

Hartford's Plan to End Chronic Homelessness by 2015

Commission Report



Submitted by:

The Commission to End Chronic Homelessness

**Prepared for
Mayor Eddie A. Perez**

June 2005

The Mayor's Office of Community Initiatives

June 14, 2005

The Honorable Eddie A. Perez
Mayor of Hartford
550 Main Street
Hartford, Connecticut 06103

Dear Mayor Perez:

We in Connecticut face a significant anomaly. By some indices we are the wealthiest state in the United States and at the same time we face a tragic situation in the numbers of people who are chronically homeless in our urban and surrounding areas.

A chronically homeless person is understood to be one who has been homeless for over a year or has experienced four episodes of homelessness in the last three years.

You have proven yourself to be fully aware of the situation of homelessness, and we applaud your initiative to establish the Mayoral Commission to End Chronic Homelessness in Hartford by 2015. We have been privileged to serve as Co-Chairs of this Commission, and it has been an honor to work with the other members of the Commission. They have brought a wide breadth of experience, superb expertise, and edifying commitment to the work of the Commission.

We have consulted other people as well, here and around the United States. We are especially grateful to Mr. Philip Mangano, Executive Director of the United States Interagency Council on Homelessness, and Mr. John O'Brien, the New England Regional Coordinator, for their helpful counsel and assistance.

Skeptics may say that it is naïve to attempt to end chronic homelessness in an area in ten years. We believe it is naïve not to make the effort. The effect of homelessness on human lives is devastating. The financial cost of homelessness is demonstrably much higher than the costs to remedy the problems.

The Honorable Eddie A. Perez
June 14, 2005
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Our Commission has been meeting and working for months. We have learned much. We express our profound gratitude to so many people in Hartford and the surrounding area who have been providing wonderful services to homeless people for years. Many of these leaders have served on the Commission. Others have provided excellent consultation.

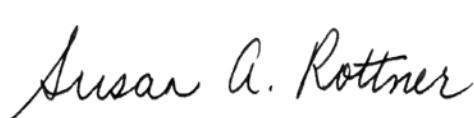
On behalf of all the members of the Commission, therefore, we now present to you our Plan to End Chronic Homelessness in Hartford by 2015. The Plan is comprised of seven sections ("Critical Areas") and makes eight fundamental recommendations. More supportive housing with wrap-around services and more affordable housing are critical.

To address adequately the problem of chronic homelessness here it must be seen as a regional problem. We are encouraged by our meeting with the leaders of the Capitol Region Council of Governments (CRCOG) to know that work in this regard has been effected in the surrounding municipalities and that there is significant potential for the future.

We have spoken directly with homeless people and with formerly homeless people. There is a need for more such discussion, as there is a need for public hearings in the area to discuss our recommendations.

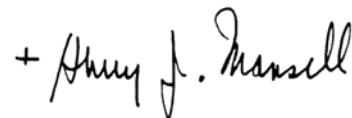
The renaissance happening in Hartford is bringing welcome excitement to the area. For the renaissance to be true and comprehensive it must address with effective implementation the needs of the poor, the weak, and the vulnerable. Given our experience in the work of the Mayoral Commission, and the fact that you have made the needs of the chronically homeless a major priority, we are confident that developments in this regard will be an illuminating feature in the rebirth of our region for the next ten years.

Sincerely,



Ms. Susan A. Rottner
President, Bank of America

Sincerely,



The Most Reverend Henry J. Mansell
Archbishop of Hartford

Hartford's Commission to End Chronic Homelessness:

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Hartford's Plan to End Chronic Homelessness by 2015

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Executive Summary

Vision Statement:

By 2015, all persons facing chronic homelessness in the Hartford region will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

Mayor Eddie A Perez initiated the development of a plan to end chronic homelessness in the Hartford region by first: convening a Project Team in June 2004 to conduct research and “laying the foundation” for the process, and then in December 2004 appointing his Commission to end chronic homelessness. The Commission was led by Co-Chairs Archbishop Henry Mansell and Susan Rottner, President of Bank of America, and consisted of key stakeholders from the public, private and non-profit sectors. The following is a summary of the Commission’s recommendations.

Critical Areas For Strategic Planning:

First Critical Area: Supportive and Affordable Housing

Recommendations:

- Support Reaching Home’s goal of developing 2,133 units of supportive housing in the Capitol Region over the next ten years, of which 1,293 will serve long-term homeless individuals and families.

Of the 1,293 supportive housing units to be developed for the long-term homeless population in the Capitol Region over the next ten years, 632 will be developed in Hartford.

By supporting Reaching Home’s regional goal, the City of Hartford is affirming that chronic homelessness has no borders. Hartford must work together with its neighboring towns in order to be successful in ending chronic homelessness.

- Increase the availability of affordable housing and invest in the improvement of low-income housing stock.

Second Critical Area: Economic Stability Through Job/Vocational Training and Placement

Recommendation:

- Assist chronically homeless individuals with job/vocational training and job placement opportunities to attain income and self-sufficiency.

Third Critical Area: Discharge Planning

Recommendation:

- Support better discharge planning policies in preparing a person in an institution for return or re-entry into the community.

Fourth Critical Area: Support Services

Recommendation:

- Provide services and supports that prevent chronic homelessness from occurring and aid those who are chronically homeless in becoming self-sufficient.

Fifth Critical Area: Data Collection

Recommendation:

- Enhance data collection and implementation of best practices that further the goal of ending chronic homelessness in the Hartford region by 2015.

Sixth Critical Area: Political Will – A Regional Approach to Chronic Homelessness

Recommendation:

- Support a regional approach to ending chronic homelessness in Connecticut. This regional approach should be implemented through the cooperative action of the following community partners: the Capitol Region Council of Governments and its member municipalities; the Connecticut Coalition to End Homelessness; the Partnership for Strong Communities and its Reaching Home Campaign; the Corporation for Supportive Housing; the non-profit housing development community; the Hartford Capitol Region; the federal and state Departments of Veterans' Affairs; the Greater Hartford philanthropic community; the former homeless population; the faith community; and other community partners that may be identified in the future.

Seventh Critical Area: Implementation Vehicle

Recommendation:

- Convene an implementation team and charge it to prepare a detailed action plan to guide implementation of those Commission recommendations accepted by the Mayor.

Introduction

Leroy is a black man in his forties, an alcoholic, uses drugs and has AIDS. Leroy, a resident of the City of Hartford's McKinney Shelter, has resided in the shelter for the last three years. The staff at McKinney calls an ambulance for Leroy on a weekly basis because of his seizures. Sometimes Leroy doesn't want to go to the hospital and he gets violent; when this occurs, the police are called for help. Leroy is a typical example of a person who experiences chronic homelessness. In February 2004, the Hartford Continuum of Care's homeless service providers identified 322 individuals who are chronically homeless and live in Hartford.

Why should we focus our efforts on ending chronic homelessness for people like Leroy? The reasons make a lot of sense:

- Individuals experiencing chronic homelessness consume a disproportionate amount of resources. Approximately ten percent of the chronic homeless population consumes over fifty percent of the resources. They are heavy users of costly public resources, including: emergency medical services, psychiatric treatment, detoxification facilities, shelters, and law enforcement/corrections.
- Chronic homelessness has a visible impact on our community's safety and attractiveness.
- Effective new technologies exist to engage and house this population.
- Addressing the needs of this group will free up resources for other homeless groups, including youth/families.
- It is a finite problem that can be solved.
- This group is in great need of assistance and special services.

Why should we focus on chronic homelessness now?

- New technologies exist to move people off the streets and keep them housed (e.g., Housing First Strategies, Assertive Community Treatment).
- Solution-oriented strategies offer alternatives to expensive police/court interventions.
- New federal funding.
- A new commitment by the President and his administration to end chronic homelessness.
- A new spirit of partnership on this issue that trumps partisanship.¹

The United States Interagency Council on Homelessness encourages the development of local 10-year plans to end chronic homelessness. Although planning to end homelessness and "not just manage it" is a new concept, the timing is right to support this challenge now.

¹ United States Interagency Council on Homelessness, *The Ten-Year Planning Process to End Chronic Homelessness In Your Community: A Step-by-Step Guide* (ICH, 2004).

Background

In June 2004, the Mayor of the City of Hartford, Eddie A. Perez, convened a Project Team for the Mayor's Commission to End Chronic Homelessness. Mayor Perez charged the Project Team with the task of planning the initial stages of the Commission's process to end chronic homelessness in the Hartford region within ten years.

The Project Team consisted of representatives from the public and private sectors, and various departments from the City of Hartford. The Project Team was led by Kelvin Roldan, Special Assistant to the Mayor and Director of Community Initiatives.

The Project Team agreed to carry out its charge of "laying the foundation" for the work of the Commission by conducting research and addressing the following key topics:

1. An overview/summary of the nature of the chronic homelessness challenge in Hartford and the region.
2. An overview/summary of the resources, programs and services available to address that challenge, and their effectiveness.
3. The proposed Commission membership, and rationale.
4. The proposed Commission schedule and work plan.
5. The proposed vision statement to guide the Commission's efforts.

Upon completion of the Project Team's charge in December 2004, a *Commission Briefing Booklet* was prepared and submitted to the Mayor for the Commissioners to utilize as a reference.

In December 2004, Mayor Perez appointed a Commission to end chronic homelessness in the Hartford region by 2015. In an effort to implement a successful Commission with broad support and participation, key stakeholders were identified from the public, private and non-profit sectors to serve on the Commission.

The Commission's schedule and work plan entailed a six-month process from January 2005 through June 2005. During this period of time, an orientation and six two-hour meetings were conducted. After the Commission formulated their recommendations, they were submitted to Mayor Eddie A. Perez for his consideration and implementation.

Definition of Chronic Homelessness

According to the United States Department of Housing and Urban Development (HUD), “A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years.” (Federal Register/Vol. 69, No. 94, Friday, May 14, 2004/Notices, 26951)

Individuals experiencing chronic homelessness often have disabling conditions due to addiction, mental illness, chronic physical illness or disability, or developmental disability. Additional characteristics of the chronic homeless also include frequent histories of hospitalization, unstable employment, and incarceration; and an average age in the early forties.²

Hartford’s Point-In-Time Homeless Census

Dr. Irene Glasser and Dr. Tara McLaughlin recently published a study that offers a point-in-time census of Hartford’s homeless population that was conducted along with a series of in-depth interviews on February 25, 2004. The results of this study revealed that 64 out of 1054 households that were counted as Hartford’s homeless met the HUD criteria for chronic homelessness.³ These 64 households were composed of *an unaccompanied individual with a disabling condition who have been continuously homeless for a year or more*. The study was unable to establish the number of episodes of homelessness of each household. Disabling conditions were established through the interviewer’s knowledge of the medical, mental illness and substance use disorders of the individuals meeting the criteria of being homeless for more than one year.⁴

According to Dr. Glasser and Dr. McLaughlin’s report, it is difficult to ascertain the rates of chronic homelessness in Hartford. HUD specifies that the person must have been continuously homeless for a year or more or have experienced four or more episodes of homelessness over the last three years. The study indicates, in some cases, “administrators may not know how long their clients have been living outside or in emergency shelters before coming to their program. Further, some of the shelters have time limitations on the length of stay so that people are forced to leave. Additionally, individuals who are in fact chronically homeless by HUD’s definition may often stay in doubled-up situations (i.e., staying with a family or friend for a couple of days) before entering another shelter.”⁵ As a result of these types of situations, the authors believe that the numbers for Hartford’s chronic homeless are underestimated in this census and more accurately portrayed by Hartford’s Continuum of Care’s homeless providers, who counted **322 chronically homeless individuals in Hartford** in February 2004.

² Ibid.

³ Dr. Irene Glasser and Dr. Tara McLaughlin, *Census and Brief Assessment of the Homeless and Supportive Housing Populations of Hartford, Connecticut*, 2004, p. 46.

⁴ Ibid., p. 46.

⁵ Ibid., p. 8.

Some of the characteristics of the 64 chronic homeless individuals that were identified in the study are as follows:

- Gender of the individual or head of household: 85.9% male, 14.1% female
- Age of the individual, or the head of household: mean 41.74, medium 43.00, mode 43.00
- Race of individual or head of household (may be multiple answers): 31.3% Black or African American, 29.7% White, 1.6% Mixed Heritage
- 40.6% Hispanic or Latin, 59.4% Non-Hispanic or Non-Latino
- Is the individual a veteran? 12.5% yes, 87.5% no
- Does client have a source of income? (SSI, SSDI, SAGA, etc.) 53.2% yes, 46.8% no
- Where did the person meeting the definition of chronic homelessness sleep on February 25, 2004? 7.8% outside, 62.5% shelter, 14.1% transitional housing, 15.6% supportive housing⁶

When these 64 chronic homeless individuals were asked what kinds of services they would benefit from, but are not currently receiving, the majority responded long-term permanent housing (54.8%) and job/vocational training (45.2%).⁷

The following chart rendered by Glasser and McLaughlin depicts the service gaps for these 64 chronic homeless individuals:

What kinds of services would this individual benefit from, but is not currently receiving? (May be more than one category)⁸

	Number	Percentage
Long-term, Permanent Housing	34	54.8
Job/Vocational Training	28	45.2
Clothing	23	37.1
Job Placement	23	37.1
Case Management	20	32.3
Financial Assistance	19	30.6
Immediate shelter	14	23.3
Food	14	23.3
Recreation	14	23.3
Medical Care	13	21.7
Substance Abuse Treatment	13	21.7
Medical Benefits	12	19.7
Dental Care	11	18.3
Mental Health Care	11	18.3
Transportation	10	16.7

⁶ Ibid., p. 46-7.

⁷ Ibid., p. 48.

⁸ Ibid., 48.

Homelessness/Chronic Homelessness in Connecticut and the Capitol Region

In the Corporation for Supportive Housing's June 2004 publication entitled, *Reaching Home, Ending Long Term Homelessness in Connecticut: A Guide for Expanding Supportive Housing in Connecticut*, the regional estimates of homelessness (based on U.S. Census data, Urban Institute Homelessness Study, and Connecticut homeless counts) indicate the following:

- At any one point in time, close to 7,000 people are homeless in Connecticut.
- Over 32,000 people are homeless in Connecticut over the course of a year; of which close to 40% are children.
- **An estimated 2,800 Connecticut households are currently facing long-term homelessness. This equates to approximately 3,200 men, women and children.**
- At any one point in time, 1,625 people are homeless in the Capitol Region.
- At any one point in time, 1,267 households are homeless in the Capitol Region.
- **At any one point in time, 647 households in the Capitol Region are currently facing long-term homelessness.**
- An estimated 7,460 people in the Capitol Region are homeless over the course of a year.
- An estimated 4,753 households in the Capitol Region are homeless over the course of a year.⁹

The Hartford Continuum of Care Homeless Service Providers state in their 2004 HUD SuperNOFA application that they have identified 322 chronic homeless individuals (240 sheltered and 82 unsheltered) in Hartford, Connecticut.¹⁰

As indicated in the aforementioned point-in-time study, regional estimates and provider counts, the numbers for chronic homelessness could vary dramatically depending upon the interpretation of the definition of chronic homelessness, and/or lack of information to correctly categorize the individual or household.

Currently, the homeless providers in Hartford are developing a statewide Homeless Management Information System (HMIS). It is anticipated that the HMIS will eventually be able to identify who the chronic homeless are in Hartford and track other valuable information.

⁹ Corporation for Supportive Housing, Reaching Home Steering Committee, *Reaching Home: Ending Long-Term Homelessness in Connecticut: A Guide for Expanding Supportive Housing in Connecticut*, June 2004, p. 10-13.

¹⁰ Continuum of Care, *The 2004 HUD SuperNOFA Application*.

Overview of Resources, Programs and Services for the Homeless

The City of Hartford addresses many of the issues concerning homelessness through the Continuum of Care, “a local service-providing and planning entity, as well as a resource for information and strategic planning processes for the homeless.”¹¹ Hartford’s Continuum of Care is comprised of service providers, public officials, representatives from federal, state and city departments, the private sector, statewide advocacy groups, members and former members of the homeless community, and other interested and committed parties. The full committee meets monthly and has an average attendance of twenty-five members.¹²

The Continuum of Care submits an application to the United States Department of Housing and Urban Development (HUD) on an annual basis, referred to as the SuperNOFA, to secure funding for various programs that service Hartford’s homeless. The 2004 HUD SuperNOFA application provides a plethora of updated, comprehensive information regarding resources, programs and services for Hartford’s homeless population.

