. The Ten Year Plan challenges state and regional funders of employment services, particularly DMHAS and DOC, to expand resources devoted to employment services to eliminate long waiting lists for effective programs and challenges local service providers to secure new resources from available sources. For example, under the recent Request for Qualifications for the DMHAS Next Step Initiative, providers of supportive housing are encouraged to focus on employment outcomes through direct services and through partnership with other community resources.

Regional providers should seek to maximize funding for employment services from this and other federal, state, and private sources dedicated to the issues of prisoner reentry, mental health, substance abuse, and homelessness.

C. Increase the involvement of the local business community.

Placement of persons with multiple barriers to employment into jobs paying living wages is a constant challenge. Local employment services providers and the local business community need to work together in partnership to strengthen their connections and increase the job placement rates and rates of pay. The Greater New Haven Chamber of Commerce, represented on the Task Force, is well-positioned to lead this effort in light of their strong connections to large and small employers as well as their role along with the Chambers from Meriden and Middletown as the primary business job development contractor for the Workforce Alliance's One-Stop Career Center. The message to the employer community is not only to meet their pressing labor demands with individuals who are backed by highly competent service providers, but also to increase the quality of life in the region.

Next Steps

These steps outline the immediate work that needs to be undertaken to translate the Ten Year Plan from paper to reality.

- Convene through the Homeless Steering Committee and the Workforce Alliance the primary employment services funders to strengthen the partnership with employment services providers serving the homeless and those at risk of long-term homelessness. The charge for this Work Group will be to (1) define and remove systemic barriers to accessing available services; (2) build new funding partnerships that flexibly cover the full spectrum of services needed; and (3) facilitate and encourage service partnerships between sectors in the employment services and homeless services worlds.
- The Homeless Steering Committee and the regional legislative delegation should work with the Commissioners of DMHAS and DOC in particular to seek an expansion of funds committed to comprehensive, integrated employment services for this population beyond the Next Steps and Building Bridges initiatives.
- The Homeless Advisory Commission, working with partners such as the Chamber of Commerce and the Regional Leadership Council, should develop presentations on the Ten Year Plan for business leaders and service clubs (e.g., Rotary, etc.) to engage employers directly in hiring candidates from the employment services programs serving this population. Consideration should be given to enlisting employers into a sustained, named partnership for this purpose.

Priority #3. Prevent people from becoming homeless by improving options for people leaving institutional care and improving access to supportive services for at-risk households.

Research – and common sense – stress the importance of prevention in ending chronic homelessness. A growing literature on best practices for preventing homelessness shows that earlier interventions increase opportunities for successful interventions. When housed families and individuals are threatened with homelessness, interventions should concentrate on keeping them housed. When homeless individuals are institutionalized, hospitalized or otherwise treated, they should not be allowed to become or remain homeless when treatment is complete. It is more humane, and more cost-effective, to keep people housed and in stable life situations than it is to provide services after they have lost their housing and are experiencing significant instability in their lives.

Local and national research indicate that there are key points when individuals and families are most vulnerable to homelessness. By focusing increased resources on these times of transition and vulnerability, we can limit the number of people who become chronically homeless over the next 10 years. The New Haven Plan focuses on these key transition points as part of its emphasis on prevention.

One of the major barriers to providing additional prevention services is the lack of funding. The New Haven Plan is based on the recognition that new dollars for this work are limited and that existing resources will have to be used differently and more effectively to accomplish the goal of preventing chronic homelessness. However, the Plan also calls on the State of Connecticut to share the burden of shelter costs in New Haven, as the State currently does in Bridgeport and Hartford. In FY2005, the State is providing \$1,924,500 for shelter services in Hartford and only \$923,900 in New Haven. The City of New Haven has made a public commitment, which is

reiterated in this Plan, that if the State provides funding for shelter services in New Haven equal to the amount provided to Hartford and Bridgeport, the City would continue the same level of local investment in homeless services. However, the local investment would be shifted from shelter costs to prevention. This would equate to approximately \$1 million additional funding annually for sorely needed prevention services.

Key Strategies

A. Prevent people from becoming homeless when they leave institutional care, such as jail, prison, hospitalization, treatment and foster care by requiring such institutions to develop permanent housing plans prior to release and establishing clear responsibility for the implementation of these plans in the community.

The New Haven Ten Year Plan calls on state agencies to take greater responsibility for the populations they serve by doing more with their resources to prevent homelessness. This has been identified as a key recommendation because at least 30 percent of adults using emergency shelter in Connecticut, and likely a higher percentage of the chronically homeless, come directly from other state-funded programs and facilities.¹⁵ Specifically, the plan identifies the need for the Departments of Corrections, Children and Families, Mental Health and Addiction Services, and Social Services to invest more resources in ensuring that individuals and families involved in their systems do not exit into homelessness, or lack the services that could help prevent homelessness. New Haven and the other large cities in Connecticut cannot continue to bear the burden of people discharged from state institutions and programs with no plan for their successful re-entry into the community.

Department of Corrections (DOC). New Haven receives the largest number of individuals released from the corrections system of any community in the state (2000+ annually). According to the New Haven Continuum of Care, many of these individuals “leave prison with no entitlements, no housing, no employment, fractured family relationships and no facilitation of linkages to community programs.”¹⁶ As a result, they often find their way into the shelter system.

