

***If we could end homelessness...***



***The Greater Bridgeport Area  
Ten Year Plan to End Homelessness***

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*Our consumer participants have given generously of themselves. Their photographs appear throughout this report and their words appear at the top of each opposing page. We thank them for their vital input!*

## June 2005

What if we could end homelessness in Greater Bridgeport by 2015? What would we need to do in order to accomplish that goal? That was the challenge we posed to our community.

We are pleased to introduce the Ten Year Plan to End Homelessness for the Greater Bridgeport Area. We believe that we have created a plan with a clear vision and achievable goals.

Our goals include:

- Improving access to permanent affordable housing;
- Creating standards of service based upon the “Housing First Model”;
- Aligning regional housing policies with our commitment to ending homelessness;
- Developing a regional early intervention system to prevent homelessness;
- Coordinating affordable housing with support services;
- Improving access to coordinated behavioral health services;
- Implementing “wraparound” case management services that are streamlined and well coordinated;
- Integrating services and expand access to the workforce development and vocational rehabilitation system; and
- Improving access to mainstream entitlements by homeless families and individuals.

During the last six months, more than 100 individuals representing a variety of institutions, agencies, service providers, and homeless clients offered guidance, input, and insight into the development and production of this Plan. Their names and affiliations are listed at the back of the Plan and to them we offer our sincerest thanks for giving of their time so generously.

Now we must commit ourselves to continue our work together to assure that we succeed in our vision to end homelessness by 2015. Our model for taking care of our community will change. We also are advocating for system change.

The Greater Bridgeport Area Continuum of Care will take the lead in this effort and will expand their mission in order to do so. We will be there to support them through their transition and ask that each of you respond to their needs as well.

Finally, we promise to report back to you on a regular basis on our challenges as well as accomplishments.

We have the ability to end homelessness by 2015. Let's start now.



**Hon. John M. Fabrizi**  
**Mayor of Bridgeport, Connecticut**



**Merle Berke-Schlessel, Esq.**  
**President and CEO, United Way of Eastern Fairfield County**

### WHO ARE “THE HOMELESS”?

According to national estimates, 80%<sup>1</sup> of those using homeless services simply need access to affordable housing in order to regain stability and independence. These individuals and families, often referred to as *transitional homeless*, share a brief and isolated experience of homelessness often attributed to a one-time crisis such as a sudden loss of income or housing. Services such as one-time rental assistance, eviction mediation, and other interventions can often prevent transitional homeless from losing their housing in the first place.

Another group of shelter and service users are termed *episodic homeless* and represent less than 10%<sup>2</sup> of overall shelter and homeless service users nationally. This group is made up primarily of younger individuals and heads of households who sporadically become homeless. Many within this group have problems with substance use that contributes to their loss of income and housing.

Finally, there are the *chronic homeless*. While this group makes up only an estimated 10% of the homeless population they are often the most visible, and according to national studies, utilize more than 50%<sup>3</sup> of homeless services. These individuals are often seriously mentally ill, frequently have co-occurring disorders such as substance abuse, and many of them have long histories of hospitalization and incarceration.



### When we end homelessness...

*...in the Greater Bridgeport Area more than 660<sup>4</sup> children who sleep in shelters, in cars, or in buildings not fit for human habitation will go to bed in a place they can call home. 320<sup>5</sup> parents will feel the pride of knowing they are providing for their family. 720 single adults whose lives are centered on daily survival will have the stability they need to put their affairs in order.*

### When we end homelessness...

*...in the Greater Bridgeport Area our hospitals and health care institutions will focus resources only on treating illness. No longer will they devote expensive beds to homeless patients who stay longer than others because their doctors and social workers know that to discharge them to the street means they will most surely get sick again.*

### When we end homelessness...

*...in the Greater Bridgeport Area those who have served our country in the military will not have to suffer the indignity of living on the street.*

### When we end homelessness...

*...in the Greater Bridgeport Area more than 270<sup>6</sup> people with severe mental illness will receive treatment and medicine and will live in a place where they have a chance to recover. Hundreds of families will never become homeless because they will have access to crisis intervention and emergency assistance.*

### When we end homelessness...

*...in the Greater Bridgeport Area more than 240<sup>7</sup> people living with HIV/AIDS will be able to access clean water, bathrooms, refrigeration and food so they can take their medicine on schedule, medicine that is vital to their health and quality of life. 250<sup>8</sup> substance users will have access to treatment and support, and 200<sup>9</sup> ex-offenders could exit prison without re-entering the very same life that got them there in the first place, and is likely to lead them right back.*

# "If we could end homelessness by 2015..."

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## Introduction

We began in December 2004, when Mayor John M. Fabrizi formally announced the start of the Bridgeport Area Ten Year Plan to End Homelessness. Following guidance provided by the U.S. Interagency Council on Homelessness, thirty-seven community members were selected to lead and advise the planning and implementation process.

Knowing that it is only with the active participation of all stakeholders that we can end homelessness, the Mayor in partnership with the United Way of Eastern Fairfield County, assembled a diverse group of elected officials, leaders from government and business, veterans' organizations, philanthropic organizations, educational institutions, hospitals, non-profit service providers, faith-based organizations, and a host of others.

In early 2005, task groups comprised of an array of participants as diverse as our leadership group began the planning process. These experts reviewed problems and created strategies in four key areas: Housing, Safety Net or supportive services; Discharge Planning from hospitals, incarceration and other institutions; and Employment and Income.

Finally, we convened a group of consumers, residents of shelter and transitional housing programs from Bridgeport and Fairfield, to serve as a parallel advisory group to the leadership group. The Consumer Focus Group provided feedback and inspiration throughout the planning process.

Meeting for the first time in February, before the task group planning process was fully under way, this group of 9-12 consumers gave clear direction on the work that needed to be done by describing three key barriers to their independence:

1. The lack of affordable housing in the region makes it nearly impossible for a disabled person or low wage worker to stay housed;
2. While transitional housing programs are extremely helpful in providing interim residential stability with needed support services, for many the looming specter of discharge back into homelessness after a two year maximum stay counters progress;
3. Information about and access to area housing and support services are currently fragmented, difficult to navigate, and often inaccessible.

