

Portraits of
Homelessness
in Connecticut



Connecticut Coalition to End Homelessness

FEBRUARY 2011

Portraits of Homelessness in Connecticut 2010

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1. Gender of Adults in households
2. Age of Adults in Households
3. Race/Ethnicity of Adults in Households
4. Number of Households with Children and at Least One Adult
5. Presence of Spouse, Partner or Significant Other
6. Where slept last 30 days (duplicated)
7. Length of time since permanent residence
8. Reason left last residence (duplicated)
9. Homeless episode history
10. Chronic Homelessness
11. State of Last Residence
12. Town of last residence
13. Education
14. Military Service
15. Currently Working
16. Currently has income
17. Income Sources
18. Food Stamps
19. Access to Health Insurance
20. Have you ever been hospitalized for a mental health issue?
21. Have you ever been in a hospital, detox, or rehab center for substance issue?
22. Do you feel that you need help with a substance issue now?
23. Are you receiving substance abuse services now?
24. Do you feel that you have a health condition that limits your ability to work, get around, care for yourself or otherwise take care of your needs?
25. Have you ever been told that you have HIV or AIDS
26. Report none of the Health Problems Listed Above (20-25)
27. Self Assessment Health Rating
28. A. At any point in your life, have you been in a family or intimate relationship in which you have been physically hurt or felt threatened?
B. Did domestic violence contribute to you homelessness?
29. Criminal Justice Involvement

Acknowledgements

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About Us

The Connecticut Coalition to End Homelessness (CCEH) is a research-driven, community rooted statewide organization which seeks to end homelessness in Connecticut. Our tools: leadership development, community engagement and organizing, advocacy, field mobilization, research and analysis and public education.



Executive Summary

Despite our best efforts, homelessness in Connecticut has reached alarming levels. Last year, Connecticut's emergency shelters alone served 11,700 people, including more than 1,500 children. The number of people in shelters and transitional programs at any given point in time increased 3% from 2009 to 2010, while shelter bed usage has exceeded 100% during all of 2010 and much of 2009. While collectively we may have slowed the rate of growth in homelessness over time, the numbers continue to increase. We need to do more, and we need to do it better.

This report provides an overview of the current state of homelessness in Connecticut, focusing on understanding who is homeless today, the resources that are available to assist them and actions to be taken to increase the effectiveness of efforts to prevent and end homelessness. The Connecticut data in this report was collected through two primary sources: the results of the January 2010 Point in Time Count of sheltered homeless persons (*CT PIT 2010*); and the Connecticut Homelessness Management Information System (CT HMIS), which provides a profile of who was served by state and federally-funded shelters and other homeless assistance programs over the course of the year. This 2010 data underestimates the extent of homelessness, because it does not capture the number of people turned away from shelter and those who do not seek shelter. While the numbers on homelessness are impossible to collect with perfect precision, the data presented in this report provides an accurate picture of the people affected by homelessness and what we can do to prevent and end this condition.

This year, the *CT PIT 2010* count revealed a startling number of people becoming homeless for the first time. Almost half of all families and 40% of single adults in shelters reported that this was their first homeless experience.

Contributing Factors to Homelessness

While there are many contributing factors to homelessness, the inability to afford housing, poverty and lack of income are primary. Often, people who ultimately become homeless are those with the fewest resources and multiple barriers to economic and health security. Among the contributing factors to homelessness are:

- **Inadequate Income.** Homeless families typically have extremely low incomes under 50% of the poverty level. For a family of three, this equates to an income under \$9,200 per year. The recent economic downturn has pushed more families into poverty and many more into joblessness.
- **High Cost of Housing.** Research identifies the lack of affordable housing as the primary cause of homelessness among families in the United States and in Connecticut. Families, more so than single adults, lose their homes and become homeless because they cannot afford housing and have no place else to turn. Far too many households in Connecticut experience a significant housing cost burden. Last year, Connecticut had the fifth highest cost of living in the United States. Furthermore, 80% of poor households in Connecticut are severely housing cost burdened (pay more than 50% of their income on rent). This represents almost 64,000 households.
- **Interpersonal Violence.** Interpersonal violence is a leading cause of homelessness nationwide, particularly among families. An alarming 40% of Connecticut adults in families said that domestic violence contributed to their homelessness. More than half of Connecticut adults with children responded affirmatively when asked if they had 'been in a family or intimate relationship' in which they had 'been physically hurt or felt threatened.'
- **Disabling Health Conditions.** Chronic and disabling medical conditions are rising among the homeless population, as they are in the general population. Among single adults, and especially among adults who are chronically homeless, long-term physical and behavioral health conditions predominate. This is expected to take on increasing prominence for homeless and health systems as the population continues to age.
- **Re-Entry and Criminal Justice Involvement.** The criminal justice system and its lack of resources to adequately transition and discharge individuals can force people to seek emergency homeless shelters. The widespread use of background checks by landlords drastically limits housing opportunity for those with criminal justice backgrounds. Many people with mental health and substance use issues cycle between homelessness and incarceration for months or years at great public expense.

Portraits of Homelessness and Housing Instability

On any given day, there are approximately 3,800 men, women and children staying in Connecticut emergency shelters and transitional housing programs. This is not a finite population. Three times as many people have at least one episode of homelessness during the year than those who are homeless at any given point in time. With the exception of a core of long-term homeless households, there is tremendous fluidity of people moving into and out of homelessness – some for the first time, some repeatedly over time.

Homelessness is a situation that people find themselves in; it is not a characteristic of the people experiencing it. Effectively addressing homelessness means facilitating the transitions of people out of this situation, preventing their return to it, and preventing people from becoming homeless in the first place. National and statewide data help us better understand who is most impacted by homelessness and who is most likely to fall within its grasp.

While the majority of people who are homeless in Connecticut are White, African-Americans and Latinos are disproportionately represented among the homeless population. While African-Americans represent only 10.4% of the population in Connecticut, 36% of emergency shelter clients overall reported as Black or African-American. Young, single-parenting African-American and Latina women are significantly overrepresented among homeless families in Connecticut.

Family Homelessness.

Family homelessness is usually part of a longer period of housing instability, frequent moves, doubling up with relatives or friends and economic strife. Families are much less likely than single adults to live on the streets.

- *Family separations are commonly associated with homelessness.* Numerous studies document that large numbers of homeless individuals and homeless families report children living elsewhere.
- *Adults with children in Connecticut emergency shelters are typically quite young.* The majority of adults in families with children are only 18-29 years old.
- *Homeless families in Connecticut work and have income.* A quarter of adults in families with children were working at the time of CT PIT 2010. Notably, one out of every four homeless families reported receiving federal social security or disability income. Only a third of female single parents in Connecticut's emergency shelters reported receiving TANF.

- *Homeless parents in Connecticut are relatively well-educated.* Nationally, only half of parents in families that experience homelessness have a high school diploma or a GED, while in Connecticut, CT PIT 2010 showed that 68% of adults with children had earned a high school diploma, equivalency, and/or gone on to higher education or technical school. This represents an important positive opportunity for our state.

Youth.

Family conflict is a significant contributor to homelessness among youth. Homeless youth and young adults are also at higher risk for physical abuse, sexual exploitation, mental health disabilities, chemical or alcohol dependency and death. Data on homeless youth in Connecticut is sparse, as it is nationally.

- Like homeless adults, a disproportionate segment of homeless youth report a history of family separations, including out-of-home placement and foster care.
- A significant percentage of homeless youth are pregnant or parenting.
- Two sub-populations of youth particularly vulnerable to housing instability and homelessness are those with criminal justice involvement and lesbian, gay, bisexual and transgender youth.

Chronic Homelessness. The federal definition of chronic homelessness is expanding to acknowledge and include the impact of disabling conditions on families. CT PIT 2010 found a large disparity in the rate of chronic homelessness among households with children versus households without children. Chronic homelessness is far more prevalent among single adults than it is among families.

The Crisis Response System in Connecticut

Like most states, the system of response to homelessness in Connecticut has been developed piecemeal, by an array of funders. Connecticut's first emergency shelters were created to serve as temporary safe harbors for increasing numbers of deinstitutionalized people and others turning up on Connecticut's streets. More and more communities were pressed to create new emergency shelters in response to the mounting crisis. By 2010, there were 2,189 emergency shelter beds across Connecticut.

In 2009, Congress re-authorized the 25 year-old McKinney-Vento Homeless Assistance Act through the Homeless Emergency and Rapid Transition to Housing Act (HEARTH). This was followed in 2010 by the issuance of the first federal strategic plan to end homelessness, *Opening Doors*, by the U.S. Interagency Council on Homelessness. Both HEARTH and *Opening Doors* challenge states and localities to reorganize the delivery of homeless services, placing greater emphasis on the prevention of homelessness and on moving individuals and families out of shelters as quickly as possible and supporting their transition to stable housing. Connecticut's existing homeless service system has several components that will be affected by the federal strategic plan:

Street Outreach.

Street outreach is a key factor in locating unsheltered homeless people and starting the process of engagement in housing and services. The HEARTH Act will provide even greater emphasis on assuring that local communities are thorough in reaching homeless people. Connecticut's homeless outreach programs have various levels of funding and composition. The Department of Mental Health and Addiction Services (DMHAS) is the primary funder, using both state and federal funds to contract with organizations to provide outreach services.

Emergency Shelters.

Connecticut is home to more than 24 emergency shelters for homeless individuals, 10 for homeless families and 18 that serve a mixed population of both families and individuals. These 2,189 shelter beds are funded, in part, with \$5.8 million in state funding. The array of services includes overnight shelter, food and case management. A total of 11,675 adults and children stayed in Connecticut emergency shelters in 2010.

Under the HEARTH Act, local jurisdictions will be encouraged to reduce the number of people who become homeless and need shelter, the length of time that people are homeless, and the number of people who return to homelessness after exiting shelter or transitional housing.

Transitional Housing.

Transitional housing funded through the U.S. Department of Housing and Urban Development (HUD) was established specifically for homeless individuals and families just as the federal budget defunded residential treatment for substance abuse. Connecticut's transitional housing system evolved, in part, to provide support to homeless people where gaps in residential services for those with complex needs emerged. Today, Connecticut's homeless system includes 75 transitional

housing programs, 13 specifically for families, 47 for single adults and 15 for mixed populations. In 2010, Connecticut's transitional housing programs served 2,248 adults and children.

In Connecticut, the state and federal government spend almost \$9 million combined on transitional housing, which is close to \$3 million more per year than spent on emergency shelter. HEARTH will require a reexamination of transitional housing to be certain that it is cost-effective and playing a role in reducing and ending homelessness.

Prevention and Rapid Re-Housing.

With the federally-funded Homelessness Prevention and Rapid Re-housing Program (HPRP), Connecticut is implementing a housing-based (versus shelter-based) intervention for people facing housing instability. Allowable financial assistance from the program includes temporary rental assistance, up to six months of back rent, and security and utility deposits.

Statewide, a total of 4,855 persons in 2,177 households received prevention services and 1,244 persons in 682 households considered literally homeless received rapid re-housing services during 2010. Households receiving HPRP services included 2,193 children. While the long term housing outcomes of the individuals and families served by HPRP will not be established until more time has elapsed, it is already clear that their housing stability will be fragile without continued rental subsidies. The majority of assisted households exited HPRP paying more than 30% of their income in rent, with one out of three paying more than 50% in housing costs. Most HPRP clients received assistance for very brief periods of time. This was especially true among households receiving prevention services.

Solutions and Recommendations to Prevent and End Homelessness in Connecticut

Because adults, youth and families have varying needs and become homeless for different reasons, there is no single intervention that will work for everyone. There are, however, a number of interventions that have been proven thus far to have the greatest direct impacts on ending homelessness. For these, we use the framework of *Opening Doors*, the first federal strategic plan to end homelessness. The plan is focused on four goals:

- Finish the job of ending chronic homelessness in 5 years;
- Prevent and end homelessness among Veterans in 5 years;
- Prevent and end homelessness for families, youth and children in 10 years; and
- Set a path for ending all types of homelessness.

Opening Doors identifies five broad but interrelated approaches to reach these goals. They are:

- **Increase access to stable and affordable housing;**
- **Re-tool the homeless crisis response system;**
- **Increase economic security;**
- **Improve health and stability; and**
- **Increase leadership, collaboration and civic engagement.**

Increase Access to Stable and Affordable Housing

Expand Housing Subsidies.

Subsidies are the primary tool for preventing and ending episodic and family homelessness. Long-term housing subsidies (housing vouchers) are sufficient to end homelessness for the great majority of homeless families.

In Connecticut, only about 2,500 Connecticut households are served by the Rental Assistance Program (RAP) – a state supported rental subsidy program – while almost the same number of eligible families is on the waiting list for RAP certificates. On average, people wait at least three years for a certificate to become available. It has been more than three years since the RAP waiting list was open, and when it opened approximately 43,000 people applied. Rental assistance helps more than just the household directly receiving the support. Every \$1 spent on rental assistance generates between \$1.5 and \$2 in economic demand.

Expand Housing with Supportive Services to Address Disabling Health Conditions.

Permanent supportive housing is the most successful model for eradicating homelessness among those experiencing long-term homelessness and those with disabilities. Targeted

supportive housing has had a dramatic effect on the number of chronically homeless people cycling in and out of public institutions. Connecticut currently has close to 4,400 units of supportive housing toward a total estimated need of 10,000 units.

Refine Targeting for Permanent Supportive Housing.

Connecticut's investment in supportive housing has interrupted what could have become longer cycles of homelessness and institutionalization for its residents. However, it is concerning that there is a lack of significant decreases in chronic homelessness since the Connecticut Point in Time Count was established in 2007. Greater targeting is necessary in order to make significant progress in reducing chronic homelessness.

Retool the Crisis Response System

At the local level, "retooling" the crisis response means greater attention, emphasis and resources are paid to keeping people in housing, preventing entry into shelter, and rapidly re-housing people who do become homeless, as well as to linking them with employment, health and income supports in the community. At the state level, retooling means putting in place policies and incentives that will spur local communities to adopt these practices.

Focus the homeless assistance system on housing-centered solutions.

The primary focus of publicly-funded homeless assistance programs should be reoriented from managing the homelessness problem to solving it. This will require a heightened priority on helping people secure and keep housing and on working across agencies to link street outreach programs, shelter, transitional programs, prevention initiatives and rapid re-housing programs with each other and with housing, rent subsidies and supportive housing.

Align the homeless assistance system around common outcomes. Local planning bodies for homeless services can now align their community-wide performance targets with the goals set out in *Opening Doors* and with the outcome measures under the HEARTH Act. Providers of homeless services will then be able to evaluate their work in light of these common targets. At the state level, state agencies must collectively require all state-funded and state-operated homeless assistance programs to assess progress toward a set of common outcomes aligned with those under HEARTH.

Hone program targeting. The state can use data collection and matching between the homeless service system (using CT HMIS) and state agency systems to better target services

to those most in need. Most recently, the state used such cross-agency data sharing to direct housing services for adults who were cycling frequently through both shelters and incarceration. On a regional level, consortia of providers can create central intake and universal screening systems that allow people needing homeless assistance to more easily access help and be matched to services based on their level of need. For prevention and rapid re-housing programs funded under HEARTH, the state and municipalities can direct programs to use identified risk factors to more accurately target services to families and individuals most likely to enter or remain in shelter.

Strengthen local partnerships. Homeless people have service needs that go beyond the homeless assistance system, such as childcare, employment, income supports and health care. Through community partnerships, providers of these mainstream services and providers of homeless services can better coordinate their efforts to ensure that families secure and remain stable in housing. Philanthropy can play a role by funding staffing for the coordination process within local plans to end homelessness.

Improve planning for people exiting criminal justice facilities and foster care. Effective programs include subsidized housing with associated intensive support services directed especially toward people with a variety of disabling health conditions. According to an analysis by the Corporation for Supportive Housing, a single re-entry housing unit can save \$20,000 to \$24,000 relative to the cost of release to shelter and recidivism.

Increase Economic Security

Housing stability is closely related to income security. Connecticut's employment and training programs – including those provided through Jobs First Employment Services, CTWorks Career Centers, community colleges and adult education – must be better coordinated, targeted and funded at the state and regional levels to support economic growth and prevent homelessness.

Expand Income Supports.

If more effective mainstream services are to truly contribute to solutions to homelessness, large-scale income support programs such as disability and cash assistance require a careful reexamination by both federal and state officials. This is true particularly in light of more recent changes in the economy, job market and funding for training and education. While much of this is beyond the scope of this report, Connecticut Coalition to End Homelessness offer a few perspectives on income supports as they relate to homelessness and housing.

- *Social Security Disability Insurance and Supplemental Security Income.* Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) can prevent people with disabilities from becoming homeless. Both SSDI and SSI also provide critical income for people who move from homelessness into permanent housing. Many homeless persons who are eligible for disability benefits do not receive them. Outreach and engagement programs to assist and expedite chronically homeless individuals are necessary to bridge gaps.
- *Cash Assistance/TANF.* Temporary Assistance to Needy Families (TANF) provides income support for low-income families with dependent children. Over a third of female single parents in Connecticut's emergency shelters claimed to have 'No Financial Resources' whatsoever. Notably, only a third of female single parents with any income reported receiving TANF. It may be that most of these families have exceeded Connecticut's 21 month time limit for receiving TANF benefits, among the most the most stringent time limits in the country. Some states and jurisdictions have had success in reducing family homelessness in part by combining cash assistance with housing supports to keep families housed or divert homeless families more quickly to housing.

Expand Employment and Training.

Targeted employment and training programs can be tailored to the needs of people who are homeless, and program resources can be focused to better serve homeless people. Connecticut can target certain investments in vocational training and basic skills to people at risk of or experiencing homelessness. It can also work to maximize federal and state resources for adult and basic education, including English as a Second language. Through the CTWorks one-stop career center system, the state can establish incentives for Centers to more proactively work with people with multiple barriers to employment, including people with histories of homelessness.



Improve Health and Security

By 2012, Medicaid will be expanded to almost all low-income individuals under age 65. This creates unprecedented opportunities for using Medicaid to finance many of the services in permanent supportive housing. The use of Medicaid in this way would allow state dollars to be reinvested into new supportive housing with the goal of putting an end to chronic homelessness among people with serious health and behavioral health issues.

Increase Leadership, Collaboration and Civic Engagement

In Connecticut there are 11 community/regional plans to end homelessness being implemented by local leadership bodies; two additional regions are currently creating their plans. These have become powerful vehicles for mobilizing civic support and political will toward ending homelessness. Opening Doors is a call to action to accelerate this work by engaging stakeholders from all sectors to recognize and act on the social, political and economic benefits of preventing homelessness and creating permanent housing solutions.

Despite our best efforts,
**homelessness in Connecticut
has reached alarming levels.**

Last year, Connecticut's emergency
shelters alone served 11,700 people,
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1. Introduction

Despite our best efforts, homelessness in Connecticut has reached alarming levels. Last year, Connecticut's emergency shelters alone served more than eleven thousand (11,675) people and almost three thousand (2,992) people in families, including 1,569 children. Shelters for families and individuals are operating above capacity, and scores of people are turned away from shelter every day for lack of space.

The State of Connecticut and local governments feel the impacts of homelessness and housing instability directly in their budgets, by paying for increasingly expensive costs that could have been avoided: Medicaid, behavioral health and uncompensated care funding for inpatient and acute health services; foster care placements; disruptions in education and school transportation for homeless children; recidivism in jails and courts; and subsidies for shelters and specialized homeless services. Unless interrupted, the multi-generational cycle of housing instability continues to take its toll in human and financial terms, as homeless children become homeless adults.

Portraits of Homelessness in Connecticut 2010 examines the breadth and causes of homelessness in Connecticut, as well as solutions to prevent and end its contributing factors. Using both national and state level data, this report begins with an overview of the factors that lead to homelessness. This is followed by a profile of who is most impacted by homelessness in Connecticut, including a special section profiling homelessness among families with children. *Portraits* then describes the Connecticut system of services that provide assistance to homeless persons and how it has evolved over time. Finally, the report provides recommendations for transforming the delivery of homeless services in Connecticut to be more effective and humane.

Sources of Data Connecticut data presented in this report are collected through two main sources:

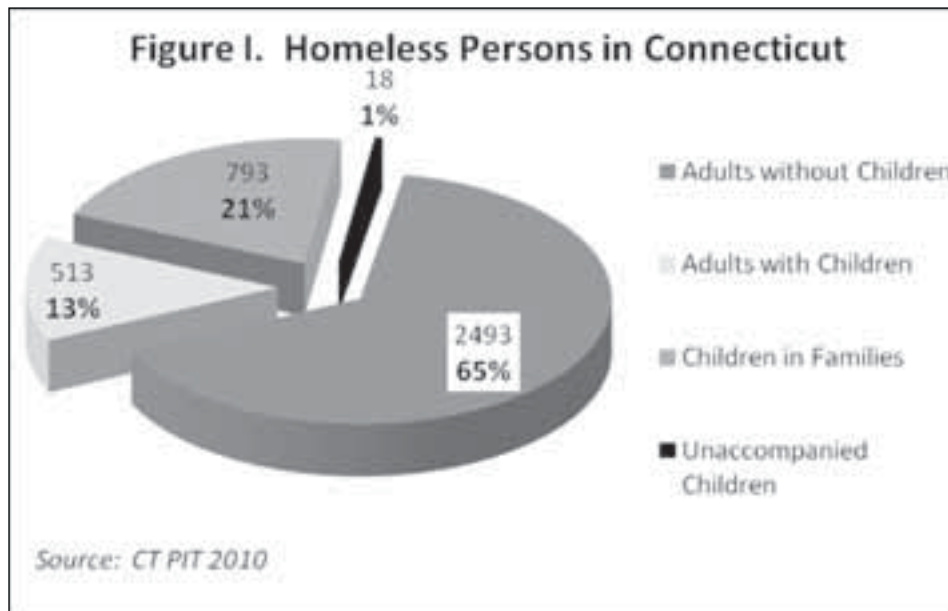
- *Statewide 2010 Sheltered Point in Time Homeless Count¹ (CT PIT 2010).*² Conducted by Connecticut communities in January 2010, *CT PIT 2010* represents a snapshot of persons who were staying in publicly-funded emergency shelters or transitional housing at the time of the Count. Point in Time Counts are useful for comparing trends over time, but their numbers represent only a portion of the total number of people experiencing homelessness over the course of the year. Unlike the 2009 Point in Time Count, *CT PIT 2010* did not include homeless persons living unsheltered on the streets, in cars, in abandoned buildings, or who camp outdoors. Unsheltered persons will be counted again in 2011.
- *Connecticut Homelessness Management Information System³(CT HMIS).*⁴ *CT HMIS* documents the number of people who come in contact with State-funded emergency shelters and transitional housing, as well as people who come in contact with other homeless residential assistance programs funded by the US Department of Housing and Urban Development (HUD). *CT HMIS* data provides a profile of who was served by these programs over the course of the year, revealing a more accurate picture of who is experiencing homelessness than can be understood from just one night. However, the figures do not include people who use domestic violence shelters, which are exempted from HMIS reporting for reasons of safety. They also do not include people *doubled up*, (staying with family or friends due to economic reasons), or those who are unsheltered.

Both of these sources provide important data to help us understand who is experiencing homelessness in Connecticut. While each source has limitations, efforts are underway to increase the comprehensiveness and accuracy of the data collected.

Homelessness in Connecticut. On a single night in January 2010, 3,817 people were homeless and staying in emergency shelters (n=2,314) and transitional housing (n=1,503). Over the course of the year, more than 11,675 adults and children stayed in Connecticut emergency shelters and over 2,248 adults and children utilized transitional housing programs.⁵

Figure 1 illustrates the numbers and household types of persons who were counted as homeless on a single night in January, 2010. The great majority of homeless people counted (65%) were adults without accompanying children.

Sheltered counts are always an underestimate of homelessness because they are limited by the number of beds in shelters. They do not capture the number of people turned away and those who do not seek shelter.



This year the *CT PIT 2010* count revealed a startling number of both adults and families with children who were new to homelessness⁵. Almost half – 46% (n=239) of all adults in families with children surveyed during the count – had never been homeless before; and 40% (n=993) of adults without children counted reported that this was their first homeless experience.

Almost half – 46% of all families with children surveyed during the count – had never been homeless before; and 40% of adults without children counted reported that this was their first homeless experience.

By comparison, there were some notable differences between newly homeless people and those who had experienced homelessness before. Newly homeless persons in families with children were more likely to:

- Be White; 45% (n=106) were White compared to 36% (n=103) of previously homeless families.
- Report rent problems and/or some kind of eviction as the reason they left their last place of residence; 49% (n=102) compared to 30% (n=96) of previously homeless families.
- Report leaving their residence due to violence in the home; 20% (n=41) compared to 14% (n=44) of previously homeless families
- Report having left their last place of residence due to a conflict with family or friends; 22% (n=45) compared to 10% (n=31) of previously homeless families.

Table 1. Reasons Homeless Clients Left Last Permanent Residence

	Households with Children				Households with No Children				All Households			
	Newly Homeless		Previously Homeless		Newly Homeless		Previously Homeless		Newly Homeless		Previously Homeless	
	n	%	n	%	n	%	n	%	n	%	n	%
Rent Problems	41	20	48	15	234	23	379	25	275	23	427	24
Conflict with family or friends	45	22	31	10	218	22	282	19	263	22	313	17
Went to prison or jail	4	2	61	19	121	12	197	13	125	10	258	14
Domestic Violence	41	20	44	14	66	7	78	5	107	9	122	7
Evicted, not for rent problems	10	5	12	2	59	6	107	1	69	6	119	1
Overcrowding	18	9	13	4	30	3	30	2	48	4	43	2
Went into hospital	5	2	2	1	37	4	51	3	42	3	53	3
Foreclosure of home	6	3	5	2	18	2	21	1	24	2	26	1
Other	38	18	102	32	213	21	351	23	251	21	453	25

Source: CT PIT 2010
 Note: The number of reasons exceeds number of clients because each client could select multiple reasons.

In Connecticut, adults without children use emergency shelter more often than do families. *CTPIT 2010* documented 2,493 adults without children staying in shelters or transitional housing on a single night. Most shelter users in households without children are male (69%), and most stay in shelter for less than three months. However, a significant number of single adults – around 10% – remain in shelter for six months or longer. Single adults counted in emergency shelters or transitional housing⁷ were most likely to be 40-49 years old (30%).

CTPIT 2010 found 440 families, comprised of 513 adults with 793 children, staying in shelters or transitional housing programs on a single night. Over the course of the year, more than three-thousand (3,071) adults in families and 1,579 children slept in Connecticut emergency shelters. Most homeless families (about three quarters) have a single episode of homelessness lasting less than three months; the remaining families have either multiple, short shelter stays or a few, relatively long episodes of homelessness. Families counted in emergency shelters or transitional housing were most likely to be headed by single women between the ages of 18 and 29 years old.

African-Americans are by far the group most overrepresented among homeless people, and young, single-parenting African-American women are overrepresented among homeless families.

Mental health problems and drug abuse were consistently reported as the most prevalent disability types across all populations.

African-Americans are by far
the group most overrepresented
among homeless people,
and young, single-parenting
African-American women head
most homeless families
in Connecticut.

2. Contributing Factors to Homelessness

While there are many contributing factors to homelessness, primary among these are inadequate income, unemployment and the high cost of housing. Homelessness is a lagging indicator of economic distress, so changes in the numbers and composition of homeless individuals and families are likely to continue to shift even as the economy recovers.

Often people who experience homelessness are those with multiple barriers to economic and health security and the fewest resources and support networks in the community. Common contributors to homelessness include interpersonal violence, disabling health conditions and involvement with the criminal justice system.

Inadequate Income. Numerous studies have found that homeless families typically have incomes under fifty percent of the poverty level.⁸ For a family of three, this equates to an income under \$9,200 per year. The recent economic downturn has pushed more families into poverty and many more into joblessness and economic strife.

- Over 171,000 workers were unemployed in Connecticut as of April 2010.⁹ This does not include workers who gave up looking for work or those who have only part-time jobs but want and need full-time income.
- The *long-term* unemployment rate in Connecticut (unemployed workers seeking work who have been out of work for six months or more) is the fourth highest in the country at 37% of unemployed persons.¹⁰
- The *underemployment* rate (includes the unemployed, part-time workers who want to work full-time, and discouraged workers who have stopped looking for work) is at 14% – a historic high for Connecticut.¹¹

Middle-skilled, middle-wage jobs have had the steepest losses. In Connecticut, 25% of construction jobs have disappeared since June 2007.¹² Low-wage workers continued to lose ground over the past decade, earning 7.5% less in 2008 than they did in 2001.¹³ In 2007, 19.1% of Connecticut workers did not earn enough to generate an income that meets the federal poverty threshold (\$22,050) for a family of four, the highest rate since 1998.¹⁴

Connecticut and New York lead the nation in household income inequality. Connecticut's highest-income households – the top five percent – received a quarter (24.9%) of all the income in the State. The poorest twenty percent of Connecticut households received just over 3% of all income. Research shows that income inequality has negative effects on health, opportunity and quality of life. According to statewide and national research, children who grow up in poverty have poorer health, higher rates of learning disabilities and developmental delays and poorer school achievement.¹⁵

In Connecticut, the most common source of income reported by people staying in emergency shelters during FFY 2010 (more than 30%) was Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The second most common income source was earnings from employment (over 21%). Among people who reported no income from any source, there was a slight disparity between ethnic groups. Among Hispanic/Latino emergency shelter users, over half (52%; n=403) reported having 'No Financial Resources,' whereas 45% (n=1382) non-Hispanic/Latino respondents reported a complete lack of income.

High Cost of Housing. Lack of affordable housing is the primary cause of homelessness among families in the United States and in Connecticut. This is both because there is an inadequate supply of affordable housing and because incomes are so low that families cannot pay for the housing that is available.¹⁶ When asked about the

single most important obstacle preventing their exit from homelessness, homeless people cite affordability issues, including insufficient income (30%), lack of job/employment (24%) and lack of suitable housing (11%).

Despite the economic downturn and a record number of foreclosures, Connecticut remains an expensive state to buy or rent housing. Recent years have seen more families becoming homeless or experiencing housing instability while the supply of affordable housing has decreased and a large number of households remain burdened by high housing costs. Data from the U.S. Department of Commerce, Bureau of the Census indicate that the supply of rental units in Connecticut fell between 2000 and 2009 from 463,836 to 456,817.¹⁷

People in poverty face many economic challenges and maintaining housing is among the toughest, especially in Connecticut.

The U. S. Department of Housing and Urban Development defines affordable housing as a residence for which a renter or owner need not pay more than 30% of his or her income. In 2009, 40.2% of all households nationally —36.1% of homeowners and 49.4% of renters—were paying more than 30% of their income on housing.¹⁸ In 2010, nearly three-quarters of all U.S. households with incomes below the federal poverty level spend more than 50% of monthly household income on rent.¹⁹

When housing accounts for such a significant percentage of household budgets, any financial crisis puts families at risk for housing instability. Therefore, households with severe housing cost burdens are at increased risk for homelessness. The *State of Homelessness in America* found that 80% of poor households in Connecticut are severely housing cost burdened (pay more than 50% of their income on rent). Furthermore, Connecticut is the only state in the northeast or mid-Atlantic states with this level of severity in housing cost burden. In Connecticut, this represents almost 64,000 households.²⁰

Such housing cost burdens leave almost no room for other necessities such as food, clothing, transportation, utilities and healthcare. If an unexpected problem arises, such as a job loss, medical expense or significant car repair, a household can quickly fall into financial crisis.

Far too many households in Connecticut experience a significant housing cost burden:

- In the first quarter of 2009, Connecticut had the fifth highest cost of living in the contiguous United States.
- Connecticut is the second most expensive state in the price of utilities.²¹
- In only 31 of 169 Connecticut municipalities is 10% or more of the housing stock affordable.²²
- Close to half (49%) of Connecticut's renters spend more than 30% of their income on housing costs.²³

The National Low-Income Housing Coalition found that in 2010 a family in Connecticut would have to work full-time, year-round at \$23 an hour (\$47,843 per year) to afford the fair market rent on a two-bedroom apartment. The housing cost burden wage of \$23 is thirty-five percent higher than the mean wage in Connecticut of \$17.01. A minimum wage worker in Connecticut earns an hourly wage of only \$8.25.²⁴

One result of the high cost of living in Connecticut is that residents tend to move from place to place more often. Mobility rates for urban Connecticut are between 45% and 80%.²⁵ Homelessness has a tragic tendency to reinforce itself – families that have experienced high rates of housing instability have a compromised environment for learning and earning. Students who experience high mobility have lower levels of educational achievement in math and reading.

Interpersonal Violence.²⁶ Domestic violence is a leading precursor to housing instability and homelessness among families. During *CT PIT 2010*, more than half (56%; n=291) of adults with children responded that they had 'been in a family or intimate relationship' in which they had 'been physically hurt or felt threatened' and 41% (n=213) believed that domestic violence had directly contributed to his or her current homelessness.

Survivors of interpersonal violence, particularly those with limited resources, often have to choose between living with or near their abusers or becoming homeless. Many survivors become homeless after fleeing an abusive relationship or after being evicted for reasons related to the abuse, such as police involvement or property damage. Abusers often control finances to maintain control in relationships, which means survivors may lack steady income, landlord references and good credit, all of which are necessary to find new housing. Furthermore, research shows that a lack of affordable housing and housing assistance further limits economic stability options available to survivors.

Survivors often also experience high rates of depression, post-traumatic²⁷ stress disorders (PTSD), substance use and health complications as a result of the abuse. One study found that 94% of women who had experienced physical or sexual violence, or threat of violence, experienced PTSD with scores equal to or higher than those of returning combat veterans; 83% were clinically depressed and 54% have used inpatient hospital care in the previous six months.²⁸

Family violence is a significant contributing factor to homelessness in Connecticut. Forty percent (40%) of adults in families said that domestic violence contributed to their homelessness.

Disabling Health Conditions.

Homelessness is directly associated with poor health outcomes. People living in shelters or on the streets are extremely vulnerable to health risks and have great difficulty maintaining compliance with health care treatment regimens. Many homeless people engage in 'survival sex,' share intravenous (IV) needles or engage in behaviors that put them at high risk of HIV/AIDS and other chronic illnesses.

Over two-thirds of sheltered homeless adults in the United States have a disability.²⁹ Alcohol and drug abuse and mental health problems are six to seven times higher among the homeless population than the general public³⁰, and about half of people experiencing homelessness suffer from mental health issues.³¹

Chronic and disabling medical conditions are rising among the homeless population as they are in the general population. This is expected to take on increasing prominence for homeless crisis response and health systems as the homeless population continues to age.

Mental and physical health problems are exacerbated by living on the streets and in shelters. Health conditions that require ongoing treatment — such as diabetes, HIV/AIDS, addiction and mental illness — are difficult to treat when people are living in shelter or on the streets. Medication can require special steps, including refrigeration or special storage that can be difficult to execute for people experiencing homelessness.

People living with HIV/AIDS are at a higher risk of homelessness than the general population. Of the estimated 3.5 million people who are homeless every year in the United States, as many as 3.4 % are HIV positive. This represents a rate three times higher than that of the general population. Housing is the greatest unmet need of people living with HIV/AIDS. Housing experts project that about half of all people living with HIV/AIDS will need some sort of housing assistance during the term of their illness. The federal funding response to this issue, Housing Opportunities for People with Aids (HOPWA) only serves a fraction of those in need.³²

Portraits of Homelessness in Connecticut did not examine whether being uninsured is a contributing factor in Connecticut, though the National Alliance to End Homelessness does identify it is a risk factor, especially for those with disabling health conditions.³³

Re-entry and Criminal Justice Involvement. Housing problems and homelessness are common among individuals leaving the corrections system. They tend to have limited or low incomes; and, due to their criminal history, are often unable to obtain housing through channels that are open to other low-income people. Criminal background checks are frequently employed by landlords, and these can make it challenging for formerly incarcerated people to secure housing. People re-entering the community from jails or prisons often have no other choice than to turn to emergency shelters. It is estimated that one in five people who leave prison becomes homeless soon thereafter, if not immediately.³⁴

Nationally, the number of people released from prison has increased more than three hundred fifty percent over the last 20 years.³⁵ During the same time period, the number of people who are homeless has swelled to up to 850,000 people on any given day.³⁶

Shelter use, both before incarceration and after release, is associated with an increased risk of return to prison. In a study of 50,000 individuals who were released from New York State prisons and returned to New York City between 1995 and 1998, the risk of re-incarceration increased twenty-three percent with pre-arrest shelter stay and seventeen percent with post-release shelter stay.³⁷ Many people with mental health and substance use issues cycle between homelessness and incarceration for months or years at great public expense.

3. Portraits of Homelessness and Housing Instability in Connecticut

On any single day, there are approximately 660,000 men, women and children in America who are homeless, including 3,800 in Connecticut shelters.³⁸ Representing a fraction of a percent of the population, it would seem that resolving their homelessness should be easily accomplished. Yet, homelessness is one of the most intractable problems facing communities today.

The reason is that “homeless people” are not a finite population. More than 1.6 million Americans, including 11,700 people in Connecticut, used emergency shelters at some point during the course of the year.³⁹ Three times as many people have at least one episode of homelessness during the year than those who are homeless at any given point in time. With the exception of a core of chronically homeless households, there is a tremendous fluidity of people moving into and out homelessness – some for the first time, some repeatedly over time. For most people, their stay in an emergency shelter is brief. National data show that one out of three stay less than a week; three out of five, less than a month.⁴⁰

Homelessness is a situation that people find themselves in – it is a condition, not a characteristic of the people experiencing it. Effectively addressing homelessness means facilitating the transitions of people out of this condition, preventing their return to it, and preventing people from becoming homeless in the first place. There is much work to be done. *CT PIT 2010* found a sizeable increase in the number of households reporting that they became homeless for the first time in the past year. There were also significant increases in the number of people experiencing long-term, chronic homelessness.

National studies, *CT PIT 2010* and *CT HMIS* offer valuable data that help us better understand who is most impacted by homelessness in Connecticut and the U.S. and to what degree:

Gender. Men are overrepresented among homeless adults without children both in Connecticut and the nation, whereas women are overrepresented among households that include dependent children. Nationally, 63.7% of homeless adults are men, compared to 40.5% of adults in poverty.⁴¹ In Connecticut, consistent with national findings, just under seventy percent (69%) of all adult emergency shelter users during fiscal year 2010 were male, and 31% (n=2936) were female. However, also consistent with national findings, women were overrepresented in Connecticut’s family shelters as well as in Homelessness Prevention and Rapid Re-Housing (HPRP) programs. Females comprised 67% (n=1008) of all family shelter clients, 72% (n=852) of all rapid re-housing clients among adults with children and 75% (n=1510) of all prevention clients in Connecticut during 2010.

Gender breakdown among Connecticut’s transitional housing system was dissimilar from the breakdown observed in shelters, family shelters, prevention programs and rapid re-housing programs. Within Connecticut’s transitional housing system, 55% (n=962) of adult clients were male and 46% (n=801) were female. This is most likely a consequence of the capacity of the transitional housing system where the majority of the beds are targeted to men.