In addition to mainstream programs (i.e., SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans’ Health Care) for which the Continuum of Care systematically helps homeless persons identify, apply for, and follow-up to receive benefits, the 2004 HUD SuperNOFA lists numerous “other” resources that help aid homeless people. These **resources, totaling \$37,825,955**, are categorized under the following funding sources: CDBG (\$460,225), Mental Health Block Grant (\$4,435,673), Substance Abuse Block Grant (\$985,508), Social Services Block Grant (\$1,610,068), State-Funded Programs (\$8,176,694), City/County Funded Programs (\$1,091,046), Private (\$3,084,654), Foundations (\$4,716,288), and leveraged service providers’ contributions (\$13,265,799).¹³

The 2004 HUD SuperNOFA application also includes a service activity chart that indicates the three fundamental Components in the Continuum of Care system: prevention, outreach and supportive services. Services in place to assist homeless people are listed under each component, arranged by category, with the service provider identified. A list of services planned and the method of how to access assistance are also noted. Categories of services for each of the three components are indicated below:

- I. **Prevention:** Rental and Security Deposit Assistance, Homeless Prevention Counseling and Case Management
- II. **Outreach:** Outreach to Veterans, Outreach to Seriously Mentally Ill, Outreach to Youth, Outreach to Substance Abusers, Outreach to People with HIV/AIDS, Outreach to Persons who need Health/Medical Assistance
- III. **Supportive Services:** Food Assistance, Maximization of Referrals, Meal and Food Bag Programs, Case Management, Clothing, Household Items/Furniture, Medical Expenses Assistance, Job Search and Training Programs, Addiction Treatment, Supportive Services¹⁴

¹¹ 2004 HUD SuperNOFA.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

Through this comprehensive system of resources and services, the Continuum of Care strives to prevent homelessness, meet the diverse needs of individuals and families, and move homeless households toward self-sufficiency.

Gaps in Services/Resources

According to the Corporation for Supportive Housing's *Reaching Home*, June 2004 publication, the number of people facing long-term homelessness in Connecticut is increasing and expected to double over the next ten years for several reasons:

Gridlock in treatment systems. In July 2000, the Governor's Blue Ribbon Commission on Mental Health documented that the mental health system in Connecticut is in a state of gridlock. Hospitals and treatment programs report that they have no housing to discharge people to after treatment. Results of monthly surveys conducted by the Connecticut Coalition to End Homelessness from October 1, 2001 to February 28, 2002, indicated that at least 30 percent of the adults served in emergency shelters during that period came directly from other State funded programs (inpatient substance abuse or mental health treatment facilities, prisons, jails, and acute care hospitals) and private acute care hospitals.

Youth in foster care. More youth in foster care mean more people at risk of homelessness. There is an overrepresentation of people with a foster care history in the homeless population. People with a foster care history also tend to become homeless at an earlier age, and remain homeless longer than those who do not have a foster care history. Currently, close to 300 children in State custody reach age 18 each year and "age out" of the DCF system. Many have no place to go upon leaving the system.

Prison releases. Connecticut's prison population almost doubled during the 1990s. A large number of people who were arrested for drug related offenses in the 1990s will complete their jail or prison sentences, and will need significant support for re-entry including housing, supportive services, and employment assistance. The department of Corrections estimate that 85 percent of inmates have a substance addiction disorder, and 12 percent need mental health treatment. If they do not receive adequate support for re-entry, they will be a very high risk for long-term homelessness or returning to the criminal justice system.

Termination of benefits. Every month, hundreds of families and individuals in Connecticut are reaching time limits on welfare and general assistance benefits and have no income. Between October 2001 and April 2002, over 1,000 families (including over 2,000 children) had their benefits expire, and less than half of them were employed. Data from department of Social Services' Safety Net program reveal that many of these families face multiple barriers to employment, including depression, domestic violence, poor health, and lack of education.

High housing costs. Connecticut has some of the highest housing costs in the nation. A 2003 study by the Technical Assistance Collaboration found that a person with a disability receiving Supplemental Security Income (SSI) benefits in Connecticut is effectively priced out of the housing market. On average, the rent for a modest one-bedroom apartment in Connecticut in 2002 would consume 98 percent of the entire SSI monthly benefit, leaving virtually nothing for food, clothing, transportation, and other essential living costs. Over all, more than 29 percent of Connecticut's rental households face housing costs that exceed 35 percent of their income. With a growing number of households (particularly

families) experiencing worst case housing needs and short term homelessness, quick access to affordable housing (or the availability of subsidies to prevent homelessness) will be important to prevent them from becoming new long-term homeless households.¹⁵

¹⁵ *Reaching Home*, p. 12.

Current Strategies

Although gaps in services/resources continue to perpetuate chronic homelessness, some strides have been made in this area. Hartford's Continuum of Care indicated in their 2004 HUD SuperNOFA application that the following strategies have been implemented to prevent institutions from discharging individuals to shelters.

- The Connecticut State Department of Mental Health and Addiction Services has developed and implemented a policy required as a condition of receipt of McKinney Funds. This policy specifies that "each patient treated in a Department of Mental Health facility shall have a specialized treatment plan suited to his or her disorder...which shall include a discharge plan for appropriate aftercare of the patient."
- The Connecticut State Department of Social Services has established a local preference in the Section 8 Voucher Program for disabled persons living in institutions, to assist persons who do not have the resources to secure decent, safe, and affordable housing and would be at risk of homelessness in moving back into the community. Up to fifty (50) vouchers per year have been set-aside for this population. In FFY 2004, this initiative began operations and to date a total of 35 persons have been housed.
- The Connecticut State Department of Labor's (DOL) Veterans Program has secured a grant from the US DOL for the Incarcerated Veterans' Transition Program, where DOL Vet Reps will in-reach to prisons, beginning six months before release and assist veterans with work readiness and discharge planning. The intent of this grant under the homeless Veterans' Reintegration Program is the prevention of homelessness by veterans upon release from prison.
- In 2003-2004, several Hartford shelters, the Coalition to End Homelessness and the CT AIDS Residence Coalition collaborated with the Department of Correction to design a pilot project that will provide housing support services for ex-offenders. As a result of the collaboration, the Connecticut State Department of Correction applied for a Criminal Justice Supportive Housing Byrne Grant to reduce inmate recidivism and secure fiscal efficiencies. This program is designed to address released offenders who have multiple problems and utilize multiple services in the community, and should reduce recidivism since the housing will be integrated and coordinated with supportive services. This Grant will invest \$800,000 over the next four years.
- Initiative in the "Sex Offender Transition Committee." Two members of Hartford's Continuum of Care are active in this initiative, which involves discharge planning for sex offenders. This group is also comprised of representatives from the Department of Correction, Court Support Services Division; Correctional managed Health Care (University of Connecticut), Special Services, and the Connecticut Sexual Assault Crisis Services.¹⁶

¹⁶ All above material taken directly from the HUD SuperNOFA by Continuum of Care.

Continuum of Care's Housing Gaps Analysis Chart

The Continuum of Care presented a Housing Gaps Analysis Chart in the 2004 HUD SuperNOFA application to indicate the unmet need or gap in housing for homeless individuals and families in Hartford. The Housing Gap Analysis Chart was formulated by a Continuum of Care committee that looked at the tables from the previous Census of the Homeless of Hartford, in which program administrators were asked to complete a three-page census form on each individual staying with them. The figures were then updated for 2004 using phone surveys to determine any changes in the number of individuals and families being served, and in housing projects under development since the last census. The unmet need numbers were determined by reaching consensus with the entire Continuum of Care, using the 2004 housing activity chart and turn-away statistics as baseline data. The Committee work incorporated research results, the complete count of the homeless, and Community of Care membership's experience in the final analysis of the data.¹⁷

Individuals

(chart updated – March 2005)

		Current Inventory in 2004	Under Development in 2004	Unmet Need/Gap
Beds	Emergency Shelter	422	0	0
	Transitional Housing	366	0	0
	Permanent Supportive Housing	485	84	818*
	Total	1,292	84	818*

*This number is derived from the total number of individuals living out of doors (approximately 30 at any one time) and in shelters and in transitional housing (i.e., those in need of permanent housing).

Persons in Families With Children

		Current Inventory in 2004	Under Development in 2004	Unmet Need/Gap
Beds	Emergency Shelter	153	0	0
	Transitional Housing	72	0	0
	Permanent Supportive Housing	95	10	225**
	Total	320	10	225**

**This number is derived from the total number of families living in shelters and in transitional housing (i.e., those in need of permanent housing). It does not include the many families who are doubled up with other families.

¹⁷ Ibid.

Vision Statement:

By 2015, all persons facing chronic homelessness in the Hartford region will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

Commission Recommendations to End Chronic Homelessness

Critical Areas for Strategic Planning:

- I. Supportive and Affordable Housing
- II. Economic Stability through Job/Vocational Training and Job Placement
- III. Discharge Planning
- IV. Support Services
- V. Data Collection
- VI. Political Will – A Regional Approach to Chronic Homelessness
- VII. Implementation Vehicle

First Critical Area: Supportive and Affordable Housing

Guiding Principles:

1. Supportive housing is a priority strategy to ending chronic homelessness.
2. Affordable housing is a priority strategy for preventing, as well as ending chronic homelessness.

What is supportive housing? According to the Corporation for Supportive Housing, supportive housing is a term used to describe “a practical, proven and cost effective solution to the problem of chronic, long-term homelessness. There are two main components to supportive housing. First, it provides safe and secure rental housing that is affordable to people with very low incomes, offers independent apartment units (as opposed to congregate or group living), and is permanent, with occupancy continued as long as the tenant complies with the terms of his or her lease. The other key feature is the provision of support services by skilled staff at or very near the individual. By providing permanent, affordable housing in conjunction with services that deal with individualized health, support and employment needs, supportive housing addresses homelessness at its root causes.”¹⁸

Reaching Home utilized regional estimates of homelessness to project the number of supportive housing units that are needed in each region of Connecticut. The estimate of supportive housing needed in the Capitol Region over the next ten years was determined to be 2,133 units, of which 1,293 will serve long-term homeless individuals and families. The estimate of supportive housing needed specifically in Hartford over the next ten years to serve long-term homeless households was determined to be 632.

Recommendation 1. Support *Reaching Home*’s goal of developing 2,133 units of supportive housing in the Capitol Region over the next ten years, of which 1,293 will serve long-term homeless individuals and families.

Of the 1,293 supportive housing units to be developed for the long-term homeless population in the Capitol Region over the next ten years, 632 will be developed in Hartford.

By supporting *Reaching Home*’s regional goal, the City of Hartford is affirming that chronic homelessness has no borders. Hartford must work together with its neighboring towns in order to be successful in ending chronic homelessness.

Action Steps:

1. Encourage municipal planners, local developers and local housing authorities to identify properties suitable for the development of supportive housing.
2. Identify opportunities to integrate supportive housing into housing and community development strategies throughout the capitol region.
3. Assess and adapt zoning regulations as appropriate to allow for flexibility in requirements for supportive housing projects.

¹⁸ *Reaching Home*, p. 7.

4. Secure the support of civic leaders for measures to confront the contributing factors that create chronic homelessness, including the lack of affordable housing, and the lack of treatment for substance abuse and for mental illness.
5. Secure the support of key neighborhood groups for measures to end chronic homelessness in their neighborhood, including creation of permanent supportive housing.
6. Secure the support and involvement of key local institutions such as hospitals, colleges, universities and businesses that have a stake in ending chronic homelessness in the community.
7. Advocate for increased state and federal investment in supportive housing and service needs.
8. Educate private landlords about supportive housing and how they can work with local service providers to ensure stable, reliable tenants.
9. Highlight the success of supportive housing as a solution to chronic homelessness in local media stories regarding homelessness.
10. Educate the public on the range of successful supportive housing, from scattered site, to single site (appropriate for some of the most vulnerable populations).

Measurable Outcomes:

1. The identification of the number of properties necessary for the development of 63-64 supportive housing units per year, or 632 supportive housing units over 10 years to serve the chronic homeless population in Hartford.
2. The integration of approximately 129 supportive housing units per year, or 1,293 supportive housing units over 10 years to serve the chronic homeless population throughout the capitol region.
3. Zoning approval as appropriate and necessary to accommodate 63-64 supportive housing units per year, or 632 supportive housing units over 10 years to serve the chronic homeless population in Hartford.
4. The inclusion of 2 civic leaders on Hartford's Homeless Commission by 2006 to partake in strategies to prevent chronic homelessness.
5. The development of 1,293 units of supportive housing in the Capitol Region over the next ten years, of which 632 units will be in Hartford to serve the chronic homeless population.
6. The inclusion of 2 key local institutions on Hartford's Homeless Commission by 2006 to partake in strategies to prevent chronic homelessness.
7. The attainment of necessary funding (as specified in the 10 year projections document) for costs associated with the development of supportive housing in the Capitol region.
8. The provision of seminars on an annual basis to educate private landlords about the benefits of supportive housing.
9. The development and implementation of an annual media campaign to highlight supportive housing as a solution to chronic homelessness.
10. The utilization of access television on an annual basis to educate the public on the range of successful supportive housing.

Recommendation 2. Increase the availability of affordable housing and invest in the improvement of low-income housing stock.

What is affordable housing?

Housing is considered to be affordable if a household is not paying more than 30% of its gross income for housing costs.

The lack of housing affordable to people with very low incomes is one cause of chronic homelessness. Many families and individuals who use shelters report a lack of adequate income to pay for housing as a primary reason for their chronic homelessness. Other families and individuals are doubled up with family or friends, living a transient existence due to the inability to purchase a home or afford rent for a decent apartment.

According to a report issued by the National Low Income Housing Coalition in December 2004, a person must earn \$16.79 an hour to afford a modest two-bedroom apartment in Hartford, Connecticut. The report finds that 28,562 of Hartford's low-income households cannot afford a two-bedroom apartment at "fair market rent." Low-income households are defined as those with incomes at 30% or less of area median income (AMI). In Hartford, 30% of AMI equals a household income of \$22,170.

Action Steps:

1. Work with the Housing Authority to apply for all available state and federal rental subsidies.
2. Advocate for federal and state "gap financing" that will leverage private capital to build or rehabilitate quality housing for low-income households.
3. Identify opportunities to create housing for low-income households in mixed-income and mixed-used settings.
4. Increase homeownership opportunities for low and moderate-income families. Identify innovative models (such as the Open Hearth model) that can help a low-income household to sustain homeownership over the long-term in order to build equity.
5. Identify properties at risk of being lost to the affordable housing inventory due to expiring use, financial distress or physical deterioration.
6. Work with owners, mortgage holders/investors and local developers to insure the preservation and updating of existing housing units that serve low-income households. Explore resources of the Local Initiatives Support Corporation's (LISC's) Housing Prevention program.
7. Catalogue parcels of land and buildings that may be available for the development of quality housing that can meet the city's homeownership and affordable housing goals.
8. Strengthen the capacity for the use of eminent domain where blighted and abandoned buildings are creating an obstacle to development.
9. Intensify code enforcement activities where properties may be endangering the health and safety of residents.
10. Work with the Capitol Region Council of Governments to convene regional chief elected officials, public housing authorities, planning officials and other interested parties to establish regional affordable housing development goals. Identify potential incentives to increase production throughout the region.

Measurable Outcomes:

1. The Public Housing Authority and partners will apply for 100% of all available state and federal rental subsidies.

2. Availability of new gap subsidy funds from the state and federal government to support the production of rental housing, mutual housing and homeownership to serve low-income families.
3. Completion of existing HOPE VI developments in Hartford.
4. Completion of developments in the existing non-profit developer pipeline over the next 2 years as shown in the recent Non-Profit Developers' Survey completed by LISC and the Connecticut Housing Coalition:

Type of Housing	# of Projects	# of Housing Units
Homeownership	24	247
Homeownership - Condo.	-	-
Cooperative	-	-
Rental	6	708
Supportive	3	105
Elderly	-	-
Mixed Use	2	110
Other	1	-
Total	36	1,170

5. Development of a preservation and rehabilitation strategy in Hartford for existing affordable housing.
6. Based on data of existing affordable housing from the Connecticut Housing Finance Authority (CHFA) database, LISC will take the lead on developing a plan for the preservation and updating of existing housing units that serve low-income populations.
7. The City of Hartford will maintain a listing and map of parcels available and appropriate for development; and the City will streamline the approval process created for those parcels.
8. The development of a plan to convert blighted, abandoned and city-owned property to assets for affordable housing production.
9. The development of a code enforcement initiative that would result in the improvement of housing quality in targeted areas of the city.
10. The creation of regional affordable housing development goals through the Capitol Region Council of Governments.

Second Critical Area: Economic Stability Through Job/Vocational Training and Placement

Guiding Principle: Access to income is essential to secure and maintain housing and live independently.

Recommendation 3. Assist chronically homeless individuals with job/vocational training and job placement opportunities to attain income and self-sufficiency.

Action Steps:

1. Capital Workforce Partners (CWP) will work with the Hartford region's various Homeless Continua to build awareness of available services and facilitate coordination and access to these employment and training programs. The Community Renewal Team (CRT) as the one-stop case management entity and Hartford area's Community Action Agency will represent CWP.
2. CWP and/or CRT will provide information regarding the availability and accessibility of training through *CT Works* one-stop and support services provided directly by CRT or available through other organizations to emergency shelters and transitional and supportive housing facilities.
3. CWP and the *CT Works* one-stop will be used as a resource regarding available job openings and referral services for the chronic homeless population.
4. The *CT Works* business services unit will engage the business community and educate employers about tax credit and incentive programs for training and hiring marginalized populations.
5. CWP will explore opportunities to link with other ongoing employment and training initiatives including the Hartford Jobs Funnel and the Hartford Job Corps to assist the chronic homeless population with job placement.
6. CWP, in partnership with CRT will develop linkages and referrals to the State Department of Mental Health & Addiction Services and the State Department of Social Services to provide a continuum of care for chronic homeless individuals in need of supportive services to maintain employment.
7. CWP will encourage and support veterans' access to the State Veterans Tuition Waiver, the Department of Labor's Disabled Veterans' Outreach (DVOP) and Local Veterans' Employment Representative (LVER) programs, and will develop opportunities to participate in the federal Homeless Veterans Reintegration Program (HVRP) and the Veterans Workforce Investment Program.