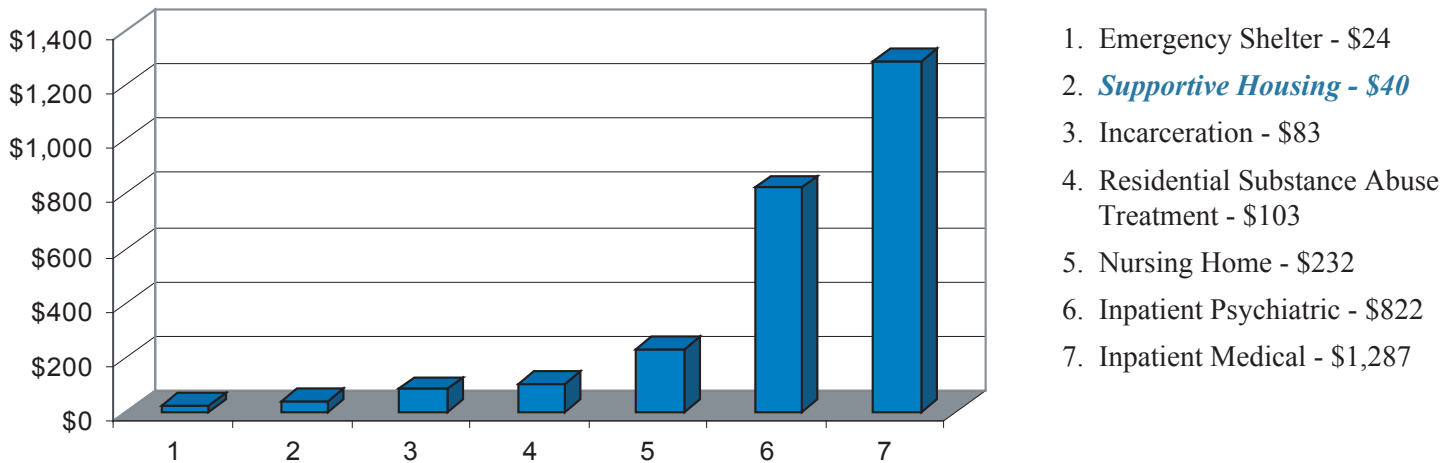
Having articulated their problems, our consumers issued a crystal clear challenge: Work together, tear down the silos, re-examine how you do things and develop new resources. Our lives depend on it!

With these directives in mind, our task groups proceeded to plan based upon three central principles, which have become the centerpiece of regional and state plans to end homelessness throughout the country:

- Closing the front door -- developing systems and interventions to keep individuals and families from becoming homeless in the first place;
- Opening the back door -- a commitment to re-housing as quickly as possible those who become homeless;
- Building a foundation -- acknowledging that many homeless individuals and families, or those at risk of homelessness, are in need of seamless and comprehensive support services to address a variety of needs.

## ...I would know people became educated about the problem.”

*Cost per Day of Connecticut Supportive Housing vs. Alternative Settings for Homeless Consumers*



Source of Data: Partnership for Strong Communities Reaching Home Campaign, 2003.

### *Our Commitment to Permanent Supportive Housing*

Research across the nation has shown that most people who become homeless move back into the community with relatively little assistance once they obtain affordable housing. For ten to twenty percent of the homeless population, however, additional support is necessary to help individuals and families gain and maintain independence. For this, providers in the Bridgeport area and across the country have developed permanent supportive housing: subsidized housing combined with supportive services such as case management, mental health counseling, substance abuse services, and others. Permanent supportive housing differs from transitional housing in that there are no predetermined time limits for clients' stay.

The success rate of permanent supportive housing is well documented -- both in the increased level of stability among our most needy homeless families and individuals and in the cost savings to communities. This model helps citizens who once cycled in and out of homelessness, prison, hospitals, and institutions to become stable, productive members of society.

The National Alliance to End Homelessness provides a series of powerful examples of such savings in communities around the country after homeless people with disabilities spent just one year in permanent supportive housing:

- Baltimore, Maryland saw a drop of emergency room use of over 75%.
- There was an 84% drop in emergency detoxification days in Minnesota.
- Hospitalizations related to mental illness dropped by 89% in Seattle and arrests and incarcerations by 93%.
- In Connecticut, Medicaid costs were reduced by 71% for each treated individual.<sup>10</sup>

Our task groups, with the guidance and support of the Leadership Group and Consumer Focus Group, worked tirelessly to identify goals and make recommendations toward our shared vision of ending homelessness in the Greater Bridgeport Area. Their work is divided into the three sections, which comprise our Plan. They are: Housing, Safety Net, and Employment and Income.

# “If we could end homelessness by 2015...

## Housing Comes First

*\$17.50 per hour in earnings. \$36,000 per year in salary.<sup>11</sup>*

According to the National Low Income Housing Coalition, this is what a Bridgeport area household must earn to afford a rental market two bedroom apartment. No wonder it is nearly impossible for a low wage worker or disabled individual to afford non-subsidized rental housing in the area.

Bridgeport area service providers have worked tirelessly to keep up with the growing demand for housing and supportive services. According to a recent report by the Bridgeport Child Advocacy Coalition, there has been a loss of almost 1,700 subsidized housing units in the Bridgeport area over the past 15 years. Proposed cuts in the Department of Housing and Urban Development Section 8 Voucher program, along with other federally funded housing programs, further threaten to reduce subsidies for poor households in the region. Despite these setbacks more than 449 supportive housing units have been developed in the Greater Bridgeport Area to provide homeless individuals and families housing and support services to meet their special needs. Area providers operate 78<sup>12</sup> emergency shelter beds and more than 180<sup>13</sup> transitional housing units designed to provide subsidized housing with intensive support services for a period of two years.

Despite these efforts, nearly 4,000<sup>14</sup> requests for emergency shelter or housing are denied each year due to limited capacity. While the area’s transitional housing programs are helpful for the short term, reports show that only 36%<sup>15</sup> of those who left area transitional housing programs last year moved to permanent housing. As a result, graduates of current transitional housing programs are often discharged back into homelessness due to a lack of affordable housing in the area.

The Bridgeport Area Plan to End Homelessness focuses on three central actions as the foundation for addressing the housing needs of homeless individuals and families:

- o Develop affordable, permanent housing to address the diverse needs of the area’s homeless individuals and families utilizing traditional and non-traditional funding, technical expertise and assistance.
- o Establish a Housing First system that prioritizes permanent housing as the essential first step in assuring that homeless individuals and families gain stability.
- o Generate local policies and plans, which reflect, in every detail, the community’s commitment to ending homelessness.



## Goal One - Permanent Housing

Homeless individuals and families, as well as those at risk of homelessness, will have access to safe, decent affordable housing and needed support services.

### Measures

1. Reduction in number of chronic or transitional homeless individuals and families entering the service system by 12% each year and of episodic homeless by 8% each year, beginning in July 2006.
2. Creation of 126 new units of permanent affordable and/or supportive housing each year.
3. Increase of 20% annually in the number of permanent housing placements by local shelter and transitional housing programs.
4. Reduction in average time spent in emergency shelters to less than 30 days per episode.

### 2005 Actions

- Adopt recommendations of the statewide Reaching Home campaign by creating 1,261 new units of permanent affordable and supportive housing over the next ten years, which will include:
  - o Utilization of 212 existing units for subsidized housing,
  - o Development of 1,049 new units through a combination of rehabilitation and new construction,
  - o Designation of 558 of such units for individuals and families facing long-term homelessness.
- Partner with the Bridgeport Housing Authority and coordinate with area providers to assure that units currently provided for homeless individuals and families are utilized and to expand the availability of such units each year.
- Partner with the Trumbull, Fairfield, and Stratford Housing Authorities to provide units for homeless individuals and/or families and to work with area providers to coordinate utilization.
- Develop a business plan for new housing and services production including review and consolidation of information regarding options for short-term and long-term funding and provision of an inventory of potential sites for development.
- Encourage partnerships between experienced non-profit housing developers, property managers, and service providers to ensure sponsor capacity to create and operate quality supportive housing.

## GLOSSARY

### **Reaching Home Campaign**

The statewide campaign to create 10,000 units of supportive housing, endorsed by Governor Rell and the Interagency Commission on Supportive Housing and Homelessness. Please see [www.ctpartnershiphousing.com](http://www.ctpartnershiphousing.com) for more information.

