



New Strategies to Solve Family Homelessness in Connecticut

Connecticut faces a significant and growing challenge of family homelessness, with a steadily increasing number of homeless families with children:

- 13% increase in homeless families in 2008 vs. 2007 according to one day snapshot
- 474 families living in shelters in January 2008 vs. 392 one year earlier
- Number of adults in shelter families increased from 446 to 516 in one year
- Number of children in shelter families increased from 728 to 861 in one year

Families at risk of homelessness have few good options. The state's shelters are full. The availability of affordable housing in Connecticut does not meet the numbers of families who are suffering from extreme financial limitations.

Without intervention, Connecticut's escalating family homelessness problem will only worsen, directly impacting children and parents, individuals and families, placing increasing demands on and related costs to society. These negative impacts will be disruptive to a range of public systems, including child welfare, schools, healthcare, human services, and criminal justice systems.

Malignant social and economic impacts accompany the broad and growing costs of family homelessness. National estimates range from \$12,000 annually for families experiencing short-term homelessness to almost \$40,000 per year for those who are homeless for an entire year.

- Children in homeless families experience more physical health and mental health problems than children in stable housing – more frequent incidences of low birth weight, ear infections, asthma, stomach illness, speech/stammering problems, anxiety, depression, withdrawal, stress, and trauma.
- Parents in homeless families have higher rates of various medical conditions – asthma, anemia, ulcers, etc.
- The direct financial impacts on state and local government entities are substantial.

We can identify these homeless families, describe their characteristics and circumstances, and determine why they find themselves homeless.

- The principal commonality among homeless families is poverty. They are poor. Their core challenge is economic.
 - Median 2008 home purchase price is \$265,000
 - Home purchase requires annual household income of \$75,000-\$80,000
 - Average moderate range apartment rents have increased by 35% in past 8 years
- They lack the social networks that provide support during crises.

- Many have suffered from a specific crisis or trauma – job loss, domestic abuse, etc.

Connecticut lacks a coherent system for intervening in catastrophic housing crises: Emergency shelters, as presently structured, lack the resources and capacity to assist the increasing numbers of homeless families in these grave economic times.

An Opportunity for Improvement

As a result of research conducted in recent years, we have come to understand the significant differences between the conditions of family homelessness and the characteristics of chronic individual homelessness.

Compared to the individuals experiencing chronic homelessness, most at-risk families do not suffer inordinately from mental health/psychiatric problems or alcohol/substance abuse problems. In Connecticut, nearly half of the heads of homeless households are employed. Nationally, the majority are already connected to mainstream services, with many families already involved in out-of-care child welfare systems.

Awareness and appreciation of the distinctions between homeless individuals vs. families is a relatively new development. Emerging research distinguishes a precise and meaningful typology. Recognition of these differences among contributing factors suggests the need for critical policy options and strategic implications.

Preliminary data from the Connecticut Homeless Management Information System (HMIS), based on non-scientific review of 1,072 records entered between January 1 2007 and October 14, 2008, shows that the vast majority of family entrants to the emergency shelter system have relatively short stays. As national research suggests, Connecticut families with the longest stays in shelters report family/friend eviction and financial problems as their primary reason for homelessness.

Percentage of Family Entered into CT HMIS between January 1, 2007 to October 14, 2008 by Length of Stay and CCEH Proposed Intervention

Percentage	Length of Stay	Proposed Intervention
2%	1 year or longer	Permanent Supportive Housing
79%	less than 3 months	Prevention & Diversion and Stabilization
19%	3 months to 12 months	Diversion and Stabilization, & Permanent Supportive Housing

Key Connecticut stakeholders – including the members of this Advisory Committee – understand the validity of the typology and its strategic implications. They are looking for practical efforts that can be initiated to address the identified challenges. They recognize the need to try something new, based on research documenting the impact of emerging promising practices. Crucial Connecticut stakeholders are likely to support and invest in a demonstration project to test selected strategies and consider the long-range policy implications.

A Changing Policy Environment

In the past several years, at all levels of government – national, state and local – we see increasing recognition of the need to attack homelessness.

This is certainly true in Connecticut, as eleven communities and regions have undertaken strategic planning efforts and produced ten-year plans to end homelessness in their respective areas.

Significantly, we can now point to specific examples of emerging promising practices and strategies, documented by solid research, that suggest an action plan to attack family homelessness in Connecticut in a sensible and cost-effective manner.

- To address the short-term/immediate needs of a core group of targeted families
- To implement policies that prevent long-term homelessness for them and similar families

Proposed Action Agenda

CCEH has identified five core elements of a cohesive strategy to prevent and reduce family homelessness in Connecticut:

1. Uniform assessment, triaging at-risk families quickly, aligning them promptly with appropriate, effective services
2. Diversion (quickly, from shelter) and (into) housing stabilization (permanent housing)
3. Prevention and early intervention to keep at-risk families housed
4. Targeted permanent supportive housing
5. Accessible affordable housing

We believe it is now feasible to pursue a two-part strategy to launch an attack on family homelessness in Connecticut, consistent with this framework. We believe it essential that we develop a comprehensive strategy to address all five of these elements by 2014.

Initially, Connecticut stakeholders should collaborate to implement immediately a two-year pilot demonstration project testing the proposed assessment/triage strategy linked to a diversion and stabilization component, for a target group of 250 at-risk families.

Simultaneously, a collective advocacy effort can be made to promote investment of new or redirected funding/resources, expand implementation of all core elements of the family homelessness reduction/prevention strategy framework in order to eradicate the prob-

lem over time. It is critical to work together to encourage increased investment in specific initiatives reflecting lessons learned from the Connecticut pilot and promising practices nationally.

CCEH seeks Advisory Committee endorsement for a two-phase action plan to attack family homelessness in Connecticut, based on the strategic framework:

1. Short-term action:
 - A. Implement a two-year statewide diversion and housing stabilization demonstration project targeting 250 at-risk families. Redirecting current resources (approximately \$2.5 million) will make this demonstration cost-neutral.
 - B. Develop and employ a uniform assessment/triage process, as a key element of the pilot demonstration project
 - C. Advocate on behalf of the Reaching Home campaign proposal to target 200 units of permanent supportive housing for at-risk families
2. Long-range (5-years) policy advocacy:
 - A. Pursue investment (new or redirected) for existing prevention and early intervention efforts
 - B. Pursue 250 permanent supportive housing units for families
 - C. Pursue creation of additional affordable housing

Next Steps Recommendations

1. Key stakeholders collaborate in a planning effort to map out a specific budget option to be included in the 2009-2011 proposed state biennial budget. The planning team should include representatives of CCEH, the Department of Social Services, The Department of Children and Families, the Department of Economic and Community Development and the Governor's Office.
2. Two task-specific working groups should be established immediately, under the aegis of the Advisory Committee, to map out key operational details of the proposed short-term action plan. Participants should include representatives of this Advisory Committee and other key partners. The two groups envisioned are:
 - Work Group A – Design and implement universal screening tool (across all systems of care)
 - Work Group B – Demonstration project design
3. By late 2009 – early 2010 new working groups will need to be established to:
 - Design a comprehensive prevention program integrating all current prevention systems and adding needed resources.
 - Review the impact of the demonstration project and recommend improvements for possible expansion.

Endorsed by family Homelessness Advisory Board 10-22-08
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