Reaching HOME

Reaching Home
Ending Long-Term Homelessness in Connecticut

A Guide for Expanding Supportive Housing in Connecticut

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Connecticut Department of Economic and Community Development
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Part 1:
Introduction and Overview

This guide is intended to inform the efforts of community leaders, policy-makers, advocates, continuums of care, planners, housing developers and other citizens as they work to build strong communities and eliminate homelessness. It is grounded in the basic premise of the Reaching Home campaign: that we can end long-term homelessness, that we have the knowledge and tools with which to do it, and that every community in the state can play a part in making it happen.

The focus of Reaching Home and this guide is on ***supportive housing***, the centerpiece of efforts to end long-term homelessness. Supportive housing is most successful when it is part of a well-funded continuum of care that prevents homelessness, offers shelter and emergency care to everyone in need, and provides affordable housing to all. The Reaching Home campaign is part of a larger national movement to end long-term homelessness in America through the creation of 150,000 units of supportive housing nationwide. It is also a key component of the Connecticut Coalition to End Homelessness's Blueprint to End Homelessness, which is currently in development.

What is supportive housing?

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

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Supportive housing looks like every other type of housing because it is like other housing. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services designed to address their individual needs. These services may include the help of a case manager, help in building independent living skills, assistance with integrating into the community through valued roles and activities, and connections to community treatment and employment services.

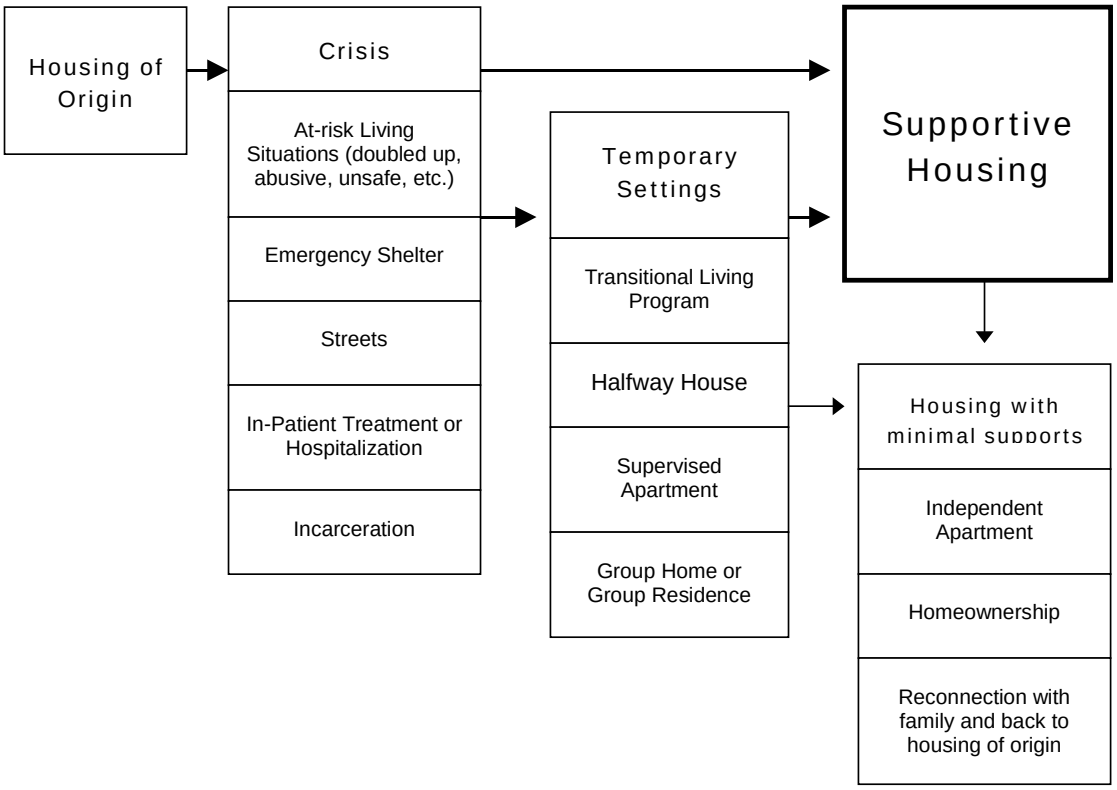
Supportive housing has as its primary purpose assisting the individual or family to live independently in the community and to meet the obligations of tenancy. The length of stay is up to the individual or family – there is no time limitation as long as the tenant is in lease compliance. While participation in services is encouraged, it is not a condition of tenancy. Housing affordability is ensured either through a rent subsidy or by setting rents at affordable levels. Where tenancy is mixed in a single site, all tenants may have access to the on-site service supports, regardless of whether or not they have an identified special need.

Who is supportive housing designed to serve?

Supportive housing is proven to help people who face the most complex challenges - individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance addiction, mental illness, and HIV/AIDS – find stability in a home of their own.

No one wants to be homeless. Supportive housing offers people a way out of a situation that no one wants to be in: having no stable place to live.

People come to supportive housing from a variety of settings. Many come directly from shelters or life on the streets, some from transitional living programs, hospitals and treatment programs, and others come from precarious living situations where they are at great risk of losing their housing.



The Reaching Home campaign

In May 2002, a delegation of twenty supportive housing funders, advocates, and experienced providers from Connecticut traveled to Columbus, Ohio, to be part of the Corporation for Supportive Housing's first national leadership summit on supportive housing. The focus of the summit was a national challenge: to end chronic homelessness in America and to create 150,0000 units of supportive housing nationwide as the primary means to get there. The Connecticut delegation came back inspired and committed to launch a campaign to end long-term homelessness in Connecticut within 10 years. Through months of focused work, the group grappled with refining estimates of homelessness in Connecticut, developed supportive housing production targets, compiled data on supportive housing's effectiveness, and designed informational pieces. The outcome has formed the basics of a campaign - known as "Reaching Home" - to create 10,000 units of supportive housing within the next ten years to end homelessness as we know it in our state.

Leadership, advice and direction for the campaign are provided by the Reaching Home Steering Committee - which is primarily comprised of the original delegates to the Columbus summit - and members of the Reaching Home Leadership Council. The Leadership Council is comprised of Connecticut leaders in business, philanthropy, healthcare, education, and faith communities who are committed to advancing the Reaching Home goals. The Reaching Home campaign is staffed by the Partnership for Strong Communities, an education and advocacy organization dedicated to increasing supportive and affordable housing. Additional assistance is provided by the Corporation for Supportive Housing and the Connecticut Coalition to End Homelessness.

The Reaching Home campaign comes at a critical time in Connecticut as communities struggle to respond to rising homelessness among adults and families. In a year's time, over 32,000 different people – including 13,000 children – experience homelessness in Connecticut. Emergency shelters in the state report substantial increases in the numbers of people seeking shelter, and a 141% increase in the number of times people are being turned away. Close to 3,000 single adults and families have been homeless at least a year or more, or experience repeated episodes of homelessness. This number is expected to double within the next ten years. [1] Most of the men, women, and families who are homeless for long periods have chronic health problems or other substantial barriers to housing stability, such as domestic violence or trauma. They can spend years moving from the streets to shelters and back again, shuttling from one relative's home to another or cycling through treatment programs, hospital emergency rooms, correctional facilities, and other expensive institutional settings.

Homelessness is still relatively invisible to the average person in most Connecticut communities. People who are homeless are often hidden from public view when they are in an emergency shelter or living in an abandoned building. We may not even know that our child's schoolmate or our coworker is homeless. Yet, the effects of homelessness on local health, education, social service and court systems are widespread.

In fact, Connecticut can no longer afford *not* to take this course of action. Long-term homelessness is expensive. Its cost is most acutely felt by the overburdened health and mental health systems. Recent studies have found that:

- hospitalized homeless patients stay an average of four days longer than other inpatients; [2]
- almost half of medical hospitalizations of homeless people are directly attributable to their homeless condition and therefore preventable; [3]
- homeless children are more likely than other children to experience trauma-related injuries, developmental delays, and chronic disease.[4]

Homelessness is still relatively invisible to the average person in Connecticut. People who are homeless are often hidden from public view when they are in an emergency shelter or living in an abandoned building. We may not even know that our child's schoolmate or our coworker is homeless.