### **Fairfield 2008**

The regional effort to develop supportive housing. In many ways a regional extension of the statewide Reaching Home Campaign. Fairfield '08 is a collaboration of four Fairfield County homeless service providers and housing developers working to develop 1,735 units of permanent supportive housing throughout Fairfield County by 2008.

### **Next Step Initiative**

Governor Rell's funding initiative designed to add 500 units of supportive housing throughout the State over the next three years. Next Step will provide funding for supportive services, development and/or rental subsidies. It is designed to leverage additional development grants as well as federal funds.

### **Permanent Supportive Housing**

A cost-effective solution to long-term homelessness in which residential stability is combined with appropriate supportive services to meet residents' individual needs. Permanent supportive housing can come in a variety of forms. Some programs are "scattered site," meaning a client or agency leases apartments in the community, and the program subsidizes the rent. Others develop a dwelling or apartment building where supportive services are available on site. Some programs require that clients utilize services as a condition for remaining in the program while others provide, but do not require, participation in services. For many, the need for supportive services is reduced over time, as households gain stability.

## “If we could end homelessness by 2015...”

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- Maximize the potential for new supportive housing funding for Bridgeport area projects by linking local supportive housing efforts to the statewide Next Step initiative.

### 2006 Actions

- Prioritize funding for incentives to landlords who make housing units affordable and available to homeless or at-risk households such as small cash grants or loans to pay for minor repairs.
- Attract non-profit housing developers to the area by maximizing traditional and non-traditional resources such as provision of potential development sites by municipalities and targeted funding set asides.
- Consolidate resources and technical assistance to developers by supporting efforts such as the Fairfield County Community Foundation’s creation of a Housing Development Collaborative for Fairfield County, modeled after similar initiatives elsewhere in Connecticut.

### 2007 Actions

- Provide information and training to local landlords on the benefits of working with providers in housing homeless and formerly homeless individuals and families. Information and training include:
  - o Information on local and state incentive programs,
  - o Tax abatements and how to access them,
  - o How supportive housing works,
  - o Services and interventions for tenants,
  - o Success of scattered site supportive housing.

### *Spotlight Program: Permanent Supportive Housing - Operation Hope Fairfield*

In order to be a part of the solution to homelessness, Operation Hope has, through its subsidiary Micah Housing, committed to the acquisition, rehabilitation, and operation of affordable permanent rental housing with off-site supportive services. Operation Hope’s Affordable Housing Program (AHP) includes 8 scattered-site properties located in Fairfield and Bridgeport including one condominium and 7 multi-family houses. Annually, more than 13 formerly homeless single adults and 10 families call the AHP “home.”

This housing model has been recognized by statewide housing advocates as a successful community-based approach to affordable housing. It is a small-scale project merging affordable permanent housing with comprehensive support services. The housing is “permanent,” not “transitional,” to reinforce the stability achieved by residents, rather than transitioning them out of the housing as they become more successful. Nonetheless, some residents have, of course, moved on to more independent housing. The key is helping them do so at their own pace, rather than on a prescribed timetable.

More information on Operation Hope can be found on their website: [www.OperationHopeCT.org](http://www.OperationHopeCT.org)

## Goal Two - Standards of Service

The Bridgeport Area Continuum of Care will meet standards of service based upon a Housing First model. Supportive housing programs will coordinate to assure a seamless and effective service delivery system in the area.

### Measures

1. Conversion of transitional, time-limited housing programs serving disabled individuals and families to permanent housing by 2015.
2. Compliance with standards of service by all shelter, transitional, and permanent supportive housing programs by 2010.

### 2005 Actions

- Create and adopt standards across the shelter and transitional housing continuum geared toward moving consumers to the next appropriate placement (e.g., non-subsidized housing, permanent supportive housing, and residential treatment) within an average of 30 days of becoming homeless.
- Develop and deliver training and assistance to area providers on the Housing First model and person-centered system of care.
- Assure vital consumer input into development of service standards and local policy by providing meaningful opportunities for involvement in the Continuum of Care by program participants.

### 2006 Actions

- Work with all transitional housing programs in the area, particularly those serving individuals and families with disabilities, to support their conversion from time-limited residency to permanent housing without time limits, including ongoing support services as needed.
- Review and evaluate programs to assure their effectiveness and timely implementation.
- Support the preservation of existing supportive housing programs as they attempt to adapt to changing needs by providing assistance in adapting mission and services when necessary.

### 2007 Actions

- Assure that the data system for the area (HMIS) is expanded to provide a "permanent housing clearinghouse" for practitioners to gain access to

## Glossary

### **Housing First**

Based upon the premise that homeless individuals and families are more likely to successfully utilize support and intervention relative to their disabilities and special needs when they are *housed*. There are numerous studies, which show that the Housing First approach saves money and resources as it decreases recidivism and increases stability and independence. Please see [www.beyondshelter.org/aaa\\_initiatives/ending\\_homelessness](http://www.beyondshelter.org/aaa_initiatives/ending_homelessness) for more information.

### **HMIS**

Homeless Management Information System, a community-wide database congressionally mandated for all programs funded through the Department of Housing and Urban Development (HUD) homeless assistance grants. The system collects demographic data on consumers as well as information on service needs and usage.

### **Continuum of Care**

Greater Bridgeport's consortium of homeless service providers. The Continuum of Care was established by HUD to oversee community planning around homelessness. Around the state and the nation, Continuum work together to define needs, plan strategies and prioritize funding for supportive housing services. The Bridgeport Area Continuum of Care has applied for and won almost three million dollars in federal funds each year for homeless assistance programs.

### **80/20 Plan**

Policies, adopted by municipalities, which combine rental units affordable to low income persons (at least 20% of total) with market rate apartments.

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timely information regarding available housing slots including eligibility requirements and application processes as well as timely and comprehensive information on mainstream and community-based supportive services.

- Evaluate current application and admission processes across the Continuum of Care to identify barriers to swift and seamless access to services by consumers.

### *2008 Actions*

- Develop and implement a common application and application process across the Continuum of Care for supportive housing programs.

### *Goal Three - Public Policy*

Local government policy and practices will reflect the Greater Bridgeport Area’s commitment to ending homelessness. Public policy advocates, as well as State and National policymakers, will be aware of the needs of the Greater Bridgeport Area.

### *Measures*

1. Adoption of 80/20 or similar policies supporting affordable housing development by all communities in region.
2. Addition of inclusionary zoning language in zoning regulations for communities in region.
3. Increase in municipal and private funds designated for development of affordable and supportive housing by 10% annually.

### *2005 Actions*

- Work in partnership with regional housing authorities to review and assure that available resources are maximized for the purpose of ending homelessness.
- Work in partnership with local and state government, local housing authorities, and statewide advocacy organizations to protect and preserve existing affordable housing in the area.
- Support the Bridgeport Child Advocacy Coalition (BCAC), as well as other local and statewide organizations, in their commitment to preserve existing housing units that serve low-income people.
- Advocate for federal, state, and local incentives to support collaboration by area planning departments, housing authorities, and others so that they may maintain and rehabilitate quality affordable housing in the area. Such initiatives may include converting abandoned properties, as well as those taken by municipalities due to tax liens, and aggressively enforcing building codes to prevent the loss of additional low cost rental properties.