The New Haven Ten Year Plan calls for the City’s Homeless Advisory Commission and other homeless advocates to continue to support the City’s work with the Department of Corrections so that no one is discharged from the correctional system without a housing plan in place

The City has worked with the Department of Corrections over the last two years to improve the re-entry process. The New Haven Ten Year Plan calls for the City’s Homeless Advisory Commission and other homeless advocates to continue to support the City’s work in this arena so that no one is discharged from the correctional system without a housing plan in place based on pre-release planning that starts well in advance of release. It is critical that individuals in the corrections system be connected with community-based services prior to their release so that they have a support system that is ready for them upon their return to the community. In addition, the

¹⁵ Reaching Home report. Results of monthly surveys conducted by the Connecticut Coalition to End Homelessness from October 1, 2001 to February 28, 2002, indicated that at least 30 percent of the adults served in emergency shelters during that period came directly from other State-funded programs (inpatient substance abuse or mental health treatment facilities, prisons, jails, and acute care hospitals) and private acute care hospitals.

¹⁶ Continuum of Care 2005 Application Summary Exhibit I.

plan calls on DOC to initiate Supplemental Security Income (SSI) advocacy and application/reinstatement of this federal benefit for all eligible inmates prior to release and to expand financing for reentry services, including assistance in obtaining housing and employment, to reduce the number of people returning to the community without housing and at risk of recidivating.

The Connecticut State Department of Labor's (DOL) Veterans Program has secured a grant from the US DOL for the Incarcerated Veterans' Transition Program, where DOL Vet Reps will in-reach to prisons, beginning six months before release and assist veterans with work readiness and discharge planning. The intent of this grant under the homeless Veterans' Reintegration Program is the prevention of homelessness by veterans upon release from prison. This resource should be applied to veterans returning from prison to New Haven.

Department of Mental Health and Addiction Services (DMHAS). Many of the chronically homeless are current or former clients of DMHAS. DMHAS has developed and implemented a policy required as a condition of receipt of McKinney Funds, which specifies that "each patient treated in a Department of Mental Health facility shall have a specialized treatment plan suited to his or her disorder...which shall include a discharge plan for appropriate aftercare of the patient." This plan calls on DMHAS to increase its investment in securing affordable supportive housing and employment and in continued case management for mental health clients leaving its treatment programs to prevent homelessness. DMHAS must also work closely with emergency shelter operators to relocate all shelter residents in their care, whether for mental health or substance abuse treatment, to permanent affordable housing. The shelters are not the proper environment for recovery to occur and thus leaving persons with these conditions in the shelters undermines DMHAS's efforts. The Connecticut Mental Health Center (CMHC) is the local mental health authority in New Haven and will work with the Homelessness Steering Committee on these issues.

Department of Children and Families (DCF). There are multiple ways DCF could help prevent homelessness. One way is for DCF to provide the resources for supportive housing to help families stay together. Keeping families together in housing that helps contribute to their stability could help reduce "after-the-fact" interventions that take such a toll on children and their parents and result in large expenses for the state agency, and ultimately, taxpayers. This plan calls on DCF to help finance additional units of supportive housing for families under their supervision.

In addition, DCF should view foster care discharge within the framework of homelessness prevention. As described in the Reaching Home report by the Corporation for Supportive Housing, there is an overrepresentation of people with a foster care history in the homeless population. People with a foster care history also tend to become homeless at an earlier age, and remain homeless longer than those who do not have a foster care history. Currently, close to 300 children in State custody reach age 18 each year and "age out" of the Department of Children and Families (DCF) system. Many have no place to go upon leaving the system. The New Haven plan posits that the State of Connecticut, which is responsible for removing children from their families, must also be held responsible for discharging these children to positive outcomes.

To that end, New Haven's plan calls on the DCF to invest additional resources into helping youth develop a housing and services plan prior to their exit from the system and to finance additional transitional and permanent housing for these youth; this plan should connect youth to the existing service structure in New Haven. In addition, the Ten Year Plan recommends changing the current

DCF policy which states that a youth who declines further supports upon leaving DCF custody at age 18 cannot go back into the DCF system for assistance, should he or she change his mind. Youth should be allowed “back in” to the system as a way to prevent chronic homelessness.

Department of Social Services (DSS). The Department of Social Services administers both the Temporary Family Assistance (TFA) program and various programs providing emergency financial, housing, and social supports. DSS is the main funder of shelter services in cities other than New Haven and supports several eviction prevention and emergency housing assistance programs. The plan calls on DSS to ensure that families exiting the TFA program are prepared to succeed in the housing market. As highlighted earlier in this section, DSS provides more funding for shelter services in other localities than in New Haven (e.g., \$1,924,500 for shelter services in Hartford vs. \$923,900 in New Haven) forcing the City to appropriate over \$1,000,000 in local tax dollars for emergency shelter services. The Ten Year Plan calls on DSS to provide funding for shelter services in New Haven on the same basis as funding provided to Hartford and Bridgeport to cover the cost of emergency shelter services, thus enabling the City to continue the same level of local investment in homeless services, but to shift these resources to prevention. DSS should also change its policy regarding eligibility for entitlements while individuals are incarcerated. Currently, an individual who is incarcerated loses their eligibility status for entitlements such as SAGA, food stamps, and medical care. They have to reapply for these benefits upon release and because of the length of time required for processing, they often experience a several-month delay before they can access these services again. Rather than terminate their eligibility and require them to apply again upon their release, DSS should put a “hold” on their eligibility, which can be removed upon their release from prison and would ensure that individuals do not have a significant delay in their ability to access food, income, and medical care.