Conversely, recent studies have also found that formerly homeless tenants of supportive housing significantly reduce their use of inpatient medical care and emergency room visits after moving into supportive housing. A comprehensive New York study,[5] which tracked almost 5,000 homeless adults with mental illness through hospitals, psychiatric centers, outpatient clinics, correctional facilities, emergency shelters and supportive housing, found that it costs about the same to provide supportive housing as it does to leave someone with a chronic illness homeless – with much better results.

The demonstrated success of supportive housing in Connecticut and elsewhere has spurred greater public and private investment in the expansion of the supportive housing over the past ten years. The State has invested close to $40 million over the past ten years in the creation of new supportive housing, matched by investments from corporations and philanthropy. These investments have created over 1,000 new units of supportive housing, providing a solid foundation of experience for reaching the 10,000-unit goal.

Part 2: The Extent of the Need

There is a wealth of information that already exists in various planning documents regarding the affordable and supportive housing needs of people who are homeless and people who are at-risk of homelessness with incomes below 30% of median. These documents include:

- Continuum of Care McKinney-Vento Homeless Assistance applications submitted to HUD by various communities and the State of Connecticut[6]
- Consolidated Housing and Community Development Plan: 2000-2004 of the State of Connecticut and Connecticut entitlement communities[7]
- National data from the National Alliance to End Homelessness, the National Low Income Housing Coalition, the Technical Assistance Collaborative, and the Corporation for Supportive Housing
- National research on homelessness by The Urban Institute

Because of changing circumstances, the exact data on the number of homeless and at-risk households can change on a day-by-day basis. It is also possible that changes in the economy, combined with changes in government policies, will further modify the needs identified at this point in time. For these reasons, the housing needs data included in this guide should be considered a "snapshot" based on information from the various sources listed above.

National data on homelessness

The National Alliance to End Homelessness reports that approximately 750,000 people are homeless on any given night in the United States – and between 2.5 million and 3.5 million people will experience homelessness for some period of time over the course of a year. Families with children make up about half of the homeless population each year.

Approximately 20 percent of people in the homeless assistance system – often referred to as people experiencing "chronic' or "long-term" homelessness – have more severe service and housing needs, and require a more targeted approach. These families and individuals use the homeless system on a repeat basis and utilize a majority of the system's resources.

Homelessness in Connecticut

While, to date, there has been no comprehensive statewide count of the number of people in Connecticut who are homeless, there are national studies that can serve as the basis for developing estimates of homelessness in the state. In 2001, the Urban Institute issued the results of a national study on the prevalence of homelessness in America and the demographics of the homeless population[8] in a book entitled *Helping America's Homeless: Emergency Shelter or Affordable Housing?*. Their methodology, and those of others described in the book, including Dennis Culhane of the University of Pennsylvania, provides a reliable means of projecting the prevalence of homelessness in Connecticut when applied to 2000 U.S. Census figures on state population and poverty rate.

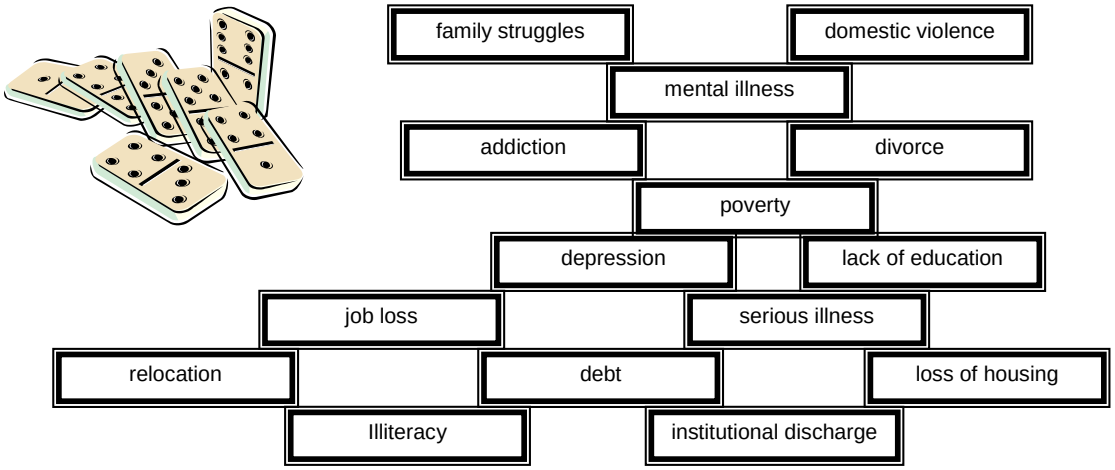
Based on this data, we estimate that at any one point in time, close to 7,000 people are homeless in Connecticut. Over 32,000 people are homeless over the course of a year, of which close to 40 percent are children. According to data from the Department of Social Services and the Connecticut Coalition to End Homelessness, 16,793 homeless people, including 2,784 children, used State-funded shelters during the 12 months between October 2002 and September 2003. Urban Institute data suggest that the other 16,000 people who are homeless in Connecticut during the year end up doubled up with friends or relatives or living in places not meant for human habitation, such as under bridges, in cars, or in abandoned buildings.

Homelessness in Connecticut also appears to be increasing. The length of stay in homeless shelters has increased, and the number of times people were turned away from shelters due to lack of space increased 141 percent from 2000 to 2002. People were turned away from shelter 27,114 times in 2002 alone.

The housing needs of people who are homeless are best determined by looking at the number of homeless households (as opposed to people) who become homeless over the course of a year. The data suggests that 20,000 Connecticut households become homeless during the course of a year. Most of them will experience a relatively brief crisis period of homelessness, particularly if affordable housing options are available. National studies have indicated that high housing costs are a factor in 80 percent of cases of homelessness.

People become homeless for a variety of reasons. Intake information developed at emergency shelters and reported to the Connecticut Department of Social Services reveals the following: 40 percent of homeless individuals are affected by mental illness and/or substance addiction; 23 percent became homeless because of loss of employment; 19 percent became homeless because they just cannot make ends meet (i.e., their expenses – including housing costs – exceeded their income). Other common factors are family struggles, relocation, and physical illness. A survey of Connecticut's homeless shelters by the Connecticut AIDS Residence Coalition in January 2003 found that close to 10 percent of people living in the shelters have HIV/AIDS.[9]

It is most often a combination of factors that push individuals and families into homelessness, and these combinations are as individualized as the people themselves. As in row of falling dominoes, one loss or struggle can lead to another.



Long-term homelessness in Connecticut

About 20 percent of people entering homelessness stay homeless at least a year or more, or experience repeated episodes of homelessness over time. According to the Urban Institute, most of the men, women, youth and families who are homeless for long periods of time have physical or mental health problems or other substantial barriers to housing stability such as domestic violence, trauma, or histories of out-of-home placements. The University of Pennsylvania has documented that many homeless people with disabilities cycle through costly, short-term crisis programs such as hospital emergency rooms, psychiatric hospitalization, emergency shelters and jails[10], unable to make a long-term transition to stability without both affordable housing and appropriate supports.

Based on data from the Urban Institute, an estimated 2,800 Connecticut households are currently facing long-term homelessness. This equates to approximately 3,200 men, women and children.[11] Because the number of people falling into homelessness is increasing, this number could double (to approximately 5,600

households with 6,400 people) over the course of the next ten years unless sufficient supportive housing options are available.[12]
The number of people facing long-term homelessness is increasing for several reasons:

- **Gridlock in treatment systems.** In July 2000, the Governor's Blue Ribbon Commission on Mental Health documented that the mental health system in Connecticut is in a state of gridlock. Hospitals and treatment programs report that they have no housing to discharge people to after treatment. Results of monthly surveys conducted by the Connecticut Coalition to End Homelessness from October 1, 2001 to February 28, 2002, indicated that at least 30 percent of the adults served in emergency shelters during that period came directly from other State-funded programs (inpatient substance abuse or mental health treatment facilities, prisons, jails, and acute care hospitals) and private acute care hospitals.
- **Youth in foster care.** More youth in foster care mean more people at risk of homelessness. There is an overrepresentation of people with a foster care history in the homeless population. People with a foster care history also tend to become homeless at an earlier age, and remain homeless longer than those who do not have a foster care history. Currently, close to 300 children in State custody reach age 18 each year and "age out" of the DCF system. Many have no place to go upon leaving the system.
- **Prison releases.** Connecticut's prison population almost doubled during the 1990s. A large number of people who were arrested for drug-related offenses in the 1990s will complete their jail or prison sentences, and will need significant support for re-entry including housing, supportive services, and employment assistance. The Department of Corrections estimates that 85 percent of inmates have a substance addiction disorder, and 12 percent need mental health treatment. If they do not receive adequate support for re-entry, they will be at very high risk for long-term homelessness or returning to the criminal justice system.
- **Termination of benefits.** Every month, hundreds of families and individuals in Connecticut are reaching time limits on welfare and general assistance benefits and have no income. Between October 2001 and April 2002, over 1,000 families (including over 2,000 children) had their benefits expire, and less then half of them were employed. Data from DSS's Safety Net program reveal that many of these families face multiple barriers to employment, including depression, domestic violence, poor health, and lack of education.
- **High housing costs.** Connecticut has some of the highest housing costs in the nation. A 2003 study by the Technical Assistance Collaborative found that a person with a disability receiving Supplemental Security Income (SSI) benefits in Connecticut is effectively priced out of the housing market[13]. On average, the rent for a modest one-bedroom apartment in Connecticut in 2002 would consume 98 percent of the entire SSI monthly benefit, leaving virtually nothing for food, clothing, transportation, and other essential living costs. Over all, more than 29 percent of Connecticut's rental households face housing costs that exceed 35 percent of their income. With a growing number of households (particularly families) experiencing worst case housing needs and short term homelessness, quick access to affordable housing (or the availability of subsidies to prevent homelessness) will be important to prevent them from becoming new long-term homeless households.

Long-term homelessness in Connecticut's regions

Statewide estimates of homelessness only tell part of the story. Using the same methodology for calculating statewide homelessness, but applied to 2000 U.S. Census figures on population and poverty by Connecticut community, we projected the prevalence of homelessness within the 15 regional planning areas in the state. These local estimates also factored into the results of actual homeless counts in communities that had conducted such counts between 2001-2003[14].

Regional estimates of the number of people homeless during the course of a year (second to last column in table below) range from over 7,400 in the Capital Region (Hartford area) to fewer than 200 in the far northwest corner of the state, with half of the regions falling above and below a median of 1,600. The estimated number of households experiencing ***long-term*** homelessness in the regions (fifth column) range from a high of 647 in the Hartford area to 14 in northwestern Connecticut; this could double over the next 10 years to close to 1,300 households (including over 100 families) in the capital region alone.

Regional estimates of homelessness based on U.S. Census data, Urban Institute Homelessness Study, and Connecticut homeless counts January 2004

	US Census Data		POINT IN TIME Estimates			ANNUAL Estimates	
	2000 Population	*1999* Poverty	Homeless **People** Pt in time	Homeless **Households** Pt in time	Long-Term Homeless **Households**	Homeless **People** Annual	Homeless **Households** Annual
Southwestern Connecticut							
South Western Regional Planning Agency	353,556	19,799	663	518	263	3,163	1,940
Greater Bridgeport Regional Planning Agency	307,607	30,365	702	547	279	3,239	2,055
Region 1 total	661,163	50,164	1,365	1,065	543	6,402	3,995
Southcentral Connecticut							
South Central Regional Council of Govts	546,799	51,203	1,231	960	490	5,520	3,600
Valley Council of Governments	84,500	4,189	140	109	55	660	410
Mid-State Regional Planning Agency	104,442	5,069	143	112	57	675	420
Conn River Estuary Regional Planning Agency	60,051	2,116	88	68	35	426	258
Region 2 total	795,792	62,577	1,602	1,250	637	7,281	4,688
Eastern Connecticut							
Southeastern Conn Council of Governments	242,759	15,349	479	374	191	2,305	1,401
Windham Region Council of Governments	94,580	8,068	207	162	82	973	606
Northeastern Conn Council of Governments	76,572	4,892	142	110	56	655	415
Region 3 total	413,911	28,309	828	646	329	3,933	2,422
Northcentral Connecticut							
Capital Region Council of Governments	721,320	62,592	1,625	1,267	647	7,460	4,753
Central Connecticut Regional Planning Agency	226,695	18,373	472	368	188	2,142	1,381
Region 4 total	948,015	80,965	2,097	1,636	835	9,602	6,134
Northwestern Connecticut							
Litchfield Hills Council of Elected Officials	79,188	4,272	138	107	55	664	403
Northwestern Connecticut Council of Governments	22,654	1,114	37	29	14	176	109
Housatonic Valley Council of Elected Officials	212,248	9,281	333	259	132	1,619	973
Council of Governments - Central Naugatuck	272,594	22,832	577	450	229	2,614	1,690
Region 5 total	586,684	37,499	1,085	845	431	5,073	3,175
Total	3,405,565	259,514	6,978	5,442	2,774	32,291	20,415

- Households are comprised of one or more people living together in a single housing unit.
- Annual estimates reflect the number of people or households estimated to be homeless during the course of a year. Point in time estimates reflect homelessness at any given time.
- Data above incorporates figures from actual homeless counts in these communities: Danbury area, Hartford, Middletown area, Norwalk area, New London County, Torrington, Windham
- Because actual counts were found to be higher than projections based on census data alone, homeless projections were increased by 20% in those areas without homeless counts. The difference between actual counts and projections based on census data may be due to higher housing costs in Connecticut, compared to national figures.

Prevention strategies – stemming the rising tide of homelessness

Few events are more traumatic to a family or individual than becoming homeless. The chaos and disruption associated with homelessness negatively affects people's health and well-being, family stability, employment and children's school performance, often long after the homeless episode has ended. Homeless children are more likely to become homeless as adults; persons with mental illness who once were homeless are more likely to become homeless again. Surely, one of the most important tasks of any plan to end widespread homelessness is to prevent homelessness before it happens.[15]

Affordable Housing

More than any other factor, homelessness is caused by the shortage of affordable housing. Poverty, mental illness, substance addiction, domestic violence, lack of job skills and other problems help determine which low-income people will become homeless, but only because the overall housing shortage ensures that some percentage of the most vulnerable Connecticut citizens will lose their homes. The legislature's Blue Ribbon Commission on Affordable Housing in 2000 estimated Connecticut's affordable housing shortfall as high as 68,000 units.

This shortage exists because the private and public construction of housing over the past decade has not kept pace with demand. Fewer housing units were added to Connecticut's housing stock between 1990 and 2000 than at any other decade since World War II. The state's total housing stock increased by 4.9 percent between 1990 and 2000, far less than the 5.9 percent growth in households. By far, the largest numbers of units added to the state's housing stock were ownership units. Owner occupied housing increased by 6.6 percent over the ten-year period while rental occupied housing increased by only 2.1 percent.[16]

The state's total housing stock increased by 4.9 percent between 1990 and 2000, far less than the 5.9 percent growth in households. Owner occupied housing increased by 6.6 percent over the ten-year period while rental occupied housing increased by only 2.1 percent.

Over all, more than 37 percent of the Connecticut's rental households now face costs that exceed the standard for affordability. Among those receiving Supplemental Security Income (SSI), the cost of renting a single bedroom apartment in Connecticut would require some 98 percent of their available income. Within the most expensive area of the state, the Stamford-Norwalk metropolitan area, a moderately priced unit would exceed the total income by more than 58 percent. [17]

Affordable housing is both a tool for preventing homelessness among vulnerable individuals and families, and a tool for ending homelessness for the vast majority of people who are currently homeless. Nationally, close to 80 percent of all homeless families and single adults enter and exit the homeless system relatively quickly – that is, where affordable housing resources are available. The National Alliance to End Homelessness advocates for a "housing first" approach, which focuses on getting homeless households back into housing as quickly as possible, linking them with appropriate services, and reducing their shelter stays to an absolute minimum. Community practice has demonstrated that this group entering and exiting the system relatively quickly can benefit most from assistance that helps them find and secure housing, links them with mainstream support programs, and provides follow-up visits to avert crisis that threaten housing stability. The foundation of this strategy is the availability of affordable rental housing.[18]

Discharge Planning

Most homeless people are clients of a host of public social support systems, often called the "safety net." Others are the wards of programs in the criminal justice system or the child welfare system (foster care). Together these programs and systems are called the mainstream system. As the National Alliance to End Homelessness has succinctly put it, "homelessness is a litmus test - it can show whether the outcomes of the mainstream system are positive or negative. Insofar as their clients or wards end up homeless, the programs have bad outcomes." At least 30 percent of adults using emergency shelter in Connecticut come directly from other state-funded programs and facilities.[19]

Hospitals and government agencies that operate inpatient medical and behavioral health treatment, foster care and welfare systems, and correctional facilities face enormous budgetary pressures to discharge homeless people to shelters or other unstable placements. However, homelessness can increase recidivism, and result in the use of costly services borne by a variety of systems – shelters, hospital emergency rooms, mental health – and not just the system that did the discharging.

