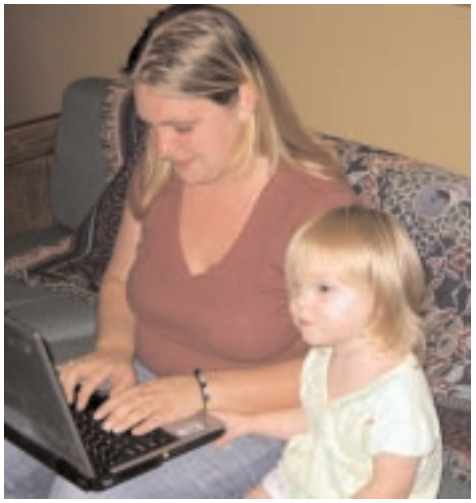
Implementation Plan

J O U R N E Y H O M E

Ten Year Plan
To End Homelessness
In The Capitol Region



Hartford Commission To End Homelessness

October 2007

JOURNEY HOME

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Executive Summary

Beginning The Journey Home

During the past year more than 4,000 of our neighbors spent from a night or two to the whole year in an emergency shelter and nearly twice this number were turned away because there was not enough room for them.

Families, teenagers, elderly, single moms with their kids and veterans all attempt to access a system that is simply unable to meet their housing needs. In fact, nearly 20% of the homeless in the Capitol Region are children.

While many organizations and governmental agencies do wonderful work in providing care, assistance and a place to "live" for the chronic and temporarily homeless, there is much more that needs to be done.

To address this need, Mayor Eddie A. Perez has led the region in developing a 10-year plan to end homelessness. Hartford has joined more than 300 cities across the country that have made the same commitment. Cities including Portland, Oregon, Denver and Philadelphia have all embraced this effort over the past three years with some excellent results. For example, Denver has achieved a 36% reduction in chronic homelessness and an 11% reduction in overall homelessness and Quincy, Massachusetts has achieved a 55% reduction in chronic homelessness.

Over the past year, the 18 members of the Commission to End Homelessness and over 130 volunteers have diligently worked to create a plan to dramatically reduce and ultimately end homelessness in the region by 2015. Representatives from business, local and state government, municipalities, non-profits and religious organizations worked in committees to develop the numerous and critical components of a workable plan.

The primary focus of this implementation plan includes reducing the frequency and duration of homelessness and moving more homeless into stable, permanent housing. Indeed this Implementation Plan also includes bold strategies to prevent homelessness.

To meet these goals the Hartford Commission to End Homelessness has built the plan on four basic principles:

1. Focus on the chronically homeless – causes, needs, solutions

2. Create awareness of existing services and streamline access to these services

3. Concentrate resources on programs that offer measurable results

4. End homelessness

The result of the creative thinking, energy, commitment and common sense of the Commission can be seen in this plan. It is a realistic, goal-oriented and thorough working document that provides the Capitol Region with a way to meet the goal of ending homelessness.

Key elements of this plan incorporate a number of critical and attainable action steps including:

Develop, design and build 2,133 supportive housing units including 1,293 housing units for the chronically homeless in the Region. For each unit built in the city of Hartford our goal is to have a unit built outside the city of Hartford in the 28 towns within the Capitol Region.

Create and launch a prevention and rapid re-housing initiative, which will move individuals and families from shelters to appropriate housing as quickly as possible*, and* provide residents with strategies to prevent becoming homeless.

Establish an integrated database and case management system that will aid organizations and individuals in accessing and utilizing services that best meet the client's needs. It will also provide a way to monitor the effectiveness of the plan.

Adopt Homeless Connect. This is a one-day, one-stop event designed to provide housing, services and hospitality to people who are homeless. More than 130 cities around the country have implemented this model. The first Homeless Connect in Hartford is being planned for early December 2007.

Improve collaboration between service providers, state and local institutions to understand the impact of their discharge planning and how to improve the process to avoid potential homelessness situations.

Create new, innovative partnerships between government agencies, for-profit/non-profit developers, faith-based groups, landlords, social service providers and property managers with the goal of providing more affordable and supportive housing.

Increase economic opportunities for the homeless by improving access to workforce assistance. Working with state and federal agencies, CT Works, shelters, transitional housing and supportive housing programs, the goal is to streamline the process for eligible homeless residents to access work opportunities or receive disability benefits.

Build community awareness of what homelessness is, how and why it occurs and that it is a problem that can be solved. Also build support for the various, integrated and collaborative steps that need to be taken to reach the goal of ending homelessness.

Strengthen legislative efforts to provide lawmakers and state offices with the necessary information and options they need to consider making decisions that will positively impact the entire program.

Establish an organizational structure that provides a workable environment to accomplish the implementation of the plan and to establish and execute a fund raising program that will render the Implementation Plan efficacious.

Each of these elements needs to be implemented in a coordinated manner to achieve the goals. The program also needs the support and involvement of the entire region. Corporations, state agencies, civic organizations, municipalities, philanthropic foundations, religious organizations and the general public all have important roles to play in helping make this important project a success.

Success will benefit everyone. It will improve the overall quality of life for those now homeless as well as the rest of the community. It will also have a significant and positive financial impact on the region. Improving the region's quality of life quotient and financial stability will make the region more attractive to new businesses and residents and provide a stronger foundation for future growth.

Ending homelessness is a challenge we can overcome. It is a problem that CAN BE SOLVED. Together, through JOURNEY HOME, we can make homelessness a memory!

Eddie A. Perez, Mayor

Dear Friends,

This is a great day for Hartford and the Greater Hartford region because together, we are about to embark on an incredible journey--- the "Journey Home." During the past year, members of the Commission to End Homelessness worked tirelessly with 150 volunteers to create not just a strategy --- but an implementation plan to ultimately end homelessness in our region by 2015.

I applaud this monumental effort because this will help our 4,000 neighbors who spent time in emergency shelters this past year and the countless more who were turned away. And it will also help Hartford continue to live up to its name of "The City of Hope and Opportunity."

When the Dutch Traders founded Hartford in the 1630's, they built a fort and called it the "House of Hope." Since then, we have provided a gateway to a new life in the new world for generations of families and we cannot and shall not allow them to be homeless. If we are to be "New England's Rising Star" we need to be that beacon of light so that men, women and children can look to it and know that they will have a clean and affordable place to live.

As you read Journey Home--- The Ten-Year Plan to End Homelessness in the Capitol Region--- I hope you are inspired, as I am, by this realistic, goal-oriented plan of action. Let the journey begin.

Sincerely,

Eddie A. Perez
Mayor

Message from William H. Farley
Chair of the Hartford Commission to End Homelessness

More than a year ago a discussion with Mayor Eddie Perez began a fascinating and challenging personal journey. The Mayor asked me to chair the Mayor's Commission to End Homelessness in the Capitol Region by 2015.

Since that discussion I have spoken to and worked with nearly 150 dedicated and concerned citizens of the Greater Hartford area about this challenge and how to achieve this optimistic goal. Working with the social service community, faith-based groups, state and local agencies, and the business community we developed a realistic and comprehensive plan. Those involved invested more than 3,000 hours of "pro bono" work to complete this plan.

At the beginning many felt that this could be an exercise in futility. "Can this problem actually be solved" was a constant question. "Isn't it just accepted that the homeless will always be with us" was always in the background. However, during the course of our work, it became more and more apparent to all of us that homelessness is, in fact, a problem that can be solved!

It was that growing belief that served as an incentive as we proceeded to examine problems, identify possible options, and determine potential solutions. The result is this plan - JOURNEY HOME - which is filled with insight, thoughtfulness, creativity and solutions.

We believe strongly that we need to create a separate entity with the responsibility to marshal the region's necessary resources to effectively and efficiently implement this plan. The theme, JOURNEY HOME, is a positive, pro-active theme that honestly reflects what the plan is all about. It is a real life journey from homelessness to having a place to call "home". It is a journey that will involve ups and downs, a large number of organizations and many people.

We hope that you will be one of those people who choose to get involved in helping make this plan a reality and help us to make homelessness a memory.

William H Farley

I. INTRODUCTION

On any given night, more than 718 people, including 139 children, sleep on the streets, in cars, in shelters or in transitional housing across the Capitol Region.[1]

This large number of people experiencing homelessness is evidence that our community is not healthy. It is not healthy for those people who are homeless, and not healthy for the rest of the community. It is not merely a perception that homelessness is hurting the local economy, but a reality. This means that beyond the human toll, homelessness creates a substantial financial drain on the community.

Homelessness was a relatively rare phenomenon until the 1980s, when many economic and social changes converged to cause its dramatic rise. These changes included the lack of growth in real earnings for those with low incomes, a growing scarcity of affordable housing and the closing of institutions that had long served the mentally ill.

During 2006, Hartford area (Hartford, East Hartford) emergency shelters housed 4,165 people and turned people away more than 7,800 times due to a lack of space.[2]

The costs of homelessness are many. It almost always worsens an already unstable family situation. Children who are homeless often do poorly in school. Youth and adults with mental illness or drug and alcohol problems get worse when they do not get the behavioral or medical attention they need. The result: a less viable community for all of us.

The time has come to bring the whole community together and coordinate efforts among businesses and non-profits, public and private sectors, people of means and people who need safety and stability to bring an end to homelessness in the next decade.

Each one of us has a stake in ending homelessness. As members of a community, we have a responsibility to ourselves, our families and our neighbors to help maintain safe, clean and livable neighborhoods. Additionally, we have a responsibility to help those less fortunate, so they can lead productive and meaningful lives. This effort to end homelessness, as we know it, is a great way for each of us to help fulfill that responsibility.

Key Terms:

Chronic homelessness. The U.S. Department of Housing and Urban Development (HUD) defines a person experiencing chronic homelessness as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

Housing First. The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness.

Supportive housing. Supportive housing combines rental housing with individualized health, support and employment services. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services – such as the help of a case manager, help in building independent living skills, and connections to community treatment and employment services – designed to address their individual needs.

[1] Connecticut Counts 2007: Point-in-Time Homeless Count – Final Report, 2007
[2] CT Department of Social Services Annual Emergency Shelter Demographic Report FY 2006, 2007

II. What Are The Primary Reasons For Homelessness?

A. Impact of Individual Risk Factors

One of the principal underlying causes of homelessness is the gap between the cost of housing and what people can afford to pay for it. This gap has significantly widened over the past ten years. For growing numbers of persons, work or government entitlement programs provide little, if any, protection against this ever widening gap.