Creating these changes within large bureaucracies may require the involvement of the legislature. The Ten Year Plan recommends that the City of New Haven work through its legislative delegation to change the policies and practices of the Department of Corrections and the Department of Children and Families.

Local Hospitals. The plan also recommends that the local hospitals connect homeless patients, or patients at-risk of homelessness, with case managers and the homeless service system upon entry to the hospital so that the person has a place to go upon discharge. Research studies illustrate the significant cost-savings that could be achieved if this population were attached to preventive services, thus avoiding costly future visits to the hospital.

Current case management services will either need to be redirected, or additional resources secured for new case management, to address the needs of individuals coming out of all of institutions described above. Two local and relatively new efforts, the Building Bridges initiative, a community collaboration funded through a special state appropriation, and the redesigned Project MORE Alternative Incarceration Center working closely with the Probation Department, provide models on which to build when working to offer enhanced prevention measures to those involved with the correctional system. Both efforts provide additional case management and supportive services to individuals involved with the corrections systems.

B. Help at-risk households remain stably housed by improving access to supportive services through expanded case management and providing emergency assistance.

While supportive services, tied to permanent housing, are needed to enable the chronically homeless population to leave homelessness, supportive services are also essential for individuals and families who are at risk of homelessness. We aim to target supportive services to help persons before they lose their housing and become homeless. According to a 2002 needs assessment conducted by the Yale Program on Poverty, Disability, and Urban Health, among elderly and disabled residents of the Housing Authority of New Haven (HANH), 21-26% of residents suffer from behavioral health disabilities (mental health and/or substance abuse). Providing supportive services will help our community to use these permanent housing resources effectively and, most importantly, will help residents to maintain their housing and live independently and effectively in their communities.

Case management. The New Haven Plan recognizes the value of case management services for people at-risk of homelessness, in large part because case management is a key aspect of creating “wraparound” services, namely services that are integrated and coordinated to avoid gaps and duplication of services. There are already many organizations and agencies that provide case management services within New Haven. The Ten Year Plan recommends a further examination of the existing case management services to identify areas of duplication and ineffectiveness in order to make specific recommendations about how existing case management resources could be better used to prevent homelessness. There also needs to be more coordination among state agencies regarding case management; for example, the Department of Corrections currently releases mentally ill individuals from prison without connecting them to case management services from the Department of Mental Health and Addiction Services. Additional funding will also be needed to ensure that prevention services are available for all who need them.

One source of funding is Medicaid, which will pay for targeted case management services. DMHAS is asked to ensure effective case management and service provision for its client population to prevent recurrence of homelessness. Another possibility is to increase coordination with services provided by the Veterans Administration and local non-profits to maximize the utilization of mainstream resources for homeless veterans. In addition, the Plan recommends exploring other possible federal and state funding sources to expand the supportive services that are available.

Financial assistance. Households at risk of homelessness often also need financial and legal resources designed to prevent eviction. One such program that provides these services is the Eviction and Foreclosure Prevention Program, run by Community Mediation, Inc. The Eviction Prevention Program works with people who are still in their homes, but are in imminent danger of becoming homeless. The Program offers case management services, mediates agreements between tenants and landlords, and provides State-funded Rent Bank assistance to keep people in their homes. These prevention services are targeted to those in greatest need: those who earn less than 60% of the state median income (which translates into approximately \$46,264 for a family of four) and who are not spending more than 60% of their income on rent (if they are spending more than 60% of their income in rent, it is not considered a sustainable living arrangement, even with eviction prevention assistance).

The Ten Year Plan calls for increased funding for this and similar programs in order to serve more of the households in need. The Plan also recommends that the Eviction Prevention Program track who does not qualify for this type of assistance and why they are not eligible in order to better understand who is being served and to connect those not served to other services. The Connecticut Department of Social Services is asked to play an expanded role in supporting these efforts, which are central to its mission of preventing homelessness.

The plan calls on the City and local agencies to develop and implement a plan to expand access by homeless individuals and families to specialized services, both mainstream and community-based, such as disability, HIV/AIDS, Veterans' services, youth programs, and programs for the developmentally disabled. DSS has recently worked with the Community Action Agencies across the state and the 211 Infoline information and referral system to create the Human Services Infrastructure (HSI). HSI serves as a one-stop place for access to all state entitlements and community resources and is just now gearing up. Emergency housing assistance and eviction prevention as well as streamlined access to specialized services are critical, cost-effective interventions within this system.

Next Steps

These steps outline the immediate work that needs to be undertaken to translate the Ten Year Plan from paper to reality.

- The Homeless Advisory Commission will reach out to the other large urban areas in Connecticut to create an ad-hoc planning group to advocate with state agencies to invest more resources in ensuring that individuals and families involved in their systems do not exit into homelessness, or lack the services that could help prevent homelessness.
- The Homelessness Steering Committee will work with local hospitals to connect homeless patients or patients at-risk of homelessness with case managers and the homeless service system upon entry to the hospital so that the person has a place to go upon discharge.
- The Homelessness Steering Committee will examine existing case management services to identify areas of duplication and ineffectiveness and make specific recommendations about to better use existing case management resources to prevent homelessness.
- The Homelessness Steering Committee will work to secure additional funding for case management services.
- The Homelessness Steering Committee will work with the U.S. Department and State Department of Veterans' Affairs and local non-profits to maximize the utilization of mainstream resources for homeless veterans.
- The Homelessness Steering Committee will develop a plan, in partnership with local agencies, to expand access by homeless individuals and families to specialized services, both mainstream and community-based, such as disability, HIV/AIDS, Veterans' services, youth programs, and programs for the developmentally disabled.