A solution can be found in coupling effective discharge planning for people leaving institutional care with the creation of affordable housing, supportive housing and "step down" programs (such as transitional housing or halfway houses); with transitioning clients to appropriate community-based services; and assisting clients before they are discharged to secure SSI and other income benefits for which they are eligible.

Eviction Prevention

Financial assistance to prevent an eviction, mediation to address problems with a landlord or lender, and case management can all prevent individuals and families from becoming homeless. The National Alliance to End Homelessness provides information on national innovations in the area of emergency homelessness prevention, including:[20]

- Moving beyond one-time eviction prevention payments to providing time limited housing subsidies until families become financially stable;
- Combining emergency assistance with either time limited or ongoing case management;
- Enhancing coordination and information sharing among emergency assistance providers (including providers of rent/mortgage and utility assistance);
- Targeting new homelessness prevention/eviction assistance efforts to the neighborhoods that a disproportionate number of people seeking shelter are exiting.

For people with behavioral health disorders, Assertive Community Treatment (ACT) teams have been found to be an effective means of preventing homelessness. ACT teams provide individualized "wrap-around" service supports to people in their own homes, and are available in some communities through the Department of Mental Health and Addiction Services or designated nonprofit providers.

Part 3:
Supportive Housing Goals

The goal of Reaching Home is to create 10,000 new supportive apartments over the next ten years that will provide homes to individuals and families who are homeless repeatedly or for long periods of time, as well as provide homes for people who are at risk of homelessness for lack of safe, affordable housing.

The plan calls for building 6,600 new housing units and subsidizing 3,400 apartments in existing rental properties scattered throughout communities, and linking this housing with needed support services. Communities where the housing market is tight or the quality of existing housing is poor may create more supportive housing units through development (rehabilitation or new construction), while communities with a plentiful supply of decent, safe apartments for rent may rely more on the use of rent subsidies. The target numbers presented in this guide are statewide goals, recognizing that there will be variations in approaches by community.

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These new supportive housing units would not be created all at once. Reaching Home proposes an incremental increase in the supply of supportive housing phased in over the 10 year period that builds upon the 1,700 supportive housing units that currently exist in the state.[21] The State of Connecticut is presently implementing the Supportive Housing Pilots Initiative, which is creating close to 650 supportive apartments in twenty communities. Because of this effort and the Connecticut Supportive Housing Demonstration Program that preceded it, Connecticut has a solid base of experience from which to launch the campaign, including a statewide network of nonprofits experienced in supportive housing creation, an effective process for State agency collaboration in financing supportive housing, and an impressive track record in using public funds to leverage substantial Federal and private-sector investment in supportive housing development.

Building on what currently exists

Launched in 1993, the Connecticut Supportive Housing Demonstration Program was an innovative partnership between the State of Connecticut and the Corporation for Supportive Housing that financed the development of nine supportive housing projects, ranging in size from 25-40 apartment units. The impetus for the Demonstration Program was a search for solutions to some seemingly intractable problems: homeless shelters were at capacity, hospitals around the state were treating numerous episodes of illness and injury among indigent, often homeless, users of alcohol and drugs, and the State had been progressively discharging long-term patients from its three large psychiatric hospitals for several years. It was known at the time that the program, with its goal of 400 units (281 were ultimately created), would not in and of itself meet the needs of the 16,000 people who were being served annually by the state's shelter system. But it was hoped that the program would work for the people it was intended to serve and thereby serve as a model for future State-sponsored strategies aimed at ending homelessness.

The evidence is that it has done just that. The three-year findings of an independent evaluation of the program from 1999-2002 found that tenants like the housing, are leading healthier, more stable lives, and need fewer expensive inpatient services. In fact, the study found that the cost of Medicaid-funded inpatient health and behavioral health care provided to tenants dropped by 71 percent from two years prior to three years after they entered the housing. It also found that tenants who had health care needs that were neglected while they were homeless are now receiving such care and through less expensive means such as homecare and outpatient services. Two-thirds of the

tenants reported being employed or in education and training programs. From a community perspective, the study found that neighbors and neighboring business owners believe that the buildings are safe and attractive and have contributed to their neighborhoods. Property values increased by more than 30 percent in eight of the neighborhoods after the projects were built.[22]

Building on the success of the Demonstration Program, in 2000 the State of Connecticut launched an ambitious new initiative designed to produce new supportive housing units, extend the reach of supportive housing to new communities, and increase the number of nonprofits providing supportive housing at the local level. The overall purpose of the Supportive Housing Pilots Initiative is to build a solid statewide foundation for taking supportive housing to scale in Connecticut. Its goal is to produce at least 650 new units of supportive housing statewide, most of which will serve formerly homeless men, women and families coping with mental illness and/or chemical dependency. As in the Demonstration Program, this program involves the cooperative efforts of six State agencies, CSH, philanthropy and the nonprofit community. At this writing, 300 of the 650 supportive apartments are in place, most in the form of scattered apartments in existing rental properties. Another 350 apartments are in development, and are expected to be complete in 2004-2005.

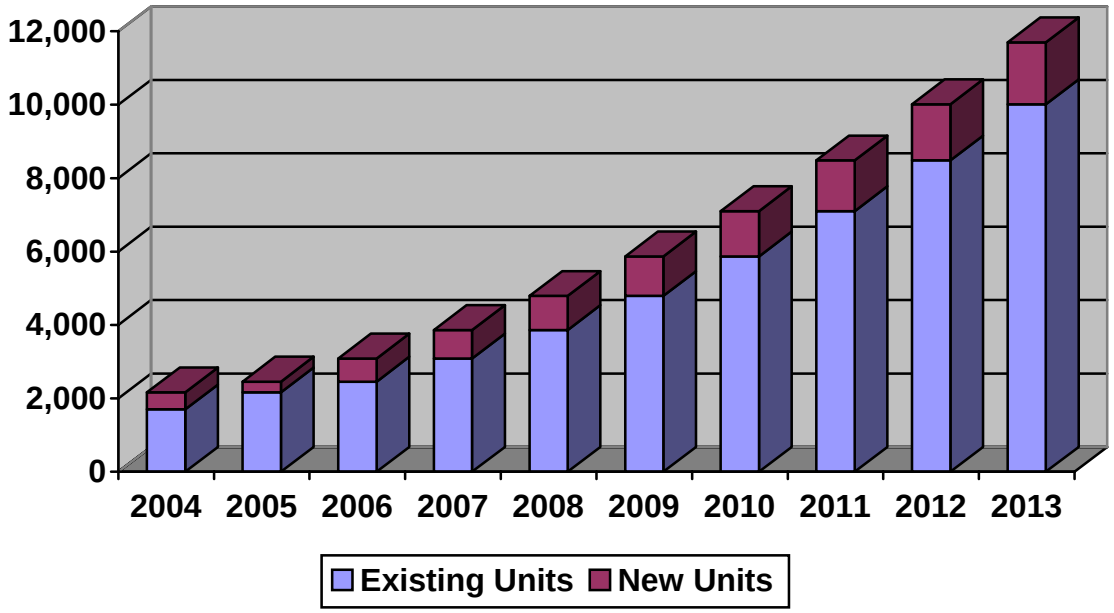
In addition to these two initiatives, several nonprofits, public housing authorities, and the Connecticut Department of Mental Health and Addiction Services have created supportive housing units over the past ten years using a variety of Federal resources – most particularly, programs under the McKinney-Vento Homeless Assistance Act (Shelter Plus Care, Supportive Housing Program, and Section 8 Moderate Rehabilitation Program for SRO Dwellings) and the Housing Opportunities for People with AIDS (HOPWA) program.

Why 10,000 units?