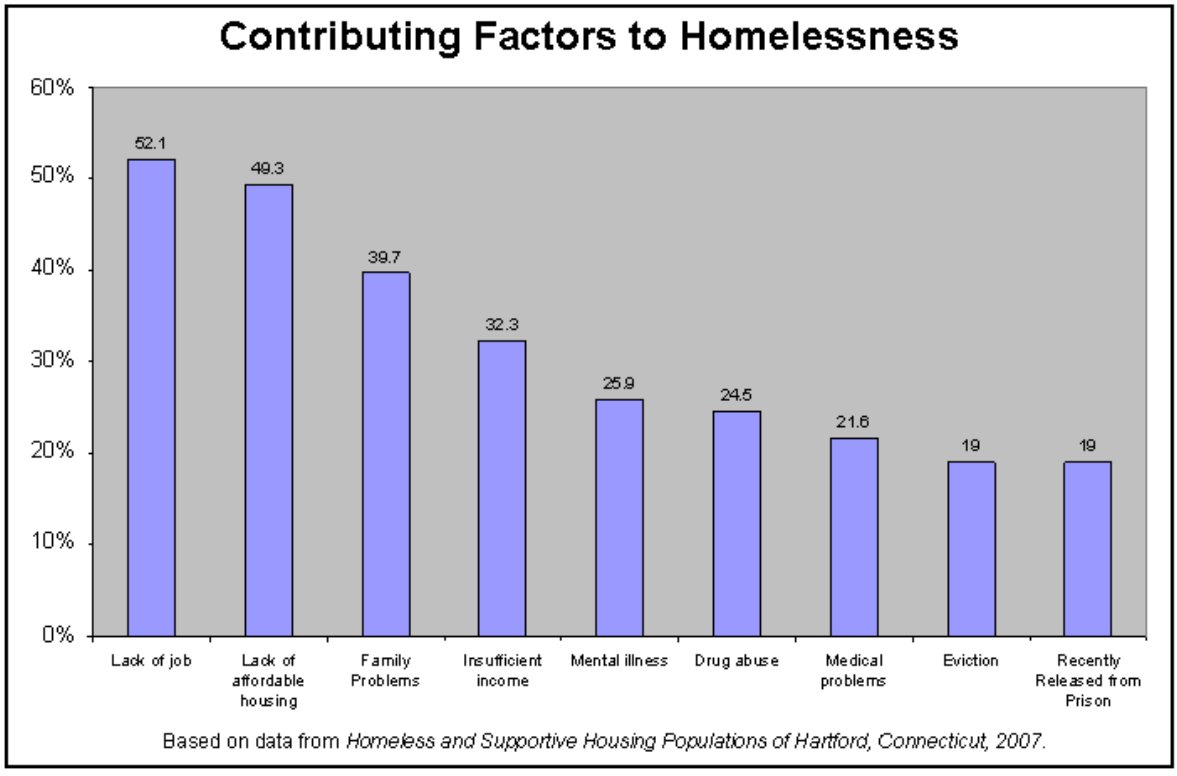
Other factors contributing to homelessness in Hartford are reported in the Connecticut Department of Social Services' report "Homeless and Supportive Housing Populations of Harford 2006" (see Table I below).

A thorough survey of people experiencing homelessness in Hartford is conducted once a year by the Hartford Continuum of Care; it is called the Point In Time (PIT) count. According to the 2007 PIT count:

- 54 percent have chemical addictions;
- 38 percent have a mental illness;
- 13 percent were victims of domestic violence; and
- 26 percent were homeless due to a medical problem or physical disability.[3]

When people who are homeless are asked about reasons for leaving their most recent living situation, the most common responses are low incomes and unemployment, followed by drug or alcohol problems. Clearly, poverty is a contributing factor to homelessness, and although unemployment was one of the leading responses for homelessness, this study found that 16 percent of homeless persons were actually employed.[4]

Table I



[3] Census of the Homeless and Supportive Housing Populations of Hartford, Connecticut, 2007
[4] Ibid.

B. Impact of Federal and State Policy and Other Changes on the Local Level

An important consideration when discussing our community's planning history is the impact of federal policy shifts, as well as the health of the national economy and unemployment rates. The following six points describe some of the impacts caused by policy and other changes:

1. **Decline of federal commitment to low-income housing.** Federal funding for rental-housing construction and for rent-subsidy assistance has been halved since 1980, dropping from $32 billion to $16 billion in the current census[5].

2. **Deinstitutionalization of patients from psychiatric hospitals.** From the 1960s through the 1980s many state-funded mental hospitals across the United States closed. These facilities were intended to be replaced by community mental health centers that would provide services to those with mental illnesses in the least restrictive setting. This plan never came to fruition, and as a result people with major mental illnesses were left without the needed support.[6]

3. **Strengthening housing market reduces low-income housing**. The strength of the housing market has increased housing prices in the Capitol Region, and while many neighborhoods have improved, the downside is that higher housing prices mean higher rents and many people being priced out of the market. According to the 2006 National Low Income Housing Coalition, a full-time wage earner in the Capitol Region would have to earn over $19.79 an hour to afford an average two-bedroom apartment rent of $1,029 per month; and $16.19 an hour to afford an average one bedroom apartment rent of $842 per month.[7]

4. **Reduction in low income housing units.** Over the past 20 years Hartford's downtown has lost about 400 Single Room Occupancy (SRO) housing units through the closures of the YMCA and Hartford Hotel, and the conversion of SRO units at the YWCA to supportive housing and shelter beds.

5. **Declining wages for low skilled workers.** Over the past twenty-five years, wages for the lowest income workers have not kept pace with the increase in living costs. Factors contributing to wage declines include a steep drop in the number and bargaining power of unionized workers; erosion in the value of the minimum wage; a decline in manufacturing jobs and the corresponding expansion of lower-paying service-sector employment; globalization and increased nonstandard work, such as temporary and part-time employment.[8]

6. **Increase in number of people without adequate health care coverage.** If a family or individual does not have health insurance, medical costs for a chronic disease or accident can be financially devastating. Twenty-eight percent (28.5%) were homeless due to medical problems.[9]

Clearly, an essential part of any plan to end homelessness is advocacy at the state and federal levels. We must keep our elected officials and policy makers informed of changes in homelessness and poverty numbers, and educate the general public –

[5] Michigan in Brief Housing Affordability, 7th Ed.
[6] Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders, SAMSHA, 2003
[7] Out of Reach, NLIHC, 2006
[8] The State of Working America: 1998-99, The Economic Policy Institute, 1999
[9] Census of the Homeless and Supportive Housing Populations of Hartford, Connecticut, 2006

the voters – so they understand the impact of their votes.

III. HOW MANY PEOPLE ARE HOMELESS IN THE HARTFORD AREA?

The city of Hartford has 378 year-round individual emergency shelter beds.[10] During the winter months, to accommodate the increased demand for shelter beds, two overflow shelters are opened to provide 120 additional shelter beds.[11] This does not mean an increase in the number of homeless persons in the winter months as much as it merely reports the need for a warm "inside bed" when it's freezing outside.

According to the CT Department of Social Services, the following numbers of non-duplicated persons experiencing homelessness were served through the Hartford area emergency shelter system from October 2005 to September 2006[12]:

- 3,608 single adults
- 548 persons in families, of which 311 were children under the age of 18, 191 under the age of five.
- 106 persons in households dealing with domestic violence (included in the above numbers)
- 9 emancipated youth

TOTAL: 4,165 people

It is impossible to get an exact count of the number of people who are homeless. Counting the number of people who request assistance misses the "hidden homeless" – those doubled or tripled up with family and friends, those who prefer to remain out of sight and those sleeping in places where the count did not look – resulting in an underestimation of the total number of people who are homeless.

IV. NEW RESEARCH FINDINGS ON PEOPLE WHO ARE HOMELESS

A. Characteristics of People Who are Experiencing Homelessness

A landmark research project titled "NY/NY Agreement Cost Study" conducted by Dennis Culhane, PhD. (University of Pennsylvania) and others have changed the way advocates and planners strategize solutions to homelessness.[13] They describe people experiencing homelessness as falling into three groups: chronic, episodic and crisis.

People Experiencing Chronic Homelessness – "an individual with a disabling condition who has been continuously homeless for a year or has had at least four episodes of homelessness in the last three years" (HUD official definition). These are usually individuals with multiple disabilities; who are in and out of emergency systems (emergency rooms, detox services, incarceration) and generally suffer from untreated mental illness, addiction and physical disabilities.

People Experiencing Episodic Homelessness – experience multiple episodes of homelessness that are short or long term and usually include individuals and families with multiple needs. People who are episodically homeless are typically younger than the people who are chronically homeless and have a higher frequency of substance abuse disorders, a lower frequency of mental illness and a tendency to cycle back and forth from homelessness to employment and stability.

People Experiencing Crisis Homelessness – experience one time and short-term homelessness and are usually

[10] Continuum of Care Exhibit 1: 2006 Application Summary, Hartford Continuum of Care, 2006
[11] 2006-2007 Winter Overflow Shelter Listing, CCEH, 2006
[12] CT Department of Social Services Annual Emergency Shelter Demographic Report FFY2006, 2007
[13] The NY/NY Agreement Cost Study, CSH, 2001

individuals and families with job loss, or have experienced economic crises or are victims of domestic violence.

Veterans

According to the U.S. Department of Veterans Affairs (VA), one-third of adult homeless men and nearly one-quarter of all homeless adults have served in the armed forces. Approximately 200,000 veterans may be homeless on any given night and as many as twice that number may experience homelessness during a year.

Of the veterans treated in health care programs, nearly half suffer from mental illness and slightly more than 2 out of 3 have alcohol or drug abuse problems.

Preventing and ending homelessness among veterans will be given special attention and consideration in this Implementation Plan and will require working closely with the Veterans Administration, the Connecticut Department of Veterans Affairs and Veterans Service Organizations.

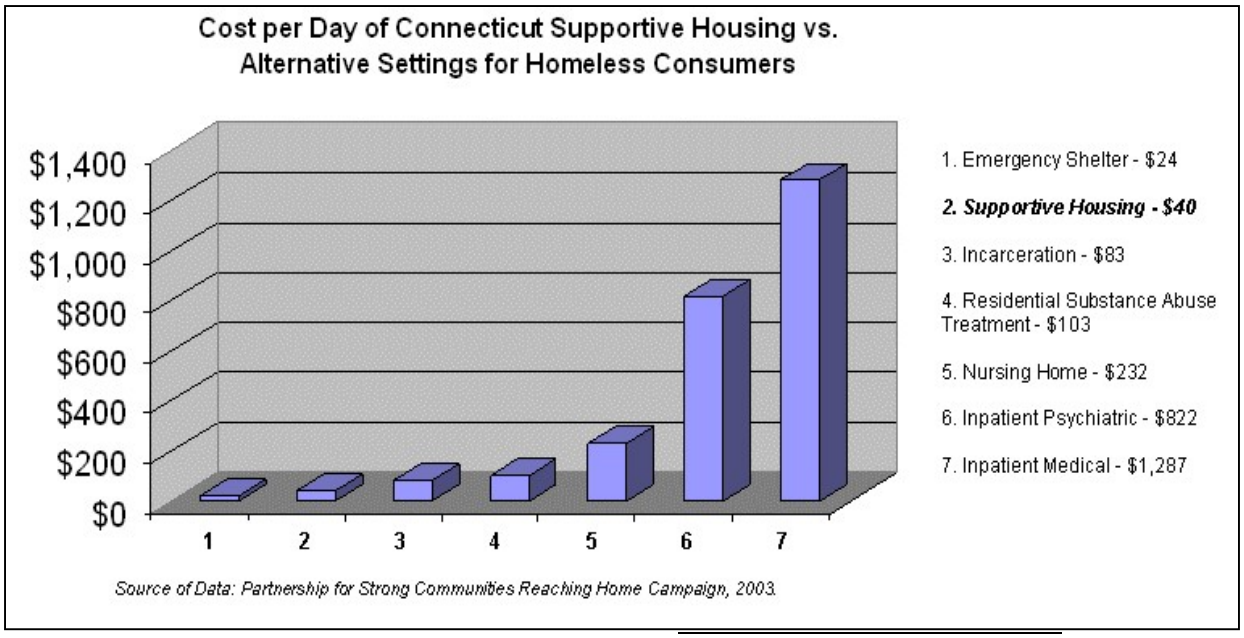
B. The High Cost of Homelessness

The cost of implementing the 10-year plan will be substantial, but it will not be as expensive as maintaining homelessness. A study by Dr. Culhane found that a person experiencing chronic homelessness costs an average of at least $40,440 in public resources each year. If that person were in permanent supportive housing, even with support services, the annual cost would be $24,158; the annual savings would be $16,282.[14] See Table II for a comparison of cost per day in Connecticut for supportive housing versus alternative settings for homeless consumers.