Measurable Outcomes:

1. CRT will identify and coordinate the information flow regarding available employment, training and support services, including opportunities and services that are specific to veterans, with the Hartford region's Homeless Continua by 2006.
2. Fifty (50) chronically homeless individuals per year will be enrolled in vocational training and/or intensive pre-employment preparation activities.
3. Fifty (50) chronically homeless individuals per year will be placed in competitive employment.
4. The *CT Works* Business Service Unit will provide quarterly workshops to inform businesses about tax credit programs and training reimbursements. The Business

- Service Unit will also contact 100 businesses by 2006 to provide information on services through *CT Works*.
5. Two-hundred (200) chronically homeless individuals per year will be engaged in job preparation activities.
 6. CRT will establish a formal referral protocol through its Human Service Infrastructure with the State Department of Social Services by 2006, to provide a comprehensive mix of services to support each chronic homeless individual in maintaining employment. Each of the 50 participants will have a customized plan of support.
 7. CWP will modify its Workforce Investment Act (WIA) registration policy by 2006 to prioritize services for adults who are also veterans. CWP will facilitate a formal referral protocol between its WIA program and the CT. Department of Labor's veterans' representatives.

Third Critical Area: Discharge Planning

Guiding Principle: Effective discharge planning policies are critical in preventing chronic homelessness from occurring.

What is discharge planning? Discharge planning is the process that prepares a person in an institution (i.e., correctional, mental health, medical, residential treatment, and foster care facilities) for return or re-entry into the community through linkages to needed services and supports.

Recommendation 4. Support better discharge planning policies in preparing a person in an institution for return or re-entry into the community.

Action Steps:

1. Work with institutions in developing strategies that prevent discharging into homelessness (i.e., securing housing and all eligible entitlements).
2. Advocate for the suspension, rather than termination of public assistance recipients residing in correctional facilities or mental health facilities.
3. Work with the State Department of Correction (DOC) to support their initiatives to house prisoners leaving DOC facilities and entering supportive housing and/or treatment programs.
4. Work with Federal and State Departments of Veterans' Affairs in developing local strategies to assist servicemen and women returning from war, and those being discharged from military service.
5. Work with the State Department of Labor and other partners involved in the Incarcerated Veteran Transition Program (IVTP).

Measurable Outcomes:

1. A 30% decrease by 2009 in the number of persons discharged from institutions to emergency shelters. (Benchmarks to be revisited every 3 years.)
2. A change in State Department of Social Services' policy that suspends rather than terminates public assistance recipients residing in correctional facilities or mental health facilities.
3. A 30% increase by 2009 in the number of prisoners leaving DOC facilities and entering supportive housing and/or treatment programs. (Benchmarks to be revisited every 3 years.)
4. A 30% decrease by 2009 in the number of veterans residing in emergency shelters. (Benchmarks to be revisited every 3 years.)
5. A 30% decrease by 2009 in the number of veterans leaving DOC facilities and residing in emergency shelters. (Benchmarks to be revisited every 3 years.)

Fourth Critical Area: Support Services

Guiding Principle: Community based services and supports are essential in preventing chronic homelessness from occurring and assisting those who are chronically homeless in becoming self-sufficient.

Recommendation 5. Provide services and supports that prevent chronic homelessness from occurring and aid those who are chronically homeless in becoming self-sufficient.

Action Steps:

1. Support existing and new programs that are founded on evidence-based best practices.
2. Identify funding for recuperative care services for chronically homeless individuals who require medical, mental health and/or addiction services over a period of time.
3. Review current projects that improve the housing opportunities for individuals leaving institutions who would otherwise become homeless. The purpose of the review is to recommend replication of successful projects.
4. Ensure coordination of the Mayor's Healthy Community Initiative, which aims to provide access of primary care to the uninsured and underinsured in Hartford.
5. Continue to work with the State Department of Mental Health and Addiction Services in the provision of behavioral health initiatives to address the needs of the chronic homeless population.
6. Work with regional Health and Human Services Departments to identify funding for the provision of case management services to individuals and families who are in need of services.
7. Explore the advantages of eliminating time limits in emergency shelters.
8. Identify, promote and coordinate access to specialty programs that serve veterans, such as the VA Healthcare for Homeless Veterans (HCHV) Program, the VA Homeless Providers' Grant & Per Diem Program, the Vet Center program, the Veterans Benefits Administration Outreach program, and the residential rehabilitation and advocacy programs provided by the Connecticut Department of Veterans' Affairs.

Measurable Outcomes:

1. New and renewed funding for programs in the Hartford region that provide services and supports to prevent chronic homelessness and/or promote self-sufficiency, i.e., successful funding of the Continuum of Care's HUD SuperNOFA application.
2. The identification and implementation of funding for recuperative care services for chronically homeless individuals by 2008.
3. Review and recommend replication of successful projects that improve the housing opportunities for individuals leaving institutions by 2006.
4. 100% access of primary care to underinsured in Hartford by 2007.
5. 100% of the chronically homeless population identified in Hartford as in need of mental health and substance abuse services will have access to such services by 2007.
6. Identify funding throughout the Capitol region to provide case management services to individuals and families who are in need of services by 2006.

7. Initiate discussions in Hartford's Continuum of Care regarding the advantages of eliminating time limits in emergency shelters by 2006.
8. 100% access to specialty programs that serve veterans by 2007.

Fifth Critical Area: Data Collection

Guiding Principle: The collection of empirical data about our chronic homeless population is critical in understanding and assessing their needs and targeting funding appropriately to end chronic homelessness.

What is the Homeless Management Information System (HMIS)? The HMIS is a computerized collection of information on homeless individuals and families using residential or other homeless assistance services and stores that data in electronic format. The Connecticut Coalition to End Homelessness has coordinated the development and implementation of the statewide HMIS since 2001. The project is currently funded through several sources: the State Department of Social Services, the United States Department of Housing and Urban Development, and the Hartford Foundation for Public Giving.

Recommendation 6: Enhance data collection and implementation of best practices that further the goal of ending chronic homelessness in the Hartford region by 2015.

Action Steps:

1. Support the continued development and implementation of the Homeless Management Information System that provides needed quantifiable data.
2. Procure and utilize data pertaining to veterans who are homeless from the national VA Northeast Program Evaluation Center (NEPEC), located in West Haven, CT.
3. Support research and implementation of best practices for data collection.
4. Identify homeless populations who are at risk of becoming chronically homeless.
5. Support the use of a data security approach to information management that balances confidentiality, integrity and availability of data.
6. Support providers in their efforts to report on 100% of beds utilized in emergency shelters, transitional living facilities and supportive housing units.

Measurable Outcomes:

1. Quantifiable data available on a quarterly basis that can be utilized to: assess needs of the chronic homeless population; target funds appropriately to address the needs of the chronic homeless population, document the need for additional funds to address chronic homelessness; and track progress in reducing chronic homelessness.
2. Standard reports that include and integrate data pertaining to veterans who are chronically homeless.
3. The HMIS will be reviewed on a quarterly basis to insure ongoing utilization of best practices for data collection.
4. The HMIS will provide quantifiable data to help determine who is at risk of becoming chronically homeless.
5. No inappropriate release of confidential information.
6. By September 2006, all service providers will enter data on 80% of beds utilized in emergency shelters, transitional living facilities and supportive housing units.

Sixth Critical Area: Political Will—A Regional Approach to Chronic Homelessness

Guiding Principle: Chronic homelessness has no borders. Hartford must work together with its neighboring towns in order to be successful in ending chronic homelessness.

Recommendation 7: Support a regional approach to ending chronic homelessness in Connecticut. This regional approach should be implemented through the cooperative action of the following community partners: the Capitol Region Council of Governments (CRCOG) and its member municipalities; the Connecticut Coalition to End Homelessness; the Partnership for Strong Communities and its Reaching Home Campaign; the Corporation for Supportive Housing; the non-profit housing development community; the Hartford, Manchester and balance of State Continuum of Care groups serving communities in the Capitol Region; the federal and state Departments of Veterans' Affairs; the Greater Hartford philanthropic community; the faith community; and other community partners that may be identified in the future.

Action Steps:

This plan recommends that the Capitol Region Council of Governments, in cooperation with other community partners already committed to ending chronic homelessness, work in the following ways to implement a regional strategy. These proposed actions are consistent with the Capitol Region Strategy to Address Long-Term Homelessness adopted by the CRCOG Policy Board on November 17, 2004. They acknowledge the extensive work and effort already underway in the Capitol Region, and seek to strengthen municipal ties and support for existing efforts and new initiatives that may be necessary to end chronic homelessness in the Greater Hartford region.

The proposed action steps fall into the following categories:

- A. Education of the general public and municipal officials, and statements of public support for ending chronic homelessness.
- B. Facilitation of regional solutions.
- C. Policy development, which includes actions to better define the extent and character of chronic homelessness in the region; identify proven solutions; and incorporate improved strategies, over time.

The Action steps are defined by category below.

Category A: Education of the general public and municipal officials, and statements of public support for ending chronic homelessness

(Lead Partners in these action steps will include the Capitol Region Council of Governments (CRCOG) and its member municipalities, and the Partnership for Strong Communities)

Action Steps:

1. Request that CRCOG vote to become a supporting organization of the Partnership for Strong Communities Reaching Home Campaign, and that it express its

- commitment to work toward ending chronic homeless in the Capitol Region in ten years.
2. Continue CRCOG support for funding the creation of new supportive housing units in the Capitol Region.
 3. Work with member municipalities to achieve broader public understanding of the benefits of ending chronic homelessness in 10 years, support for the creation of supportive and affordable housing in a broad range of communities, and statements of public support for the Reaching Home Campaign.
 - a. **Public/Municipal Education** will be accomplished through conducting affordable and supportive housing meetings/presentations/forums at two levels in Capitol Region communities: sub-regional meetings grouping together communities similar in size and geographic location; and individual meetings with one or more municipal boards and commissions, and the general public. CRCOG will schedule such meetings with the cooperation of its member municipalities, and will seek support from the Partnership for Strong Communities Reaching Home Campaign and local Supporting Organizations to assist in making presentations.
 - b. **Statements of Public Support** where all municipal meetings will include a request to the sponsoring entity (Town Council, Planning and Zoning Commission, etc.) to become a Supporting Organization in the Reaching Home Campaign.
 4. 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.

Measurable Outcomes:

1. Vote of CRCOG Policy Board to become a supporting organization of Reaching Home Campaign--June 2005.
2. Inclusion of a statement of support for new supportive housing units in the CRCOG Legislative Agenda for 2005 and subsequent years.
3. Presentation of testimony on this issue at Connecticut General Assembly public hearings, and through direct communication to regional legislators in 2005 and in subsequent years.
4. Support for federal legislative initiatives in 2005 and in subsequent years, as consistent with this action step.
5. Four sub-regional municipal/public education meetings conducted by June 30, 2006.
6. Twenty-nine individual public education meetings/presentations conducted by June 30, 2006 with follow up meetings conducted in FY 2007 as required.
7. Goal of two-thirds of Capitol Regional municipalities becoming Supporting Organizations of the Reaching Home Campaign, through vote of one or more municipal boards and commissions, by June 30, 2006.

Category B1: Facilitation of regional solutions--Supportive Housing

(Lead partners in these action steps will include the Capitol Region Council of Governments and its member municipalities, the Corporation for Supportive Housing, service providers, State agencies, and other non-profit and for profit housing developers as appropriate.)

Action Steps:

1. Identify numeric goal for expansion of supportive housing opportunities in the Capitol Region based on the following data: regional needs assessment contained in Reaching Home: Ending Long-Term Homelessness in Connecticut (June 2004), estimates of need defined by the Connecticut Interagency Council on Supportive Housing and Homelessness (January 2004), and State/federal funding approved for creation of new supportive housing opportunities. The Reaching Home report estimates the total supportive housing opportunities needed in the Capitol Region over a 10-year period at 2,133, with 1,293 units targeted to households facing long-term homelessness. The report calls for these needs to be met by a combination of new housing and the use of existing housing.
2. Identify key criteria necessary to successfully operate scattered-site supportive housing and new supportive housing developments. Criteria may vary between scattered site and new development, and may include factors such as: access to public bus transportation, occupants' access to auto transport, employment opportunities, plan for service delivery, size of parcel needed for new development, etc.
3. Create partnerships between service providers, non-profit developers, for-profit developers, appropriate State agencies and CRCOG member municipalities to identify potential sites for scattered-site and new supportive housing development.

Measurable Outcomes:

1. CRCOG adoption of regional 10-year goal for expansion of supportive housing opportunities in Capitol Region, created through scattered-site use of existing housing and new development. This goal would be established using the data sources noted in Action step B.1. above. Policy Board adoption October 2005.
2. Guide document, "Supportive Housing Locational Checklist," completed by September 30, 2005.
3. Three to five municipal partners identified to work with service providers, non-profit developers and/or for-profit developers, and appropriate state agencies to create new supportive housing opportunities in suburban and rural communities—by March 31, 2006. Three to five municipal partners identified in each of subsequent 9 years until all Capitol Region communities have either become partners in creation of supportive housing or some other aspect of regional strategy.

Category B2: Facilitation of regional solutions: Emergency Shelter

(Lead partners in these action steps include the Capitol Region Council of Governments (CRCOG) and its member municipalities, exiting providers of emergency shelter, municipal social service directions, Connecticut Coalition to End Homelessness)

Action Steps:

1. Maintain data for the region and individual municipalities on emergency homeless shelter beds, and other forms of emergency housing or assistance available to serve homeless individuals and families—CRCOG with assistance of other partners.
2. Develop options for local provision of emergency housing or assistance in suburban and rural communities, and recommend procedures for linking homeless individuals to alternative emergency housing or assistance—Subcommittee of partners, convened by CRCOG.
3. Present preferred emergency shelter options and recommended referral procedures to CRCOG member municipalities for consideration and adoption.

Measurable Outcomes:

1. Database of emergency shelter beds and other alternative emergency housing or assistance for homeless individuals and families. September 2005 with annual updates.
2. Guide document, “Options for Provision of Emergency Shelter for Homeless Individuals and Families, and Recommended Referral Procedures,” completed by November 2005.
3. Three to five new options for provision of emergency shelter for homeless individuals and families in place in suburban and rural communities—by June 30, 2006. Expansion of these options in subsequent years based on regional need.

Category B3: Facilitation of regional solutions--Affordable Housing

(Lead partners in these action steps include the Capitol Regional Council of Governments (CRCOG) and its member municipalities, and the Partnership for Strong Communities)

Action Steps:

1. Conduct public education efforts as outlined in Category A above.
2. Create partnerships between non-profit and for-profit developers and CRCOG member municipalities to identify potential sites for scattered-site and new affordable housing development.
3. Share information with municipalities on successful privately developed affordable housing in the Capitol Region and elsewhere in the State, and techniques used such as inclusionary zoning and accessory apartments.
4. Work with municipalities to identify zoning changes required to enable such housing to be created by for-profit or non-profit developers.

Measurable Outcomes:

1. Number of new affordable units created, as documented through Affordable Housing Land Use Appeals list.

2. Number of zoning changes adopted to permit and/or encourage mixed income residential development, rental units, accessory apartments, cluster and small-lot single family-residential development, and other housing more affordable than traditional large-lot single-family development.

Category C: Policy development, including actions to better understand the extent and character of chronic homelessness in the region, identify proven solutions, and incorporate improved strategies, over time

(Lead Partners in these action steps include Interagency Council on Supportive Housing and Homelessness, Capitol Region Council of Governments and its member municipalities and the Partnership for Strong Communities through the Lyceum Housing Resource Center.)

Action Steps:

1. Initiate community discussions and/or Policy Academy on improving access to mainstream services for persons who are homeless for funding and education (Atlanta). (Interagency Council on Supportive Housing and Homelessness).
2. Propose legislation requiring integration discharge planning from mental health facilities, hospitals and prisons. Also consider legislative changes to financially compensate communities that currently carry the largest costs of serving the chronically homeless population. (Interagency Council on Supportive Housing and Homelessness and Partnership for Strong Communities, with support of CRCOG and other housing advocacy groups)
3. Create opportunities for citizens to learn, participate, and develop as leaders in the regional campaign to end chronic homelessness; encourage involvement of individuals and groups (families; former homeless persons; students; civic, faith-based, fraternal and veterans' organizations, etc.) intent on achieving the goal.
4. Expand CRCOG Housing Committee to include a Homelessness Working Group, composed of municipal chief administrative and elected officials (managers, mayors and first selectmen), municipal social service directors, representatives of Hartford, Manchester and Balance of State Continuum of Care Groups, former homeless persons, and other community partners to continue to develop and evaluate the effectiveness of policy/program strategies in the following areas: provision of housing and related social/mental health services; homelessness prevention including early intervention, reunification of families, and retention of housing; and coordination of provider services. Discussion should include an annual assessment of regional needs, actions being taken to meet those needs, and identification of the appropriate role(s) of municipal agencies in strategies to end chronic homelessness.