Race and Ethnicity. Whites make up the majority of homeless people nationwide. African-Americans are disproportionately represented among homeless people, comprising almost 40% of the sheltered homeless population. This is more than three times their share of the U.S. population and about 1.75 times their representation of those living in poverty.⁴² In addition, young, single-parenting African-American women are over represented among homeless families. In fact, more than half of all homeless families across the nation are African-American.⁴³ Latinos of any race comprise about 20% of the homeless population.

Zoning policies, vestiges of racial segregation and racial and ethnic discrimination in housing finance, employment and education contribute to the overrepresentation of minority populations among the homeless population as well as people living in poverty.

The profile of homeless people in Connecticut is consistent with national data:

- Connecticut's emergency shelter and transitional housing clients overall were most likely to report being White (45%/52%; n=5045/1411). Most adults without children utilizing Connecticut's emergency shelters were White (54%; n=737).
- While African-Americans represent only 10.4% of the Connecticut population, 36% (n=4029) of emergency shelter clients overall reported as Black or African-American. Female single parents were most likely to be Black or African-American (41%; n=963).
- While Hispanic/Latino persons represent only 12.3% of the Connecticut population, they comprised 28% (n=3089) of all emergency shelter and 23% (n=482) of all transitional housing clients. They also tended to be younger. The most common age of Hispanic/Latino emergency shelter clients was between 18-29 years old (29%; n=677), while that of Non-Hispanic/Latino clients was 40-49 years old (31%; n=2,125).

Disabilities. Among homeless people, disabilities are more prevalent than for those living in poverty or for the US population at large. According to *CT PIT 2010*, 987 (39%) single adults and 112 (22%) adults in families reported suffering from a health condition that limits their ability to work, get around and care for themselves.

Data from *CT HMIS* during 2010 shows that mental health problems and drug abuse were consistently reported as the most prevalent disability types across all population categories. Mental health problems were reported to be the most common disability type among adults without children (26%; n=312), White clients (32%; n=195) and non-Hispanic-Latino clients (28%; n=278). Drug abuse was reported most frequently among Black or African-American clients (33%; n=191) and Hispanic/Latino clients (33%; n=129).

Among emergency shelter clients reporting drug abuse as a disability type, males are overrepresented. Males constitute 69% of the total emergency shelter population and 88% (n=339) of emergency shelter users reporting drug abuse. Females comprise 31% of all emergency shelter users in Connecticut but only 13% of those reporting drug abuse as a disability type.

While drug abuse was most common among shelter users, mental health problems were cited most frequently by Connecticut transitional housing clients. Almost a third (29%; n=382) of transitional housing clients reported mental health problems in 2010. While females comprise 46% of the overall transitional housing population, they comprise 55% (n=211) of transitional housing clients reporting a mental health problem. This may also be a function of programming at existing transitional housing, which may focus more on mental health services.

Adults without children reported higher rates of illness and disability than families with children.⁴⁴ More than one half of adults without children (54%; n=1339) reported having at one time been 'in hospital, detox or rehab for substance abuse'. Only 13% (n=67) of adults with children reported so. More than one third of adults without children surveyed in *CT PIT 2010* reported a history of hospitalization for mental health issues (38%; n=949), while only 16% (n=84) of adults with children reported this type of history. Similarly, 39% (n=987) of adults without children reported having a 'health condition that limits ability to work, get around, care for self, or otherwise take care of own needs', whereas adults with children were markedly less likely to report this kind of physical disability (22%; n=112). In fact, well over half of surveyed adults with children reported having none of the collected health issues that might contribute to homelessness. Of those adults with children, 61% (n=318) reported none of the health problems. Conversely, just under a quarter of adults without children reported having none of those health issues (23%; n=567).

Families, Children and Youth. Families with children make up about one-third (34%) of homeless households in America, according to HUD, and 84% of families experiencing homelessness are female-headed households. Many have experienced trauma and violence. Nationally, the risk of homelessness is greatest among families with the youngest children, with the highest rate among those with infants under one year of age.

- Families that experience homelessness tend to be headed by young parents and have young children. More than half of children in shelter are age five or under.
- Families experiencing homelessness are more likely than their low-income, housed counterparts to be African-American.⁴⁵
- In addition, more than one-third of homeless mothers have a chronic physical health condition.⁴⁶

Table 2 highlights major differences and similarities between homeless families in Connecticut and homeless families nationally. Housing affordability is decidedly more challenging for families in Connecticut than those in the U.S. as a whole.

	National	Connecticut*
Unable to Afford Rent	40% of adults with children reported physically inadequate housing, overcrowded housing or excessive cost burden as the reason they left their last place of residence (USICH)	74% of adults with children reported rent problems or eviction as the reason they left their last place of residence
Experienced Violence	More than 80% of homeless mothers with children had experienced domestic violence in their lifetime (USICH)	56% of adults with children had experienced interpersonal violence in their lifetime
High School Diploma, GED or Further Schooling	47% of homeless mothers (USICH)	68% of adults in families
Young Adults with Children	55% were between the ages of 18 and 30 years old (AHAR, 2008)	44% were between the ages of 18 and 29 years old
African-Americans as Percentage of Families	47.8% of family members (USICH)	42% of adults in families
Single Female Parent	84% of sheltered homeless (National Center FH)	84% of sheltered families (Source: CT HMIS)
Working While Homeless	29% of adults in families are working (National Center FH)	25% of adults in families
History of Disability or Substance Abuse	61% of sheltered adults in families have no chronic substance abuse issues and 72% of all sheltered persons have no reported severe mental illness (AHAR, 2008)	61% of adults with children reported no mental health, substance, or long-term medical issues
*Source of Connecticut data: CT PIT 2010, unless otherwise noted.		
Sources for National Data: U.S. Interagency Council on Homelessness. (USICH) Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: "Families with Children Homelessness," Author, Washington D.C.: June 2010. U.S. Department of Housing and Urban Development. "The Third Annual Homeless Assessment Report to Congress," U.S. Department of Housing and Urban Development Office of Community Planning and Development: July 2008. (AHAR 2008) The National Center on Family Homelessness. "The Characteristics and Needs of Families Experiencing Homelessness," Author: 2008 http://www.familyhomelessness.org/media/147.pdf		

Family homelessness is also usually part of a longer period of housing instability, frequent moves, doubling up in relatives' or friends' housing and economic strife.

Families are much less likely than single adults to live on the streets. Homeless families are more similar to other low-income families than to homeless single adults. Nationally, homeless families, like low-income families, have low levels of educational attainment and minimal work histories.⁴⁷

Family separations are commonly associated with homelessness. In a nationwide sample of homeless women and men, half of the women using shelter were accompanied by their children, while nearly all of the men were alone.⁴⁸ Families

may choose to voluntarily separate when facing homelessness in order to shield children from shelter or street life. Shelter policies in Connecticut and the nation also influence the composition of homeless families and households. Because of physical limitations or program issues, many shelters limit how families are able to access shelter. For example, some shelters will not admit adolescent or teenaged boys – a policy that the new HEARTH Act will repeal for shelters receiving any federal funds. Many are unable to allow two-parent families to remain intact, forcing adult males to separate from their families and find shelter elsewhere. Numerous studies document that large numbers of homeless individuals and families report children living elsewhere.⁴⁹ Notably, separation from one's family of origin is one predictor of homelessness among adults.⁵⁰

The 2009 *Annual Homeless Assessment Report to Congress (AHAR)* found that “Not only did family homelessness continue to increase [nationally] between 2008 and 2009, it also seems to have become more severe in the sense that it took the typical family longer to leave shelter.”

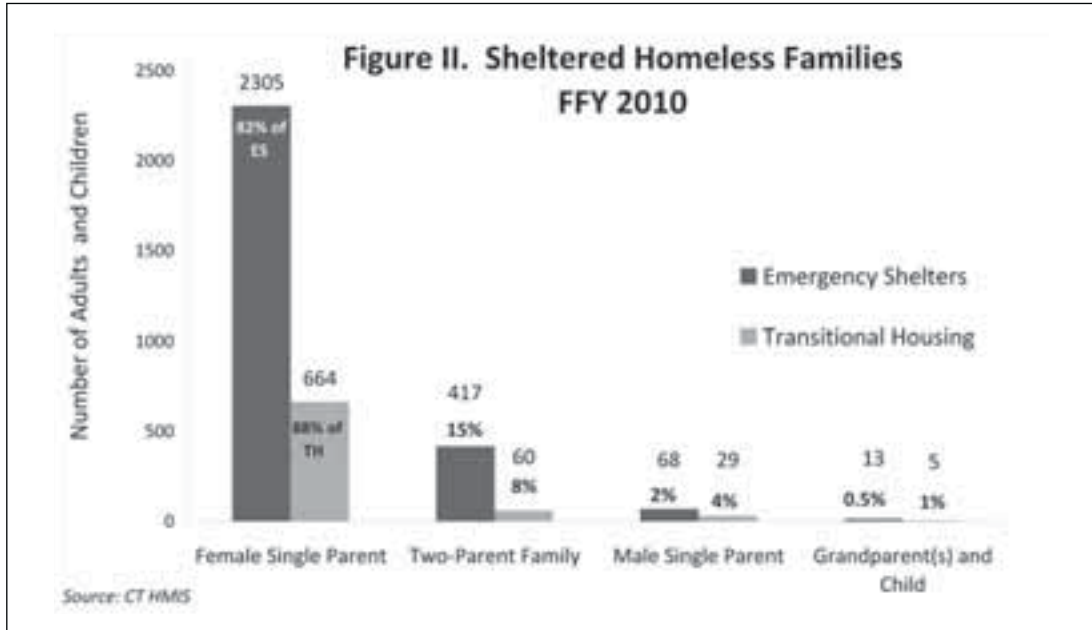
The National Alliance to End Homelessness (NAEH) estimates that for every literally homeless family, five more may be doubled up.⁵¹ These families are all at great risk of homelessness. The national doubled up population increased by twelve percent to more than six million people between 2008 and 2009. Staying with family or friends is the most common living situation prior to entering shelter. NAEH found that the number of those doubled up in Connecticut increased by ten percent between 2008 and 2009. *It is estimated that almost 40,000 people are doubled up in Connecticut alone.*⁵²

Family Homelessness in Connecticut. Over the past year, more than three thousand adults in families (3,071) and 1,579 children slept in Connecticut emergency shelters. Transitional housing programs served 358 adults in families and 416 children during the year. *CT PIT 2010* found 440 families comprised of 513 adults with 793 children on that one day alone.

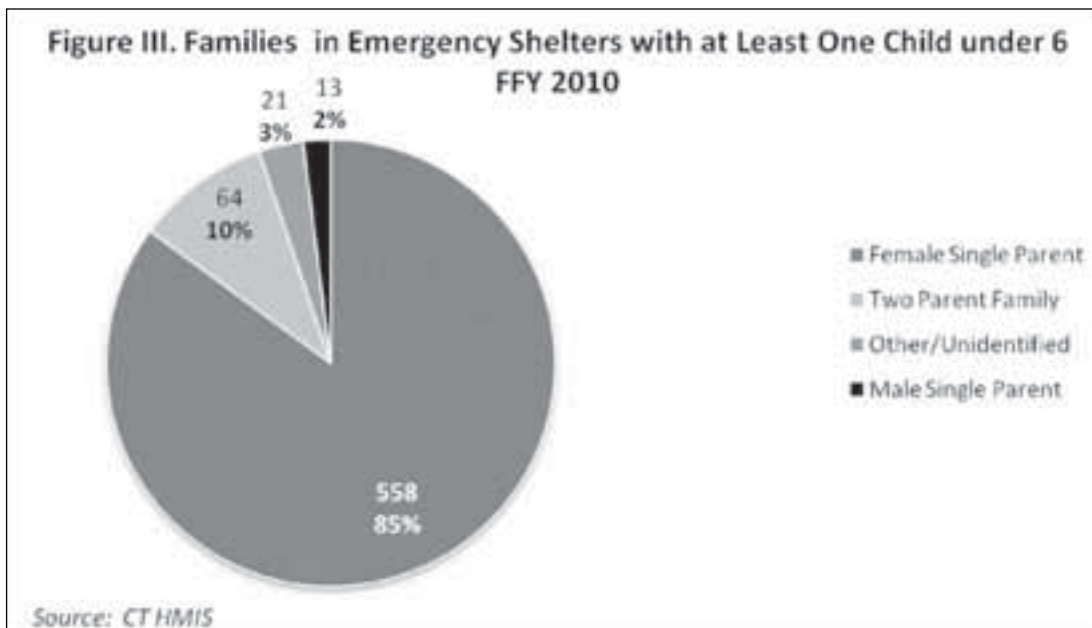
Currently, the most reliable and consistent data Connecticut has on families with children come from the annual statewide Point in Time Count, which occurs in the last week of January each year. *CT PIT 2010* shows that families with children tend to report shorter episodes of housing instability compared to households without children and single adults. A third of adults with children reported one to two years since last having a permanent place to call home (32%; n=167). Their counterparts without children reported even longer periods without a permanent residence. More than half (56%; n=1383) had been without a permanent place to live for one year or longer and over a quarter (27%; n=671) had been homeless for more than three years.

Single female parents in Connecticut emergency shelters were typically quite young. The majority of adults in families with children were only 18-29 years old (55%; n=542). Eighty-five percent (85%) were under the age of 40. Most identified themselves as Black or African-American (41%; n=963), and 32% (n=749) reported themselves as White. Forty percent (40%; n= 920) identified as Hispanic/Latina.

Close to half of all adults with children had just one child with them on the night of the Count (43%; n=226). The vast majority of these mostly young women with children surveyed during *CT PIT 2010* responded that a spouse, partner or significant other did not accompany them (85%).



People in households with children comprised 40% (n=4650) of all emergency shelter users in Connecticut over the course of the year, according to 2010 data from *CT HMIS*.⁵³ Sadly, children constituted the largest portion of people in this group, as they represented 52% (n=1579) of all members in these families. As Figure II illustrates, the great majority of homeless families in Connecticut using shelters or transitional housing programs were headed by a single female parent (84%).



Of the households with children utilizing Connecticut emergency shelters, most (85%) included at least one child under the age of six and are part of a household headed by a female single parent. Children younger than six represented 60% of all children residing in Connecticut emergency shelters during 2010.

Within transitional housing, families with children comprised 36% (n=800) of all transitional housing users. Female single parents are even more prevalent in the Connecticut transitional housing system than in emergency shelters. Female single parents comprised 86% (n=308) of adults with children entering transitional programs during 2010. Again, since transitional housing programs have limitations both on entry requirements and in physical accommodations, the prevalence of single parent households may be an artifact of program requirements as much as prevalence in the community.



Homeless Families in Connecticut Work and Have Income. A quarter of adults in families with children were working at the time of *CT PIT 2010* (25%; n=132). The great majority of adults with children (80%; n=416) reported having some source of income. The most common source of income in this group was work, with almost one-third (29%; n=355) of the population reporting employment income. Social Security/Disability was the second most commonly reported source of income among the adults with children (26%; n=327).

No Financial Resources	3879	45%
SSI/SSDI	1374	29%
Earned/Employed Income	1036	22%
SAGA (DSS)	931	20%
Unemployment Insurance	499	11%
TANF	307	6%
Child Support	111	2%
<i>Source: CT HMIS 2010</i>		
<i>Note: Client could choose more than one income source</i>		

While about a third of homeless parents in Connecticut and the U.S. are working, they cannot meet their basic needs. Many, if not most, are working less than full-time; and almost none are able to secure what would be considered a 'living wage.' Most rely on government assistance to meet their basic needs.

Homeless families headed by single women are less likely to have income from employment. Only 13% (n=157) of the female single parents who stayed in Connecticut's emergency shelters during FFY 2010 reported receiving income from earnings or employment. The most common income source among reporting female single parents was Temporary Assistance for Needy Families (TANF) (31%; n=240). Since these benefits are subject to a time limitation, these households are at risk of having no income once the benefit period expires. More than one-third of female single parents in Connecticut's emergency shelters claimed to have no financial resources whatsoever (36%; n=437).

Adults with children in Connecticut served by the Homelessness Prevention and Rapid Re-Housing Program (HPRP) were much more likely to report having an income than adults utilizing family shelters in the state. While only 7% of HPRP clients reported having no income, 21% of clients in family shelters had no financial resources. To some extent, HPRP program requirements tend to favor assistance to those with some income. For both prevention and re-housing efforts, HPRP grantees are expected to provide assurances that the assistance provided will be sufficient to end or prevent homelessness for the family. Therefore, the program is more likely to serve persons with some income than homeless shelters.

Homeless parents
in Connecticut are
relatively
well educated.

Nationally, only half of parents in families that experience homelessness have a high school diploma or a GED, while in Connecticut, *CT PIT 2010* found that 68% (n=352) of sheltered adults with children had earned a high school diploma, equivalency degree, or gone on to higher education or technical schooling.

HPRP programs typically served family clients with a higher level of education than the Connecticut family shelters. Over 80% of HPRP clients had earned a high school diploma or equivalency degree.

Children. According to HUD, roughly 325,000 American children lived at least part of the year in a homeless shelter in 2009, an increase of twelve percent since 2007. The U.S. Department of Education reports that two to three times as many children were homeless when including those living temporarily in hotels or motels, doubled up with other families, or on the street as well as those in shelters.⁵⁴

Homeless children tend to move more often, have trouble forming attachments and experience more health problems as well as academic challenges than their housed counterparts. Nearly 70% of homeless infants, toddlers and preschoolers have chronic illnesses according to the National Center on Family Homelessness. Among other impacts:

- Homeless children get sick four times more often than non-homeless children; half of homeless children are sick more than once a month.⁵⁵
- Both housing instability and homelessness are associated with cognitive, emotional and behavioral problems among children.⁵⁶
- Homeless mothers and children experience decreased school and work performance and attendance.

In the 2008-2009 school year, 954,914 homeless children and youth nationally were enrolled in public schools. This is a twenty percent increase from the 2007-2008 school year and a forty-one percent increase from the 2006-2007 school year. Note that not all school districts reported data to the U.S. Department of Education, and the data collected represent only those children identified and enrolled in school. The number does not include all preschool-age children, or any infants and toddlers, so it is thought to be an underestimate.⁵⁷

According to the Connecticut Department of Education, 2,387 homeless children and youth attended Connecticut public school during the 2008-2009 academic year. Of this number, 1,171 students were identified as living in doubled up housing situations with family or friends, 181 living in hotels or motels, and 15 students were identified as sleeping in locations not fit for human habitation. These numbers are likely a significant undercount of real student housing situations, as student homelessness is often underreported. This may be due to a number of reasons, including the possibility that students conceal their homelessness due to stigma as well as limited resources for homeless student liaisons. Connecticut saw a twenty-one percent increase in reports of homelessness among students enrolled in the 2006-2007 and 2008-2009 school years.⁵⁸ It is unclear how much of the increase is due to better data collection, the economic downturn or other factors.

Most students experiencing homelessness share housing with others temporarily, or stay in motels or other short-term facilities. These situations are precarious, damaging, crowded, unstable and often unsafe, leading to extraordinary rates of mobility. According to the most recent federal data, of the children and youth identified as

homeless and enrolled in public schools in the 2007-2008 school year, only 22% lived in shelters. Most (65%) lived doubled up with other family members or friends, 7% lived in motels, and the remainder lived in unsheltered locations.⁵⁹

Youth. Regardless of their pathways into homelessness, homeless youth in America share many characteristics and experience similar problems to those of homeless adults. Homeless youth often have a history of academic and school behavior problems, come from low-income communities, and are at risk for a variety of mental health problems, including mood disorders, suicide attempts and post traumatic stress disorder. Most cite family conflict as a significant contributor to their homelessness. Homeless youth and young adults are also at higher risk for physical abuse, sexual exploitation, mental health disabilities, chemical or alcohol dependency and death.⁶⁰

The Runaway and Homeless Youth Act (RHYA) defines homeless youth as individuals who are “*not more than 21 years of age ... for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.*”⁶¹ Implicit in this definition is that homeless youth are not accompanied by a parent or guardian.⁶² The McKinney-Vento Homeless Assistance Act, which addresses the education of homeless children, provides a different definition. According to Subtitle B of Title VII of that legislation, youth are homeless if they “*lack a fixed, regular, and adequate nighttime residence.*” In contrast to the RHYA, McKinney-Vento applies not only to unaccompanied youth but also to those who are homeless or doubled up with their families.

Like homeless adults, a disproportionate segment of homeless youth reports a history of out-of-home care placement. The percentage who report being placed in foster care or an institutional setting varies across studies, but estimates range between 21% and 53%.⁶³ Anywhere from 15% to 39% of homeless adults have lived in foster care as children, compared to much lower rates for low-income individuals.⁶⁴ Youth who “age out” of foster care are expected to live independently once they leave the child welfare system but often lack the financial, social and personal resources needed to succeed. African-American children comprise over one-third (35%) of the foster care population in the United States.⁶⁵ The National Alliance to End Homelessness estimates more than 400 Connecticut youth aged out of foster care each year in recent years.⁶⁶

A significant percentage of homeless youth are pregnant or parenting. Research suggests that approximately 10% of both street and shelter female youth are currently pregnant.⁶⁷ The high rates of pregnancy in this population may reflect the fact that many homeless youth engage in risky behaviors, including sex at an early age, survival sex and inconsistent use of birth control.

Two sub-populations of youth particularly vulnerable to housing instability and homelessness are those with criminal justice involvement and lesbian, gay, bisexual and transgender youth (LGBT). LGBT youth comprise 6% of the homeless youth population according to the National Network of Runaway and Youth Services (other prevalence estimates range from 11% to 35%⁶⁸). Compared to heterosexual homeless youth, LGBT homeless youth leave home more frequently and are exposed to greater victimization while on the streets, as well as physical and sexual abuse from caretakers.⁶⁹

The National Alliance to End Homelessness states that there is a vast undercount of the number of young people experiencing homelessness.⁷⁰ Data on homeless Connecticut youth, as in the national arena, are sparse. Data from *CTHMIS* for 2010 found a total of 1,312 emergency shelter users between the ages of 18 and 24⁷¹ over the course of the year. Half of these were males (49%; n=649) who were without children, White (48%, n=312), non-Hispanic/Latino and very likely to report having no income whatsoever. More than half of the females were single parents (54%; n=315) and equally likely to report themselves either Black/African-American (41%; n=274) or White (40%; n=262). A third of Connecticut youth served by emergency shelters were Hispanic/Latino (32%; n=412).

Economic Reasons	556	71%
Conflict with Family or Friends	258	42%
Interpersonal Violence	126	16%
<i>Source: CT PIT 2010</i>		

The vast majority of Connecticut homeless youth cited economic reasons for their homelessness (71%; n= 556). The percentage of youth stating that interpersonal violence was the cause of homelessness (16%) may understate the extent to which this population has experienced violence. *CT PIT 2010* asked respondents between the ages of 18 and 24 if they had ever experienced any form of interpersonal violence at any point in their lives – 58% (n=105) of females and 42% (n=77) of males reported that they had. Almost half of all Connecticut homeless youth reported leaving their last permanent residence due to a conflict with or eviction by family or friends (42%; n= 258).

Chronic Homelessness. Chronically homeless individuals are those who experience repeat episodes of homelessness or episodes of long duration. Although chronically homeless individuals represent a small share of the overall homeless population, they use more than half of all services. Many chronically homeless individuals have significant barriers to housing stability which may range from limited income to chronic disabling conditions or former criminal justice involvement. They often cycle between homelessness, hospitals, jails and other institutional care and commonly have complex medical problems, serious mental illness and/or alcohol or drug addiction.

The federal definition of chronic homelessness was expanded in 2010 to include families. By HUD's definition, a chronically homeless household is "an unaccompanied homeless individual (18 or older) with a disabling condition or a family with at least one adult member (18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years."⁷²

The most recent national point-in-time counts found 111,000 chronically homeless individuals. Six out of ten were unsheltered. Nationally, the number of Americans experiencing chronic homelessness declined dramatically from four years earlier, mostly attributed to an increase in the amount of permanent supportive housing. Between 2006 and 2009, the number of permanent supportive housing units rose by 43,000, while the number of chronically homeless individuals declined by 45,000.

CT PIT 2010 counted 625 sheltered adults in emergency shelters experiencing chronic homelessness (unsheltered persons, who typically comprise the majority of chronically homeless adults, will be counted again in 2011). Almost half of all single individuals were found to be chronically homeless (36%; n=595), while only 10% (n=28) of adults in families were chronically homeless. Despite efforts to address chronic homelessness with the creation of permanent supportive housing, the rate of those experiencing chronic homelessness remains flat.

Veterans. Veterans have long-represented a sizable percentage of the homeless population – approximately one-fifth of all homeless people in the nation.⁷³ Veterans who end up homeless often return from conflict with post-war challenges that can inhibit their re-entry into civilian culture. These include emotional trauma, mental illness, physical injuries and addictions.

Many studies now indicate that female veterans have a higher risk of homelessness than their male counterparts. This may be due to a number of reasons, including higher incidence of sexual assault and victimization, which is linked to higher rates of post-traumatic stress disorder. Female veterans also have lower incomes and are more likely to have children.

- Nationwide, approximately 107,000 veterans were homeless in America on the night of the 2009 Point in Time Count. Many more than this number struggle with rent burdens.
- In Connecticut, about 13% of sheltered homeless adults had served in the military (n = 398), according to *CT PIT 2010*.

Chronically homeless individuals experience repeat or extended episodes of homelessness. Although they represent a small share of the overall homeless population, they use expensive state services, often cycling between homelessness, hospitals, jails and other institutional care with disabling health conditions.

4. The Crisis Response System in Connecticut

During the 1980s, dramatic cuts to federal assistance programs combined with stagnant wages and rising housing costs sent many into homelessness. The federal government cut subsidized and public-housing programs from \$32 billion to \$7.5 billion during this same period.⁷⁴ In addition, deinstitutionalization from mental health hospitals and the criminal justice system increased special needs among the homeless.

Connecticut's first emergency shelters were created to serve as temporary safe harbors for increasing numbers of deinstitutionalized people and others turning up on Connecticut's streets. In city after city, people died in the cold. Faith communities and social service organizations mobilized, and cots and mattresses turned up in church basements, firehouse floors and town-owned property all over Connecticut. More and more communities were pressed to create new emergency shelters in response to the mounting crisis. By 2010, there were 2,024 emergency shelter beds and 1,472 transitional housing beds across Connecticut. Some programs present the shelter bed counts as units, where a family either shares an apartment or occupies a room in a shelter or house. There are 472 such units included in the emergency shelter system and 215 transitional housing units in Connecticut.

In 2009, Congress re-authorized the 25 year-old McKinney-Vento Homeless Assistance Act through the Homeless Emergency and Rapid Transition to Housing Act (HEARTH). This was followed in 2010 by the issuance of the first Federal strategic plan to end homelessness, *Opening Doors*, by the U.S. Interagency Council on Homelessness. Both HEARTH and *Opening Doors* challenge states and localities to view homeless services through a new lens and to re-organize the delivery of homeless services. These re-organized services would place greater emphasis on the prevention of homelessness and on moving individuals and families out of shelters as quickly as possible and supporting their transition to stable housing. Connecticut communities have already field tested a variety of programs aimed at accomplishing these goals, including implementation of the 3 year HPRP program launched in 2009.

An overview of the basic elements of Connecticut's current homeless service system is provided below. Recommendations on retooling the system are provided in the next section.

Street Outreach. Street outreach workers build trusting relationships with homeless individuals living on the streets that gradually lead to their acceptance and openness to seeking help. Street outreach is an essential component in addressing chronic homelessness. In Connecticut, as in other states, a large number of homeless individuals who sleep outside suffer from severe mental illness and/or substance abuse disorders. The 2009 Point in Time Count reported that 35% (n=172) of unsheltered adults without children reported having been previously hospitalized for mental health issues; almost half (48%; n= 235) felt that they needed help with an existing substance use issue.

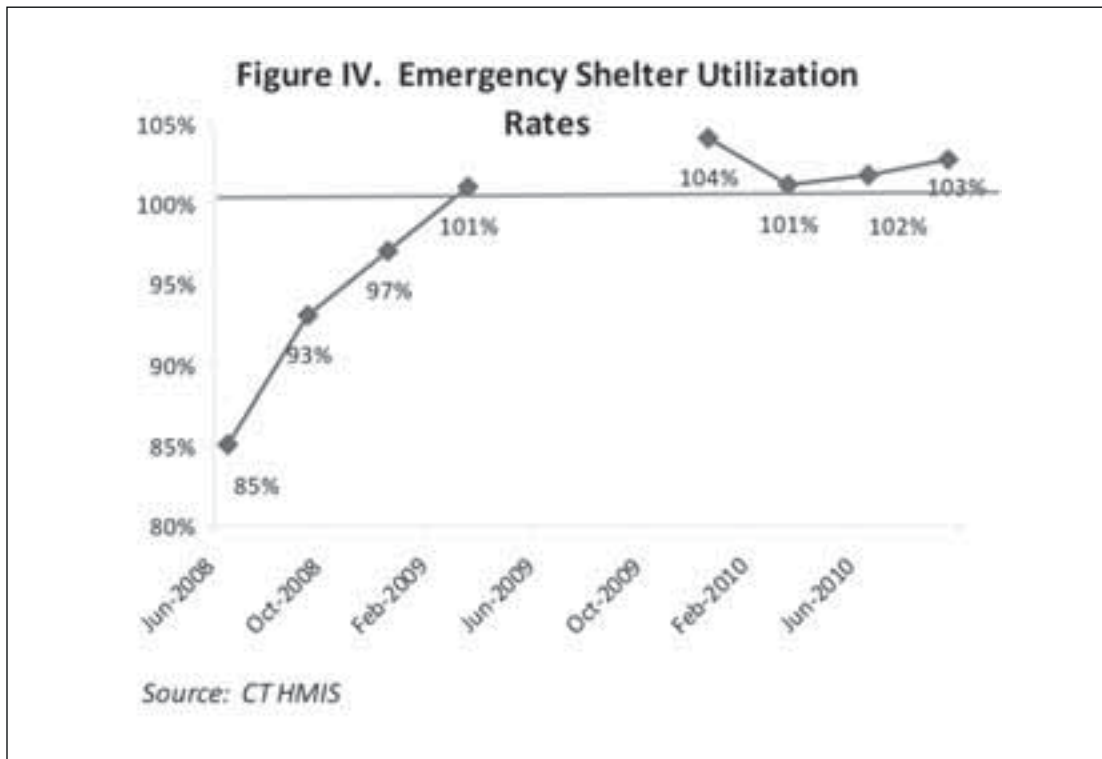
Connecticut's homeless outreach programs have various levels of funding and composition depending upon the community. Some communities host interdisciplinary outreach teams, which include mobile mental health, healthcare and case management support. Other efforts provide food and bedding along with gradual engagement to encourage homeless people to "come in" to receive shelter, treatment and other services. In Greater Hartford, the organization leading the Ten Year Plan to End Homelessness, Journey Home, is pursuing an aggressive outreach strategy. In early 2010, Journey Home led an effort to survey and assess street homeless and chronically homeless people for health vulnerabilities. It is also working with providers to create a universal supportive housing application that would create one referral list for supportive housing opportunities in the area, and through their *Moving On* initiative assure that the most vulnerable are housed.

The Connecticut Department of Mental Health and Addiction Services (DMHAS) uses federal grant money to contract with 15 organizations to provide homeless outreach services. DMHAS also provides state funds for outreach services in conjunction with federally-funded programs. Currently, many outreach and engagement programs lack formal connections and shared outcomes planning with the shelter system or supportive housing programs. Expansion and alignment of these street outreach programs will be essential elements of a well-coordinated crisis response to homelessness in Connecticut.

Emergency Shelters. In Connecticut, the epicenter of the homeless crisis response system is a matrix of shelter programs. In many cases they have differing admission criteria, services, length of stay policies and philosophies. Some emergency shelters are located in buildings with separate living quarters for families and individuals. Others have different buildings for different populations. Seasonal overflow shelters also operate in several cities and towns.

Today, Connecticut is home to more than 24 emergency shelters for homeless individuals, 10 for homeless families and 18 that serve a mixed population of both families and individuals.

Around the nation, many states, counties and jurisdictions provide full funding to emergency shelter systems that guarantee shelter upon request. Connecticut's shelters are primarily privately-operated; most receive only partial funding from government, usually through the Connecticut Department of Social Services. Connecticut does not guarantee shelter upon request. *Over the past year, most Connecticut shelters have operated above capacity.*



Connecticut’s state-funded emergency shelters provide more than 2,189 beds per night, funded through \$5.8 million in state funding. Many of the larger single adult shelters provide simple overnight shelter, food, showers, case management and referral services. Others offer an array of services including intensive clinical, education and employment counseling. Philosophies and length of stay limits vary among shelters. Many in-shelter services were developed out of necessity when mainstream and community-based organizations failed to sufficiently meet the complex needs of homeless individuals. In many cases, emergency shelters have adopted a framework for safety and crisis intervention aligned with external and private partners to assure that homeless individuals leave shelter with connections to housing and supports that will help them live independently.

Some shelters exclude those who have consumed alcohol or drugs immediately before entering, even administering breathalyzer tests to assess levels of intoxication before admitting shelter seekers. Others tolerate varying levels of substance abuse, screening out individuals whose behavior may endanger others or themselves in order to maximize engagement with homeless individuals and address broader public health and safety. To protect children’s well-being, family shelters exclude intoxicated individuals and typically have more stringent behavioral rules.

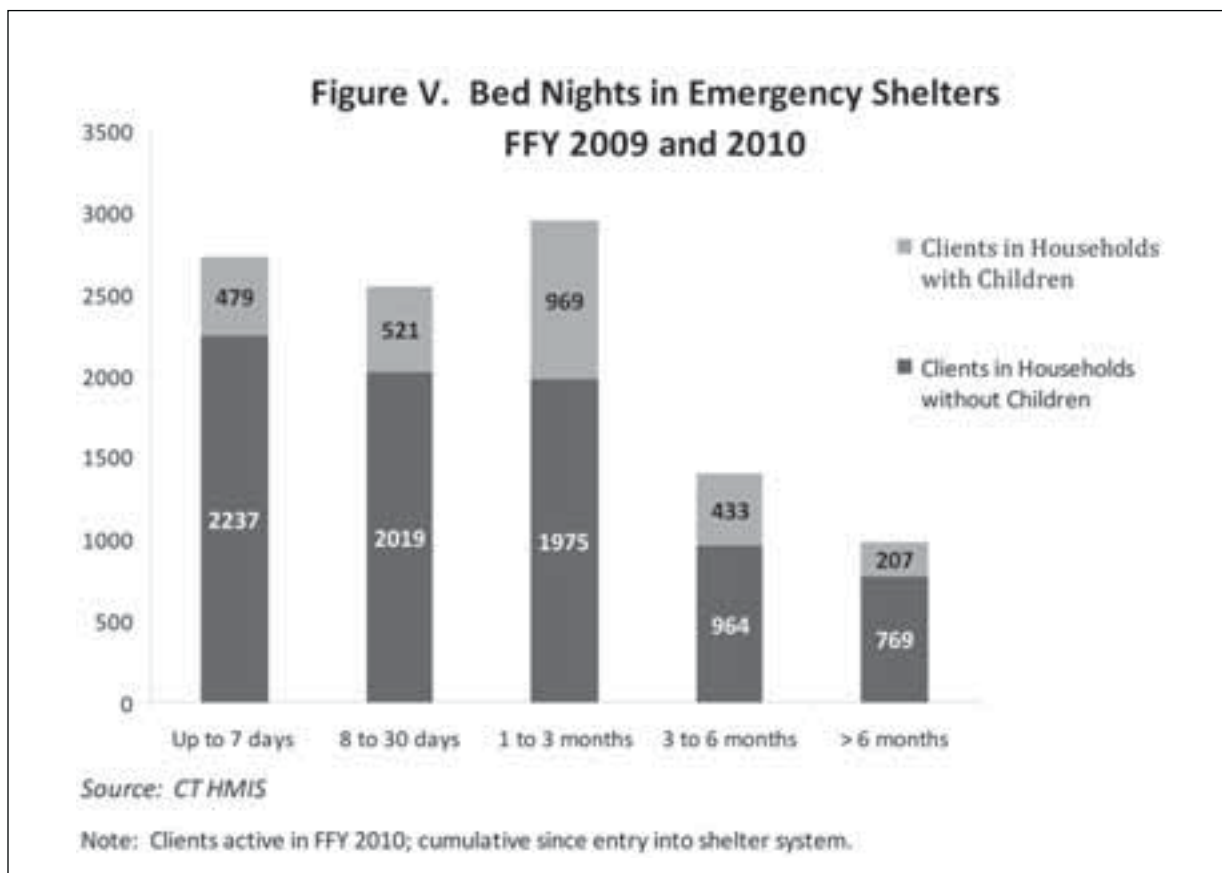


Figure V compares total number of nights in shelter by adults with and without children. Over the course of the year, 1,733 adults without children and 640 people in families - including more than 300 children - stayed for more than three months of shelter nights (the nights were not necessarily consecutive).

Domestic Violence Shelters. The domestic violence (DV) shelter system, part of Connecticut's crisis response system and funded through Connecticut Department of Social Services (DSS), is operated separately from emergency shelters, primarily taking referrals from domestic violence hot lines, local police and other service providers. The eighteen DSS-funded DV shelters provide 226 beds per year, representing over 51,000 bed nights. Much like the emergency shelter system, additional services in DV shelters have evolved over time. All of Connecticut's DV shelters maintain a 60 day length of stay policy. Flexibility around longer stays differs from program to program. Currently, DSS funds DV shelters at a total of \$5.2 million (SFY 2011). Connecticut's DV shelter system served more than 1,100 women and almost as many children in SFY 09.

Transitional Housing Programs. Transitional housing programs are intended to facilitate the movement of homeless individuals and families to permanent housing within 24 months. HUD first began funding transitional housing in the late 1980s, providing a fairly flexible mix of site acquisition and rehabilitation, leasing and operations and supportive services funds to non-profits through the McKinney-Vento Homeless Assistance Act. There are more than 34,000 units of transitional housing for families in the U.S.⁷⁵ More than 2,248 adults and children utilized transitional housing programs in 2010.