Priority #4. Engage in public policy and public awareness efforts to address the barriers that contribute to chronic homelessness.

While changes at the local level – such as improvements in communication and coordination, reallocation of funds to priority areas, and the expansion of effective programs – are all an important part of ending chronic homelessness in New Haven, changes at the local level are, in and of themselves, not enough to eradicate chronic homelessness in the next ten years. Homelessness is a state and regional issue (not to mention a national issue) and as such, will require changes in state policy and funding priorities. In order to create these policy changes, there needs to be greater awareness among the citizens, businesses, and other organizations in the region about the human costs of homelessness, as well as the societal costs of not taking action. While changing people’s attitudes is a long-term process, other social issue campaigns (such as MADD’s efforts to stop drunk driving, or the campaign against smoking) have shown that it can be done.

Strategies

A. Work with elected officials at the local and state level to change policies that serve as barriers to ending chronic homelessness.

As described earlier in this document, there are key policies and practices that should be changed within key state agencies to ensure that people do not exit the corrections system or the state’s custody into homelessness. The specific areas requiring concerted action, drawn from this plan and the discussions of the Committee, include the following:

Department	Actions
Department of Corrections	<ul style="list-style-type: none"> • Provide pre-release planning such that all inmates released have a housing plan • Expand community-based services and supports for prisoners returning to New Haven, including housing and employment services
Department of Mental Health and Addiction Services	<ul style="list-style-type: none"> • Include housing support in discharge plans for clients under the care of DMHAS • Secure housing for DMHAS clients living in shelters • Expand targeted case management using Medicaid reimbursement both to provide support to supportive housing residents and to prevent homelessness among DMHAS clients • Expand employment services provided to clients as a critical aspect of recovery and prevention of homelessness, and review narrow admission criteria which limit the reach of services.
Department of Social Services	<ul style="list-style-type: none"> • Expand and publicize the Eviction Prevention Program • Commit State Section 8 units for supportive housing • Support expanded use of Medicaid funds for targeted case management

Department	Actions
	<ul style="list-style-type: none"> • Provide for equitable funding for New Haven shelter costs to free up City resources for investment in prevention • Enable individuals who are eligible for entitlements to have their eligibility status put on “hold” (rather than terminated) when they are incarcerated so that it is easier to reinstate their benefits upon release
Department of Children and Families	<ul style="list-style-type: none"> • Develop housing plans for all youth aging out of the DCF foster care system • Expand availability of housing supports for these youth • Support the development of additional supportive housing for families under their supervision

The plan calls for the creation of a workgroup to pursue these policy changes, in concert with the City’s legislative delegation and community providers, and to identify and address other policies at the local and state level that are either contributing to homelessness or standing in the way of people moving out of homelessness. New Haven leaders will work with leaders in the other Connecticut communities developing similar plans (Hartford, Bridgeport, and Danbury) to align where possible and advance this agenda with state agencies. New Haven will also seek to have a municipal representative added to the State Interagency Council on Supportive Housing and Homelessness.

B. Educate and engage regional citizens and organization in the effort to end chronic homelessness.

The plan calls for supporting public awareness efforts to highlight the human face of homelessness, the costs of not addressing the issue, and the solutions that we know work. One possible public education effort is to work through the Dialogue Project sponsored by Interfaith Cooperative Ministries and Community Mediation to increase people’s awareness by creating meaningful dialogue opportunities with those who are homeless. This increased awareness of the very human face of homelessness could also make neighborhoods more receptive to the development of supportive housing in their communities.

New Haven should also seek ways to become more actively involved in the information campaigns currently underway in the area and across the state. For example, the statewide organization Partnership for Strong Communities has already developed materials, presentations, and media pieces for its *Reaching Home* campaign, which calls for the creation of 10,000 new units of supportive housing in Connecticut in 10 years. The New Haven Continuum of Care also has ongoing communication and media efforts which should be supported. Working with members of the Steering Committee that developed this plan, these outreach efforts could be enhanced by connecting to “non-traditional,” but key, audiences such as the business community.

Next Steps

These steps outline the immediate work that needs to be undertaken to translate the Ten Year Plan from paper to reality.

- Under the leadership of the Homeless Advisory Commission, create a workgroup to pursue policy changes in concert with the City’s legislative delegation and community providers.
- The Policy Workgroup will identify and address other policies at the local and state levels that are either contributing to homelessness or standing in the way of people moving out of homelessness.
- The Homeless Advisory Commission will reach out to the other large urban areas in Connecticut to create an ad-hoc planning group to discuss desired policy changes at the state level and to advance this agenda with state agencies.
- The Homelessness Steering Committee will work with Interfaith Cooperative Ministries and Community Mediation to sponsor a series of conversations about homelessness through the Dialogue Project.
- The Homeless Advisory Commission will explore specific ways to support existing education campaigns, such as Partnership for Strong Communities and the New Haven Continuum of Care, with a particular emphasis on ways to reach and engage the business community.
- The Homeless Advisory Commission will develop a summary document of the Ten Year Plan to share with the broader public (ideally with photos, vignettes about homeless people in New Haven, and easy-to-read text).

Priority #5. Strengthen mechanisms for planning and coordination to support implementation of the plan.

Developing this written plan is only the first step in ending long-term homelessness in New Haven. While this effort has required contributions of time and energy from many members of our community, the real work lies ahead. In this section, the plan outlines the specific strategies that will be needed to ensure that the plan becomes reality: strong leadership, accountability, good data collection and information sharing.