### *2006 Actions*

- Address the area’s affordable housing crisis by adopting a 80/20 policy for new housing development (20% of new projects set aside units for low income) and other measures to help leverage development of affordable housing in the area.

- Review zoning policies with the goal of implementing inclusionary zoning strategies and identifying and addressing regulations, which may hinder or prevent the development of permanent housing.
- Work in partnership with local housing and planning departments to prioritize ending homelessness when allocating municipally controlled funding resources (e.g., HOME, CDBG, and others).

### 2008 Actions

- Advocate for adoption of seamless application processes, developed by the Continuum of Care, area Housing Authorities, and any other providers of affordable housing.
- Assure that municipal planning, housing, and community development offices, as well as local philanthropic organizations, consider and rely upon standards and priorities developed and adopted by the community in making funding decisions relative to housing and services for homeless individuals and families in the area.

### *Spotlight Program: Housing First - Hall-Brooke Behavioral Health Services*

Hall-Brooke Behavioral Health Services is a faith-based non-profit, private community behavioral health organization, a wholly owned subsidiary of St. Vincent's Health Services, and a member of Ascension Health, one of the nation's largest Catholic health ministries.

Hall-Brooke has provided permanent housing and supportive services using a Housing First and modified assertive community treatment (ACT) approach to over 200 persons since 1988 and currently operates 16 scattered-site community residences in four towns in the Greater Bridgeport Area. Hall-Brooke's supportive housing programs provide an integrated continuum of seamless supportive services that are responsive to the individual and cultural needs of residents. Hall-Brooke's commitment to wraparound services is achieved through ACT mediated case management, which helps residents access and obtain the services they need to live and function productively in the community. Hall-Brooke, members of the Greater Bridgeport Area Continuum of Care, and other mainstream community resources provide these services. Hall-Brooke's Housing First and ACT residential support services are provided on an "as needed" basis ranging from weekly to daily contact or even more intensive hands-on services during crisis periods. Services provided by program staff include skills training in activities of daily living, meal preparation, household skills, money management, interpersonal and social skills development, and assistance in accessing self-help groups and other natural supports and peer relations in the community. The key to success is the flexibility and availability of services through this comprehensive system of care, which assures that each resident gets the services they need when they need them.

One of the best predictors of client success (controlled psychiatric symptoms and continued abstinence) is length of stay in housing. Through Hall-Brooke's Housing First model and modified ACT Team approach approximately 75% of residents have maintained their housing for more than one year with 35% having resided in Hall-Brooke's residential program for more than five years. Hall-Brooke has achieved success economically, too. By using mainstream resources for services, the average cost per resident after the initial start up of the project falls to \$9,000 per year per person, similar to the State of Connecticut recommended DMHAS PILOTS initiatives.

For more information on Hall-Brooke Behavioral Health: [www.hallbrooke.org](http://www.hallbrooke.org)

# "If we could end homelessness by 2015..."

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## Safety Net

*Life is complicated. The kids. The job. Paying the mortgage. Fixing the car. Fighting with the gas company over their last bill.*

Anyone who thinks that's hard should try this:

A single mother is at home with her two children when she is served with an eviction notice. She was laid off from her manufacturing job three months ago, after only two weeks on the job, and had to choose between feeding her kids and paying the rent. She has no idea who can help her. She decides to skip the court date in the hope that something comes together.

Or, a single man is living in a homeless shelter with 17 days left to stay. He is sharing a room with 12 other men and working day labor for \$6.25 an hour with no benefits. He hasn't had any medication in over a month and is beginning to hear the voices again. He just wants a drink; he knows it will help make the voices go away. It always has in the past.

Or finally this: A 38 year old man is living in an abandoned building. An outreach worker helped him to fill out an application for Social Security Disability because he has AIDS and is too frail to work. His application is denied and he is told to get an attorney, set up another doctor's appointment, and get an ID card so he can apply for State Administered General Assistance to pay for medicine. He has to figure all of this out when he hasn't even been able to take a shower or change his clothes in almost a week.

In order to overcome the many problems which lead people down the path to homelessness, and contribute to their continuing homelessness, it is necessary to have available and accessible services, which respond to a variety of needs. It is commonly believed that more than half of those using homeless services in Connecticut have problems related to substance abuse, mental illness, or both. A Boston study found that HIV disease is the most predictive condition for mortality among all homeless people.

Virtually all of those needing homeless services in the area are in need of some, at least temporary, supportive services in order to become stable once again.

The Bridgeport Area Plan to End Homelessness focuses on four central actions for providing safety net services to homeless individuals and families:

- o Expand and coordinate prevention services and tools for caregivers.
- o Provide wraparound services for individuals and families, which include all caregivers involved with the client.
- o Offer discharge planning for those about to be released from incarceration, residential health care, and treatment programs.
- o Establish additional residential treatment programs and enhanced communication between providers for those who struggle with behavioral health issues such as mental illness or substance use disorders.

## Goal One - Prevention

A region-wide early intervention system will prevent families and individuals at risk of homelessness from becoming homeless.

### Measures

1. Increase of 10% annually in the number of prevention service episodes.
2. Prevention information included by Bridgeport Housing Court with Notice to Quit for potential evictions.
3. Reduction in number of individuals and families who self disclose eviction as the reason for homelessness.

### 2005 Actions

- Develop key tools and resources for early intervention for both adults and youth at risk of homelessness.
- Provide information and training to consumers and caregivers regarding legal rights relative to housing and discharge from institutions.
- Implement follow-up strategies to work with at-risk households and/or those who receive prevention services to increase their housing stability and reduce their future risk of homelessness including:
  - o Establishment of an emergency fund to prevent homeless individuals who move to permanent housing from relapsing into homelessness,
  - o Provision of life skills education and financial management skill training,
  - o Expansion of the successful Beyond Shelter initiative, which provides follow-up services to families moving out of emergency shelters.

### 2006 Actions

- Centralize prevention and intervention resources.
- Increase cash resources for prevention activities such as funding for eviction mediation, short-term rental assistance, emergency housing funds, security deposit funds, as well as other forms of direct client assistance.
- Partner with housing courts to provide prevention information for residents at the earliest possible stage of eviction proceedings (e.g., notice to quit).

## Glossary

### **Discharge Planning**

A significant percentage of homeless individuals report recent discharge from incarceration, hospitalization, residential health care, or treatment facilities. Successful discharge planning begins long before the end of someone’s stay in such an institution and includes connection to housing and supportive services to assist the person in gaining/maintaining stability. Integrated services both within and outside of institutions are necessary to assure effective discharge planning.

### **Notice to Quit**

Legal notification that eviction proceedings are about to begin.

### **“No Wrong Door”**

Consumers in the Bridgeport area consistently cite a fragmented service system with poor communication between mainstream and non-profit providers as a major obstacle as they attempt to access needed services. An approach in which all caregivers share common information and tools can break down unnecessary barriers and allow clients to gain access to all needed services regardless of whose door they come to first.

### **Wraparound Services**

If every door is the right door for a homeless or at-risk individual or family, services must be well integrated to avoid gaps and/or unnecessary duplication. A wraparound service model coordinates all caregiver services, often through a team case management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving.