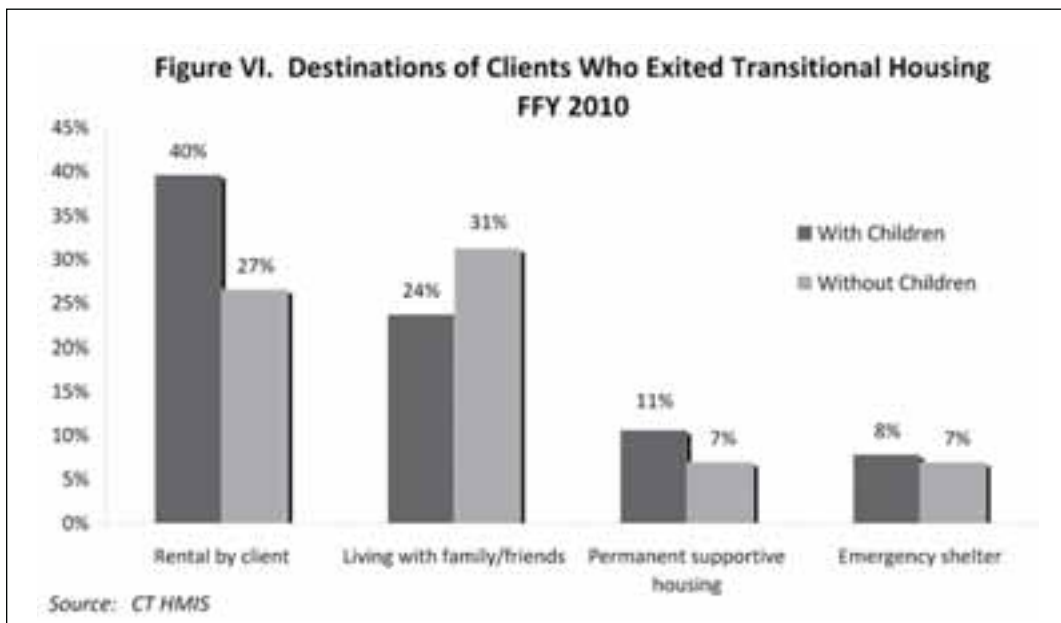
Connecticut's homeless service system includes 75 transitional housing programs, 13 specifically for families, 47 for single adults and 15 for mixed populations. In Connecticut, transitional housing programs receive significantly more state and federal funding—a combined \$8,828,928 as compared to their emergency shelter counterparts. There are three types of transitional housing programs. "Project based" programs are in a single building or connected buildings. "Tenant based" programs operate through scattered apartments or buildings within a community or region. In the newest model, "transition in place," the services transition away but the client stays in the housing, eventually assuming the lease as the transitional housing unit becomes their permanent home.⁷⁶

Like Connecticut's emergency shelters, the State's transitional housing programs have developed along several different service models according to agency philosophy, needs at the time of program development, local gaps in services and funding availability. Some transitional programs provide fairly basic shelter and supportive services but with a longer length of stay and more private living quarters. Others replicate community-based residential treatment, offering on-site behavioral health services or intensive educational, life skills and even employment training. Like their emergency shelter counterparts, creative service providers established these programs to deliver what mainstream service systems failed to: residential stability and intensive support services to help people as they recover from addiction or mental health crisis or re-enter the community after a period of incarceration or hospitalization. Some transitional housing programs, primarily transition in place models, operate within a framework similar to the emerging medium term rental assistance and services model now funded through HPRP.

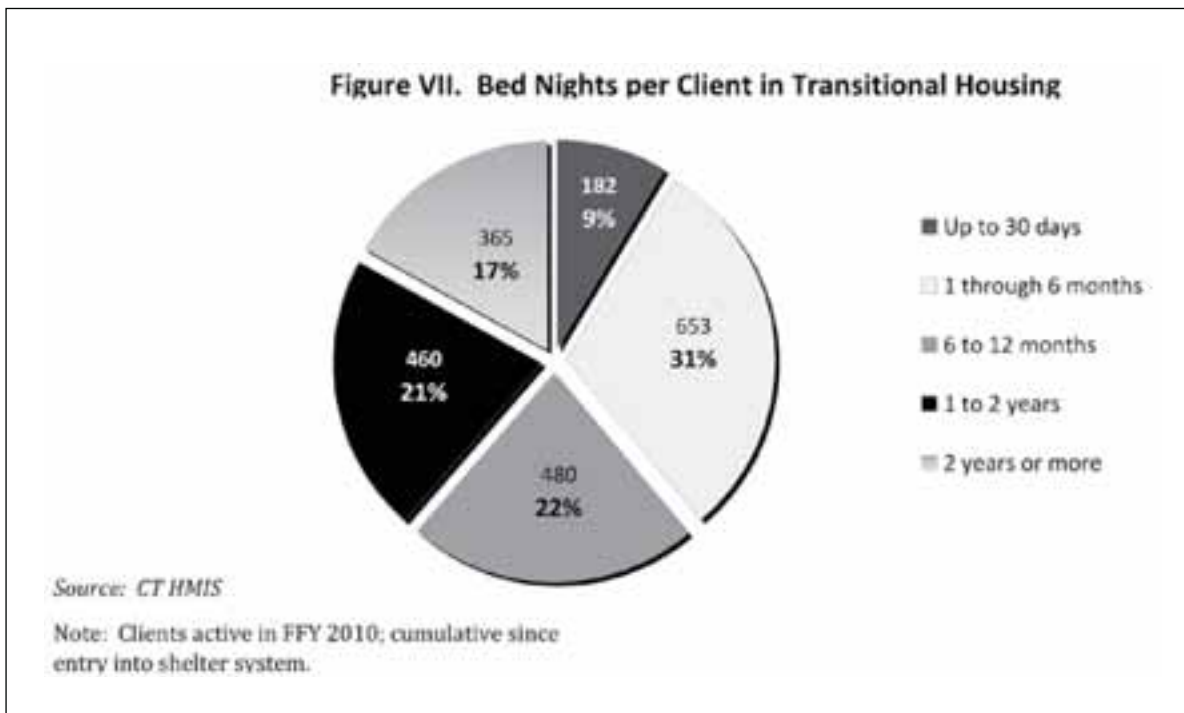
Transitional housing costs no less than similar supportive housing models and typically more than rapid re-housing programs. The success of permanent supportive housing has caused many to re-examine transitional housing's role within the homeless response system. A number of jurisdictions are considering the conversion of traditional transitional programs to transition in place models or to permanent supportive housing.

Converting Transitional Housing to Housing First Models. The Chicago, Illinois Continuum of Care first began converting their transitional housing programs in 2004 by identifying three acceptable homeless assistance and housing types: permanent supportive housing, transition in place housing (scattered site only) and interim housing, which was essentially emergency shelter with a Housing First approach to delivering services. Over a period of several years all of Chicago’s transitional housing programs converted to become one of these three models, depending upon funding feasibility, facility and agency preference.

Many however, including those who have lived in transitional housing, believe that the model provides an important opportunity to gain needed skills and time to address major barriers to independence in an environment that provides residential stability and support. As Connecticut Continuum of Care assess HUD homeless assistance resources, existing transitional housing programs will need to be examined in terms of long-term housing stability.



Almost a third of all clients exiting Connecticut’s transitional housing programs in 2010 entered their own private rental housing (30%; n=304). Households with children were more likely than households without children to exit to private rental housing. Households without children were more likely to leave transitional housing programs to go live with family and friends.



Not surprisingly, households spent longer times in transitional housing than in emergency shelter. Less than 10% remain for a month or less (which is generally an unsuccessful outcome in transitional housing), and nearly 40% remain for periods in excess of one year.

Prevention and Rapid Re-housing. Emerging research and best practices have spurred federal and state investments in programs that target homeless people or those at imminent risk of homelessness for new, housing-based interventions. In a number of jurisdictions that have implemented prevention and rapid-re-housing programs, results have been so promising that Congress has added permanent funding under the HEARTH Act which will require grantees to continue these interventions.

Prevention activities avert shelter stays. Prevention efforts include a wide range of activities: mediation services that help families negotiate with their landlord, financial assistance to help families pay for back rent or utilities, budgeting and credit counseling and emergency assistance in food, clothing and transportation vouchers. Prevention can also involve helping families move directly from a doubled up situation or a finalized eviction into housing of their own, without ever having to subject their children to homelessness.

Rapid re-housing approaches are designed to help families transition more rapidly out of the shelter system. These include crisis intervention, re-housing as quickly as possible, follow-up case management and housing support services to prevent the reoccurrence of homelessness. What differentiates this approach from shelter or transitional housing is that there is an immediate and primary focus on helping families quickly access and then sustain permanent housing. Rapid re-housing programs typically provide short-term rental assistance coupled with case management that concentrates on stabilizing the family and linking it with a community-based support system.

In Connecticut, three programs, two of which are funded by the state, have begun to align Connecticut's crisis response system with housing-based prevention and rapid re-housing.

- *Housing First for Families.* The Housing First for Families Program provides housing-based interventions for families with children who are served by Connecticut's emergency or domestic violence shelters or who are within 30 days of discharge from a transitional housing facility for homeless families. The program is designed to help families find housing and re-house families who are targeted for reunification with their dependent child upon placement in housing.
- *Beyond Shelter Connecticut.* Beyond Shelter is a rapid re-housing program that prevents the recurrence of homelessness by providing up to one year of coordinated follow-up services to households transitioning from homelessness to private or subsidized housing. Services provided may include: education on landlord/tenant rights and responsibilities; life skills workshops on issues such as parenting and money management; assistance procuring food and furniture; as well as support in securing mental health and substance abuse treatment services. Currently, there are twelve Beyond Shelter programs in Connecticut.
- *Homelessness Prevention and Rapid Re-housing Program (HPRP).* As a part of the American Recovery and Reinvestment Act (ARRA), HUD distributed just over \$17 million to five Connecticut municipalities and the State of Connecticut for HPRP. The state awarded \$10.8 million of these funds to six regional grantees. HPRP is a three-year program launched in October 2009.

HPRP funds provide financial assistance and services to prevent individuals and families from becoming homeless or to re-house and stabilize those who have become homeless. With HPRP, Connecticut is attempting to create lasting change by implementing a housing-based (versus shelter-based) intervention for people facing housing instability. Connecticut HPRP serves individuals or families that are homeless or at risk of homelessness. Allowable financial assistance from the program includes temporary rental assistance, up to six months of back rent and security and utility deposits

According to United Way of Connecticut, the statewide 2-1-1 system, which has provided universal screening services for HPRP, received 47,583 requests for housing or shelter services during the program's first year (October 1, 2009 – September 30, 2010).

Connecticut HPRP programs served a total of 6,056 persons in 2,793 households during the year.⁷⁷ Statewide, 1,244 persons in 682 households considered literally homeless received rapid re-housing services. A total of 4,855 persons in 2,177 households received prevention services. Households receiving HPRP services included 2,193 children.

While the long-term housing outcomes for low-income families will not be established until more time has elapsed, it is already clear that for families who were re-housed from shelter, stability will be fragile without continued subsidy. Preliminary outcome data from HPRP shows that the majority of households assisted by HPRP exited the program paying more than 30% of their income in rent, with at least 34% paying more than half of their earnings each month for housing and more than 35% paying between 30-50% of their monthly income on rent. Thirty-seven percent (37%) of families who exited rapid re-housing services were paying more than half of their income on rent.

So far, most HPRP clients received assistance for very brief periods of time. One-time or very brief service engagements were prevalent in this first year of the HPRP program, particularly among households receiving

prevention services. For example, in one community the average length of prevention assistance was 2.5 months with a median of 21 days between program entry and exit. Rapid re-housing services in that same region averaged 178 days.

What little is known about income gains among HPRP clients who were unemployed at entry is not encouraging. HMIS data show that the majority of HPRP clients did not become employed while in the program. Individuals receiving rapid re-housing services showed only a 14.5% success rate in gaining employment, and only 7% of unemployed single individuals receiving prevention services reported gain in employment before exiting.

HPRP officially began for most communities on October 1, 2009, within months of passage of ARRA. Early struggles in establishing protocol for some programs, data collection on HMIS, and workflows are still being resolved and refined. Because of the lightning-fast ARRA implementation, there was little time to focus on how Connecticut could make the biggest impact on homelessness with the program in its earlier months. Practices such as screening, client flows and targeting to maximize HPRP's effectiveness in reducing homelessness are continually being refined.

HPRP Targeting. When HPRP was launched, HUD described it as assistance that should be directed to those who would be homeless 'but for' the assistance, while at the same time communicated that the assistance was meant for clients who can remain stably housed after the assistance ends. Without any requirements to consider additional risk criteria to make that determination, many communities, providers and staff both nationally and in Connecticut were left to determine how to interpret these definitions on their own.

In Connecticut, screening by HPRP programs largely centered on basic eligibility criteria: clients should have incomes fifty percent or below area median income, no subsequent housing options identified and lack financial resources or support networks to obtain immediate housing or retain existing housing. On the front line, implementation of these primary criteria resulted in an overwhelming number of referrals from 2-1-1 and other community providers because of the extremely high number of people who fit the profile.

In an effort to maximize funds for the myriad of potential HPRP clients, most providers have remained selective and careful with administration of rental assistance. For rapid re-housing, a large portion of funding has been spent on security deposits only. Common concerns regarding the sustainability of households served through the temporary HPRP program has prompted many of Connecticut's HPRP providers to exclude households without some form of income. A number of programs will only accept households with income from employment or who are currently receiving unemployment insurance.

Still, HPRP has assisted many families and individuals in Connecticut who indeed would have been either literally homeless, or at the very least would have languished in shelter before the program was available.

5. Solutions and Recommendations to Prevent and End Homelessness in Connecticut

Effectively addressing homelessness means helping people to transition out of a homeless situation, preventing their return to homelessness, and preventing people from becoming homeless in the first place. Because adults, youths and families have varying needs and become homeless for different reasons, there is no single intervention that will work for everyone. Despite this, there are identified interventions that have been proven to have the greatest direct impacts thus far on preventing and ending homelessness in specific populations. For these, we take our cues from *Opening Doors*, the first federal strategic plan to end homelessness.

The vision of the *Opening Doors* plan, adopted by 19 federal agencies in June 2010, is that “no one should experience homelessness—no one should be without a safe, stable place to call home.” The plan is focused on four goals:

- Finish the job of ending chronic homelessness in five years;
- Prevent and end homelessness among veterans in five years;
- Prevent and end homelessness for families, youth and children in ten years; and
- Set a path to ending all types of homelessness.

Opening Doors identifies five broad, interrelated approaches to preventing and ending homelessness. They are: increased access to stable and affordable housing; a re-tooled crisis response system; increased economic security; improved health and stability; and increased leadership, collaboration and civic engagement. Connecticut Coalition to End Homelessness has outlined below a set of recommended solutions for preventing and ending homelessness in Connecticut, organized within these five approach areas.

A. Increase Access to Stable and Affordable Housing

Expanding affordable housing for people with very low incomes is the best way to interrupt and end the cycle of homelessness in Connecticut, particularly when those opportunities specifically target households who are homeless or at high risk of becoming so.

1. **Expand and Target Housing Subsidies.** *Study after study shows that providing housing subsidies is the primary way to prevent and end episodic and family homelessness.*^{78,79} Subsidies improve housing outcomes for families and foster housing stability.

Housing subsidies are the most effective way to prevent and end family homelessness.

The State of Connecticut Department of Social Services (DSS) operates two housing subsidy programs: the federal Section 8 program, with over 5,500 vouchers; and the state Rental Assistance Program (RAP), with close to 2,500 subsidy certificates. Section 8 vouchers pay the difference between 30% of a household’s income and rent costs, up to the local fair market rate. Section 8 vouchers can be attached to units in a single building or cluster or can be tenant-based, allowing assisted families to choose their own housing. RAP certificates pay the difference between 40% of a household’s income and rent costs; most are tenant-based.

In 2010, DSS’s waiting list for RAP certificates included 2,400 people. On average, people wait at least three years for a RAP certificate to become available. It has been more than three years since the RAP waiting list was open; and at that time, approximately 43,000 people applied.

Re-investing in the state RAP program to preserve and expand certificates would reduce homelessness and foster greater family and community stability. Every \$1 spent on rental assistance not only assists families to avoid or end homelessness but also generates between \$1.5 and \$2 in economic demand.⁸⁰ The stability created with subsidies helps not only to support families, but also stimulates the economy for the benefit of landlords and small, local business owners. Subsidies also allow families to spend income on other necessities such as food and clothing, creating additional revenue for vendors and the state.

A portion of RAP certificates should also be targeted to homeless persons using data to match families with small children who are on the RAP waiting list with lists of those who are in emergency shelter. Such families could receive a priority for subsidies and be immediately housed.

Evidence shows that one of the most significant factors contributing to housing stability for families leaving shelter is housing subsidies.

- In New York City, among first time homeless families who received a subsidy, 97% were in their own apartment five years after applying for shelter, while only 38 % of families who did not receive a subsidy were similarly stable.⁸¹
- Another study found that families that left shelter with a subsidy were 21 times more likely to be stably housed five years later than other families exiting shelter.⁸²
- In one study of homeless families, in which families in nine cities received both Section 8 certificates and case management services, 88% of the families remained housed 18 months later.⁸³

2. **Expand Housing with Supportive Services to Address Disabling Health Conditions.** Permanent supportive housing is considered to be the most successful model for eradicating homelessness among people experiencing long-term homelessness and those with disabilities. Evaluations of permanent supportive housing, implemented in a range of communities (including Connecticut) have demonstrated significant improvements in resident housing stability, reductions in days of homelessness and reductions in the utilization and costs of public services such as emergency shelter, hospital emergency room and inpatient care, detox or sobering centers and jails.⁸⁴

In many jurisdictions across the country, targeted supportive housing has had a dramatic effect on the number of chronically homeless people cycling in and out of public institutions. In cities such as New York City, Chicago, Boston, San Francisco, Houston, Denver and Columbus, permanent supportive housing has targeted the most disabled, long-term homeless, and this has resulted in dramatic reductions of chronic homelessness.

Connecticut currently has approximately 4,400 units of permanent supportive housing toward a total estimated need of 10,000 units.

3. **Refine the Targeting of Permanent Supportive Housing.** Connecticut's investment in permanent supportive housing has interrupted what could have become longer cycles of homelessness and institutionalization for its residents. However, the lack of significant decreases in chronic homelessness, as

Permanent supportive housing is the most successful model for eradicating chronic homelessness.

reported since the Point in Time Count was established in 2007, is of concern. Deeper targeting is necessary in order to make significant progress in reducing chronic homelessness.

Government officials and permanent supportive housing providers can turn to a more targeted approach to identify those individuals and families who use the most services and who have experienced homeless episodes most repeatedly or for the longest duration. Some communities are creating indices to identify chronically homeless people with the most fragile health conditions – especially those who are unsheltered – in order to prioritize them for supportive housing. Others use data to identify the most frequent users of high-cost systems, such as incarceration and hospitalization. The goal is to prioritize supportive housing units on the basis of greatest need rather than perceived housing readiness.

B. Retool the Crisis Response System

Affordable housing and supportive housing are essential elements to addressing homelessness in Connecticut. But also critical is how we *respond* to the housing crisis – increasing the attention and effort we spend on preventing the loss of housing and on quickly moving people out of shelter and into permanent housing.

At the state level, “retooling” of the homeless assistance system means putting in place a set of policies, priorities and incentives that will spur local communities to increase their efforts to move beyond managing homelessness to ending it. At the local level, retooling means that greater attention, emphasis and resources are paid to keeping people in housing, preventing entry into shelter, and rapidly re-housing people who do become homeless, as well as linking them with employment, health and income supports in the community.

Permanent Supportive Housing in Connecticut. Supportive housing in Connecticut was first established in 1993 through the Supportive Housing Demonstration Program, one of the first state-sponsored supportive housing initiatives in the country. Led by a state interagency taskforce and working in partnership with the Corporation for Supportive Housing, the initiative financed nine supportive housing developments with 281 units in six cities across Connecticut. The success of the program led to the establishment of the Pilots Initiative, which combined supportive service funds available through the Department of Mental Health and Addiction Services, development funding through the Connecticut Housing Finance Agency (CHFA) and the Department of Economic Development and rental subsidies through the Department of Social Services and the U.S. Department of Housing and Urban Development. The program is credited with creating 350 units of scattered site supportive housing and 15 site-based projects for a mix of homeless and low-income residents. In 2005, the Next Steps initiative was launched with the goal of creating 1,000 new units. By the end of 2010, 769 units had been established through Next Steps.

Connecticut’s supportive housing initiatives have served as models for several other states and garnered numerous awards. In 2006 the state was awarded the Innovations in American Government Award from Harvard University’s Kennedy School of Government for its innovation in building a network of state, federal and nonprofit resources to achieve its goal of creating new supportive housing units. In 2010 CHFA received a National Award for Program Excellence by the National Council of State Housing Agencies for its work to advance supportive housing through these state initiatives.

(Source: Partnership for Strong Communities and the Corporation for Supportive Housing.)

Our recommendations for retooling the homeless assistance system in Connecticut are as follows:

1. **Focus the Homeless Assistance System on Housing-Centered Solutions.** The primary focus of state- and municipally-funded homeless assistance programs should be re-oriented from managing the homelessness problem to solving it. This will require a heightened priority on helping people secure and keep housing and on working across agencies to link street outreach programs, emergency shelters, transitional housing, prevention initiatives and rapid re-housing programs with each other and ultimately with housing, rental subsidies and supportive housing resources.

Focusing homeless assistance on housing-centered solutions will also involve hard choices at the community level. Localities may decide to sustain investments in high cost, conventional transitional programs or convert these programs to permanent supportive housing or transition-in-place models where clients can keep their housing. Other local decisions may focus on whether to convert shelter-based support services to housing-based supports linked to rapid re-housing efforts. Individual nonprofits in a number of Connecticut communities have already made some of these difficult choices and are working with cross-sector allies to make progress toward creating a seamless system of crisis response.

Connecticut's philanthropic community can support the work of nonprofit intermediaries which adapt progressive program models. Many local philanthropic organizations currently assist regional community plans to end homelessness and Continuum of Care bodies to support housing-centered work.

2. **Align the Homeless Assistance System Around Common Outcomes.** At the community level, the body implementing the local community plan to end homelessness, the regional Continuum of Care or other collaborative planning body should determine community-wide outcomes and performance targets aligned with the goals of Opening Doors (e.g., elimination of chronic homelessness within five years, family homelessness within ten, etc.) and with the outcome measures under the HEARTH Act (reduced incidence of homelessness, reduced length of homeless episodes to under 30 days on average and reduced recidivism back into homelessness). Providers of homeless services can evaluate their work in light of these community-based outcomes. Communities can work together to identify resources to fill gaps, identify which models are best suited to address specific populations, and eliminate services that are duplicative or less effective.

At the state level, state agencies should collectively require all state-funded homeless assistance programs to assess progress toward a set of common outcomes that are aligned with those in the federal HEARTH Act. Homeless assistance programs that would be affected include emergency shelters, transitional housing programs, street outreach programs, homelessness prevention and rapid re-housing programs and federally-funded education of homeless children and youth programs administered by the Connecticut Department of Education.

In particular, a careful and strategic alignment is needed between homelessness prevention and rapid re-housing programs funded by HUD under the HEARTH Act and those funded by the Connecticut Department of Social Services through Housing First for Families and Beyond Shelter Connecticut programs. Alignment based on shared outcome measures is also needed between these prevention and rapid re-housing programs and the state's network of shelter and transitional living programs. Likewise, street outreach, shelters and transitional housing programs serving single adults should work in tandem to ensure that chronically homeless individuals access permanent supportive housing as quickly as possible.

3. Hone Program Targeting to deliver the right resources to the right people at the right time so that the most expensive resources are used to assist those with the greatest needs.

Data Matching. The state can use data collection and matching between the homeless service system and other state systems to better target services to those most in need. For example, the state's Frequent Users Service Enhancement (FUSE) program used data from HMIS and the Department of Corrections to direct housing services to those who use shelter and incarceration the most. Synthesis across data systems is possible and leads to more cost-efficient and effective outcomes for the state, local communities and individuals benefitting from appropriate services.

- **Universal Screening and Central Intake.** For families and individuals caught in the grip of a housing crisis, the task of finding shelter or gaining entry into prevention or housing programs is daunting. Those in search of a place to stay or a program service often must go from shelter to shelter or program to program, only to be turned away for lack of space or deemed ineligible for service. Several communities across the country (Dayton, Norfolk, New York City, and the Commonwealth of Massachusetts) have created central intake systems to help homeless individuals and families obtain immediate shelter and related services. Under central intake, community providers form partnerships so that clients are screened using common criteria and matched to services based on their level of need. This assures that opportunities to avert loss of current housing are pursued and creates objective, system-wide criteria. These criteria, in turn, remove the selectivity that may favor those who are capable of self-advocacy and present as most likely to support sustainability. It also ensures that the most resource-intensive initiatives are focused on those with the greatest service needs.
- **Refine Targeting for Homelessness Prevention and Rapid Re-Housing Programs.** One of the biggest challenges facing prevention programs is how to target families at the highest risk of becoming homeless. It is not easy to predict which families will become homeless and which families will remain housed. Who a program targets is important, because program resources are not adequate to meet all levels of need. This challenge will be exacerbated when resources are reduced following the expiration of the federal HPRP program in 2012.

A number of communities across the country are utilizing data and research to identify families at the greatest risk of entering shelter. In some communities, targeting for prevention services is based on:

- Strategic outreach to users of mainstream services;
- Analysis of HMIS data to identify common characteristics among families and those in shelter; and
- Outreach to those who apply to other crisis response systems (e.g. 2-1-1, TANF, town social services departments, mainstream eviction prevention programs) to offer homelessness prevention assistance in order to avert shelter stays.

Based on *CT HMIS* and other data, analysis of the risk factors below would enable the state and local communities to more accurately target clients most likely to enter or remain in shelter without homelessness prevention or rapid re-housing services. It is recommended that the Connecticut Department of Social Services adopt these risk factors to prioritize applicants for the homelessness prevention and rapid re-housing programs that it funds – especially when the factors are considered together and, in the case of prevention, are applied to families and individuals who are living doubled up:

- Family that has used the state’s Security Deposit Guarantee Program and currently holds a guarantee;
- Family that includes a pregnant household member;
- Family with a child under six years of age;
- Survivor of domestic violence;
- Family that includes people with physical or mental disabilities or other chronic health issues, including HIV/AIDS;
- Head of household age 25 and younger;
- Family with a total income below 30% of Area Median Income; and
- Family that has been homeless within the last 24 months.

For prevention and rapid re-housing programs funded under HEARTH, the state and municipalities can direct programs to use identified risk factors to more accurately target services to families and individuals most likely to enter or remain in shelter.

4. Strengthen Local Partnerships.

Most people who experience homelessness are extremely poor and have service needs that go beyond the homeless assistance system. Linking to mainstream public services, such as child care, employment, TANF benefits and Medicaid, is often critical to promoting housing stability and ensuring child and family well-being.

Philanthropy can help advance local collaboration by supporting Connecticut’s community plans to end homelessness. Such partnerships can only be successful with adequate staff.

Ensuring that such linkages happen requires coordination at the community level among providers of disparate services, across geographic boundaries. It also means connecting to the neighborhoods and towns where families live and tapping into the expertise and resources of traditional community-based service organizations that have long histories of providing social services to low-income families, children and adults within the community – services that link families to housing, income support programs, employment services, schools, child care, health care, recreation and support services for children.

The State of Connecticut must create standards for collaboration between and among local grant recipients and state-operated programs to ensure that homeless services are well-coordinated and meet community needs. For example, the state could place a higher priority on using state dollars to fund supportive services via integrated community partnerships rather than exclusively through place-based shelter services. This would set the stage for resource re-direction once shelter use is reduced.

Philanthropic organizations can also play a role by providing funding support for Connecticut’s community plans to end homelessness, so that they can secure administrative and staffing support. Advancing collaborations at the local level is challenging without the benefit of a coordinator whose job it is to run interference between agencies of all sectors, facilitate and organize meetings, assess and report on progress, engage new participants, and keep the many actors moving in the right direction.

5. Improve Planning For Those Exiting Criminal Justice Facilities or Foster Care. Housing-based interventions can be used effectively to reduce recidivism and interrupt the cycle of institutionalization and homelessness. The corrections system often discharges directly or indirectly to emergency shelters due to the lack of housing options, limited discharge planning resources, limited transitional or supportive services for ex-offenders and other re-entry issues. Investments in “after-care” supports are also needed to avert homelessness among youth aging out of foster care.

Housing models for those leaving the criminal justice system and entering homelessness (generally referred to as “re-entry housing”) are needed to stem the flow of individuals exiting prison into shelters and the street. These models provide subsidized housing with associated, intensive support services directed especially toward people who have a variety of disabling health conditions. According to an analysis by the Corporation for Supportive Housing, a single re-entry housing unit in New York City used by two people over one year saved \$20,000 to \$24,000 relative to the cost of release to shelter and re-incarceration.⁸⁵

Targeting services to extended families of those leaving prison has also shown to be effective. About 80% of people leaving prison return to live with family members, at least initially. Many of these situations are unstable and result in homelessness. A modest amount of supportive services for these families can prevent homelessness and recidivism.

Frequent Users Service Enhancement program (FUSE). The Corporation for Supportive Housing’s FUSE model has been replicated in Hartford, New Haven and Bridgeport, Connecticut as well as Hennepin County, Minnesota, Cook County, Illinois and is under development in Seattle, Denver and Washington, DC.

One study showed that after a year and a half, two-thirds of the FUSE intervention group reported stable housing compared to only 13% of the “usual care” group. Housed participants experienced 29% fewer hospitalizations. Average inpatient charges were down 69% over two years and reported almost 28 days of prison per person avoided, with an annual cost offset of \$3,586 per person.⁸⁶

C. Increase Economic Security

Housing stability is closely related to income security. While housing solves the problem of homelessness, it is not a cure-all for the myriad needs of struggling families. The federal government, the state and nonprofits manage a range of income support and workforce development programs, but these often fail to reach families at highest risk of homelessness, particularly families headed by young mothers with small children and limited work experience.

Connecticut’s employment and training programs - including those provided through Jobs First Employment Services, One Stop Career Centers, community colleges, and adult education – should be better coordinated, targeted and funded at the state and regional levels to support economic growth and prevent homelessness.

- 1. Expand Income Supports.** If more effective mainstream services are to truly contribute to solutions to homelessness, large-scale income support programs, such as disability and cash assistance, require a careful re-examination by both federal and state officials. This is true, particularly in light of more recent changes in the economy, job market and funding for training and education. While much of this is beyond the scope of this report, CCEH offers a few perspectives on income supports as they relate to homelessness and housing.

- **Social Security Disability Insurance and Supplemental Security Income.** Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) can prevent people with disabilities from becoming homeless. Both SSDI and SSI also provide critical income for people who move from homelessness into permanent housing. Many homeless persons who are eligible for disability benefits do not receive them. Outreach and engagement programs to assist and expedite the application process for chronically homeless individuals are necessary to bridge gaps in housing stability.
 - **Cash Assistance/TANF.** Temporary Assistance to Needy Families (TANF) provides income support for low-income families with dependent children. Over one-third of female single parents in Connecticut's emergency shelters claimed to have 'No Financial Resources' whatsoever. Notably, only a third of female single parents with any income reported receiving TANF. It may be that most of these families have exceeded Connecticut's 21 month time limit for receiving TANF benefits – among the most stringent time limits in the country. Some states and jurisdictions have had success in reducing family homelessness in part by combining cash assistance with housing supports to keep families housed or more quickly divert homeless families to housing.
- 2. Expand Employment and Training.** *People who are homeless, and especially homeless families, face many of the same barriers to employment that other low-income populations face.* These barriers may include lack of transportation or child care, educational limitations, health issues, or prior incarceration. In addition, homeless young adults and youth typically have poor educational and vocational preparation for income stability.⁸⁷

While workforce development programs struggle to promote employment among people who face such barriers, targeted employment and training programs can be tailored to the needs of people who are homeless, and program resources can be focused to better serve homeless people.

- **Build a Pipeline for the Future Workforce.** Connecticut can target certain investments in vocational training and basic skills to those at risk of or experiencing homelessness. Ensuring that young people in particular have opportunities for summer and year-round training and employment would be an effective way to invest in our greatest "natural resource" and strengthen economic vitality.
- **Maximize Federal, State and Local Resources for Adult and Basic Education.** Over 500,000 residents lack adult literacy or the basic skills to secure jobs or higher education.⁸⁸
- **Incentivize One-Stop Employment Centers to Serve People Who Are Homeless.** Programs funded by the federal Workforce Investment Act (WIA) are intended to provide access to employment-focused assistance to all individuals in need of help, but the WIA system is not designed to effectively meet the needs of people with histories of homelessness and multiple barriers to employment.

As a starting point, the Connecticut Department of Labor (DOL) must track the housing status of their clients to identify the number of homeless adults or homeless dislocated workers served by WIA. Federal and state performance measures for the CTWorks Career Center system can have the unintended consequence of discouraging service for people experiencing homelessness. In a national evaluation of employment supports for homeless populations, project staff stated that existing performance measures actually provided a disincentive to serving customers

with disabilities, including people who are homeless.⁸⁹ While Connecticut may not be able to change federally-mandated performance measures, the state can establish its own set of incentives that balance the needs of workforce providers and encourage better service for people with multiple barriers, including histories of homelessness.

D. Improve Health and Stability

The landmark *Affordable Care Act (ACA)* will provide opportunities to mitigate some of the root causes of homelessness, particularly for individuals with disabling conditions. By 2012, Medicaid will be expanded to almost all low-income (up to 133% of federal poverty) individuals under age 65. This expansion will also finally allow more families and adults *without* dependent children to enroll in Medicaid.

Federal changes will also support demonstration projects to improve the availability of psychiatric facilities and medical homes for individuals with chronic conditions, including severe and persistent mental illness. Some additional services for people who are homeless or at risk of homelessness may be expanded through community health centers.

An effort is underway in Connecticut to develop approaches for leveraging Medicaid for services in permanent supportive housing; these efforts are led by the Corporation for Supportive Housing and other key stakeholders. The enactment of ACA creates unprecedented opportunities for using Medicaid to finance many of the services in supportive housing in Connecticut, which are currently almost entirely financed through state general fund dollars. The use of Medicaid in this way can free up state dollars that are needed to reinvest in expanding supportive housing opportunities and finally put an end to chronic homelessness among persons with serious health and behavioral health issues.

E. Increase Leadership, Collaboration and Civic Engagement

At the local level, community plans to end homelessness have become powerful vehicles for mobilizing civic support and political will toward ending homelessness. *Opening Doors* is a call to action that accelerates this work, setting targets for ending chronic homelessness and ending homelessness among families, children, youth and veterans. For some communities, the first step will be to update their plans to reflect this comprehensive approach; for others, it will be to affirm their goals and increase their implementation efforts.

Ending homelessness rather than managing it is an idea that resonates not only with housing and policy experts but also with communities and regions. Mayors, Chambers of Commerce and service providers alike are acutely aware that it makes good social, political and economic sense to create permanent housing solutions that reduce dependence upon shelters and other social services designed only for short-term emergencies. Promoting research-driven, cost-effective best practices around housing, services, employment and prevention strategies within communities and regions reduces the reliance upon expensive emergency services, while at the

Veterans Industries is a vocational rehabilitation program that seeks to place veterans in competitive jobs and provide workplace supports. The Department of Veterans Affairs contracts with private industry and the public sector to create jobs and vocational services for veterans. Services include vocational rehabilitation, employment supports and case management, work site analysis and consultation with businesses regarding assistive technology, accommodation and guidance in addressing Americans with Disabilities Act compliance.

same time increasing municipal and public understanding around homelessness and how it can be prevented and ended. Local and regional creativity, commitment and collaboration through the development and implementation of community and regional plans to end homelessness are reducing misinformation, stigmas and obsolete practices and replacing them with progressive and locally supported initiatives that are getting results.

In Connecticut there are 11 community/regional plans to end homelessness that were established and are being implemented by local leadership bodies:

- Bridgeport Area Ten Year Plan to End Homelessness
- City of Danbury Plan to End Homelessness
- City of Waterbury Ten Year Plan to End Homelessness
- Greater New Haven Regional Alliance to End Homelessness
- The Partnership to End Homelessness (Southeastern Connecticut)
- Journey Home (Capitol Region)
- Meriden-Wallingford Ten Year Plan to End Homelessness
- Middlesex County Coalition on Housing and Homelessness
- New Britain Ten Year Plan to End Homelessness
- Stamford-Greenwich Ten Year Plan to End Homelessness.
- Windham Regional Coalition to End Homelessness

Torrington and Norwalk are currently writing their community plans.

Currently, Connecticut's local plans to end homelessness are in all stages of implementation, with some at their halfway point. Many provide examples of extraordinary innovation, collaboration and success in reducing the numbers of people experiencing homelessness and increasing the level of community capacity to prevent the condition from ever taking place. Some of these advances include:

- Leadership from United Ways in Fairfield County, Middlesex County, Meriden and Wallingford, and Southeastern Connecticut;
- Sophisticated communications and advocacy plans that engage community partners and involve consumers;
- Legislative advocacy events organized by community planning leaders;
- Consumer engagement in the planning and implementation process;
- Development of strategies to engage rural and suburban partners through involvement with regional planning agencies and regional councils of government;
- Engagement with local public housing authorities and municipal Plans of Conservation and Development;
- Outreach and collaboration with faith-based communities;
- Development of community care teams that increase inter-agency and community partnerships and decrease gaps in service provision; and
- Collaboration among partnering service providers to share resources, reduce costs, and increase the range and effectiveness of service delivery to residents of permanent supportive housing.

Often, community plans are organized around several guiding principles that serve as the foundation for planning and implementation. The principles that lead to successful plans are as follows:

- No one should be homeless;
- Regional solutions are developed around regional problems;
- Evidence-based and promising practices are utilized;
- Outcome-driven results are attained;
- Galvanizing all sectors of the community leads to shared responsibility;
- Services are consumer-centered;
- Cultural competence is achieved in all work; and
- Resilience and reinvigoration efforts are essential to progress.

Connecticut is poised to re-examine state resources for housing, homelessness prevention and anti-poverty programs. *Opening Doors* clearly identified the need for a fundamental shift in how government, philanthropists, service providers and local communities respond to homelessness. *“From years of practice and research, we know what works to prevent and end homelessness. Evidence points to the role housing plays as an essential platform for human and community development.”*

Timing and opportunities to end homelessness in Connecticut have never been better.

Conclusion

Our work in Connecticut to end homelessness is built on a foundation of excellent programs, dedicated providers and engaged government. Although data from *CT PIT 2010* and *CT HMIS* have shown that we have slowed the growth of homelessness, the numbers of people experiencing homelessness continue to increase. Our best, so far, isn't good enough: we need to do more, and we need to do it better.

- A new generation of homeless families has emerged, headed by young, African-American and Latina women with very young children. Many of them have experienced violence. We must prevent this new generation from becoming entrenched in a cycle of homelessness and poverty now.
- Bold action is needed to make affordable housing and housing subsidies available to families and individuals who are homeless. We can find those on the waiting lists for housing subsidies who are in shelter and house them now.
- We must re-think our homeless systems in each community. Resources and expertise must be pooled so that communities have one comprehensive, housing-based homeless intervention system. Where a homeless person goes for help should not be a determinant of whether he or she receives the appropriate services.
- Supportive housing must be expanded and targeted to chronically homeless people in each community. Data and surveys can be used to identify the most frequent service users and those with the most vulnerable health conditions. Priority for units should be based on need and not perceived housing readiness.
- State government must provide the leadership necessary to realign all state programs that prevent homelessness or provide homeless services so that they are meeting community and not individual agency needs.