Measurable Outcomes:

1. Number of new strategies on improving access to mainstream services for persons who are homeless that are identified and implemented.
2. Adoption of state legislation requiring integration of discharge planning from mental health facilities, hospitals, and prisons.

3. Adoption of state legislation to compensate communities that currently carries the largest costs of serving the chronically homeless population.
4. Identification and implementation of new and improved strategies to end chronic homelessness.
5. Increase in the number of municipalities actively involved in implementing strategies.

Seventh Critical Area: Implementation Vehicle

Guiding Principle: An effective strategy is essential to successfully implement Hartford's plan to end chronic homelessness by 2015.

Why do we need an implementation vehicle?

The Commission's recommendations cover a broad spectrum of anticipated actions, implementation of which will involve the efforts of numerous stakeholders and partners.

The Commission is mindful of the Mayor's charge to produce recommendations that can lead readily to action.

However, the Commission's plan is a policy document, rather than an implementation plan.

Given the number of entities likely to be involved in implementing those recommendations accepted by the Mayor, a thoughtfully prepared, comprehensive implementation strategy is essential if the Commission's vision is to be achieved.

To that end, the Commission offers a final recommendation.

Recommendation 8: Convene an implementation team and charge it to prepare a detailed action plan to guide implementation of those Commission recommendations accepted by the Mayor.

Action Steps:

1. Charge the Hartford Commission on Homelessness with creating an implementation plan.
2. Examine the current composition of the Hartford Commission on Homelessness and if necessary make appropriate changes to facilitate the implementation process.

Measurable Outcomes:

1. The development of an implementation plan within 90 days of the time it is launched by the Hartford Commission on Homelessness. The implementation plan will address the following components:
 - a. Describes specific actions to be taken.
 - b. Assigns responsibility for each action.
 - c. Suggests the timing by when key actions are to be taken and completed.
 - d. Defines anticipated outcomes and results of successful efforts.
 - e. Identifies the level and proposed sources of the funding and resources needed to implement each action.
 - f. Proposes a process/mechanism that provides ongoing oversight of the efforts covered by the action plan.
2. The Mayor's convening of the Hartford Commission on Homelessness.

Glossary

Assertive Community Treatment (ACT) – A team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia. Among the services ACT teams provide are: case management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. (<http://www.actassociation.org>)

Byrne Grant - The Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program (Byrne Formula Grant Program) is a partnership among federal, state, and local governments to create safer communities. BJA is authorized to award grants to states for use by states and units of local government to improve the functioning of the criminal justice system - with emphasis on violent crime and serious offenders - and enforce state and local laws that establish offenses similar to those in the federal Controlled Substances Act. (<http://www.ojp.usdoj.gov/BJA/grant/byrne.html>)

Capitol Workforce Partners (CWP)--Established under the federal Workforce Investment Act (WIA) of 1998, coordinates comprehensive programs provided through contracted private and public partner organizations. These programs develop a skilled, educated and vital workforce to support the economic growth of the 37 municipalities in the region. Their mission is to implement and coordinate an effective Workforce Development System that creates economic and employment partnerships among service providers, job seekers and employers in a way that enhances the economic vitality of all participants (<http://www.capitalworkforce.org/history.html>)

The Connecticut Housing Finance Authority (CHFA)--Over the past 35 years, CHFA has helped more than 104,000 families and individuals purchase their first home and has provided financing for the construction and/or rehabilitation of more than 27,500 units of affordable rental housing for families and the elderly. (<http://www.chfa.org>)

Community Renewal Team (CRT) -- The Community Renewal Team Inc. is an anti-poverty agency serving people and families throughout the Connecticut River Valley. Head Start, Meals on Wheels, alternatives to incarceration, supportive housing and shelter, and many other CRT programs give people the skills and the resources to become self-sufficient and to thrive. (<http://www.crtct.org/about.html>)

Continuum of Care (COC) --A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness. According to HUD, The Fundamental Components of a Continuum of Care System include outreach, intake, and assessment to: (1) identify an individual's or family's service and housing needs, and (2) link them to appropriate housing and/or service resources; emergency shelter and safe, decent alternatives to the streets; transitional housing with supportive services to help people develop the skills necessary for permanent housing; and permanent housing and permanent supportive housing. (<http://www.hud.gov/offices/cpd/homeless/library/coc/cocguide/intro.pdf>)

Connecticut Works (CT Works)--A unique collaboration of state, regional, and local organizations addressing the workforce development needs of the state - both our residents who are seeking jobs and the businesses that want to employ them. Services offered to job seekers focus on career counseling, job search assistance and referral to skills training, while businesses receive recruiting, job training, and related support. There are presently nineteen *Connecticut Works* Centers open throughout the state. (<http://www.ctdol.state.ct.us/ctworks/ctworks-over.htm>)

Emergency Shelter--Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. (HUD definition)

Food Stamps--The food stamp program helps low-income people buy food. Although it is a federal government program, it is run by state or local agencies. Anyone can apply for food stamps. To get food stamps, you and the other people in your household must meet certain conditions. Everyone who is applying in your household must have or apply for a Social Security number and be either a U.S. citizen, U.S. national or have status as a qualified alien. (<http://www.ssa.gov/pubs/10101.html#who>).

Healthy Communities Initiative--One of Mayor Eddie A. Perez's community initiative projects, which aims to ensure that every Hartford resident, including the uninsured and the medically underserved, has access to the medical, dental, and behavioral health care services that they need. There are two overall objectives of the collaborative efforts between the City's healthcare providers and funders:

- Create a system of care by which all Hartford residents, including the uninsured and underinsured, have access to affordable and comprehensive healthcare services; and
- Develop an effective network of preventive health initiatives to empower all Hartford residents to take firm control of their own health, the health of their families, and ultimately the health of their city.

HOPE VI Program--HOPE VI, also known as the Urban Revitalization Demonstration, is designed to revitalize the Nation's most severely distressed public housing. Congress and HUD created the HOPE VI grant program in 1992 to provide a flexible source of support for investments in public housing developments and for their residents. (www.huduser.org/publications/pubasst/hopevi.html)

Housing First Strategies--Goals to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach. (<http://www.csh.org/>)

The US Department of Housing and Urban Development (HUD)--Responsible for the implementation and administration of government housing and urban development programs including low-rent public housing, mortgage insurance for residential

mortgages (FHA), equal opportunity in housing, energy-efficient mortgages, and research and technology (<http://www.eere.energy.gov>). HUD's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. (<http://www.hud.gov>)

HUD SuperNOFA Application—A grant application filled out by municipalities that encompasses the following programs: Supportive Housing, Shelter Plus Care, and Section 8 Moderate Rehabilitation for Single Room Occupancy for Homeless Individuals.

McKinney Funds--The Stewart B. McKinney Homeless Assistance Act (PL100-77) was the first -- and remains the only -- major federal legislative response to homelessness. The McKinney Act originally consisted of fifteen programs providing a range of services to homeless people, including emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing.
(<http://www.nationalhomeless.org/mckinneyfacts.html>)

Local Initiatives Support Corporation (LISC)—LISC helps resident-led, community-based development organizations transform distressed communities and neighborhoods into healthy ones-- good places to live, do business, work and raise families. By providing capital, technical expertise, training and information, LISC supports the development of local leadership and the creation of affordable housing, commercial, industrial and community facilities, businesses and jobs. (<http://www.lisc.org>)

Open Hearth Model—See Appendix (ff)

State Children's Health Insurance Program (SCHIP)--SCHIP is designed to address the growing problem of children without health insurance. SCHIP was designed as a Federal/State partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough money to purchase private insurance. SCHIP is designed to provide coverage to "targeted low-income children." A "targeted low-income child" is one who resides in a family with income below 200% of the Federal Poverty Level (FPL) or whose family has an income 50% higher than the state's Medicaid eligibility threshold. Some states have expanded SCHIP eligibility beyond the 200% FPL limit, and others are covering entire families and not just children. (<http://www.cms.hhs.gov/schip/about-SCHIP.asp>)

Section 8 Voucher Program-- The Section 8 Voucher program is a subsidized housing program that helps poor, elderly and disabled people to rent decent housing.

Social Security Disability Insurance (SSDI)—SSDI benefits to you and certain members of your family if you are "insured," meaning that you worked long enough and paid Social Security taxes. The definition of disability under Social Security is different than other programs. Social Security pays only for total disability. No benefits are payable for partial disability or for short-term disability. Disability under Social Security is based on the inability to work. The SSA considers a person disabled under Social Security rules if they cannot do work that they did before and the SSA decides that they

cannot adjust to other work because of their medical condition(s). The disability must also last or be expected to last for at least one year or to result in death.

(<http://www.ssa.gov/disability/>)

Stakeholders -- The various groups with an interest in the quality, governance, and operation of a certification program, such as the public, employers, customers, clients, third party payers, etc.

Supplemental Security Income (SSI)—A Federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people, who have little or no income; and it provides cash to meet basic needs for food, clothing, and shelter. (<http://www.ssa.gov/notices/supplemental-security-income/>)

Temporary Assistance to Needy Families (TANF) --Program that was created by the Welfare Reform Law of 1996. TANF replaced what was then commonly known as welfare: *Aid to Families with Dependent Children (AFDC)* and the *Job Opportunities and Basic Skills Training (JOBS)* programs. *Temporary Assistance for Needy Families (TANF)* provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. (<http://www.acf.dhhs.gov/programs/ofa/>)

Transitional Housing-- One type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Basically, it is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. (HUD definition)

Veterans Health Care --Public Law 104-262 calls for the VA to provide veterans hospital care and outpatient care services that are defined as "needed". VA defines "needed" as care or service that will promote, preserve, and restore health. This includes treatment, procedures, supplies, or services. This decision of need will be based on the judgment of your health care provider and in accordance with generally accepted standards of clinical practice.

(<http://www.military.com/Resources/ResourcesContent/0,13964,30988,00.html>)

Workforce Investment Act (WIA)—The WIA, which superseded the Job Training Partnership Act, offers a comprehensive range of workforce development activities through statewide and local organizations. Available workforce development activities provided in local communities can benefit job seekers, laid off workers, youth, incumbent workers, new entrants to the workforce, veterans, persons with disabilities, and employers. (<http://www.edd.ca.gov/wiarep/wiaind.htm>)

Acknowledgments:

Hartford's plan to end chronic Homelessness could not have been prepared without the support and guidance of many organizations and their representatives. Thanks are due to the following people who attended many of the Commission's meetings, provided information, submitted comments on the draft recommendations and provided other help.

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Patti White
Immaculate Conception Shelter

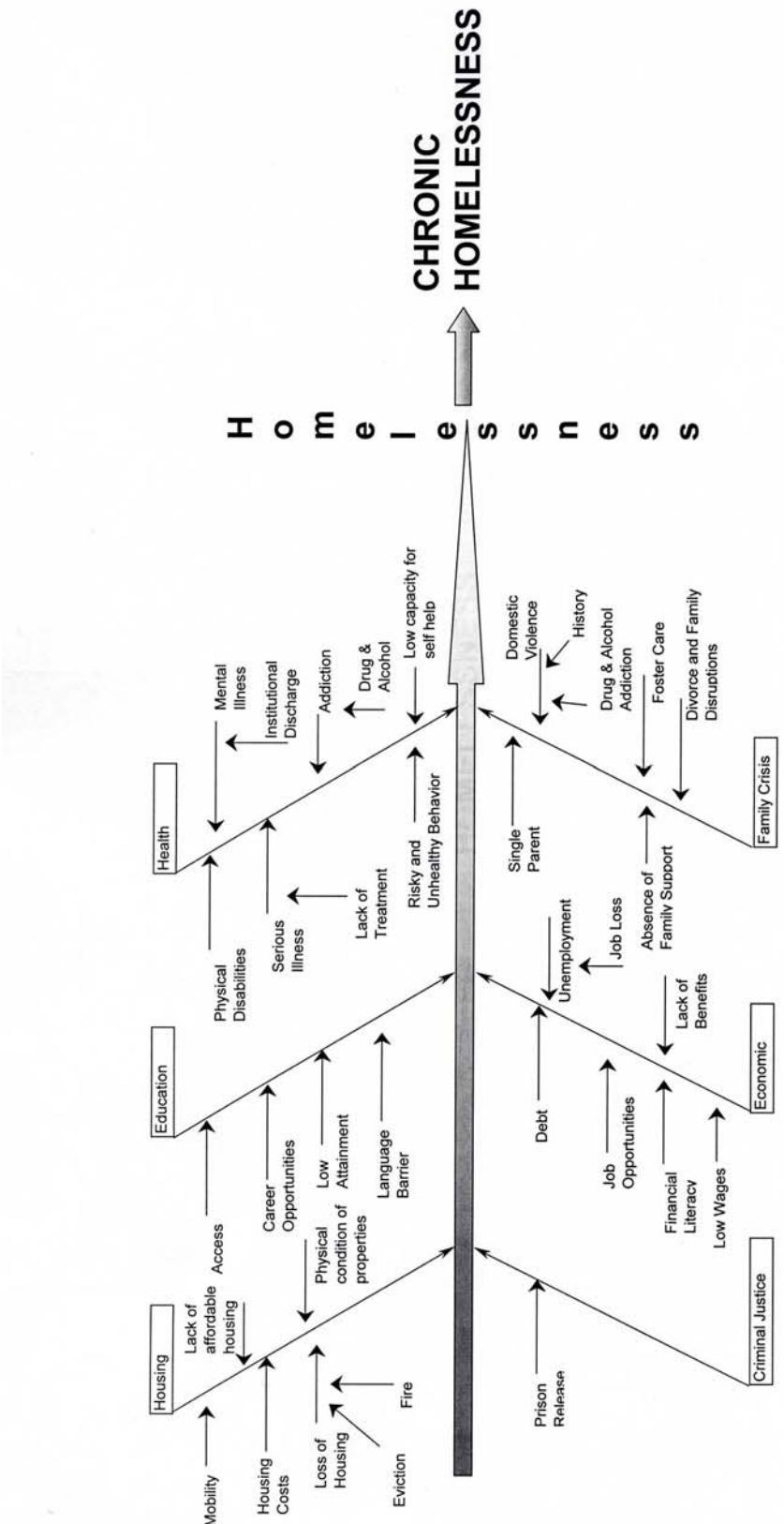
We would also like to take this opportunity to acknowledge the following organizations in their efforts to end chronic homelessness in Hartford and the region.

