



Ending Family Homelessness in Connecticut

Since the groundbreaking New York/New York Partnership targeted dually diagnosed, chronically homeless individuals for housing with services in the mid 1990's, the publication of Dennis Culhane's first examination of a typology of adults experiencing homelessness which followed, and the proliferation of 'housing first' style programs in large cities across the country, a seismic shift in both thought and practice has changed homeless services provision and challenged what had emerged as an industry devoted to providing temporary shelter and supports for men, women and children who become homeless. Research findings confirmed that a small group of homeless individuals continually cycled between shelters, the streets, jail and institutions and utilized fifty percent of services established to assist homeless people including shelters, transitional housing, drop in centers and other traditional homeless programs. Combined with the cost of the frequent institutional admissions by those individuals, the annual cost of their homelessness was shown to far outdistance the cost of an emerging intervention which had already proven to be simple yet effective: permanent supportive housing. With the leadership of the National Alliance to End Homelessness, the Corporation for Supportive Housing and eventually the U.S. Interagency Council on Homelessness, new federal policy supported the development of more than 75,000¹ units of permanent supportive housing nationally. Here in Connecticut, 3,500² units have been funded for development and/or leasing with some still in process since the Corporation for Supportive Housing first introduced the Supportive Housing Demonstration program in 1992.

When applied appropriately, the majority of Connecticut's homeless families, and in fact a majority overall of all of Connecticut's homeless service users, may well fall outside of the catchment identified as most appropriate and needy of the limited permanent supportive housing units in the State. Many of these families remain homeless for long periods of time. According to HUD's most recently published Annual Homelessness Assessment Report (2007), families stay longer in emergency shelter than their single counterparts, with the median length of stay for families more than three times that of singles. Culhane's most recent typology relating to homeless families identifies this as a fairly consistent predicament and suggests a new framework for our thinking around ending homelessness among families.

In May, 2007 CCEH began to work on the issue of ending family homelessness by hosting Dr. Culhane at its annual meeting to preview his yet to be published study on family homelessness. Soon thereafter, a policy summit was held involving officials from several state departments including social services, children and families, mental health and addiction services, community and economic development, housing finance, and policy and management. Presenting at that session were representatives from Hennepin County, Minnesota who's success in reducing family homelessness has been well documented. Finally, CCEH began to assemble an interagency and interdisciplinary advisory committee to follow alongside our staff, practitioners from around the state, and to oversee the consultation of Dr. Culhane as we test models and devise a statewide system transformation initiative geared toward preventing and ending homelessness among the majority of Connecticut's homeless families.

At the center of most such efforts are two types of interventions: One time cash assistance has been successful in reducing family homelessness in other jurisdictions around the country and in their limited application here in Connecticut. They effectively substitute small sums of cash with the more costly shelter or transitional housing services which families utilize while they wait for housing subsidies or other opportunities to secure stable housing. Another type of assistance which is not as widely tested, but may be effective for families who are in shelter and waiting for permanent housing subsidy, consists of short term financial assistance that can be used to help a family pay rent and childcare costs for a period of twelve to as many as twenty four months. In both cases, financial assistance is targeted for families whose rental, behavioral health, criminal justice and child welfare history does not suggest that they are targets for service rich permanent supportive housing, but those whose poverty, lack of resources and other individual barriers have nonetheless resulted in dire housing crisis including their arrival at the steps of the emergency shelter system.

¹ Corporation for Supportive Housing, 2008

² Partnership for Strong Communities, 2008

Early Success of Prevention and Rapid Re-housing Models

Prevention and rapid re-housing strategies have proven cost effective both here in Connecticut and nationally as well. A recognized leader in the prevention of family homelessness is Hennepin County, Minnesota, home to the Cities of Minneapolis and St. Paul.

From 2000 to 2004 family homelessness in Hennepin County, Minnesota declined by 43 percent. The cost of eviction is expensive, for communities, for landlords, and for families. To prevent housing loss, Hennepin County emphasizes an array of geographically based, outcome-focused homeless prevention initiatives — the average cost of which is only 10 percent of the cost of a typical shelter stay and re-housing placement. In addition, a shelter team explores alternatives to entering shelter and helps families resolve crises without entering the shelter system.³

As a result of their efforts, Hennepin County is making progress in achieving the goal of ending homelessness. Homelessness among children is declining significantly. According to data from the county, in 2000, 1,583 children in Hennepin County experienced homelessness; less than two years later, in 2002, the number of homeless children dropped by 28 percent to 1,145. During that same period, homelessness among children increased in the rest of Minnesota. Homelessness among families also declined from 1,819 in 2000 to 1,046 in 2004, a decline of 43 percent.⁴

An initiative in Westchester County realized a 57 percent reduction in family homelessness in its first four years, from 690 families in 2002 to 297 families in 2006.⁵ The initiative provides two types of financial assistance, first their state TANF administrator piloted an increased welfare benefit which supplements family income to help them pay for housing. Secondly, the County created its own rental assistance program providing bridge subsidies for families on the waiting list for Section 8 Housing Choice Vouchers.

On a federal level, there is a new emphasis on preventing families from becoming homeless. The 2008 HUD SuoerNofa will include a rapid re-housing demonstration program. Pending legislation in Congress includes funding for prevention initiatives. Recent research, data, and advocacy efforts are driving the focus of federal policy on homeless families.

All of these initiatives, as well as small programs here in Connecticut and similar programs nationally, provide us with initial guidance on what may and may not be an effective statewide strategy to prevent and end family homelessness.

Conclusion

With the number of homeless families on the rise, the emergence of new research, new models and new federal funding streams targeted toward prevention and rapid re-housing programs, the time is ripe to test models and answer several key questions regarding Culhane and other's work around systems transformation to end family homelessness. How can housing stabilization funds provide an alternative to sheltering and remain cost effective? And if such short term housing assistance programs are established, how do we avoid undermining efforts to expand critical and lasting affordable housing programs? What mix of services is appropriate for so called "low service needy" families who become homeless? Can coordinated mainstream services step up to the plate to assist such families in crisis? And if so, what structure is necessary to successfully integrate a safety net capable of intervening in complex housing crisis such as those that propel families into homelessness?

Regardless of these questions it is our belief that the emergency shelter on its best day is less desirable to a family than decent, affordable housing on its worst, and therefore we must identify the best mainstream and private service balance necessary to keep these families housed. We respect the work of Culhane for its clarity relating to three core principles:

- Many families who enter homelessness can be prevented from doing so,
- A full service continuum for families facing a housing crisis begins with prevention and ends with housing that a family can afford, with sheltering only as a brief last resort
- We can end homelessness by matching the "right services to the right people at the right time" and a more robust menu of interventions is necessary and timely.

CCEH hopes to work in collaboration with providers, advocates and state government as we research and demonstrate the effectiveness of various interventions toward answering these questions, so that we can identify and implement policy which will end family homelessness in our state.

³ National Alliance to End Homelessness (NAEH). *Community Snapshot: Hennepin County*. Prepared by NAEH, 2005.

⁴ *Ibid.*

⁵ National Alliance to End Homelessness, *Community Snapshot, Westchester County, 2007*