Strategies

A. Create the infrastructure to implement the plan.

The Mayor’s Homeless Advisory Commission has taken the lead on developing The New Haven Ten Year Plan to End Chronic Homelessness. This body, which includes representatives from the City, the Board of Aldermen, the Housing Authority, service providers, and consumers, will assume oversight responsibilities for the plan, with staff support from the City. One of Commission’s primary responsibilities will be to provide annual updates to the Mayor and the broader community regarding the progress made in implementing the Plan’s recommendations. At the five-year mark (2010), the Commission will give an in-depth status report on the key recommendations and indicate what, if any, changes need to be made to the plan to ensure success over the remaining five years of the plan. The Commission’s responsibilities are at the policy and strategic level.

The Community Services Administration (CSA) within City Hall, working in partnership with the Commission, will be accountable for implementation of the plan's recommendations. CSA will establish a Homelessness Steering Committee to focus on implementation. Specifically, the Steering Committee, working as a whole and possibly in workgroups, will develop a detailed action plan that outlines specific activities, the timelines, and who is responsible for the recommendations included in the Ten Year Plan. This detailed action plan will be developed over the next six months.

The Homelessness Steering Committee will include local providers and advocates, as well as representatives from the region and relevant state agencies. Successful implementation of the Ten Year Plan will require continued collaboration with the New Haven Continuum of Care, the South Central Council of Governments, the Connecticut Mental Health Center, and the many other organizations and agencies that are providing services to New Haven's homeless and near-homeless population. The Homelessness Steering Committee will provide quarterly progress reports to the Homeless Advisory Commission.

B. Create a centralized database to promote information sharing and service coordination.

The New Haven Continuum is in the early stages of implementing a Homeless Management Information System (HMIS), a database that allows providers to track and share (within established privacy guidelines) information about homeless clients and the services they receive. This database will have full participation of HUD-funded programs by December 2005. Other organizations that do not receive HUD funding, but are serving the homeless population, have also been invited to participate in the HMIS. The City of New Haven maintains a database to track services in shelters it funds.

To encourage sharing across agencies and across funding sources, The New Haven Ten Year Plan recommends integrating the HMIS with other relevant databases, such as the City's database on shelter usage. Having a centralized database would help avoid duplication in services, improve access to care, standardize information gathering, improve service coordination, decrease repetitive information gathering and improve access to mainstream resources for homeless/near homeless citizens. Ideally, the HMIS system will be able to serve as a clearinghouse that provides real-time information on the availability housing and services, eligibility requirements, and application processes. A longer-term strategy is to develop a common application process across service providers to streamline the process and reduce barriers for consumers.

The Ten Year Plan recommends that future local policies and plans, such as the City's Consolidated Plan, reflect a strong commitment to ending homelessness by supporting the development of additional supportive housing, the provision of additional wraparound services, advocacy and public awareness efforts, and strong data collection, sharing, and planning mechanisms that will be required.

Next Steps

These steps outline the immediate work that needs to be undertaken to translate the Ten Year Plan from paper to reality.

- Create a Homelessness Steering Committee under the City’s Community Services Administration to develop a detailed action plan for implementation.
- The Homelessness Steering Committee will work with the New Haven Continuum to integrate the Continuum of Care’s Homeless Management Information System (HMIS) with other relevant databases, such as the City’s database on shelter usage.
- The Homelessness Steering Committee will work with the New Haven Continuum and other service providers to develop a common application process across service providers.

CONCLUSION

This plan provides an opportunity for the New Haven and regional community to unite in action to eliminate chronic homelessness in our community through strategic, coordinated action which engages the strengths of all sectors. Many of the resources required to address this issue already exist within the community – some need to be shifted from treatment to prevention, some need to be recaptured from ineffective strategies, and some just need to be tapped. The Committee has identified the roadmap to this ambitious goal that is definitely within our reach. The challenge to all involved is to maintain a consistent focus on the outcomes, establish clear accountability for delivering them, monitor our progress, and continually adjust our strategies to ensure that all our scarce resources are invested wisely.

Appendix A

Ten Year Plan to End Chronic Homelessness Summary of Relevant Data and Statistics

Overall Homeless Population:

Table 1. Homeless Population

	2003	2004
Individuals	788	627
Persons in homeless families (adults and children)	517	486
Total homeless population	1,305	1,113
Children and youth	462	499

(Source: 2003 Homeless Count / 2004 New Haven Continuum of Care Application)

- New Haven's homeless population is diverse and consists of several subgroups: the transitionally and the chronically homeless, youth, and families. New Haven's resources are also drawn upon by a third group: the near-homeless.

New Haven Homeless Count 2003:

- In 2003, New Haven Homeless Count conducted a thorough evaluation and estimate of New Haven's homeless population through a week-long collection of survey responses.
- Received 1,050 completed surveys from 10 types of outreach locations.
- The effort identified 247 individuals who were categorized as chronically homeless (based on abbreviated definition that focused on unaccompanied individuals homeless for longer than a year).
- New Haven's homeless population is similar to the city's general population in its racial and ethnic diversity, with similar proportions of the racial and ethnic groups represented.