### **Co-occurring disorders**

The presence of two or more disabling conditions such as mental illness, substance abuse, HIV/AIDS, and others.

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## *2007 Actions*

- Create outreach and information campaign specifically designed to reach youth at risk of homelessness and those that serve them.
- Partner with Veterans Administration to identify at-risk individuals from Army Reserve and National Guard units returning from active duty and quickly link them to appropriate services to prevent homelessness.
- Train caregivers across systems so they may recognize those at risk of homelessness and utilize tools and resources to prevent it.

## *Goal Two - Discharge Planning*

Housing and support services will be coordinated and accessible for those being discharged from area hospitals, prisons, and residential care facilities, eliminating the need to discharge into shelters and homelessness.

## *Measures*

1. Implementation of zero tolerance policy by all local institutions for discharge into homeless shelter or homelessness.
2. Reduction in number of individuals and families entering homeless service system who self disclose hospital, residential healthcare facility, or prison as last address.

## *2005 Actions*

- Provide training and coordination with key administrators and discharge planners from mental health, hospitals, correctional, and residential treatment facilities to reduce rates of recidivism among the homeless population.

## *2006 Actions*

- Add standards of service for discharge planning to system-wide standards for caregivers who serve the homeless in institutions.
- Establish additional supportive housing units for youth aging out of the foster care system; units to be funded by the CT Department of Children and Families.

## *2007 Actions*

- Create housing specialists to work in hospitals, prison, and courts.
- Establish pilot project to provide supportive housing to inmates at risk of homelessness utilizing funding from the Department of Corrections.



## Goal Three - Wraparound Services

Case Management and other direct services across all systems will be coordinated and meet standards to assure that there is "no wrong door" for homeless individuals and families seeking supportive services.

### Measures

1. Increase by 20% annually referrals between homeless service providers, mainstream service providers, and other community programs.
2. Adoption and implementation of a wraparound service model.
3. Development of standards of service; 80% of area agencies and programs serving the homeless adopt the standards and receive training.

### 2005 Actions

- Identify and assure participation from organizations and agencies that are critical to the process of coordinating homeless services in the area.
- Create case managers consortium, and include all caregivers who serve homeless individuals and families (including discharge planners) in regular coordination meetings.
- Execute memoranda of understanding between agencies to allow case conferencing and information sharing among service teams.

### 2006 Actions

- Develop standards of service to implement a wraparound service model to be utilized by caregivers and practitioners who may serve homeless individuals and families and provide training in implementing those standards.
- Investigate ways to eliminate duplication of services including potential implementation of a common service plan and team case management approach across all service systems.
- Identify and define caregiver roles, and create protocols to support systems coordination and integration.
- Provide extensive review and gaps analysis of existing community services utilized by homeless. Assure that review includes eligibility as well as programmatic gaps.
- Develop and implement a plan to expand access by homeless individuals and families to specialized services, both mainstream and community based, such as disability, HIV/AIDS, Youth Programs, and programs for the developmentally disabled.
- Coordinate with Veterans Administration services and local non-profits to assure maximum utilization of mainstream resources for homeless veterans.

## Glossary

### **Mainstream Services**

Refers to the government funded safety net including Workforce Investment Programs, Temporary Assistance to Needy Families, State Administered General Assistance, Medicaid, Social Security, Veterans Services, and other large government programs. Many cite an erosion of safety net services as a significant contributor to the dramatic increase in homelessness in recent years.

### **Service Plan**

Case managers in shelter, transitional, and supportive housing programs typically create a comprehensive service plan for clients including goals and objectives, which will assist them in addressing barriers and maintaining stability. A good service plan is comprehensive in that it includes an array of needs, multiple service providers, long-term and short-term goals, timelines, and specific expectations of both the client and caregivers.

### **Relapse Tolerant**

For those who struggle with substance use issues, relapse from abstinence to active use is often part of the recovery process. Even the most effective clinical programs admit that a majority of patients will relapse into active use at one time or another. Many of them also point out that the most effective way to promote long-term success for those individuals is to continue to work with them toward long-term recovery. Relapse tolerant programs are those that are willing to continue working with clients who relapse without interrupting residential stability.

### **Access to Recovery**

A new program funded through the Department of Mental Health and Addiction Services, which provides service vouchers to clients who are mentally ill and/or chemically dependent to access a variety of treatment and supportive services including housing.

# "If we could end homelessness by 2015..."

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## Goal Four - Behavioral Health

Homeless individuals and families will have access to appropriate, well-coordinated behavioral health services, which address their special needs.

### Measures

1. Increase in number of detox and residential rehabilitation beds available for homeless individuals.
2. Reduction in time on wait lists for residential treatment slots.
3. Decrease in recidivism into homelessness by individuals who have received residential behavioral health services.

### 2005 Actions

- Begin regular coordination meetings, co-hosted by Southwest CT Mental Health System and Regional Network of Programs, with the Homeless Outreach Team, Advanced Behavioral Health, and other providers and caregivers who work with homeless individuals and families in which there is serious mental illness and/or substance use involved.
- Increase service opportunities for persons with co-occurring disorders of a serious nature by enhancing the knowledge of homeless service providers through the provision of continuous training and clinical consultation.

### Spotlight Program: Outreach

**Southwest Connecticut Homeless Outreach Project and Evaluation (SWCT HOPE)** in partnership with:  
**Shelter for The Homeless, Stamford**  
**Southwest CT Mental Health System (SWCMHS), Bridgeport**

Bridgeport's Homeless Outreach Treatment Team provides coordination in Bridgeport for this new regional outreach and training effort, which seeks to connect chronically homeless individuals with Social Security benefits in order to help them gain housing, health care, and stable income. Through a grant from the Social Security Administration, the program seeks to enroll 150 disabled homeless in SSI/SSDI with more rapid claim decisions and higher initial allowances, to connect participants with social and medical services from applicant service providers, and to train 100 case managers and practitioners to be proficient on topics such as Presumptive Disability, Representative Payee, and Consultive Examinations and to assist this population with enrollment. This program is modeled after a successful demonstration project in Baltimore, MD and will work closely with the Continuum of Care and HMIS data systems to assure agency coordination and tracking of participants' success.

For more information go to: [www.shelterforhomeless.org](http://www.shelterforhomeless.org)

### *Spotlight Program: Collaboration*

*ReFocus Outreach Ministry* in partnership with *Project Courage* and *CT Works*

ReFocus Outreach Ministry, a faith-based transitional housing program that serves homeless women, utilizes two dynamic and successful partnerships to provide their residents with comprehensive and holistic services. All women who reside at ReFocus receive intensive outpatient substance abuse treatment for their first month in the Project Courage program operated by CASA, Inc. Once women have completed their outpatient program, they continue to receive aftercare services through Project Courage and begin intensive employment readiness and job placement activities through CT Works. Meanwhile, ReFocus provides a group living residence, intensive case management, life skills training, and linkage to community resources while women reside in the program. The dynamic and open communication linkages established between these two partnering agencies and the ReFocus case management staff create a more integrated and comprehensive services support for every ReFocus client.

