Census of the Homeless and Supportive Housing Populations of Hartford, Connecticut, 2006

Hartford Connecticut Continuum of Care, City of Hartford,
Community Renewal Team, Inc., Hartford Hospital Research Program

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Introduction and Methodology

The 2006 point-in-time census of the homeless and supportive housing populations is an enumeration of all individuals and families staying in shelters, transitional housing, supportive housing, and on the street on a specified evening in Hartford, Connecticut in order to obtain an unduplicated count of the homeless population. The census is the result of the collaboration between the City of Hartford, the Hartford Continuum of Care, the Community Renewal Team, and Hartford Hospital. The purpose is to provide useful and timely data for the Continuum of Care gaps analysis for the HUD application from Hartford, and to provide an analysis of patterns of causes of homelessness and the needs that must be met for homeless people to leave the streets, shelters, and transitional housing of Hartford and enter permanent housing.

We define a ***homeless*** person according to the McKinney Homeless Assistance Act (1987) as a person who lives in a public or private place that is not intended for human habitation, or who utilizes a homeless shelter or a transitional housing program, or who would be homeless if it were not for the housing for homeless and formerly homeless people, as in supportive housing. We distinguish between four types of homelessness: living outdoors, living in shelters, and living in transitional and supportive housing. Living outdoors refers to the inhabitation of locations not meant for human habitation. Examples of outside living include living in cars, under bridges, in boxes, in garages and in the woods. ***Shelters*** are emergency housing facilities that serve individuals and families who have no other place to go. The emphasis is on helping the person in crisis by referring him to services that can help him resolve his problems and gain permanent housing. ***Transitional*** programs serve as a place for an individual to stabilize their lives and gain needed treatment, if indicated, as they progress from living in shelters or on the street to living in permanent housing. Typically clients stay in transitional housing for up to two years, paying a modest amount for room and board. Most programs either offer treatment programs themselves (generally for substance use or mental illness) or have the clients receive treatment outside of the program. ***Supportive*** housing is permanent housing for individuals and families who have been homeless, or who are at high risk for homelessness. The programs generally offer housing (often in scattered sites) with support so that the person is better able to retain the housing and not return to homelessness. We consider supportive households to no longer be in the state of homelessness. In the present report, we do not include the precariously housed such as those who are doubled- up with others.

Our understanding of the creation of homelessness is grounded in the ecological model (Glasser and Bridgman 1999) which views homelessness as a result of the ***interplay*** between personal factors, such as alcohol misuse, drug misuse, and/or mental illness, and the structural factors of the scarcity of affordable housing, economic restructuring to a low wage service economy, and the reduction in financial assistance. The ecological model integrates issues of individual vulnerabilities within the broadest cultural and societal landscapes. It recognizes that important housing niches in U.S. cities have been eliminated, and those who are most vulnerable, including those with alcohol and drug misuse, are pushed into homelessness.

In reviewing the history of homelessness in Hartford, we suggest that Hartford, along with many other US cities, followed a path of becoming a 'postindustrial' city, whose economic basis shifted from manufacturing to service industries and jobs that require a high degree of education. The highway system established in the 1950's facilitated an exodus to the suburbs and the urban renewal movement of the 1960's and 1970's brought the destruction of much of Hartford's affordable housing, including the single room occupancy hotels (SRO's) which housed the single and poor. Over the past twenty years, Hartford also saw the movement of patients from psychiatric hospitals into the community. The construction of Constitution Plaza in the mid 1960s meant that an office complex replaced a once thriving (but poor) residential area in the downtown core (Ferrucci 1999). By the 1990's Hartford was being called a "tale of two cities" with the wealthy insurance, finance and corporate sectors standing in sharp contrast to the impoverished neighborhoods comprised of African-Americans and Latinos (Simmons 1998).

The City of Hartford has been conducting such studies since 1997 under the direction of the Hartford Continuum of Care of Homeless Service Providers (see Glasser 1997, Glasser 1999, Glasser and Zywiak 2001, McLaughlin, Glasser, and Maljanian 2002, Glasser and McLaughlin 2004, Glasser and McLaughlin 2005). The Continuum of Care utilizes the data to inform the gaps

analysis section of their HUD SuperNOFA application, which allows the homeless service providers of Hartford to secure the funding needed to maintain and improve services for currently and formerly homeless individuals in Hartford, CT. The current point-in-time census of the homeless described in this report was conducted on January 24, 2006.

The protocol for the point-in-time census was reviewed and approved by the Institutional Review Board at Hartford Hospital. There were 1,500 anonymous census forms distributed to all of the homeless services within the Hartford Continuum of Care during the two weeks preceding the point-in time census of January 24, 2006. Each program administrator was instructed in how to fill out the census form on each household (individual or family) that slept in their program the night of the census. The transitional and supportive programs were included if they primarily serve homeless individuals.

This year we have tried to be responsive to the users of this report from previous years, which indicated their desire for a shorter and more concise report. If further analyses are needed, we are available to conduct them for Continuum of Care members, in order to learn as much as is possible from the data.

Below is a quantitative presentation of our findings from the 2006 census and text that discusses the patterns of the findings. Please note that the denominators used the in tables (i.e., 379 shelter, 307 transitional, 489 supportive) reflect the numbers of forms received in each category, and not the numbers of responses for each particular item, which may have been slightly less for each item.

Where was the individual or family on the night of January 24, 2006?

Location of individual or family

Type of Homelessness or Housing	Number	Percentage
Outside	9	0.8
Shelter	379	32.0
Transitional	307	25.9
Supportive	489	41.3
Total	1,184	100.0

Total Number of People in Households

Category	Households	Children	Adults	Total Persons (add children and adults)
Outside	9	0	9	9
Shelter	379	67	384	451
Transitional	307	70	308	378
Supportive	489	94	519	613
TOTAL	1,184	231	1,220	1,449

Time in program
Number of Nights

Number of Nights in program	Outside N=9 (responses from only 3)	Shelter N=379	Transitional N=307	Supportive N=489
Mean	516.67	50.21	209.90	455.18
Median	730.00	30.00	149.00	391.00
Mode	730	90	180	365
Minimum	90	1	1	7
Maximum	730	730	958	996

When we compare the number of nights spent in each program, we note that there is a progression of number of nights from shelter to transitional to supportive housing, which is expected. The median number of nights spent in a shelter is 30, in transitional housing 149 (or about five months) and in supportive housing 391.

Entering the Programs

It is important to understand where the individual was before entry into the shelter, transitional or supportive housing program, in order to focus on prevention efforts.

Whereas individuals and families enter transitional and supportive housing through a referral process from other programs that serve homeless or formerly homeless individuals, shelters are good barometers of how individuals enter the state of homelessness. The most frequently cited places where the person was before entering the shelters were living with friends or relatives, sometimes referred to as "doubled-up" (28.6%) and other shelters (27.1%). Some shelters, though not all, have a time limit (typically of two months) which can influence the movement between shelters.