Endnotes

¹See “Connecticut Point in Time Count 2010 Methodology and Tables” Appendices

²The 2010 (sheltered) Point in Time Count homeless survey (*CT PIT 2010*) supplies data collected during a four-hour census on one night during the last week of January. This data serves as a snapshot of homelessness, where HMIS generates ongoing data. The 2010 Sheltered Point in Time Count was conducted in all communities across the State and included a count of all sheltered persons as well as a survey administered to all adults in all shelters and transitional housing programs statewide. Permanent Supportive Housing (PSH) clients are not surveyed or counted in PIT totals, as U.S. Department of Housing Urban Development (HUD) considers individuals and families in PSH to be residing in housed situations, therefore not homeless. The 2010 sheltered Count surveys data on two major populations: adults with children and adults without children.

³See “The Homeless Management Information Systems and CT HMIS” Appendix

⁴Data reported from the Homelessness Management Information System (HMIS) included in this report was entered between the dates of October 1, 2009 and September 30, 2010 (FFY 2010). Only data entered according to HMIS workflow could be utilized for analysis purposes. Most of Connecticut’s emergency shelters and transitional housing programs participate in HMIS; therefore, the data from those providers are included in data presented in this report. About 85% of agencies providing emergency shelter, virtually all of those providing transitional housing, and about 75% of those providing permanent supportive housing (PSH) enter *some* data in CT HMIS. With the addition of Shelter Plus Care providers beginning in January 2011, virtually all PSH providers will participate. However, most records on PSH are incomplete and there is little comprehensive data on PSH as a result. After 2011, the focus will be on a more complete data set for PSH utilization. It is exciting that some of these records will date as far back as 1992, thus enabling CT HMIS to examine PSH longitudinally.

⁵These unduplicated counts are not further de-duplicated between the two housing systems; therefore, if a client used both systems in 2010, that client is included in both totals.

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- Have you ever been hospitalized for a mental health issue?
- Have you ever been in a hospital, detox or rehab center for a substance issue?
- Do you feel that you need help with a substance issue now?
- Are you receiving substance abuse services now?
- Do you feel that you have a health condition that limits your ability to work, get around, care for yourself or otherwise take care of your needs?
- Have you ever been told that you have HIV or AIDS?
- Rate your health on a scale of 1-6. 1 being the worst health and 6 being the best health.

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- ⁶¹ Amendments to the RHYA are pending which would expand the definition to include those up to age 24.
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⁶⁸Toro 2007.

⁶⁹Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D. . Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *Journal of Sex Research*, 2004: 41, 329-342.

⁷⁰ *State of Homelessness* 2011.

⁷¹ In Connecticut, most agencies providing homeless assistance to youth typically serve those up to age 21. However, there is a push to expand the definition of youth at the state and federal levels to include those up to age 24.

⁷² U.S. Department of Housing and Urban Development [Docket No. FR-5415-N-17] Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program

⁷³ <http://www.endhomelessness.org/content/article/detail/2572>

⁷⁴ McNichol, J. "Homelessness is not a seasonal crisis," *The Hartford Courant*. October 19, 1987

⁷⁵ AHAR 2008.

⁷⁶ Burt, Martha. *Characteristics of Transitional Housing for Homeless Families*. Washington DC: Urban Institute, 2006

⁷⁷ CT HMIS, HPRP Quarterly Progress Report (E610 – v10.05.05). November 2010. Unpublished, Connecticut Coalition to End Homelessness.

⁷⁸ The type of subsidized housing received was the strongest single factor of who would return to shelter. Families in units operated by the public housing authority were more stable than those in other types of units.

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Measure Would Be Economically Beneficial and Serve An Important Social Purpose" Center on Budget and Policy Priorities: December 2009.

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⁸⁴ Summaries of outcomes from costs studies with citations and links to published research are available at: Corporation for Supportive Housing (2009, September). Summary of Studies: Medicaid/Health Services Utilization and Costs. <http://documents.csh.org/documents/policy/UpdatedCostMatrixSept09.pdf>.

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Appendix A: Glossary of Terms in Housing and Homelessness

2-1-1: The Federal Communications Commission (FCC) has established 2-1-1 as the national number to call for health and human services referrals, and Connecticut is the first state in the nation to provide statewide 2-1-1 service. When you dial 2-1-1, you are connected with United Way of Connecticut's Infoline, a service that points individuals to resources that can help them with everything from simple problems to major crises.

Affordable Housing: Housing, either ownership or rental, for which a household will pay no more than 30% of its gross annual income.

Appropriations Committee: The Connecticut General Assembly's Appropriations Committee has cognizance of all matters relating to appropriations and the budgets of state agencies. Other issues under the committee's jurisdiction include matters relating to state employees' salaries, benefits and retirement, teachers' retirement, veterans' pensions, collective bargaining agreements and arbitration awards for all state employees.

American Recovery and Reinvestment Act (ARRA): The federal stimulus package of programs designed to reduce the impact of the economic downturn on communities, businesses and individuals. Homelessness Prevention and Rapid Re-Housing services are part of the ARRA funding.

Assertive Community Treatment (ACT) Teams: Multidisciplinary teams that provide services for people with mental illness, including case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care and employment assistance. The programs are based on an assertive outreach approach with hands-on assistance provided to individuals in their homes and neighborhoods.

Beyond Shelter Connecticut Program: An innovative program created in January 2000 that prevents the recurrence of homelessness by providing up to one year of coordinated follow-up services to households leaving shelters and transitional housing programs and their landlords. Services provided may include education on landlord/tenant rights and responsibilities, life skills workshops on issues such as parenting and money management, assistance procuring food and furniture, as well as support in securing mental health and substance abuse treatment services.

Case Management: Overall coordination of an individual's use of services, which may include medical and mental health services, substance use services and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager

often assumes responsibilities for outreach, advocacy and referral on behalf of individual clients.

Child Care Assistance Fund: CCEH's Children in Shelters Program, funded by the Connecticut Department of Social Services (DSS), includes a revolving childcare assistance fund for homeless families that provides one-time and short-term childcare subsidies for pre-school aged children and their siblings.

Chronic Homelessness: Description of an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years, as defined by the U.S. Department of Housing and Urban Development (HUD).

Connecticut Coalition to End Homelessness (CCEH): A statewide organization, in partnership with communities throughout the state, creates change through leadership, community organizing, advocacy and education. The organization's mission is to end homelessness in Connecticut.

Community Development Block Grant (CDBG): A flexible, federally-funded program that provides communities with resources to address a wide range of community development needs and provides annual grants on a formula basis to local government and states. In Connecticut, CDBG is administered by the Department of Economic and Community Development.

Connecticut Housing Finance Authority (CHFA): An organization created by the state legislature to help to alleviate the shortage of affordable housing for low- and moderate-income individuals and families in Connecticut. CHFA administers state and federal housing tax-credit programs, provides financing for the development of multi-family housing and mortgage financing for first-time homebuyers.

Consolidated Plan: A long-term housing and community development plan developed by state and local governments and approved by HUD. It contains information on homeless populations.

Continuum of Care: Organization established by HUD to oversee community planning around homelessness. Continua work together to define needs, plan strategies and prioritize funding for supportive housing services.

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

Corporation for Supportive Housing (CSH): An organization that supports the expansion of permanent supportive housing through technical assistance. For more information please visit: www.csh.org.

Crisis Response System: In housing and homelessness, this generally refers to a network of programs including emergency homeless shelters, disaster relief, stimulus funded short-term assistance and in some cases transitional housing.

CTWorks (formerly Connecticut Works): Connecticut's one-stop employment and training system. The CTWorks Career Centers provide services to unemployed and underemployed individuals with job search assistance at no cost.

Department of Children and Families (DCF): A state agency charged with protecting children, improving child and family well-being, and supporting and preserving families. DCF funds the supportive housing for the family scattered site housing program.

Department of Economic and Community Development (DECD): A state agency that develops and implements strategies to attract and retain businesses and jobs, revitalize neighborhoods and communities, ensure quality housing, and foster appropriate development in Connecticut's towns and cities. DECD administers the state's allocation of federal HOME and CDBG funding as well as state funds for affordable housing.

Department of Labor (DOL): A state agency whose mission is to help and protect the working people of Connecticut. DOL is the administrative entity for the Workforce Investment Act and provides core employment and training services in CTWorks.

Department of Mental Health and Addiction Services (DMHAS): A state agency whose mission is to improve the quality of life of the people in Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services through the local Mental Health Authorities. DMHAS' regional offices administer the Shelter Plus Care Program as well as other funding sources that support supportive housing.

Department of Social Services (DSS): A state agency that provides a broad range of services to the elderly, disabled, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-realization and independent living. The agency is designated as a public housing agency for the purpose of administering the Section 8 program under the Federal Housing Act.

Discharge Planning: A significant percentage of homeless individuals report recent incarceration, hospitalization, residential health care, foster care or placement at treatment facilities. Discharge planning provides the consumer with a plan to live after a facility "discharge." Successful discharge planning starts long before the end of an individual's stay in such an institution and includes connection to housing and supportive services to gain and maintain stability. Integrated services both inside and outside institutions are necessary to assure effective discharge planning.

Doubled up: People who join a family or friend's household but are not on lease, mortgage, etc. and then are subsequently removed from this arrangement or lose it without legal filing and become homeless.

Dually-Diagnosed: See Co-Occurring Disorders.

Engagement: Efforts to develop a relationship between a service system's staff members and clients. Such efforts are characterized by purposeful strategies and intentional interventions designed to connect the client with needed services and to maintain that connection.

FUSE or Frequent User Service Enhancement Program: An interagency effort designed to provide supportive housing to those individuals that cycle between the criminal justice and homeless shelter systems. CCEH's role is to identify people who frequently use services in both jails and shelters, using data from the Department of Corrections (DOC) and comparing this to client's homelessness records.

Harm Reduction: A set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal and does not condone or condemn drug use.

Homeless Outreach Team: A service model that applies a multi-disciplinary Assertive Community Treatment (ACT) team incorporating clinical, paraprofessional and peer staff. This team's philosophy is to "meet people where they're at" and to support them in a self-directed manner to reach stability, wellness and recovery. Services are made available according to the needs of the client and must include food, medications, clothing, peer support, clinical services, employment and housing.

Homeless Persons: Persons or families lacking a fixed, regular and adequate nighttime residence and who are residing in a place not meant for human habitation (e.g., on the streets), or in an emergency homeless shelter, or in transitional housing for the homeless, or are being evicted within a week from a private dwelling, or are being discharged within a week from an institution in which they have been a resident for more than 30 consecutive days, or are fleeing a domestic violence situation; in the case of children and youth, it also includes sharing the housing of other persons due to loss of housing, economic hardship or a similar reason, or awaiting foster care placement.

Homeless Management Information System (HMIS): A community-wide database congressionally mandated for all programs funded through the U.S. 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.

Housing for People with AIDS/HIV (HOPWA): HOPWA is a federally-funded program to provide states and localities with resources for housing assistance and services for low-income persons living with HIV/AIDS and their families. The program provides formula-based grants to eligible metropolitan areas and states based on the number of reported cases of AIDS in the area.

Housing First: A model that moves homeless participants from the streets immediately into permanent housing with the provision of supportive treatment services to the extent of need.

Housing First for Families: The Housing First for Families (HFF) Program provides housing-based interventions for families with children who are served by Connecticut's emergency shelters, shelters for victims of domestic violence, or are within 30 days of discharge from a Connecticut transitional housing facility for homeless families. The program also re-houses families who are targeted for re-unification with their dependent child upon placement in housing. It also provides "housing find" services and at the same time creates a sustainable foundation for ongoing rapid re-housing services once federal HPRP funds expire.

HPRP or Homelessness Prevention and Rapid Re-Housing Program: As part of the American Recovery and Reinvestment Act, over \$17 million was distributed to Connecticut municipalities as well as the state itself (\$10.8 million) for HPRP. HPRP funds provide financial assistance and services to prevent individuals and families from becoming homeless or to re-house/stabilize those who have become homeless. Allowable financial assistance from the program includes temporary rental assistance, up to six months of back rent and security and utility deposits.

Local Mental Health Authority (LMHA): The Department of Mental Health and Addiction Services operates and/or funds 14 Local Mental Health Authorities (LMHAs) throughout Connecticut. They manage the mental health services for their geographic regions. The LMHAs offer a wide range of therapeutic recovery-oriented programs, including employment and supportive housing programs as well as crisis intervention services.

Long-Term Homelessness: This term includes all people who have been homeless for long periods of time, as evidenced by repeated (three or more times) or extended (a year or more) stays in the streets, emergency shelters or other temporary settings, sometimes cycling between homelessness and hospitals, jails or prisons. This definition intentionally includes a larger group of people than the federal government's "chronic homelessness" definition, such as families and youth.

Master Leasing: A legal contract in which a third party (other than the tenant) enters into a lease agreement and is responsible for tenant selection and rental payments.

McKinney-Vento Homeless Assistance Act: This 1987 federal legislation established programs and funding to serve homeless people.

McKinney-Vento Liaison: School district staff who serve as point people to assure that federal law relating to the education of homeless children is followed in schools.

National Alliance to End Homelessness (NAEH): An organization that seeks to mobilize the non-profit, public and private sectors of society in an alliance to end homelessness.

Next Step Initiative: Governor M. Jodi Rell's funding initiative to help implement part of the recommendations in the Connecticut Interagency Council on Supportive Housing and Homelessness' plan, designed to add 1,000 units of supportive housing throughout the state over three years. Next Step provides funding for supportive services, development and/or rental subsidies. It is designed to leverage additional development grants as well as federal funds.

"No Wrong Door": Homeless individuals often 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. "No wrong door" refers to an approach in which caregivers share common information and tools that can break down unnecessary barriers and allow clients to gain access to all needed service regardless of whose 'door' they come to first.

Office of Workforce Competitiveness (OWC): The OWC focuses on the changes needed to prepare Connecticut’s workforce for the rapidly changing and competitive economy of the 21st Century. The OWC Director is appointed by the Governor and serves as the principal advisor on workforce investment matters as well as chairing the JOBS Cabinet. This person is authorized to call upon any office, department, commission or other agency of the state to supply such reports, information and assistance as may be necessary. The OWC supports both the CT Employment and Training Commission and the Governor’s JOBS Cabinet.

“Opening the Back Door”: Rapid re-housing for those who become homeless.

Opening Doors: The federal strategic plan to end homelessness.

Outreach: A process and set of activities aimed at identifying and engaging people to connect them with the services they need. In our context, outreach programs assist people living without permanent homes and connect them with a range of services.

Prevention: Any of a number of strategies used to keep individuals and families from becoming chronically homeless.

Rapid Re-Housing: Approach that focuses on moving individuals and families who are living in shelters as quickly as possible into appropriate housing using many of the same tools used by prevention strategies.

Reaching Home Campaign: Statewide campaign to create 10,000 units of supportive housing, endorsed by Governor Rell and the Interagency Council on Supportive Housing and Homelessness. For more information on the Campaign please visit: www.ctpartnershiphousing.com.

Re-Entry Housing: Transitional and supportive housing options for people coming out of prison and jail.

Safety Net: Services targeted to needs of individuals and families.

Scattered Site Housing: Dwelling units in apartments or homes spread throughout a neighborhood or community that are designated for specific populations, usually accompanied by supportive services.

Security Deposit Guarantee Program (SGDP): The Security Deposit Guarantee Program helps eligible households who reside in emergency housing transition to permanent housing by

guaranteeing landlords payment of up to two months rent instead of a direct security deposit payment. An agreement is established between the Department of Social Services and the applicant’s landlord that guarantees that the Department will pay an agreed-upon security deposit, either in part or in full, if the tenant moves out of the apartment and there is damage caused by the tenant which requires repair or if the tenant owes back rent.

Service Plans: 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 service plan should be comprehensive and include an array of needs, multiple service providers, short- and long-term goals, timelines and specific expectations of both the client and caregivers.

Single Room Occupancy (SRO) Building: A type of building that offers residents a single, furnished room often with shared bathroom and kitchen facilities.

Single Site Housing: A housing program wherein all living units are located in a single building or complex.

S.O.A.R. or Social Security Outreach, Access and Recovery Program: SOAR is an initiative designed to improve access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for people experiencing homelessness and have a disabling condition, specifically individuals with mental illness.

Social Security Disability Insurance Program (SSDI): Program that provides benefits to disabled or blind individuals who are insured by workers’ contributions to the Social Security Trust Fund.

Supplemental Security Income Program (SSI): Cash assistance payments to aged, blind and disabled people (including children under age 18) who have limited income and resources.

Stages of Change: A model of understanding change in human behavior, especially as it relates to substance use. Related interventions are based upon the individual’s state of awareness and desire to change behavior at a given point in time. It includes five stages: pre-contemplation; contemplation; preparation; action; maintenance; and relapse.

Stakeholders: Individuals who have a vested interest in the outcomes or the process of a particular endeavor.

Supportive Housing: Permanent affordable housing, in any housing configuration (scattered, clustered, single site, mixed tenancy, mixed use, etc.) with supportive services attached that are designed to help people maintain the housing. It is designed and intended for, and/or occupied by, people who have been, or are, at risk of homelessness and who have special needs including disabilities or other substantial barriers to maintaining housing stability. Permanent housing means housing with no limit or length of stay and no requirement that tenants move out if their service needs change.

Temporary Assistance for Needy Families (TANF): Federal block grant distributed to states to provide cash assistance, child care, transportation and other services to people on welfare.

Ten Year Plans to End Homelessness: These local and statewide campaigns in regions across the country seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each Ten Year Plan to End Homelessness provides solutions and options for communities committed to ending homelessness rather than just managing it.

Transitional Housing: Housing meant to help homeless people access permanent housing, usually within two years.

Under-Employed: Employed at a level not consistent with education or past work experience.

Workforce Investment Act (WIA): Federal legislation that funds one-stop career centers through local workforce development boards, job training and job search programs.

Workforce Investment Board - Local (LWIB): A quasi-governmental agency responsible for coordinating employment and training services at the local level through the one-stop system, which in Connecticut is called CTWorks.

Work Incentives: Special rules that make it possible for people with disabilities to work and continue to receive certain federal or state benefits. People receiving SSDI or SSI can work and still receive monthly payments and Medicare or Medicaid. Social Security calls these rules “work incentives.” HUD also encourages eligible tenants with disabilities living in HUD-assisted housing to work by disallowing earned income in calculating monthly rents for certain programs.

Wraparound Services: 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.

VASH or Veterans Administration Supportive Housing: A supportive housing voucher program funded through collaboration between HUD and the U.S. Veterans Administration to find and maintain affordable, safe and permanent housing for veterans and their immediate family members.

2-1-1 Plus: A term used to describe specialized services within the 2-1-1 Infoline System. These specialized services provide additional screening or assessment and either direct referral or placement into services. As it relates to homeless/ housing services, United Way of CT used the 2-1-1 Plus model to create a Housing Unit which provides screening for the HPRP program and direct referral to regional and local HPRP providers.

NSP or Neighborhood Stabilization Program: A federally-funded initiative established after the foreclosure crisis that funds communities to purchase and redevelop foreclosed and abandoned properties. Twenty-five percent of NSP funds must be used to develop housing for low-income households, earning below 50% of area medium income. No NSP properties can benefit households earning more than 120% of the area medium income.

January 2011

Appendix B. The Homeless Management Information System (HMIS) and CT HMIS

According to the U.S. Department of Housing and Urban Development (HUD), the Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

HMIS implementations can encompass geographic areas ranging from a single county to an entire state. An HMIS knits together homeless assistance providers within a community and creates a more coordinated and effective housing and service delivery system.

HUD and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to:

- produce an unduplicated count of homeless persons;
- understand patterns of service use; and
- measure the effectiveness of homeless programs.

Continua of Care and local communities began exploring the use of technology in the mid 1990s to improve service delivery and community planning. In 2001, Congress issued a directive to HUD to provide data and analysis on the extent and nature of homelessness and the effectiveness of the McKinney-Vento Act programs. HUD then developed HMIS Data and Technical Standards and methods for conducting one night counts (Point in Time Count, see Appendix D). Eventually, HUD required McKinney-Vento funded providers to participate in HMIS and made HMIS administrative expenses an eligible use of Supportive Housing Program (SHP) funds through the annual Notice of Funding Availability (NOFA) process, so that between 2001 and 2005 local communities began to implement HMIS.

Connecticut Implementation of CT HMIS. In 2004 three pilot communities – Danbury, Hartford, and Bridgeport – began entering data into the Connecticut Homeless Management Information System (*CT HMIS*). By 2008 the Connecticut Department of Social Services (DSS) revised homeless service contracts to mandate HMIS usage for emergency shelters, supportive housing programs and transitional housing programs. Connecticut Coalition to End Homelessness (CCEH) relies on *CT HMIS* for much of the analysis of homelessness data throughout the state.

Currently, there are two data systems that local regions use to capture *CT HMIS* data: Bowman Systems' "Servicepoint"; and GTI's "PROVIDE Enterprise." Eleven of the twelve Continua use Servicepoint, while New Haven and some smaller shelter programs use PROVIDE. The New Haven programs collaborated in 2001 to use a common system (PROVIDE). When the rest of the state went with ServicePoint, it was cost-prohibitive for the agencies to switch. CCEH, through its contractor Nutmeg IT, imports data from PROVIDE into ServicePoint in order to facilitate consolidated reporting. Today, there are more than 600 licensed users of *CT HMIS* (ServicePoint and PROVIDE) and all Continua are included. *CT HMIS* maintains data on more than 48,000 unduplicated clients. The system is designed to capture, record and document entries and exits to and from emergency shelters and certain demographic data elements required by HUD.

Today, there are over 600 licensed users of *CT HMIS* (ServicePoint and PROVIDE) and all the Continua are included. There is data on over 48,000 unduplicated clients. HUD mandates that HMIS include certain demographic data elements known as Universal Data Elements (UDE's). *CT HMIS* is designed to capture/record/document entries and exits to and from emergency shelters. For shelter, transitional and permanent supportive programs, the rate of *completeness* in *CT HMIS* (the rate or amount of the questions that are answered) for HUD Universal Data Elements is 90%. Completeness for program specific and many demographic elements is much lower.

Accuracy of the data is another consideration. Data accuracy for any crisis response system can be challenging. One of the difficulties is that most of the UDEs are "self-reported" and have no verified back up. Information is collected at intake and discharge, when there are many demands on the client and the intake worker. Accuracy can be compromised by the lack of resources to support data entry as well as potential subjectivity and time constraints on the part of intake workers and data entry staff. Inherent limitations in self-reporting could affect accuracy, particularly for any homeless individuals experiencing trauma or disabling health conditions.

Data reported from *CTHMIS* included in this report relates to clients and service transactions between the dates of October 1, 2009 and September 30, 2010 (FFY 2010). Only data entered according to *CTHMIS* workflow could be utilized for analysis purposes. *CTHMIS* data includes most of Connecticut's emergency shelters and transitional housing programs. About 85% of agencies providing emergency shelter, virtually all of those providing transitional housing and about 75% of those providing permanent supportive housing (PSH) enter *some* data in *CTHMIS*.

Shelter Plus Care providers will begin to use the System in January 2011, at which time virtually all PSH providers will participate. Currently, most records on PSH are incomplete, and there is little comprehensive data on PSH as a result. After 2011, the focus will be on a more complete data set for PSH utilization. Some of these records will date as far back as 1992, thus enabling *CTHMIS* to examine PSH longitudinally.

What Data is Collected. The program type and funder requirements determine the minimum data set required for both collection and reporting purposes. Certain HUD-mandated demographic data, known as Universal Data Elements, are required for all programs. Additional data elements are required for the following programs:

- DSS-funded Emergency Shelters;
- Transitional, Shelter Plus Care and Supportive Housing Programs; and
- the Homelessness Prevention and Rapid Re-Housing (HPRP) program.

How the Data are Collected. Data for *CTHMIS* are collected directly by the service providers during intake and care of the clients. Agencies collect client level data in one of two ways: 1) collect information on paper forms and enter the data at a later date; or 2) directly enter the data into the system as they interview or check a client into the system.

All data collected are subject to strict confidentiality rules. The *CTHMIS Policy and Procedures* follow HIPPA guidelines in order to ensure that personal protected information (PPI) data is not misused. Understanding that clients may receive services from multiple programs at once and collaboration among service providers can lead to greater outcomes, agencies have the option of sharing client information on a per-client basis (as long as the client signs a Release of Information allowing them to do so).

Agency data sharing is beneficial for several reasons. First, it allows the collaborating agencies to more efficiently share client information rather than relying on traditional methods of paper case files or faxed documents. Second, data sharing aids in the de-duplication of system data. Data sharing was required for agencies that participate in the HPRP program implemented in 2009. This proved to be beneficial for clients and the agencies providing services. HPRP data sharing allowed a client who called 2-1-1 to be routed to the Housing Unit within the 2-1-1 Infoline System. The highly-trained operator could then fill out a screening tool to determine potential eligibility; if the client was deemed eligible, an online referral to the agency in that person's geographic area was created. Once the client was screened, deemed eligible and referred, the receiving agency received direct access to all the data that had been entered by the 2-1-1 operator. This process allowed service providers to work more quickly and efficiently in response to client's immediate housing needs and eased the intake process for people applying to the program.

Outside of HPRP, most agencies do not share client level data with each other, but that is slowly starting to change as they see the benefits of being able to do this electronically.

How Data are De-Duplicated. Clients may have several case files in the system if they have been served by agencies that do not share data with each other. When a client case file is created, the system uses an algorithm to generate a "unique identifier" that is based on name components, date of birth, gender and social security number (if provided). This unique identifier is used when creating de-duplicated reports. We have also used other methods to match data with other non-HMIS systems that include taking the PPI data from both systems, comparing, and then creating a new common identifier. This has proved effective for the Frequent User Service Enhancement (FUSE) program, which seeks to provide housing and services for people who move repeatedly between shelters and Department of Corrections.

Unique identifiers allow for the tracking of system usage and patterns. The observation of system usage includes, but is not limited to, the frequency of client entries and exits into programs. Patterns may include the exploration into where in the state clients use the homeless service system and if clients tend to utilize the system as it was designed. Unique identifiers can also help to track lengths of stay in programs and instances of recidivism back into the service system.

Possible uses of CT HMIS at the local level include:

- Determine the size and scope of the homeless problem at the local level;
- Plan services and programs appropriately to address local needs;
- Measure progress in homeless prevention and eliminating homelessness; and
- Measure performance of individual programs or the crisis response system as a whole.

Website: cthmis.com
Helpdesk: (866) 721-HMIS (4647)
or email at hmis@nutmegit.com

Appendix C. Connecticut Homeless Shelters*

City	Program Name	Address	ZIP Code	Work Phone	Population Served
Bridgeport	Homes for the Brave	655 Park Ave	06604	(203) 338-0669	Homeless Veterans + Non-Veterans
Bridgeport	Bridgeport Rescue Mission Men's Shelter	1088 Fairfield Ave	06605	(203) 333-4087	M
Bridgeport	Bridgeport Rescue Mission Women's Shelter	1150 Fairfield Ave	06605	(203) 540 5449	W
Bridgeport	Prospect House Shelter	392 Prospect St	06604	(203) 576-9041	M/W, PW
Bridgeport	CCCYMCA – ACS Families in Transition	387 Clinton Ave	06605	(203) 366-2809	Families
Bridgeport	CCCYMCA – ACS Families in Transition	309 Brooks St	06605	(203) 366-2809	Families
Bristol	St. Vincent DePaul Homeless Shelter	19 Jacobs St	06011	(860) 589-0702	All
Danbury	City of Danbury Shelter	41 New St	06810	(203) 796-1661	M/W
Danbury	Dorothy Day Hospitality House	11 Spring St	06810	(203) 743-7988	M/W
Danbury	Harmony House Shelter	5 Harmony St	06810	(203) 792-8609	Ww/C
Danielson	Access Emergency Shelter	51 Reynolds St	06239	(860) 774-4977	All
Derby	Spooner House	119 Caroline St	06418	(203) 734-1638	All
East Hartford	East Hartford Community Shelter	385 Main St	06108	(860) 568-0323	All
Fairfield	Operation Hope-Family Shelter	50 Nichols St	06430	(203) 254-2935	Ww/C
Fairfield	Operation Hope-Shelter for Men	50 Nichols St	06430	(203) 254-2935	M
Fairfield	Operation Hope-Shelter for Women	50 Nichols St	06430	(203) 254-2935	W, PW
Hartford	Immaculate Conception Shelter	560 Park St	06126	(860) 724-4823	M
Hartford	Open Hearth	437 Sheldon St	06143	(860) 525-3447	M
Hartford	Salvation Army Marshall House	225 South Marshall St	06105	(860) 543-8423	Families/W
Hartford	South Park Inn	75 Main St	06106	(860) 724-0071	All
Hartford	St. Elizabeth's House - Shelter	118 Main St	06106	(860) 808-2120	M/W
Hartford	Stewart B. McKinney Shelter	34 Huyshope Ave	06106	(860) 722-6922	M
Hartford	Soromundi Commons	135 Broad St	06105	(860) 727-0645 (860) 647-8003	W, PW
Manchester	Emergency Shelter	466 Main St	06045	x4080	M/W
Meriden	Shelter NOW	43 St. Casimir Dr	06450	(203) 237-4020	M/W, Ww/C
Middletown	American Red Cross Family Shelter	117 Daddario Rd	06457	(860) 347-8686	Fam
Middletown	Eddy Shelter	1 LaBella Cir	06457	(860) 343-5520	M/W
Milford	Beth El Center	90 New Haven Ave	06460	(203) 876-0747	M/W, Ww/C
Mystic	Mystic Area Shelter & Hospitality	119 High St	06355	(860) 245-0222	Fam
New Britain	Friendship Service Center	241-249 Arch St	06051	(860) 225-0211	All
New Britain	Salvation Army Men's Shelter	78 Franklin Sq	06051	(860) 225-6662	M
New Haven	Crisis Program	382-384 Edgewood Ave	06511	(203)752-8710	M/W
New Haven	American Red Cross	703 Whitney Ave	06511	(203)787-6721	Fam-EMERGENCY DISASTER HOUSING

*Does not include privately funded facilities

Connecticut Homeless Shelters*

New Haven	Care Ways Shelter	223 Portsea St	06519	(203) 492-4873	Ww/C
New Haven	Columbus House Shelter	586 Ella Grasso Blvd	06519	(203) 401-4400 x158	M/W
New Haven	Emergency Shelter Management Services	645 Grand Ave	06511	(203) 777-2522	M
New Haven	Hillside Family Shelter	168 Davenport Ave	06519	(203) 777-7848	Fam
New Haven	Life Haven	447 Ferry St	06513	(203) 776-6208	Ww/C, PW
New Haven	Martha's Place	559 Howard Ave	06519	(203) 624-5798	W, Ww/C
New London	Covenant Shelter	42 Jay St	06320	(860) 443-0537	M/W, Ww/C, Mw/C
New London	New London Homeless Hospitality Center	19 Jay St	06320	(860)439-1573	MW
Norwich	TVCCA Shelter for Homeless Families	401 W. Thames St Unit 201	06360	(860) 889-1365	Fam
S. Norwalk	Norwalk Emergency Shelter	4 Merritt St	06854	(203) 866-1057	All
Stamford	Pacific House	597 Pacific St	06902	(203) 348-2792	M
Stamford	New Beginnings-Family Housing Emergency & Transitional Program	141 Franklin St	06901	(203) 388-0152	Fam, PW
Stamford	New Beginnings-Individual Women Emergency & Transitional Program	8 Woodland Pl	06902	(203) 388-0152	W
Torrington	FISH Shelter	332 S. Main St	06790	(860) 496-1648	All
Vernon	The Cornerstone Shelter	1A Prospect St	06066	(860) 875-6343	M/W
Vernon	Tri-Town Shelter Services, Inc.	93 East Main St	06066	(860) 875-9702	M/W/Cw/C
Wallingford	Wallingford Emergency Shelter	123 Quinipiac St	06492	(203) 294-0102	W/M
Waterbury	Salvation Army Family Emergency Shelter	74 Central Ave	06702	(203) 756-1718	Fam
Waterbury	St. Vincent DePaul Shelter	114 Benedict St	06706	(203) 573-9018	All
Westport	Bacharach Community	3 Wassell Ln	06880	(203) 222-9260	Ww/C
Westport	Gillespie Center	45 Jesup Rd	06880	(203) 226-1191	M
Westport	Hoskins Place	45 Jesup Rd	06880	(203) 226-1191	W, PW
Willimantic	Holy Family Home and Shelter, Inc.	P.O. Box 884	06226	(860) 423-7719	Ww/C, PW
Winsted	Winchester Emergency Shelter	480 Main St	06098	(860) 379-0708	All

*Does not include privately funded facilities

Connecticut Transitional Housing Programs*

City	Program Name	Address	Zip Code	Work Phone	Population Served
Bloomfield	Bloomfield Scattered Site	8 Stonington St	06102	(860) 560-5790	singles w/\disability
Bridgeport	Alpha Community Services TLP	387 Clinton Ave	06605	(203) 366-2809	Families
Bridgeport	Homes for the Brave	655 Park Ave	06604	(203) 338-0669	M
Bridgeport	Bethel Recovery Center, Inc.	P.O. Box 1037	06601	(203) 372-2179	Ww/C
Bridgeport	Prospect House Urban Model/Supportive	410 Poplar St	06605	(203) 333-3445	M/W
Bristol	Elms Transitional Living Center	419 West St	06010	(860) 583-8318	M
Bristol	Women w/ Children Transitional Living Center	19 Jacobs St	06010	(860) 585-9673	Ww/C
Danbury	Amos House	34 Rocky Glen Rd	06810	(203) 791-9277	W/Ww/C
Danbury	Renewal House	18 Aaron Samuels Blvd	06810	(203) 791-8050	M/W
Hartford	Soromundi Commons	135 Broad St	06105	(860) 263-4427	W
Hartford	Project T.E.A.C.H.	8 Stonington St	06114	(860) 560-5790	singles
Hartford	Permanent Supportive Housing	8 Stonington St	06120	(860) 560-5790	families-head of household w/\disability
Hartford	Transitional Housing for Families of Domestic Violence	8 Stonington St	06120	(860) 560-5790	8 participants or families
Hartford	Supportive Housing Collaborative - CRT	82 Stonington St	06120	(860) 560-5790	All
Hartford	House of Bread	1463 Main St	06120	(860) 549-4188	All
Hartford	House of Bread	5 Clark St	06120	(860) 549-4188	M
Hartford	House of Bread	7 Lincoln St	06120	(860) 549-4188	W/Ww/C
Hartford	St. Elizabeth's House - TLP	118 Main St	06106	(860) 560-4100	M/W
Hartford	My Sisters' Place II	102 Pliny St	06120	(860) 549-1634	W/Ww/C
Hartford	Open Hearth	437 Sheldon St	06143	(860) 525-3447	M
Hartford	South Park Inn	75 Main St	06106	(860) 724-0071	M
Meriden	Shelter NOW	43 St. Casimir Dr	06450	(203) 237-4020	M
Middletown	American Red Cross Family TLP	117 Daddario Rd	06457	(860) 347-8686	Families
Middletown	Shepherd Home - TLP	112 Bow Ln	06457	(860) 344-0766	M/W
Middletown	Transitional Living Program	33 Ferry St	06457	(860) 347-7362	All
New Britain	Friendship Center - Transitional Living	241-249 Arch St	06051	(860) 225-0211	M/W
New Haven	Dwight House	282 Dwight St	06511	(203) 777-3216	M/W
New Haven	Stepping Stone Transitional Housing	660 Winchester Ave	06511	(203) 777-7167	Families
New Haven	The Supportive Housing Program	319 Peck St	06513	(203)764-6331	
New Haven	New Haven Shelter Plus Care Program	205 Whitney Ave	06511	(203) 764-6330	M/W
New Haven	Harkness House	138 Davenport Ave	06519		M
New Haven	Recovery House	130 Davenport Ave	06519	(203) 772-2658	M
New Haven	On the Move Program	586 Ella Grasso Blvd	06519	(203) 401-4400	M
New Haven	Sojourner's Place	164 Howard Ave	06519	(203) 782-3520	W
New Haven	Frank Street Project	178 Frank St	06511	(203) 752-8715	M
New Haven	The Transitional Living Program	254 College St	06510	(203) 497-2323	M/W

*Does not include privately funded facilities

Connecticut Transitional Housing Programs*

New Haven	Transitional Housing Program	153 East St 3rd Floor	06511	(203) 492-4866	Families
New Haven	Pendleton House	527 Whalley Ave or 205 Orange St	06511	(203) 397-0304	M/W
New Haven	Park Street Residence	104, 106 Park St	06511	(203) 624-1153	M/W
New Haven	Park Street Inn	98 Park St	06511	(203) 848-3061	M/W
New Haven	Community Housing Assistance Program	746 Chapel St or Grand Ave 924	06511	(203) 562-3396	18-23 yr M/W
New Haven	Umoja Transitional Living Program	84 Dewitt or 924 Grand Ave	06511	(203) 777-8445	17-21 yr M/W
Norwich	Katie Blair House	117 Cliff St	06360	(860) 886-5982	W
Norwich	Martin House	401 W. Thames St	06360	(860) 889-6150	M/W
Norwich	Thames River Family Program	1 Thames River Pl	06360	(860) 887-3288	Ww/C
Stamford	Shelter for the Homeless -THP	17 Berkeley St	06901	(203) 353-8511	M
Stamford	St. Luke's Lifeworks Bread & Roses- Family	141 Franklin St	06901	(203) 388-0140	M/W
Stratford	Bethlehem House I and II	3 Mary Ave	06614	(203) 377-0072	Families
Torrington	Life for Vets	332 S. Main St	06790	(860) 496-1648	M/W, Ww/C
Willimantic	Windham Family Living Program	872 Main St	06226	(860) 423-4534	Families

*Does not include privately funded facilities

Domestic Violence Shelters*

City	Program Name	Office Address	ZIP Code	Hotline
Ansonia	The Umbrella	435 East Main St	06401	(203) 736-9944
Bridgeport	The Center for Women and Families	753 Fairfield Ave	06604	(203) 384-9559
Danbury	Women's Center of Greater Danbury	2 West St	06810	(203) 731-5206
Dayville	Domestic Violence Program United Services	P.O. Box 839	06241	(860) 774-8648
Enfield	Network Against Domestic Abuse	139 Hazard Ave, Bldg #3-9	06082	(860) 763-4542
Greenwich	Domestic Abuse Services	259 E. Putnam Ave	06830	(203) 622-0003
Hartford	Interval House	P.O. Box 340207	06134	(860) 527-0550
Meriden	Meriden-Wallingford Chrysalis	5 Colony St, Suite 302	06451	(203) 238-1501
Middletown	New Horizons	P.O. Box 1036	06457	(860) 347-3044
New Britain	Prudence Crandall Center for Women	P.O. Box 895	06050	(860) 225-6357
New Haven	Domestic Violence Services of Greater New Haven	P.O. Box 1329	06505	(203) 789-8104
New London	Women's Center of Southeastern Connecticut	16 Jay St	06320	(860) 701-6000
Norwalk	Domestic Violence Crisis Center	5 Eversley Ave, Suite 303	06851	(203) 852-1980
Sharon	Women's Support Services	158 Gay St	06069	(860) 364-1900
Stamford	Domestic Violence Crisis Center	141 Franklin St	06901	(203) 357-8162
Torrington	Susan B. Anthony Project	P.O. Box 846	06790	(860) 482-7133
Waterbury	Safe Haven Greater Waterbury	P.O. Box 1503	06721	(203) 575-0036
Willimantic	Domestic Violence Program United Services	132 Mansfield Ave	06226	(860) 456-9476

*Does not include privately funded facilities

Appendix D. Connecticut Point in Time Count 2010 Methodology

Survey Administration. In preparation for the annual Point in Time Count, regional coordinators attend trainings offered by Connecticut Coalition to End Homelessness (CCEH). Service providers (including shelter staff) and others helping to administer the sheltered client surveys attend trainings hosted by their regional coordinators in order to understand the process and methodology used in the Point in Time Count. Trainings include a visual presentation originally created by the Center for Urban Community Services (CUCS) and updated by CCEH that provides information on the purpose of the Count, logistics, who should and should not complete the sheltered client survey, programmatic eligibility, and instruction on how to complete sheltered count forms (survey instrument).