Estimates of long-term homelessness provide the basis for estimating the number of supportive housing units that are needed in the state. The goal of Reaching Home is to create enough supportive housing units to meet the needs of households that are currently experiencing long-term homelessness and those that are likely to enter long-term homelessness over the 10 year period. As discussed on page 11, there are an estimated 5,600 households that are expected to face long-term homelessness over the next ten years. The Reaching Home target is 10,000 supportive housing units, of which 5,600 will provide housing for these families and individuals.

But what about the other 4,400 units? The Reaching Home plan is based on the best models of supportive housing nationwide. These models have demonstrated that **housing that blends apartments for people with disabilities and apartments for people who are not disabled results in strong supportive housing communities**. Over 40 percent of the housing to be produced under the plan will bring the cost of housing within the reach of families and individuals in low-wage jobs and others who are at risk of falling into homelessness without service-enriched housing. In this way, supportive housing serves as a means to prevent homelessness as well as to end it.

The Reaching Home plan calls for an incremental increase in supportive housing units over the 10-year period until the 10,000-unit goal is reached.



The plan anticipates that the housing will be created through the development of rental units (through rehabilitation or new construction) and through subsidizing existing apartments in the community, and linking this housing with needed support services. The chart below shows the creation of units through these dual approaches over the ten year period. More detailed projections appear in Appendix B.

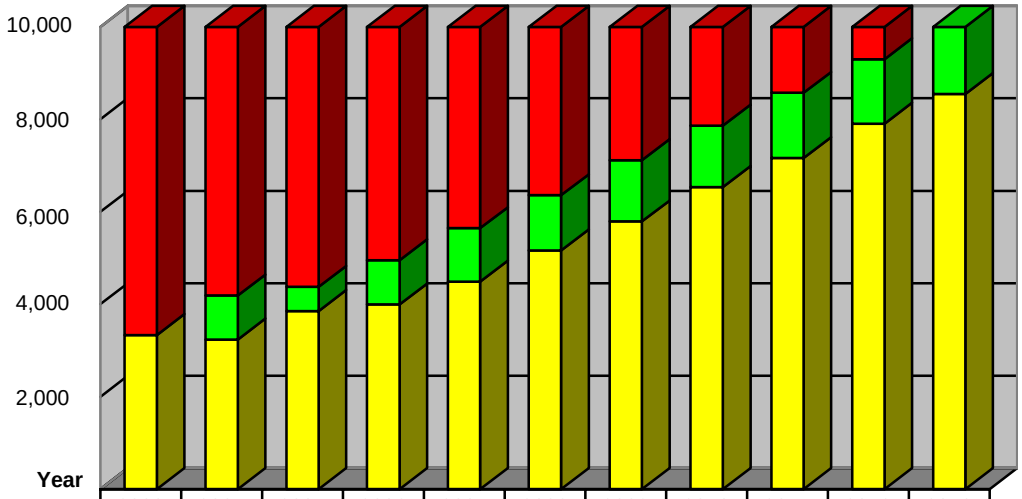
Reaching Home Supportive Housing Production Plan

GOAL: Produce 10,000 supportive housing units by 2014.

Year:	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 10 Year Total
Supportive Housing Units Currently Available	1,700										
NEW UNITS DEVELOPED UNDER THIS PLAN	**500**	**300**	**600**	**800**	**900**	**1,100**	**1,200**	**1,400**	**1,500**	**1,700**	**10,000**
Development of new supportive housing	400	200	400	500	600	700	800	900	1,000	1,100	6,600
Creation of supportive units in existing, private rental housing	100	100	200	300	300	400	400	500	500	600	3,400

While long-term homelessness is expected to steadily increase over the ten-year period, the number of supportive housing units that will be created will more than offset this increase in most years, leading to a gradual decline in the number of people experiencing long-term homelessness as they move into their new homes.

From Homelessness To Homes



Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
People who are chronically homeless	3400	3053	3213	3160	3005	2748	2390	1930	1416	753	
People in new supportive housing		500	300	600	800	900	1100	1200	1400	1500	1700
People in existing supportive housing	1700	1700	2200	2500	3100	3900	4800	5900	7100	8500	10000

Turnover of new and existing units over the ten year period also provides housing opportunities for people facing homelessness. Experience has shown that the average annual turnover in most supportive housing ranges from 17-20 percent per year. This means that 17-20 out of every 100 supportive apartments become vacant at some point during the year through normal attrition.[23]

Turnover of Units over the Ten-Year Period

Year:	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
UNITS POTENTIALLY AVAILABLE THROUGH NORMAL TURNOVER	300	300	400	500	600	700	900	1,100	1,400	1,600	7,800

The goal of the Reaching Home plan is the elimination of long-term homelessness in Connecticut. As the number of supportive housing units increases, the number of people experiencing chronic homelessness decreases. Once the 10,000-unit goal is reached, it is estimated that normal turnover in existing supportive housing units will be adequate to meet the needs of households likely to enter long-term homelessness beyond the 10-year period.

Accessing the housing

Experience has shown that some people experiencing long-term homeless will initially choose not to enter housing. Resistance to services and mistrust of providers is common among people who have churned through multiple systems, and for some people may be symptomatic of their illness. **In order for this plan to end long-term homelessness, it must be coupled will local programs that provide assertive outreach and engagement over an extended period of time to people experiencing long-term homelessness.** The production numbers assume that such outreach will take place, and that, coupled with the increased availability of supportive housing options, this outreach will be successful in moving most of the people experiencing long-term homeless from the streets and into housing by year 10.

To be successful, the plan must also be coupled with local strategies that provide for flexibility in tenant screening so that people with multiple challenges will not be prevented from accessing the housing in the first place. Experienced providers have developed agreements with landlords where applicants with poor credit history, past involvement with the criminal justice system, or no references are assessed individually for tenancy rather than eliminated from consideration based on rigid application of screening criteria.

Regional projections

The estimates of homelessness by regional planning area that appear on page 12 of this guide can provide a basis for estimating the number of supportive housing units that are needed in each region of the state over the next ten years.

By way of example, the area encompassed by the South Central Regional Council of Governments (the greater New Haven area) has an estimated 490 households currently experiencing long-term homelessness. As in the statewide estimates, this number is expected to double over the next ten years. This means that an estimated 980 households will need supportive apartments over the next ten years. The chart that follows assumes that roughly two-thirds of these households (666) could be offered supportive housing that is created by subsidizing existing apartments in the community, and linking the tenants of this housing with needed support services. To house the other 314 households, new units would need to be created through the development of housing (e.g., the acquisition, rehabilitation and/or new construction of real property). This newly developed housing would have a mix of apartments serving both formerly homeless and non-homeless tenants. It is assumed that one third of the units (314) would be targeted to households facing long-term homelessness, and two-thirds (636) would target other households in need of affordable housing, for a total of 950 newly developed units. In total, 1,615 supportive housing units (666 + 950) would need to be created in the region over the ten-year period (about 162 per year), of which 41 percent (666) is through the use of existing housing.

Regional estimates of supportive housing needed over next 10 years based on estimates of homelessness
January 2004

	Estimated Total Units Needed	Through Use of Existing Housing		Through Housing Development		Average Units to be created per year	Housing units targeted to households facing long-term homelessness	
		Total	pr yr	Total	per year		Singles	Families
Southwestern Connecticut								
South Western Regional Planning Agency	1,190	200	20	990	99	119	483	44
Greater Bridgeport Regional Planning Agency	1,261	212	21	1,049	105	126	512	46
Region 1 total	**2,451**	**412**	41	**2,039**	204	245	996	89
Southcentral Connecticut							-	-
South Central Regional Council of Govts	1,615	666	67	950	95	162	899	81
Valley Council of Governments	182	75	8	107	11	18	101	9
Mid-State Regional Planning Agency	188	78	8	111	11	19	105	9
Conn River Estuary Regional Planning Agency	115	47	5	67	7	11	64	6
Region 2 total	**2,100**	**866**	87	**1,235**	123	210	1,168	105
Eastern Connecticut							-	-
Southeastern Conn Council of Governments	863	145	15	718	72	86	351	31
Windham Region Council of Governments	271	112	11	159	16	27	150	14
Northeastern Conn Council of Governments	186	77	8	109	11	19	104	9
Region 3 total	**1,319**	**333**	33	**986**	99	132	605	54
Northcentral Connecticut							-	-
Capital Region Council of Governments	2,133	879	88	1,254	125	213	1,187	106
Central Connecticut Regional Planning Agency	622	256	26	365	37	62	346	31
Region 4 total	**2,755**	**1,136**	114	**1,619**	162	275	1,533	137
Northwestern Connecticut							-	-
Litchfield Hills Council of Elected Officials	181	75	7	107	11	18	101	9
Northwestern Connecticut Council of Governments	48	20	2	28	3	5	26	2
Housatonic Valley Council of Elected Officials	436	180	18	256	26	44	242	22
Council of Governments - Central Naugatuck	756	312	31	445	44	76	421	38
Region 5 total	**1,421**	**586**	59	**835**	84	142	790	71
							-	-
Total	**10,047**	**3,333**	333	**6,714**	671	1,005	5,091	457

In most of the regions, it is assumed that close to 41 percent of the supportive units will be created through the use of existing housing, and that the remaining 59 percent will be created through the development of new housing. However, due to tight housing markets in southwestern Connecticut and New London County, it is assumed that only about 17 percent of the supportive units in these areas will be created through the use of existing housing, and the remaining units will be created through development. Regions may adjust these projections based on closer evaluation of the their rental housing markets.