For more information contact: [refocusministry@hotmail.com](mailto:refocusministry@hotmail.com)

### *2006 Actions*

- Maximize the benefit of the CT Department of Mental Health and Addiction Services (DMHAS) funded General Assistance Intensive Case Management Program (GAICMP) and the Access to Recovery (ATR) initiative for homeless individuals and families by offering information on how to access services, by providing advocacy and assistance to consumers as they attempt to use service vouchers, and by assuring coordination between GAICMP and ATR portals and homeless service providers and caregivers.
- Assure an appropriate number of “relapse tolerant” programs are available for homeless individuals and families.

### *2007 Actions*

- Increase the number of detoxification beds for patients in need of twenty-four hour medical monitoring.
- Increase opportunities for placement of homeless individuals who are leaving detox in residential treatment settings.
- Improve coordination of services for homeless individuals in need of behavioral health services by exploring initiatives such as the DMHAS funded clinical case management programs in Hartford and New Haven.



# "If we could end homelessness by 2015..."

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## *Employment and Income*

*"If I could only find a decent paying job, I could move out of here."*

While a percentage of homeless men and women living in the Bridgeport area are unable to work due to disability, many identify a job or job training as their primary need. According to the CT Coalition to End Homelessness sixteen percent of those adults using Bridgeport area shelters were employed in at least part time jobs last year. A number of local shelters and transitional and permanent housing programs employ staff who assist clients in obtaining jobs.

For many homeless adults with disabilities, finding and keeping a job is complicated by barriers such as mental illness, substance use, lack of education, and a spotty or non-existent work history. For all, the uncertainty and instability created by homelessness itself further exacerbates the situation. Traditional employment and vocational rehabilitation programs are not geared toward job seekers with complex social service needs and often operate in very separate "service silos" apart from homeless and other social service providers. In most cases, mainstream employment programs are performance driven with federal funding tied to lofty projections for job placement, retention, and wages. Ambitious outcome measures often predispose employment providers to screen out job seekers with multiple barriers to employment or avoid integrating services to assist homeless adults and youth with ready access to services.

Fortunately, the Bridgeport area workforce development and vocational rehabilitation system has received recognition around the state and nationally for their fine work in integrating services for poor and disabled job seekers. With their input, the Employment and Income Task Group for the Bridgeport Area Ten Year Plan to End Homelessness has recommended a number of strategies to assist homeless adults in gaining and maintaining employment, based upon the following central actions:

- o Provide multifaceted assistance through the integration of mainstream and community-based employment services including regular information sharing, training, and quality assurance.
- o Re-examine policies, which categorically deny access to those struggling with issues related to substance use (the US Department of Labor estimates that more than 70% of substance users have jobs).
- o Support employment retention, a vital and central part of any complete employment strategy.

### *Spotlight Program: Transitional Employment - Bridge House, Inc.*

A Bridgeport-based agency, which assists people with psychiatric disabilities who seek community reintegration, Bridge House, Inc. has operated a successful transitional employment program since 1986. Through partnerships with more than 37 area employers such as CVS Pharmacy, People's Bank, Bob's Clothing Store, and The Fairfield Senior Center, Bridge House has assisted over one thousand participants in gaining valuable work experience. Bridge House staff provide assessment, in-house training, and on-going support once the participant is placed on the job. Placements last between 6-9 months at which point participants move on to another transitional job or decide to enter the competitive workforce through the Bridge House Supported Employment Program. Last year, Bridge House Transitional Employment participants earned an average of \$7.57 per hour. Those who gained independent employment earned an average of \$10.05 per hour.

For more information, link to: [www.bridgehousect.org](http://www.bridgehousect.org)

## Goal One - Coordination

Homeless individuals will benefit from a seamless and coordinated workforce development and vocational rehabilitation system, which is integrated with traditional homeless services programs.

## Measures

1. 200 homeless individuals entering the CT Works and/or Bureau of Rehabilitation Vocational Rehabilitation systems.
2. 25% of individuals successfully exiting systems according to industry established measures.
3. 90% of area homeless service provider agencies with at least one staff member annually trained in accessing systems.

## 2005 Actions

- Hold annual training institute, co-sponsored by the Bureau of Rehabilitation Services, Southwest CT Works, and the Bridgeport Rotary Club to familiarize providers of services to homeless individuals and families with area employment and vocational rehabilitation services.
- Use the Southwest CT Works "Career Coach," a mobile One Stop Career Center, as an outreach tool to engage homeless job seekers in mainstream employment services by adding venues serving homeless individuals and families to the regular monthly schedule.
- Make homeless service providers active partners in the Southwest CT Works Career Center by assuring representation of the Continuum of Care on the Disabilities Task Force co-chaired by the Bureau of Rehabilitation Services and The WorkPlace.
- Encourage employment service providers within shelter and supportive housing programs to attend monthly Southwest CT Works job developers' consortium meetings.
- Assure representation by the Bureau of Rehabilitation Services and Southwest CT Works on the Bridgeport Area Continuum of Care.
- Work with the Bureau of Rehabilitation Services to explore appropriate and effective ways to serve active substance users in vocational rehabilitation.
- Create a service continuum among non-profit homeless service providers and the mainstream services system to integrate principles of the DMHAS Recovery Model with employment services.
- Advocate for the adoption of legislation, which would allow the courts and/or the Department of Corrections to issue certificates of employability. Such certificates have been used nationally to create a presumption of rehabilitation for past offenses and to lift statutory bars to jobs or licenses that result from a conviction history.

## Glossary

### **Workforce Development System/ CT Works**

The WorkPlace, Inc. leads coordination of the federally mandated Workforce Investment/Development system for the region, and Career Resources is the nonprofit provider operating CT Works, a one stop career center linking employers and job seekers throughout the region. Other partners in the Bridgeport Area workforce development system include the Bureau of Rehabilitation Services; Veterans Administration; CT Departments of Labor, of Social Services, and Mental Health and Addiction Services; Husson Community College; and others.

### **Vocational Rehabilitation System**

Referring to mainstream programs that provide assistance to disabled job seekers, the CT "voc rehab" system is operated through the Bureau of Rehabilitation Services, a division of the CT Department of Social Services. BRS provides assistance to people with disabilities through assessment and counseling, job placement and coaching, and support in job retention among other services. BRS also provides benefits counseling to assist job seekers in understanding the impact of employment on disability and medical benefits.

### **Career Coach**

CT Works on wheels! The Career Coach is a mobile employment resource center located in a tour bus, which has been retrofitted with a wireless computer lab and other amenities that assist community members in accessing services and finding jobs.

### **DMHAS Recovery Model**

The CT Department of Mental Health and Addiction Services is currently training agencies throughout the state in this approach, which is based upon principles of holistic service provision and consumer choice.

# "If we could end homelessness by 2015..."

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## 2006 Actions

- Create and launch an outreach and information campaign focused on employment services for homeless individuals, with specific information on:
  - Available services and how to access them,
  - Legal rights in the workplace,
  - Work incentives for the employed disabled and veterans,
  - Department of Labor incentive programs,
  - ADA protections for people with disabilities,
  - Discrimination,
  - Federal bonding program,
  - Wage and hour laws,
  - Employment services for homeless veterans,
  - Work Opportunities Tax Credit Program,
  - Obtaining pardons for past criminal offenses when time has been served,
  - General information on job placement for ex-felons including advice on how to approach employers.
- Work with Southwest CT Works Universal Design Committee to create a screening tool to be utilized by non-profit service providers prior to referral for mainstream employment services. Such a tool will capture, at minimum, information regarding employment and education history, substance use, disabilities, criminal and credit background.
- Create standards of service for mainstream and non-profit providers of employment and vocational rehabilitation services for the homeless to include minimum requirements for staff training and requirements regarding availability of information for consumers.
- Address the "day labor trap" by expanding transitional employment opportunities in collaboration with area staffing agencies and/or non-profit providers.
- Partner with area municipalities and the Bridgeport Regional Business Council (BRBC) to provide information on above efforts to area employers and to expand employment opportunities for homeless individuals.