Percentage distribution of where was the individual or family was before coming into the program

Program	Shelter N=379	Transitional N=307	Supportive N=489
Shelter	27.7	39.1	42.3
Transitional Housing	2.5	3.6	16.2
Supportive Housing	0.5	1.1	2.9
Street	4.9	1.4	5.3
Psychiatric hospital	1.9	1.1	2.5
Substance Abuse Treatment Program	1.6	14.9	2.9
Hospital or Medical Center	0.8	1.1	1.7
Jail or Prison	8.2	17.0	1.3
Domestic Violence Shelter	0.0	1.1	0.2
Living with Family or Friends	28.6	9.1	10.5
Rental Housing	12.1	2.2	9.1
Veteran's Residence	0.0	0.0	0.2
Senior Housing	0.0	0.0	0.4
Privately Owned Housing	1.4	0.0	0.2
YMCA/YWCA	1.4	3.6	1.5
Boarding housing	1.1	0.4	0.2
SRO (single room occupancy)	1.1	1.1	0.2
Foster Care	0.3	0.0	0.0
Other*	5.5	3.3	2.3

*halfway house, hotel, motel, nursing home, residential program, out of town, Capitol Region Mental Health Center, Salvation Army, sober house, abandoned building.

This year, in addition to asking where the person had stayed right before the current setting, we asked where they had stayed within the past two years. Here again the largest categories were other shelters, living with family and friends, the street, rental housing, jail or prison, or a substance abuse program.

Percentage distribution of where the individual or family was within the last two years before coming into the previous program (check all that apply).

Program	Shelter N=379	Transitional N=307	Supportive N=489
Shelter	40.1	40.4	28.6
Transitional Housing	4.0	6.2	10.2
Supportive Housing	0.8	1.6	6.5
Street	11.6	13.4	11.2
Psychiatric hospital or center	3.7	1.3	5.9
Substance Abuse Treatment Program	8.4	16.0	9.2
Hospital or Medical Center	3.4	2.9	3.5
Jail or Prison	14.8	28.0	8.6
Domestic Violence Shelter	0.3	1.3	0.6
Living with Family or Friends	40.9	38.1	24.5
Rental Housing	20.8	17.9	17.2
Veteran's Residence	0.3	0.0	0.2
Senior Housing	0.0	0.0	0.6
Privately Owned Housing	2.4	0.7	0.6
YMCA/YWCA	2.4	4.9	2.5
Boarding housing	2.4	0.3	0.6
SRO (single room occupancy)	1.6	1.0	1.2
Foster Care	.3	0.0	0.0
Other*	7.9	4.9	2.7

*abandoned building, adoptive family, crack house, group home, Gates facility, halfway house, hotel, motel, Mercy housing, out of state, Salvation Army, sober house, temple, vehicle.

Contribution of Coming Out of Jail or Prison, in last two years or as a factor contributing to homelessness

Person Came Out of Prison or Jail in the Last Two Years	Shelter N=379	Transitional N=307	Supportive N=498
Yes	20.1%	34.9%	18.4%
No	79.9%	65.1%	81.6%

As we can see, when we expand the possible contribution of coming out of jail or prison by expanding that category to include the fact that either the person has come out of jail or prison within the last two years, or that it is a factor contributing to their homelessness, then the percentages expand to 20.1% of the shelter population, 34.9% of the transitional housing population, and 18.4% of the supportive housing population. The reason that 34.9% of the transitional programs contained people coming out of prison is explained by the fact that some transitional programs are for people coming out of jail or prison. The implication is that individuals coming out of institutions, where there is insufficient resources to help the person, will have people being "discharged to the street" which adds to the homeless population.

When we look at the previous place of residence viewed from the point of view of unaccompanied individuals in contrast to families with children, we find some interesting differences among the 379 shelter households for whom the presence of children is known, as shown below:

Percentage distribution of where the individual or family was before coming into the shelter

Place	With Children N=33	Without Children N=346
Shelter **	0.0	30.3
Street	0.0	5.4
Jail or prison	0.0	9.0
Living with Family or Friends **	51.6	26.4
Rental housing **	29.0	10.5
Substance Abuse Treatment Program	3.2	1.5
Psychiatric hospital or center	3.2	1.8
Other*	12.9	4.8

*foster home, halfway house, hotel, motel, nursing home, residential program, relocated from other state or town, vehicle.
**Pair-wise comparison (with children vs. without children for each place) is significant at adjusted p value of .0063 using Fischer's Exact Test.

There are clear implications for prevention when we look at the above differences. For example, there are statistically significant associations of being a household with children and staying with family or friends or living in rental housing right before moving into a shelter. This difference points to the need for eviction prevention, mediation, and affordable housing programs for families. There is a statistically significant association of being a household with no children and living in a shelter right before moving to the current shelter. The implication here is that a family in a shelter will not usually end up moving to another shelter. This implication also highlights the phenomenon of some of the single homeless individuals moving from shelter to shelter.

Contributing factors to homeless

Percentage distribution of the experiences or situations that applied to the individual or household. (May be more than one category)

Program	Shelter N=379	Transitional N=307	Supportive N=489
Fire	1.3	1.3	1.4
Building Unfit	1.8	1.6	4.3
Crime in neighborhood	12.1	18.6	22.1
Over Crowded Apartment	5.3	4.2	4.1
Family problems	38.8	42.0	42.9
Was doubled up and asked to leave	14.5	18.9	7.8
Domestic Violence	11.3	12.7	8.0
Elder Abuse	0.0	0.3	3.9
Death in Family	5.5	8.8	4.1
Medical Problems	24.8	26.4	38.0
Person has HIV/AIDS	5.5	11.1	20.9
Physical Disabilities	10.0	6.8	11.7
Eviction	18.7	16.6	14.7
Benefits Expired	4.0	3.9	2.0
Income does not meet needs	31.4	30.6	50.3
Lack of employment	45.9	37.5	52.1
Lack of affordable housing	42.0	42.7	47.0
Mental Illness	21.4	23.1	58.9
Recently discharged from psychiatric hospital	3.4	2.6	9.2
Mental Illness & Substance Abuse	18.7	23.8	37.6
PTSD (post traumatic stress disorder)	4.2	5.5	7.0
Gambling	1.1	.7	1.4
Out of Prison	14.0	21.5	14.3
Legal Problems	11.6	27.7	9.8
Violence	6.3	11.4	4.5
Relocated from other town/state/country	13.7	16.9	11.5
Alcohol abuse	17.9	16.3	17.8
Drug Abuse	26.9	32.6	27.8
Drug Abuse and Alcohol Abuse	11.3	31.6	20.9
Recently discharged from substance abuse detox/recovery program	5.8	11.7	6.3
Lack of English	6.1	6.8	8.6
Lack of literacy	8.4	13.7	10.8
Prejudice/discrimination	1.6	4.9	4.9
Other*	7.4	7.2	7.8