Hartford's Continuum of Care

Hartford's Homeless Commission

Capitol Region Council of Governments

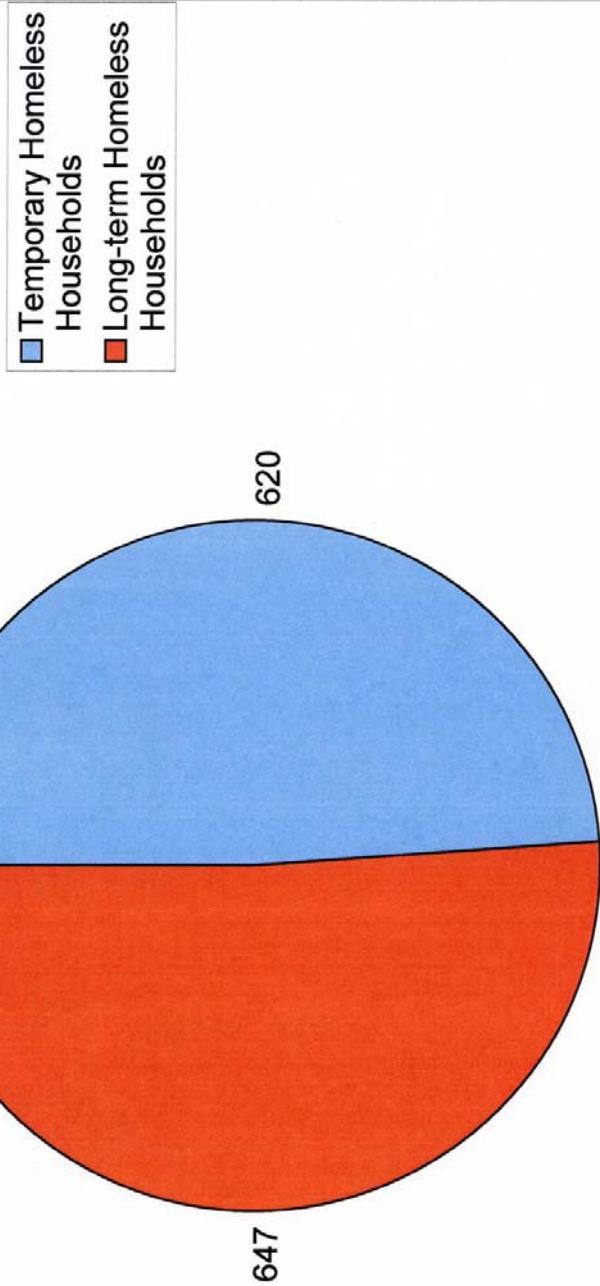
APPENDIX



Mayor's Commission to End Chronic Homelessness
Project Team
August 2004

**Capitol Region Homeless Households Analysis
January 2004 Homeless Count**

1,267 Total Point-in-Time Estimated Homeless Households

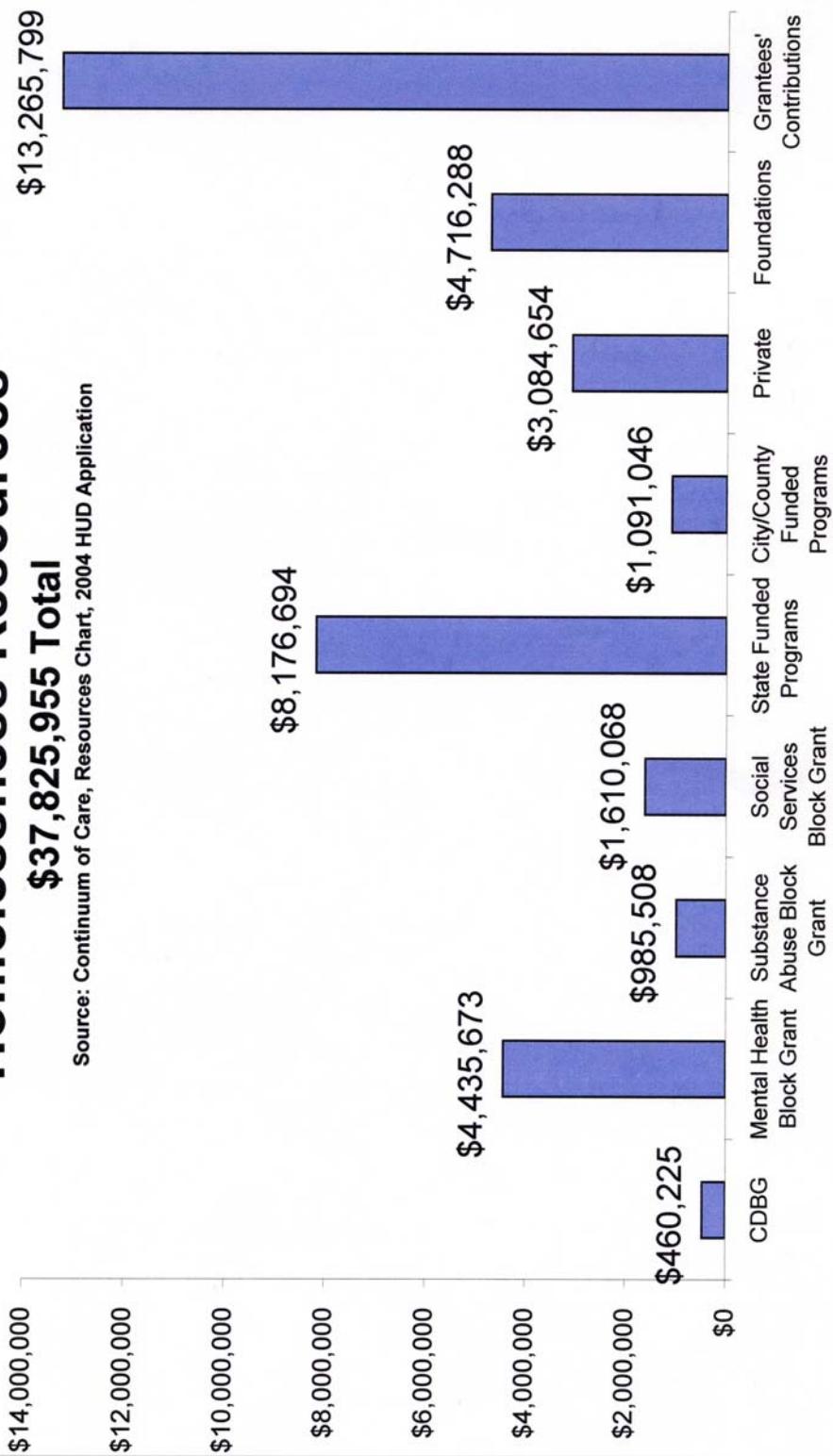


Source: Reaching Home, Ending Long-Term Homelessness in Connecticut, 2004

Homelessness Resources

\$37,825,955 Total

Source: Continuum of Care, Resources Chart, 2004 HUD Application



10. Use of Other Resources Chart

1 Other Resources	2 Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	3 Specific Project Name	4 \$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
CDBG	Salvation Army Meals for the Elderly	Homeless Prevention for Families Weekend Elderly Service Program – Center City Churches	20,000 60,000
CDBG	Case Management for People Leaving Prison Shelter for Battered Women Soup Kitchen and Day Shelter Education & life skills training for adults and after-school tutorial program for children Deliver surplus food for very-low-income people including soup kitchens & homeless Small group tutoring provides direct, instructional services to adults who read below 6 th grade level or who speak English poorly or not at all Center City Churches Friendship Center Soup Kitchen Subtotal	Resettlement Program – Community Partners in Action Shelter Program- Hartford Interval House Soup Kitchen – Mercy Housing & Shelter Corporation House of Bread – HOME Program Food delivery – Foodshare Commission Small Group Tutoring – Literacy Volunteers Peter's Retreat Renovation Mercy Housing & Shelter Corp	50,000 21,310 24,000 20,000 30,000 50,000 160,915 <u>24,000</u> \$ 460,225
HOME	There is no HOME funding or programs dedicated specifically to homeless people. However, all programs developed with these funds are open to homeless as well as non-homeless people who meet eligibility criteria.	N.A.	N.A.
Housing Choice Vouchers (only if "priority" is given to homeless)	There are no units dedicated to homeless people. However, all homeless people who meet eligibility are encouraged to apply.	N.A.	N.A.
Public Housing (only if units are dedicated to homeless)	There are no units dedicated to homeless people. However, all homeless people who meet eligibility are encouraged to apply and case managers help many to do so and access housing.	N.A.	N.A.
Mental Health Block Grant	Emergency Crisis	Community Mental Health Affiliates, Inc.	\$ 329,313

	Children's Mental Health Programs	Department of Families and Children	1,230,130
	Emergency Crisis	Genesis Center, Inc.	219,135
	Case Management	Hartford Behavioral Health	69,871
	Emergency Crisis	Inter-Community Mental Health Group, Inc.	130,640
	Outpatient, Outpatient (Homeless Outreach), Emergency Crisis, Supported Residential	United Services, Inc.	<u>200,248</u>
	Subtotal		\$ 2,179,337
	Residence at St. Mary's Mental Health Community Respite Services Mental Health Shelter Initiative	Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp	1,742,416 422,520 <u>91,400</u>
	Subtotal		\$ 2,256,336
Substance Abuse Block Grant	Operating Expenses – 56 people St. Elizabeth House Emergency Shelter Supportive Housing Services (AIDS) Friendship Center Day Shelter/Soup Kitchen	Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp	\$85,434 161,088 308,122 130,830
	Clinical Case Management & HMIS enhancement	Shelter Initiative	<u>\$300,034</u>
	Subtotal		\$ 985,508
Social Services Block Grant	St. Elizabeth House Residential Services Friendship Center Family Services Supportive Housing Services (AIDS)	Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp Mercy Housing & Shelter Corp	635,234 69,140 <u>895,694</u>
	Subtotal		\$ 1,610,068
Welfare-to-Work	There is no Welfare-to-Work funding or programs dedicated specifically to homeless people. However, all programs developed with these funds are open to homeless as well as non-homeless people who meet eligibility criteria	N.A.	N.A.
State-Funded Programs	Contractor and Construction Training Projects for Assistance in Transition from Homelessness Supportive Housing Case Management PILOTS Clinical Services Acute inpatient program and 18-hour response care program Clinical services	Department of Labor, Open Hearth – Home Ownership Program PATH, CRMHC, Dept of Mental Health and Addiction Services CRMHC, Dept of Mental Health and Addiction Services CRMHC, Department of Mental Health and Addiction Services CRMHC, Department of Mental Health and Addiction Services CRMHC, Department of Mental Health and Addiction Services	\$ 30,000 1,258,869 348,084 844,200 163,173 527,875 <u>685,808</u>

	Subtotal	Health and Addiction Services	\$3,858,009
	State Department of Social Services:		
	House of Bread Day Shelter	Day Shelter	40,923
	Immaculate Conception Homeless Outreach	Homeless Outreach	35,556
	Immaculate Conception Emergency Shelter-McKinney Shelter	Emergency Shelter	224,808
	McKinney Day Shelter	Emergency Shelter	438,646
	My Sisters' Place Shelter	Day Shelter	72,902
	Open Hearth Shelter	Emergency Shelter	141,397
	Salvation Army Emergency Shelter	Emergency Shelter	148,293
	South Park Inn Emergency Shelter	Emergency Shelter	309,677
	YWCA Emergency Shelter	Emergency Shelter	497,102
	House of Bread Transitional	Emergency Shelter	54,582
	St. Elizabeth House (Mercy)	Transitional Housing	93,463
	My Sisters' Place Transitional Living	Transitional Housing	331,523
	Open Hearth Transitional Living	Transitional Housing	75,080
	South Park Inn Transitional Living	Transitional Housing	161,841
	YWCA Transitional Living	Transitional Housing	102,516
	Plimpton House	Supportive Housing	114,696
	AIDS Supportive Housing (Mercy)	Supportive Housing	202,160
	Christian Activities Council	AIDS Supportive Housing	447,847
	Peter's Retreat (Center City Churches)	AIDS Supportive Housing	4,670
	Tabor House	AIDS Supportive Housing	530,998
	Immaculate Conception	Supportive Services - HIV/AIDS	194,955
	Neighborhood Day Shelter Services (Mercy)	Supportive Services	44,675
	University of Hartford	Health Care for the Homeless	36,089
	Subtotal		\$4,318,685
City/County Funded Programs	<u>Emergency Shelter Grant</u> – Operations Support for Emergency Shelters and Day Shelters:		
	Friendship Center Day Shelter	Day & Emergency Shelter	\$ 4,550
	Hartford Interval House DV Shelter	DV Shelter	10,655
	House of Bread Day Shelter	Day Shelter, Meals	4,550
	Immaculate Conception Shelter	Emergency Shelter	13,315
	McKinney Shelter	Emergency Shelter	39,065
	Mercy Emergency Shelter	Emergency Shelter	10,650
	My Sisters' Place Shelter	Emergency Shelter	8,110
	Open Hearth Shelter	Emergency Shelter	11,100
	Salvation Army Emergency Shelter	Emergency Shelter	14,205
	South Park Inn Emergency Shelter	Emergency Shelter	45,280
	YWCA Emergency Shelter	Emergency Shelter	10,670
	Ryan White Supportive Housing Services (AIDS)	Mercy Housing & Shelter Corp	709,156
	HOPWA Supportive Housing Services (AIDS)	Mercy Housing & Shelter Corp	209,740
	Subtotal		\$ 1,091,046
Private	Chrysalis House of Bread Immaculate Conception Housing & Shelter Mercy Housing & Shelter Corp My Sisters' Place Open Hearth Salvation Army Marshall House South Park Inn YWCA Shelter/Transitional Living	Homeless programs	\$ 43,060 760,000 255,330 885,864 500,000 200,000 46,400 338,000 56,000

	Subtotal		\$ 3,084,654
Foundations (Identify by name)	Hartford Foundation for Public Giving: Emergency Overflow Shelters Shelters & Homeless Programs Low-Income Housing Supportive Services Food Services	Shelters Shelter/Transitional Supportive Housing Supportive Services Soup Kitchens	\$ 268,000 252,000 366,000 228,723 <u>80,000</u>
	Subtotal		\$ 1,194,723
	United Way: Catholic Family Services Chrysalis Center Foodshare Commission Hartford Interval House Hartford Neighborhood Centers My Sisters' Place Salvation Army Marshall House South Park Inn YWCA Youth Shelter	Basic Needs Support Services Basic Needs Emergency Shelter & Transitional Basic Needs Emergency Shelter Emergency Shelter & Transitional Emergency Shelter Youth Shelter	\$ 340,659 140,791 453,596 892,095 147,210 261,166 889,732 325,225 <u>71,100</u>
	Subtotal		\$3,521,565
	GRAND TOTAL	ALL PROGRAMS	\$24,550,156

10. Supplemental Resources Project Leveraging Chart

Leveraging Chart

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	Chrysalis President's Corner	Loan	CT Housing Finance Authority	\$1,875,000
Subtotal Chrysalis (President's Corner):				\$1,875,000
2	Community Renewal Team, Inc. Project T.E.A.C.H.	Employment and computer access, energy assistance and other services.	Community Renewal Team, Inc.	\$204,000
		APPLICANT CASH MATCH: Computer/Network services, utilities/occupancy and client fees.	Community Renewal Team, Inc.	\$95,050
		Outpatient, mental health and mobile crisis team services.	Capitol Region Mental Health Center	\$214,996
		Shelter & transitional housing beds, food pantry and donations.	Mercy Housing & Shelter Corporation	\$17,610

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
		Housing linkages, housing subsidy, job identification/placement/referral and health care linkages. Rehabilitation Services include supportive and recreational services.	Chrysalis Center	\$199,500
		Transportation, mental health assessment, counseling, emergency cash assistance, complimentary therapy, support groups, meals, dental, advocacy and staff training.	Ryan White Title I	\$180,855
		Emergency shelter and meals.	South Park Inn	\$99,202
			Shelter + Care	\$60,720
		Outpatient/inpatient mental health, medical, case management, transportation and residential care.	Veterans Administration	\$53,507
			Immaculate Conception	\$22,500
			Community Partners in Action	\$6,334
			CREC	\$35,000
Subtotal Community Renewal Team, Inc. (Project TEACH):				\$1,189,274
3	South Park Inn Transitional Program for Men	Detoxification, rehabilitation and stabilization off substances	Alcohol, Drug Rehab Center	\$118,536
		Mental health outreach, clinical, and mobile crisis services	Capital Region Mental Health Center	\$244,812
		Employment & training services	Capitol Region Workforce Development Board	\$53,500
		Health & dental services, HIV counseling	Charter Oak Health Center	\$29,640
		Case management, rehabilitation, employment, club house	Chrysalis Center	\$199,500
		Full range of health & dental services, drug & alcohol education & support, HIV education & counseling, mental health, clothing, furniture	Community Health Services	\$23,125
		Case management, Employment & education, placement assistance	Community Partners in Action	\$20,000
		Employment training, eviction prevention, energy & weatherization assistance, clinical services, case management thru employment & training, clothing vouchers	Community Renewal Team	\$201,000
		Business & financial training, work readiness workshops, job placement	CT Puerto Rican Forum	\$35,000

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
		Local funding match funds	CT Department of Social Services	\$102,516
		Job readiness, sheltered workshops	Goodwill Industries	\$40,000
		Comprehensive medical services	Hartford Hospital	\$16,500
		Methadone maintenance & ambulatory detoxification	Hartford Dispensary	\$48,620
		Culinary job training & placement	House of Bread	\$35,000
		Psychotherapy, case management, crisis management services	Institute of Living	\$45,000
		Literacy instruction	Literacy Volunteers of Greater Hartford	\$4,500
		Breakfast, lunch, HIV/AIDS counseling, SA groups	Mercy Housing & Shelter Corporation	\$90,806
		Security deposits	My Sisters' Place	\$12,000
		Job readiness training, counseling & job placement	South End Community Services	\$40,000
		Adult education & job readiness training	Trust House	\$25,140
		On-site medical assessment, treatment & referrals, TB testing	UConn Medical & Dental School	\$45,000
		Medical, substance abuse, psych counseling, employment rehab.	Veterans Affairs	\$118,079
		Substance Abuse and AMR, HIV/AIDS prevention, job placement and readiness	Urban League of Greater Hartford	\$25,000
		Legal services	Henry Winiarski, Esq.	\$27,000
		Subtotal South Park Inn		\$1,600,274
4	My Sisters' Place - MSP II TLP 4	Detoxification/intensive residential treatment services	Alcohol Drug & Recovery Centers	\$54,000
		Clinical outreach and engagement, outpatient clinical services and emergency psychiatric services	Capitol Region Mental Health Center	\$62,120
		Community based rehabilitation services and community supportive housing.	Chrysalis Center, Inc.	\$236,551
		Comprehensive primary and preventative medical, dental and behavioral health services.	Community Health Services, Inc.	\$24,500
		Tuition assistance	Goodwin College	\$121,500
		Cash and donated goods for apartments	Greater Hartford Leadership	\$150,000
		Comprehensive family development services	City of Hartford	\$5,000
		Case management, referral and transportation	Mercy Housing & Shelter	\$23,542