## 2007 Actions

- Partner with the Bureau of Rehabilitation Services to expand their successful employment retention model to non-disabled homeless individuals who find jobs.

### *Spotlight Program: Integration with Mainstream Services - Passports to Success*

A program of Career Resources, Inc., Passports to Success uses a systems integration model to deliver employment readiness, job placement and retention support services to adults residing in permanent supportive housing programs. Funded by the Melville Charitable Trust, Passports brings together a service team from the workforce development and vocational rehabilitation systems as well as staff in supportive housing in weekly case conferencing meetings to strategize around services and to discuss progress.

For more information link to: [www.careerresources.org](http://www.careerresources.org)

## Goal Two - Mainstream Services

Mainstream entitlements will be accessible to eligible individuals and families.

### Measures

1. 100% of area homeless service provider agencies with at least one staff member trained in accessing mainstream entitlements.
2. 90% of homeless individuals and families provided with linkage to mainstream entitlement services.

### 2005 Actions

- Support CT Interagency Council on Supportive Housing and Homelessness recommendation that the state, “suspend, rather than terminate, eligibility of public assistance recipients residing in correctional facilities or mental health facilities”.

### 2007 Actions

- Upgrade the HMIS system capacity to monitor the speed at which chronically homeless people apply for and receive Medicaid, SSI, TANF and food stamps, veterans’ benefits.
- Expand or replicate the SSA HOPE Project model to provide assistance and training to area providers in accessing mainstream entitlements in order to assure that homeless individuals gain swift access to entitlements for which they are eligible.

## Glossary

### **Federal Bonding Program**

This program, operated through the US Department of Labor, attempts to minimize the risk to employers who hire candidates who were recently incarcerated by insuring them against potential damages for up to \$50,000.

### **Universal Design**

Usually refers to engineering and architectural designs, which assure appropriate accommodations for people with physical disabilities. The Universal Design subcommittee of the CT Works Disabilities Task Force is applying the principles of Universal Design to an assessment of services for people with mental illness, learning disabilities, HIV/AIDS, and substance abuse to assure accessibility.

### **Day Labor “Trap”**

Perhaps the most common employers of homeless adults are day labor and temporary staffing agencies. For many consumers who have sporadic work histories and limited skills, day labor seems their best or only alternative. Low wages and, in some companies, daily pay are often counterproductive for homeless individuals who need improved skills and a steady income in order to gain independence.

### **Transitional Employment**

Temporary labor *can* be an effective introduction to employment for someone who has been out of the workforce. Combined with job counseling, training, and other services, the temporary placement becomes a stepping stone to more stable employment for those who have been out of the workforce for a long period of time or for those who have never held a regular job. A transitional employment model provides consumers with supported work experience as part of the process of transitioning to the workforce.

## **“If we could end homelessness by 2015...”**

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### ***Implementation***

***Our efforts to end homelessness in the Greater Bridgeport Area begin today!***

Under the umbrella of the Greater Bridgeport Area Continuum of Care (GBACoC), and with the continued leadership of the Mayor’s Office and United Way of Eastern Fairfield County, work has already begun on implementing the 2005 action steps and planning activities for next year and the year after that.

Having adopted this plan as their own, the GBACoC is in the process of expanding its membership to include all of those organizations who were instrumental in formulating the plan, and additional organizations who will be needed to achieve our goals in the future. They include: service providers, housing developers, business owners and leaders, representatives from government, philanthropic organizations, banks, behavioral health services, social service organizations, HIV/AIDS service providers, veterans’ organizations, disabilities organizations, workforce development, health care providers, advocacy organizations, educational institutions, and consumers.

United Way of Eastern Fairfield County will soon establish a link on their website specifically for the GBACoC and implementation of the Ten Year Plan. Please link to: [www.thewaytocare.org](http://www.thewaytocare.org)

#### *Special Thanks to our Consumer Focus Group Participants*

<i>Diane</i>	<i>Jose</i>
<i>Dwayne</i>	<i>Joseph</i>
<i>Karina</i>	<i>Richard</i>
<i>Leilani</i>	<i>Tiffany</i>

*And many others.*

## Leadership Group

### *Co-Chairs:*

*Hon. John M. Fabrizi*  
*Merle Berke-Schlessel, Esq.*

*Mayor of Bridgeport, Connecticut*  
*President and CEO, United Way of Eastern Fairfield County*

Anthony Armeno	Acting Chief of Police, City of Bridgeport
Dianne Auger	Executive Director, American Red Cross of Southeastern Fairfield County
Raymond Baldwin	First Selectman, Town of Trumbull
Al Barber	President and CEO, Catholic Charities
Benjamin Branyan	Town Manager, Town of Stratford
Yolanda Caldera-Durant	Program Officer, Fairfield County Community Foundation
Joseph Carbone	President and CEO, The WorkPlace
Dr. Anthony Cernera	President, Sacred Heart University
Rosa J. Correa	Commission Chair, Bridgeport Housing Authority
Susan Davis	President and CEO, St. Vincent's Medical Center
Philip Dwyer	President and CEO, Central CT YMCA
Janice Elliott	Southern New England Director, Corporation for Supportive Housing
Stephen Fahey	President and CEO, Hall-Brooke Behavioral Health Services
Kenneth Flatto	First Selectman, Town of Fairfield
Robert Graham	Interim Director, Bridgeport Housing Authority
Dr. Janis Hadley	President, Housatonic Community College
Dr. Laurie Harkness	Director, Errera Community Care, U.S. Department of Veterans Affairs
Bob Kantor	Executive Director, Fannie Mae, CT Partnership
Rev. John Kidd	Executive Director, Bridgeport Area Council of Churches
Cindy Kissin	President and CEO, Greater Bridgeport Area Foundation
William Kupinse	First Selectman, Town of Easton
Brian Langdon	President and CEO, FSW, Inc.
Meghan Lowney	Executive Director, Operation Hope, Inc.
Mary McAtee	Executive Director, CT Coalition to End Homelessness
Hon. John McKinney	State Senator (R-Fairfield)
Andrew Nunn	First Selectman, Town of Monroe
Marilyn Ondrasik	Executive Director, Bridgeport Child Advocacy Coalition
James Pisciotta	CEO, Southwest CT Mental Health System, CT DMHAS
Ruth Price	Vice President/Community Investment, RBSNational Bank
Diane Randall	Executive Director, Partnership for Strong Communities
Susan Ross	President and CEO, Fairfield County Area Foundation
Neil Salonen	President, University of Bridgeport
Hon. Christopher Shays	U.S. House of Representatives, 4th Congressional District
Valencia Taft-Jackson	Vice President, Business Development Officer, People's Bank
Richard Tennenbaum	Director of Housing Task Force, Connecticut Legal Services, Inc.
Paul Timpanelli	President and CEO, Bridgeport Regional Business Council
Dr. Clarence Tolbert	Chief of Staff, Bridgeport Board of Education
Robert Trefry	President and CEO, Bridgeport Hospital
Jeffery von Arx, S.J.	President, Fairfield University