Every other year a sheltered and unsheltered Count is conducted. The 2010 Point in Time Count (*CT PIT 2010*) represents a survey of only sheltered homelessness. Between 7:00 p.m. and 11:00 p.m. on January 27, 2010, emergency shelters and transitional housing programs administered client surveys as well as completed program bed count and population count forms during the four-hour period. Permanent supportive housing programs completed bed and population count forms but did not survey clients. Program staff and volunteers conducted surveys, completed program forms, and returned all paperwork to regional coordinators who helped to collect and review forms completed by programs within their region.

Data Entry of Surveys. After the paper surveys were completed, they were entered directly into Homeless Management Information System (HMIS), either by the program staff or the research team at CCEH.

Data Analysis. After all surveys had been entered into *CT HMIS*, either through ServicePoint or PROVIDE (see Appendix B. HMIS and CT HMIS), a spreadsheet comprising all responses was prepared by Nutmeg Consulting. Only data for persons meeting the HUD definition of homelessness were analyzed. HUD guidance and reporting requirements were also used

as parameters to categorize household types either as “Adults With Children” or “Adults Without Children.” Illegible or inconsistent client survey data were discarded.

The CCEH research team contacted programs as needed to attempt to obtain usable data for sheltered client population counts. Still, illegible or inconsistent client survey data were discarded. Some emergency shelter and transitional housing were unable to be surveyed, and many who were surveyed often did not answer every question. In order to increase the amount of information available for analysis, previously collected and existing demographic data was extracted for every adult residing in *CT HMIS*-reporting program on the night of the Count.

From the Population & Bed Count, as amended for HUD’s reporting database, CCEH had as complete a count as possible of every adult, identified as with or without children, in an emergency shelter or transitional housing for *CT PIT 2010*. An extrapolation formula devised by CUCS relies on the sample of answers being representative of the entire population. By dividing the surveys into those taken by single adults and by adults in families, the validity of that assumption is enhanced since, in many cases, those two sets of individuals can have quite different profiles.

The extrapolation formula, therefore, generalizes the survey responses to the entire population of sheltered homeless on the night of the Count. This report presents the data analysis both on a statewide basis and grouped by the following Continua of Care, as they existed in Connecticut on the night of the count: Balance of State; Bridgeport/Stratford/Fairfield; Bristol; Greater Danbury; Hartford; Middlesex County; New Britain; New Haven; Norwalk/Fairfield County; Norwich/New London City; Stamford/Greenwich; and Waterbury. Since *CT PIT 2010*, the Norwich/New London City and Middlesex County Continua have merged with the Balance of State Continuum of Care.

To exemplify the formula, a Yes/No question from the survey is used here:

“Do you feel that you have a health condition that limits your ability to work, get around, care for yourself or otherwise take care of your needs?”

Responses	Adults with Children	Adults without Children
Yes	79	609
No	287	939
No Response	45	348

Of the Adults With Children, total ‘Yes’ responses (n=79) are divided by the number of total responses (n=366). A rate of 36% is determined. That rate is then applied to the total number of Adults With Children, determining the estimate of the total number of adults in families who believe their health condition limits their ability to work, get around, etc. The same calculation will give the estimate for the Adults Without Children category.

Similar, more complex calculations are followed for survey questions offering multiple answers, such as determining chronic homelessness.

CT PIT 2010 demographic tables (Appendices H) are published based on data known to Connecticut Coalition to End Homelessness prior to Continuum of Care revisions reported to HUD, while statewide population and subpopulation totals and comparison tables (Appendices F and G) have been updated.

Appendix E. Sheltered Client Survey Form

Connecticut Counts: 2010 Point in Time Homeless Count

Agency Name: _____ Program Name: _____
Town: _____ Continuum of Care: _____
• Read each question exactly as written. **(Do not read text that appears in bold and parentheses.)**
• Obtain as many answers as possible. Skip any questions the respondent refuses. Stop if the person does not wish to continue.

Program Type (circle one): **Emergency Shelter** or **Transitional Housing**

Client ID Number: _____

(Client ID Number will be generated by HMIS when this survey is entered into the system)

Client Name (optional): _____

1. **(Is this person sleeping?)** **YES** **(Do not wake. Use your best judgment to answer questions 5 through 9 only.)**
NO **(Read introduction and continue survey.)**

Introduction: Hello, my name is **(NAME)**. I am a volunteer with Connecticut Counts. We are asking everyone a few questions about their housing situation. Your answers are kept confidential and will not affect your eligibility for services.

2. Would you like to participate?
YES **(continue to question # 3)**
NO **(Skip to question #5 and use your best judgment to answer 5 through 9.)**
3. Have you already been interviewed today for the Point in Time Count?
YES **(read termination paragraph at end of survey)** **NO** **(continue to question # 4)**
4. In what year were you born? _____
5. Do you identify as **MALE** **FEMALE** **TRANSGENDER**
6. Do you have children under 18 years of age?
YES # MALE CHILDREN _____? # FEMALE CHILDREN _____?
NO **(Skip to question # 9.)**

(QUESTIONS 7 AND 8 ONLY APPLY AT PROGRAMS SERVING FAMILIES)

7. Are any of your children under 18 currently staying with you at the program where you are sleeping tonight?
YES How Many? _____ **NO**
8. What are the ages of your children under 18 who are currently staying with you at the program where you are sleeping tonight? _____
9. Is your spouse, partner, or significant other currently staying with you at the program where you are sleeping tonight? **YES** **NO**
10. Have you ever served in the military? **YES** **NO**

11. What was the last grade in school that you completed? _____

12. How would you describe your ethnicity? **(Read options)**

- Hispanic or Latino Not Hispanic or Latino.

13. How would you describe your race? You may select more than one: **(Read options to prompt if necessary)**

- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Other: _____

14. Where did you stay last night? **(Record response in the space provided then categorize later. Read options to prompt if necessary):** _____

- | | |
|---|---|
| <input type="checkbox"/> Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, under a bridge, etc) | <input type="checkbox"/> Jail/prison |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Domestic violence situation |
| <input type="checkbox"/> Transitional housing for homeless persons | <input type="checkbox"/> Living with relative/friend |
| <input type="checkbox"/> Psychiatric facility | <input type="checkbox"/> Rental Housing, own apartment or house |
| <input type="checkbox"/> Substance abuse treatment facility | <input type="checkbox"/> Hotel or motel |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Foster Care |
| | <input type="checkbox"/> Other: _____ |

15. Where have you stayed in the last 30 days? You may provide more than one answer. **(Record response. Categorize later. Read options to prompt if necessary. Check all that apply):** _____

- | | |
|---|---|
| <input type="checkbox"/> Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, under a bridge, etc) | <input type="checkbox"/> Jail/prison |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Domestic violence situation |
| <input type="checkbox"/> Transitional housing for homeless persons | <input type="checkbox"/> Living with relative/friend |
| <input type="checkbox"/> Psychiatric facility | <input type="checkbox"/> Rental Housing, own apartment or house |
| <input type="checkbox"/> Substance abuse treatment facility | <input type="checkbox"/> Hotel or motel |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Foster Care |
| | <input type="checkbox"/> Other: _____ |

16. How long has it been since you had a place that you considered home or a permanent place to live? **(Interviewer should record response in the space provided then categorize later):**

(If the person cannot answer, rephrase the question as:) Approximately when did you end up without a place to live? **(record month and year):** _____

- | | | |
|--|--|--|
| <input type="checkbox"/> less than 1 month | <input type="checkbox"/> more than 3 months but less than 6 months | <input type="checkbox"/> 3 or more years |
| <input type="checkbox"/> 1 to 2 months | <input type="checkbox"/> more than 6 months but less than 1 year | <input type="checkbox"/> do not remember |
| <input type="checkbox"/> 2 to 3 months | <input type="checkbox"/> 1 to 2 years | |

17. Why did you leave your last place of residence? You can provide more than one reason **(Record response. Categorize later. Read options to prompt if necessary. Check all that apply) :** _____

- | | |
|---|---|
| <input type="checkbox"/> Rent problems | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Foreclosure of own home | <input type="checkbox"/> Went to prison or jail |
| <input type="checkbox"/> Evicted due to landlord's property foreclosure | <input type="checkbox"/> Went into the hospital |
| <input type="checkbox"/> Evicted for a reason other than rent problems or foreclosure | <input type="checkbox"/> Housing condemned |
| <input type="checkbox"/> conflict with family or friends | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Other _____ |

18. At any point in your life, have you been in a family or intimate relationship in which you have been physically hurt or felt threatened? Injury or threats may include physical, sexual or verbal threats, or exertion of financial control. **YES** **NO**

19. Did domestic violence contribute to your homelessness? **YES** **NO**

20. In what town was your last residence? TOWN: _____ STATE: _____

21. Have you been without a permanent place to live before? **YES** **NO**

(If **YES**) how many times in the last 3 years? **Once** **Twice** **3 times** **4 or more times**

22. Do you or your children have health insurance? **YES** **NO**

23. Are you currently working?
YES **NO** If yes, how many hours did you work over the last week? _____

24. Do you have an income?
YES **NO**
If **Yes**, how much was your income in the last 30 days? _____
If **no**, skip to question 26

25. What is the source of your income? You may provide more than one answer (**Record response. Categorize later.**)
Read options to prompt if necessary. Check all that apply): _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Full or Part-Time Work | <input type="checkbox"/> SAGA | <input type="checkbox"/> Scrap/recycling |
| <input type="checkbox"/> Day labor | <input type="checkbox"/> Social Security, SSI, SSDI, | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Short-term disability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> TANF (welfare) | <input type="checkbox"/> Veterans benefits | |

26. Do you receive food stamps? **YES** **NO**

(Questions 27 to 34 apply only to the adult being interviewed)

27. Rate your health on a scale of 1-6. 1 being the worst health and 6 being the best health: _____

28. Have you ever been hospitalized for a mental health issue? **YES** **NO**

29. Have you ever been in a hospital, detox or rehab center for a substance issue? **YES** **NO**

30. Do you feel that you need help with a substance issue now? **YES** **NO**

31. Are you receiving substance abuse services now? **YES** **NO**

32. Do you feel that you have a health condition that limits your ability to work, get around, care for yourself or otherwise take care of your needs? **YES** **NO**

33. Have you ever been told that you have HIV or AIDS? **YES** **NO**

34. Are you currently on any of the following? (**Check if yes/applies**)

- | | | |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Probation | <input type="checkbox"/> Transitional Supervision (TS) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Not Sure | <input type="checkbox"/> None |

Termination Paragraph

Thank you very much for talking with me tonight. All of the information you provided is confidential.
Good night.

Appendix F: CT PIT 2010 Statewide Totals and Comparisons			
Date of point-in-time count: 01/27/2010			
Part1: Homeless Population	Sheltered		Total
	Emergency	Transitional	
1. Number of Households with Dependent Children:	225	215	440
1a. Total Number of Persons in these Households (adults and children):	679	627	1306
2. Number of Households without Dependent Children **	1626	859	2485
2a. Total Number of Persons in these Households	1635	876	2511
Total Persons (Add Lines 1a and 2a):	2314	1503	3817

Part2: Homeless SubPopulations (Adults only, except g.below)	Sheltered		Total
	Emergency	Transitional	
a. Chronically Homeless ***	595		595
b. Severely Mentally Ill	1324		1324
c. Chronic Substance Abuse	1390		1390
d. Veterans	398		398
e. Persons with HIV/AIDS	188		188
f. Victims of Domestic Violence	640		640
g. Number of Unaccompanied Youth	18		18
4. Number of Children*	395	416	811

*4. is not in HUD K-Chart

CT PIT 2010 Statewide Totals and Comparisons			
Date of point-in-time count: 01/28/2009			
Part1: Homeless Population	Sheltered		Total
	Emergency	Transitional	
1. Number of Households with Dependent Children:	229	194	423
1a. Total Number of Persons in these Households (adults and children):	687	601	1288
2. Number of Households without Dependent Children **	1718	683	2401
2a. Total Number of Persons in these Households	1731	683	2414
Total Persons (Add Lines 1a and 2a):	2418	1284	3702

Part2: Homeless SubPopulations (Adults only, except g.below)	Sheltered		Total
	Emergency	Transitional	
a. Chronically Homeless ***	588		588
b. Severely Mentally Ill	1220		1220
c. Chronic Substance Abuse	1502		1502
d. Veterans	356		356
e. Persons with HIV/AIDS	178		178
f. Victims of Domestic Violence	227		227
g. Number of Unaccompanied Youth	17		17

** Includes single individuals, unaccompanied youth, and other adults(such as a married couple v

***For 'sheltered' chronically homeless subpopulations, list persons in emergency shelter only.

Comparison of 2009 and 2010			
Diff.=2010-2009			
Part1: Homeless Population	Sheltered		Total
	Emergency	Transitional	
1. Number of Households with Dependent Children:	-4	21	17
1a. Total Number of Persons in these Households (adults and children):	-8	26	18
2. Number of Households without Dependent Children **	-92	176	84
2a. Total Number of Persons in these Households	-96	193	97
Total Persons (Add Lines 1a and 2a):	-104	219	115

Part2: Homeless SubPopulations (Adults only, except g.below)	Sheltered		Total
	Emergency	Transitional	
a. Chronically Homeless ***	7		-52
b. Severely Mentally Ill	104		52
c. Chronic Substance Abuse	-112		26
d. Veterans	42		3
e. Persons with HIV/AIDS	10		-11
f. Victims of Domestic Violence	413		248
g. Unaccompanied Youth (Under 18)	1		1

Comparison of 2009 and 2010			
% of Diff.=(2010-2009)/2009			
Part1: Homeless Population	Sheltered		Total
	Emergency	Transitional	
1. Number of Households with Dependent Children:	-2%	11%	4%
1a. Total Number of Persons in these Households (adults and children):	-1%	4%	1%
2. Number of Households without Dependent Children **	-5%	26%	3%
2a. Total Number of Persons in these Households	-6%	28%	4%
Total Persons (Add Lines 1a and 2a):	-4%	17%	3%

Part2: Homeless SubPopulations (Adults only, except g.below)	Sheltered		Total
	Emergency	Transitional	
a. Chronically Homeless ***	1%		-9%
b. Severely Mentally Ill	9%		4%
c. Chronic Substance Abuse	-7%		2%
d. Veterans	12%		1%
e. Persons with HIV/AIDS	6%		-6%
f. Victims of Domestic Violence	182%		109%
g. Unaccompanied Youth (Under 18)	6%		6%

** Includes single individuals, unaccompanied youth, and other adults(such as a married couple v

***For 'sheltered' chronically homeless subpopulations, list persons in emergency shelter only.

Appendix G: CT PIT 2010 Statewide Totals with CoC Breakdowns

The percentages are of the total statewide count

Data comes mainly from corrected HDX submissions

	Sheltered									
	Total Households		Single Adults		Families		Unaccompanied Youth		Children in Families	
Statewide	2925	100%	2493	100%	440	100%	18	100%	792	100%
Balance of State ¹	633	22%	518	21%	129	29%	1	6%	233	29%
Bridgeport-Stratford-Fairfield	315	11%	265	11%	48	11%	2	11%	98	12%
Bristol	43	1%	32	1%	11	3%	0	0%	15	2%
Greater Danbury	98	3%	87	3%	11	3%	0	0%	19	2%
Hartford	772	26%	692	28%	91	21%	0	0%	163	21%
New Britain	108	4%	97	4%	11	3%	0	0%	19	2%
New Haven	523	18%	430	17%	78	18%	15	83%	145	18%
Norwalk- Fairfield County ²	147	5%	132	5%	15	3%	0	0%	25	3%
Stamford-Greenwich	185	6%	158	6%	27	6%	0	0%	48	6%
Waterbury	101	3%	82	3%	19	4%	0	0%	27	3%

Footnotes:

¹ Former Continua of Care Norwich-New London and Middlesex County are now incorporated into the Balance of State Continuum. 2010 reporting for Balance of State includes these recent changes to the Balance of State CoC. Percent of statewide totals appears great for Balance of State as the CoC covers a large area of the state and now in 2010 includes the aforementioned CoCs.

² Corrected 12/17/2010 to reflect Norwalk's CT PIT 2010 data

CT PIT 2010 Statewide Totals based on former Connecticut Continua Structure¹

	Sheltered									
	Total Households		Single Adults		Families		Unaccompanied Youth		Children in Families	
Balance of State, 2009 Composition	343	12%	300	12%	55	13%	1	6%	101	13%
Middletown-Middlesex County ²	131	4%	106	4%	25	6%	0	0%	53	7%
Norwich-New London ²	159	5%	112	4%	49	11%	0	0%	79	10%

Footnotes:

¹ Balance of State, Middlesex County, and Norwich-New London are broken out here to illustrate any PIT data changes in those former CoCs and for the purpose of longitudinal comparison based on former Connecticut CoC structure. The current Connecticut CoC structure is reflected in Appendix H.

**Appendix H: CT PIT 2010 Demographics
STATEWIDE**

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	61	12%	1859	74%	1920	63%
Female	460	88%	642	26%	1102	36%
Transgender	0	0	5	0.2%	5	0.2%
Unknown	0	0	1	0.1%	1	0.03%
Totals	521	100%	2507	100%	3028	100%

2. Age

18-21	48	9%	87	3%	135	4%
22-29	180	35%	246	10%	426	14%
30-39	177	34%	374	15%	551	18%
40-49	75	14%	796	32%	871	29%
50-59	11	2%	648	26%	659	22%
60-69	0	0%	146	6%	146	5%
70+	0	0%	20	1%	20	1%
Unknown	29	6%	190	8%	219	7%
Totals	520	100%	2507	100%	3027	100%

3. Households with Children <18 accompanying head of household

1 child	N/A	226	43%	226	43%
2-3 children	N/A	195	37%	195	37%
4-5 children	N/A	25	5%	25	5%
> 5 children	N/A	3	0.5%	3	0.5%
Unknown	N/A	72	14%	72	14%
Totals	N/A	521	100%	521	100%

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	78	15%	52	(2)	130	4%
No	443	85%	2456	(98)	2899	96%
Totals	521	100%	2508	(100)	3029	100%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	4	1%	18	1%	22	0%
Asian	0	0%	11	0.4%	11	0%
Black or African-American	221	42%	815	32%	1036	17%
Hawaiian/Pacific Islander	0	0%	6	0.3%	6	0%
White	208	40%	1279	51%	1487	25%
Other/Multi-Racial	86	16%	374	15%	460	8%
Hispanic-Latino (any race)	155	30%	502	20%	657	11%
Non-Hispanic/non-Latino (any race)	366	70%	2004	80%	2370	39%
Unknown Race	1	0.3%	5	0.2%	6	0%

Race/Ethnicity (Unduplicated)

Hispanic/Latino

American Indian or Alaska Native	3	1%	4	0.2%	7	0.2%
Asian	0	0%	0	0%	0	0%
Black or African-American	13	3%	34	1%	47	2%
Hawaiian/Pacific Islander	0	0%	3	0.1%	3	0.1%
White	56	11%	110	4%	166	5%
Other/Multi-Racial	59	11%	260	10%	319	11%
Unknown	21	4%	80	3%	101	3%
Totals	152	29%	491	20%	643	21%

Non-Hispanic/Non-Latino

American Indian or Alaska Native	1	0.3%	11	0.4%	12	0.4%
Asian	0	0%	10	0.4%	10	0.3%
Black or African-American	180	35%	643	26%	823	27%
Hawaiian/Pacific Islander	0	0%	3	0.1%	3	0.1%
White	127	24%	995	40%	1122	37%
Other/Multi-Racial	14	3%	59	2%	73	2%
Unknown	38	7%	239	10%	277	9%
Totals	360	69%	1960	78%	2320	77%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Transitional Housing for Homeless Persons	258	41%	1199	39%	1457	39%
Emergency Shelter	220	35%	1111	36%	1331	36%
Living with Relative/Friend	51	8%	277	9%	328	9%
Rental Housing, own apartment or house	38	6%	127	4%	165	4%
Substance abuse treatment facility	7	1%	113	4%	120	3%
Jail/prison	0	0%	61	2%	61	2%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	2	0%	49	2%	51	1%
Hotel or motel	9	1%	20	1%	29	1%
Hospital	2	0.3%	25	1%	27	1%
Psychiatric facility	2	0%	23	1%	25	1%
Domestic Violence Situation	2	0%	0	0%	2	0%
Other	31	5%	76	2%	107	3%

7. Length of Time Since Permanent Residence

< 1 month	36	7%	141	6%	177	6%
1 to 2 months	33	6%	164	7%	197	7%
2 to 3 months	39	8%	176	7%	215	7%
more than 3 months but < 6 months	62	12%	224	9%	286	9%
more than 6 months but < 1 year	105	20%	350	14%	455	15%
1 to 2 years	167	32%	712	28%	879	29%
3 or more years	68	13%	671	27%	739	24%
do not remember	11	2%	70	3%	81	3%
Totals	521	100%	2508	100%	3029	100%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

8. Reason Left Last Residence (Duplicated)

	n	(%)	n	(%)	n	(%)
Rent Problems	157	24%	711	25%	868	25%
Other	115	17%	624	22%	739	21%
Conflict with family or friends	118	18%	571	20%	689	19%
Went to prison or jail	5	1%	368	13%	373	11%
Domestic Violence	154	23%	163	6%	317	9%
Evicted for a reason other than rent problems or foreclosure	28	4%	154	5%	182	5%
Overcrowding	45	7%	68	2%	113	3%
Went into the hospital	6	1%	100	3%	106	3%
Foreclosure of own home	17	3%	44	2%	61	2%
Evicted due to landlord's property foreclosure	14	2%	36	1%	50	1%
Housing condemned	6	1%	19	1%	25	1%
Fire	2	0%	12	0%	14	0%

9. Ever without a Permanent Place Before

	n	(%)	n	(%)	n	(%)
1 time in last 3 years	124	24%	465	19%	589	19%
2 times in last 3 years	73	14%	428	17%	501	17%
3 times in last 3 years	34	6%	230	9%	264	9%
4 or more times in last 3 years	37	7%	266	11%	303	10%
Yes, unknown number of times	14	3%	126	5%	140	5%
No	239	46%	993	40%	1232	41%
Totals	521	100%	2508	100%	3029	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients	28	10%	595	36%	623	32%
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STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

11. State of Last Residence

Alabama	1	0.3%	3	0.1%	4	0.1%
Arizona	0	0%	3	0.1%	3	0.1%
California	0	0%	8	0.3%	8	0.3%
Colorado	0	0%	2	0.1%	2	0.1%
Connecticut	454	87%	2250	90%	2704	89%
District of Columbia	0	0%	3	0.1%	3	0.1%
Delaware	0	0%	3	0.1%	3	0.1%
Florida	3	1%	28	1%	31	1.0%
Georgia	4	1%	7	0.3%	11	0%
Idaho	0	0%	2	0.1%	2	0.1%
Indiana	1	0.3%	0	0%	1	0.0%
Iowa	0	0%	2	0.1%	2	0.1%
Jamaica	0	0%	2	0.1%	2	0.1%
Louisiana	0	0%	3	0.1%	3	0.1%
Maine	6	1%	7	0.3%	13	0%
Maryland	0	0%	2	0.1%	2	0.1%
Massachusetts	8	2%	26	1%	34	1%
Mississippi	0	0%	2	0.1%	2	0.1%
Nevada	0	0%	2	0.1%	2	0.1%
New Hampshire	1	0.3%	7	0.3%	8	0.3%
New Jersey	3	1%	16	1%	19	1%
New York	16	3%	46	2%	62	2%
North Carolina	4	1%	12	0.5%	16	1%
Ohio	0	0%	2	0.1%	2	0.1%
Pennsylvania	1	0.3%	20	1%	21	1%
Puerto Rico	4	1%	12	0.5%	16	1%
Rhode Island	3	1%	5	0.2%	8	0.3%
South Carolina	0	0%	7	0.3%	7	0.2%
Tennessee	3	1%	5	0.2%	8	0.3%
Texas	3	1%	12	0%	15	0.5%
Vermont	0	0%	2	0%	2	0.1%
Virginia	3	1%	8	0%	11	0.4%
Washington	0	0%	2	0.1%	2	0.1%
West Virginia	1	0.3%	0	0%	1	0.0%
Wisconsin	0	0%	2	0.1%	2	0.1%
Totals	521	100%	2508	100%	3029	100%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

	n	(%)	n	(%)	n	(%)
Baltic	3	1%	0	0%	3	0.1%
Beacon Falls	0	0%	2	0.1%	2	0.1%
Berlin	1	0.3%	3	0.1%	4	0.1%
Bethel	1	0.3%	5	0.2%	6	0.2%
Bloomfield	0	0%	10	0.4%	10	0.4%
Branford	0	0%	5	0.2%	5	0.2%
Bridgeport	42	9%	158	7%	200	7%
Bristol	7	2%	54	2%	61	2%
Brookfield	0	0%	5	0.2%	5	0.2%
Brooklyn	0	0%	2	0.1%	2	0.1%
Burlington	0	0%	2	0.1%	2	0.1%
Canaan	0	0%	2	0.1%	2	0.1%
Canterbury	0	0%	4	0.2%	4	0.1%
Canton	0	0%	2	0.1%	2	0.1%
Cheshire	0	0%	3	0.1%	3	0.1%
Clinton	0	0%	2	0.1%	2	0.1%
Colchester	1	0.3%	0	0%	1	0.04%
Colebrook	1	0.3%	0	0%	1	0.04%
Coventry	1	0.3%	3	0.1%	4	0.1%
Cromwell	0	0%	5	0.2%	5	0.2%
Danbury	3	1%	44	2%	47	2%
Danielson	4	1%	7	0.3%	11	0.4%
Darien	0	0%	3	0.1%	3	0.1%
Dayville	0	0%	7	0.3%	7	0.3%
Deep River	0	0%	2	0.1%	2	0.1%
Derby	3	1%	8	0.4%	11	0.4%
East Haddam	0	0%	2	0.1%	2	0.1%
East Hampton	0	0%	7	0.3%	7	0.3%
East Hartford	11	2%	49	2%	60	2%
East Haven	3	1%	12	1%	15	1%
East Lyme	0	0%	2	0.1%	2	0.1%
East Windsor	0	0%	2	0.1%	2	0.1%
Easton	0	0%	2	0.1%	2	0.1%
Ellington	1	0.3%	2	0.1%	3	0.1%
Enfield	4	1%	8	0.4%	12	0.4%
Fairfield	1	0.3%	13	1%	14	1%
Falls Village	0	0%	2	0.1%	2	0.1%
Farmington	1	0.3%	3	0.1%	4	0.1%
Glastonbury	0	0%	5	0.2%	5	0.2%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut), continued

Greenville	0	0%	2	0.1%	2	0.1%
Greenwich	0	0%	12	1%	12	0.4%
Groton	4	1%	26	1%	30	1%
Guilford	0	0%	2	0.1%	2	0.1%
Hamden	3	1%	15	1%	18	1%
Hartford	59	13%	367	16%	426	16%
Hebron	1	0.3%	0	0%	1	0.04%
Jewett City	1	0.3%	5	0.2%	6	0.2%
Kensington	0	0%	2	0.1%	2	0.1%
Killingly	0	0%	2	0.1%	2	0.1%
Killingworth	0	0%	2	0.1%	2	0.1%
Lebanon	3	1%	7	0.3%	10	0.4%
Ledyard	1	0.3%	3	0.1%	4	0.1%
Manchester	1	0.3%	48	2%	49	2%
Meriden	7	2%	43	1.9%	52	2%
Middlefield	0	0%	2	0.1%	2	0.1%
Middletown	11	2%	71	3%	82	3%
Milford	3	1%	20	1%	23	1%
Monroe	0	0%	2	0.1%	2	0.1%
Moosup	1	0.3%	3	0.1%	4	0.1%
Mystic	4	1%	2	0.1%	6	0.2%
Naugatuck	1	0.3%	8	0.4%	9	0.3%
Naugatuck	0	0%	2	0.1%	2	0.1%
New Britain	11	2%	82	4%	93	3%
New Canaan	0	0%	3	0%	3	0.1%
New Fairfield	0	0%	2	0%	2	0.1%
New Hartford	0	0%	3	0%	3	0.1%
New Haven	58	13%	225	10%	272	10%
New London	11	2%	56	2%	67	2%
New Milford	0	0%	8	0%	8	0.3%
Newington	1	0.3%	3	0%	4	0.1%
Newtown	0	0%	2	0%	2	0.1%
Niantic	1	0.3%	5	0%	6	0.2%
North Branford	0	0%	2	0%	2	0.1%
North Haven	0	0%	3	0%	3	0.1%
North Windham	0	0%	2	0%	2	0.1%
Norwalk	6	1%	66	3%	72	3%
Norwich	13	3%	41	2%	54	2%
Oakdale	1	0.3%	0	0%	1	0.04%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut), continued

	n	(%)	n	(%)	n	(%)
Oakville	0	0%	2	0%	2	0.1%
Old Greenwich	0	0%	2	0%	2	0.1%
Old Lyme	3	1%	0	0%	3	0.1%
Old Saybrook	0	0%	2	0%	2	0.1%
Oxford	1	0.3%	0	0%	1	0.04%
Pawcatuck	3	1%	0	0%	3	0.1%
Plainville	0	0%	8	0%	8	0.3%
Portland	3	1%	3	0%	6	0.2%
Preston	0	0%	2	0%	2	0.1%
Prospect	0	0%	2	0%	2	0.1%
Putnam	1	0.3%	8	0%	9	0.3%
Ridgefield	0	0%	7	0%	7	0.3%
Rockville	0	0%	3	0%	3	0.1%
Rocky Hill	0	0%	5	0%	5	0.2%
Seymour	0	0%	3	0%	3	0.1%
Sharon	0	0%	2	0%	2	0.1%
Shelton	0	0%	10	0%	10	0.4%
Simsbury	0	0%	2	0%	2	0.1%
Somers	0	0%	5	0%	5	0.2%
South Glastonbury	0	0%	2	0%	2	0.1%
South Windsor	0	0%	2	0%	2	0.1%
Southington	0	0%	2	0%	2	0.1%
Southington	0	0%	8	0%	8	0.3%
Stafford	0	0%	7	0%	7	0.3%
Stafford Springs	0	0%	5	0%	5	0.2%
Stamford	18	4%	119	5%	137	5%
Sterling	0	0%	2	0%	2	0.1%
Stonington	1	0.3%	0	0%	1	0.04%
Storrs	0	0%	3	0%	3	0.1%
Stratford	0	0%	20	1%	20	1%
Suffield	0	0%	5	0%	5	0.2%
Taftville	0	0%	2	0%	2	0.1%
Terryville	0	0%	5	0%	5	0.2%
Thomaston	0	0%	5	0%	5	0.2%
Thompson	0	0%	3	0%	3	0.1%
Tolland	0	0%	2	0%	2	0.1%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut), continued

Torrington	6	1%	31	1%	37	1%
Trumbull	1	0.3%	8	0%	9	0.3%
Uncasville	0	0%	2	0%	2	0.1%
Vernon	1	0.3%	10	0%	11	0.4%
Wallingford	0	0%	7	0%	7	0.3%
Waterbury	16	3%	66	3%	82	3%
Waterford	0	0%	3	0%	3	0.1%
Watertown	0	0%	5	0%	5	0.2%
West Hartford	0	0%	16	1%	16	1%
West Haven	13	3%	51	2%	64	2%
Weston	0	0%	2	0%	2	0.1%
Westport	1	0.3%	7	0%	8	0.3%
Wethersfield	0	0%	5	0%	5	0.2%
Willimantic	6	1%	36	2%	42	2%
Willington	0	0%	3	0%	3	0.1%
Wilton	0	0%	2	0%	2	0.1%
Windham	0	0%	2	0%	2	0.1%
Windsor	1	0.3%	10	0%	11	0.4%
Windsor Locks	0	0%	3	0%	3	0%
Winsted	0	0%	8	0%	8	0%
Woodbridge	0	0%	2	0%	2	0%
Unknown	76	17%	119	5%	195	7%
Totals	454	100%	2250	100%	2704	100%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed?

Less than 5th Grade	3	1%	27	1%	30	1%
5th to 8th Grades	24	5%	240	10%	264	9%
Some High School	142	27%	723	29%	865	29%
GED	39	8%	159	6%	198	7%
High School Diploma	234	45%	951	38%	1185	39%
Some Technical School	3	1%	7	0%	10	0.3%
Degree	3	1%	6	0%	9	0.3%
Some College	60	11%	247	10%	307	10%
College Graduate	12	2%	113	5%	125	4%
Graduate Degree	1	0%	30	1%	31	1%
Unknown	0	0%	4	0%	4	0.1%
Totals	521	100%	2508	100%	3029	100%

14. Served in Military?

Yes	13	3%	385	15%	398	13%
No	508	97%	2123	85%	2631	87%
Totals	521	100%	2508	100%	3029	100%

15. Currently Working

Yes	132	25%	456	18%	588	19%
No	389	75%	2052	82%	2441	81%
Totals	521	100%	2508	100%	3029	100%

16. Has Income

Yes	416	80%	1207	48%	1623	54%
No	105	20%	1301	52%	1406	46%
Totals	521	100%	2508	100%	3029	100%

17. Income Sources (Duplicated)

Work	355	29%	440	28%	795	28%
Social Security/Disability	327	26%	338	21%	665	24%
SAGA	231	19%	217	14%	448	16%
Unemployment	131	11%	173	11%	304	11%
Unknown	112	9%	152	10%	264	9%
TANF	12	1%	146	9%	158	6%
Other	37	3%	46	3%	83	3%
Retirement/Pension/Veterans Benefits	30	2%	27	2%	57	2%
Child Support	3	0.2%	45	3%	48	2%
Totals	1237	100%	1584	100%	2821	100%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

18. Receive Food Stamps?

Yes	439	84%	1481	59%	1920	63%
No	82	16%	1027	41%	1109	37%
Totals	521	100%	2508	100%	3029	100%

19. Health Insurance

Yes	484	93%	1884	75%	2368	78%
No	37	7%	624	25%	661	22%
Totals	521	100%	2508	100%	3029	100%

20. Ever been hospitalized for mental health	84	16%	949	38%	1033	34%
21. Ever in hospital, detox or rehab for substance	67	13%	1339	54%	1406	47%
22. Need help now with a substance abuse issue	41	8%	676	27%	717	24%
23. Receiving substance abuse services now	55	11%	969	39%	1024	34%
24. Have health condition that limits ability to work,	112	22%	987	39%	1099	36%
25. Ever told you have HIV or AIDS	19	4%	161	6%	180	6%
26. Report none of the above health problems	318	61%	567	23%	885	29%

27. Self Assessment Health Rating

1 (Worst)	2	0.4%	13	1%	15	0.5%
2	23	4%	214	9%	237	8%
3	101	19%	499	20%	600	20%
4	160	31%	715	29%	875	29%
5	211	40%	987	39%	1198	40%
6 (Best)	23	4%	81	3%	104	3%
Totals	521	100%	2508	100%	3029	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	213	41%	421	17%	634	21%
No	311	59%	2072	83%	2383	79%
Totals	524	100%	2493	100%	3017	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	291	56%	767	31%	1058	35%
No	233	44%	1726	69%	1959	65%
Totals	524	100%	2493	100%	3017	100%

STATEWIDE 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Probation	38	7%	423	17%	461	15%
Parole	0	0%	73	3%	73	2%
Transitional Supervision	0	0%	65	3%	65	2%
Transitional Supervision and Probation	2	0.3%	2	0%	4	0.1%
Not Sure	2	0.3%	73	3%	75	2%
Unknown	7	1%	22	1%	29	1%
None	473	91%	1849	74%	2322	77%
Totals	521	100%	2508	100%	3029	100%

**Appendix H. CT PIT 2010 Demographics
Balance of State¹**

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	5	7%	216	72%	221	61%
Female	60	93%	84	28%	144	39%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	65	100%	300	100%	365	100%

2. Age

18-21	4	6%	14	5%	18	5%
22-29	23	35%	35	12%	58	16%
30-39	29	44%	41	14%	70	19%
40-49	10	15%	96	32%	106	29%
50-59	0	0%	93	31%	93	26%
60-69	0	0%	18	6%	18	5%
70+	0	0%	4	1%	4	1%
Totals	66	100%	301	100%	367	100%

3. Households with Children <18 accompanying head of household

1 child	27	42%	NA	NA		
2-3 children	35	55%	NA	NA		
4-5 children	2	4%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	64	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	6	9%	6	2%	12	3%
No	59	91%	294	98%	353	97%
Totals	65	100%	300	100%	365	100%

¹ These tables are based on the original configuration of Balance of State. Middletown/Middlesex and Norwich/New London are also broken out separately from the new Balance of State structure.

Balance of State ¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	3	4%	2	1%	3	2%
Asian	0	0%	1	0%	0	0%
Black or African American	20	31%	106	35%	20	16%
Hawaiian/Pacific Islander	0	0%	2	1%	0	0%
White	32	49%	163	54%	32	25%
Other/Multi-Racial	11	16%	25	8%	11	9%
Unknown Race	0	0%	0	0%	0	0%
Hispanic/Latino (any race)	23	35%	38	13%	23	18%
Non-Hispanic/Non-Latino (any race)	42	65%	262	87%	42	33%

6. Where Slept Last 30 Days (Duplicated)

Emergency Shelter	35	54%	143	48%	178	50%
Transitional Housing for Homeless Persons	7	10%	102	34%	109	30%
Living with Relative/Friend	9	15%	18	6%	27	9%
Rental Housing, own apartment or house	4	6%	12	4%	16	5%
Other	7	10%	7	2%	14	4%
Substance abuse treatment facility	0	0%	7	2%	7	2%
Hotel or motel	3	4%	1	0%	4	1%
Hospital	0	0%	1	0%	1	0%
Domestic Violence Situation	0	0%	0	0%	0	0%
Jail/prison	0	0%	0	0%	0	0%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	0	0%	0	0%
Psychiatric facility	0	0%	0	0%	0	0%

7. Length of Time Since Permanent Residence

< 1 month	6	9%	13	4%	19	5%
1 to 2 months	11	17%	17	6%	28	8%
2 to 3 months	11	17%	24	8%	35	10%
more than 3 months but < 6 months	11	17%	32	11%	43	12%
more than 6 months but < 1 year	15	23%	50	17%	65	18%
1 to 2 years	5	8%	91	30%	96	26%
3 or more years	5	8%	68	23%	73	20%
do not remember	1	2%	4	1%	5	1%
Totals	65	100%	299	100%	364	100%

¹ These tables are based on the original configuration of Balance of State. Middletown/Middlesex and Norwich/New London are also broken out separately from the new Balance of State structure.