National studies in multiple communities have shown that when people who are formerly homeless or people who are at risk of homelessness move into supportive housing, they experience:

- 58% reduction in emergency room visits
- 85% reduction in emergency detox services
- 50% decrease in incarceration rate

Table II



[14] The NY/NY Agreement Cost Study, CSH, 2001

- 50% increase in earned income
- 40% rise in rate of employment when employment services are provided and a significant decrease in dependence on entitlements – a $1,448 decrease per tenant each year.
- More than 80% stay housed for at least one year.[15]

Imbalance in the Use of Emergency Resources

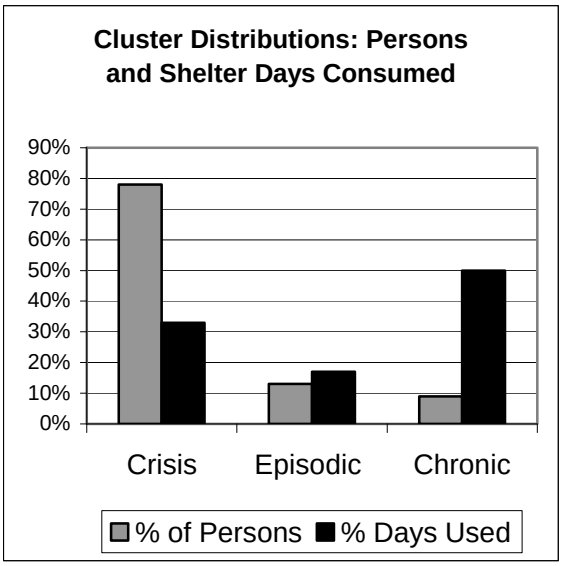
The national research also documented the use of emergency resources. By far, the largest number of people who are homeless are those who experience crisis homelessness. However, as Table III illustrates, people experiencing chronic homelessness consume the most resources.

C. Using our resources more effectively

People experiencing chronic homelessness currently consume about half of all the resources spent on homeless and emergency programs. When people who are chronically homeless enter the homeless system and quickly move back out into the streets, it creates a strain on homeless programs already at capacity and economic pressure on institutions such as jails and hospitals.

Concentrating resources on housing for persons who are chronically homeless will eliminate this pressure on the system and allow the use of the homeless service system more effectively for other people experiencing homelessness, including individuals and families who are temporarily homeless. It will also help the system to respond more quickly and prevent some instances of homelessness. (See Table III)

Table III



Crisis:
- 1.19 stays
- 20.4 days

Episodic:
- 3.84 stays
- 72.8 days

Chronic:
- 1.53 stays
- 252.4 days

Based on data from *A Typology of Family Homelessness Based On Patterns of Public Shelter Utilization in Four U.S. Jurisdictions,* D. Culhane, S. Metraux, J. Min Park, M. Schretzman, & J. Valente, 2007.

[15] The Reaching Home Campaign; CSH

To end homelessness, we need to think about resources differently. We need to direct resources toward long term solutions, and make sure safety net programs are geared toward ending people's homelessness, rather than managing it. We know that, annually, 54% of all homeless resources are directed to shelter and transitional housing while only 12% support permanent housing. If we are moving people toward long term solutions, we must invest in long term actions such as permanent housing.

Cost savings and efficiencies will be direct benefits of the effort to end homelessness. Expending resources in the most effective and efficient manner toward permanent solutions is the fiscally responsible approach to ending long term homelessness.

V. The National, State, and Hartford Response To Homelessness

A. History

Congress enacted the Stewart B. McKinney Homeless Assistance Act in 1987 in response to the homelessness crisis that emerged in the 1980s. Renamed the McKinney-Vento Act in 2000, it authorizes funds for federal homeless assistance programs, which are primarily administered by HUD.[16]

HUD McKinney-Vento funds programs provide outreach, shelter, transitional housing, support services and permanent housing to people experiencing homelessness.

In 1987, the McKinney Act also created a new federal agency, the United States Interagency Council on Homelessness (USICH), to coordinate the activities of Federal agencies. The original membership of the Council consisted of the directors, or designees, of 18 federal departments and agencies whose policies and programs have some responsibility for homeless services.

In 1992, Connecticut became the first state to launch a statewide supportive housing program for people experiencing homelessness. In this trial initiative, five state agencies worked with the Corporation for Supportive Housing (the premier non-profit providing supportive housing development expertise and funding) and the private sector to finance nine apartment complexes that provided close to 300 units in six communities, including 58 units in Hartford.[17]

An independent evaluation of this pilot program found it to be highly successful in terms of its costs, financial stability and cost effectiveness when compared to more traditional models. For example, program participants' Medicaid utilization of inpatient medical services decreased by 58%, in part due to the program's success in linking tenants to on-going health care and other services. Program occupancy rates were high and turnover low, indicating its success in keeping tenants housed. Market values improved in the surrounding neighborhoods, with an overall total economic and fiscal benefit to Hartford of $16 million.[18]

Congress enacted new requirements in 2002 for providers of homeless services to collect data on their clients and implement the Homeless Management Information System (HMIS). HMIS is a system that was developed to track people experiencing homelessness, with the end goal of improving service delivery and reducing service duplication. HMIS also has the capacity to integrate data from all providers of homeless services across the entire State of Connecticut. This state data can then be aggregated nationally in order to effectively

[16] McKinney-Vento Homeless Assistance Act, HUD, 2000; NAEH

[17] CT Supportive Housing Demonstration Program, CSH, 2002

[18] Ibid.

allocate federal funds and to help establish effective federal policies to address homelessness.[19]

B. Hartford Continuum Of Care

In 1994, HUD began urging communities to develop comprehensive and strategic plans, calling them Continuum of Care plans, to support their applications for HUD's homeless assistance funding through the HUD McKinney Homeless Assistance Program.[20]

In the Continuum of Care process, HUD recognized the importance of having all stakeholders, including but not limited to – government agencies, service providers and advocates present when communities create plans to prevent and end homelessness. HUD delegates to the Continuum of Care the responsibility for determining community priorities for HUD funding.

Due to the competence and quality performance of the Hartford Continuum of Care, Hartford agencies received nearly $4.2 million in federal funding during the 2006-2007 Fiscal Year for homeless housing and services. This amount was approximately $2 million above HUD's preliminary allocation for Hartford.[21]

C. A New Approach To Addressing Homelessness: Housing First & Supportive Housing

By the 1990's, it became increasingly apparent that simply providing services to alleviate the symptoms of homelessness, although needed, were not successful at eliminating the underlying causes of homelessness.

In 2000, the National Alliance to End Homelessness (NAEH) publicly outlined an ambitious plan to end homelessness, including the concept of communities developing 10-year plans to end homelessness.

In 2002, the President reactivated the United States Interagency Council on Homelessness (USICH) and appointed Philip Mangano to be its first full-time executive director in many years. [22] The USICH, now consisting of 20 cabinet secretaries and agency heads, was charged with coordinating the federal response to homelessness and to create a national partnership to end homelessness that would involve federal, state and local government, the private sector, advocates, providers, consumers and faith-based organizations.

Key to this national partnership is engaging mayors to lead the development of 10-Year Plans to End Homelessness in their communities. The result is that all of the community stakeholders—local/state governmental agencies, businesses and corporations, non-profit organizations, service providers, faith-based entities, and people who are currently or formerly homeless—work in collaboration to devise and implement a 10-year plan with the innovations and best practices that result in reducing and ending homelessness. There are currently over 300 communities, including 11 in Connecticut, implementing or developing 10 year plans.[23]

Rather than channeling funds into direct services that manage homelessness, these result-oriented plans are designed to focus efforts and funds on the creation of permanent supportive housing for the most troubled and difficult people experiencing homelessness.

[19] CT-Homeless Management Information System, CCEH, 2006
[20] McKinney-Vento Homeless Assistance Act, HUD, 1994
[21] HUD Announces More Than $24.2 Million to Support CT Homeless Programs, HUD, 2007
[22] McKinney-Vento Reauthorization Act, HUD, 2002
[23] NAEH; CCEH

The Housing First approach is an alternative to emergency shelter and transitional housing. Housing First, a national program, moves individuals directly from the streets and shelters into their own home. Individuals are then supported with case management services. Research results solidly prove the fact that permanent supportive housing is the most effective and cost efficient "housing and service" model for individuals who are chronically homeless.

1. Positive impacts of treating mental illness. In a San Francisco program nearly 900 homeless people with mental illness were provided with supportive housing. A study of this program found that 83.5% of participants remained housed a year later and that participants experienced a decrease in symptoms of schizophrenia and depression.[24] A study of almost 5,000 individuals experiencing homelessness with mental illness placed in supportive housing through the New York City program confirmed that nearly 80% remained housed a year later, with 10% moving on to independent settings.

2. Positive impacts on reducing or ending substance use. Once an individual with a history of substance abuse achieves sobriety, his/her living situation is often a factor in their ability to stay clean and sober. A one-year follow-up study of 201 graduates of the Eden Programs (chemical dependency treatment programs in Minneapolis) found that 90% of those living in supportive housing remained clean and sober, while[25]:

- 56.6% of those living independently remained clean and sober;
- 56.5% of those living in a halfway house remained clean and sober; and
- 57.1% of those living in an unsupported SRO remained clean and sober.

[24] Supportive Housing and Its Impact on the Public Health Crisis of Homelessness, CSH, 2000

[25] Anishinabe Wakigun Residents Use of Emergency Services in Hennepin County, Minnesota, 2001

D. Current Connecticut State Activities In Support Of Ending Homelessness

In Connecticut, the Partnership for Strong Communities is operating the statewide Reaching Home Campaign, which is advocating the creation of 10,000 permanent, affordable and supportive housing units over a ten year period in order to end long term homelessness. In the Hartford region, the campaign recommends the creation of 2,133 of the housing units.

The Commission supports the creation of 50% of supportive housing units in the city of Hartford and 50% in the 28 towns surrounding Hartford.

In 2005, the Connecticut Interagency Council on Supportive Housing and Homelessness recommended the creation of 1,000 units of supportive housing over the next three years. The state has provided funding for 700 units of supportive housing through the Next Steps Initiative since July 2005. Three hundred units are in development through construction and substantial rehabilitation; four hundred units are using a lease approach.[26] State government is also supporting homeless initiatives through its Project SOAR (further discussed on page 23) and the Supportive Housing (Employment) pilot project (further discussed on page 47).

E. Hartford's Commission To End Homelessness And 10-Year Plan

In June 2004, the City of Hartford joined the growing national movement to end homelessness, when Mayor Eddie Perez convened a study commission to develop a plan to end homelessness in the Hartford region. In December 2004, Mayor Perez appointed a Commission to End Chronic Homelessness. The Commission was led by Co-Chairs Archbishop Henry Mansell, the Archbishop of the Roman Catholic

[26] The Reaching Home Campaign, Partnership for Strong Communities

Archdiocese of Hartford and Susan Rottner, President of Bank of America in Connecticut, and consisted of key stakeholders from the public, private and non-profit sectors. They issued their report in June 2005.[27]

In August 2006, Mayor Perez appointed William Farley, a long time homeless advocate and President of CB Richard Ellis for the Connecticut Region, to chair the Hartford Commission to End Homelessness (Commission). The Commission's mission was to develop an implementation plan to end homelessness in ten years. It is composed of 18 members (see Appendix B) from various stakeholder groups, representing provider and government agencies, businesses and the Hartford suburbs, with Common Council members serving as ex-officio members. The Commission established the following committees to develop the implementation plan:

- Services
- Shelter System and Transitional Housing
- Supportive and Affordable Housing
- Education, Training and Employment
- Prevention
- Community Awareness and Coordinated Response

The committees met at least monthly from August through December 2006 to develop this implementation plan. Nearly 150 people participated in the committee and subcommittee meetings, representing the homeless, state and local government agencies, nonprofits, provider agencies, funding agencies, the City Council and businesses. Once the implementation plan is approved the Commission will create an entity to implement the plan.