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
		Case management, life skills, job readiness, computer training	South Arsenal Neighborhood Development Corp.	\$70,000
		Shelter costs and meals	South Park Inn	\$53,400
		Operating and support services	State of CT - Department of Social Services	\$75,080
		GED, ESL, ABE Program, Computer, Early Childhood Nurturing and Parents as Teachers	Trust House, A Family Learning Center	\$27,000
		Outpatient/inpatient mental health care, outpatient/inpatient medical surgical care, residential care and outreach/case management	Department of Veteran's Affairs	\$33,981
		Workshops for parents and childcare services	Women's League Child Development Center	\$8,400
		Outreach and referral services	YWCA	\$5,000
		Subtotal My Sisters' Place		\$950,074
5	Community Renewal Team, Inc. Supportive Housing Collaborative	Employment services, energy assistance, weatherization, case management, shelter services, early childhood education services and behavioral health resources.	Community Renewal Team, Inc.	\$493,430
		APPLICANT CASH MATCH: Computer/Network services, computer lab and client fees.	Community Renewal Team, Inc.	\$79,018
		Behavioral Health Services on site	Capitol Region Mental Health Center	\$123,489
		Shelter & Transitional Housing beds, food pantry, donations	Mercy Housing & Shelter Corporation	\$48,204
		Psychiatric Consultation, transportation, activities	Chrysalis Center	\$114,444
		Mental health assessment, counseling, emergency cash assistance, complimentary therapy, support groups, meals, dental, advocacy, staff training	Ryan White Title I	\$180,855
		Emergency Shelter, transitional housing beds	South Park Inn	\$91,620
		Case management, meals, activities, shelter beds	Interval House	\$50,800
		Outpatient/inpatient mental health, medical, case management and residential care.	Veterans Administration	\$36,531
		5 certificates, housing services	Shelter + Care	\$43,200
		Education	Goodwin College	\$150,000
		Emergency Shelter	Salvation Army Marshall House	\$17,500
		Subtotal Community Renewal Team, Inc. (Supportive Housing Collaborative):		\$1,429,091

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
	Community Renewal Team, Inc. Homeless Management Information System (HMIS)	Computer lab, technical support and supervision	Community Renewal Team, Inc.	\$48,000
		APPLICANT CASH MATCH: Computer/Network services, licensing.	Community Renewal Team, Inc.	\$13,300
		Technical assistance	Coalition to End Homelessness	\$245,000
		Technical support	Capital Region Mental Health	\$75,000
	Subtotal Community Renewal Team, Inc. (Project HMIS):			\$381,300
7	DMHAS - Greater Hartford Shelter Plus Care 2004 Chronic Homeless Program (new)	Case management, shelter services, outreach and engagement.	Community Renewal Team, Inc.	\$500,000
		Case management, shelter services, meals, outreach and engagement services.	South Park Inn	\$16,532
		Case management services, outreach and engagement, referral services	Chrysalis Center	\$180,000
		Case management and referral services	My Sisters' Place	\$35,000
		Clinical outreach, engagement and referral services (HOPE Team)	Capitol Region Mental Health Center	\$156,740
		Psychiatric care, medications, respite, full range of group and individual counseling.	Capitol Region Mental Health Center	\$1,128,970
		Emergency psychiatric services (Mobile Crisis Team)	Capitol Region Mental Health Center	\$60,550
		Case management, visiting nurse and home health assistance	Center City Churches	\$237,680
		Inpatient and outpatient medical, mental health care and residential care and outreach.	Veteran's Administration CT	\$258,275
	Subtotal Greater Hartford Shelter Plus Care:			\$2,573,747
8	My Sisters' Place/Mary Seymour Place Apartments ('93) PRA Renewal	Clinical outreach, engagement and referral services (HOPE Team)	Capitol Region Mental Health Center	\$3,688
		Psychiatric care, medications, respite, full range of group and individual counseling	Capitol Region Mental Health Center	\$66,410
		Emergency psychiatric services (Mobile Crisis Team)	Capitol Region Mental Health Center	\$2,595

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
		On-site case management and referral services	My Sisters' Place	\$42,000
		Supported employment services	Chrysalis Center	\$8,736
		Case management, shelter services, meals, outreach and engagement services.	South Park Inn	\$4,133
		Outreach and engagement, referral services	Community Renewal Team, Inc.	\$5,000
		Inpatient and outpatient medical, mental health care and residential care and outreach.	Veterans Administration CT	\$10,331
		Subtotal Mary Seymour Place Apartments		\$142,893
9	My Sisters' Place-Mary Seymour Place Apartments ('94) PRA Renewal	Clinical outreach, engagement and referral services (HOPE Team)	Capitol Region Mental Health Center	\$5,532
		Psychiatric care, medications, respite, full range of group and individual counseling	Capitol Region Mental Health Center	\$92,974
		Emergency psychiatric services (Mobile Crisis Team)	Capitol Region Mental Health Center	\$4,325
		On-site case management and referral services	My Sisters' Place	\$63,000
		Community based rehabilitation services	Chrysalis Center	\$47,600
		Case management, shelter services, meals, outreach and engagement services.	South Park Inn	\$8,266
		Outreach and engagement, referral services	Community Renewal Team, Inc.	\$10,000
		Inpatient and outpatient medical, mental health care and residential care and outreach.	Veteran's Administration CT	\$20,662
		Subtotal Mary Seymour Place Apartments		\$252,359
10	DMHAS - Greater Hartford Shelter Plus Care ('93) TRA Renewal	Clinical outreach, engagement and referral services (HOPE Team)	Capitol Region Mental Health Center	\$110,640
		Psychiatric care, medications, respite, full range of group and individual counseling	Capitol Region Mental Health Center	\$1,660,250
		Emergency psychiatric services (Mobile Crisis Team)	Capitol Region Mental Health Center	\$82,175

** Included are the contributions for which we have written commitments at time of application submission.*

HUD

40076 CoC-P

Homelessness Service Activity

Prevention Services



Source: Continuum of Care, Service Activity Chart, 2004 HUD Application

3e. Service Activity Chart

Fundamental Components in CoC System -- Service Activity Chart
<p><u>Component: Prevention</u></p> <p><u>Services in place:</u> Arranged by category with service provider identified</p> <p>Rental and Security Deposit Assistance</p> <ul style="list-style-type: none">• Basic Needs Program – DMHAS/Advanced Behavioral Health operated – Temporary rental, utilities, TLP and basic needs assistance for (State Authorized General Assistance) SAGA clients with mental health or addiction problems• Security Deposit Guaranteed Waiver Program/Eviction Prevention - DSS operated –Landlord/tenant mediation, financial counseling, arrearage assessment, and repayment scheduling• CT AIDS Residence Coalition (CARC) – Rental assistance for citizens with HIV/AIDS• Community Renewal Team (CRT) – Mediation, rental assistance, energy assistance and budgeting services• Soldiers, Sailors, Marine Fund (CT -DVA) – rental, utilities and mortgage assistance for wartime Veterans and families based on need• Widow's Society-financial assistance for needy single women and widows• Uniform Relocation Assistance/City of Hartford-rental and moving assistance for individuals/families displaced from city, state, or federally funded project sites• HUD Special Forbearance Initiative-program for FHA mortgage holders who are 3-12months behind in mortgage and temporarily unemployed; postpones mortgage payments for 4 months• Bridge Subsidy Fund-DMHAS program for person with chronic mental illness; will pay rent to hold apartment while individual is hospitalized• Homeland Aid & Assistance-program offers grant of up to \$1500 for families adversely affected by a member's service in CT Reserves• Gifts of Love/Family to Family – Provide limited financial assistance to families in need• Salvation Army: Marshall House Homeless Prevention Program – Provides rental & security deposit assistance• Hartford North End Worship and Service Center; Hartford Temple Worship and Service Center-provide utilities payment assistance• Center City Churches Energy Bank: Operation Fuel-emergency energy assistance• Connecticut Light and Power: Winter Protection Plan- winter utility/energy assistance• Northeast Utilities: NuStart Program-payment incentive program for low-income families in arrearage• Yankee Gas Matching Payment Program-payment program for families in arrearage• Hartford Foundation for Public Giving/Charitable Society of Hartford's Niles Fund: Heating Fuel Assistance for identified citizens in need• CNG Arrearage Forgiveness-CNG matches energy assistance payments for hardship customers <p>Homeless Prevention Counseling and Case Management</p> <ul style="list-style-type: none">• Homeless Prevention Program (operated by the Salvation Army) –case finding, referrals, outreach to families in danger of eviction. Counseling and case management services• Department of Children and Families (DCF) Eviction Prevention Services – For active DCF families• Center City Churches Social Services Program – Homeless prevention assistance funds, counseling• Homeless Prevention Case Management Team, Hartford Behavioral Health (funded by DMHAS) – Outreach and counseling

- Salvation Army: Marshall House Prevention Program- Community Partners in Action: Resettlement Program for adults leaving prison
- CRT/Homeless Prevention Team-provides counseling and case management for newly housed chronically and Eviction Prevention Program including mediation and grant funds
- Independence Unlimited-helps individuals with disabilities find accessible housing if they are at risk of institutionalization or are being discharged from an institution

Homeless Prevention Counseling and Case Management, (con't.)

- Urban League of Greater Hartford – landlord mediation, eviction prevention, money management
- Salvation Army Marshall House Homeless Prevention Program - money management for mentally ill homeless or at risk of homelessness
- Consumer Credit Coalition of CT-Budget and money management training
- Northeast Utilities-education seminars, energy assistance programs, budgeting
- Legal Aid assistance
- Hartford Education Resource Center (HERC) – Tenant/landlord mediation, eviction prevention counseling, tenants rights
- CT Fair Housing Center, Inc. – Housing rights counseling
- CT Legal Rights Project, Inc.-for low income citizens with psychiatric disabilities
- University of CT Law School/Legal Clinic
- The Communities Law Center
- CT Commission on Human Rights and Opportunities
- La Casa de Puerto Rico-provides landlord/tenant assistance, mediation.

Services planned: planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons

- Create a CoC Committee on Prevention to utilize Hartford Census 2003 input from the homeless on “Reason for Homelessness” to determine priorities for development of enhanced early identification.

How persons access/receive assistance:

An individual seeking help for the first time may call 211 Connecticut Info line. The call specialists at Info line are trained to engage the caller in the social support system in Connecticut through referrals and follow-up procedures. Once referred to the proper service, such as a CRT's Eviction Prevention program, Salvation Army Homeless Prevention Services, Department of Social Services, Department of Labor, the individual receives help from within the continuum and a service plan is developed. As the individual learns what options are available and what services may be needed to address their issues, referrals are obtained for appropriate services. Case Managers work closely with individuals to ensure all available and needed services and programs are utilized, and as necessary applied for in a thorough and complete manner.

For example Sue, a widow, and her two children are at risk of losing their apartment. The landlord raised the rent and Sue must find help to pay for the difference until she can find a cheaper rent. Sue calls Info Line – 211. The call specialist asks her numerous questions to assess her situation such as household size, income, size of apartment, and the age of her children. Sue is then given several resources to call these include DOL, DSS, Homeless prevention services at both Salvation Army and Center City Churches. She then calls DSS who explains to her they can do nothing for her until she gets an Marshall House who gathers further information and upon learning she is a widow, makes a written recommendation to the Widows fund for a monthly stipend. Then the SA worker and Sue develop a service plan that will lead to finding a less expensive apartment. Sue then calls Center City Churches who helps her find money for a security deposit for the new apartment. Soon, Sue is notified that the Salvation Army will give her a stipend of two hundred dollars per month for three months, and that Center City Churches will provide her with a \$1300 security deposit. With the help of the caseworker at

Center City Churches, Sue finds a two-bedroom apartment for \$633 a month in Hartford.

Component: Outreach

Outreach in place: (1) outreach activities for homeless persons living on the streets in our CoC area and how they are connected to services and housing.

- Health Care for Homeless Veterans (HCHV) is a member of the two teams that do street canvassing, targeted to the chronically unsheltered homeless, first is Immaculate Conception Outreach which covers the afternoon and evening and second is the early morning Outreach Collaborative of South Park Inn, Chrysalis Center and the VA nurse. All veterans encountered, whether in shelters or chronically on streets, are screened for medical, mental health, substance abuse, eligibility and benefits and provided interim case management services to access VA or in the case of ineligible clients, assisted in connecting to community services/agencies.
- Immaculate Conception Outreach Program visits street homeless, daily, identifies clients with mental illness and coordinates the collaborative outreach with CRMHC staff to ensure clinical connection and assessment. Team members include shelter case manager, outreach specialist, master's prepared psychiatric nurse and volunteers who are currently or formerly homeless. If a homeless person on the street is in need of any service such as medical care, mental health treatment, substance abuse treatment, food, etc. the outreach worker will transport client to necessary site, or ensure client receives what he/she needs where they are located. Immaculate Conception Shelter works on the premise of harm reduction, with the first priority the client's immediate safety and perceived needs.
- Outreach Collaborative: Chrysalis Center, Inc, South Park Inn and VA CT HCHV, provides weekly early morning outreach exclusively to chronically unsheltered homeless. They engage with, assess and make referrals to mental health care via collaboration with Immaculate Conception Outreach/CRMHC or direct referrals and transportation to VA CT for veterans. They develop rapport with many, who then move to the South Park Inn emergency shelter and then often on to more appropriate location.

Component: Outreach (con't)

(2) Description of outreach activities that occur for other homeless persons.

Outreach to Veterans

- Veterans of regular service, National Guard and those having less than honorable discharge status are outreached by the Health Care for Homeless Veterans (HCHV) program of the VA CT Healthcare System, as well as by the numerous programs in the CoC, which are cited below.
- Veterans are not seen or assessed by HCHV alone. Hartford CoC agencies care for, assess, teach veterans about benefits they may have coming and refer to HCHV on an ongoing basis. This includes street outreach, soup kitchens, shelters, health care, homeless prevention, treatment facilities etc. Hartford CoC is a long-term participant in the U.S Dept of VA, Project CHALENG for Homeless Veterans initiative and has provided volunteers to assist in this mainstream effort that is reported to Congress each year. HCHV Outreach has provided both the street outreach and various shelters with connection to several mainstream programs that provide surplus military clothing and blankets for homeless
- Hartford is the location of CT's only VA Regional Office and staff there support VA outreach.

Outreach to Seriously Mentally Ill

- Seriously mentally ill homeless are outreached at shelters, soup kitchens and on the street by several agencies. All these agencies and programs are CoC members.
- CRMHC Shelter Outreach and Engagement Team, is a mainstream funded initiative that has clinical staff working with mentally ill clients in the shelters and soup kitchens. They assess and engage clients then case manage them into care and treatment at the MHC. The staff support and educate CoC providers on mental health issues, the use of medications and the behaviors associated with different disorders. Team members also target the chronically homeless mentally ill on the streets through participation with the Immaculate Conception Outreach Staff, which is a mainstream funded street homeless van.
- The Connecticut VA HCHV outreaches to mentally ill homeless veterans in shelters, soup kitchens and with Outreach Teams on the streets, assists with engagement of non-veteran homeless with mental illness and refers to CRMHC/ Immaculate Conception Outreach. The team members include shelter and transitional providers; HIV/AIDS case manager, supportive housing case manager and a psychiatric nurse. Two members of the team are formerly homeless.

Outreach to Youth

- Salvation Army provides outreach to youth covered by jurisdiction of the Department of Children and Families (DCF).
- Hispanic Health Council has a 24-hour/day caseworker for all youth, including those age 16-17 who are not legally emancipated yet will not comply with DCF rules.

Outreach to Substance Abusers

- Substance Abuse Treatment Enhancement Program (SATEP) is a collaborative of Hartford area treatment providers, which coordinate access to care and transitional housing for substance abusing citizens of Hartford, including the homeless. They transport clients into care from a variety of facilities and programs in Hartford and collaborate consistently with all the programs listed below.
- CRMHC Shelter Outreach and Engagement, team provides services in shelters, soup kitchens and on streets for this population. They make referrals and transport clients to detox and care options in Hartford through ADRC or Blue Hills programs.
- Info Line 211 seeks substance abuse beds for individuals who call during night hours when referrals can't be promptly made.
- Immaculate Conception Outreach Program provides outreach to this population utilizing a "Harm Reduction" focus, which is the parent agency's mission. It makes referrals to and assists CRMHC and VA CT Outreach Programs in connecting with these clients. Collaborates with SATEP. Immaculate Program provides emergency cold weather shelter and Supportive housing through Harm Reduction Shelter Plus Care Certificates.
- VA CT HCHV provides outreach to mentally ill homeless people in shelters, soup kitchens and on the street. It provides assessment, referrals and direct transportation to detox and programs at VA CT for substance abusing veterans. Collaborates with SATEP on streets and at VA CT Newington Campus for homeless veterans. Veterans accessing VA CT Programs are assisted in entering transitional housing at Veteran facility sites in CT and MA, as well as with various Transitional programs in Hartford CoC.
- Outreach Collaborative: Chrysalis Center, Inc, South Park Inn and VA CT HCHV visits with street homeless, weekly, and assesses and makes referrals and/or transports to detox or programs. Make referrals to SATEP. Lunch bags are provided by South Park Inn. Clothing, water and canned foods are provided by Chrysalis staff, using funds donated by faith-based groups.
- Community Health Services provides outreach staff to network with shelters and soup kitchens to assess and engage clients in need of treatment. CHS provides out-patient services for homeless people and runs support meetings at several shelters in Hartford. COT/RHHC is the local HHS funded Health Care for Homeless program and sees substance abusing homeless at soup kitchens and shelters and assist with medical care and make referrals to detox and programs. They collaborate with SATEP for immediate referrals and transportation to care.
- Needle Exchange Program/AIDS Project/Hartford (AP/H) provides new needles and kits to intravenous substance abusing clients in Hartford. This daily outreach assesses, counsels and makes referrals to homeless in shelters and on streets to enter care and treatment programs, and transports as needed.
- House of Bread, Center for Hope, Loaves and Fishes and Neighborhood Services Soup Kitchen are the four main daily soup kitchen/day shelter sites in Hartford. They feed the night shelter residents as well as the street homeless. They make referrals to substance abuse care for clients. Outreach to these sites by medical, mental health, HCHV and substance abuse outreach staff provide assistance in caring for those who are abusing substance during daytime. Staff knows these clients on a long-term basis and have the trust of the homeless and therefore maximize the engagement efforts of the outreach provider staff in connecting them to care and treatment.
- Latinos/as Contra SIDA, Hispanic Health Council, AP/H Programs, Urban League/MECA Center, CPAC&CRT/Living Center, CRT/Ryan White Program, Hartford Health Department HIV Outreach, Chrysalis Center and AIDS Ministries are all HIV/AIDS Outreach Programs whose staff who encounter homeless substance abusing citizens. All these agencies make referrals to medical, detox/rehab services and utilize SATEP Program. Most of these agencies provide street canvassing for HIV/AIDS education and prevention and make direct referrals of clients to the Immaculate Conception and Outreach Collaborative Programs.