Balance of State ¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

8. Reason Left Last Residence (Duplicated)

	n	(%)	n	(%)	n	(%)
Rent Problems	13	15%	226	66%	239	55%
Conflict with family or friends	15	17%	47	14%	62	14%
Domestic Violence	26	30%	7	2%	33	8%
Overcrowding	6	7%	1	0%	7	2%
Foreclosure of own home	6	7%	0	0%	6	1%
Evicted for a reason other than rent problems or foreclosure	4	5%	2	1%	6	1%
Went into the hospital	1	1%	2	1%	3	1%
Evicted due to landlord's property foreclosure	3	3%	0	0%	3	1%
Housing condemned	0	0%	0	0%	0	0%
Other	13	15%	59	17%	72	17%

9. Ever without a Permanent Place Before

	n	(%)	n	(%)	n	(%)
1 time in last 3 years	20	31%	59	20%	79	22%
2 times in last 3 years	10	15%	46	15%	56	15%
3 times in last 3 years	4	6%	24	8%	28	8%
4 or more times in last 3 years	5	7%	40	13%	45	12%
Yes, unknown number of times	2	4%	13	4%	15	4%
No	24	37%	119	40%	143	39%
Totals	65	100%	300	100%	365	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients	0	0%	78	33%	78	27%
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¹ These tables are based on the original configuration of Balance of State. Middletown/Middlesex and Norwich/New London are also broken out separately from the new Balance of State structure.

Balance of State ¹ 2010

Sheltered Adults					
in Families		Adults		Total Adults	
n	(%)	n	(%)	n	(%)

11. **State of Last Residence**

Alabama	0	0%	1	0.4%	1	0.3%
Arizona	0	0%	1	0.4%	1	0.3%
California	0	0%	1	0.4%	1	0.3%
Connecticut	59	91%	268	89%	327	90%
Florida	1	2%	4	1%	5	1%
Georgia	1	2%	1	0.4%	2	1%
Idaho	0	0%	1	0.4%	1	0.3%
Maine	0	0%	1	0.4%	1	0.3%
Massachusetts	0	0%	1	0.4%	1	0.3%
Mississippi	0	0%	1	0.4%	1	0.3%
New Jersey	0	0%	1	0.4%	1	0.3%
New York	2	4%	4	1%	6	2%
North Carolina	0	0%	4	1%	4	1%
Pennsylvania	0	0%	1	0.4%	1	0.3%
Puerto Rico	1	2%	2	1%	3	0.8%
Rhode Island	0	0%	1	0.4%	1	0.3%
South Carolina	0	0%	1	0.4%	1	0.3%
Tennessee	0	0%	2	1%	2	1%
Virginia	0	0%	1	0.4%	1	0.3%
Washington	0	0%	1	0.4%	1	0.3%
Totals	64	100%	300	100%	365	100%

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Balance of State ¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 90% of the homeless in the original Balance of State (365 individuals). Below is the breakdown of that 90%.

Branford	0	0%	1	0.4%	1	0.3%
Bridgeport	2	4%	26	10%	28	9%
Bristol	0	0%	2	1%	2	1%
Brookfield	0	0%	1	0.4%	1	0.3%
Brooklyn	0	0%	1	0.4%	1	0.3%
Coventry	1	2%	0	0%	1	0.3%
Cromwell	0	0%	1	0.4%	1	0.3%
Danbury	0	0%	6	2%	6	2%
Danielson	2	4%	1	0.4%	3	1%
Derby	1	2%	1	0.4%	2	1%
East Haddam	0	0%	1	0.4%	1	0.3%
East Hampton	0	0%	1	0.4%	1	0.3%
East Hartford	1	2%	10	4%	11	3%
East Haven	1	2%	1	0.4%	2	1%
Ellington	1	2%	0	0%	1	0.3%
Enfield	2	4%	1	0.4%	3	1%
Fairfield	0	0%	1	0.4%	1	0.3%
Greenwich	0	0%	2	1%	2	1%
Groton	0	0%	5	2%	5	2%
Hamden	1	2%	0	0%	1	0.3%
Hartford	8	14%	40	14%	48	14%
Lebanon	0	0%	1	0.4%	1	0.3%
Manchester	0	0%	5	2%	5	2%
Meriden	2	4%	8	3%	10	3%
Middlefield	0	0%	1	0.4%	1	0.3%
Middletown	0	0%	11	4%	11	3%
Milford	2	4%	1	0.4%	3	1%
Moosup	1	2%	0	0%	1	0.3%
Naugatuck	1	2%	0	0%	1	0.3%
New Britain	1	2%	19	7%	20	6%
New Haven	2	4%	21	7%	23	6%
New Milford	0	0%	1	0.4%	1	0.3%
Newington	3	0%	1	0.4%	1	0.3%
Niantic	0	0%	1	0.4%	1	0.3%
North Haven	0	0%	2	1%	2	1%
Norwalk	0	0%	7	3%	7	2%
Norwich	2	4%	5	2%	7	2%

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Balance of State ¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut) continued

	n	(%)	n	(%)	n	(%)
Pawcatuck	1	2%	0	0%	1	0.3%
Prospect	0	0%	1	0.4%	1	0.3%
Somers	0	0%	1	0.4%	1	0.3%
Southington	0	0%	1	0.4%	1	0.3%
Stamford	0	0%	7	3%	7	2%
Stratford	0	0%	6	2%	6	2%
Terryville	0	0%	1	0.4%	1	0.3%
Torrington	4	6%	2	1%	6	2%
Uncasville	0	0%	1	0.4%	1	0.3%
Wallingford	0	0%	1	0.4%	1	0.3%
Waterbury	5	8%	5	2%	10	3%
West Hartford	0	0%	1	0.4%	1	0.3%
West Haven	0	0%	5	2%	5	2%
Wethersfield	0	0%	1	0.4%	1	0.3%
Willimantic	4	6%	5	2%	9	3%
Willington	0	0%	1	0.4%	1	0.3%
Windham	0	0%	1	0.4%	1	0.3%
Windsor	0	0%	1	0.4%	1	0.3%
Windsor Locks	0	0%	1	0.4%	1	0.3%
Winsted	0	0%	1	0.4%	1	0.3%
Unknown	8	14%	1	0.4%	9	3%
Totals	59	100%	268	100%	327	100%

13. Last Grade in School Completed

	n	(%)	n	(%)	n	(%)
Less than 5th Grade	0	0%	3	1%	3	1%
5th to 8th Grades	4	6%	27	9%	31	8%
Some High School	18	28%	72	24%	90	25%
GED	4	6%	13	4%	17	5%
High School Diploma	33	50%	126	42%	159	44%
Some Technical School	0	0%	2	1%	2	0.5%
Technical/Trade or Vocational Certificate or Degree	1	2%	3	1%	4	1%
Some College	3	7%	33	11%	38	10%
College Graduate	1	2%	13	4%	14	4%
Graduate Degree	0	0%	7	2%	7	2%
Unknown	0	0%	1	0%	1	0.3%
Totals	65	100%	300	100%	365	100%

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Balance of State ¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

14. Served in Military?

Yes	2	4%	67	22%	69	19%
No	63	96%	233	78%	296	81%
Totals	65	100%	300	100%	365	100%

15. Currently Working

Yes	7	11%	52	17%	59	16%
No	58	89%	248	83%	306	84%
Totals	65	100%	300	100%	365	100%

16. Has Income

Yes	48	74%	142	47%	190	52%
No	17	26%	158	53%	175	48%
Totals	65	100%	300	100%	365	100%

17. Income Sources (Duplicated)

Child Support	0	0%	5	2%	5	1%
Retirement/Pension/Veterans Benefits	3	1%	2	1%	5	1%
SAGA	47	21%	38	16%	85	18%
Social Security/Disability	53	24%	46	19%	99	21%
TANF	3	1%	32	13%	35	8%
Unemployment	36	16%	33	14%	69	15%
Work	60	27%	55	23%	115	25%
Other	6	3%	8	3%	14	3%
Unknown	14	6%	20	8%	34	7%
Totals	222	100%	239	100%	461	100%

18. Receive Food Stamps?

Yes	58	89%	187	62%	245	67%
No	7	11%	113	38%	120	33%
Totals	65	100%	300	100%	365	100%

19. Health Insurance

Yes	56	85%	241	80%	297	81%
No	9	15%	59	20%	68	19%
Totals	65	100%	300	100%	365	100%

¹ These tables are based on the original configuration of Balance of State. Middletown/Middlesex and Norwich/New London are also broken out separately from the new Balance of State structure.

Balance of State ¹ 2010

		Sheltered Adults					
		Adults in Families		Single Adults		Total Adults	
		n	(%)	n	(%)	n	(%)
20.	Ever been hospitalized for mental health	6	9%	104	35%	110	30%
21.	Ever in hospital, detox or rehab for substance abuse	2	4%	11	4%	13	4%
22.	Need help now with a substance abuse issue	2	4%	83	28%	85	23%
23.	Receiving substance abuse services now	4	5%	120	40%	124	34%
24.	Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	11	16%	110	37%	121	33%
25.	Ever told you have HIV or AIDS	19	4%	161	6%	180	6%
26.	Report none of the above health problems	45	69%	73	24%	118	32%

27. Self Assessment Health Rating

1 (Worst)	0	0%	2	1%	2	1%
2	4	6%	24	8%	28	8%
3	18	28%	58	19%	76	21%
4	16	25%	85	28%	101	28%
5	27	42%	123	41%	150	41%
6 (Best)	0	0%	8	3%	8	2%
Totals	65	100%	300	100%	365	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	26	40%	35	12%	61	17%
No	39	60%	265	88%	304	83%
Totals	65	100%	300	100%	365	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	39	60%	72	24%	111	30%
No	26	40%	228	76%	254	70%
Totals	65	100%	300	100%	365	100%

¹ These tables are based on the original configuration of Balance of State. Middletown/Middlesex and Norwich/New London are also broken out separately from the new Balance of State structure.

Balance of State ¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Probation	2	4%	43	14%	45	12%
Transitional Supervision (TS)	0	0%	5	2%	5	1%
Parole	0	0%	3	1%	3	1%
Transitional Supervision (TS) and Probation	0	0%	1	0.4%	1	0.3%
Not Sure	0	0%	3	1%	3	1%
Unknown	0	0%	0	0%	0	0%
None	63	96%	245	82%	308	84%
Totals	65	100%	300	100%	365	100%

¹ These tables are based on the original configuration of Balance of State. Middletown/Middlesex and Norwich/New London are also broken out separately from the new Balance of State structure.

**Appendix H. CT PIT 2010 Demographics
Bridgeport-Stratford-Fairfield**

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	16	19%	181	68%	197	57%
Female	66	81%	82	31%	148	43%
Transgender	0	0%	2	1%	2	1%
Unknown	0	0%	0	0%	0	0%
Totals	82	100%	265	100%	347	100%

2. Age

18-21	6	7%	0	0%	6	2%
22-29	25	31%	11	4%	36	11%
30-39	29	36%	36	14%	65	19%
40-49	20	24%	100	38%	120	34%
50-59	2	2%	85	32%	87	25%
60-69	0	0%	32	12%	32	9%
70+	0	0%	0	0%	0	0%
Totals	82	100%	264	100%	346	100%

3. Households with Children <18 accompanying head of household

1 child	40	49%	NA	NA		
2-3 children	30	37%	NA	NA		
4-5 children	12	14%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	82	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	25	31%	6	2%	31	9%
No	57	69%	259	98%	316	91%
Totals	82	100%	265	100%	347	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	2	3%	2	1%	4	1%
Asian	0	0%	0	0%	0	0%
Black or African-American	53	65%	102	38%	155	22%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	10	13%	95	36%	105	15%
Other/Multi-Racial	16	20%	66	25%	82	12%
Hispanic-Latino (any race)	15	18%	107	40%	122	18%
Non-Hispanic/non-Latino (any race)	67	82%	158	60%	225	32%
Unknown Race	0	0%	0	0%	0	0%

Bridgeport-Stratford-Fairfield 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Transitional Housing for Homeless Persons	75	91%	137	52%	212	60%
Emergency Shelter	7	9%	102	39%	109	29%
Jail/prison	0	0%	18	7%	18	4%
Living with Relative/Friend	0	0%	7	3%	7	2%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	4	2%	4	1%
Rental Housing, own apartment or house	0	0%	4	1%	4	1%
Substance abuse treatment facility	0	0%	4	1%	4	1%
Domestic Violence Situation	0	0%	0	0%	0	0%
Hospital	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Psychiatric facility	0	0%	0	0%	0	0%
Other	0	0%	6	2%	6	2%

7. Length of Time Since Permanent Residence

< 1 month	3	4%	4	2%	7	2%
1 to 2 months	0	0%	13	5%	13	4%
2 to 3 months	3	4%	15	6%	18	5%
more than 3 months but < 6 months	3	4%	24	9%	27	8%
more than 6 months but < 1 year	14	17%	34	13%	48	14%
1 to 2 years	38	46%	68	26%	106	31%
3 or more years	21	25%	90	34%	111	32%
do not remember	0	0%	17	6%	17	5%
Totals	82	100%	265	100%	347	100%

8. Reason Left Last Residence (Duplicated)

Went to prison or jail	0	0%	94	32%	94	23%
Conflict with family or friends	12	11%	58	20%	70	17%
Rent Problems	35	31%	33	11%	68	17%
Domestic Violence	16	14%	13	4%	29	7%
Overcrowding	12	11%	2	1%	14	3%
Evicted for a reason other than rent problems or foreclosure	4	4%	2	1%	6	1%
Foreclosure of own home	4	4%	0	0%	4	1%
Other	31	27%	89	30%	120	30%

Bridgeport-Stratford-Fairfield 2010

Sheltered Adults					
in Families		Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	12	15%	52	20%	64	18%
2 times in last 3 years	16	20%	39	15%	55	16%
3 times in last 3 years	10	12%	22	8%	32	9%
4 or more times in last 3 years	0	0%	24	9%	24	7%
Yes, unknown number of times	4	5%	13	5%	17	5%
No	40	49%	116	44%	156	45%
Totals	82	100%	265	100%	347	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

0	0%	66	52%	66	43%
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11. State of Last Residence

Arizona	0	0%	2	1%	2	1%
Connecticut	74	90%	235	89%	309	89%
Florida	2	2%	2	1%	4	1%
Georgia	0	0%	2	1%	2	1%
Maryland	0	0%	2	1%	2	1%
Massachusetts	0	0%	2	1%	2	1%
Nevada	0	0%	2	1%	2	1%
New York	2	2%	6	2%	8	2%
North Carolina	0	0%	2	1%	2	1%
Pennsylvania	0	0%	2	1%	2	1%
Puerto Rico	0	0%	4	2%	4	1%
Rhode Island	0	0%	2	1%	2	1%
Tennessee	4	5%	0	0%	4	1%
Totals	82	100%	265	100%	347	100%

Bridgeport-Stratford-Fairfield 2010

Sheltered Adults					
in Families		Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 89% of the homeless in the Bridgeport Continuum of Care (309 individuals). Below is the breakdown of that 89%.

Ansonia	4	5%	2	1%	6	2%
Bridgeport	41	55%	26	11%	67	22%
Bristol	0	0%	6	3%	6	2%
Danbury	2	3%	2	1%	4	1%
Darien	0	0%	2	1%	2	1%
East Hartford	0	0%	4	2%	4	1%
East Haven	0	0%	2	1%	2	1%
Fairfield	2	3%	0	0%	2	1%
Farmington	0	0%	2	1%	2	1%
Hamden	0	0%	2	1%	2	1%
Hartford	0	0%	58	25%	58	19%
Manchester	0	0%	4	2%	4	1%
Meriden	0	0%	4	2%	4	1%
Middletown	0	0%	2	1%	2	1%
New Britain	0	0%	17	7%	17	6%
New Canaan	0	0%	2	1%	2	1%
New Haven	4	5%	26	11%	30	10%
New London	0	0%	6	3%	6	2%
Norwalk	0	0%	9	4%	9	3%
Norwich	0	0%	2	1%	2	1%
Oxford	2	3%	0	0%	2	1%
Seymour	0	0%	2	1%	2	1%
South Windsor	0	0%	2	1%	2	1%
Stamford	6	8%	9	4%	15	5%
Torrington	0	0%	6	3%	6	2%
Waterbury	0	0%	15	6%	15	5%
West Haven	2	3%	6	3%	8	3%
Wethersfield	0	0%	2	1%	2	1%
Willimantic	0	0%	4	2%	4	1%
Unknown	12	16%	9	4%	21	7%
Totals	74	100%	235	100%	309	100%

Bridgeport-Stratford-Fairfield 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	2	3%	6	2%	8	2%
5th to 8th Grades	2	3%	22	8%	24	7%
Some High School	6	8%	86	33%	92	27%
GED	2	3%	19	7%	21	6%
High School Diploma	50	62%	93	35%	143	41%
Some Technical School	0	0%	0	0%	0	0%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	17	21%	26	10%	43	12%
College Graduate	2	3%	11	4%	13	4%
Graduate Degree	0	0%	2	1%	2	1%
Unknown	0	0%	0	0%	0	0%
Totals	82	100%	265	100%	347	100%

14. Served in Military?

Yes	0	0%	28	10%	28	8%
No	82	100%	237	90%	319	92%
Totals	82	100%	265	100%	347	100%

16. Has Income

Yes	62	76%	126	48%	188	54%
No	20	24%	139	52%	159	46%
Totals	82	100%	265	100%	347	100%

17. Income Sources (Duplicated)

Child Support	0	0%	2	2%	2	1%
Retirement/Pension/Veterans Benefits	2	2%	2	2%	4	2%
SAGA	22	26%	22	18%	44	21%
Social Security/Disability	16	19%	21	17%	37	18%
TANF	1	1%	5	4%	6	3%
Unemployment	7	8%	15	12%	22	10%
Work	30	35%	43	35%	73	35%
Other	2	2%	2	2%	4	2%
Unknown	6	7%	11	9%	17	8%
Totals	86	100%	124	100%	210	100%

Bridgeport-Stratford-Fairfield 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

Receive Food Stamps?

18.	Yes	64	78%	166	63%	230	66%
	No	18	22%	99	37%	117	34%
	Totals	82	100%	265	100%	347	100%

Health Insurance

19.	Yes	72	88%	197	74%	269	78%
	No	10	12%	68	26%	78	22%
	Totals	82	100%	265	100%	347	100%

20.	Ever been hospitalized for mental health	6	7%	89	34%	95	27%
21.	Ever in hospital, detox or rehab for substance	14	17%	45	17%	59	17%
22.	Need help now with a substance abuse issue	12	15%	60	23%	72	21%
23.	Receiving substance abuse services now	14	17%	115	43%	129	37%
24.	Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	23	29%	81	31%	104	30%
25.	Ever told you have HIV or AIDS	6	7%	6	2%	12	3%
26.	Report none of the above health problems	47	57%	73	28%	120	35%

27. Self Assessment Health Rating

	1 (Worst)	0	0%	0	0%	0	0%
	2	6	7%	21	8%	27	8%
	3	12	14%	57	22%	69	20%
	4	32	39%	45	17%	77	22%
	5	32	39%	139	52%	171	49%
	6 (Best)	0	0%	3	1%	3	1%
	Totals	82	100%	265	100%	347	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

	Yes	21	25%	26	10%	47	14%
	No	62	75%	239	90%	301	87%
	Totals	82	100%	265	100%	347	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

	Yes	24	29%	66	25%	90	26%
	No	58	71%	199	75%	257	74%
	Totals	82	100%	265	100%	347	100%

Bridgeport-Stratford-Fairfield 2010

29. Criminal Justice Involvement

	Sheltered Adults					
	Adults in Families		Single Adults		Total Adults	
	n	(%)	n	(%)	n	(%)
Probation	3	4%	48	18%	51	15%
Parole	0	0%	23	9%	23	7%
Transitional Supervision	0	0%	13	5%	13	4%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	15	6%	15	4%
Unknown	0	0%	0	0%	0	0%
None	79	96%	167	63%	246	71%
Totals	82	100%	265	100%	347	100%

CT PIT 2010 Bristol Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	0	0%	26	81%	26	58%
Female	11	100%	6	19%	17	42%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	11	100%	32	100%	43	100%

2. Age

18-21	1	9%	2	7%	3	8%
22-29	6	55%	2	7%	8	21%
30-39	2	18%	7	22%	9	21%
40-49	2	18%	11	33%	13	29%
50-59	0	0%	6	19%	6	13%
60-69	0	0%	4	11%	4	8%
70+	0	0%	0	0%	0	0%
Totals	11	100%	32	100%	43	100%

3. Households with Children <18 accompanying head of household

1 child	7	64%	NA	NA		
2-3 children	4	36%	NA	NA		
4-5 children	0	0%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	11	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	0	0%	0	0%	0	0%
No	11	100%	32	100%	43	100%
Totals	11	100%	32	100%	43	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	2	7%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African-American	2	18%	11	33%	2	9%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	8	73%	19	60%	8	36%
Other/Multi-Racial	1	9%	0	0%	1	5%
Hispanic-Latino (any race)	3	27%	21	67%	3	14%
Non-Hispanic/non-Latino (any race)	8	73%	11	33%	8	36%
Unknown Race	0	0%	0	0%	0	0%

Bristol 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

	n	(%)	n	(%)	n	(%)
Transitional Housing for Homeless Persons	9	82%	20	62%	29	67%
Emergency Shelter	2	18%	14	42%	16	30%
Jail/prison	0	0%	1	4%	1	2%
Domestic Violence Situation	0	0%	0	0%	0	0%
Hospital	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Living with Relative/Friend	0	0%	0	0%	0	0%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	0	0%	0	0%
Psychiatric facility	0	0%	0	0%	0	0%
Rental Housing, own apartment or house	0	0%	0	0%	0	0%
Substance abuse treatment facility	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%

7. Length of Time Since Permanent Residence

	n	(%)	n	(%)	n	(%)
< 1 month	0	0%	1	4%	1	2%
1 to 2 months	0	0%	0	0%	0	0%
2 to 3 months	1	11%	0	0%	1	2%
more than 3 months but < 6 months	1	11%	2	7%	3	7%
more than 6 months but < 1 year	2	22%	0	0%	2	5%
1 to 2 years	1	11%	9	30%	10	23%
3 or more years	4	33%	15	48%	19	44%
do not remember	1	11%	4	11%	5	12%
Totals	10	100%	31	100%	41	100%

8. Reason Left Last Residence (Duplicated)

	n	(%)	n	(%)	n	(%)
Went to prison or jail	0	0%	24	67%	24	51%
Conflict with family or friends	2	18%	6	17%	8	17%
Domestic Violence	6	55%	0	0%	6	13%
Rent Problems	2	18%	2	6%	4	9%
Evicted due to landlord's property foreclosure	0	0%	0	0%	0	0%
Other	1	9%	2	6%	3	6%

Bristol 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	2	18%	7	23%	9	21%
2 times in last 3 years	3	27%	4	12%	7	16%
3 times in last 3 years	1	9%	2	8%	3	7%
4 or more times in last 3 years	2	18%	4	12%	6	14%
Yes, unknown number of times	0	0%	6	19%	6	14%
No	3	27%	9	27%	12	28%
Totals	11	100%	32	100%	43	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

0	0%	4	21%	4	19%
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11. State of Last Residence

Connecticut	10	91%	28	89%	38	89%
Maine	0	0%	1	4%	1	3%
Massachusetts	0	0%	2	7%	2	5%
West Virginia	1	9%	0	0%	1	3%
Totals	11	100%	32	100%	43	100%

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 89% of the homeless in the Bristol Continuum of Care (38 individuals). Below is the breakdown of that 89%.

Bridgeport	0	0%	4	13%	4	11%
Bristol	2	20%	0	0%	2	5%
Colebrook	1	10%	0	0%	1	3%
Hartford	2	20%	16	58%	18	47%
Middletown	1	10%	0	0%	1	3%
Milford	0	0%	1	4%	1	3%
New Britain	1	10%	0	0%	1	3%
New Haven	0	0%	2	8%	2	5%
Newington	1	10%	0	0%	1	3%
Stamford	1	10%	0	0%	1	3%
Suffield	0	0%	1	4%	1	3%
Torrington		10%	0	0%	1	3%
Waterbury	0	0%	4	13%	4	11%
Totals	10	100%	28	100%	38	100%

Bristol 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	0	0%	0	0%
5th to 8th Grades	0	0%	4	11%	4	9%
Some High School	1	9%	14	44%	15	35%
GED	2	18%	1	4%	3	7%
High School Diploma	7	64%	11	33%	18	42%
Some Technical School	0	0%	0	0%	0	0%
Degree	0	0%	0	0%	0	0%
Some College	1	9%	0	0%	1	2%
College Graduate	0	0%	2	7%	2	5%
Graduate Degree	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	11	100%	32	100%	43	100%

14. Served In Military ?

Yes	0	0%	6	17%	0	0%
No	11	100%	26	83%	11	26%
Totals	11	100%	32	100%	43	100%

15. Currently Working

Yes	3	27%	7	22%	10	23%
No	8	73%	25	78%	33	77%
Totals	11	100%	32	100%	43	100%

16. Has Income

Yes	6	56%	9	28%	15	35%
No	5	44%	23	72%	28	65%
Totals	11	100%	32	100%	43	100%

17. Income Sources (Duplicated)

Child Support	0	0%	1	5%	1	2%
Retirement/Pension/Veterans Benefits	2	9%	1	5%	3	7%
SAGA	4	18%	2	10%	6	14%
Social Security/Disability	0	0%	0	0%	0	0%
TANF	0	0%	0	0%	0	0%
Unemployment	4	18%	2	10%	6	14%
Work	8	36%	9	43%	17	40%
Other	2	9%	1	5%	3	7%
Unknown	2	9%	4	19%	6	14%
Totals	22	100%	21	100%	43	100%

Bristol 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

18. Receive Food Stamps?

Yes	9	82%	17	52%	26	60%
No	2	18%	15	48%	17	40%
Totals	11	100%	32	100%	43	100%

19. Health Insurance

20. Ever been hospitalized for mental health	4	36%	9	30%	13	30%
21. Ever in hospital, detox or rehab for substance abuse	5	45%	15	45%	20	47%
22. Need help now with a substance abuse issue	4	36%	12	37%	16	37%
23. Receiving substance abuse services now	2	18%	8	26%	10	23%
24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	1	9%	12	37%	13	30%
25. Ever told you have HIV or AIDS	0	0%	0	0%	0	0%
26. Report none of the above health problems	2	18%	6	19%	8	19%

27. Self Assessment Health Rating

1 (Worst)	0	0%	0	0%	0	0%
2	0	0%	2	6%	2	5%
3	1	13%	2	6%	3	7%
4	10	88%	8	24%	18	42%
5	0	0%	19	59%	19	44%
6 (Best)	0	0%	2	6%	2	5%
Totals	11	100%	32	100%	43	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	7	64%	5	15%	12	28%
No	4	36%	27	85%	31	72%
Totals	11	100%	32	100%	43	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	9	82%	9	30%	18	42%
No	2	18%	23	70%	25	58%
Totals	11	100%	32	100%	43	100%

Bristol 2010

Sheltered Adults					
in Families		Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Probation	0	0%	8	25%	8	19%
Parole	0	0%	7	21%	7	16%
Transitional Supervision	0	0%	4	13%	4	9%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	1	4%	1	2%
Unknown	0	0%	0	0%	0	0%
None	11	100%	12	38%	23	53%
Totals	11	100%	32	100%	43	100%

CT PIT 2010 Greater Danbury Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	0	0%	61	70%	61	64%
Female	11	100%	26	30%	37	36%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	11	100%	87	100%	98	100%

2. Age

18-21	2	17%	3	4%	5	5%
22-29	6	50%	16	18%	22	21%
30-39	4	33%	14	16%	18	18%
40-49	0	0%	33	38%	33	34%
50-59	0	0%	14	16%	14	15%
60-69	0	0%	6	7%	6	7%
70+	0	0%	0	0%	0	0%
Totals	12	100%	86	100%	98	100%

3. Households with Children <18 accompanying head of household

1 child	7	67%	NA	NA		
2-3 children	4	33%	NA	NA		
4-5 children	0	0%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	11	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	0	0%	2	2%	2	2%
No	11	100%	86	98%	97	98%
Totals	11	100%	88	100%	99	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African-American	2	17%	78	89%	2	9%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	9	83%	9	11%	9	41%
Other/Multi-Racial	0	0%	0	0%	0	0%
Hispanic-Latino (any race)	0	0%	0	0%	0	0%
Non-Hispanic/non-Latino (any race)	11	100%	87	100%	11	50%
Unknown Race	0	0%	0	0%	0	0%

Greater Danbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

	n	(%)	n	(%)	n	(%)
Transitional Housing for Homeless Persons	0	0%	46	53%	46	47%
Emergency Shelter	0	60%	31	35%	31	40%
Living with Relative/Friend	2	20%	0	0%	2	4%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	3	4%	3	3%
Domestic Violence Situation	0	0%	0	0%	0	0%
Hospital	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Jail/prison	0	0%	0	0%	0	0%
Psychiatric facility	0	0%	0	0%	0	0%
Rental Housing, own apartment or house	0	0%	0	0%	0	0%
Substance abuse treatment facility	0	0%	0	0%	0	0%
Other	2	20%	4	5%	6	7%

7. Length of Time Since Permanent Residence

	n	(%)	n	(%)	n	(%)
< 1 month	0	0%	0	0%	0	0%
1 to 2 months	0	0%	2	2%	2	2%
2 to 3 months	3	25%	3	4%	6	6%
more than 3 months but < 6 months	3	25%	3	4%	6	6%
more than 6 months but < 1 year	0	0%	11	13%	11	11%
1 to 2 years	6	50%	24	28%	30	31%
3 or more years	0	0%	39	44%	39	40%
do not remember	0	0%	5	6%	5	5%
Totals	12	100%	87	100%	99	100%

8. Reason Left Last Residence (Duplicated)

	n	(%)	n	(%)	n	(%)
Went to prison or jail	0	0%	60	61%	60	51%
Conflict with family or friends	4	20%	23	23%	27	23%
Rent Problems	7	35%	5	5%	12	10%
Domestic Violence	4	20%	0	0%	4	3%
Housing condemned	2	10%	0	0%	2	2%
Evicted for a reason other than rent problems or foreclosure	0	0%	0	0%	0	0%
Overcrowding	0	0%	0	0%	0	0%
Other	0	0%	8	8%	8	7%

Greater Danbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	0	0%	18	21%	18	18%
2 times in last 3 years	0	0%	20	23%	20	20%
3 times in last 3 years	0	0%	8	10%	8	8%
4 or more times in last 3 years	0	0%	7	8%	7	7%
Yes, unknown number of times	0	0%	5	6%	5	5%
No	11	100%	28	33%	39	40%
Totals	11	100%	87	100%	98	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients	2	29%	16	31%	18	31%
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11. State of Last Residence

California	0	0%	3	4%	3	4%
Connecticut	4	40%	79	90%	83	86%
New York	7	60%	2	2%	9	7%
Pennsylvania	0	0%	2	2%	2	2%
Virginia	0	0%	2	2%	2	2%
Totals	11	100%	87	100%	98	100%

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 86% of the homeless in the Danbury Continuum of Care (83 individuals). Below is the breakdown of that 86%.

Bethel	2	50%	0	0%	2	2%
Bridgeport	0	0%	12	15%	12	14%
Danbury	2	50%	0	0%	2	2%
East Hartford	0	0%	2	2%	2	2%
Hartford	0	0%	24	30%	24	29%
Manchester	0	0%	2	2%	2	2%
Meriden	0	0%	2	2%	2	2%
Middletown	0	0%	2	2%	2	2%
New Britain	0	0%	2	2%	2	2%
New Haven	0	0%	12	15%	12	14%
Niantic	0	0%	2	2%	2	2%
Norwalk	0	0%	3	4%	3	4%
Stamford	0	0%	3	4%	3	4%
Waterbury	0	0%	7	9%	7	8%
West Hartford	0	0%	2	2%	2	2%
West Haven	0	0%	3	4%	3	4%
Unknown	0	0%	3	4%	3	4%
Totals	4	100%	79	100%	83	100%

Greater Danbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade Completed in School

Less than 5th Grade	0	0%	0	0%	0	0%
5th to 8th Grades	0	0%	5	6%	5	5%
Some High School	4	33%	37	42%	41	42%
GED	0	0%	3	4%	3	3%
High School Diploma	4	33%	32	37%	36	37%
Some Technical School	0	0%	0	0%	0	0%
Degree	0	0%	0	0%	0	0%
Some College	2	17%	7	8%	9	9%
College Graduate	2	17%	2	2%	4	4%
Graduate Degree	0	0%	2	2%	2	2%
Unknown	0	0%	0	0%	0	0%
Totals	12	100%	87	100%	98	100%

14. Served in Military?

Yes	0	0%	10	12%	10	10%
No	11	100%	77	88%	88	90%
Total	11	100%	87	100%	98	100%

15. Currently Working

Yes	0	0%	10	11%	10	10%
No	11	100%	77	89%	88	90%
Totals	11	100%	87	100%	98	100%

16. Has Income

Yes	11	100%	38	44%	49	50%
No	0	0%	49	56%	49	50%
Totals	11	100%	87	100%	98	100%

17. Income Sources (Duplicated)

Social Security/Disability	13	42%	11	32%	24	37%
Work	6	19%	6	18%	12	18%
Unemployment	3	10%	5	15%	8	12%
SAGA	4	13%	3	9%	7	11%
TANF	1	3%	3	9%	4	6%
Retirement/Pension/Veterans Benefits	1	3%	1	3%	2	3%
Child Support	0	0%	0	0%	0	0%
Unknown	4	13%	5	15%	9	14%
Other	0	0%	0	0%	0	0%
Totals	31	100%	34	100%	65	100%

Greater Danbury 2010

		Sheltered Adults					
		Adults in Families		Single Adults		Total Adults	
18.	Receive Food Stamps?						
	Yes	9	80%	41	47%	50	51%
	No	2	20%	46	53%	48	49%
	Totals	11	100%	87	100%	98	100%
19.	Health Insurance						
	Yes	9	80%	66	75%	75	77%
	No	2	20%	21	25%	23	23%
	Totals	11	100%	87	100%	98	100%
20.	Ever been hospitalized for mental health	2	20%	28	32%	30	31%
21.	Ever in hospital, detox or rehab for substance abuse	18	18%	126	18%	144	18%
22.	Need help now with a substance abuse issue	0	0%	18	21%	18	18%
23.	Receiving substance abuse services now	0	0%	40	46%	40	41%
24.	Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	4	40%	32	37%	36	37%
25.	Ever told you have HIV or AIDS	0	0%	19	22%	19	19%
26.	Report none of the above health problems	7	60%	21	24%	28	29%
27.	Self Assessment Health Rating						
	1 (Worst)	0	0%	0	0%	0	0%
	2	0	0%	6	7%	6	6%
	3	3	25%	16	18%	19	19%
	4	6	50%	24	27%	30	31%
	5	3	25%	34	39%	37	38%
	6 (Best)	0	0%	8	9%	8	8%
	Total	11	100%	87	100%	98	100%

Greater Danbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	4	40%	8	9%	12	12%
No	7	60%	79	91%	86	88%
Totals	11	100%	87	100%	98	100%

At some point in life, has been in family or intimate relationship in

28b. which physically hurt or felt threatened

Yes	7	60%	23	26%	30	31%
No	4	40%	64	74%	68	69%
Totals	11	100%	87	100%	98	100%

29. Criminal Justice Involvement

Probation	0	0%	27	31%	27	28%
Parole	0	0%	10	12%	10	10%
Transitional Supervision	0	0%	2	2%	2	2%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	12	14%	12	12%
Unknown	0	0%	2	2%	2	2%
None	11	100%	33	38%	44	45%
Total	11	100%	87	100%	98	100%

CT PIT 2010 Hartford Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	9	9%	537	78%	546	69%
Female	92	91%	152	22%	244	30%
Transgender	0	0%	3	0%	3	0%
Unknown	0	0%	0	0%	0	0%
Totals	101	100%	692	100%	793	100%

2. Age

18-21	3	3%	15	2%	18	2%
22-29	50	49%	87	13%	137	17%
30-39	35	35%	131	19%	166	21%
40-49	11	11%	252	36%	263	33%
50-59	2	2%	172	25%	174	22%
60-69	0	0%	29	4%	29	4%
70+	0	0%	6	1%	6	1%
Totals	101	100%	692	100%	793	100%

3. Households with Children <18 accompanying head of household

1 child	51	50%	NA	NA
2-3 children	45	45%	NA	NA
4-5 children	5	5%	NA	NA
> 5 children	0	0%	NA	NA
Totals	101	100%	NA	NA

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	17	17%	7	1%	24	3%
No	84	83%	685	99%	769	97%
Totals	101	100%	692	100%	793	100%

Hartford 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	6	1%	0	0%
Asian	0	0%	2	0%	0	0%
Black or African-American	45	44%	163	24%	45	22%
Hawaiian/Pacific Islander	0	0%	2	0%	0	0%
White	31	31%	385	56%	31	15%
Other/Multi-Racial	24	24%	133	19%	24	12%
Hispanic-Latino (any race)	46	45%	132	19%	46	23%
Non-Hispanic/non-Latino (any race)	55	55%	558	81%	55	27%
Unknown Race	2	2%	2	0%	2	1%

6. Where Slept Last 30 Days (Duplicated)

Transitional Housing for Homeless Persons	53	53%	329	48%	382	48%
Emergency Shelter	19	19%	201	29%	220	27%
Living with Relative/Friend	9	9%	45	7%	54	7%
Rental Housing, own apartment or house	11	11%	44	6%	55	7%
Substance abuse treatment facility	0	0%	26	4%	26	3%
Jail/prison	0	0%	10	2%	10	1%
Hospital	0	0%	7	1%	7	1%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	2	2%	3	1%	5	1%
Hotel or motel	0	0%	3	1%	3	0%
Psychiatric facility	0	0%	3	0%	3	0%
Domestic Violence Situation	0	0%	0	0%	0	0%
Other	7	7%	27	4%	34	4%

7. Length of Time Since Permanent Residence

< 1 month	11	11%	44	6%	55	7%
1 to 2 months	6	6%	37	5%	43	5%
2 to 3 months	2	2%	46	7%	48	6%
more than 3 months but < 6 months	7	7%	51	7%	58	7%
more than 6 months but < 1 year	17	17%	97	14%	114	14%
1 to 2 years	45	44%	190	27%	235	30%
3 or more years	11	11%	205	30%	216	27%
do not remember	2	2%	23	3%	25	3%
Totals	101	100%	693	100%	794	100%