Setting short-term goals: the "Next Step" initiative

The Reaching Home plan calls for creating supportive housing units incrementally, or in "bite size" pieces, over the 10-year period until the 10,000-unit goal is reached. The first increment in the plan is the completion of the remaining 350+ units under the Supportive Housing Pilots Initiative. These housing units are currently under development in thirteen communities and will be completed in 2004 and 2005.

At the same time, the State of Connecticut has begun planning for the "next step", which is the creation of 1,000 new units of supportive housing to be produced over the next three years. Once implemented, this Next Step initiative will combine resources from public and private sources to finance the creation of permanent supportive housing for adults and families experiencing persistent or chronic homelessness. The initiative will be designed to respond to some pressing needs:

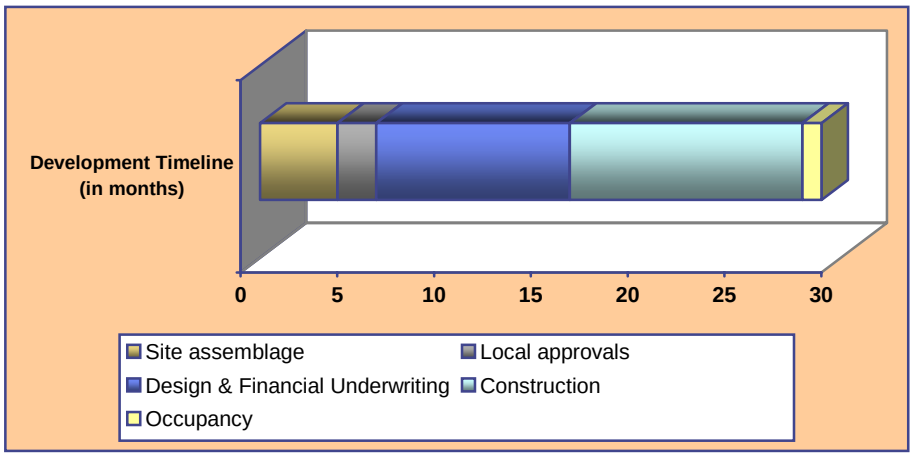
- **Families** are the fastest growing segment of the homeless population, and very few supportive housing units currently exist in Connecticut to serve families with multiple challenges. This initiative calls for a substantial increase in the development of supportive housing for families.

- **Adults** with mental illness, substance addiction and/or other disabling health conditions represent the largest percentage of households experiencing long-term homelessness. Of particular concern are adults who are frequent users of emergency shelters and those transitioning from foster care or incarceration. This initiative would create new units of supportive housing for adults through both development of new units and leasing of scattered units.

In April 2004, Governor Rowland signed an executive order that established an Interagency Council on Supportive Housing and Homelessness, charged with developing a plan by September 1, 2004, for creating these new supportive units. The goal is to have necessary capital, operating and service funding in the state biennial budget for FY06-07.

The planning for the Next Step initiative is happening at the same time as the construction phase of the Supportive Housing Pilots Initiative for good reason: housing takes a long time to create. The development of housing typically is a three to four-year process from concept phase to occupancy. Developers and policy makers cannot afford to wait to complete one housing project or housing production initiative before beginning another. A development rule of thumb is to have one project in planning, one in development and one in construction at all times, so that new housing units become available for occupancy each year.

Local communities setting their own supportive housing production targets need to consider how long it takes to create housing, and how the overall production timeframe can be shortened through concurrent development activity and planning for new projects.



Housing projects take an average of two and a half to three years or more to develop, from the time sites are identified to the time apartments are ready for occupancy. At left is a typical development timeline for a housing project.

Part 4: Supportive Housing's Impact on Local Communities

How does supportive housing impact the use of emergency shelters?

The Reaching Home plan will result in a significant transformation of the emergency shelter system in Connecticut. As the supply of supportive housing increases, the need for emergency shelter beds will decline. Similarly, individuals and families served by the shelters will return to stable housing more quickly and have shorter shelter stays. When combined with other efforts to expand affordable housing options, ease the transition from homelessness to housing, and prevent homelessness before it occurs, increasing supportive housing options will eventually eliminate the need for the current 2,000-bed emergency shelter system. Some households will continue to become homeless, but for most it can and should be a very short-term crisis.

Reducing the Need for Shelter Beds

At any given time, close to half of the shelter beds for single adults in a given community are likely to be occupied by people experiencing long-term homelessness.[24] This percentage may be higher in communities with high numbers of people experiencing homelessness and few shelter beds, and lower in communities where rates of homelessness are low or where shelters predominately "screen out" people who are using substances. People experiencing homelessness who are turned away from shelters, either because the shelters are full or for other reasons, typically must find refuge in abandoned buildings, cars, parks, under bridges, or other spaces not meant for habitation. The number of times people were turned away from shelters due to lack of space increased 141 percent from 2000 to 2002. People were turned away from shelter 27,114 times in 2002 alone.

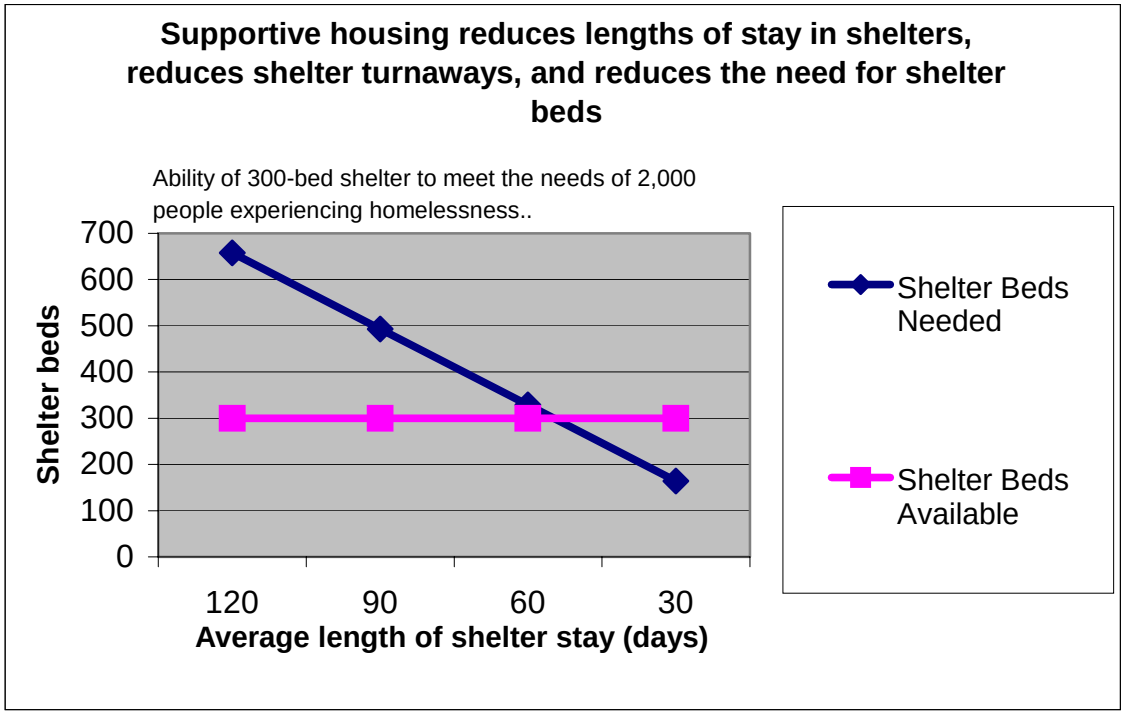
Almost all individuals with long histories of homelessness would be more appropriately served in service-enriched housing. And because they may use a shelter bed night after night for years, moving them out of the shelter system and into housing frees up more space in the shelter than when someone who occasionally sleeps in shelter is placed into housing. In this way, **supportive housing makes it possible for shelters to serve more people needing this emergency resource *without* increasing the number of shelter beds.**

By way of example, imagine a community where 2,000 single adults are homeless during the course of a year. Of these 2,000 adults, 300 (15 percent) have been homeless for a year or more, or experience numerous, repeated episodes of homelessness. The community has 300 adult shelter beds, and an average length of stay by residents of the shelter of 3 months (90 days).