# "If we could end homelessness by 2015..."

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## Task Group Participants

### Housing

Rose Christy	City of Bridgeport, Department of Housing
James Bombaci	Hall-Brooke Behavioral Health
Janice Elliott	Corporation for Supportive Housing*
Victoria Fury	Bridge House, Inc.
Laurie Gross	Jewish Federation of Eastern Fairfield County
Kathy Hunter	City of Bridgeport, Department of Housing
Kristen Isham	Hall Neighborhood House
Helen Lavin	The Connection, Inc.
Meghan Lowney	Operation Hope, Inc.*
Jessica Mutschler	LMG Programs
Michelle Smith	Healing Tree Economic Development
Angie Staltaro	City of Bridgeport, Department of Community Development
Richard Tennenbaum	Connecticut Legal Services, Inc.*
Bob Wahler	Housatonic Community College
Diana Washington	Office of U.S. Representative Christopher Shays
Helen Wasserman	United Way of Eastern Fairfield County
Lori Wilson	Operation Hope, Inc.

### Safety Net/Discharge Planning

Delores Brown	CASA/Project Courage
Loris Cohen	Connecticut Legal Services, Inc.
Heriberto Cajigas	Career Resources, Inc.
Dana Canevari	Disabilities Resource Center of Fairfield County
Lorraine Carrano	St. Vincent's Medical Center
John D'Eramo	Southwest CT Mental Health System, CT DMHAS
Ralph Ford	Southwest CT Mental Health System, CT DMHAS
Fred Frank	Disabilities Resource Center of Fairfield County
Betsy Gee	Southwest Community Health Center
Ethel Higgins Harris	Catholic Charities
Bill Hoey	Catholic Charities
Pat Gantert	St. Vincent's Medical Center
Kristen Isham	Hall Neighborhood House
Ramon Jimenez	American Red Cross of Southeastern Fairfield County
Jennifer Kolakowski	Regional Network of Programs
Brian Langdon	FSW, Inc.*
Eileen Lopez-Cordone	United Way of CT/2-1-1 Infoline
Mary McAtee	CT Coalition to End Homelessness*
Lisa Mazzeo	Operation Hope, Inc.

## ...I would know that I had input and someone listened.”

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Carla Miklos	FSW, Inc.
Iris Molina	City of Bridgeport, Department of Social Services
Joanne Montgomery	LMG Programs
Jessica Mutschler	LMG Programs
James Pisciotta	Southwest CT Mental Health System, CT DMHAS*
Nilda Rodriguez	Connecticut Legal Services, Inc.
Ellen Rosenthal	Connecticut Legal Services, Inc.
Nicole Rothgelb	Connecticut Legal Services, Inc.
Betty Scaggs	St. Vincent’s Medical Center
Carol Ann Wetmore	Bridgeport Hospital
Barbara Williams	City of Bridgeport, Department of Social Services
Coretta Williams	Southwest CT Mental Health System, CT DMHAS
Samone Wright	FSW, Inc.

### *Employment and Income*

Carmen Batiz Bien Aime	Homes for the Brave
David Byron	Regional Network of Programs/Prospect House
Silvia Burmudez	FSW, Inc.
Anne Carr	Career Resources, Inc.
Pat Coughlin	CT Department of Social Services
Maureen Cuda	Bridge House, Inc.
Rona Durham	Operation Hope, Inc.
Patricia Ginyard	Regional Network of Programs/Prospect House
Warren Godbolt	Progressive Training Associates
D. Roland Harmon	Progressive Training Associates
Valerie Koch	Bridgeport Rotary Club
Ian Lepofsky	Bridge House, Inc.
Kathy Marchione	Connecticut Bureau of Rehabilitation Services
Nadine Nevins	Connecticut Legal Services, Inc.

### *Public Information*

Al Barber	Catholic Charities
Laurie Gross	Jewish Federation of Eastern Fairfield County
Caryn S. Kaufman	Office of Mayor John M. Fabrizi
Andrea Kovacs	United Way of Eastern Fairfield County
Diane Randall	Partnership for Strong Communities*
Joyce Undella	United Way of Eastern Fairfield County
Helen Wasserman	United Way of Eastern Fairfield County
Margaret Weeks	Operation Hope, Inc.

\*Leadership Group Member

## Endnotes

<sup>1</sup>Culhane, Dennis P., PhD, “Home Economics”, *Boston College Magazine*, 2005.

<sup>2</sup>Ibid.

<sup>3</sup>Ibid.

<sup>4</sup>COMPASS, *A Report to the Community by the United Way of Eastern Fairfield County*, estimated that there are 1,700 people who are homeless in that region. The National Coalition for the Homeless reports that 39% of people who are homeless are children.

<sup>5</sup>Estimate 1 parent for every 2 children. 87% of families in Bridgeport area shelters are single-parent families.

<sup>6</sup>Bridgeport 2004, Continuum of Care.

<sup>7</sup>*CT Department of Public Health Surveillance Report*, 803 people living with HIV/AIDS in the area.

“30% - 50% of all people with AIDS are either homeless or in imminent danger of becoming so.”

National Commission on AIDS, *Housing and the HIV/AIDS Epidemic: Recommendations for Action*.

<sup>8</sup>Bridgeport 2004, Continuum of Care.

<sup>9</sup>12% of those sheltered in Bridgeport area shelters reported that they came out of jail or prison, CT Coalition to End Homelessness.

<sup>10</sup>*2004 Reaching Home, Ending Long Term Homelessness in Connecticut, A Guide for Expanding Long Term Housing in Connecticut*, Prepared by Corporation for Supportive Housing, Reaching Home Steering Committee.

<sup>11</sup>*2004 Out of Reach Report*, National Low Income Housing Coalition.

<sup>12</sup>COMPASS, *A Report to the Community by the United Way of Eastern Fairfield County*.

<sup>13</sup>Ibid.

<sup>14</sup>CT Coalition to End Homelessness, *Annual Homeless Shelter Demographic Report*, FFY 2004.

<sup>15</sup>Bridgeport 2004, Continuum of Care.

### Staff Assistance

Website/Design/Layout ..... Jennifer Chase, CT AIDS Residence Coalition  
Proofreading/Editing ..... Andrea Kovacs, Joyce Undella, Judith Sklarz, United Way  
Research/Data Analysis ..... Shawn Lang, CT AIDS Residence Coalition  
Task Group Scribe ..... Marissa Manzi, CT AIDS Residence Coalition  
Consumer Organizer ..... Alicia Santilli, CT AIDS Residence Coalition  
United Way Coordinator ..... Judith Sklarz, United Way  
Writing/Facilitation/Coordinator ..... Carol Walter, CT AIDS Residence Coalition

*Special thanks to the City of Bridgeport for printing/production services.*

***We have the plan.***

***What will you do?***



***[www.thewaytocare.org](http://www.thewaytocare.org)***