Hartford 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

8. Reason Left Last Residence (Duplicated)

Conflict with family or friends	36	24%	179	23%	215	23%
Went to prison or jail	5	3%	115	14%	120	13%
Domestic Violence	29	19%	80	10%	109	12%
Rent Problems	34	23%	48	6%	82	9%
Overcrowding	16	11%	16	2%	32	3%
Evicted for a reason other than rent problems or foreclosure	5	3%	4	1%	9	1%
Foreclosure of own home	2	1%	0	0%	2	0%
Evicted due to landlord's property foreclosure	0	0%	0	0%	0	0%
Went into the hospital	0	0%	0	0%	0	0%
Other	22	15%	342	43%	364	39%

9. Ever without a Permanent Place Before

1 time in last 3 years	22	21%	133	19%	155	20%
2 times in last 3 years	11	11%	110	16%	121	15%
3 times in last 3 years	4	4%	58	8%	62	8%
4 or more times in last 3 years	7	7%	83	12%	90	11%
Yes, unknown number of times	2	2%	33	5%	35	4%
No	56	55%	274	40%	330	42%
Totals	101	100%	692	100%	793	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

4	15%	137	37%	141	35%
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Hartford 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

11. State of Last Residence

	n	(%)	n	(%)	n	(%)
Alabama	0	0%	2	0.2%	2	0.2%
California	0	0%	2	0.2%	2	0.2%
Colorado	0	0%	2	0.2%	2	0.2%
Connecticut	90	89%	606	88%	696	88%
D.C.	0	0%	3	0.5%	3	0.4%
Delaware	0	0%	2	0.2%	2	0.2%
Florida	0	0%	9	1%	9	1%
Georgia	2	2%	3	0.5%	5	1%
Jamaica	0	0%	2	0.2%	2	0.2%
Maine	0	0%	2	0.2%	2	0.2%
Massachusetts	2	2%	10	1%	12	2%
New Hampshire	0	0%	3	0.5%	3	0.4%
New Jersey	2	2%	7	1%	9	1%
New York	0	0%	12	2%	12	2%
North Carolina	2	2%	3	0.5%	5	1%
Pennsylvania	0	0%	5	1%	5	1%
Puerto Rico	2	2%	2	0.2%	4	0.4%
South Carolina	0	0%	5	1%	5	1%
Tennessee	0	0%	2	0.2%	2	0.2%
Texas	0	0%	7	1%	7	1%
Virginia	2	2%	2	0.2%	4	0.4%
Wisconsin	0	0%	2	0.2%	2	0.2%
Totals	101	100%	692	100%	793	100%

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 88% of the homeless in the Hartford Continuum of Care (696 individuals). Below is the breakdown of that 88%.

	n	(%)	n	(%)	n	(%)
Ansonia	0	0%	3	1%	3	0.4%
Berlin	0	0%	2	0.3%	2	0.3%
Bethel	0	0%	2	0.3%	2	0.3%
Bloomfield	0	0%	7	1%	7	1%
Brandford	0	0%	2	0.3%	2	0.3%
Branford	0	0%	2	0.3%	2	0.3%
Bridgeport	0	0%	26	4%	26	4%
Bristol	0	0%	17	3%	17	2%
Burlington	0	0%	2	0.3%	2	0.3%
Canterbury	0	0%	2	0.3%	2	0.3%
Cheshire	0	0%	3	1%	3	0.4%
Coventry	0	0%	3	1%	3	0.4%
Cromwell	0	0%	2	0.3%	2	0.3%
Danbury	0	0%	12	2%	12	2%

Hartford 2010

	Sheltered Adults					
	Adults in Families		Single Adults		Total Adults	
	n	(%)	n	(%)	n	(%)
12. Town of Last Residence (if in Connecticut), continued						
Danielson	0	0%	2	0.3%	2	0.3%
Darien	0	0%	2	0.3%	2	0.3%
Deep River	0	0%	2	0.3%	2	0.3%
Derby	0	0%	2	0.3%	2	0.3%
East Hartford	11	12%	14	2%	25	4%
East Haven	0	0%	2	0.3%	2	0.3%
East Lyme	0	0%	2	0.3%	2	0.3%
Easton	0	0%	2	0.3%	2	0.3%
Ellington	0	0%	2	0.3%	2	0.3%
Enfield	2	2%	2	0.3%	4	1%
Fairfield	0	0%	5	1%	5	1%
Farmington	2	2%	0	0%	2	0.3%
Glastonbury	0	0%	5	1%	5	1%
Greenwich	0	0%	5	1%	5	1%
Groton	0	0%	5	1%	5	1%
Guilford	0	0%	2	0.3%	2	0.3%
Hamden	0	0%	5	1%	5	1%
Hartford	53	59%	82	14%	135	19%
Hebron	2	2%	0	0%	2	0.3%
Jewett City	0	0%	2	0.3%	2	0.3%
Kensington	0	0%	2	0.3%	2	0.3%
Killingworth	0	0%	2	0.3%	2	0.3%
Lebanon	0	0%	2	0.3%	2	0.3%
Manchester	2	2%	10	2%	12	2%
Meriden	4	4%	14	2%	18	3%
Naugatuck	0	0%	2	0.3%	2	0.3%
New Britain	4	4%	15	3%	19	3%
New Hartford	0	0%	2	0.3%	2	0.3%
New Haven	0	0%	45	7%	45	6%
New London	4	4%	15	3%	19	3%
New Milford	0	0%	5	1%	5	1%
Newington	0	0%	2	0.3%	2	0.3%
Newtown	0	0%	2	0.3%	2	0.3%
North Branford	0	0%	2	0.3%	2	0.3%
North Windham	0	0%	2	0.3%	2	0.3%
Norwalk	0	0%	14	2%	14	2%
Norwich	0	0%	10	2%	10	1%
Old Saybrook	0	0%	2	0.3%	2	0.3%
Plainville	0	0%	5	1%	5	1%

Hartford 2010

	Sheltered Adults					
	Adults		Single		Total Adults	
	n	(%)	n	(%)	n	(%)
12. Town of Last Residence (if in Connecticut), continued						
Putnam	0	0%	3	1%	3	0.4%
Ridgefield	0	0%	2	0.3%	2	0.3%
Rockville	0	0%	2	0.3%	2	0.3%
Sharon	0	0%	2	0.3%	2	0.3%
Shelton	0	0%	3	1%	3	0.4%
Somers	0	0%	3	1%	3	0.4%
South Glastonbury	0	0%	2	0.3%	2	0.3%
Southington	0	0%	2	0.3%	2	0.3%
Southington	0	0%	5	1%	5	1%
Stafford Springs	0	0%	2	0.3%	2	0.3%
Stamford	0	0%	36	6%	36	5%
Storrs	0	0%	2	0.3%	2	0.3%
Stratford	0	0%	2	0.3%	2	0.3%
Suffield	0	0%	2	0.3%	2	0.3%
Taftville	0	0%	2	0.3%	2	0.3%
Torrington	0	0%	5	1%	5	1%
Trumbull	0	0%	5	1%	5	1%
Vernon	2	2%	7	1%	9	1%
Wallingford	0	0%	2	0.3%	2	0.3%
Waterbury	0	0%	12	2%	12	2%
Waterford	0	0%	2	0.3%	2	0.3%
Watertown	0	0%	3	1%	3	0.4%
West Hartford	0	0%	9	1%	9	1%
West Haven	0	0%	10	2%	10	1%
Weston	0	0%	2	0.3%	2	0.3%
Westport	0	0%	3	1%	3	0.4%
Wethersfield	0	0%	2	0.3%	2	0.3%
Willimantic	0	0%	9	1%	9	1%
Willington	0	0%	2	0.3%	2	0.3%
Wilton	0	0%	2	0.3%	2	0.3%
Windsor	2	2%	5	1%	7	1%
Winsted	0	0%	5	1%	5	1%
Unknown	0	0%	48	8%	48	7%
Totals	90	100%	606	100%	696	100%

Hartford 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	9	1%	9	1%
5th to 8th Grades	7	7%	86	12%	93	12%
Some High School	30	30%	199	29%	229	29%
GED	5	5%	45	7%	50	6%
High School Diploma	50	49%	264	38%	314	40%
Some Technical School	0	0%	3	0%	3	0.4%
Degree	0	0%	2	0%	2	0.3%
Some College	8	8%	56	8%	64	8%
College Graduate	2	2%	19	3%	21	3%
Graduate Degree	0	0%	9	1%	9	1%
Unknown	0	0%	0	0%	0	0%
Totals	101	100%	692	100%	793	100%

14. Served in Military?

Yes	6	6%	85	12%	91	11%
No	95	94%	607	88%	702	89%
Totals	101	100%	692	100%	793	100%

15. Currently Working

Yes	27	27%	135	19%	162	20%
No	74	73%	557	81%	631	80%
Totals	101	100%	692	100%	793	100%

16. Has Income

Yes	77	76%	340	49%	417	53%
No	24	24%	352	51%	376	47%
Totals	101	100%	692	100%	793	100%

17. Income Sources (Duplicated)

Work	107	32%	123	32%	230	32%
Social Security/Disability	82	25%	89	23%	171	24%
SAGA	58	18%	60	16%	118	16%
Unemployment	29	9%	31	8%	60	8%
TANF	1	0%	18	5%	19	3%
Retirement/Pension/Veterans Benefits	7	2%	7	2%	14	2%
Child Support	1	0%	7	2%	8	1%
Unknown	37	11%	43	11%	80	11%
Other	9	3%	8	2%	17	2%
Totals	331	100%	386	100%	717	100%

Hartford 2010

18. Receive Food Stamps?

Yes	92	91%	362	52%	454	57%
No	9	9%	330	48%	339	43%
Totals	101	100%	692	100%	793	100%

19. Health Insurance

Yes	99	98%	521	75%	620	78%
No	2	2%	171	25%	173	22%
Totals	101	100%	692	100%	793	100%

Hartford 2010

	Sheltered Adults					
	Adults in Families		Single Adults		Total Adults	
	n	(%)	n	(%)	n	(%)
20. Ever hospitalized for mental health	22	22%	277	40%	299	38%
21. Ever in hospital, detox or rehab for substance abuse	18	18%	126	18%	144	18%
22. Need help now with a substance abuse issue	6	5%	189	27%	195	25%
23. Receiving substance abuse services now	13	13%	266	38%	279	35%
24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	26	25%	241	35%	267	34%
25. Ever told you have HIV or AIDS	18	18%	49	7%	67	8%
26. Report none of the above health problems	55	55%	144	21%	199	25%

27. Self Assessment Health Rating

1 (Worst)	0	0%	2	0%	2	0%
2	9	9%	47	7%	56	7%
3	17	17%	115	17%	132	17%
4	20	20%	228	33%	248	31%
5	55	54%	293	42%	348	44%
6 (Best)	0	0%	7	1%	7	1%
Totals	101	100%	692	100%	793	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	38	38%	149	22%	187	24%
No	63	63%	543	78%	606	76%
Totals	101	100%	692	100%	793	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	65	64%	236	34%	301	38%
No	36	36%	456	66%	492	62%
Totals	101	100%	692	100%	793	100%

29. Criminal Justice Involvement

Probation	4	4%	117	17%	121	15%
Parole	0	0%	23	3%	23	3%
Transitional Supervision	0	0%	17	3%	17	2%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	2	2%	19	3%	21	3%
Unknown	2	2%	6	1%	8	1%
None	94	93%	509	74%	603	76%
Totals	101	100%	692	100%	793	100%

CT PIT 2010 BOS-Middletown Demographics¹

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	5	7%	216	72%	79	58%
Female	60	93%	84	28%	56	42%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	65	100%	300	100%	135	100%

2. Age

18-21	3	10%	4	4%	7	5%
22-29	15	52%	14	13%	29	24%
30-39	6	19%	19	18%	25	19%
40-49	5	16%	28	27%	33	24%
50-59	1	3%	35	33%	36	25%
60-69	0	0%	3	2%	3	2%
70+	0	0%	3	2%	3	2%
Totals	30	100%	106	100%	136	100%

3. Households with Children <18 accompanying head of household

1 child	14	47%	NA	NA
2-3 children	12	41%	NA	NA
4-5 children	3	12%	NA	NA
> 5 children	0	0%	NA	NA
Totals	29	100%	NA	NA

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	6	22%	1	1%	7	5%
No	23	78%	105	99%	128	95%
Totals	29	100%	106	100%	135	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African American	12	42%	27	26%	12	21%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	12	42%	40	38%	12	21%
Other/Multi-Racial	5	16%	39	36%	5	9%
Hispanic/Latino (any race)	12	41%	41	39%	12	21%
Non-Hispanic/Non-Latino (any race)	17	59%	65	61%	17	29%
Unknown Race	0	0%	0	0%	0	0%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

BOS-Middletown¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

	n	(%)	n	(%)	n	(%)
Transitional Housing for Homeless Persons	6	21%	40	38%	46	35%
Emergency Shelter	13	46%	30	29%	43	35%
Rental Housing, own apartment or house	4	13%	8	7%	12	8%
Living with Relative/Friend	4	13%	6	6%	10	8%
Substance abuse treatment facility	0	0%	6	6%	6	5%
Psychiatric facility	1	4%	2	2%	3	2%
Hospital	0	0%	4	4%	4	2%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	3	2%	3	1%
Jail/prison	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Domestic Violence Situation	0	0%	0	0%	0	0%
Other	1	4%	3	3%	4	3%

7. Length of Time Since Permanent Residence

	n	(%)	n	(%)	n	(%)
< 1 month	0	0%	5	5%	5	4%
1 to 2 months	0	0%	5	5%	5	4%
2 to 3 months	4	14%	7	6%	11	8%
more than 3 months but < 6 months	4	14%	7	6%	11	8%
more than 6 months but < 1 year	8	27%	12	11%	20	15%
1 to 2 years	9	32%	41	39%	50	37%
3 or more years	4	14%	25	24%	29	21%
do not remember	0	0%	4	4%	4	3%
Totals	29	100%	106	100%	135	100%

8. Reason Left Last Residence (Duplicated)

	n	(%)	n	(%)	n	(%)
Went into the hospital	0	0%	52	43%	52	34%
Rent Problems	7	22%	27	22%	34	22%
Domestic Violence	8	25%	4	3%	12	8%
Conflict with family or friends	1	3%	9	7%	10	7%
Overcrowding	3	9%	0	0%	3	2%
Evicted for a reason other than rent problems or foreclosure	1	3%	1	1%	2	1%
Foreclosure of own home	0	0%	0	0%	0	0%
Other	11	34%	26	21%	37	24%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

BOS-Middletown¹ 2010

Sheltered Adults					
in Families		Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	4	14%	15	14%	19	14%
2 times in last 3 years	3	9%	17	16%	20	15%
3 times in last 3 years	1	5%	14	13%	15	11%
4 or more times in last 3 years	0	0%	15	14%	15	11%
Yes, unknown number of times	1	5%	6	6%	7	5%
No	20	68%	38	36%	58	43%
Totals	29	100%	106	100%	135	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

0	0%	2	5%	2	4%
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11. State of Last Residence

Connecticut	26	90%	98	93%	124	92%
Florida	0	0%	1	1%	1	1%
Iowa	0	0%	1	1%	1	1%
Massachusetts	3	10%	0	0%	3	2%
New Jersey	0	0%	1	1%	1	1%
Pennsylvania	0	0%	1	1%	1	1%
Puerto Rico	0	0%	1	1%	1	1%
Virginia	0	0%	1	1%	1	1%
Totals	29	100%	106	100%	135	100%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

BOS-Middletown¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 92% of the homeless in the Middletown region (124 individuals). Below is the breakdown of that 92%.

Town	Adults in Families n	Adults in Families (%)	Single Adults n	Single Adults (%)	Total Adults n	Total Adults (%)
Ansonia	0	0%	1	1%	1	1%
Bridgeport	0	0%	10	11%	10	8%
Bristol	0	0%	3	3%	3	2%
Canaan	0	0%	1	1%	1	1%
Cromwell	0	0%	1	1%	1	1%
East Hampton	0	0%	1	1%	1	1%
East Hartford	0	0%	1	1%	1	1%
Fairfield	0	0%	1	1%	1	1%
Greenwich	0	0%	1	1%	1	1%
Groton	0	0%	1	1%	1	1%
Hartford	3	11%	18	19%	21	17%
Middletown	6	22%	3	3%	9	7%
Milford	0	0%	1	1%	1	1%
New Britain	4	17%	3	3%	7	6%
New Haven	4	17%	8	8%	12	10%
Norwalk	0	0%	7	7%	7	6%
Norwich	0	0%	1	1%	1	1%
Old Greenwich	0	0%	1	1%	1	1%
Portland	1	6%	1	1%	2	2%
Shelton	0	0%	1	1%	1	1%
Stamford	0	0%	10	11%	10	8%
Stratford	0	0%	1	1%	1	1%
Torrington	0	0%	1	1%	1	1%
Vernon	0	0%	1	1%	1	1%
Wallingford	0	0%	1	1%	1	1%
Waterbury	1	6%	1	1%	2	2%
West Hartford	0	0%	1	1%	1	1%
West Haven	0	0%	4	4%	4	3%
Winsted	0	0%	1	1%	1	1%
Unknown		22%	7	7%	13	10%
Totals	26	100%	98	100%	124	100%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

BOS-Middletown¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	1	1%	1	1%
5th to 8th Grades	1	3%	11	11%	12	9%
Some High School	12	42%	29	28%	41	30%
GED	2	6%	6	6%	8	6%
High School Diploma	11	39%	40	37%	51	38%
Some Technical School	0	0%	0	0%	0	0%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	2	6%	11	11%	13	10%
College Graduate	0	0%	6	6%	6	4%
Graduate Degree	1	3%	0	0%	1	1%
Unknown	0	0%	0	0%	0	0%
Totals	29	100%	106	100%	135	100%

14. Served in Military?

Yes	0	0%	24	23%	24	18%
No	29	100%	82	77%	111	82%
Totals	29	100%	106	100%	135	100%

15. Currently Working

Yes	7	24%	11	11%	18	13%
No	22	76%	95	89%	117	87%
Totals	29	100%	106	100%	135	100%

17. Income Sources (Duplicated)

Child Support	0	0%	0	0%	0	0%
Retirement/Pension/Veterans Benefits	2	3%	3	3%	5	3%
SAGA	10	16%	11	11%	21	13%
Social Security/Disability	26	41%	32	31%	58	35%
TANF	0	0%	9	9%	9	5%
Unemployment	3	5%	11	11%	14	8%
Work	9	14%	20	20%	29	17%
Other	5	8%	6	6%	11	7%
Unknown	8	13%	9	9%	17	10%
Totals	64	100%	102	100%	166	100%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

BOS-Middletown¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

18. Receive Food Stamps?

Yes	21	71%	55	52%	76	56%
No	8	29%	51	48%	59	44%
Totals	29	100%	106	100%	135	100%

19. Health Insurance

Yes	28	95%	78	74%	106	79%
No	1	5%	28	26%	29	21%
Totals	29	100%	106	100%	135	100%

20. Ever been hospitalized for mental health	3	10%	60	57%	63	47%
21. Ever in hospital, detox or rehab for substance abuse	3	11%	11	11%	14	10%
22. Need help now with a substance abuse issue	3	10%	32	30%	35	26%
23. Receiving substance abuse services now	55	11%	969	39%	1024	34%
24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	3	11%	57	54%	60	44%
25. Ever told you have HIV or AIDS	3	0%	57	9%	60	7%
26. Report none of the above health problems	23	80%	12	11%	35	26%

27. Self Assessment Health Rating

1 (Worst)	0	0%	2	1%	2	1%
2	0	0%	9	9%	9	7%
3	3	11%	31	29%	34	25%
4	13	44%	34	32%	47	35%
5	13	44%	28	26%	41	30%
6 (Best)	0	0%	2	1%	2	1%
Totals	29	100%	106	100%	135	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	12	43%	8	7%	20	15%
No	17	57%	98	93%	115	85%
Totals	29	100%	106	100%	135	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	12	43%	28	26%	40	30%
No	17	57%	78	74%	95	70%
Totals	29	100%	106	100%	135	100%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

BOS-Middletown¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Probation	4	14%	19	18%	23	17%
Transitional Supervision (TS)	0	0%	3	3%	3	2%
Probation	0	0%	0	0%	0	0%
Transitional Supervision (TS) and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
None	25	86%	83	79%	108	80%
Totals	29	100%	106	100%	135	100%

¹ These tables are based on the former continuum of care, Middletown/Middlesex County, which has now been incorporated into a larger Balance of State.

CT PIT 2010 New Britain Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	0	0%	75	77%	75	69%
Female	11	100%	21	22%	32	30%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	1	1%	1	1%
Totals	11	100%	97	100%	108	100%

2. Age

18-21	0	0%	1	1%	1	1%
22-29	4	40%	9	9%	13	12%
30-39	3	30%	14	15%	17	16%
40-49	3	30%	40	41%	43	40%
50-59	0	0%	25	25%	25	23%
60-69	0	0%	7	7%	7	6%
70+	0	0%	1	1%	1	1%
Totals	10	100%	97	100%	107	100%

3. Households with Children <18 accompanying head of household

1 child	3	27%	NA	NA
2-3 children	7	64%	NA	NA
4-5 children	1	9%	NA	NA
> 5 children	0	0%	NA	NA
Totals	11	100%	NA	NA

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	0	0%	0	0%	0	0%
No	11	100%	97	100%	108	100%
Totals	11	100%	97	100%	108	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	4	4%	0	0%
Black or African-American	4	36%	60	62%	4	18%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	6	55%	22	23%	6	27%
Other/Multi-Racial	1	9%	11	12%	1	5%
Hispanic-Latino (any race)	4	36%	14	14%	4	18%
Non-Hispanic/non-Latino (any race)	7	64%	83	86%	7	32%
Unknown Race	0	0%	0	0%	0	0%

New Britain 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Transitional Housing for Homeless Persons	0	0%	0	0%	0	0%
Emergency Shelter	3	18%	36	34%	39	33%
Substance abuse treatment facility	1	9%	2	2%	3	3%
Rental Housing, own apartment or house	0	0%	0	0%	0	0%
Hospital	0	0%	0	0%	0	0%
Living with Relative/Friend	1	9%	2	2%	3	3%
Domestic Violence Situation	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Jail/prison	1	9%	4	4%	5	4%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	6	6%	6	5%
Psychiatric facility	7	45%	52	49%	59	49%
Other	1	9%	4	4%	5	4%

7. Length of Time Since Permanent Residence

< 1 month	0	0%	10	10%	10	9%
1 to 2 months	1	9%	7	8%	8	7%
2 to 3 months	0	0%	7	8%	7	6%
more than 3 months but < 6 months	1	9%	0	0%	1	1%
more than 6 months but < 1 year	2	18%	22	23%	24	22%
1 to 2 years	6	55%	34	35%	40	37%
3 or more years	0	0%	15	15%	15	14%
do not remember	1	9%	2	3%	3	3%
Totals	11	100%	97	100%	108	100%

8. Reason Left Last Residence (Duplicated)

Conflict with family or friends	2	18%	55	44%	57	42%
Overcrowding	1	9%	36	29%	37	27%
Rent Problems	3	27%	17	14%	20	15%
Domestic Violence	3	27%	11	9%	14	10%
Evicted for a reason other than rent problems or foreclosure	0	0%	0	0%	0	0%
Other	2	18%	0	0%	2	1%

New Britain 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	1	9%	5	5%	6	6%
2 times in last 3 years	2	18%	18	19%	20	19%
3 times in last 3 years	2	18%	7	7%	9	8%
4 or more times in last 3 years	0	0%	7	7%	7	6%
Yes, unknown number of times	0	0%	5	5%	5	5%
No	6	55%	55	57%	61	56%
Totals	11	100%	97	100%	108	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

1	14%	27	34%	28	32%
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11. State of Last Residence

Alabama	1	9%	0	0%	1	2%
Connecticut	7	64%	92	95%	99	88%
New Hampshire	0	0%	2	2%	2	2%
New York	1	9%	2	2%	3	4%
North Carolina	1	9%	0	0%	1	2%
Puerto Rico	1	9%	0	0%	1	2%
Totals	11	100%	97	100%	108	100%

New Britain 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 88% of the homeless in the New Britain Continuum of Care (99 individuals). Below is the breakdown of that 88%.

Avon	0	0%	2	3%	2	2%
Bristol	1	14%	2	3%	3	3%
Danbury	0	0%	7	8%	7	7%
Dayville	0	0%	2	3%	2	2%
East Hartford	0	0%	5	5%	5	5%
East Haven	0	0%	2	3%	2	2%
Falls Village	0	0%	2	3%	2	2%
Groton	0	0%	2	3%	2	2%
Hartford	0	0%	12	13%	12	12%
Lebanon	0	0%	2	3%	2	2%
Middletown	1	14%	0	0%	1	1%
Naugatuck	0	0%	2	3%	2	2%
New Britain	0	0%	2	3%	2	2%
New Haven	0	0%	12	13%	12	12%
New London	0	0%	5	5%	5	5%
Norwalk	0	0%	2	3%	2	2%
Norwich	0	0%	2	3%	2	2%
Putnam	0	0%	2	3%	2	2%
Rocky Hill	0	0%	2	3%	2	2%
Stamford	0	0%	2	3%	2	2%
Stratford	0	0%	2	3%	2	2%
Waterbury	0	0%	5	5%	5	5%
West Haven	0	0%	5	5%	5	5%
Willimantic	0	0%	2	3%	2	2%
Unknown	5	71%	5	5%	10	10%
Totals	7	100%	92	100%	99	100%

New Britain 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	1	10%	1	1%	2	2%
5th to 8th Grades	0	0%	7	7%	7	6%
Some High School	6	50%	31	32%	37	34%
GED	1	10%	11	11%	12	11%
High School Diploma		10%	34	35%	35	32%
Some Technical School	0	0%	0	0%	0	0%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	1	10%	9	10%	10	9%
College Graduate	1	10%	2	2%	3	3%
Graduate Degree	0	0%	1	1%	1	1%
Unknown	0	0%	0	0%	0	0%
Totals	11	100%	97	100%	108	100%

14. Served in Military?

Yes	1	9%	16	16%	17	16%
No	10	91%	81	84%	91	84%
Totals	11	100%	97	100%	108	100%

15. Currently Working

Yes	2	18%	22	23%	24	22%
No	9	82%	75	77%	84	78%
Totals	11	100%	97	100%	108	100%

16. Has Income

Yes	9	82%	60	61%	69	64%
No	2	18%	37	39%	39	36%
Totals	11	100%	97	100%	108	100%

17. Income Sources (Duplicated)

Work	12	29%	16	26%	28	27%
Social Security/Disability	12	29%	15	24%	27	26%
SAGA	11	27%	14	23%	25	24%
Other	1	2%	1	2%	2	2%
Unknown	1	2%	1	2%	2	2%
Totals	41	100%	62	100%	103	100%

New Britain 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

18. Receive Food Stamps?

Yes	9	82%	62	64%	71	66%
No	2	18%	35	36%	37	34%
Totals	11	100%	97	100%	108	100%

19. Health Insurance

Yes	11	100%	78	80%	89	82%
No	0	0%	19	20%	19	18%
Totals	11	100%	97	100%	108	100%

20. Ever been hospitalized for mental health	1	9%	41	43%	42	39%
21. Ever in hospital, detox or rehab for substance abuse	2	18%	18	18%	20	19%
22. Need help now with a substance abuse issue	1	9%	30	31%	31	29%
23. Receiving substance abuse services now	1	9%	39	40%	40	37%
24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	2	18%	42	43%	44	41%
25. Ever told you have HIV or AIDS	0	0%	12	12%	12	11%
26. Report none of the above health problems	7	64%	23	24%	30	28%

27. Self Assessment Health Rating

1 (Worst)	0	0%	0	0%	0	0%
2	1	11%	3	3%	4	4%
3	0	0%	15	16%	15	14%
4	2	22%	24	25%	26	24%
5	7	67%	52	53%	59	55%
6 (Best)	0	0%	3	3%	3	3%
Totals	11	100%	97	100%	108	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	8	73%	26	27%	34	31%
No	3	27%	71	73%	74	69%
Totals	11	100%	97	100%	108	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	9	82%	37	38%	46	43%
No	2	18%	60	62%	62	57%
Totals	11	100%	97	100%	108	100%

New Britain 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Probation	0	0%	18	19%	18	17%
Transitional Supervision	0	0%	9	9%	9	8%
Parole	0	0%	0	0%	0	0%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	6	6%	6	6%
Unknown	2	18%	0	0%	2	2%
None	9	82%	64	66%	73	68%
Totals	11	100%	97	100%	108	100%

CT PIT 2010 New Haven Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	1	10%	72	75%	73	61%
Female	10	90%	24	25%	34	38%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	11	100%	96	100%	107	100%

2. Age

18-21	3	3%	20	5%	23	4%
22-29	37	40%	53	12%	90	18%
30-39	38	41%	69	16%	107	21%
40-49	12	13%	155	36%	167	31%
50-59	3	3%	107	25%	110	21%
60-69	0	0%	25	6%	25	5%
70+	0	0%	2	0%	2	0%
Totals	93	100%	431	100%	524	100%

3. Households with Children <18 accompanying head of household

1 child	38	42%	NA	NA		
2-3 children	41	45%	NA	NA		
4-5 children	11	12%	NA	NA		
> 5 children	1	1%	NA	NA		
Totals	91	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	13	14%	17	4%	30	6%
No	79	86%	413	96%	492	94%
Totals	92	100%	430	100%	522	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	6	1%	0	0%
Asian	0	0%	4	1%	0	0%
Black or African-American	57	62%	153	36%	57	31%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	8	9%	233	54%	8	4%
Other/Multi-Racial	27	29%	32	7%	27	15%
Hispanic-Latino (any race)	21	23%	67	16%	21	11%
Non-Hispanic/non-Latino (any race)	71	77%	363	84%	71	39%
Unknown Race	0	0%	2	0%	0	0%

New Haven 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Emergency Shelter	41	44%	135	31%	176	34%
Transitional Housing for Homeless Persons	29	32%	122	28%	151	29%
Living with Relative/Friend	3	3%	91	21%	94	19%
Rental Housing, own apartment or house	4	5%	29	7%	33	4%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	20	5%	20	4%
Substance abuse treatment facility	0	0%	13	3%	13	3%
Hotel or motel	1	2%	9	2%	10	2%
Jail/prison	0	0%	6	1%	6	1%
Hospital	0	0%	2	0%	2	0%
Psychiatric facility	0	0%	1	0%	1	0%
Domestic Violence Situation	0	0%	0	0%	0	0%
Other	1	2%	12	3%	13	3%

7. Length of Time Since Permanent Residence

< 1 month	9	10%	32	7%	41	8%
1 to 2 months	0	0%	44	10%	44	8%
2 to 3 months	7	8%	37	9%	44	8%
more than 3 months but < 6 months	9	10%	46	11%	55	11%
more than 6 months but < 1 year	18	19%	61	14%	79	15%
1 to 2 years	33	35%	128	30%	161	31%
3 or more years	16	18%	80	19%	96	18%
do not remember	0	0%	2	0%	2	0%
Totals	92	100%	430	100%	522	100%

8. Reason Left Last Residence (Duplicated)

Evicted for a reason other than rent problems or foreclosure	14	12%	147	29%	161	26%
Rent Problems	30	26%	65	13%	95	15%
Conflict with family or friends	16	14%	74	15%	90	15%
Foreclosure of own home	2	2%	45	9%	47	8%
Domestic Violence	16	14%	28	6%	44	7%
Evicted due to landlord's property foreclosure	8	7%	35	7%	43	7%
Overcrowding	10	9%	22	4%	32	5%
Housing condemned	2	2%	19	4%	21	3%
Fire	2	2%	13	3%	15	2%
Went into the hospital	0	0%	0	0%	0	0%
Other	19	16%	48	10%	67	11%

New Haven 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	32	35%	76	18%	108	21%
2 times in last 3 years	9	10%	79	18%	88	17%
3 times in last 3 years	3	3%	36	8%	39	7%
4 or more times in last 3 years	7	8%	42	10%	49	9%
Yes, unknown number of times	3	3%	20	5%	23	4%
No	38	41%	177	41%	215	41%
Totals	92	100%	430	100%	522	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

14	25%	121	41%	135	38%
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11. State of Last Residence

California	0	0%	2	0.4%	2	0.3%
Connecticut	86	94%	389	91%	475	91%
Delaware	0	0%	2	0.4%	2	0.3%
Florida	0	0%	7	2%	7	1%
Louisiana	0	0%	2	0.4%	2	0.3%
Maine	0	0%	2	0.4%	2	0.3%
Massachusetts	1	2%	7	2%	8	2%
New Jersey	1	2%	4	1%	5	1%
New York	0	0%	6	1%	6	1%
North Carolina	1	2%	0	0%	1	0.3%
Pennsylvania	0	0%	6	1%	6	1%
Puerto Rico	0	0%	2	0.4%	2	0.3%
Texas	1	2%	0	0%	1	0.3%
Virginia	0	0%	2	0.4%	2	0.3%
Totals	92	100%	430	100%	522	100%

New Haven 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 91% of the homeless in the New Haven Continuum of Care (475 individuals). Below is the breakdown of that 91%.

Town	Adults in Families n	Adults in Families (%)	Single Adults n	Single Adults (%)	Total Adults n	Total Adults (%)
Ansonia	0	0%	2	0.5%	2	0.4%
Avon	0	0%	2	0.5%	2	0.4%
Beacon Falls	0	0%	2	0.5%	2	0.4%
Berlin	1	2%	2	0.5%	3	1%
Bloomfield	0	0%	4	1%	4	1%
Bridgeport	4	5%	26	7%	30	6%
Bristol	0	0%	13	3%	13	3%
Canterbury	0	0%	2	0.5%	2	0.4%
Clinton	0	0%	2	0.5%	2	0.4%
Danbury	0	0%	6	1%	6	1%
Danielson	0	0%	4	1%	4	1%
Dayville	0	0%	2	0.5%	2	0.4%
Derby	1	2%	4	1%	5	1%
East Hampton	0	0%	2	0.5%	2	0.4%
East Hartford	0	0%	7	2%	7	1%
East Haven	0	0%	2	0.5%	2	0%
East Windsor	0	0%	2	0.5%	2	0.4%
Enfield	0	0%	4	1%	4	1%
Fairfield	0	0%	2	0.5%	2	0.4%
Greenville	0	0%	2	0.5%	2	0.4%
Groton	0	0%	4	1%	4	1%
Hamden	1	2%	4	1%	5	1%
Hartford	3	3%	48	12%	51	11%
Ledyard	0	0%	2	0.5%	2	0.4%
Manchester	0	0%	11	3%	11	2%
Meriden	0	0%	6	1%	6	1%
Middletown	0	0%	17	4%	17	4%
Milford	0	0%	6	1%	6	1%
Naugatuck	0	0%	2	0.5%	2	0.4%
New Britain	0	0%	11	3%	11	2%
New Haven	42	49%	46	12%	88	19%
New London	0	0%	18	5%	18	4%
Norwalk	0	0%	7	2%	7	1%
Norwich	0	0%	9	2%	9	2%
Oakville	0	0%	2	0.5%	2	0.4%

New Haven 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut) (continued)

	n	(%)	n	(%)	n	(%)
Plainville	0	0%	2	0.5%	2	0.4%
Portland	1	2%	2	0.5%	3	1%
Rockville	0	0%	2	0.5%	2	0.4%
Stafford	0	0%	2	0.5%	2	0.4%
Trumbull	0	0%	2	0.5%	2	0.4%
Wallingford	0	0%	2	0.5%	2	0.4%
Waterbury	1	2%	13	3%	14	3%
Waterford	0	0%	2	0.5%	2	0.4%
West Hartford	0	0%	2	0.5%	2	0.4%
West Haven	12	14%	11	3%	23	5%
Willimantic	0	0%	13	3%	13	3%
Windsor	0	0%	2	0.5%	2	0.4%
Unknown	17	20%	18	5%	35	7%
Totals	86	100%	389	100%	475	100%

13. Last Grade in School Completed

	n	(%)	n	(%)	n	(%)
Less than 5th Grade	0	0%	2	0%	2	0.4%
5th to 8th Grades	3	3%	28	7%	31	6%
Some High School	33	36%	112	26%	145	28%
GED	5	5%	32	7%	37	7%
High School Diploma	47	51%	172	40%	219	42%
Some Technical School	0	0%	0	0%	0	0%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	5	5%	55	13%	60	11%
College Graduate	0	0%	23	5%	23	4%
Graduate Degree	0	0%	4	1%	4	1%
Unknown	0	0%	2	0%	2	0.4%
Totals	92	100%	430	100%	522	100%

14. Served in Military?

	n	(%)	n	(%)	n	(%)
Yes	1	2%	68	16%	69	13%
No	91	98%	362	84%	453	87%
Totals	92	100%	430	100%	522	100%

New Haven 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

15. Currently Working

Yes	0	45%	92	21%	134	26%
No	50	55%	338	79%	388	74%
Totals	92	100%	430	100%	522	100%

16. Has Income

Yes	80	87%	222	52%	302	58%
No	12	13%	208	48%	220	42%
Totals	92	100%	430	100%	522	100%

17. Income Sources (Duplicated)

Work	59	31%	80	32%	139	31%
Social Security/Disability	56	29%	56	22%	112	25%
SAGA	29	15%	26	10%	55	12%
Unemployment	20	10%	20	8%	40	9%
TANF	3	2%	26	10%	29	7%
Child Support	0	0%	7	3%	7	2%
Retirement/Pension/Veterans Benefits	3	2%	2	1%	5	1%
Unknown	18	9%	25	10%	43	10%
Other	7	4%	10	4%	17	4%
Totals	193	100%	253	100%	446	100%

18. Receive Food Stamps?

Yes	82	89%	282	66%	364	70%
No	10	11%	148	34%	158	30%
Totals	92	100%	430	100%	522	100%

19. Health Insurance

Yes	89	97%	328	76%	417	80%
No	3	3%	102	24%	105	20%
Totals	92	100%	430	100%	522	100%

New Haven 2010

		Sheltered Adults					
		Adults in Families		Single Adults		Total Adults	
		n	(%)	n	(%)	n	(%)
20.	Ever been hospitalized for mental health	9	10%	165	38%	174	33%
21.	Ever in hospital, detox or rehab for substance abuse	9	10%	41	10%	50	10%
22.	Need help now with a substance abuse issue	6	6%	110	26%	116	22%
23.	Receiving substance abuse services now	7	8%	177	41%	184	35%
24.	Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	19	21%	206	48%	225	43%
25.	Ever told you have HIV or AIDS	0	0%	24	6%	24	5%
26.	Report none of the above health problems	64	70%	95	22%	159	30%

27. Self Assessment Health Rating

1 (Worst)	0	2%	0	0%	2	0%
2	2	2%	59	14%	61	12%
3	16	17%	86	20%	102	20%
4	24	26%	127	30%	151	29%
5	26	28%	134	31%	160	31%
6 (Best)	22	24%	23	5%	45	9%
Totals	92	100%	430	100%	522	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	20	22%	85	20%	105	20%
No	72	78%	345	80%	417	80%
Totals	92	100%	430	100%	522	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	37	40%	169	39%	206	39%
No	55	60%	261	61%	316	61%
Totals	92	100%	430	100%	522	100%

29. Criminal Justice Involvement

Probation	0	0%	64	15%	64	12%
Transitional Supervision	0	0%	5	1%	5	1%
Parole	0	0%	0	0%	0	0%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	16	4%	16	3%
Unknown	0	0%	5	1%	5	1%
None	92	100%	341	79%	433	83%
Totals	92	100%	430	100%	522	100%

CT PIT 2010 Norwalk-Fairfield County Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	0	0%	115	78%	115	73%
Female	13	100%	32	22%	45	27%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	13	100%	147	100%	160	100%

2. Age

18-21	0	0%	1	1%	1	1%
22-29	3	20%	11	7%	14	8%
30-39	7	50%	20	14%	27	16%
40-49	4	30%	47	32%	51	32%
50-59	0	0%	46	31%	46	29%
60-69	0	0%	20	14%	20	13%
70+	0	0%	2	2%	2	1%
Totals	14	100%	147	100%	161	100%

3. Households with Children <18 accompanying head of household

1 child	7	50%	NA	NA		
2-3 children	5	40%	NA	NA		
4-5 children	1	10%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	13	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	1	10%	6	4%	7	4%
No	12	90%	141	96%	153	96%
Totals	13	100%	147	100%	160	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African-American	10	80%	70	47%	10	40%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	1	10%	75	51%	1	4%
Other/Multi-Racial	1	10%	3	2%	1	4%
Hispanic-Latino (any race)	4	30%	5	3%	4	16%
Non-Hispanic/non-Latino (any race)	9	70%	142	97%	9	36%
Unknown Race	0	0%	0	0%	0	0%

Norwalk-Fairfield County 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Emergency Shelter	15	80%	100	41%	115	44%
Living with Relative/Friend	2	10%	52	21%	54	20%
Transitional Housing for Homeless Persons	0	0%	26	11%	26	10%
Rental Housing, own apartment or house	0	0%	23	9%	23	9%
Substance abuse treatment facility	0	0%	20	8%	20	8%
Jail/prison	0	0%	6	2%	6	2%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	6	2%	6	2%
Psychiatric facility	0	0%	6	2%	6	2%
Hospital	0	0%	3	1%	3	1%
Hotel or motel	0	0%	3	1%	3	1%
Domestic Violence Situation	2	10%	0	0%	2	1%
Other	0	0%	0	0%	0	0%

7. Length of Time Since Permanent Residence

< 1 month	0	0%	14	10%	14	9%
1 to 2 months	1	10%	14	10%	15	9%
2 to 3 months	1	10%	14	10%	15	9%
more than 3 months but < 6 months	1	10%	21	15%	22	14%
more than 6 months but < 1 year	1	10%	20	14%	21	13%
1 to 2 years	8	60%	30	20%	38	24%
3 or more years	0	0%	33	22%	33	21%
do not remember	0	0%	0	0%	0	0%
Totals	12	100%	146	100%	158	100%

Norwalk-Fairfield County 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

8. Reason Left Last Residence (Duplicated)

Rent Problems	6	32%	95	56%	101	54%
Conflict with family or friends	3	16%	55	33%	58	31%
Domestic Violence	4	21%	10	6%	14	7%
Housing condemned	1	5%	0	0%	1	1%
Went into the hospital	1	5%	0	0%	1	1%
Evicted for a reason other than rent problems or foreclosure	0	0%	0	0%	0	0%
Overcrowding	0	0%	0	0%	0	0%
Went to prison or jail	0	0%	0	0%	0	0%
Other	3	16%	3	2%	6	3%

9. Ever without a Permanent Place Before

1 time in last 3 years	3	20%	26	18%	29	18%
2 times in last 3 years	3	20%	21	14%	24	15%
3 times in last 3 years	1	10%	30	21%	31	19%
4 or more times in last 3 years	0	0%	10	7%	10	6%
Yes, unknown number of times	1	10%	5	4%	6	4%
No	5	40%	55	37%	60	38%
Totals	13	100%	147	100%	160	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

0	0%	55	42%	55	37%
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11. State of Last Residence

Connecticut	10	80%	128	87%	138	87%
Florida	0	0%	3	2%	3	2%
Georgia	1	10%	0	0%	1	1%
New Hampshire	0	0%	1	1%	1	1%
New Jersey	0	0%	3	2%	3	2%
New York	1	10%	9	6%	10	6%
Ohio	0	0%	1	1%	1	1%
Texas	0	0%	1	1%	1	1%
Totals	13	100%	147	100%	160	100%

Norwalk-Fairfield County 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. **Town of Last Residence (if in Connecticut)**

Connecticut was the State of Last Residence for 87% of the homeless in the Norwalk Continuum of Care (138 individuals). Below is the breakdown of that 87%.