Under such a situation, the community has the capacity to shelter 1,216 of the 2,000 the adults needing shelter (300 beds x 365 days / 90 day average length of stay = 1,216). The remaining 784 homeless adults will be turned away from shelter and forced to live on the streets. Under such circumstances, the community may need to open an "overflow" shelter during winter months to protect life and safety.

If the community creates supportive housing and concentrates placement efforts in this housing on individuals with long histories of shelter use, the average length of stay in the shelter is reduced. Under the example, if the 300 adults experiencing long-term homelessness are placed in supportive housing, and the average length of stay thereby drops to 1 month (30 days), then the community has the capacity to shelter 3,250 adults over the course of the year – 1,290 more bed capacity than is needed to house 2000 adults.

Under these circumstances, an overflow shelter is unnecessary and the community could conceivably look to reduce shelter beds by close to 50 percent - but only as long as the number of people experiencing homelessness does not significantly increase and the efforts of people to leave shelter is not stymied by a lack of affordable and accessible rental housing. In other words, **a significant reduction in shelter beds is possible if supportive housing efforts are coupled with effective prevention measures**.



The impact of increased supportive housing on reducing lengths of stay in family shelters can be significant, but is likely to be less pronounced than the impact in shelters for singles. Single adults represent a larger percentage of homeless households at any point in time (85 percent)[25], and families who experience long-term homelessness often avoid staying in shelters for extended periods due to fear of losing custody of their children. Homeless families often move frequently, with brief stays in shelters interspersed with temporary stays with relatives or friends.

How does supportive housing impact the use of other community services?

Emergency Rooms and Hospitals

Most people experiencing long-term homelessness have one or more serious health conditions, and most are uninsured. People without health insurance living in precarious situations tend to forgo routine preventative care. However, once a problem becomes an emergency, many will be forced to obtain care through hospital emergency rooms, often for conditions that could have been prevented or treated more effectively through an earlier intervention. This exacerbates pressures on busy emergency rooms, and adds to hospital costs. Emergency departments are both labor and equipment intensive and therefore such care is often two to three times more costly than visits to office-based physicians. When the uninsured use these services and cannot pay the full cost, the bill is passed along to those who do pay, generally those with private insurance, through cost shifting.

Cost-shifting is the practice of charging higher rates to one set of patients (usually privately insured) to make up for revenues lost on another set (public insured or uninsured patients). Connecticut's Office of Health Care Access found in 1993 that cost-shifting represented about 30 percent of the average private pay hospital bill in Connecticut. OHCA equates this "hidden" cost to a premium tax because it is an unavoidable charge to private payers.[26]

In addition to the hidden aspects of uncompensated care financing, there is also a more explicit (though no less complicated) funding mechanism – the Uncompensated Care Program (UCP). The UCP – funded with State tax revenues - was designed to redistribute the burden of uncompensated care from hospitals with higher levels of these costs to those with lower levels. The program also helps the State qualify for federal matching funds in the form of disproportionate share hospital payments under Medicaid. UCP was not designed to reimburse hospitals for all, or even most, of the costs of uncompensated care. Even with the UCP, private payers continue to shoulder most of the burden for those who cannot pay for care.

Studies of supportive housing in Connecticut and New York have found that, once in supportive housing, formerly homeless tenants' use of inpatient care significantly decreased and their use of less expensive preventive care increased. In Connecticut, formerly homeless tenants of supportive housing had reduced their use of Medicaid-reimbursed inpatient medical care by 71 percent after moving into supportive apartments.[27] This decrease can result in significant savings: the cost of supportive housing in Connecticut is approximately $36 per person per day, compared with over $1,200 per day in some cases for inpatient hospital care.[28] A 2000 San Francisco study found that providing supportive housing for people who were homeless reduced both their emergency room visits and the number of days spent in inpatient care by more than half.[29]

Downtown Business Districts and Neighborhoods

Supportive housing is more than a band aid – it is a solution for those whose presence on the street may discourage shoppers from visiting downtown areas and deter people from renting or buying homes in "undesirable" neighborhoods. Saying "get the police to move them out" is not a sufficient response, since it ultimately just moves vulnerable people to other neighborhoods where the same problems persist for the community. Supportive housing provides a humane, lasting response that addresses the root causes of persistent homelessness and prevents it from growing.

A common misperception is that permanent supportive housing owned and operated by nonprofit organizations does not contribute to the local tax base. On the contrary, permanent supportive housing is rental housing, and falls under the same laws regulating real property as other rental housing in the community.

But what of the impact of supportive housing itself on the community?

- An evaluation of the Connecticut Supportive Housing Demonstration Program found that the surrounding neighborhoods of eight out of nine supportive housing residences in Connecticut saw their property values *go up by more than 30 percent* after the residences were built.
- The overwhelming majority of neighbors and neighboring business owners surveyed said the neighborhoods looked better or much better than before the supportive housing projects were completed. *Not one* respondent said the residences had any negative impacts on neighborhood appearance.
- The study also found that the supportive housing's total economic and fiscal benefit to the State and local communities was over $72 million, with an annual benefit of $2.9 million per year, in the form of jobs, taxes, contracts for services and other related economic activity.
- In all, the Connecticut Supportive Housing Demonstration Program yielded $3.43 in economic and fiscal benefits to the State and local economies for every one dollar of State investment in the development of the projects.[30]

A common misperception is that permanent supportive housing owned and operated by nonprofit organizations does not contribute to the local tax base. On the contrary, permanent supportive housing is rental housing, and falls under the same laws regulating real property as other rental housing in the community. Municipalities will occasionally grant a tax abatement or deferral to a supportive housing project to encourage its development or to stimulate community development in the neighborhood. Unless the town has taken this action, or otherwise ruled that a project is exempt from taxes, supportive housing projects pay their share of local property taxes.

Rental Markets

Renting apartments can be a risky, costly business for private landlords. Supportive housing lessons market risk by offering a way for a private landlord to rent an apartment with the comfort of knowing that the tenant holds a rent subsidy that will enable the tenant to pay market rent, and that the tenant will have the help of a service provider who will intervene if problems arise.

Currently, close to a thousand private rental apartments – owned by private individuals, corporations, and nonprofit housing corporations – serve as supportive housing for formerly homeless families and individuals statewide. Reaching Home calls for a significant expansion in the use of private rental housing as supportive housing through the use of rental subsidies and partnerships between landlords and community service agencies.

Educational System

By the time homeless children reach school age, their homelessness affects their social, physical and academic lives. Homeless children's academic performance is hampered both by their poor cognitive development and by the circumstances of their homelessness, such as constant moving. They are four times more likely to have developmental delays, and two times more likely to have learning disabilities. Homeless children are more likely to score poorly on math and reading tests, and are more likely to be held back a year in school.[31]

The stability of supportive housing offers a foundation for improving the academic performance and the educational future of at risk children. Reaching Home calls for a significant increase in supportive housing units targeted to families who are persistently homeless. This will have a beneficial impact on both the families and the local school systems serving their children.