Table 2. Homeless Subpopulations (Source: New Haven Homeless Count 2003)

Subpopulation	Percentage of Total	Subpopulation detail
Single Adults	60%	67% male 29% female 4% DK
Families	40%	89% headed by females 5% headed by males 6% DK
Adults	74%	82% single 18% heads of families 12% unaccompanied youth (ages 16-24)
Children (ages 0-16)	26%	

Table 3. Age of Respondents (Source: New Haven Homeless Count 2003)

Age	Percentage	Number
19 and younger	4 %	35
20-29	17%	167
30-39	21%	203

Age	Percentage	Number
30-39	21%	203
40-49	29%	280
50-59	17%	166
60-68	2%	19
Not Provided	10%	92
Total	100%	962

Table 4. Racial and Ethnic Identity (Source: New Haven Homeless Count 2003)

Racial / Ethnic group	Percentage	Number	%New Haven Population
African-American	43%	412	37%
Caucasian	34%	331	44%
Hispanic	31%	121	21%
Anonymous	8%	81	
“Other” (Asian, Caribbean, Native American, and Pacific Islander Ancestry)	2%	17	

Percentages do not sum to 100%, as persons are shown in more than one category.

Table 5. Housing Arrangements, All Respondents (Source: New Haven Homeless Count 2003)

Location	Percentage	N
Shelter, emergency housing	53%	514
Transitional housing	18%	176
Unsheltered (street, car, etc.)	10%	91
Hospital or treatment facility	9%	84
Couch hopping	2%	21
No response	8%	76
Total	100%	962

Table 6. Patterns of Homelessness (Source: New Haven Homeless Count 2003)

Length of Time	Percentage	N
Less than 3 months	35%	332
3 to 6 months	15%	146
Over 6 months, up to 1 year	13%	129
Over 1 year	26%	247
No response	11%	108
Total	100%	962

Table 7. Self-reported Service Needs (Source: New Haven Homeless Count 2003)

Area	Unduplicated responses (n=962)	Single Adults and Youth (n=541)	Chronically Homeless (n=247)	Families (n=174)
Income	67% (632)	65% (349)	77% (191)	61% (107)
Insurance	57% (553)	56% (302)	68% (168)	57% (99)
Basic needs	57% (552)	55% (297)	60% (149)	75% (131)
Mental health	55% (525)	56% (304)	65% (161)	39% (68)
Substance Abuse	48% (460)	51% (278)	59% (145)	20% (34)

Medical	49% (468)	51% (274)	60% (148)	30% (53)
Vocational	51% (494)	51% (274)	59% (144)	54% (94)
Legal	29% (279)	30% (164)	33% (81)	23% (40)
Family, child services	22% (211)	16% (88)	17% (42)	56% (97)

New Haven Homeless Count 2004:

- In 2004, New Haven updated its estimates through a one-day count that reviewed citywide administrative records (findings were reflected in the 2004 Continuum of Care Application).

Table 8. Continuum of Care Homeless Population and Subpopulations Chart
(Source: 2004 Continuum of Care Application)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	276 / (44%)	222 / (35%)	129 / (21%)	627 / (100%)
2. Homeless Families with Children	43 / (25%)	59 / (34%)	70(e) / (41%)	172 / (100%)
2a. Persons in Homeless Families With Children	145 / (30%)	166 / (34%)	175(e) / (36%)	486 / (100%)
Total (1 + 2a)	421 (38%)	388 / (35%)	304 / (27%)	1,113 (100%)
Part 2: Homeless Subpopulations	Emergency	Transitional	Unsheltered	Total
Chronically Homeless	116 / (46%)	87 / (35%)	49(e) / (19%)	252 / (100%)
Severely Mentally Ill	74 / (38%)	97 / (49%)	26 / (13%)	197 / (100%)
Chronic Substance Abuse	150 / (39%)	184 / (48%)	53 / (14%)	387 / (100%)
Veterans	48 / (43%)	42 / (38%)	22 / (20%)	112
Persons with HIV/AIDS				223 (e)
Victims of Domestic Violence(e)				118 single females 271 persons in fam.
Youth (Under 18 years)	148 / (30%)	188 / (38%)	145(e) / (29%)	499 (100%)

(e) = Estimate (all other figures are based upon administrative records)

New Haven's Affordable Housing Gap:

- One of the contributing factors to homelessness is the lack of affordable housing.
- The housing crisis reflects regional trends including a shift in community population densities (steady increase in suburban/rural communities) and the New Haven labor market movement from a manufacturing to a service-based economy.

South Central Regional Council of Governments Estimates:

- 31% of New Haven's housing stock (16,437 units) currently receives some form of public assistance for increased affordability.
- In spite of this current effort, the South Central Regional Council of Governments estimates that New Haven still needs 13,259 units of affordable housing.

New Haven Continuum of Care Estimates:

Table 9. Housing Gaps Analysis Chart for Individuals (in beds)
(Source: 2004 New Haven Continuum of Care Application)

Facility Type	Inventory in 2004	Unmet Need / Gap
Emergency Shelter	277	129 point in time 387 annual*

Facility Type	Inventory in 2004	Unmet Need / Gap
Transitional Housing	232	770 annual**
Permanent Supportive Housing	329 74 in development	1881 annual***
Total	838 74 in development	3038 annually*

Table 10. Housing Gap Analysis for Persons in Families with Children (in beds)
(Source: 2004 New Haven Continuum of Care Application)

Facility Type	Inventory in 2004	Unmet Need / Gap
Emergency Shelter	201	119 point in time* 357 annual*
Transitional Housing	189	128 annual****
Permanent Supportive Housing	261	976 annual*****
Total	651	1,461 annually*

* Unsheltered homeless in Housing Population and Subpopulation Chart, 3x for annual turnover rate