* anger management issues, child support, combat violence (PTSD), alimony, DCF involvement, arrest record, deaf, debt, depression, drug dealing, employer abuses client, foster care for children, grandfathered in after SRO was taken over, history of being in shelters, identity problems, isolation, lack of confidence, lack of education, lack of money management skills, lack of self discipline, lack of understanding, lacks GED, laid off from work, loss of medical coverage, lost house in divorce, lost job, lost custody of youngest daughter, prison violence, relationship problems, safety concerns, no SSI, street violence, young parent, arrest record, child is disabled, closing down building, cognitive deficits, criminal record, prison, deaf, divorce/separated, end of unemployment insurance, hearing impaired (no sign language), husband died, immigrant status, in state custody since age 14, in wheelchair all of life, on probation, lack of education, limited cognitive ability, long arrest record, lost Section 8, medical non- compliance, mental retardation, needed day care, no family, on methadone, previous multiple aliases, prostitution, raising children and grandchild, recent refugee/immigrant status, refuses to apply for SSD, sexually abused, sex offender (housing restrictions), transgender status, unable to maintain stable living expectations, veteran, on workers compensation, bipolar, can't get a job because of age, could not afford motel anymore, girlfriend got sick, issues with police, laziness, money management, new apt not ready, no car suspended license, no I.D., police record, pregnant and overweight, probation restrictions, recent injury, released from Army/Navy, robbery crime, senility, TBI, three small children, and transportation, veteran status, verbal and emotional abuse, victimized for his money

Transitional and supportive housing programs often have eligibility guidelines which require that the individual be currently or formerly homeless, as well as meet other conditions, such as have a serious mental illness, be in recovery from substance abuse, have HIV/AIDS, have been recently released from prison, or have a physical disability. These eligibility requirements are reflected in the percentages of experiences of the transitional and supportive housing program clients.

It is within the shelter population that we can determine the experiences that have contributed to the person's homelessness, and therefore the services that are most needed by the homeless population, for whom there was no other screening other than being homeless. Note that multiple problems or situations could be endorsed. The top issues of the shelter population were: economic problems including a lack of employment (45.9%), lack of affordable housing (42.0%), income does not meet needs (31.4%); and more personal problems including family problems (38.8%), drug abuse (26.9%), alcohol abuse (17.9%), mental illness (21.4%), medical problems (24.8%), and coming out of prison (14.0%).

When we contrast the contributing factors to homeless of households with and without children, in order of occurrence, we find that drug abuse, medical problems, mental illness, alcohol abuse, and legal problems tend to affect the households without children. The households with children tend to be more affected by needing to leave a doubled up situation, domestic violence, and violence.

Contributing Factors to Homelessness: Shelters

With Children N= 33	No Children N= 346
Lack of affordable housing	Lack of employment
Eviction (formal and informal)	Lack of affordable housing
Income does not meet needs	Family Problems
Was doubled up and asked to leave	Drug Abuse
Lack of employment	Medical Problems
Family Problems	Mental Illness
Domestic Violence	Alcohol Abuse

Contributing Factors to Homelessness: Transitional

With Children N= 34	No Children N= 273
Family Problems	Lack of affordable housing
Income does not meet needs	Family Problems
Lack of affordable housing	Lack of employment
Domestic Violence	Drug/Alcohol Abuse
Lack of employment	Drug Abuse
Violence	Income does not meet needs
Drug Abuse	Legal problems

Contributing Factors to Homelessness: Supportive

With Children N= 52	No Children N= 437
Family Problems	Mental Illness
Income does not meet needs	Lack of employment
Lack of affordable housing	Income does not meet needs
Lack of employment	Lack of affordable housing
Medical Problems	Family Problems
HIV/AIDS	Mental Illness and Substance Abuse
Mental Illness	Medical Problems

Below is the distribution of issues and problems that were considered by the shelter directors to be ***the most important*** contributing factor for the person's homelessness.

Percentage Distribution of Most Frequently Cited Most Important Factors Contributing to Individual or Family's Homelessness

Factor	Shelter N=379	Transitional N=307	Supportive N=489
Family problems	10.3	7.8	4.7
Income does not meet needs	6.9	5.0	6.0
Lack of employment	12.6	6.0	5.5
Lack of affordable housing	4.3	2.5	9.6
Mental Illness	7.4	7.4	22.6
Mental Illness and substance abuse	6.6	11.0	13.2
Out of prison	4.3	3.2	1.7
Alcohol abuse	6.0	3.2	3.2
Drug abuse	8.9	14.9	11.1
Drug abuse and alcohol abuse	3.2	13.8	7.7

Again, we see that when the administrators were asked to list only one problem, a mixture of economic factors (e.g., a lack of employment, lack of affordable housing), and personal problems (e.g., drug abuse, alcohol abuse, mental illness) were at play.

When we look at the top primary factors contributing to the individual or family's homelessness from the point of view of households with and without children, we find some interesting differences. Of the 379 shelter households for whom the presence of children is known, the distribution of primary contributing factors is shown below:

Percentage distribution of Most Frequently Cited Most Important Factors Contributing to Individual or Family's Homelessness of the Shelter Clients

Factor	With Children N=33	Without Children N=346
Relocated from other town, state, country	6.3	1.9
Family problems	9.4	10.4
Domestic violence*	15.6	1.3
Lack of employment	15.6	12.3
Eviction*	21.9	1.6
Income does not meet needs	6.3	6.9
Mental illness	3.1	7.9
Mental illness and substance abuse	3.1	6.9
Alcohol abuse	0.0	6.6
Drug abuse	6.3	9.1

*Pair-wise comparison (with children vs. without children for each factor) is significant at adjusted $p < .005$ using Fischer's Exact Test.

There is a statistically significant association of being a household with children and having domestic violence and eviction contribute to homelessness.

In designing programs within shelters, the data shown above indicate that families with children are most in need of help with relocation, addressing domestic violence, eviction prevention, and the increase in income. Single individuals more frequently need help with mental health needs, and recovery issues (including alcohol and drug abuse).

Services Needed

One of the major contributions of this kind of census is to assess the kinds of services that are needed by homeless and formerly homeless individuals living in various situations. Note that the chart below refers to unmet needs. In other words, if the individual or family is receiving help, this is not an unmet need.

As can be seen below, in general terms the numbers of unmet needs of individuals and families diminish as they move from shelter to transitional housing and to supportive housing. It is interesting to note that smoking cessation and recreation increase as a need, perhaps because once people's immediate needs of shelter and clothes are met, they can focus on their health issues and leisure time activities.

Percentage Distribution of the kinds of services the individual or family would benefit from but are not currently receiving (May be more than one category)

Program	Outside N=9	Shelter N=379	Transitional N=307	Supportive N=489
Anger/Stress Management	0.0	10.8	6.8	4.9
Case Management	55.6	21.9	2.3	3.9
Clothing	77.8	24.8	4.2	9.0
Day Care Services for children	0.0	2.1	4.6	1.6
Dental Care	0.0	19.5	8.8	10.6
Detoxification from Substances	22.2	10.8	1.3	4.9
Domestic violence help	0.0	1.3	0.3	0.6
Drop in center or day program	77.8	8.7	2.6	5.3
Education or training	22.2	14.2	19.5	17.2
Elderly Services	11.1	2.1	1.0	1.2
English as a second language	0.0	4.5	3.3	4.7
Eye glasses or other eye care	0.0	12.4	6.2	3.1
Family Therapy	0.0	7.1	8.1	4.9
Financial Assistance	11.1	29.6	9.4	7.8
Food	66.7	20.8	4.6	5.7
Help getting needed documents or ID	44.4	6.3	2.9	0.8
Help With Medications	0.0	5.3	1.3	2.2
HIV/AIDS care	0.0	3.7	1.0	0.8
Hospice care	0.0	0.8	0.7	0.0
Housekeeping	0.0	1.6	3.3	4.1
Immediate Shelter	0.0	16.6	0.0	0.6
Immigration/refugee assistance	0.0	1.6	1.0	0.0
Halfway house or transitional living	0.0	9.0	1.3	1.4
Long-term, Permanent Housing	77.8	49.9	45.0	6.5
Job/Vocational Training	0.0	32.2	26.7	19.8
Job Placement	55.6	38.8	30.6	20.9
Legal Services	0.0	7.9	5.2	3.7
Literacy Training	0.0	1.6	3.6	4.7
Life Skills Training	0.0	11.3	14.0	7.0