[27] Hartford's Plan to End Chronic Homelessness by 2015 Commission Report, 2005

GOALS AND ACTION STEPS

"Amazingly, we CAN end homelessness."

Bill Cronin, President
Cronin & Co.

GOALS AND ACTION STEPS

This 10-year plan is part of a national movement to end homelessness. Adopting the national model to local needs will result in a decrease in the number of people on the streets in the Capitol Region, and will support state and national efforts to end homelessness in ten years. The steps outlined in this plan will cost money, but it will not cost as much as it would to manage homelessness through expensive public emergency systems in the years to come.

The plan lays out broad strategies, specific action steps and a detailed work plan to guide government, non-profit agencies and other partners to attain these desired outcomes:

- Fewer people become homeless
- The frequency and duration of homelessness is reduced and
- More people who are homeless move into and stay stable in permanent housing.

This 10-year plan is built on four principles:

1. Focus on the chronically homeless – causes, needs, solutions

2. Create awareness of existing services and streamline access to these services

3. Concentrate resources on programs that offer measurable results

4. End homelessness

SERVICES

"Having my own place would eliminate the hopelessness that surrounds me everyday."

Jimmy

Goal 1: Services

Services are needed to help people maintain housing over the long term. Services include health care, mental health care, drug and alcohol treatment, education, employment training, child care and transportation. The Housing First model seeks to remedy the problems of homelessness by first providing housing to an individual. However, a place to live is not the only key to successfully moving people from homelessness to self-sufficiency.

The Greater Hartford Region, and the city of Hartford in particular, are fortunate to have a large number of providers offering a vast array of services. There are so many providers and services, each with their own eligibility requirements, target populations and service areas, that it is very challenging for individuals and families experiencing homelessness to find the services that meet their specific needs. The Implementation Plan recognizes that the current system urgently needs better coordination among and across the existing providers to increase access to information and the system's efficiency and effectiveness.

An Integrated Database

The Implementation Plan recommends the development and implementation of an integrated database for Capitol Region homeless services and resources that would include both programmatic and client information from existing systems. Packaging services in an efficient and effective way is often difficult, especially for transient homeless populations. Program staff, as well as individuals and families experiencing homelessness, will benefit from an integrated database by having faster identification and utilization of the services that best meet the client's needs. Combining access to a database with these capabilities and permanent supportive housing will alleviate most of the difficulties associated with service delivery to individuals who experience homelessness.

Managerially, an integrated database will benefit the entire service system and the work of the Commission by enhancing the coordination and utilization of services, reducing the duplication of care and identifying gaps in existing services. An integrated database will also help the Commission to monitor the effectiveness of the Implementation Plan by helping to collect outcome data and measure program effectiveness.

Social Security Outreach and Access to Recovery (SOAR) Program

Application procedures for public services and benefits are often a significant barrier for people who are homeless. The point-in-time survey of Hartford's homeless population shows there are many people who need and are eligible for services, but do not receive them. The challenge of having no fixed address, the need for detailed information and follow-up and the time limits imposed on application and response to inquiries to the Social Security Administration makes it very difficult for transient homeless individuals to be successful in securing benefits regardless of their eligibility.

The federal government has tested a comprehensive planning and training program, the Social Security Outreach and Access to Recovery (SOAR) Program, throughout the country to assist individual applying for Social Security Disability benefits. The Connecticut Departments of Mental Health and Addiction Services, Social Services and the Office for Workforce Competitiveness have brought the SOAR program to Connecticut and have chosen Hartford as one of two pilot sites.

The Implementation Plan recommends that the Commission actively supports and supplements the State SOAR initiative to ensure that the wait time to obtain Social Security Disability benefits is significantly reduced.

Project Homeless Connect

Project Homeless Connect is a one-day, one-stop event designed to help the homeless seek housing and receive services in a convenient one-stop model. More than 150 cities have held these events in the last two years. The Hartford Continuum of Care has held similar events in the past.

The plan is to have a Project Homeless Connect event in the first week of December 2007 in Hartford, in conjunction with the national Homeless Connect week. It will be a great opportunity for many individuals and faith-based groups to come together to support our homeless population.

Project Homeless Connect Event in Springfield, Massachusetts

On August 17 2007, Springfield, Massachusetts held its 1st Project Homeless Connect and with the help of 150 volunteers, numerous faith congregations and more than 80 service organizations assisted more than 500 homeless and at risk men, women and children.

This Homeless Connect event had the following outcomes:

- 5 veterans were housed
- 351 applications for Section 8 and public housing were completed
- 141 people received housing counseling
- 29 Social Security/SSI applications
- 49 MassHealth/Commonwealth Care applications
- 29 veterans benefits applications
- 229 employment & training contacts
- 76 Massachusetts IDs issued (paid for by the corporate donations)
- 76 birth certificates ordered (paid for by the corporate donations)
- 250 bus tickets issued
- 70 dental screenings
- 21 medical examinations, with 43 follow-up medical appointments made
- 50 pairs of eyeglasses ordered
- 131 chair massages
- 41 foot washes
- 60 haircuts
- 90 people received legal advice
- 150 people received consumer information and advice
- 21 people received immigration advice
- 55 children cared for at the on-site child care center
- 600 children's books given away

Key for Cost Estimate in Tables

Existing Resources

$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to Increase Access to Services				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
1.1 Develop and implement an integrated database for Capitol Region homeless services/ resources, which will include: - Programmatic descriptions - Eligibility requirements - Accessibility information (number of spots and openings) - Contact names and phone numbers - Client information	1.1.1 Create a Data System Advisory Group.	Data System Advisory Group to include: United Way, United Way 211 Infoline, Hartford Continuum of Care (Hartford COC), Manchester Continuum of Care Working Group, Balance of State Continuum of Care (these three will be referred to collectively as the "Continua of Care"), Provider agencies, CT Coalition to End Homelessness (CCEH), Hartford Connects, CT Dept of Social Services (DSS), CT Dept of Mental Health and Addiction Services (DMHAS), and consultation with local Police Depts, Veterans Admn (VA) and other agencies	Year 1	Existing Resources
	1.1.2 Determine detailed clarity on goals, ease of access to services, sharing of information, service utilization and system improvements.		Year 1	Existing Resources
	1.1.3 Engage a consultant, if needed, to guide the integration of and build upon existing information systems, e.g., United Way's 211 Infoline; HMIS system (HUD database for tracking "homeless" clients) the Community Action Programs/ CT Dept of Social Services' "Captain" system and/or Hartford Connects (Youth in the City of Hartford).		Year 1	$$$
	1.1.4 Provide assistance to providers that need to upgrade their hardware or software to fully participate.		Year 2	$$$
	1.1.5 Create interagency process to facilitate sharing of information among providers to improve service knowledge and access; e.g., Services Fair, half-day event to be held on a semi-annual or annual basis.		Year 2	Existing Resources
	1.1.6 Conduct appropriate training for case managers to implement and utilize the system.		Year 2	$

Strategies to Increase Access to Services				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
1.2 Develop ongoing evaluation system for an integrated database	1.2.1 Develop a systematic process that ensures the maintenance, evaluation, interpretation and improvement of the data management system, including processes to assure information is up to date.	Data System Advisory Group and *Journey Home* staff	Year 2	$$ Cost of Consultation time or full time staff to be hired for Data System Development
	1.2.2 Determine if certain components of the system need to be reconfigured to increase early intervention and reduce duplication, identify isolated silos and gaps in services. (e.g., mental health and addiction services may be examined here).		Year 2	$$ Cost of Consultation time or full time staff to be hired for Data System Development
	1.2.3 Once gaps or needed changes are identified, decide how scarce resources should be allocated to maximize effectiveness.	Data System Advisory Group and *Journey Home* staff	Year 2-3	Existing Resources
	1.2.4 Develop a coordinated local plan. Work with regional groups to close gaps in services and for implementation of resources and services.		Year 1-2 Part of planning for Data System	$$
	1.2.5 Use monitoring and evaluation data for program improvement and program development and for funding opportunities.		Year 3-4 Part of planning for Data System	Existing Resources

Strategies to Increase Access to Services				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
1.3 Reduce time it currently takes to qualify for funds through Social Security Disability.	1.3.1 Support and supplement the CT state sponsored Social Security Outreach Access to Recovery Program "SOAR" SSI/SSDI eligibility determination training program for service providers.	CT AIDS Resource Coalition (CARC), CCEH, Social Security Admn (SSA), DSS and DMHAS	Year 1	$
	1.3.2 Use the SOAR model for other entitlements, e.g., TANF, SAGA, Section 8 and health benefits.		Year 1	$
	1.3.3. Obtain state and local government buy-in so that on-going technical assistance and support is provided through State or local government.		Year 1	Existing Resources
1.4 Hold Project Homeless Connect Event	1.4.1 Ensure that the Hartford COC and CCEH have the resources necessary to hold the Project Connect event.	Continua of Care, CCEH, Provider agencies, United Way of the Capital Area, religious institutions and faith-based groups	Years 1 - 10	$
	1.4.2 Outreach to religious institutions and faith-based groups for support and assistance.			Existing Resources

SHELTER SYSTEM & TRANSITIONAL HOUSING

"It would be nice to not be on a schedule. Where I can sleep when I want to."

Roger

Goal 2: Shelter System and Transitional Housing

The Commission fully supports the goal of permanent supportive housing but recognizes that efforts must be made to accommodate the needs of individuals and families who are currently in the system as a temporary solution until an adequate amount of permanent housing becomes available.

Shelters have been operating at capacity for many years. The Connecticut Department of Social Services' count of the number of times people have been turned away from shelters due to lack of space has increased significantly in the last five years, despite the increase in the number of beds during the winter months provided by the overflow shelter beds.

The Hartford shelter system is also facing a reduction in its shelter bed capacity in the coming years as the Immaculate Conception Shelter and Housing Corporation has decided to reduce the number of beds in its shelter every year, until it closes in two to three years, by shifting from providing traditional shelter services to a Housing First model.

To accommodate the timeframe necessary to establish new permanent housing, it is unfortunate, but necessary, that the Implementation Plan recommends that the emergency response system, temporary shelter beds with services, be maintained, and if possible, improved.

Prevention/Rapid Re-Housing Pilot Project

The most basic cause of homelessness is poverty. Without sustained employment or income, housing becomes difficult to maintain. Even short term losses of wages or benefits or an unforeseen medical expense can have devastating consequences on people who lack savings or a safety net to continue paying rent and utility expenses. More and more people are falling behind on rent, mortgage and utility payments. Ultimately, this will lead to eviction or foreclosure and in many cases homelessness. Steps must be taken to minimize the number of new people becoming homeless and entering the emergency homeless system

Creating a community-wide approach to preventing homelessness has an essential role to play in ending homelessness, as reaching this goal will require stopping the flow of new households into homelessness, as well as assisting those already homeless to quickly return to housing.

Homelessness is a very undesirable condition, both for the people it affects and for society in general. Individuals and families can be traumatized by the loss of self esteem that can accompany a stay in a homeless shelter. The effects of homelessness on children are very detrimental. Compared to poor, housed children, homeless children have worse health (more asthma, upper respiratory infections, minor skin ailments, gastrointestinal ailments, parasites and chronic physical disorders), more developmental delays, more anxiety, depression and behavior problems, poorer school attendance and performance and other negative conditions.[28] The effects of homelessness on single adults are also grim. Homeless individuals report poor health (37 percent versus 21 percent for poor housed adults) and are more likely to have life-threatening contagious diseases such as tuberculosis and HIV/AIDS[29].