** Total homeless individuals= 627 – 232 x 3 x .65

*** 627 x 3

**** 488 – 166 x 2 .20

***** 488 x 2

Table 11 Calculation of New Haven Supportive Housing Goal

Reaching Home Goal	Total	Existing Units		Development		Targeted to Long Term Homeless#		
		Total	Per Yr	Total	Per Yr	Singles	Families (Units)**	Total
South Central Council of Govts Region*	1,615	666	67	950	95	899	81	980
New Haven Goal within this Number	649	266	27	380	38	360	32	392
Balance of South Central Region						539	49	588
New Haven Detail								
Existing Units						148	13	161
Newly Developed						211	19	230
New Haven- Current Supply								
Individuals (beds)	436	362		74		436		436
Families (units)	96	96		-			96	96
Total	532	458				436	96	532
Total Supply -- Current and Proposed						796	128	924
New Haven Reaching Home Goal (Units for Long Term Homeless)						360	32	392
* Includes Affordable Units and Supportive Units (to achieve mixed housing)								

Sources

Continuum of Care: New Haven, Connecticut. "Continuum of Care Exhibit 1: 2004 Application Summary." 2004.
Corporation for Supportive Housing, Reaching Home Steering Committee. "Reaching Home: Ending Long-Term Homelessness in Connecticut. June, 2004.

Huettner, John. "Current Efforts to Decrease Homelessness in New Haven." October 26, 2004.

The Consultation Center. "Homeless Count 2003: New Haven Final Report." September, 2003.

The South Central Regional Council of Governments. "Regional Housing Market Assessment." May, 2004.

Appendix B

Ten Year Plan for Ending Chronic Homelessness in New Haven

Goal 1. Improve access to, and coordination of, housing and services for homeless individuals and families

Strategies	Short-Term Outcomes 1-3 years	Intermediate Outcomes 4-6 years	Long-Term Outcomes 7-10 years
<p>a. Create a continuum of housing options for individuals and families that also include services within the Greater New Haven region. Housing types should include:</p> <ul style="list-style-type: none"> ○ transitional housing for individuals (e.g., sober houses) ○ transitional housing for families (which allows for reunification) ○ rooming houses (with support services) ○ permanent supportive housing <p>Specific strategies to increase supportive housing options include:</p> <ul style="list-style-type: none"> ○ Expand security deposit program ○ Link existing public housing with supportive services (both Section 8 and existing HANH units) ○ Link private landlords with supportive services ○ Build additional permanent supportive housing for single adults and families 	<p>Increase in transitional housing in the region</p> <p>Increase in permanent supportive housing in the region</p> <p>New Haven: 110 units for individuals; 10 units for families</p> <p>Balance of South Central CT Region: 160 units for individuals; 15 units for families</p>	<p>Increase in transitional housing in the region</p> <p>Increase in permanent supportive housing in the region</p> <p>New Haven: 215 units for individuals; 20 units for families</p> <p>Balance of South Central CT Region: 325 units for individuals; 30 units for families</p>	<p>No chronic homelessness</p> <p>Increase in transitional housing in the region</p> <p>Increase in permanent supportive housing in the region</p> <p>New Haven: 360 units for individuals; 32 units for families</p> <p>Balance of South Central CT Region: 539 units for individuals; 49 units for families</p>
<p>b. Expand outreach and engagement of homeless individuals and families. Provide information about services in key locations. (Street Sheet concept in 2c)</p>	<p>More chronically homeless individuals and families are identified and connected to services</p>	<p>Fewer people are chronically homeless</p>	
<p>c. Provide comprehensive, coordinated case management linked to community supports and peer mentorship</p> <ul style="list-style-type: none"> ○ Provide wraparound services – a comprehensive service provision model that guarantees that any and all services needed by an individual or families are integrated through a cohesive, individualized service plan that guides all service provision. ○ Ensure that people have identified housing options prior to leaving treatment. ○ Seek participation by towns of origin in funding services for homeless people. 	<p>Chronically homeless have increased access to coordinated community services</p>	<p>More chronically homeless individuals receive effective and coordinated services</p> <p>Fewer people are chronically homeless</p>	
<p>d. Increase employment opportunities through partnerships and planning.</p> <ul style="list-style-type: none"> ○ Support enterprise efforts that engage chronic homeless in meaningful work (Village of Power model). ○ Engage Workforce Alliance. ○ Connect with employers and the Chamber of Commerce (living wage is an issue; jobs need to be full-time) ○ Build on existing models (Marrakech, etc.) ○ Provide supports for working parents such as child care 	<p>Increased employment opportunities for chronically homeless individuals</p>	<p>More chronically homeless individuals employed in meaningful work</p> <p>Ready access to supports/ services that contribute to self-sufficiency</p>	

Strategies	Short-Term Outcomes 1-3 years	Intermediate Outcomes 4-6 years	Long-Term Outcomes 7-10 years
e. Increase access to mainstream services and entitlements (see 2c) <ul style="list-style-type: none"> o Secure an eligibility worker from DSS to go to city shelters to do eligibility determinations o Better integrate services from the homeless system and mainstream system, including public entitlements (TANF, Medicaid, Social Security, food stamps), employment training and placement, public health, substance abuse treatment, and community mental health 	Strong partnerships with mainstream agencies to address needs of chronically homeless	Ready access to supports/ services that contribute to self-sufficiency	
f. Address needs of growing undocumented immigrant/non-English speaking population <ul style="list-style-type: none"> o Establish a community fund to pay for care for these individuals, who are not eligible for any entitlement services. o Convene a working group to determine how to address the institutional barriers that exist in caring for this population. 	Strong partnerships with mainstream agencies to address needs of chronically homeless, with a particular emphasis on the needs of immigrant/non-English speaking populations	Ready access to supports/ services that contribute to self-sufficiency	