Percentage Distribution of the kinds of services the individual or family would benefit from but are not currently receiving (May be more than one category) *...continued*

Program	Outside N=9	Shelter N=379	Transitional N=307	Supportive N=489
Medical Benefits (health insurance)	77.8	6.3	2.6	2.7
Medical Care	55.6	13.5	1.6	1.8
Mental Health Care	0.0	11.6	4.9	5.1
Money Management	0.0	18.7	9.1	8.6
Parenting	0.0	2.1	6.2	2.7
Personal Hygiene Assistance	11.1	4.0	.3	2.9
Recreation	0.0	5.3	3.3	8.2
Representative Payee or Conservator	0.0	4.0	2.0	3.5
Smoking Cessation	0.0	4.0	10.1	9.0
Substance Abuse Treatment (includes detoxification)	11.1	19.0	3.9	10.8
Transportation	0.0	23.7	31.6	12.1
Veteran's Benefits	0.0	2.1	0.3	0.4
Volunteer Opportunities	0.0	1.8	5.2	5.9
*Other	0.0	4.2	2.3	2.0

*After school program, better phone availability, credit counseling, deaf services, gambling help, helping washing clothes, mentors, mentor STD/sex education/drug education/STD prevention, pain management.

When we pose the question of whether moving from shelter to transitional to supportive housing affects the person's need for services, we can observe a generalized diminishing need for services across the three categories. It is important to note that transitional and supportive housing programs tend to be "service rich" and therefore often do address the needs that people have.

When we put these differences in needs between the three types of situations to the tests for statistically significant differences, the following differences remain:

Results of multiple pair-wise comparisons of services needed between individuals living in shelters, transitional, and supportive housing

Comparisons	Shelter vs. Transitional	Shelter v. Supportive	Transitional v. Supportive
Case Management	*	*	NS
Clothing	*	*	NS
Dental Care	*	*	NS
Detoxification from Substances	NS	NS	NS
Drop in center or day program	*	NS	NS
Eye glasses or other eye care	NS	*	NS
Financial Assistance	*	*	NS
Food	*	*	NS
Help with needed documents	NS	*	NS
Immediate Shelter	*	*	NS
Halfway house or transitional living	*	*	NS
Long-term, Permanent Housing	NS	*	*
Job/Vocational Training	NS	*	NS
Job Placement	NS	*	*
Medical Care	*	*	NS
Mental Health Care	NS	*	NS
Money Management	*	*	NS
Substance Abuse Treatment (includes detoxification)	*	*	*
Transportation	NS	*	*

1 In order to compare the percentage distribution of needed services for the three domiciles, the Bonferoni correction was used to obtain an adjusted p value to account for multiple comparisons. With 129 pair-wise comparisons applied to the services needed, the adjusted value for statistical significance is p<.00038. Asterisks indicate comparisons that were significant at this adjusted p value using Fischer's Exact Test. NS indicates comparisons there were not statistically significant. If the item does not appear at all in the table above, none of the comparisons for that item were statistically significant at the adjusted p value.

Out of the 32 differences in rates of need that were statistically significant in comparing the three types of domiciles, more than half (17 out of 32) of differences occurred between the unmet needs in shelters versus the unmet needs in supportive housing. This is logical since we are moving from the most temporary to the most permanent type of housing within the three types of domiciles. But we also see differences (11 out of 32) when we move from shelter to transitional housing, and differences (4 out of 32) when we move from transitional to supportive housing. These assessments of diminishing unmet need are strong support for moving individuals and families out of shelters and into the more permanent transitional and supportive housing.

It is also instructive to look at the unmet needs of residents of the three domiciles in light of the presence of children or no children. Below is the distribution of unmet needs by domicile and household type.

Most Frequent Services Needed and Not Yet Received

Program	Shelter with children N=33	Shelter, no children N=346	Transitional with children N=34	Transitional no children N=273	Supportive with children N=52	Supportive no children N=437
Anger/Stress Management	9.1	11.1	5.9	7.0	3.8	5.0
Case Management	6.1	23.4	0.0	2.6	3.8	3.9
Clothing	12.1	26.0	5.9	4.0	15.4	8.2
Day Care Services for children	12.1	1.2	41.2	0.0	9.6	0.7
Dental Care	9.1	20.5	17.6	7.7	5.8	11.2
Detoxification from Substances	3.0	11.6	0.0	1.5	3.8	5.0
Domestic violence help	6.1	0.9	0.0	0.4	1.9	0.5
Drop in center or day program	0.0	9.5	5.9	2.2	0.0	5.9
Education or training	18.2	13.9	20.6	19.4	17.3	17.2
Elderly Services	0.0	2.3	2.9	0.7	0.0	1.4
English as a second language	3.0	4.6	0.0	3.7	0.0	5.3
Eye glasses or other eye care	3.0	13.3	11.8	5.5	3.8	3.0
Family Therapy	15.2	6.4	11.8	7.7	7.7	4.6
Financial Assistance	27.3	29.8	23.5	7.7	11.5	7.3
Food	3.0	22.5	26.5	1.8	1.9	6.2
Help getting needed documents or ID	3.0	6.6	5.9	2.6	0.0	0.9
Help With Medications	3.0	5.5	0.0	1.5	0.0	2.5
HIV/AIDS care	0.0	4.0	0.0	1.1	0.0	0.9
Hospice care	0.0	0.9	0.0	0.7	0.0	0.0
Housekeeping	0.0	1.7	14.7	1.8	0.0	4.6
Immediate Shelter	3.0	17.9	0.0	0.0	0.0	0.7
Immigration/refugee assistance	6.1	1.2	0.0	1.1	0.0	0.0
Halfway house or transitional living	0.0	9.8	0.0	1.5	0.0	1.6
Long-term, Permanent Housing	57.6	49.1	23.5	47.6	7.7	6.4
Job/Vocational Training	45.5	30.9	17.6	27.8	26.9	19.0
Job Placement	42.4	38.4	26.5	31.1	25.0	20.4
Legal Services	3.0	8.4	11.8	4.4	3.8	3.7
Literacy Training	0.0	1.7	0.0	4.0	0.0	5.3
Life Skills Training	12.1	11.3	14.7	13.9	1.9	7.6
Medical Benefits (health insurance)	6.1	6.4	0.0	2.9	3.8	2.5
Medical Care	0.0	14.7	0.0	1.8	0.0	2.1
Mental Health Care	0.0	12.7	0.0	5.5	7.7	4.8
Money Management	18.2	18.8	26.5	7.0	7.7	8.7
Parenting	6.1	1.7	11.8	5.5	13.5	1.4
Personal Hygiene Assistance	0.0	4.3	0.0	0.4	0.0	3.2
Recreation	0.0	5.8	2.9	3.3	7.7	8.2
Representative Payee or Conservator	0.0	4.3	2.9	1.8	0.0	3.9
Smoking Cessation	0.0	4.3	11.8	9.9	5.8	9.4
Substance Abuse Treatment (includes detoxification)	3.0	20.5	0.0	4.4	5.8	11.4