Town	Adults in Families n	Adults in Families (%)	Single Adults n	Single Adults (%)	Total Adults n	Total Adults (%)
Ansonia	0	0%	1	1%	1	1%
Avon	0	0%	3	2%	3	2%
Bethel	0	0%	1	1%	1	1%
Bridgeport	4	38%	4	3%	8	6%
Canton	0	0%	1	1%	1	1%
Danbury	0	0%	1	1%	1	1%
Dayville	0	0%	3	2%	3	2%
East Hartford	0	0%	3	2%	3	2%
Groton	0	0%	4	3%	4	3%
Hartford	0	0%	14	11%	14	10%
Jewett City	0	0%	3	2%	3	2%
Killingly	0	0%	1	1%	1	1%
Manchester	0	0%	9	7%	9	7%
Middletown	0	0%	6	4%	6	4%
Milford	0	0%	3	2%	3	2%
Moosup	0	0%	1	1%	1	1%
Mystic	0	0%	1	1%	1	1%
Naugatuck	0	0%	1	1%	1	1%
New Britain	0	0%	1	1%	1	1%
New Haven	1	13%	14	11%	15	11%
New London	0	0%	1	1%	1	1%
New Milford	0	0%	1	1%	1	1%
Norwalk	3	25%	7	6%	10	7%
Norwich	0	0%	1	1%	1	1%
Stafford	0	0%	3	2%	3	2%
Stamford	1	13%	14	11%	15	11%
Stratford	0	0%	3	2%	3	2%
Thompson	0	0%	1	1%	1	1%
Torrington	0	0%	3	2%	3	2%
Waterbury	0	0%	1	1%	1	1%
Watertown	0	0%	1	1%	1	1%
West Haven	0	0%	1	1%	1	1%
Westport	1	13%	3	2%	4	3%
Willimantic	0	0%	1	1%	1	1%
Windsor Locks	0	0%	1	1%	1	1%
Woodbridge	0	0%	1	1%	1	1%
Unknown	0	0%	3	2%	3	2%
Totals	10	100%	128	100%	138	100%

Norwalk-Fairfield County 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	0	0%	0	0%
5th to 8th Grades	1	10%	6	4%	7	4%
Some High School	5	40%	56	38%	61	38%
GED	0	0%	12	8%	12	8%
High School Diploma	1	10%	53	36%	54	34%
Some Technical School	0	0%	1	1%	1	1%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	3	20%	15	10%	18	11%
College Graduate	3	20%	2	2%	5	3%
Graduate Degree	0	0%	1	1%	1	1%
Unknown	0	0%	0	0%	0	0%
Totals	13	100%	147	100%	160	100%

14. Served in Military?

Yes	0	0%	18	12%	18	11%
No	13	100%	129	88%	142	89%
Total	13	100%	147	100%	160	100%

15. Currently Working

Yes	4	30%	23	16%	27	17%
No	9	70%	124	84%	133	83%
Totals	13	100%	147	100%	160	100%

16. Has Income

Yes	12	90%	56	38%	68	43%
No	1	10%	91	62%	92	58%
Totals	13	100%	147	100%	160	100%

17. Income Sources (Duplicated)

Work	21	33%	23	30%	44	31%
Social Security/Disability	12	19%	11	14%	23	16%
SAGA	9	14%	9	12%	18	13%
Unemployment	6	9%	7	9%	13	9%
TANF	3	5%	7	9%	10	7%
Retirement/Pension/Veterans Benefits	3	5%	2	3%	5	4%
Child Support	0	0%	2	3%	2	1%
Unknown	8	13%	10	13%	18	13%
Other	4	6%	4	5%	8	6%
Totals	64	100%	76	100%	140	100%

Norwalk-Fairfield County 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

18. Receive Food Stamps?

Yes	9	70%	94	64%	103	64%
No	4	30%	53	36%	57	36%
Totals	13	100%	147	100%	160	100%

19. Health Insurance

Yes	13	100%	112	76%	125	78%
No	0	0%	35	24%	35	22%
Totals	13	100%	147	100%	160	100%

20. Ever been hospitalized for mental health	4	30%	47	32%	51	32%
21. Ever in hospital, detox or rehab for substance abuse	0	0%	0	0%	0	0%
22. Need help now with a substance abuse issue	0	0%	44	30%	44	28%
23. Receiving substance abuse services now	1	10%	44	30%	45	28%
24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	0	0%	53	36%	53	33%
25. Ever told you have HIV or AIDS	0	0%	2	2%	2	1%
26. Report none of the above health problems	8	60%	43	29%	51	32%

27. Self Assessment Health Rating

1 (Worst)	0	0%	0	0%	0	0%
2	0	0%	9	6%	9	6%
3	0	0%	30	20%	30	19%
4	3	25%	44	30%	47	29%
5	10	75%	61	42%	71	44%
6 (Best)	0	0%	4	2%	4	3%
Totals	13	100%	147	100%	160	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	20	22%	85	20%	105	20%
No	72	78%	345	80%	417	80%
Totals	92	100%	430	100%	522	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	37	40%	169	39%	206	39%
No	55	60%	261	61%	316	61%
Totals	92	100%	430	100%	522	100%

Norwalk-Fairfield County 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Parole	0	0%	2	1%	2	1%
Probation	1	10%	22	15%	23	14%
Transitional Supervision	0	0%	0	0%	0	0%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	2	1%	2	1%
Unknown	0	0%	2	1%	2	1%
None	12	90%	120	81%	132	83%
Totals	13	100%	147	100%	160	100%

CT PIT 2010 BOS-Norwich/New London Demographics¹

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	8	29%	71	67%	83	50%
Female	21	71%	35	33%	82	50%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	29	100%	106	100%	165	100%

2. Age

18-21	5	10%	3	3%	8	6%
22-29	24	45%	14	13%	38	24%
30-39	18	34%	14	13%	32	20%
40-49	5	10%	45	40%	50	29%
50-59	0	0%	32	28%	32	18%
60-69	0	0%	4	4%	4	2%
70+	0	0%	0	0%	0	0%
Totals	52	100%	112	100%	164	100%

3. Households with Children <18 accompanying head of household

1 child	30	57%	NA	NA		
2-3 children	23	43%	NA	NA		
4-5 children	0	0%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	53	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	8	16%	1	1%	9	5%
No	45	84%	111	99%	156	95%
Totals	53	100%	112	100%	165	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African American	11	21%	21	19%	11	9%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	38	72%	83	74%	38	32%
Other/Multi-Racial	4	7%	8	7%	4	3%
Unknown Race	12	22%	27	24%	12	10%
Hispanic/Latino (any race)	12	22%	27	24%	12	10%
Non-Hispanic/Non-Latino (any race)	41	78%	85	76%	41	35%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

BOS-Norwich/New London¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Transitional Housing for Homeless Persons	0	0%	0	0%	0	45%
Emergency Shelter	16	31%	31	28%	47	29%
Living with Relative/Friend	6	12%	12	11%	18	11%
Jail/prison	0	0%	11	10%	11	5%
Rental Housing, own apartment or house	0	0%	2	2%	2	4%
Hotel or motel	2	4%	1	1%	3	3%
Substance abuse treatment facility	27	50%	48	43%	75	1%
Psychiatric facility	2	4%	4	4%	6	1%
Hospital	0	0%	2	2%	2	1%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	2	2%	2	0%
Domestic Violence Situation	0	0%	0	0%	0	0%
Other	22	42%	104	93%	126	0%

7. Length of Time Since Permanent Residence

< 1 month	4	8%	3	3%	7	4%
1 to 2 months	4	8%	4	4%	8	5%
2 to 3 months	1	2%	6	5%	7	4%
more than 3 months but < 6 months	8	15%	8	7%	16	10%
more than 6 months but < 1 year	16	30%	17	15%	33	20%
1 to 2 years	10	19%	30	27%	40	24%
3 or more years	7	13%	42	38%	49	30%
do not remember	3	6%	2	2%	5	3%
Totals	53	100%	112	100%	165	100%

8. Reason Left Last Residence (Duplicated)

Went to prison or jail	0	0%	55	43%	55	29%
Conflict with family or friends	17	27%	17	13%	34	18%
Domestic Violence	21	33%	1	1%	22	11%
Rent Problems	13	20%	8	6%	21	11%
Went into the hospital	0	0%	11	9%	11	6%
Overcrowding	1	2%	2	2%	3	2%
Evicted for a reason other than rent problems or foreclosure	1	2%	1	1%	2	1%
Housing condemned	1	2%	0	0%	1	1%
Other	10	16%	32	25%	42	22%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

BOS-Norwich/New London¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	14	26%	23	20%	37	22%
2 times in last 3 years	8	15%	25	22%	33	20%
3 times in last 3 years	6	11%	7	6%	13	8%
4 or more times in last 3 years	9	17%	8	7%	17	10%
Yes, unknown number of times	0	0%	5	5%	5	3%
No	16	30%	45	40%	61	37%
Totals	53	100%	112	100%	165	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients	2	8%	45	49%	47	41%
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11. State of Last Residence

Connecticut	42	79%	101	90%	143	86%
Indiana	1	2%	0	0%	1	1%
Maine	4	8%	0	0%	4	3%
Massachusetts	2	4%	1	1%	3	2%
New Hampshire	1	2%	0	0%	1	1%
New York	0	0%	2	2%	2	1%
North Carolina	0	0%	1	1%	1	1%
Pennsylvania	0	0%	2	2%	2	1%
Rhode Island	2	4%	1	1%	3	2%
Texas	1	2%	2	2%	3	2%
Vermont	0	0%	1	1%	1	1%
Totals	53	100%	112	100%	165	100%

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 86% of the homeless in the Norwich/New London region (143 individuals). Below is the breakdown of that 86%.						
Ansonia	0	0%	3	3%	3	2%
Baltic	2	5%	0	0%	2	1%
Bridgeport	0	0%	2	2%	2	1%
Bristol	0	0%	6	6%	6	4%
Colchester	1	2%	0	0%	1	1%
Danielson	1	2%	0	0%	1	1%
Derby	0	0%	1	1%	1	1%
East Hampton	0	0%	1	1%	1	1%
East Hartford	0	0%	1	1%	1	1%
East Haven	0	0%	2	2%	2	1%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

BOS-Norwich/New London¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut), continued

Enfield	0	0%	1	1%	1	1%
Fairfield	0	0%	1	1%	1	1%
Greenwich	0	0%	1	1%	1	1%
Groton	3	7%	1	1%	4	3%
Hamden	0	0%	2	2%	2	1%
Hartford	0	0%	16	16%	16	11%
Jewett City	1	2%	0	0%	1	1%
Lebanon	2	5%	1	1%	3	2%
Ledyard	1	2%	0	0%	1	1%
Manchester	0	0%	2	2%	2	1%
Meriden	1	2%	6	6%	7	5%
Milford	0	0%	1	1%	1	1%
Mystic	3	7%	0	0%	3	2%
New Britain	0	0%	2	2%	2	1%
New Haven	1	2%	18	18%	19	13%
New London	6	14%	2	2%	8	6%
Niantic	1	2%	1	1%	2	1%
Norwalk	0	0%	3	3%	3	2%
Norwich	7	17%	1	1%	8	6%
Oakdale	1	2%	0	0%	1	1%
Old Lyme	2	5%	0	0%	2	1%
Pawcatuck	1	2%	0	0%	1	1%
Rocky Hill	0	0%	2	2%	2	1%
Stamford	0	0%	5	5%	5	3%
Stonington	1	2%	0	0%	1	1%
Storrs	0	0%	1	1%	1	1%
Thomaston	0	0%	1	1%	1	1%
Thompson	0	0%	1	1%	1	1%
Trumbull	1	2%	1	1%	2	1%
Vernon	0	0%	1	1%	1	1%
Waterbury	0	0%	2	2%	2	1%
West Haven	0	0%	2	2%	2	1%
Willimantic	1	2%	1	1%	2	1%
Windsor	0	0%	1	1%	1	1%
Unknown	5	12%	2	2%	7	5%
Totals	42	100%	101	100%	143	100%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

BOS-Norwich/New London¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	0	0%	0	0%
5th to 8th Grades	3	5%	8	7%	11	7%
Technical/Trade or Vocational Certificate or Degree	1	2%	0	0%	1	1%
Some College	10	19%	9	8%	19	12%
College Graduate	2	4%	14	13%	16	10%
Graduate Degree	0	0%	1	1%	1	1%
Unknown	0	0%	1	1%	1	1%
Totals	53	100%	112	100%	165	100%

14. Served in Military?

Yes	1	2%	21	19%	22	13%
No	52	98%	91	81%	143	87%
Totals	53	100%	112	100%	165	100%

15. Currently Working

Yes	10	19%	13	12%	23	14%
No	43	81%	99	88%	142	86%
Totals	53	100%	112	100%	165	100%

16. Has Income

Yes	48	90%	57	51%	105	64%
No	5	10%	55	49%	60	36%
Totals	53	100%	112	100%	165	100%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

BOS-Norwich/New London¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

17. Income Sources (Duplicated)

	n	(%)	n	(%)	n	(%)
Child Support	0	0%	9	6%	9	4%
Retirement/Pension/Veterans Benefits	1	1%	1	1%	2	1%
SAGA	13	16%	10	7%	23	10%
Social Security/Disability	32	40%	32	22%	64	28%
TANF	0	0%	18	12%	18	8%
Work	14	18%	30	21%	44	20%
Unemployment	10	13%	21	14%	31	14%
Other	3	4%	5	3%	8	4%
Unknown	7	9%	19	13%	26	12%
Totals	80	100%	145	100%	225	100%

18. Receive Food Stamps?

	n	(%)	n	(%)	n	(%)
Yes	44	83%	72	64%	116	70%
No	9	17%	40	36%	49	30%
Totals	53	100%	112	100%	165	100%

19. Health Insurance

	n	(%)	n	(%)	n	(%)
Yes	50	94%	80	72%	130	79%
No	3	6%	32	28%	35	21%
Totals	53	100%	112	100%	165	100%

20. Ever been hospitalized for mental health	14	26%	47	42%	61	37%
21. Ever in hospital, detox or rehab for substance abuse	6	11%	13	11%	19	12%
22. Need help now with a substance abuse issue	2	4%	35	31%	37	22%
23. Receiving substance abuse services now	4	8%	50	45%	54	33%
24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs	12	23%	53	47%	65	39%
25. Ever told you have HIV or AIDS	0	0%	8	7%	8	5%
26. Report none of the above health problems	30	57%	16	15%	46	28%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

BOS-Norwich/New London¹ 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

27. Self Assessment Health Rating

1 (Worst)	0	0%	9	4%	9	5%
2	1	3%	11	10%	12	7%
3	14	26%	25	23%	39	24%
4	11	21%	29	26%	40	24%
5	27	50%	31	27%	58	35%
6 (Best)	0	0%	12	11%	12	7%
Totals	53	100%	112	100%	165	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	32	60%	20	18%	52	32%
No	21	40%	92	82%	113	68%
Totals	53	100%	112	100%	165	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	42	79%	30	27%	72	44%
No	11	21%	82	73%	93	56%
Totals	53	100%	112	100%	165	100%

29. Criminal Justice Involvement

Probation	7	13%	28	25%	35	21%
Parole	0	0%	6	5%	6	4%
Transitional Supervision	0	0%	4	4%	4	2%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	4	4%	4	2%
Unknown	1	2%	2	2%	3	2%
None	45	85%	69	61%	114	69%
Totals	53	100%	112	100%	165	100%

¹ These tables are based on the former continuum of care, Norwich/New London, which has now been incorporated into a larger Balance of State.

CT PIT 2010 Stamford-Greenwich Demographics

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	4	12%	120	76%	124	65%
Female	29	88%	38	24%	67	35%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	33	100%	158	100%	191	100%

2. Age

18-21	2	7%	1	1%	3	2%
22-29	11	33%	23	15%	34	17%
30-39	10	30%	26	17%	36	19%
40-49	6	19%	39	25%	45	24%
50-59	4	11%	57	36%	61	32%
60-69	0	0%	10	7%	10	6%
70+	0	0%	2	1%	2	1%
Totals	33	100%	158	100%	191	100%

3. Households with Children <18 accompanying head of household

1 child	21	63%	NA	NA
2-3 children	11	33%	NA	NA
4-5 children	1	3%	NA	NA
> 5 children	0	0%	NA	NA
Totals	33	100%	NA	NA

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	3	9%	4	3%	7	4%
No	30	91%	154	97%	184	96%
Totals	33	100%	158	100%	191	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African-American	17	50%	16	10%	17	25%
Hawaiian/Pacific Islander	0	0%	1	1%	0	0%
White	10	30%	92	58%	10	15%
Other/Multi-Racial	7	20%	48	30%	7	10%
Hispanic-Latino (any race)	11	34%	43	27%	11	16%
Non-Hispanic/non-Latino (any race)	22	66%	115	73%	22	33%
Unknown Race	0	0%	1	1%	0	0%

Stamford-Greenwich 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

	n	(%)	n	(%)	n	(%)
Emergency Shelter	3	7%	85	51%	88	43%
Transitional Housing for Homeless Persons	23	70%	65	41%	88	40%
Living with Relative/Friend	1	3%	13	8%	14	7%
Psychiatric facility	0	0%	4	2%	4	2%
Substance abuse treatment facility	4	13%	5	3%	9	2%
Rental Housing, own apartment or house	1	3%	3	2%	4	1%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	2	1%	2	1%
Domestic Violence Situation	0	0%	0	0%	0	0%
Hospital	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Jail/prison	0	0%	0	0%	0	0%
Other	1	3%	5	3%	6	3%

7. Length of Time Since Permanent Residence

	n	(%)	n	(%)	n	(%)
< 1 month	0	0%	9	5%	9	5%
1 to 2 months	1	4%	19	12%	20	10%
2 to 3 months	0	0%	10	7%	10	5%
more than 3 months but < 6 months	5	14%	17	11%	22	12%
more than 6 months but < 1 year	5	14%	19	12%	24	13%
1 to 2 years	18	54%	45	29%	63	33%
3 or more years	5	14%	33	21%	38	20%
do not remember	0	0%	5	3%	5	3%
Totals	34	100%	157	100%	191	100%

8. Reason Left Last Residence (Duplicated)

	n	(%)	n	(%)	n	(%)
Rent Problems	11	26%	88	51%	99	46%
Conflict with family or friends	7	17%	65	38%	72	34%
Domestic Violence	7	17%	11	6%	18	8%
Went into the hospital	2	5%	2	1%	4	2%
Overcrowding	2	5%	0	0%	2	1%
Evicted for a reason other than rent problems or foreclosure	0	0%	0	0%	0	0%
Foreclosure of own home	0	0%	0	0%	0	0%
Other	11	26%	4	2%	15	7%

Stamford-Greenwich 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	7	20%	34	21%	41	21%
2 times in last 3 years	1	3%	32	20%	33	17%
3 times in last 3 years	0	0%	14	9%	14	7%
4 or more times in last 3 years	1	3%	13	8%	14	7%
Yes, unknown number of times	1	3%	8	5%	9	5%
No	23	70%	57	36%	80	42%
Totals	33	100%	158	100%	191	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

2	50%	33	31%	35	32%
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11. State of Last Residence

Connecticut	28	83%	150	95%	178	92%
Florida	0	0%	2	1%	2	1%
Louisiana	0	0%	2	1%	2	1%
Massachusetts	0	0%	2	1%	2	1%
New York	3	10%	3	2%	6	4%
Pennsylvania	1	3%	0	0%	1	1%
Virginia	1	3%	0	0%	1	1%
Totals	33	100%	158	100%	191	100%

Stamford-Greenwich 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 92% of the homeless in the Norwalk Continuum of Care (178 individuals). Below is the breakdown of that 92%.

Town	Adults in Families (n)	Adults in Families (%)	Single Adults (n)	Single Adults (%)	Total Adults (n)	Total Adults (%)
Bethel	0	0%	2	1%	2	1%
Bridgeport	0	0%	12	8%	12	7%
Bristol	0	0%	3	2%	3	2%
Brookfield	0	0%	3	2%	3	2%
Danbury	0	0%	10	7%	10	6%
East Haven	1	4%	0	0%	1	1%
Fairfield	0	0%	2	1%	2	1%
Groton	0	0%	2	1%	2	1%
Hamden	0	0%	2	1%	2	1%
Hartford	0	0%	18	12%	18	10%
Ledyard	0	0%	2	1%	2	1%
Manchester	0	0%	3	2%	3	2%
Meriden	0	0%	2	1%	2	1%
Middletown	0	0%	7	4%	7	4%
Naugatuck	0	0%	3	2%	3	2%
New Britain	0	0%	7	4%	7	4%
New Fairfield	0	0%	2	1%	2	1%
New Hartford	0	0%	2	1%	2	1%
New Haven	2	8%	7	4%	9	5%
New London	0	0%	2	1%	2	1%
Norwalk	2	8%	2	1%	4	2%
Norwich	0	0%	8	5%	8	4%
Plainville	0	0%	2	1%	2	1%
Preston	0	0%	2	1%	2	1%
Ridgefield	0	0%	5	3%	5	3%
Southington	0	0%	2	1%	2	1%
Stafford	0	0%	2	1%	2	1%
Stamford	9	32%	18	12%	27	15%
Stratford	0	0%	2	1%	2	1%
Terryville	0	0%	2	1%	2	1%
Torrington	0	0%	3	2%	3	2%
Waterbury	0	0%	3	2%	3	2%
West Hartford	0	0%	2	1%	2	1%
West Haven	0	0%	3	2%	3	2%
Willimantic	0	0%	2	1%	2	1%
Unknown		48%	7	4%	20	11%
Totals	28	100%	150	100%	178	100%

Stamford-Greenwich 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	3	2%	3	2%
5th to 8th Grades	1	3%	22	14%	23	12%
Some High School	6	17%	42	27%	48	25%
High School Diploma	22	67%	55	35%	77	40%
Some Technical School	0	0%	0	0%	0	0%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	3	10%	20	13%	23	12%
College Graduate	0	0%	10	6%	10	5%
Graduate Degree	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	33	100%	158	100%	191	100%

14. Served in Military?

Yes	1	3%	18	12%	19	10%
No	32	97%	140	88%	172	90%
Totals	33	100%	158	100%	191	100%

16. Has Income

Yes	24	73%	69	44%	93	49%
No	9	27%	89	56%	98	51%
Totals	33	100%	158	100%	191	100%

17. Income Sources (Duplicated)

Work	23	30%	28	27%	51	28%
Unemployment	14	18%	20	19%	34	19%
SAGA	17	22%	15	14%	32	18%
Social Security/Disability	16	21%	15	14%	31	17%
TANF	0	0%	14	13%	14	8%
Child Support	1	1%	4	4%	5	3%
Retirement/Pension/Veterans Benefits	1	1%	1	1%	2	1%
Unknown	5	6%	4	4%	9	5%
Other	0	0%	1	1%	1	1%
Totals	77	100%	104	100%	181	100%

18. Receive Food Stamps?

Yes	28	83%	92	58%	120	63%
No	6	17%	66	42%	72	38%
Total	33	100%	158	100%	191	100%

Stamford-Greenwich 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

19. Health Insurance

Yes	31	93%	106	67%	137	72%
No	2	7%	52	33%	54	28%
Totals	33	100%	158	100%	191	100%

20. Ever been hospitalized for mental health

6	17%	52	33%	58	30%
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21. Ever in hospital, detox or rehab for substance abuse

7	20%	32	20%	39	20%
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22. Need help now with a substance abuse issue

4	13%	35	22%	39	20%
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23. Receiving substance abuse services now

8	23%	44	28%	52	27%
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24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs

8	23%	63	40%	71	37%
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25. Ever told you have HIV or AIDS

0	0%	8	5%	8	4%
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26. Report none of the above health problems

20	60%	47	30%	67	35%
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27. Self Assessment Health Rating

1 (Worst)	0	0%	0	0%	0	0%
2	0	0%	17	11%	17	9%
3	6	18%	38	24%	44	23%
4	17	50%	36	23%	53	28%
5	11	32%	65	41%	76	40%
6 (Best)	0	0%	2	1%	2	1%
Totals	33	100%	158	100%	191	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	13	40%	27	17%	40	21%
No	20	60%	131	83%	151	79%
Totals	33	100%	158	100%	191	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	17	50%	44	28%	61	32%
No	17	50%	114	72%	131	69%
Totals	33	100%	158	100%	191	100%

Stamford-Greenwich 2010

Sheltered Adults					
Adults in Families		Single Adults		Total Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Probation	7	20%	20	12%	27	14%
Transitional Supervision	0	0%	4	2%	4	2%
Transitional Supervision and Probation	1	3%	0	0%	1	1%
Parole	0	0%	0	0%	0	0%
Not Sure	0	0%	0	0%	0	0%
Unknown	0	0%	4	2%	4	2%
None	25	77%	131	83%	156	82%
Totals	33	100%	158	100%	191	100%

CT PIT 2010 Waterbury Demographics

Sheltered Adults					
Adults in Families		Single Adults		Totals of Adults	
n	(%)	n	(%)	n	(%)

1. Gender of Adults in Households

Male	3	13%	62	76%	65	53%
Female	17	87%	20	24%	37	48%
Transgender	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%
Totals	20	100%	82	100%	102	100%

2. Age

18-21	0	0%	3	4%	3	3%
22-29	5	27%	16	20%	21	23%
30-39	11	53%	16	20%	27	33%
40-49	3	13%	23	28%	26	23%
50-59	1	7%	23	28%	24	20%
60-69	0	0%	0	0%	0	0%
70+	0	0%	0	0%	0	0%
Totals	20	100%	81	100%	101	100%

3. Households with Children <18 accompanying head of household

1 child	9	47%	NA	NA		
2-3 children	9	47%	NA	NA		
4-5 children	1	6%	NA	NA		
> 5 children	0	0%	NA	NA		
Totals	19	100%	NA	NA		

4. Is your spouse, partner, or significant other staying with you tonight?

Yes	4	20%	0	0%	4	4%
No	16	80%	82	100%	98	96%
Totals	20	100%	82	100%	102	100%

5. Race/Ethnicity (Duplicated)

American Indian or Alaska Native	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Black or African-American	9	47%	14	17%	9	23%
Hawaiian/Pacific Islander	0	0%	0	0%	0	0%
White	11	53%	65	79%	11	28%
Other/Multi-Racial	0	0%	3	4%	0	0%
Hispanic-Latino (any race)	1	7%	23	28%	1	3%
Non-Hispanic/non-Latino (any race)	19	93%	59	72%	19	48%
Unknown Race	0	0%	0	0%	0	0%

Waterbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Totals of Adults	
n	(%)	n	(%)	n	(%)

6. Where Slept Last 30 Days (Duplicated)

Emergency Shelter	12	60%	31	38%	43	44%
Transitional Housing for Homeless Persons	0	0%	11	13%	11	19%
Non-housing (street, park, car, bus station, parking garage, campground, woods, abandoned building, etc.)	0	0%	10	13%	10	9%
Substance abuse treatment facility	0	0%	3	3%	3	5%
Rental Housing, own apartment or house	3	13%	5	6%	8	3%
Living with Relative/Friend	1	7%	0	0%	1	2%
Domestic Violence Situation	0	0%	0	0%	0	0%
Hospital	0	0%	0	0%	0	0%
Hotel or motel	0	0%	0	0%	0	0%
Jail/prison	0	0%	0	0%	0	0%
Psychiatric facility	0	0%	0	0%	0	0%
Other	4	20%	16	19%	20	19%

7. Length of Time Since Permanent Residence

< 1 month	3	14%	16	20%	19	19%
1 to 2 months	4	21%	5	7%	9	9%
2 to 3 months	4	21%	11	13%	15	15%
more than 3 months but < 6 months	3	14%	11	13%	14	14%
more than 6 months but < 1 year	1	7%	0	0%	1	1%
1 to 2 years	3	14%	11	13%	14	14%
3 or more years	1	7%	16	20%	17	17%
do not remember	0	0%	11	13%	11	11%
Totals	19	100%	81	100%	100	100%

8. Reason Left Last Residence (Duplicated)

Rent Problems	11	50%	50	57%	61	55%
Domestic Violence	5	23%	25	28%	30	27%
Conflict with family or friends	2	9%	13	15%	15	14%
Evicted due to landlord's property foreclosure	2	9%	0	0%	2	2%
Evicted for a reason other than rent problems or foreclosure	2	9%	0	0%	2	2%
Foreclosure of own home	2	9%	0	0%	2	2%

Waterbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Totals of Adults	
n	(%)	n	(%)	n	(%)

9. Ever without a Permanent Place Before

1 time in last 3 years	4	21%	6	7%	10	10%
2 times in last 3 years	9	43%	29	36%	38	37%
3 times in last 3 years	1	7%	0	0%	1	1%
4 or more times in last 3 years	1	7%	18	21%	19	19%
Yes, unknown number of times	0	0%	6	7%	6	6%
No	4	21%	23	29%	27	26%
Totals	20	100%	82	100%	102	100%

10. Chronically Homeless (by definition, drawn only from Emergency Shelter Clients)

As percentage of Emergency Shelter Clients

3	15%	11	13%	14	14%
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11. State of Last Residence

Connecticut	20	100%	82	100%	102	100%
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12. Town of Last Residence (if in Connecticut)

Connecticut was the State of Last Residence for 100% of the homeless in the Waterbury Continuum of Care. Below is the breakdown of that 100%.

Bridgeport	1	7%	15	19%	16	16%
Bristol	3	14%	5	6%	8	8%
Danbury	0	0%	5	6%	5	5%
East Hartford	1	7%	5	6%	6	6%
Farmington	0	0%	5	6%	5	5%
Hartford	0	0%	31	38%	31	30%
Milford	0	0%	5	6%	5	5%
New Britain	1	7%	0	0%	1	1%
New Canaan	0	0%	5	6%	5	5%
New Haven	1	7%	0	0%	1	1%
Norwalk	0	0%	5	6%	5	5%
Waterbury	7	36%	0	0%	7	7%
Unknown	4	21%	0	0%	4	4%
Totals	20	100%	82	100%	102	100%

Waterbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Totals of Adults	
n	(%)	n	(%)	n	(%)

13. Last Grade in School Completed

Less than 5th Grade	0	0%	0	0%	0	0%
5th to 8th Grades	3	13%	21	25%	24	24%
Some High School	8	40%	8	10%	16	16%
GED	1	7%	0	0%	1	1%
High School Diploma	4	20%	41	50%	45	44%
Some Technical School	0	0%	0	0%	0	0%
Technical/Trade or Vocational Certificate or Degree	0	0%	0	0%	0	0%
Some College	4	20%	0	0%	4	4%
College Graduate	0	0%	8	10%	8	8%
Graduate Degree	0	0%	4	5%	4	4%
Unknown	0	0%	0	0%	0	0%
Totals	20	100%	82	100%	102	100%

14. Served in Military?

Yes	0	0%	16	19%	16	16%
No	20	100%	66	81%	86	84%
Totals	20	100%	82	100%	102	100%

15. Currently Working

Yes	3	14%	27	33%	30	29%
No	17	86%	55	67%	72	71%
Totals	20	100%	82	100%	102	100%

16. Has Income

Yes	10	50%	51	63%	61	60%
No	10	50%	31	38%	41	40%
Totals	20	100%	82	100%	102	100%

17. Income Sources (Duplicated)

Social Security/Disability	6	32%	11	27%	17	28%
Work	5	26%	8	20%	13	22%
SAGA	5	26%	5	12%	10	17%
TANF	0	0%	5	12%	5	8%
Child Support	0	0%	4	10%	4	7%
Unemployment	0	0%	3	7%	3	5%
Retirement/Pension/Veterans Benefits	1	5%	1	2%	2	3%
Unknown	1	5%	3	7%	4	7%
Other	0	0%	0	0%	0	0%
Totals	19	100%	41	100%	60	100%

Waterbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Totals of Adults	
n	(%)	n	(%)	n	(%)

18. Receive Food Stamps?

Yes	16	79%	55	67%	71	70%
No	4	21%	27	33%	31	30%
Totals	20	100%	82	100%	102	100%

19. Health Insurance

No	3	14%	18	21%	21	21%
Yes	17	86%	64	79%	81	79%
Totals	20	100%	82	100%	102	100%

20. Ever been hospitalized for mental health

4	21%	22	27%	26	25%
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21. Ever in hospital, detox or rehab for substance abuse

1	7%	6	7%	7	7%
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22. Need help now with a substance abuse issue

1	7%	16	20%	17	17%
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23. Receiving substance abuse services now

0	0%	16	20%	16	16%
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24. Have health condition that limits ability to work, get around, care for self, or otherwise take care of own needs

7	36%	31	38%	38	37%
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25. Ever told you have HIV or AIDS

0	0%	5	7%	5	5%
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26. Report none of the above health problems

10	50%	26	31%	36	35%
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27. Self Assessment Health Rating

1 (Worst)	0	0%	0	0%	0	0%
2	3	13%	0	0%	3	3%
3	8	38%	27	33%	35	34%
4	5	25%	27	33%	32	31%
5	5	25%	27	33%	32	31%
6 (Best)	0	0%	0	0%	0	0%
Totals	20	100%	82	100%	102	100%

28. Domestic and Family Violence

28a. Domestic violence contributed to homelessness

Yes	10	50%	41	50%	51	50%
No	10	50%	41	50%	51	50%
Totals	20	100%	82	100%	102	100%

28b. At some point in life, has been in family or intimate relationship in which has been physically hurt or felt threatened

Yes	7	36%	44	54%	51	50%
No	13	64%	38	46%	51	50%
Totals	20	100%	82	100%	102	100%

Waterbury 2010

Sheltered Adults					
Adults in Families		Single Adults		Totals of Adults	
n	(%)	n	(%)	n	(%)

29. Criminal Justice Involvement

Parole	0	0%	0	0%	0	0%
Probation	3	14%	15	18%	18	18%
Transitional Supervision	0	0%	0	0%	0	0%
Transitional Supervision and Probation	0	0%	0	0%	0	0%
Not Sure	0	0%	0	0%	0	0%
Unknown	0	0%	7	9%	7	7%
None	17	86%	60	73%	77	75%
Totals	20	100%	82	100%	102	100%



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