[28] Homeless Families are Different, Homelessness in America, 1996.
[29] Disorders and Health Issues: An Overview, Encyclopedia of Homelessness, 2004.

The Commission is working with shelter and transitional housing providers and other agencies in a strategic planning process to develop a "Prevention/Rapid Re-Housing" pilot project for individuals and families in the Capitol Region. This pilot project would identify the at-risk populations and possible funding sources for the provision of services.

Prevention strategies should prevent the loss of housing through the provision of emergency and crisis services. These services usually include counseling and advocacy to help households connect to resources and housing, as well as budget and credit counseling. It could also include in-kind emergency assistance (food, clothing, transportation vouchers and occasionally furniture and medical care); and cash assistance with rent, mortgage, or utility payments to prevent eviction.

Rapid Re-Housing focuses on moving individuals and families who are living in the shelters as quickly as possible into appropriate housing using many of the same tools used by prevention strategies.

Seamless Continuum of Housing

The Implementation Plan also seeks to develop a seamless continuum of housing with connections between shelters, transitional housing and permanent supportive housing by using the Homeless Management Information System (HMIS) as a virtual point of entry.

Improve Conditions at No-Freeze Shelters

Expanded permanent supportive and affordable housing options are seen as the solutions to homelessness. The Implementation Plan will assure the safety of all homeless men, women and children by maintaining and improving conditions in no-freeze/overflow shelters to meet the near-term demands for shelter.

Key for Cost Estimate in Tables	
Existing Resources	
$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to move crisis households into housing as soon as possible; provide housing to the chronic homeless				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
2.1 Create an integrated model for housing of individuals and families within the shelter service system.	2.1.1.Develop strategic planning process with shelter service providers that will address the following: • Role of shelter, transitional housing and permanent supportive housing • Standards of rapid re-housing • Commonality around service definitions and tools (HMIS for case management) to serve individuals and families	Hartford COC, Continua of Care, CCEH, City of Hartford and Regional Shelters, Veterans Admn, CT Dept of Veterans Affairs, Transitional Housing Agencies and Supportive Housing Agencies and Housing Authorities	Year 1	$
2.2 Develop a Prevention/ Rapid Re-Housing pilot project to prevent loss of housing through the provision of emergency and crisis services.	2.2.1 Develop a strategic planning process that includes identified populations at risk, possible funding sources and programs to include mental health and substance abuse clients, families in transition and those in need of rapid exit from shelter.	Same as 2.1.1 plus Private landlords, CT Housing Court, DSS, Legal Aid, CT Dept of Children and Families (DCF), VA, DMHAS, Catholic Family Services, Voluntary groups and agencies, including faith-based institutions and food pantries	Year 1	$
	2.2.2 Identify funding sources for subsidies and other resources to support a Prevention/ Rapid Rehousing pilot project.	Same as 2.1.1 plus DSS and DMHAS	Year 1	Existing Resources

Strategies to move crisis households into housing as soon as possible; provide housing to the chronic homeless				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
	2.2.3 Create a commonality around service definitions and tools and strategies to work with individuals and families, common targeting standards, a screening tool for prevention efforts.	Same as 2.2.1	Year 1	Existing Services
	2.2.4 Implement pilot and study outcomes	Continua of Care, CCEH, City of Hartford and Regional Shelters, Transitional, Supportive Housing Agencies and funding agencies	Year 1	$$$$
	2.2.5 Develop a model "crisis intervention toolkit" for faith based or other grassroots groups who wish to assist an individual or family in an acute housing crisis.	Same as 2.2.1	Year 1-2	$$
2.3 Develop a seamless connection between shelters, transitional housing and permanent supportive housing for individuals and families.	2.3.1 Develop HMIS to accommodate virtual point of entry for service providers and intermediaries.	Data System Advisory Group	Year 1-2	$$

SUPPORTIVE & AFFORDABLE HOUSING

"To be in my own place would mean I could see my grandchildren again. Being able to have them over. That's what ending homelessness is about for me."

Tony

Goal 3: Supportive and Affordable Housing

The Commission is embracing the *Housing First* model as key to solving the problems of homelessness. Under this model, people who are homeless are placed in a stable housing situation as services are identified and provided. This concept recognizes that the provision of affordable housing is primary to solving the problems of homelessness. Affordable housing provides the cornerstone of stability allowing individuals and families to address other issues in their lives, be they health or employment related.

This approach to solving problems of homelessness recognizes that living on the streets is not an acceptable option for members of our community. An increase in the stock of affordable and supportive housing available in the Hartford region would prevent individuals and families from entering homelessness, reduce stays in shelters and transitional housing and end the recurrence of homelessness for individuals and families as they work to achieve self-sufficiency and maintain housing stability.

The Reaching Home Campaign has recommended the development of 2,133 supportive housing units in the Capitol Region over the next ten years including 1,293 units for the chronically homeless[30]. For each unit built in the city of Hartford our goal is to have a unit built outside the city of Hartford in the 28 towns within the Capitol Region.

Permanent supportive housing provides housing stability combined with appropriate supportive services to meet residents' individual needs and address the root causes of homelessness. With permanent housing in place, the difficulties and challenges experienced in the service delivery system in linking and providing services to individuals and families are significantly reduced.

Success will depend on the cooperation of existing housing providers, housing authorities and developers to target resources toward the goals of the Implementation Plan.

Expand Development Capacity

Journey Home will work to increase the number of supportive and affordable housing units by working with developers, fostering partnerships and streamlining the development and funding processes. *Journey Home* will work to increase the number of developers, especially for-profit developers working to develop affordable and supportive housing by providing:

- Education on supportive housing and funding sources
- Technical assistance to improve their proficiency to submit applications to provide affordable housing.

Facilitate the Creation of Partnerships

Journey Home in partnership with the Corporation for Supportive Housing will facilitate the creation of partnerships and create mechanisms for improved communication between for-profit and non-profit developers, landlords, social service providers and property managers. Working with state agencies and through the partnerships forged, *Journey Home* will work to streamline the processes related to

[30] Ending Long Term Homelessness in Connecticut: A Guide for Expanding Supportive Housing in Connecticut, CSH & Reaching Home Steering Committee, 2004.

the development and funding of supportive housing by identifying and eliminating barriers in an effort to expedite the development process and encourage more developers to build supportive housing. The Implementation Plan presents a multifaceted strategy for the development of affordable and supportive housing that elicits the involvement of all key stakeholders in the Capitol Region.

Increase Development Opportunities

Journey Home will support efforts to develop affordable and supportive housing within the city of Hartford as well as in towns outside the city of Hartford. It must be recognized that homelessness knows no geographic boundaries. Each community within the Capitol Region has people who become homeless. Many, but not all, of those individuals and families gravitate to Hartford because that is where most of the services are. It is critical that each community recognizes and acts upon their responsibility to actively promote the development of affordable and supportive housing in their municipality.

Journey Home will work to identify and eliminate roadblocks to the creation of supportive housing throughout the Capitol Region. *Journey Home* will conduct outreach and informational sessions and support community efforts to actively structure plans that will lead to the creation of affordable and supportive housing.

Support Scattered Site Development

Currently the large majority of supportive housing units in the Capitol Region are scattered site. Scattered site housing is when the housing units are not located in a single building or complex but are located throughout a neighborhood or community. Scattered site housing is going to be a major component in the effort to meet the Implementation Plan's supportive housing goals. The Implementation Plan supports supportive housing agencies' efforts to increase their staff's capacity to develop relationships with area landlords and increase the number of landlords willing to work with supportive housing programs.

Key for Cost Estimate in Tables	
Existing Resources	
$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to Increase Supportive and Affordable Housing				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
3.1 Increase the number of developers, especially for-profit developers, working to develop affordable/ supportive housing.	3.1.1 Develop champions to bring the for-profit developers to the table. Convince for-profits that they can do well by doing good.	Corporation for Supportive Housing (CSH), Home Builders Association, Local Initiatives Support Corporation (LISC), Supportive Collaborative at the Partnership for Strong Communities (PSC), For profit and Nonprofit Housing Developers	Year 1-10	Existing Resources
	3.1.2 Determine how supportive housing could best be "sold" to for-profit developers. Show success stories through site visits.		Year 1-10	Existing Resources
3.2. Educate for-profit developers to improve their proficiency to submit applications for the development of supportive housing to government agencies.	3.2.1 Educate for-profit developers on supportive housing, funding sources available to develop supportive housing and for service funding; including application requirements and deadlines. .		Year 1-10	$
3.3 Facilitate the creation of partnerships between or among constituencies such as, for-profit/ non-profit	3.3.1 Assist in the creation of linkages and mechanisms for communication among constituencies 3.3.2 Conduct "Job Fair" and educational forums.	Same as 3.1.1	Years 1-10	$

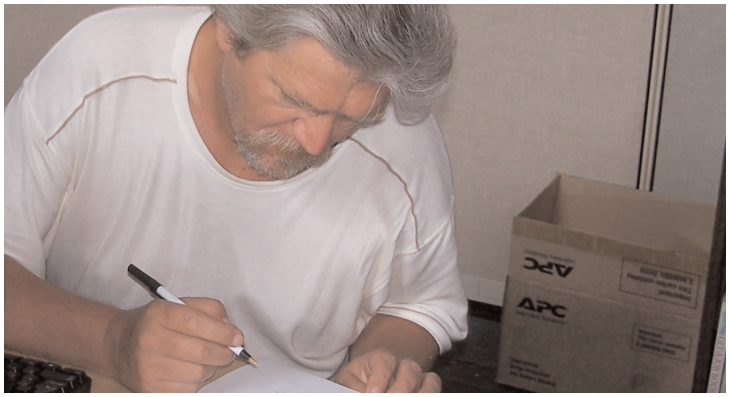
Strategies to Increase Supportive and Affordable Housing				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
	3.3.3 Assist in the increase in the number of Housing Specialist positions at supportive housing agencies to reach out to property owners to find landlords who have vacant apartments that could be used for supportive housing and work on behalf of scattered site clients with landlords on management issues.	Local providers with existing housing specialists and Continua of Care	Year 2-3	$$
3.4 Work with state agencies to streamline processes relative to development and funding.	3.4.1 Design a development process by talking with those who have developed projects and key officials at state agencies.	Same as 3.1.1 plus DSS, DMHAS, VA, CT Housing Finance Authority (CHFA) and CT Dept of Economic and Community Development (DECD)	Year 1-3	Existing Resources
	3.4.2 Identify bottlenecks to the process; potential for parallel processes mindful of timing issues and wasted handoffs/approvals		Year 1-3	Existing Resources
	3.4.3 Develop recommendations to increase capacity to overcome bottlenecks and consolidate application forms.	Same as 3.4.1 plus CT Office of Policy and Management (OPM) and DCF	Year 1-3	Existing Resources
	3.4.4 Develop clearer communication processes on procedures; create one-stop funding sites.		Year 1-5	Existing Resources
	3.4.5 Develop process to convince state to develop a procedure through bonding to make funds available that would maximize opportunities as they arise. Look to other states for ideas.		Year 1-5	Existing Resources

Strategies to Increase Supportive and Affordable Housing				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
	3.4.6 Work with the Board of CHFA to effect changes and streamline processes for funding.	Same as 3.4.3	Year 1-3	Existing Resources
3.5 Seek other potential resources to create/increase funding for support services for both single site and scattered site supportive housing.	3.5.1 Develop corporate funding sources and individual donors.	PSC, DMHAS, DCF, VA, CT Dept of Veterans Affairs, MetroHartford Alliance, CT Business and Industry Association, CT Bankers' Assn, major CT banks and CT Council for Philanthropy	Year 1-5	$$
	3.5.2 Create a better understanding of CRA requirements for banks and maximize loan funds that can be designated to supportive housing development.		Year 2	Existing Resources
	3.5.3 Work with DCF to fund housing for families for people who are "not diagnosable".		Years 1-2	Existing Resources for staff needs. $$$$ For housing DCF families