Most Frequent Services Needed and Not Yet Received *...continued*

Program	Shelter with children N=33	Shelter, no children N=346	Transitional with children N=34	Transitional no children N=273	Supportive with children N=52	Supportive no children N=437
Transportation	0.0	26.0	61.8	27.8	21.2	11.0
Veteran's Benefits	0.0	2.3	0.0	0.4	0.0	0.5
Volunteer Opportunities	0.0	2.0	2.9	5.5	11.5	5.3
*Other	0.0	4.6	0.0	2.6	0.0	2.3

*After school program, better phone availability, credit counseling, deaf services, gambling help, helping washing clothes, mentors, mentor STD/sex education/drug education/STD prevention, pain management.

When we look at the differences between the shelter households with and without children, we find the following differences:

Percentage distribution of the kinds of services the individual or family would benefit from but are not currently receiving) Shelter Clients for most frequently endorsed services (May be more than one category)

Factor	With Children N=33	Without Children N=346
Case management	6.1	23.4 *
Clothing	12.1	26.0*
Education or Training	18.2	13.9
Financial Assistance	27.3	29.8
Food	3.0	22.5*
Long-term, Permanent Housing	57.6	49.1
Job/Vocational Training	45.5	30.9*
Job Placement	42.4	38.4
Money Management	18.2	18.8
Substance Abuse Treatment (includes detoxification)	3.0	20.5*
Transportation	0.0	26.0**

* $p < .05$; ** $p < .0045$ (p value adjusted for multiple comparisons)

Although there are some percentage differences between shelter households in terms of unmet needs depending on whether the household does or does not include children, only the differences in case management, clothing, food, job/vocational training, substance abuse treatment and transportation were statistically significant. In these cases, the singles had a greater unmet need for these services than did the households with children, except in the case of job/vocational training. An interpretation of the greater needs among singles for some services is that in fact the households with children are eligible for more services (e.g., money and food) and that the singles are more affected by alcohol and drug abuse. In planning needed services within the shelters, it may be important to distinguish the needs of the families in contrast to the needs of singles.

Who Else is Working with the Individual or Family?

Percentage Distribution of the individual or family having a case manager apart from the one at the shelter, transitional housing, or supportive housing.

Program	Shelter N=379	Transitional N=307	Supportive N=489
Has other case manager	36.8	32.8	26.8
Does not have other case manager	54.0	63.9	66.7
Do not know	9.2	3.3	6.5

We were interested in knowing if there were any other case managers, apart from the case managers within the programs themselves, who were working with the client. Clients of supportive housing tended not to have another case manager, probably because there is no longer the need for another case manager once the person is in stable housing. On the other hand, the fact of working with another case manager may be important in the overall amount of help the person is receiving within shelters and transitional housing.

DESCRIPTION OF THE INDIVIDUALS AND FAMILIES

Percentage distribution of gender

Program	Shelter N=379	Transitional N=307	Supportive N=489
Male	74.9	72.9	50.9
Female	25.1	27.1	48.7
Transgender	0.0	0.0	0.4

As can be seen above, the percentage of males diminishes as we move from shelter to transitional to supportive housing. However, it is important to note that of the 33 households with children in the shelters, 93.9% were female headed.

Age

AGE	Shelter N=379	Transitional N=307	Supportive N=489
Mean	40.83	40.87	44.79
Median	42	41	45
Mode	40*	28*	42
Minimum	14	20	19
Maximum	75	68	82

*Multiple modes exist. The smallest value is shown.

The oldest median age occurs in the supportive housing.

Percentage distribution of race (may be more than one)

Program	Shelter N=379	Transitional N=307	Supportive N=489
American Indian or Alaskan Native	1.3	0.0	0.2
Asian	0.6	0.0	0.7
Black or African American	45.5	50.4	48.4
Native Hawaiian/Other Pacific Islander	0.6	0.0	0.2
White	36.5	35.1	37.6
American Indian/ Alaskan Native and White	1.3	1.1	1.3
Asian and White	0.0	0.0	0.4
Black/African American and White	1.3	1.5	0.7
American Indian or Alaskan Native and Black	2.2	1.5	0.0
Other Multi-Racial	8.7	6.9	10.2
Unknown	1.9	2.7	0.2

Percentage distribution of Hispanic Origin

Program	Shelter N=379	Transitional N=307	Supportive N=489
Hispanic	48.3	30.6	30.7
Non-Hispanic	51.7	69.4	69.3

The 2000 US Census Population data from Hartford indicates that the distribution of race and ethnicity in Hartford is 27.7% White, 38.1% Black/African American, .5% American Indian or Alaskan Native, 1.6 Asian, .1 Native Hawaiian and Other Pacific Islander, 26.5% Other Race, 5.4 Multi-Racial, and 40.5% Hispanic (may be any race). We see by the above race and ethnicity distribution in the shelter, transitional housing, and supportive housing sample, that Black/African Americans are over-represented in all three types of housing proportional to their distribution in Hartford, whites are represented in proportion to their population, and Hispanics are under represented in the transitional, and supportive housing situations, but are slightly over-represented in the shelter population.

Percentage distribution of veteran status

Program	Shelter N=379	Transitional N=307	Supportive N=489
Veteran	8.6	8.5	6.7
Not a veteran	89.7	91.1	91.4

It is important to know the veteran's status in each of the populations affected by homelessness, since there are specific programs for homeless veterans, which means that active referrals can be made to the Healthcare for Homeless Veterans for a variety of programs addressing homelessness within the veteran population.

Percentage distribution of source of income (e.g., SSI, SAGA)

Program	Shelter N=379	Transitional N=307	Supportive N=489
Has source of income	53.4	68.3	88.7
Does not have source of income	44.4	31.7	11.3
Do not know	2.2	0.0	0.0

As might be predicted, individuals have access to reliable sources of income as they move from the shelter to the supportive housing system. This is because with stability comes the opportunity to work and/or apply for and receive financial assistance

Percentage distribution of whether individual is working

Program	Shelter N=379	Transitional N=307	Supportive N=489
Is working	18.4	41.8	18.3
Is not working	79.5	58.2	80.1
Do not know	2.2	0.0	1.6

When viewing the above table, we can keep in mind that despite the percentages above that indicate a portion of all three populations (especially transitional) working, the administrators cited job training and job placement as important needs for their clients.

Percentage distribution of whether individual is receiving food stamps

Program	Shelter N=379	Transitional N=307	Supportive N=489
Is receiving food stamps	54.0	30.2	51.8
Is not receiving food stamps	41.4	68.1	37.1
Do not know	4.6	1.8	11.2

When viewing the above percentages it is important to note that although it is probable that while almost all of the individuals living in shelters, transitional, and supportive housing are eligible for food stamps, food stamps tend to be an under-utilized program. Individuals have told us in previous ethnographic research that the small amount of food stamps they may get does not appear to be worth the work it takes to become and stay eligible for them.