Goal 2. Strengthen efforts to prevent people from becoming homeless

Strategies	Short-Term Outcomes 1-3 years	Intermediate Outcomes 4-6 years	Long-Term Outcomes 7-10 years
a. Improve pre-release planning from the Department of Corrections (DOC) by: <ul style="list-style-type: none"> o Working with DOC to reinstate entitlements upon an individual's exit from the corrections system. o Asking the New Haven delegation to convene a legislative task force on this issue. o Working with the statewide task force on homelessness to press this policy/ practice change. 	Include discharge to appropriate housing and case management services as a measure of success for agencies/institutions. Fewer individuals are discharged to shelters or the streets	100% of the chronically homeless who are eligible for and desire entitlements receive them Fewer individuals become chronically homeless	Changed system that no longer creates/contributes to homelessness No chronic homelessness
b. Improve discharge planning from the local hospitals by making connections to appropriate case management and community services upon admission of a homeless individual to the hospital.	More eligible individuals have access to desired entitlements		
c. Engage the Department of Children and Families to allow youth who age out to reconnect to benefits. Work with DCF to facilitate a better transition for youth and to look at housing issues for those youth leaving their care.	More individuals connected to services upon discharge.		

Strategies	Short-Term Outcomes 1-3 years	Intermediate Outcomes 4-6 years	Long-Term Outcomes 7-10 years
d. Better coordinate and expand financial and legal resources to help individuals and families maintain their housing <ul style="list-style-type: none"> ○ Landlord/tenant mediation (Eviction Prevention program) ○ Rental assistance/Rent Bank ○ Legal assistance (make sure there is someone who understands Section 8 and other housing programs in Housing Court) ○ Build networks of private landlords to educate them and help keep people in their housing ○ Work with the Livable City Initiative and within City guidelines to avoid evictions and rent increases for individuals at risk of becoming homeless ○ Identify key points at which individuals and families are at risk of losing their housing and develop prevention strategies 	Fewer individuals are evicted	Fewer individuals become chronically homeless	
e. Improve connection to mainstream services (including public entitlements [TANF, Medicaid, Social Security, food stamps, EITC], employment training and placement, public health, community mental health, substance abuse treatment, family support programs, child care, etc.) <ul style="list-style-type: none"> ○ Secure eligibility worker from DSS (cost: \$52,000) at key service locations to qualify individuals for entitlements/services ○ Create a streamlined/common application for services ○ Provide information about where and how individuals and families can access services (“Street Sheet” concept; ensure that it is connected to 211/Infoline) 	Strong partnerships with mainstream agencies to prevent homelessness Fewer individuals become homeless	Ready access to supports/ services that contribute to self-sufficiency Fewer individuals become chronically homeless	
f. Expand supportive services that are connected to housing to prevent individuals from losing their housing and becoming homeless.			

Goal 3. Engage in public policy and public awareness efforts to address the barriers that contribute to chronic homelessness

Strategies	Short-Term Outcomes 1-3 years	Intermediate Outcomes 4-6 years	Long-Term Outcomes 7-10 years
a. Increase resources to implement the strategies in this plan	More funding available to address issue of chronic homelessness	More funding available to address issue of chronic homelessness	No chronic homelessness
b. Create campaign to educate and engage regional citizens and organizations in the effort to end chronic homelessness.	Increased public awareness of cost effectiveness of investments to end chronic homelessness	Public will exists to address homelessness issue Dollars moved “upstream” toward prevention Parity in state funding for New Haven for homeless services	
c. Create regional dialogue to foster understanding of issues contributing to chronic homelessness	A common community understanding of issues that contribute to chronic homelessness	Parity in state funding for New Haven for homeless services	

Goal 4. Strengthen mechanisms for planning and coordination to support implementation of the plan

Strategies	Short-Term Outcomes 1-3 years	Intermediate Outcomes 4-6 years	Long-Term Outcomes 7-10 years
a. Complete implementation of HMIS system and expand its use to HANH and non-HUD providers to track services received by homeless individuals and families. Work on developing common intake forms and reporting requirements.	Expanded HMIS system that is used regularly by service providers	Better coordinated services for homeless individuals and families Fewer people are chronically homeless	No chronic homelessness
b. Strengthen the Community Services Administration Steering Committee to provide overall direction and accountability for plan implementation. <ul style="list-style-type: none"> o Work with existing organizations and resources to implement the plan, including the Continuum and Mayor’s Commission on Homelessness. o Evaluate and implement best practices/new models (e.g., case management) o Analyze where funding is going now and how it could be reallocated to address priorities 	Central coordinating entity in operation and providing overall direction and leadership to the effort to end chronic homelessness	Better coordinated services for homeless individuals and families Fewer people are chronically homeless	
c. Work to create regional solutions to address homelessness <ul style="list-style-type: none"> o Support the development of a regional housing authority for the Council of Governments to develop a pilot affordable housing initiative. o Bring the regional funders’ collaborative to the table to explore ways to address this issue regionally. 	Increase in permanent supportive housing in the region Balance of South Central CT Region: 160 units for individuals; 15 units for families	Increase in permanent supportive housing in the region Balance of South Central CT Region: 325 units for individuals; 30 units for families	