Strategies to Increase Supportive and Affordable Housing				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
3.6 Identify and eliminate roadblocks to the creation of supportive housing and support efforts to develop affordable and supportive housing in the city of Hartford.	3.6.1 Evaluate the impact of Hartford's 1000-foot restriction on the development of supportive housing; and pursue changes in the Hartford ordinances relative to findings	City of Hartford and Hartford COC	Year 1-2	Existing Resources
	3.6.2 Evaluate current parking requirements relative to the needs of supportive housing residents; pursue changes in the Hartford ordinances relative to findings.	City of Harford Planning and Zoning	Year 1-2	Existing Resources
	3.6.3 Pursue gap financing from the City of Hartford for the creation of more affordable and supportive housing.	City of Hartford, Hartford COC and CCEH	Year 1-3	Existing Resources
3.7 Identify and eliminate roadblocks to the creation of supportive housing and support efforts to develop affordable and supportive housing in the towns outside of the city of Hartford.	3.7.1 Develop criteria to evaluate development opportunities.	CSH, CRCOG, LISC, Continua of Care, For profit and Non profit Housing Developers, local municipalities and CCEH	Year 1-3	Existing Resources
	3.7.2 Work with the Capitol Region Council of Governments (CRCOG) to inventory potential development sites in the suburbs.	CRCOG, CT Association of Realtors	Year 1-3	Existing Resources

Strategies to Increase Supportive and Affordable Housing				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
	3.7.3 Support efforts by the Corporation for Supportive Housing and Partnership for Strong Communities to conduct outreach/ educational/ informational meetings to the towns outside of the city of Hartford to understand their concerns and support their efforts to develop supportive housing.	CRCOG, CSH, PSC and local municipalities	Year 2-5	$$
	3.7.4 Create relationship with planning departments. Search out unused or underutilized land owned by churches, corporations and government for development and partner with property owner.		Year 2-5	$
	3.7.5 Encourage local communities to meet their threshold for the number of affordable housing units in the community and eliminate roadblocks to the creation of supportive housing.		Year 2-5	$
	3.7.6 Initiate and support efforts in suburban communities to pass inclusionary zoning ordinances.		Year 1-3	$
3.8. Create more scattered-site apartment leasing options.	3.8.1. Build a landlord consortium that integrates existing landlord networks.	*Journey Home* staff, scattered site housing providers, CT Association of Realtors and DECD	Year 1 - 2	$
	3.8.2 Create housing educational outreach forums to educate landlords about supportive housing.		Year 2 - 4	Existing Resources

Strategies to Increase Supportive and Affordable Housing				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
	3.8.3 Explore the establishment of a "Landlord Assistance Fund" to support the rehabilitation of apartment units designated for supportive housing and reimburse landlords for damages to apartments done by supportive housing tenants not covered by security deposits.	*Journey Home* staff, Scattered site housing providers, CT Association of Realtors and CT Dept of Economic and Community Development (DECD)	Year 2	$$
	3.8.4 Establish a working partnership with the Hartford Housing Authority to strategize leasing opportunities for supportive housing.	*Journey Home* staff, Scattered site housing providers and Hartford Housing Authority	Year 2	Existing Resources



EDUCATION, TRAINING, & EMPLOYMENT

"I could finally be self-sufficient. Cook my own meals."

Jimmy

Goal 4: Education, Training and Employment

Job training, skills development and educational opportunities represent a special category of services within the 10-year plan. Due to economic changes, many people find themselves homeless due to layoffs or downsizing. As they look for work, many find that newly created jobs in this economy pay a low wage. Some lack the skills necessary to qualify for the most basic, entry-level positions. Hartford Point In Time (PIT) data shows that 16% of respondents indicate they are currently working and 71% want to work.[31] Many of those working are not earning enough to make ends meet. The Hartford PIT data also shows that a large percentage of people experiencing homelessness recognize this and indicate that job training, education and job placement are important service needs.

The Commission recognizes that increased access to educational resources, job training and skills enhancement is key to increasing access to income. This income is essential for people experiencing homelessness to secure and maintain housing and to live independently. Other key principles are that each client needs an individual plan customized to their needs that includes education and training. Consistent, on-going case management is a key component of each plan.

Increase Interconnectedness between Employment and Housing/ Shelter Agencies

The Implementation Plan recommends partnering with the Connecticut Office for Workforce Competitiveness, the Connecticut Department of Labor (DOL) and other entities to support and build upon the state-sponsored Supportive Housing Pilot Project, now called "Keys To Success". The purpose of this pilot project is to help ensure a coordinated response to enhancing employment opportunities for people who are living in transitional and supportive housing. "Keys to Success" works to increase the interconnectedness of the Connecticut Department of Labor One-Stop Employment Centers, emergency shelters, transitional housing and supportive housing providers. The increased interconnectedness and collaboration among these entities will allow program staff to connect people experiencing homelessness to employment, educational and training opportunities.

Assess and Analyze Client Needs and Align Training Programs with Employer Needs

The Commission recognizes that job training and educational services for people who are homeless are often delivered in a fragmented way. Therefore, *Journey Home* will also work to increase the understanding of the homeless population's service needs regarding employment, training and education and how they are aligned with employer needs.

The Implementation Plan also calls for the revision of the entry and assessment forms used by CTWorks One-Stop Centers to ensure they adequately assess the employment needs of homeless populations.

Capital Workforce Partners Pilot Employment Program

Capital Workforce Partners has committed to develop a pilot employment program to address and support homeless employment. *Journey Home* will support and work with Capital Workforce Partners on this program.

[31] Census of the Homeless and Supportive Housing Populations of Hartford, Connecticut, 2007

Increase Access to Transportation

Mobility between home, training, work and services is key to helping people who are homeless reconstruct their lives. The Commission recommends a regional approach to transportation with a system that links suburbs and the city of Hartford, assuring access to jobs, housing, health care and other needed services.

Key for Cost Estimate in Tables	
Existing Resources	
$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to increase incomes of Hartford's homeless and at-risk households				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
4.1 Increase interconnectedness and working relationships among the One-Stop Employment Centers, shelters, transitional housing and supportive housing programs.	4.1.1. Partner with the Office for Workforce Competitiveness' "Supportive Housing Pilot" and the entities collaborating in that effort to help ensure a coordinated response to enhancing employment opportunities for the homeless.	City of Hartford, Capital Workforce Partners (CWP), CT Department of Labor (DOL), Continua of Care, Chrysalis, Immaculate Conception, Supportive housing programs, VA and Capitol Region Mental Health Authority (CRMHA)	Year 1-3	Existing Resources
	4.1.2 Use the One-Stops to connect clients to community resources in addition to those available for employment and training.		Year 1-3	Existing Resources
	4.1.3 Locate staff from Homeless/Housing Site at the One-Stops		Year 1-3	Existing Resources
4.2. Assist in increasing the understanding of the homeless population's service needs regarding employment, training and education and their alignment with employer needs.	4.2.1 Develop client profiles regarding service needs of people who are homeless	DOL and Capitol Region Educational Council (CREC)	Year 1-3	$
	4.2.2 Survey businesses/ employers regarding full-time, entry level positions and skill sets needed.	CTWorks One-Stop, Chambers of Commerce and CT Business and Industry Association (CBIA)	Year 1-3	$

Strategies to increase incomes of Hartford's homeless and at-risk households				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
	4.2.3 Work with One-Stops to revise their entry assessment forms to include questions that will help us: - Better understand the needs of homeless clients so that services can be provided that target those needs - Determine clients' housing needs	CT Works, Continua of Care and CT Works One-Stop	Year 1-3	Existing Resources
4.3 Work with CWP to develop a pilot employment and training program.	4.3.1 Work with CWP to develop a pilot training program that meets needs of both homeless individuals and potential employers.	CWP and Continua of Care	Year 1-2	Project supported by CWP
4.4 Support on-going education and training programs.	4.4.1 Provide training to those who do employment direct services.	CREC, Public Schools and Community Renewal Team (CRT)	Year 1-3	$
	4.4.2 Provide training for education providers to work with the homeless. Identify "best practices" and a monitoring plan with on-going evaluation of programs.		Year 1-3	Trainer cost from above
	4.4.3 Connect the homeless to existing education, employment and training programs using best practices and current successful programs.		Year 1-3	Existing Resources

Strategies to increase incomes of Hartford's homeless and at-risk households				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
4.5 Facilitate the coordination of a regional approach to transportation, with a system that links suburbs and the city of Hartford and includes bicycles in order to assure access to jobs, housing, health care and other needed services.	4.5.1 Identify existing transportation resources and gaps in services. Develop a plan with identified resources and necessary stakeholders.	CBIA, MetroHartford Alliance, Capitol Region Council of Governments (CRCOG), Job Access, CT Transit Authority and CT Dept of Transportation.	Year 1-2	Existing Resources
	4.5.2 Collaborate with and participate in programs on transportation to employment issues.	Jobs Access Task Force, CT Transit Authority and Ride Share Program	Year 1	Existing Resources
	4.5.3 Train and provide information to case managers on the implementation of an access to transportation plan.	Connecticut Transit Authority, Ride Share Program and DOT	Year 1-3	$

PREVENTION

"Having my own home would allow me to pursue other things. Right now it is about the day-to-day and it's difficult to look beyond that."

Jimmy

Goal 5: Prevention

Prevention/Rapid Rehousing Pilot Project

The Commission is working with shelter and transitional housing providers and other agencies in a strategic planning process to develop a "Prevention/Rapid Re-Housing" pilot project for individuals and families in the Capitol Region, that would identify the at-risk populations and possible funding sources for the provision of services.

Prevention strategies should help to avoid the loss of housing through the provision of emergency and crisis services. These strategies usually include counseling and advocacy to help households connect to resources and housing, as well as budget and credit counseling. They could also include in-kind emergency assistance (food, clothing, transportation vouchers and occasionally furniture and medical care) and cash assistance with rent, mortgage, or utility payments to prevent eviction.

Rapid re-housing focuses on moving individuals and families who are living in the shelters as quickly as possible into appropriate housing using many of the same tools used by prevention strategies.

(The above paragraphs were excerpted from the Section 2 - Shelter System and Transitional Housing section, page 31)

Improve Discharge Planning

Mainstream systems (state and local mental health institutions, hospitals, the criminal justice system and youth transitioning from foster care) need to improve their preventative planning for the discharge of clients. The significant increase of the number of individuals being discharged from these systems, coupled with the complex needs of those discharged without adequate transition assistance is creating a crisis situation for area homeless shelters.

There are an increasing number of people being discharged into the homeless system due to both deficiencies in discharge planning and a lack of available housing. People being released from state institutions should have an evidence-based assessment of their housing needs at the time of discharge. It should be developed well in advance of their release or discharge. The Implementation Plan seeks to understand and improve discharge planning for individuals leaving correctional and inpatient facilities to reduce the incidence of homelessness by developing and supporting an on-going collaboration between local service providers, state and local institutions.

Additionally, the Implementation Plan encourages efforts to allow for the suspension of state entitlements, rather than termination, for persons who are incarcerated or hospitalized. The suspension of benefits will expedite a person's ability to access a source of income allowing them to obtain housing faster upon discharge. Eliminating the time period from the point at which someone is discharged and obtains benefits eliminates the window when they are at an increased risk of homelessness.