Percentage distribution of whether individual has representative payee or conservator

Program	Shelter N=379	Transitional N=307	Supportive N=489
Has representative payee or conservator	6.8	9.1	26.9
Does not have representative payee or conservator	85.6	90.5	71.2
Do not know	7.6	0.4	1.9

Representative payee or conservators are utilized when the individual is not able to handle receiving a monthly check (e.g., due to their addictions and/or mental illness). As might be expected, the largest proportion of individuals with payees or conservators occurs in the supportive housing programs. This may occur because supportive housing contains greater numbers of people in need for these services and the services needs are more likely to be met.

The Chronically Homelessness

One of the most frequently asked questions of the yearly homeless census has been related to the chronically homeless. This is in part due to the fact that funding has often been directed to the chronically homeless. In order to discover the existence of the chronically homeless, we presented the HUD chronic homeless definition to the administrators filling out the census forms for them to answer the questions.

Chronic Homeless Definition: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for one (1) year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless ***a person must have been on the streets or in an emergency shelter***, (not in transitional housing) during these episodes of homelessness.

The table below reflects only the information for those individuals whose chronic homeless status was known.

Using the above definition, percentage distribution of individuals now chronically homeless

Type of Chronic Homeless	Outside N=8	Shelter N=328	Transitional N=283	Supportive N=477
Current Chronic Homelessness	8 (100%)	154 (47%)	7 (2.5%)	13 (2.7%)

Using the above definition, percentage distribution of individuals were EVER chronically homeless

Type of Chronic Homeless	Outside N=8	Shelter N=313	Transitional N=266	Supportive N=380
EVER Chronically Homelessness	8 (100%)	156 (49.8%)	112 (42.1%)	211 (55.5%)

The ***currently*** chronically homeless, meeting the HUD definition, are most concentrated within the out of doors and shelter population.

The ***ever*** chronically homeless are significant portions of the individuals and families in all of the types of domiciles.
This is strong support for the fact that the homeless serving programs of Hartford are in large part reaching the chronically homeless populations.

Description of those found out of doors

Although there were only nine individuals who were identified as sleeping out of doors on the night of January 24, 2006, as described by the outreach team of the Immaculate Conception Shelter and Housing Corporation and the HOPE Team, these nine people are of concern because they can too easily fall between the gaps in the system. Since the out of doors count is based on the numbers of individuals found on the night of the census, it is probable that there were more individuals not reached on the night of the census.

The nine men were living outside for an estimated 730 nights (the median). Of the 8 out of 9 for whom chronic homelessness was known, all were chronically homeless. None had children with them. Their median age was 54 years old, with a range of 33 to 63 year old. Five out of nine were white and one was Hispanic. None were veterans. Interestingly, six of the nine had a source of income (financial assistance).

The predominant contributing factors related to the individual's homelessness were family problems, alcohol abuse, drug abuse, and lack of employment.

The most frequent service needs were case management, clothing, a drop in center, food, help getting documents and identification, long-term permanent housing, job placement, health insurance, and medical care. None were thought to be working with a case manager apart from the outreach worker.

The 2006 Census of Hartford Homeless and Supportive Housing Populations Census is the latest in a series of similar studies, which enables us to understand change in Hartford. We notice that the total number of households counted has increased between the 2000, 2005, and 2006 census, while the proportions in each category has remained fairly consistent. We note the decreasing numbers of individuals found out of doors. This could well reflect the availability of no freeze seasonal shelters in Hartford in the winters.

Changes Over Time

Type of Homelessness or Housing	2000 Number	2000 %	2005 Number	2005 %	2006 Number	2006 %
Outside	38	3.6	7	0.6	9	0.8
Shelter	284	26.8	371	32.1	379	32.0
Transitional	269	25.4	291	25.2	307	25.9
Supportive	467	44.1	485	42.0	489	41.3
Total	1,058	100	1,154	100	1,184	100

Where Did the Individuals and Families Sleep on January 24, 2006?

We have updated our descriptions of the shelters, transitional housing and supportive housing in Hartford which participated in this year's census. We have also included a brief listing of services to the out of doors homeless. Below the descriptions of the shelters, transitional and supportive housing are the numbers of census forms from each program. These forms served as the basis for this analysis.

Shelters

The following are the shelters of Hartford. ***Shelters*** are emergency housing serving individuals and families who have no other place to go. Generally the emphasis in the shelter is helping the person in crisis, by referring him to services that can help him resolve his problems and gain permanent housing.

Catherine's Place (Mercy Housing and Shelter Corporation). The short-term recovery house, located in downtown Hartford, accommodates 14 single women at night. The secure, 24/7 facility provides up to a 3-month stay, with abundant supportive services, for single homeless women with substance abuse issues. Each room has 2 occupants.

Department of Social Services (DSS) Shelter Apartments are called creative apartments, and are 20 to 30 units that are contracted with private landlords to be used by large families who are homeless. The families typically stay for 60 nights, until permanent housing is found.

Interval House is a shelter for victims of domestic violence. The shelter has 20 beds reserved for those affected by domestic violence. The length of stay in the shelter is six weeks, but extended stays are granted on a case-by-case basis. Counselor/Advocates offer supportive services and information to residents. The location of Interval House is kept confidential.

Immaculate Conception Shelter is an 80-bed emergency shelter that houses over 60-100 men each night in a church basement. Immaculate Conception also sponsors a day program and an outreach van which monitors the living-out-of-doors homeless each evening and early in the morning.

McKinney Shelter (Community Renewal Team) is an 88 bed shelter for men housed in an old fire station. It is owned by the City of Hartford.

My Sisters Place Shelter is a 16-bed shelter for single women and women with children. Meals, laundry service, and case management are provided.

Open Hearth Shelter is a 25-bed shelter for single men. This shelter has been in existence for over 100 years.

Salvation Army Marshall House Family Shelter is a 27 bed shelter for families and single women. Case management, meals, a laundry facility, and life skills groups are provided. When all of the shelters in Greater Hartford are full, the Salvation Army's Homeless Prevention Program places families and single women who are homeless in a motel while alternative housing is being secured.

Salvation Army Overflow (No Freeze) Shelter provides emergency shelter for 50 single men during the winter time.

Soromundi Commons Shelter (YWCA of the Hartford Region and Chrysalis Center) is a 23-bed shelter serving single women. The shelter is part of the Soromundi Commons facility on Broad Street. Services are offered in conjunction with Chrysalis Center, Inc.

South Park Inn Shelter is an 85-bed shelter that houses single men and women, and families.

St. Elizabeth House Residential Services (Mercy Housing and Shelter Corporation). Provides 48 emergency/transitional beds (SRO) for homeless adult men and women coming directly from the street. Clients can be housed and receive case management and a panoply of supportive services for up to 24 months in this 24/7 secure facility. Half of the capacity, or 24 beds, is deemed to be emergency shelter.

Youth Shelters

Salvation Army Marshall House Youth Shelter has 14 beds for males and females, ages 11 to 14. The stay is optimally 30 to 45 days, although it could be longer. The goal of the program is to find long-term stable living situations for them.