Outreach to people with HIV/AIDS

- AIDS Project/Hartford:
 1. Needle Exchange Program (CT DPH)
 2. Connect 2000, prevention and education outreach
 3. Roots Program for Youth
 4. Ministries Program. Minister provides outreach
- These programs provide outreach and education on prevention against and treatment options for HIV/AIDS, provide testing for the virus, and make referrals to health, medical, social services, shelter and veterans care and benefits as needed. Transportation to care for substance abuse or mental health care is available

- Latinos/as Contra SIDA: 1. Outreach and Testing (CT DPH)
 - 2. Prevention Programs (CDC)
 - 3. Medication Compliance Program (CDBG)
- Canvass streets and visit shelters to locate and engage with citizens with HIV/AIDS and to educate public and providers about the disease
- AIDS Ministries/Salvation Army
- Central Area Health Education Center, Inc. Provides Case management services, primary care and chemical dependency counseling services to families and individuals.
- CT Positive Action Coalition, CRT/The Living Center. Day program in community for HIV/AIDS afflicted citizens, which provides educational outreach
- Hispanic Health Council. Connect 2000 outreach for prevention and education.
- Urban League of Greater Hartford
- Outreach to Victims of Domestic Violence
- Interval House Program, outreach to women's shelters
- YWCA of the Hartford Region, Sexual Assault Crisis Services – outreach and services
- Outreach to Youth
- City of Hartford, Board of Education: Homeless Child and Youth Program
- Hispanic Health Council – Homeless Youth Outreach
- Outreach to youth and family shelters
- CRT's Community (CHAP) and (TLAP) programs
- CRT's Community Life Skills program- assists youth in transition from foster care to other living environments
- DMHAS Young Adult Services reaches out to youth with behavioral health needs who are being discharged from DCF
- Outreach to Newly Released Offenders
- Community Partners in Action, a service agency for inmates and ex-offenders runs the Resettlement Program which works with to be released prisoners in planning for release and community re-integration. Outreach to prisons, to street corners to meet prisoners being released to streets and provide with clothes, information and guidance. In Hartford, CPA pays shelter fees for three residents in the YWCA shelter and they pay rent for one TLP resident
- Catholic Family Services-provides case management services for ex-offenders
- Outreach to Persons in need of Hunger and Nutrition Assistance
- Hunger Outreach Program/CT Association of Human Services, to soup kitchens and food pantries and limited street outreach. Provide nutrition, food budgeting information, encourage Food Stamp enrollment
- University of CT Cooperative Extension Service/USDA/CT Dept of Social Services:
- Family Nutrition Program/Food Security Project: A mainstream initiative of Outreach, Food Stamp Referrals, food and budgeting maximization education and smart shopping
- CT Anti-hunger Network (CAN) – outreach and referrals, education and awareness training
- End Hunger CT-provides food stamp outreach
- CRT, Inc – Ryan White Program
- Homeless veterans with HIV are outreached to, by VA connected to VA Infectious Disease Clinic at Newington Campus

Outreach to Persons who need Health/Medical Assistance

- COT/RHHC, outreach to shelters and soup kitchens by medical and nursing providers, delivering primary care to homeless. Both outreach teams make referrals and transport chronically homeless clients to these outreach clinics. This HHS funded HCH agency collaborates with street outreach teams via membership in Outreach Coordinators Meetings. Dental services are available through this agency
- Community Health Services, Primary Care Liaison Outreach Worker, provides outreach to shelters, soup kitchens and on streets to homeless, connects them to care and services and is conducted by a formerly homeless person who had benefited from Hartford CoC services and care
- City of Hartford Health Department. HIV/AIDS Outreach and testing and Tuberculosis Program's Outreach to shelters and Direct Observed Therapy Program. - Collaboration with Outreach Providers for testing and assessment of chronically homeless/unsheltered citizens
- City of Hartford Maternal Infant Outreach Program – Outreach to identify pregnant women who need prenatal care to prevent pre-term deliveries
- Salvation Army Marshall House / UConn Pediatric Adolescent Clinic addresses acute medical issues and provides health education
- University of Hartford RN to BSN Nursing Education Program: Registered Nurses work with homeless clients in several soup kitchens and shelters, focusing on health education for homeless. Program affiliates with VA CT HCHV Program for Street Outreach Experience with the Outreach Collaborative of Hartford
- St. Joseph College, BSN Nursing Program: Student nurses under supervision of nursing faculty work with homeless clients in several shelter settings, providing health teaching
- Charter Oak Terrace Rice Heights Health Center Inc. provides a medical staff person for several hours each week to the YWCA Shelter, TLP, and Shelter Plus Care programs. They have an on-site clinic, and provide physicals to all new admissions, and outreach to all residents. They periodically run special clinics, such as breast cancer screening, blood pressure screening, and flu clinics

Outreach planned: planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons

- Statewide coordination of outreach has been started by Hartford providers and meets monthly. This group is sharing ideas, offering educational workshops as to how to search for homeless on the streets, where homeless can be found and how to engage them in services. This interchange will improve outreach to all groups.

Component: Supportive Services

Services in place: Description of how each of the following services are provided in our community: food assistance, maximization of referrals, meal and food bag programs, case management, clothing, household items and furniture, addiction treatment medical expense assistance, job search and training programs.

Food Assistance

- University of CT Cooperative Extension Service/U.S.D.A./CT Dept of Social Services
- EFNEP Program: smart shopping, use of coupons and specials, food storage and preparation and Food Stamp Maximization for low-income clients.
- Family Nutrition Program/Food Security Project: Outreach, case finding, food resource training, smart shopping and Food Stamp

Maximization of Referrals

- CT Anti-Hunger Coalition Outreach Unit of CT Association for Human Services, outreach to low-income clients in soup kitchens and food pantries to educate and refer for Food Stamps and access to other food options to maximize Food Stamp usage.
- CT Association for Human Services/CT Anti-Hunger Coalition is a primary information and referral source for these

services along with Info line.

- SERVE/NEW ENGLAND Program: wholesale food co-op and volunteer organization. Clients can maximize food budget via volunteer work and pre-pay to double purchase power. No income limits. Teaches healthy food selection and nutrition balance.
- USDA Food Stamps Enrollment Sites: * CT Dept of Social Services, 3580 Main St.
U.S. Social Security, 19 Church St (SSI Clients).
- CT Food Stamp Program for non-citizens: CT Dept of Social Services, 3580 Main
- CT Dept of Social Services/United Way Basic Needs Program provides temporary food purchase assistance for SAGA clients in mental health and/or substance abuse treatment.
- Hunger Outreach Program/CT Association for Human Services, to soup kitchens, food pantries and shelters for Food Stamp Education and enrollment.
- Foodshare: Regional food bank, supplies shelters, soup kitchens and pantries and assorted other feeding programs for the poor and homeless
- End Hunger CT-provides food stamp outreach
- Soup Kitchens: House of Bread, Center City Churches/Center for Hope; Mercy Friendship Center; ; Immaculate Conception; Housing/Neighborhood Services Soup Kitchen; Breakfast Ministry Program/Union Baptist Church; Greater Refuge Church of Christ; Hopewell Baptist Church; Loaves and Fishes Ministries; Mount Calvary Baptist Church; St. Monica's Church; Shiloh Baptist Church; Faith Seventh Day Adventist Church, Union Baptist Church; Salvation Army-Hartford Citadel; St. Patrick-St. Anthony Church
- Food Pantries: Center City Churches, CRT, House of Bread; Veterans Administration Vet Center/Hartford; St. Francis Hospital Out-Patient Nutritional Services, Burgdorf/Fleet Health Center; Hartford Neighborhood Centers; AIDS Project/Hartford/Housing Support Services for citizens with HIV/AIDS; CT Positive Action Coalition/Living Center, for citizens with HIV/AIDS; John J. Driscoll/United Labor Agency – Community Services Division; Chrysalis Center, Inc – Food Bag Program/Social Club; Blackwell Memorial AME Zion Church; Catholic Family Charities; Faith 7th Day Adventist Church; Glory Chapel; Grace Episcopal Church; Greater Refuge Church of Christ; Hartford Full Gospel Church; Hopewell Baptist Church; Jackson Memorial Church; Liberty Christian Center; Loaves and Fishes Ministries; Mount Olive Baptist Church; New Testament Church of God; North End Church of Christ; Our Lady of Sorrows Church; Phillips' Methodist CME Church; Salvation Army; St. Augustine's Church; St. St. James Episcopal Church; St. Martin DePorres Catholic Worker House Share Food Program; St. Monica's Church; St. Vincent de Paul Society: Cathedral of St. Joseph; Sacred Heart Church; Shiloh Baptist Church; Spiritual Life Fellowship Church; Sun Family Center; United Methodist Church of Hartford Food Pantry; Urban League/MECA Center; Warburton Community Church; Abundant Life Tabernacle; Burns School Family Resource Center; Community Health Services; Charity Seventh Day Adventist Church; First Church of the Living God; Fountain of Salvation Missionary Church; Iglesia De Dios Food Pantry; Resurrection Life Christian Center; St. Ann's-Immaculate Conception Church; St. Michael's Church; Upper Albany Neighborhood Collaborative, Christ Church Cathedral, Chrysalis Center

Meal and Food Bag Programs

- Ryan White Title I funded for citizens with HIV/AIDS: CPAC/Living Center; all Hartford emergency shelters; all transitional living programs; Urban League/MECA Center; Elderly Nutrition Program: Congregate Meals served at multiple sites in Hartford, including senior centers, churches, elderly housing projects etc for people 60 or older and disabled persons under 60
- Foodshare: Food Delivery Program supported by CDBG, to very low- income households in various housing projects and at CRT Progress Center Program

Case Management

- Homeless Prevention Program (operated by the Salvation Army) –case finding, referrals, outreach to families in danger of eviction. Money management and tenants rights training
- Department of Children and Families (DCF) Eviction Prevention Services – For active DCF families

- Center City Churches Social Services Program – Homeless prevention assistance funds, counseling
- Homeless Prevention Case Management Team, Hartford Behavioral Health (funded by DMHAS) – Outreach and counseling, money management for mentally ill homeless or at risk of homelessness
- Salvation Army: Marshall House Prevention Program-counseling and case management services
- Community Partners in Action: Resettlement Program for adults leaving prison
- Hartford Behavioral Health/Homeless Prevention Team-provides counseling and case management for newly housed chronically mentally ill or substance abusing people
- Chrysalis Center-Homeless outreach, prevention and case management

Clothing

- Immaculate Conception Clothing Garage
- Loaves and Fishes Ministries Asylum Hill Congregational Church Thrift Shop
- Center City Churches – Social Services Office
- Gifts of Love CT
- Shiloh Baptist Church
- CT Dept of Veterans Affairs: Soldiers Sailors and Marines Fund for eligible wartime veterans and their families, and non-remarried widows/widowers, clothing voucher for new clothing
- U.S. Dept of Veterans Affairs: VA CT HCHV Program Clothing Room for veterans and their significant others
- Abundant Life Tabernacle Church
- Friends of the Family
- Mt. Olive Church Ministries
- St. Monica's Church
- St. Peter's Church
- Dress for Success
- Dept of Social Services/United Way Basic Needs Program provides clothing voucher for SAGA clients in mental health and/or substance abuse treatment

Clothing (con't)

- Goodwill Industries Retail Store
- Hadassah Thrift Shop
- Jefferson Street Thrift Shop/Hartford Hospital
- Salvation Army Thrift Stores: East Hartford and West Hartford
- Salvation Army Centers: voucher support for clothing for Homeless
- South Congregational Church Thrift Shop

Household Items/Furniture

- Asylum Hill Congregational Church Thrift Shop
- Gifts of Love
- Goodwill Industries Retail Store
- Hadassah Thrift Shop
- House of Bread Thrift Shop
- Immaculate Conception Housing and Shelter
- Jefferson Street Thrift Shop/Hartford Hospital
- Salvation Army Thrift Store: East Hartford and West Hartford
- Salvation Army Centers: Voucher support for furnishings for homeless
- South Congregational Church Thrift Shop
- Man in the Mirror

Medical Expenses Assistance

- CT Dept of Veterans Affairs: Soldiers, Sailors and Marines Fund for eligible wartime veterans and their families and non-remarried widows/widowers. Direct payment of medical bills
- Brainard Fund/Hartford Foundation for Public Giving. Financial assistance with medical bills and expenses for non-Medicaid citizens
- Hartford Larrabee Association: financial assistance for medical expenses for low income females
- Healing the Children-Operation Inbound

Job Search and Training Programs

- House of Bread: FEAST Program, Welfare to Work, Culinary Arts Training Program
- Loaves and Fishes Ministries: Sewing Training Program for low-income women
- CT Works Center/CT Dept of Labor: unemployment compensation, job center, interview and resume skills training.
- CT Works Center/U.S. Dept of Labor VETS Program for Veterans seeking training and placement
- Capitol Region Career Services
- Co-Opportunity construction trade training for 18 to 24 year olds, Counseling Center/Hartford College for Women
- Jobs First/CRT Program
- Project TEACH/CRT: job training and placement with supportive housing
- Strive/SAND: job readiness training and placement with case management services
- Urban League
- Hartford Area Training Center
- Catholic Family Services/Employment Success Program (ESP)
- Chrysalis Center, Inc
- Community Partners In Action, (CPA)
- Immaculate Conception Education & Employment SOLACE Program
- John J. Driscoll United Labor Agency

- Open Hearth Association vocational training programs
- SouthEnd Community Services
- Hartford Construction Jobs Initiative
- CT Coalition of Mutual Assistance
- CT Puerto Rican Forum
- Corraro Center for Careers
- City of Hartford, Human Services Dept
- One Chane
- Permanent Commission on the Status of Women
- United CT Action for Neighborhoods

Addiction Treatment

VA CT Healthcare System Substance Abuse Treatment Program, inpatient detox and outpatient day program and after care services for eligible veterans, free daily transportation to and from program at Medical Center in Newington, CT

- Alcohol and Drug Rehabilitation Center, (ADRC), inpatient detoxification, treatment and outpatient care, transitional living programs
- Blue Hills Treatment Center, CT DMHAS, inpatient detoxification and treatment programs
- St. Francis Hospital Behavioral Health at Mt. Sinai Campus
- Hartford Hospital/Institute of Living, inpatient and outpatient substance abuse services
- Hartford Behavioral Health, outpatient substance abuse care services
- Project SAMH, outpatient substance abuse services for HIV/AIDS clients
- Community Health Services, outpatient substance abuse services and outreach
- Hispanic Health Council, outpatient substance abuse prevention and treatment services
- Wheeler Clinic/Hartford, outpatient substance abuse services
- Asian Family Services
- Catholic Family Services
- Institute for the Hispanic Family/Catholic Family Services
- Charter Oak Health Center, (HHS funded)
- Urban League/MECA Center
- Latinos/as Contra SIDA
- Loaves and Fishes Ministries
- Village for Families and Children
- AA, NA and CA 12 Step Support Groups
- Hartford Hospital/American Cancer Society: Stop Smoking For Life
- St. Francis Hospital/CT DPH: 1) Smoke Stopper and 2) Acupuncture and Smoke Cessation Programs

- VA CT Healthcare System/NIH: Smoking Cessation Program, free for Veterans
- American Lung Association: Smoke Cessation and Sponsor Program
- ConnectiCare HMO: Smoke Enders Program for enrolled members, \$35
- University of CT Health Center Smoking Cessation Program
- Wheeler Clinic/Hartford: Counseling for gambling, Sliding Scale
- University of CT/DMHAS: Gambling Treatment and Counseling Program
- Gamblers Anonymous, (GA), multiple local support groups
- Hogar Crea
- Salvation Army
- Youth Challenge
- Project TEACH / Supportive Housing Collaborative: group and individual substance abuse counseling from a certified Substance Abuse Counselor for all housing participants

Supportive Services

- Charter Oak Terrace-Rice Heights Health Clinic - primary medical care for the homeless population
- Community Health Services - dental care, medical care, substance abuse treatment
- McKinney Day Respite Program - drop-in center (HIV/AIDS), case management
- St Elizabeth House (Mercy Housing & Shelter Corp) child support center, parent support programs, preschool and after school programs, substance abuse, case management, mental health, medical, entitlements.
- Living Center - drop-in center (HIV/AIDS), counseling
- Four soup kitchens provide meals, counseling, screening for basic needs, day shelter; some provide case management
- Three other soup kitchens provide meals only one or two days/week
- All shelters provide all or most of these supportive services: case management, meals, AA programs, support groups, entitlement assistance, advocacy, referral, crisis intervention and some medical help
- All transitional programs provide all or most of these supportive services: individualized needs assessment and case plan development, case management, meals, AA programs, support groups, medical intervention

- All supportive housing programs include a range of supportive services which include varying amounts of case management, meals, AA programs, support groups, medical intervention
- Immaculate Conception - case management for area homeless people not tied to any residential program
- Warm Line - consumer operated peer support (Capital Region Mental Health Center)
- VA CT – transportation, primary medical care, substance abuse treatment, drop-in center, mental health care
- Supportive Services for YOUTH:
 - CRT's Community Housing Assistance Program (CHAP) and Transitional Living Assistance Program (TLAP) - providing a full range of supportive services for homeless youth and those in transition from DCF programs
 - CRT's Community Life Skills program- assists youth in transition from foster care to other living environment;
 - DMHAS Young Adult Services reaches out to youth with behavioral health needs being discharged from DCF

Supportive Services

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Services planned

- Collaboration between CoC, AHS, City of Hartford and Commission on the Homeless to initiate a resource directory/informational site on the present City of Hartford's website for all known Prevention services available to people in Hartford to improve early support to potentially homeless people.