Key for Cost Estimate in Tables	
Existing Resources	
$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to provide assistance to prevent family and individual homelessness				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
5.1 Improve results from Discharge Planning for individuals leaving correctional, inpatient facilities and DCF to reduce the incidence of homelessness	5.1.1 Develop and support an ongoing collaboration between local services providers and state and local institutions to understand and improve timely discharge planning, appropriate assessments, adequate supports with a realistic plan for housing and follow up services.	CT Dept of Mental Health and Addiction Services (DMHAS), CT Dept of Corrections (DOC), CT Dept of Children and Families (DCF), CT Coalition to End Homelessness (CCEH), Continua of Care and local hospitals	Year 2-4	Existing Resources
	5.1.2 Encourage the effort to allow for the suspension of state entitlements, rather than their termination, for persons who are incarcerated or hospitalized.	Social Security Administration (SSA), DMHAS, CT Dept of Social Services (DSS), DOC, CCEH, Continua of Care and local hospitals	Year 2-4	Existing Resources

CREATE COMMUNITY AWARENESS

"We can end homelessness. The only thing that stands in our way is the belief that we can't. Believe, their lives depend on it.

Dave Martineau
Director of Program, Mercy Housing
Co-chair of the Continuum of Care in Hartford

Goal 6: Create Community Awareness and Coordinated Response

The perceptions of the general public are diverse regarding the causes and realities of homelessness today. Achieving the goal of ending homelessness in the Capitol Region will require widening public support for the development of supportive housing and public expenditures for housing and services; and educating businesses, providers and individuals about the causes of homelessness and effective solutions for responding to this crisis.

Coordinated and Collaborative Regional Response

The Commission recognizes homelessness is not the problem of the city of Hartford alone. Service providers indicate that a number of people accessing and receiving services are from cities and towns in the Greater Hartford region. Therefore, recognizing that people are entering the system of care from both Hartford and its surrounding communities means that lasting solutions will require a coordinated and collaborative regional response.

Journey Home will focus on a targeted, comprehensive, public awareness strategy within the Capitol Region to articulate the role individuals and communities can play in ending homelessness. We recognize the need to partner with existing service providers, programs, faith-based communities, businesses and other organizations to coordinate our efforts.

Strengthen Legislative and Lobby Efforts

The Commission recognizes the need to work with others to coordinate legislative and lobbying efforts at the local, state and federal levels; including the Partnership for Strong Communities Reaching Home and HOMEConnecticut Campaigns, the Connecticut Coalition to End Homelessness, the Connecticut Housing Coalition, the Coalition of Ten Year Planning Communities, the National Alliance to End Homelessness, the National Low Income Housing Coalition and the Federal Interagency Council on Homelessness.

Economic Benefits to the Community

A major part of our message to the business community, foundations, state agencies and the general public is that the community will derive great economic benefits from the commitment and concentrated efforts to end homelessness.

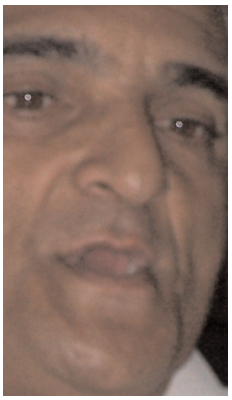
It is being proven across the country that the cost to the community of chronic homelessness is great. It is further being proven that the reduction and eventual elimination of chronic homelessness can significantly reduce the overall costs to the community. It is imperative that we concentrate resources on supportive and affordable housing for persons who are homeless.

Key for Cost Estimate in Tables	
Existing Resources	
$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to Create Community Awareness and Coordinated Response				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
6.1 Develop and implement a public awareness plan with a common message that supports all the community awareness goals of the Commission.	6.1.1 Make communication a key driver, secure funds and develop a long term comprehensive communication program (media, public relations, community relations, partnership development) that reaches key influencers at every level with the core message that we can end homelessness and have a program to do so in a measurable way	CRCOG and *Journey Home*	Year 1 - 10	$$$$
	6.1.2 Secure services from a competent public relations agency.	*Journey Home*	Year 1	Included
	6.1.3.Enhance awareness that homelessness can be ended and how it can be done.	*Journey Home*	Year 1 - 10	Included
	6.1.4.Promote a "buy in", commitment and involvement of stakeholders.	*Journey Home*	Year 1 - 10	Included
	6.1.5 Establish a broad partnership of fully engaged organizations and individuals.	*Journey Home* and Reaching Home Campaign	Year 1	Existing Resources
	6.1.6. Hire consultant to develop and run a cost study and census registry of the homeless population within the Capitol Region. This would also provide us with more accurate baseline data for measuring the impact of our initiatives.	Immaculate Conception Shelter and Housing Corporation	Year 1 - 2	$$

Strategies to Create Community Awareness and Coordinated Response				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
6.2 Partner with existing Hartford agencies, programs, faith-based and other organizations to have a coordinated public awareness campaign	6.2.1 Support CRCOG in its effort to become a supporting organization of the Partnership for Strong Communities Reaching Home Campaign, and its commitment to work toward ending homelessness in the Capitol Region in ten years	*Journey Home* and CRCOG	Year 1 - 10	Existing Resources
	6.2.2 Support CRCOG's effort to solicit additional funding for CRCOG to support these expanded public outreach and education activities, and also increased CRCOG involvement in the facilitation of regional solutions and policy development.	*Journey Home* and CRCOG	Year 1 - 10	Existing Resources
	6.2.3 Collaborate with CRCOG member municipalities to achieve broader public understanding of the social and fiscal benefits of ending homelessness in 10 years.		Year 1 –10	$$
	6.2.4 Support the funding for and the creation of supportive and affordable housing in the Capitol Region; and statements of public support from Mayors, Selectmen, City Councilors and other elected officers for the Partnership for Strong Communities Reaching Home Campaign.		Year 1 - 10	Existing Resources

INFRASTRUCTURE DEVELOPMENT



Goal 7: Infrastructure Development of the Implementation Entity

After the Implementation Plan is approved, the Commission's first critical responsibility involves creating an entity that is charged with enacting this plan. The Commission will have a subcommittee of the whole, a "Planning Committee", work on developing and launching the implementation entity – *Journey Home*.

The Planning Committee will be composed of members of the Commission and representation from other key stakeholders.

Key for Cost Estimate in Tables	
Existing Resources	
$	0 - $10K
$$	$10K - $50 K
$$$	$50K - $200K
$$$$	$200K and over

Strategies to Develop and Implementation Entity				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
7.1 Create a subcommittee of the Commission (Planning Committee) to work on developing and launching *Journey Home*.	7.1.1 Determine which Commission members and others should serve on the Planning Committee.	Commission, City of Hartford, Capitol Region Council of Governments (CRCOG), Continua of Care, Partnership for Strong Communities (PSC), CT Coalition to End Homelessness (CCEH), Corporation for Supportive Housing (CSH) and others	Month 1	Existing Resources
	7.1.2 Identify and recruit stakeholders to participate in the Planning Committee activities.		Month 1	Existing Resources
7.2 Committee will ensure that critical activities occur and are not held up pending the establishment of *Journey Home.*	7.2.1 Committee determines what activities can be done now, in advance of establishment of *Journey Home* and hiring of Director. It will allocate responsibilities/ recruit volunteers to get them moving or done. • Homeless Connect event will be held in December 2007 • Prevention/Rapid Re-Housing Initiative • Distribution and publicity surrounding the publication of the Implementation Plan	Same as 7.1.1	Month 2	$

Strategies to Develop and Implementation Entity				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
7.3 Create governance and operational structure that will effectively carry out the implementation strategy	7.3.1 Identify and begin negotiations with agency/organization to house *Journey Home*. This agency/ organization should be: • A regional organization that is well known and well respected. • Have a 501(c)(3) not for profit organization that could have the capacity to receive funds and to provide some administrative functions.	Commission, City of Hartford, CRCOG, Continua of Care, PSC, CCEH, CSH and others	Month 1 - 4	Existing Resources
7.4 Create governance and operational structure that will effectively carry out the implementation strategy.	7.4.1 Develop and establish governance structure of *Journey Home.*	Same as 7.3.1	Month 2-4	Existing Resources
	7.4.2 Develop and establish staffing needs for *Journey Home*.	Same as 7.3.1	Month 2-4	Existing Resources
	7.4.3 Develop operating policies and procedures	Same as 7.3.1	Month 2-4	Existing Resources
7.5 Develop budgets that will enable *Journey Home* to effectively carry out the Implementation Plan.	7.5.1 Develop and establish three-year budget and identify possible sources of funds	Same as 7.3.1	Month 3-4	Existing Resources

Strategies to Develop and Implementation Entity				
Strategy	**Action Steps**	**Proposed Partners**	**Timeframe**	**Cost**
7.6 Raise the funds necessary to carry out the Implementation Plan.	7.6.1 Raise funds to cover activities for Year One and Year Two projected expenses.	Same as 7.3.1	Month 4-5	$
7.7 Hire skilled Director to execute the Implementation Plan.	7.7.1 Hire Director responsible for the day-to-day oversight of the implementation of the ten-year plan.	Same as 7.3.1	Month 6	$$$
	7.7.2 Launch Year one operating plan	Same as 7.3.1	Month 6	Existing Resources

Appendix A - GLOSSARY OF TERMS

- **Assertive Community Treatment (ACT) teams:** Multidisciplinary teams that provide case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care and employment assistance for people with mental illness.
- **Case Management:** Overall coordination of an individual's use of services, which may include medical and mental health services, substance use services and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy and referral on behalf of individual clients.
- **Chronic Homelessness.** The U.S. Department of Housing and Urban Development (HUD) defines a person experiencing chronic homelessness as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.
- **Connecticut Coalition to End Homelessness (CCEH):** CCEH is a statewide organization with the mission to end homelessness in Connecticut through prevention, support services and housing solutions.
- **Community Development Block Grant (CDBG):** CDGB is a flexible program that provides communities with resources to address a wide range of unique community development needs and provides annual grants on a formula basis to local government and States. In Connecticut it is administered by the Department of Economic and Community Development.
- **Connecticut Housing Finance Authority (CHFA):** CHFA was created by the state legislature to alleviate the shortage of affordable housing for low-and moderate income individuals and families in CT. CHFA administers State and Federal housing tax-credit programs, provides financing for the development of multi-family housing and mortgage financing for first time homebuyers.
- **Consolidated Plan**: A long term housing and community development plan developed by State and local governments and approved by HUD. It contains information on homeless populations.
- **Continuum of Care**: The Continuum of Care was established by HUD to oversee community planning around homelessness. Continua work together to define needs, plan strategies and prioritize funding for supportive housing services.
- **Co-occurring Disorders:** The presence of two or more disabling conditions such as mental illness, substance abuse, HIV/AIDS and others.
- **Corporation for Supportive Housing (CSH):** CSH is an organization that supports the expansion of permanent supportive housing through technical assistance. For more information please see: www.csh.org.
- ***CTWorks:*** *CTWorks,* was formerly known as *Connecticut Works.* It is Connecticut's name for its' One-Stop employment and training system.
- **Department of Children and Families (DCF):** DCF is a state agency charged with protecting children, improving child and family well-being and supporting and preserving families. DCF funds the Supportive Housing for the family scattered site housing program.
- **Department of Economic and Community Development (DECD):** DECD is a state agency that develops and implements strategies to attract and retain businesses and jobs, revitalize neighborhoods and communities, ensure quality housing and foster appropriate development in Connecticut's towns and cities. DECD administers the State's allocation of Federal HOME and CDBG funding as well as State funds for affordable housing.
- **Department of Labor (DOL):** DOL is a state agency whose mission is to help and protect the working people of Connecticut. DOL is both the administrative entity for the Workforce Investment Act and provides core employment and training services in *CTWorks.*
- **Department of Mental Health and Addiction Services (DMHAS):** DMHAS is a state agency whose mission is to improve the quality of life of the people of CT by providing an integrated network of comprehensive, effective and efficient mental health and addiction services through the local Mental Health Authorities. DMHAS' regional offices administer the Shelter Plus Care Program as well as other funding sources that support Supportive Housing.
- **Department of Social Services (DSS):** DSS is a State Agency that provides a broad-range of services to the elderly, disabled, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-realization and independent living. The agency is designated as a public housing agency for the

purpose of administering the Section 8 program under the Federal Housing Act.