YMCA YES (Youth Emergency Shelter) serves male and female youth, ages 11 to 17. The shelter can house up to 15 individuals a night. The goal of the program is to place the youth in more permanent settings, such as group home, foster care, or residential programs. Individual stays at the YES program are approximately one month, although it could be longer.

Shelters

Program	Number	Percentage
Catherine's Place (Mercy)	14	3.7
DSS Shelter Apartments	5	1.3
Immaculate Conception Shelter	79	20.8
Interval House	4	1.1
McKinney Shelter (CRT)	77	20.3
My Sister's Place I	9	2.4
Open Hearth Shelter	21	5.5
Salvation Army Marshall House Family Shelter	11	2.9
Salvation Army Overflow (No Freeze) Shelter	40	10.6
Salvation Army Marshall House Youth Shelter	13	3.4
Soromundi Commons Shelter (YWCA)	14	3.7
South Park Inn Shelter	63	16.6
St. Elizabeth House (Mercy)	5	1.3
YMCA/YES Program	5	1.3
Total	379	100.0

Transitional Housing

The following are the ***transitional housing programs*** of Hartford. Transitional programs serve as a transition between shelters and the street and permanent housing. Typically clients stay in transitional housing for up to two years. Clients pay a modest amount for room and board, and generally have their own room. Most programs either offer treatment programs themselves (generally for substance use or mental illness) or have the clients receive treatment outside of the program.

Alcohol and Drug Rehabilitation Center (ADRC)-Alternate Living Center is a 29-bed long-term residential facility for homeless chronic male substance abusers of Hartford.

Byrne Supportive Housing Project a collaborative project between the Community Renewal Team (CRT), and Department of Corrections (DOC). It provides subsidized apartments and support services to individuals who have been recently released from prison and have a history of homeless.

House of Bread has three transitional residences. This transitional housing provides food and shelter while preparing residents to become competitive job seekers and eventually to manage their lives in order to live independently. The two residences on Lincoln Street focus on individuals (male and female) who are in substance abuse recovery programs.

Mercy House (Mercy Housing and Shelter Corporation). Serves 9 homeless adults with HIV/AIDS, and mental health or substance use disabilities, or both. A secure, 24/7 SRO facility in which case management and supportive services are provided.

Mental Health Community Respite Program (Mercy Housing and Shelter Corporation). Serves 10 homeless adult men and women who have mental health disabilities within a secure, SRO, 24/7 facility. Case management and other support services provided.

My Sister's Place Transitional Program is a 48-bed group of apartments for single women and women and children. Located in a renovated factory, women and their children can stay in the apartments for up to two years.

Open Hearth Transitional is an 85-bed drug and alcohol rehabilitation center for single men. The Open Hearth has been in operation since 1884.

Peter's Retreat (Center City Churches) provides housing for 8 single adults living with HIV/AIDS.

Project TEACH (Community Renewal Team) provides housing subsidies and supportive management services to homeless single adults originating from homeless shelters or transitional centers in the Greater Hartford Region.

Salvation Army, Homestead Ave is a 110-bed program (80 for men, 30 for women) with an emphasis on drug and alcohol rehabilitation for single men and women. The typical stay is eight months.

Soromundi Commons Transitional (YWCA of the Hartford Region and Chrysalis Center) provides 13 efficiency apartments for single adults making the transition from homelessness or treatment for mental illness or substance abuse.

South Park Inn Transitional is a 33-bed program serving single men who are motivated to make substantive change in their lives.

St. Elizabeth House Residential Services (Mercy Housing and Shelter Corporation). Provides 48 transitional/emergency beds (SRO) for homeless adult men and women coming directly from the street. Clients can be housed and receive case management and a panoply of supportive services for up to 24 months in this 24/7 secure facility. Half of the capacity, or 24 beds, is deemed to be transitional living.

Supportive Housing Collaborative (CRT) provides housing and support services for homeless families with at least one dependent child. Program provides rental subsidies for scattered site transitional housing. People with substance addictions must have a minimum of 90 days clean time, attend AA/NA/CA meetings and work with a substance abuse counselor. Maximum stay is 24 months.

Tabor House I is transitional housing for men and women living with HIV/AIDS, with a two-year limit of stay. The House offers counseling services for those that it shelters.

Transitional Housing

Program	Number	Percentage
ADRC (homeless only)	21	6.8
Byrne Supportive Housing (CRT-DOC)	12	3.9
House of Bread	20	6.5
Mental Health Community Respite Program (Mercy)	8	2.6
Mercy House	8	2.6
My Sister's Place II	16	5.2
Open Hearth Transitional	73	23.8
Peter's Retreat Transitional (Center City Churches)	8	2.6
Project TEACH (CRT)	17	5.5
Salvation Army Homestead Ave.	20	6.5
Soromundi Commons Transitional (YWCA)	11	3.6
South Park Inn Transitional	32	10.4
St. Elizabeth Residential (Mercy)	29	9.4
Supportive Housing Collaborative (CRT)	23	7.5
Tabor House I	9	2.9
Total	307	100.0

Permanent Supportive Housing

The following are the ***permanent supportive housing programs*** of Hartford. Supportive housing is permanent housing for individuals and families who have been homeless, or who are at high risk for homelessness. The programs generally offer housing (often in scattered sites) with support so that the person is better able to retain the housing and not return to homelessness.

Casa de Francisco (Immaculate Conception Shelter and Housing Corporation) houses 42 single adults. It was initiated in 1998 to move shelter residents in to permanent settings.

Chrysalis Residential Mental Health programs offers housing serves to 50 people with mental illness.

Community Health and Housing Services (Chrysalis Center) provides flexible supports to individuals and families diagnosed with HIV/AIDS. Services focus on reducing homelessness, helping clients obtain and keep safe, affordable housing, accessing health care services, providing health education and assisting clients and their families in coping with the effects of the illness.

Hudson View Commons (Chrysalis Center) has 28 units for homeless individuals including people with mental illness, AIDS, and/or other disabilities. 12 of the units are subsidized by the Shelter Plus Care program in this Corporation for Supportive Housing demonstration site.

Mary Seymour Place Apartments (My Sister's Place) serves 30 single adults in its subsidized housing program. Many of the people suffer from mental illness, chronic substance abuse, AIDS, and/or other disabilities, or are low income and are at high risk for homelessness. 15 of the units are subsidized by the Shelter Plus Care program in this Corporation for Supportive Housing demonstration site.

Peter's Retreat (Center City Churches) houses 24 individuals with AIDS.

Plimpton House (South Park Inn) houses 35 individuals in an historic house in Hartford.

Project HEARRT (Chrysalis Center) is a collaborative project comprised of several Greater Hartford based organizations. They provide linkage to housing subsidies, case management, and supportive counseling to individuals who are 18 years of age, or older, who were previously homeless, struggling with substance abuse, mental illness or HIV/AIDS. Shelter Plus Care grants are utilized for the housing subsidies.

Shelter Plus Care (Capitol Region Mental Health Center) provides subsidized, scattered-site housing and support services to an additional 131 individuals and families with disabilities including mental illness, substance abuse, AIDS. The program provides project-based and additional subsidies to other programs on this list, with a total of over 300 rental subsidies in the area.