How homeless persons access/receive assistance:

There are a number of ways that an individual can become engaged in the support services continuum. An individual seeking help for the first time may make a call to 211 Connecticut Info line. A family or individual finding

themselves homeless for the first time will be referred to area shelters as well as given information regarding other services that the may need. The call specialists at Info line are trained to engage the caller in the social support system in Connecticut through referrals and follow-up procedures. Once referred to the proper service – such as a shelter, alcohol treatment program, case management program, whatever it may be, the individual becomes part of the system and generally, at any level, a individual service plan is developed with input from the individual seeking help and the caseworker/manager. As the individual learns what options are available, and what services maybe needed referrals begin to take place. Once at the shelter a caseworker will develop a service plan that will map out the steps necessary based on individual circumstances to achieve housing stability. However, many of the homeless in Hartford have previous experience with the continuum and are working within a harm reduction philosophy. These men, women and families, depending on individual needs, develop relationships with continuum case managers and are guided through the myriad of services to further their journey to self sufficiency. Case Managers with in the Continuum work closely with individuals to ensure all available and needed services and programs are utilized, and as necessary applied for in a thorough and complete manner. Depending on the level of self-sufficiency Case Managers may simply be a guide, or the case manager may accompany a needier client to each appointment, physically help the client search for needed documentation, and maintain daily contact to ensure success in obtaining needed and available services.

For example, Johnny, a divorced Vietnam vet with an alcohol problem and three grown children he has not seen in over a year is found sleeping under a bridge in Hartford by Immaculate Conception's outreach team. An outreach worker visits Johnny three times a week with food, medicine and blankets, as well as a willing ear. Johnny begins to look forward to the caseworker's visit and begins telling his "story." A month goes by and the caseworker finally convinces Johnny to sleep in the shelter for the night, as it is forecasted to get down to below zero this particular night. Johnny becomes a regular at the shelter, although he continues to drink heavily, passing out in his bunk each night. He, however, begins to develop a strong relationship with the Shelter's caseworker as the caseworker works with him to get him to apply for SSI, Medicaid, and VA benefits. Through this trusting relationship the caseworker convinces Johnny to begin alcohol counseling and attend an AA meeting. A year later through referrals with in the continuum system, Johnny begins a transitional living program, has gotten in touch with one of his children, and has not had a drink in three months.

Hartford Supportive Housing 10 Year Projections
May 2, 2005

	Inflation factor											
	1	2	3	4	5	6	Year	7	8	9	10	Total
Per Unit Costs												
Service Costs												
Individual (1)	\$9,500	\$9,690	\$9,884	\$10,081	\$10,283	\$10,489	\$10,699	\$10,913	\$11,131	\$11,353	\$11,553	
Family (2)	2%	13,000	\$13,260	\$13,525	\$13,796	\$14,072	\$14,353	\$14,640	\$14,933	\$15,232	\$15,536	
Operating Costs												
Lease (3)	9,000	9,180	9,364	9,551	9,742	9,937	10,135	10,338	10,545	10,756		
Capital (4)	8,400	8,568	8,739	8,914	9,092	9,274	9,460	9,649	9,842	10,039		
Capital Costs (5)	3%	180,000	185,400	190,962	196,691	202,592	208,669	214,929	221,377	228,019	234,859	
Units												
Individual (1)	118.7	118.7	118.7	118.7	118.7	118.7	118.7	118.7	118.7	118.7	118.7	
Family (2)	10.6	10.6	10.6	10.6	10.6	10.6	10.6	10.6	10.6	10.6	10.6	
Lease Development (3)												
Capital (4)	88.0	88.0	88.0	88.0	88.0	88.0	88.0	88.0	88.0	88.0	88.0	
Service Costs												
Individual (1)	1,127,650	1,150,203	1,173,207	1,196,671	1,220,605	1,245,017	1,269,917	1,295,315	1,321,222	1,347,646	\$12,347,453	
Family (2)	137,800	140,556	143,367	146,234	149,159	152,142	155,185	158,289	161,455	164,684	1508,872	
Cumulative Total	1,265,450	2,556,209	3,872,783	5,215,689	6,585,453	7,982,612	9,407,714	10,861,318	12,343,995	13,856,324	13,856,324	
Operating Costs												
Lease (3)	792,000	807,840	823,997	840,477	857,286	874,432	891,921	909,759	927,954	946,513	8,672,179	
Capital (4)	1,050,000	1,071,000	1,092,420	1,114,268	1,136,554	1,159,285	1,182,471	1,206,120	1,230,242	1,254,847	11,497,207	
Cumulative Total	1,842,000	3,720,840	5,637,257	7,592,002	9,585,842	11,619,559	13,693,950	15,809,829	17,968,026	20,163,386	20,163,386	
Capital Costs (5)	22,500,000	23,175,000	23,870,250	24,586,358	25,323,948	26,083,667	26,866,177	27,672,162	28,502,327	29,357,397	257,937,285	

(1) Source of service funding is DMHAS, DSS, DCF, or HUD Supportive Housing Program; possible future source includes Medicaid.

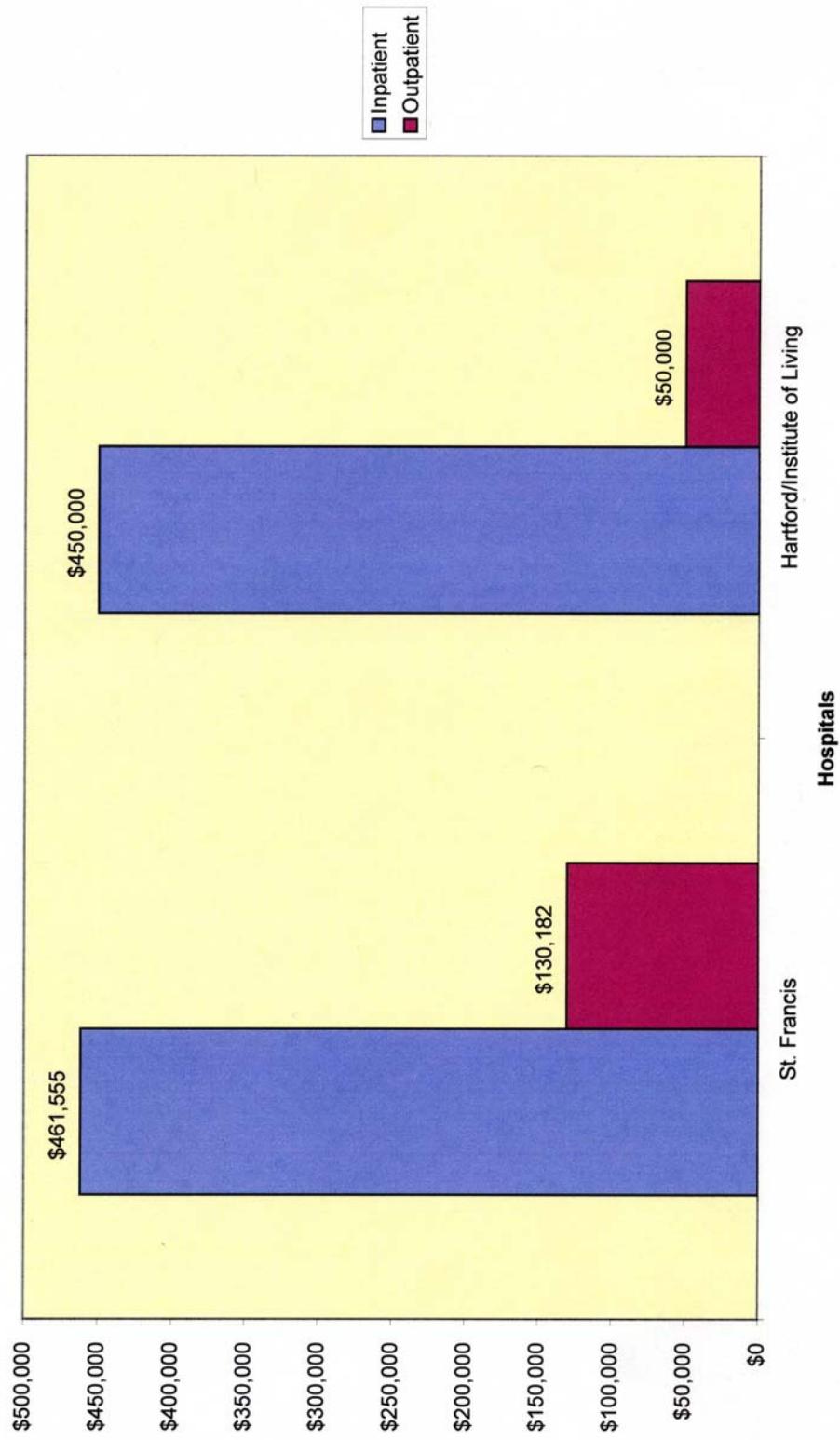
(2) Source of funding is DCF, DSS; possible future source includes TANF

(3) Source of funding is Section 8, HUD Shelter Plus Care or Supportive Housing Program, or State Rental Assistance Program

(4) Source of funding is project-based vouchers through Section 8, HUD Shelter Plus Care or Supportive Housing Program, HUD Section 811, State Rental Assistance Program

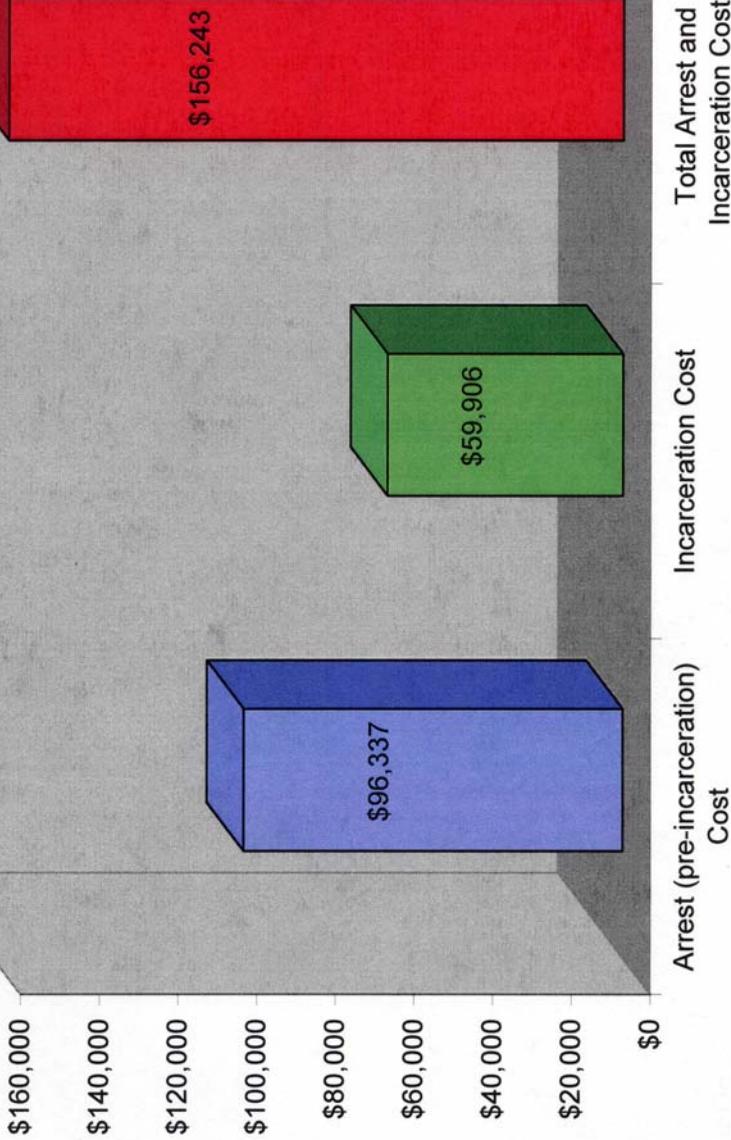
(5) Source of funding is State general obligation bonds, CHFA-issued bonds back by the State, CHFA Investment Trust Funds,

**Hospital Costs To Care For Homeless Patients
Representative Data From Recent Fiscal Years**



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**Hartford's Homeless Arrest and Incarceration Costs
for 2003-2004
Based on 787 Arrests**



Sources for Expenditures: CT State Department of Corrections and Hartford Personnel Department

Open Hearth Model

Home Ownership Program (HOP)

The Sheldon Street Housing L.L.C. was formed in 2001 by the Open Hearth Association, Inc, to enable Hartford residents recovering from alcohol/drug disease, and/or other debilitating life problems, to become homeowners. The first renovations of housing units associated with this project began in March of 2002.

The original goal of the project was to house twenty Hartford residents (20) in twelve rehabilitated units (12) within a period of two years (2). We have since revised the timeframe of our goal to three years (3). The success of this project is directly related to: the number of suitable housing units available for rehabilitation, the amount of time associated with the rehabilitation process, the availability and coordination of personnel and resources, the existence of residents eligible for the program, and the existing climate of Hartford's economy.

Eligibility

To be eligible for the program the resident must first complete the Transitional Living Program at the Open Hearth. This usually takes between six to eighteen months and includes a treatment plan for recovery and the development of employment goals and objectives. In addition, the resident must be in stable recovery, have a sponsor, have a savings account with a minimum balance of \$1,000, complete a budgeting seminar, regularly attend AA, NA, or CA meetings each week (if applicable), and have income sufficient to pay rent and utilities.

After successfully completing the Transitional Living Program, the resident must pay a program fee and develop a credit history (usually over a period of thirty (30) months) in order to qualify for home ownership. During this period, the resident must remain in or regain remission from substance abuse and/or other debilitating conditions.

Home Ownership Program Components

1. Housing Committee of the Board of Trustees, Open Hearth Association, Inc.
2. Licensed Connecticut Construction Supervisor
3. Resident Sweat Equity Crew
4. Various financial supporters, including: the Melville Charitable Trust, Ensworth Foundation, Patricelli Family Foundation, City of Hartford, Department of Labor, Open Hearth Endowment, U.S. Trust, Northeast Utilities
5. Eligible HOP applicants

Current Status of Home Ownership Program (2005)

1. A total of fourteen (14) residents have participated in the program this year
 - a. Seven (7) residents are still participating in this program year
 - b. Five (5) residents are no longer in the program:
 - i. One (1) violated probation and left the program
 - ii. One (1) left the program for better employment
 - iii. One (1) returned to prison
 - iv. Two (2) relapsed and did not get back into remission
 - c. Two (2) residents have completed the program and are awaiting mortgages

Additional Components of HOP

Sweat Equity:

Each resident who is participating in the HOP program is obligated to contribute one hundred (100) hours of sweat equity. They make their contribution by putting in between three (3) and eight (8) hours of work each week until the required one hundred (100) hours are reached. Many of the residents enjoy giving back to their communities in this way, and some have even been working for more time than is required of them.

Training:

In addition to the residents who are moving into units, 15 additional Open Hearth residents have participated in renovation training through the program. They have worked with the Construction Site Supervisor in the various housing units being renovated.

FUTURE

As the Home Ownership Program moves towards completion, it is anticipated there will be eight (8) more homeowners in the City of Hartford and added to the tax rolls, thereby contributing to the health of the city in general.

The Open Hearth plans to continue to place its residents into homes in the future. The Board of Trustees is committed to this process. For it to work, all of those that have supported this program up to this point, especially the City of Hartford, must continue to make the investment in this vital work.

During the next two years, Open Hearth will renovate four (4) more housing units and give four (4) more Hartford residents the opportunity to own their own homes. Once this has happened, our hope is that Open Hearth will enter a second phase of the HOP program and seek financial support to renovate ten (10) housing units. Approximately, \$500,000 will have to be raised for this effort, a small sum when weighed against the potential benefits to the community.