- **Discharge Planning**: A significant percentage of homeless individuals report recent incarceration, hospitalization, residential health care, foster care or treatment facilities. Discharge planning is assisting the consumer with a plan on how they are going to live after "discharge" from the facility. Successful discharge planning starts long before the end of a person's stay in such an institution. Integrated services both within and outside of institutions are necessary to assure effective discharge planning.
- **Dually-diagnosed:** See Co-occurring Disorders.
- **Harm Reduction:** Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal and does not condone or condemn drug use.
- **Homeless Persons:** Persons or families lacking a fixed regular and adequate nighttime residence who are residing in a place not meant for human habitation (e.g., on the streets) or in an emergency homeless shelter, or in transitional housing for the homeless, or are being evicted within a week from a private dwelling, or are being discharged within a week from an institution in which they have been a resident for more than 30 consecutive days, or are fleeing a domestic violence situation; in the case of children and youth, it also includes sharing the housing of other persons due to loss of housing, economic hardship or a similar reason or awaiting foster care placement.
- **Homeless Management Information System (HMIS):** HMIS is a community-wide data base congressionally mandated for all programs funded through the Department of Housing and Urban Development (HUD) homeless assistance grants. The system collects demographic data on consumers as well as information on service needs and usage.
- **Housing First:** The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness. Housing First can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements.
- **Housing and Urban Development (HUD):** Federal Agency whose mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination.
- **Local Mental Health Authority (LMHA):** The Department of Mental Health and Addiction Services operates and/or funds 14 Local Mental Health Authorities (LMHAs) throughout Connecticut. They manage the mental health services for their geographic regions. The LMHAs offer a wide range of therapeutic recovery-oriented programs, including employment and supportive housing programs, as well as crisis intervention services.
- **Long Term Homelessness:** This term includes all people who have been homeless for long periods of time, as evidenced by repeated (three or more times) or extended (a year or more) stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons. This definition intentionally includes a larger group of people than the federal government's "Chronic Homelessness" definition, such as families and youth.
- **McKinney-Vento Homeless Assistance Act:** This 1987 federal legislation established programs and funding to serve homeless people.
- **National Alliance to End Homelessness (NAEH):** The National Alliance to End Homelessness seeks to mobilize the nonprofit, public and private sectors of society in an alliance to end homelessness.
- **Next Step Initiative:** The *Next Step Initiative* is Governor Rell's funding initiative, to help implement part of the recommendations in the State Interagency Council on Supportive Housing and Homelessness' plan, designed to add 1000 units of supportive housing throughout the State over the next three years. *Next Step* will provide funding for supportive services, development and/or rental subsidies. It is designed to leverage additional development grants as well as federal funds.
- **"No Wrong Door":** No wrong door refers to an approach in which caregivers share common information and tools that can break down unnecessary barriers and allow clients to gain access to all needed service regardless of whose door they come to first.

- **Prevention.** "Prevention" refers to any of a number of strategies used to keep individuals and families from becoming chronically homeless.
- **Rapid Rehousing.** Rapid re-housing focuses on moving individuals and families who are living in the shelters as quickly as possible into appropriate housing using many of the same tools used by prevention strategies.
- **Reaching Home Campaign:** Reaching Home is the statewide campaign to create 10,000 units of supportive housing, endorsed by Governor Rell and the Interagency Council on Supportive Housing and Homelessness. For more information please see: www.ctpartnershiphousing.com.
- **Re-Entry housing.** This refers to transitional and supportive housing options for people coming out of prison and jail.
- **Scattered-site Housing:** Dwelling units in apartments or homes spread throughout a neighborhood or community that is designated for specific populations, usually accompanied by supportive services.
- **Service Plans:** Case managers in shelter, transitional and supportive housing programs, typically create a comprehensive service plan for clients including goals and objectives, which will assist them in addressing barriers and maintaining stability. A service plan should be comprehensive in that it includes an array of needs, multiple service providers, long and short term goals, timelines and specific expectations of both the client and caregivers.
- **Single Room Occupancy (SRO) Building:** A type of building that offers residents a single, furnished room, often with shared bathroom and kitchen facilities.
- **Single-site Housing:** A housing program wherein all living units are located in a single building or complex.
- **Social Security Disability Insurance (SSDI):** SSDI provides benefits to disabled or blind individuals who are "insured" by workers` contributions to the Social Security trust fund.
- **Supplemental Security Income Program (SSI)**: SSI is cash assistance payments to aged, blind and disabled people (including children under age 18) who have limited income and resources.
- **Stakeholders:** Individuals who have a vested interest in the outcomes or the process of a particular endeavor.
- **Supportive Housing:** Supportive housing combines rental housing with individualized health, support and employment services. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services – such as the help of a case manager, help in building independent living skills and connections to community treatment and employment services – designed to address their individual needs.
- **Temporary Assistance for Needy Families (TANF):** TANF is a Federal Block Grant distributed to states to provide cash assistance, child care transportation and other services to people on welfare.
- **Ten year plans to end long term homelessness.** These local and statewide campaigns in regions across the country seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each Ten Year Plan to End Homelessness provides solutions and options for looking at communities committed to ending homelessness rather than just managing it.
- **Transitional Housing:** Housing meant to help homeless people access permanent housing, usually within two years.
- **Under-Employed:** Employed at a level not consistent with education or past work experience.
- **Workforce Investment Board-Local (LWIB)-** They are responsible for coordinating employment and training services at the local level through the One-Stop system, which in Connecticut is called *CTWorks.*
- **Work Incentives:** Special rules make it possible for people with disabilities to work and continue to receive certain federal or state benefits. People receiving SSDI or SSI can work and still receive monthly payments and Medicare or Medicaid. Social Security calls these rules "work incentives." HUD also encourages eligible tenants with disabilities living in HUD assisted housing to work by disallowing earned income in calculating monthly rents for certain programs.
- **Wrap-around Services**: A wraparound service model coordinates all caregiver services, often though a team case-management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving.

Appendix B– Members of the Hartford Commission to End Homelessness

- William H. Farley - Chair
  CB Richard Ellis - President, CT Region
- Ruth R. Sales – Vice-Chair
  Mount Olive Child Development Center
- Michael P. Barton
  Whys Solutions, LLC – Managing Member
- Judith A. Carey, RSM
  St. Francis Hospital - Vice President, Mission Integration
- Hon. Melody Currey
  Mayor, East Hartford; Capitol Region Council of Government's representative
- Marian V. Eichner
  Capital Workforce Partners - Projects Support Manager
- Monica H. Fowler
  Hartford Hospital - Director of Social Work
- Richard W. Hines
  Avon Town Council - Ex–chair; Capitol Region Council of Government's representative
- Ann Jennings
  YWCA
- Winston B. Johnson
  Hartford Public Schools - Director of Social Work
- David E. Martineau
  Mercy Housing & Shelter - Program Director; Hartford Continuum of Care's representative
- Patricia M. McKeon, RSM
  Mercy Housing and Shelter - Executive Director.
- Daniel O. Merida
  Sheldon Oak Central Inc., Executive Director; developer of supportive housing
- Theresa C. Nicholson
  Community Renewal Team - Assistant Vice President
- George A. Nurisso
  Bank of America - Community Development Lending Director
- Rose Alma Senatore
  Catholic Charities - Chief Executive Officer
- Luz V. Torres
  Hartford Resident
- Carol E. Walter
  Connecticut Coalition to End Homelessness - Executive Director

Appendix C - Acknowledgements

To the nearly 150 people from business, local and state government, non-profits and religious organizations who most generously gave their time and energies to develop the ideas, concepts and wording for this Implementation Plan. Below is a partial listing of those who participated in the Implementation Plan's development. It is not meant to indicate their endorsement of the Implementation Plan.

Veronica Airey-Wilson,
Councilwoman
City of Hartford

Gary Anderson
Town of Manchester

Valerie Archer
My Sister's Place

Katie Bailey
MetroHartford Alliance

Brian Baker
South Park Inn

Rev. Carolyn Baker
Cathedral Church

Cecilia Baldwin
CT AIDS Resource Coalition

Gertrude Banks
The Village for Children and Families

Michael P. Barton
Whys Solutions, LLC

Janet Bermudez
Center City Churches

Sandy Berry
Salvation Army, Marshall House

Marcia Bok
National Assn of Social Workers, CT

Anthony Bonetti
CT Coalition to End Homelessness

Sheryl Breetz
CT North Central Mental Health Board

Kevin Brown
Director, McKinney Shelter

George Brusznicki
Community Renewal Team

Nancy Canata
Capitol Region Education Council

Tyrone Canino
Community Renewal Team

Judith A. Carey, RSM
Vice-President for Mission Integration,
St. Francis Hospital

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CT Office of Workforce Competitiveness

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Jane Cogan
Chrysalis Charities

Timothy Coppage
Deputy Commissioner,
CT Dept of Economic and Community Development

Cindy Couture
CT Dept of Corrections, CMHC

Justine Couvares
Chrysalis Charities

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Hartford's Commission to End Chronic Homelessness – Chaired by Archbishop Henry Mansell and Susan Rottner, President of Bank of America Connecticut– for developing "Hartford's Plan to End Chronic Homelessness by 2015" and providing us with the key goals and strategies used to develop this Implementation Plan.

The St Patrick's - St Anthony's Urban Ministry Center – especially Pam Johnson and Father Jim Hynes - for most generously hosting all the committee meetings.

Chris Kelly of Connecticut AIDS Resource Coalition – for photographing individuals and families experiencing homelessness that appear in the Implementation Plan.

Cliff Emery of the Enterprise Group, Inc. – for designing the graphics of the Implementation Plan and contributing photographs and developing photographic displays that appear in the Implementation Plan.

Anthony Bonetti – for providing us with his expertise and knowledge of homeless issues, assisting in development of the Implementation Plan, conducting the majority of research, drafting a significant portion of the language and editing the Implementation Plan.

The Committee Chairs – Michael Barton, Sister Judy Carey, Marian Eichner, Monica Fowler, David Martineau, Sister Pat McKeon, Theresa Nicholson, Rose Alma Senatore, Luz Torres and Carol Walter – for running the committee meetings, developing the proposals and ensuring that participant's ideas and concepts were encouraged, discussed and distilled into workable plans.

Planning Committee – William Farley, Ruth Sales, Michael Barton, Sister Judy Carey, David Martineau, Theresa Nicholson and Carol Walter – for developing the Committee reports into the Implementation Plan and editing the Implementation Plan. Special thanks to Sister Judy Carey and Michael Barton – for consistently going the extra mile.

Ruth Sales, Vice-Chair of the Commission – for convincing key people to participate in the Committees, providing wise counsel at critical points in our process and helping us stay focused on the importance of ending homelessness.

Lionel S. Rigler – for coordinating the entire process, ensuring that the critical stakeholders participated in developing this Implementation Plan, working with each of the Committee Chairs to ensure that ideas and concepts were developed and distilled into workable plans, drafting the majority of the language and editing this Implementation Plan. His efforts went far beyond coordination because he invested his personal passion to solving the homeless crisis.

William H. Farley, Chair of the Commission – for providing leadership and vision to each and all of us - helping us see where we needed to go and making sure that we took the needed steps to get there; seeing who wasn't at the table, finding the right persons and convincing them to contribute their time and energies; anticipating what resources would be needed and then finding them to fill the gaps; and doing all this with compassion, caring and good humor.