Soromundi Commons Permanent Supportive (YWCA and Chrysalis) provides subsidized rent/housing programs for individuals who are homeless and who have a history of psychiatric disability, substance abuse, dual diagnosis, or who are homeless and AIDS symptomatic. A number of Section 8 subsidies are located in the building, and 16 of the units are subsidized by the Shelter Plus Care program.

Supportive Housing Services (Mercy Housing and Shelter Corporation). Serves 54 individuals and families with HIV/AIDS in scattered-site housing. Case management and supportive services provided.

The Residence (Mercy Housing and Shelter Corporation). This is a secure, 24/7 facility of 12 one bedroom units for homeless single adult men and women with mental health disabilities. Case management and supportive services are provided.

Permanent Supportive Housing

Program	Number	Percentage
AIDS Supportive Housing Services (Mercy)	46	9.4
Casa de Francisco (Immaculate Conception)	36	7.4
Chrysalis Residential Mental Health	70	14.3
Community Health and Housing Services (Chrysalis)	19	3.9
Hudson View Commons (Chrysalis)	13	2.7
Mary Seymour Place Apartments (My Sister's Place)	21	4.3
Peter's Retreat (Center City Churches)	20	4.1
Plimpton House (South Park Inn)	35	7.2
Project HEARRT (Chrysalis)	67	13.7
Shelter Plus Care (CRMHC)	131	26.8
Soromundi Commons (YWCA)	20	4.1
Supportive Housing Services (Mercy)	46	9.4
The Residence (Mercy)	11	2.2
Total	489	100.0

Services to those living out-of-doors

In addition to the above housing services, the following represent some of the efforts to reach the ***living-out-of-doors homeless***.

Immaculate Conception Shelter and Housing Corporation sponsors an outreach program in order to provide services to the out-of-doors homelessness. The outreach coordinator drives the Immaculate Concept van in order to canvas the streets of Hartford, bringing services and making referrals to those homeless that sleep outside.

Health Care for Homeless Veterans organizes out of doors outreach two mornings per week in collaboration with homeless outreach workers of South Park Inn and Chrysalis Centers.

Homeless Outreach and Positive Engagement services of Capitol Region Mental Health Center (HOPE Team) provides on-site mental health assessments and support to the homeless.

Charter Oak Health Center Health Care for the Homeless provides health care in settings for homeless people.

Meals and Day Centers for Homeless Individuals:

St. Elizabeth House Friendship Center

House of Bread

Loaves and Fishes

Center City Churches Soup and Services

Conclusions

The Hartford Continuum of Care has been successful in providing permanent supportive housing for 489 individuals and heads of households in 2006. This number represents housing 300 more individuals and families since the first point in time census was undertaken in 1997. In addition to permanent housing, the Hartford Continuum of Care provides safe refuge for 379 individuals and households in shelters, and 307 individuals and households in transitional housing. The Hartford Continuum of Care additionally reaches out to individuals on living out of doors.

Recently, Mayor Eddie Perez of Hartford convened a Commission to End Chronic Homelessness which reviewed evidence based strategies to end chronic homelessness through a regional response to homelessness. Among the many recommendations of the Commission, as discussed in the report, ***Hartford's Plan to End Chronic Homelessness by 2015,*** are: the addition of 632 supportive housing units for the long-term homeless population in Hartford; increasing the availability of affordable housing and the improvement in low-income housing stock; assisting chronically homeless with job and vocational training and job placement; and supporting discharge planning policies from institutions (e.g., hospitals, jails, prisons) that facilitate the individual's re-entry into the community. The data presented in this report reinforce the need for attaining these recommendations.

Despite the growth in supportive housing, the City of Hartford continues to respond to the needs for shelter and services for the individuals and families who are without permanent housing. It is hoped that the information provided in this report will be helpful to the Hartford Continuum of Care of Homeless Service Providers and to the City of Hartford as they seek to maintain and improve housing, health and social services for all Hartford residents.

References:

Baxter, Ellen and Kim Hopper. 1981. Private Lives/Public Spaces: *Homeless Adults on the Streets of New York City.* New York: Community Service Society.

Burt, Martha. 1992 Over the Edge: *The Growth of Homelessness in the 1980's* New York: Russell Sage Foundation.

Ferrucci, John. 1999 Personal communication with co-executive director, South Park Inn, Hartford, Connecticut.

Glasser, Irene. 1994. *Homelessness in Global Perspective* G.K. Hall Reference, A Division of MacMillan, Inc. 1994

Glasser, Irene and Rae Bridgman. 1999. *Braving the Street: The Anthropology of Homelessness* New York: Berghahn Books, Inc.

Glasser, Irene 1999, 1997 *Census of the Homeless of Hartford* (monographs).

Glasser, Irene and Tara McLaughlin (2004) Census and Brief Assessment of the Homeless and Supportive Housing Populations of Hartford, Connecticut, 2004, http://www.crtct.org/Publications2.htm

Glasser, Irene and Tara McLaughlin (2004) Census and Brief Assessment of the Homeless and Supportive Housing Populations of Hartford, Connecticut, 2004, http://www.crtct.org/Publications2.htm

Glasser, Irene and William Zywiak (2003) “Homelessness and Substance Use: A Tale of Two Cities” *Substance Use and Misuse* Volume 38, number 3-6, March 2003, 553-578.

Glasser, I., and Zywiak, W. (2000) *Census and Brief Assessment of the Homeless of Hartford* Center for Alcohol and Addiction Studies, Brown University and City of Hartford

Hartford's Plan to End Chronic Homelessness by 2015 (2005) Report submitted by The Commission to End Chronic Homelessness.

Hirsch, E., Glasser, I., and Zywiak, W. (2003) *A View From the Street: Causes Consequences, and Solutions for Homelessness in Rhode Island* Research Supported by the Rhode Island Foundation.

McLaughlin T. (2003). Hartford Health Survey 2003. City of Hartford Health Department. Available at www.hchp.org

McLaughlin, T., Glasser, I., and Maljanian, R. *Homelessness in Hartford 2002* (2002) Hartford, Connecticut: Institute for Outcomes Research and Evaluation, Hartford Hospital. Available at www.hchp.org

Reichenbach E, McNamee, M and Seibel, L. (1998). The community health nursing implications of the self-reports health status of a local homeless population. *Public Health Nursing*, 15: 398- 405.

Simmons, Louise. 1998. “A New Urban Conservatism: The Case of Hartford, Connecticut” *Journal of Urban Affairs* Vol. 20, No. 2, pages 175-198.

Sullivan, G., Burnam, A, Koegel P and Hollenberg, J. (2000). Quality of life of homeless person with mental illness: Results from the course of homelessness study. *Psychiatric Services,* 51: 1135- 41.

Wojtusik L. and White M. (1998). Health status, needs and health care behaviors among the homeless. *Journal of Health Care for the Poor and Underserved*, 9: 140-152.

Wolf, J., Burnam A., Koegel P , Sullivan, G and Morton S. (2001) Changes in subjective quality of life among homeless adults who obtain housing: A prospective examination. *Social Psychiatry and Psychiatric Epidemiology*, 36: 391- 398.