Jails, Court Systems and Community Safety

There is no simple or single reason why ex-offenders become homeless. Rather, a variety of factors contribute to an uneasy transition and reintegration into society. Some ex-offenders were homeless when sentenced while others were sentenced because they were homeless. At the same time, many ex-offenders who always had stable housing in the past have a difficult time finding and keeping it once released. With little to no discharge planning prior to release and few prospects for income, many newly released prisoners tend to return to or enter the shelter system. And once homeless, many tend to become incarcerated again. The impact of recidivism is disproportionately prevalent among the relatively small number of disadvantaged communities where ex-offenders return. The cycle of arrest, removal, incarceration, and re-entry is predominately concentrated in our state's poorest communities.[32]

A recent New York study examined the impact of supportive housing on criminal justice involvement by over 2000 homeless individuals with mental illness, compared against a control group with similar characteristics and records of shelter use. The study found that the number of criminal convictions for the study group decreased after placement in supportive housing by 22 percent, while it actually increased for the control group who did not enter the housing. The number of persons incarcerated after placement into the housing decreased by 57 percent, and the number of days incarcerated decreased by nearly 73 percent; both increased among the control group. A follow-up study found that placement in supportive housing contributed to a 30 percent decrease in persons detained in the city jails among the study group, and a 40 percent reduction in city jail time; there were no decreases for the control group.[33]

Supportive housing is an appropriate approach to meeting the housing and service needs of ex-offenders who would otherwise be homeless because it provides a comprehensive approach that addresses their needs. In addition to a home, supportive housing provides services such as employment, mental health counseling, and access to quality health care that are necessary in order to address individual circumstances and maintain independent living.

The amount of money spent on inmate programs in prisons and jails far exceeds the cost of maintaining a single resident in a supportive housing facility. The average cost of maintaining a permanent apartment with supportive services in Connecticut costs approximately $36 per day per person. By comparison, a Connecticut prison cell costs $83 per day per person.[34]

How does Reaching Home impact local continuum of care plans?

Every year, the U.S. Department of Housing and Urban Development issues a notice of funding availability for its Continuum of Care homeless assistance programs (Shelter Plus Care, Supportive Housing Program, and Section 8 Moderate Rehabilitation Program for SRO Dwellings). These programs represent one of the best resources available for rent and operating subsidies for permanent and transitional housing projects serving people who are homeless, especially those who also have mental illness, chemical dependency, or AIDS. To apply, HUD requires that applicants describe the existing continuum of care for homeless housing and services currently available within a defined geographic area, and document the need for additional housing and services. They also ask that communities rank the applications being submitted under its notice of fund availability in priority order.

Most of the larger cities in Connecticut have their own "continuum of care" application processes. These processes are, by and large, organized and run by nonprofits providing services to homeless persons, with involvement by consumers and, occasionally, city government. There are eleven of these local continuums of care covering some 45 Connecticut towns and cities. The remaining communities fall under a single Balance of State continuum of care, which is organized by the State of Connecticut, with assistance from the Corporation for Supportive Housing and the Connecticut Coalition to End Homelessness.

Local Continuums of Care are now required to specify in their HUD plans their strategies for ending chronic homelessness. Reaching Home provides a statewide framework upon which local continuums can build their local strategies. Some steps in doing this include the following:

1. Institute local homeless counts to help determine the number of people experiencing long-term homelessness in the area.
2. Devise 10-year production targets for permanent supportive housing in the local continuum of care area. Where possible, team up with other continuums within the region to establish common targets for the region as a whole.
3. Devise shorter-term goals (next 3-4 years) for permanent supportive housing production in the local continuum of care area and region. Ensure that these goals are reflected in the local Consolidated Plan, which determines local priorities for federally-funded program such as HOME and Community Development Block Grant (CDBG) funding.
4. To meet short-term goals, identify funding targets and potential sources to meet short-term goals at the local, state and federal levels. Advocate for new funding.
5. In ranking proposals for HUD funding, place priorities on the creation of permanent supportive housing that serves people experiencing long term homelessness. Ensure that proposals for new permanent supportive housing include appropriate supports to effectively serve this population.
6. Prioritize placing long-term shelter and transitional living program residents in supportive housing. As a place to start, define a target set of high-end users, and focus outreach and engagement efforts to accommodate their transition into permanent housing.
7. Once implemented, use the Homeless Management Information System (HMIS) to gauge the effectiveness of the housing in serving the targeted population and preventing their return to homelessness.

Part 5:
Supportive Housing Strategies

Housing standards

Supportive housing varies in scale, density, and configuration by community and target population. However, Reaching Home calls for all of the housing to be created under the plan to share four fundamental standards:

- **Affordability:** All housing units must be affordable to the people to be served. In general, rents should be set at rates where the target population for the housing is expected to pay no more than 30 percent of their income for housing costs. This is typically done through the use of rent subsidies.
- **Quality:** All housing units must be of good quality (meet HUD housing quality standards) and conform to state and local fire and building codes, including codes relating to handicapped accessibility.
- **Transportation:** All housing units should be accessible to public transportation or provide an alternate means of transportation for tenants without automobiles.
- **Safety**: All housing units must provide for the safety and security of their tenants.

Housing strategies

The Reaching Home plan is centered on three parallel housing strategies to provide supportive housing for people experiencing long-term homelessness:

- Develop new supportive housing
- Create supportive units in existing, private rental housing
- Use turnover in existing supportive housing

Most communities will want to explore all three strategies simultaneously, to varying degrees.

1. Develop new supportive housing.

The largest element of the Reaching Home Plan is the creation of 6,700 of the 10,000 units through new housing development. These new apartments will provide homes for 2,200 individuals and families facing long-term homelessness. They will also provide 4,400 homes for other households needing safe, affordable housing in projects that have a mixed tenancy.

These new supportive apartments will be created through acquisition, rehabilitation of existing buildings, or new construction. This "bricks and mortar" approach is needed in areas where rental markets are tight and vacancy rates are low or where the physical condition of existing housing is poor and requires renovation. It is also needed in situations where people experiencing homelessness have difficulty obtaining private rental housing due to exclusionary screening criteria by landlords.

Creation of supportive housing through development provides the owner of the housing - which is usually a nonprofit organization – better control over the quality, design, and management of the housing. This generally results in housing that has longer-term affordability and more flexible tenant screening, and can be configured to allow for common rooms and space for property management and support staff. Development also allows the owner to locate the housing in areas that have good access to public transportation or are walking distance to groceries and other needed services.

Development of housing takes time (2-4 years, on average), requires skills in housing development and management, and requires capital funding to cover the costs of acquiring and developing the property. It also means that sponsors of supportive housing developments must be prepared to address potential neighborhood concerns about the project, and gain their support if a zoning variance is needed.

The development of supportive housing is the nexus where housing for people with special needs meets community development. In order to blend a supportive housing development with the surrounding community, and to eliminate the need to secure a zoning exception, a supportive housing sponsor will often choose to rehabilitate existing structures that are zoned "as of right" for rental housing. The target may be a blighted older structure – a former hotel, YMCA, school, factory – or a number of smaller two to six-family structures in scattered locations. These rehabilitation approaches add to the complexity –and the cost – of the project, but nevertheless have positive impacts on the community by eliminating blight, addressing abandoned or problematic building "eyesores", and restoring historic properties. There is also a spin-off effect, which is evident in communities around the state where supportive housing development has sparked improvement of nearby properties and has helped to stabilize the neighborhood.

There are six essential ingredients for the successful creation of supportive housing through development:

1. Suitable site.
2. Housing developer experienced in the creation of affordable housing and the use of public-sector financing.
3. Service provider who is experienced in providing case management and "wrap-around" supports to the population to be targeted for tenancy and who has strong linkages with mainstream service programs.
4. Property manager willing to work in partnership with the service provider on an ongoing basis.
5. Financing for capital, services, operating and predevelopment costs.
6. Support of the community for any necessary public approvals (such as zoning variances).

The Corporation for Supportive Housing has a number of publications on the "how to's" of developing supportive housing, and holds periodic workshops in Connecticut on various aspects of the process.[35]

2. Create supportive units in existing, private rental housing.

Close to 3,300 of the 10,000 housing units will take advantage of existing apartments in the private marketplace. Providers will secure rent subsidies and work with clients and private landlords to ensure access to the apartments.

Reaching Home projections (see page 20) assume that approximately 41 percent of the supportive housing units in each region will be created through the use of existing properties (and the rest through development) *except* in the case of southwestern and southeastern Connecticut, where it is assumed that only 17 percent of the units will use existing housing due to tight housing markets. Individual regions may wish to adjust these proportions upon further analysis of their area's housing markets.

There are four essential ingredients for the successful creation of supportive housing through the use of existing housing:

1. Decent, safe housing units of appropriate size in well-managed properties accessible to transportation
2. Landlord/property manager willing to work in partnership with the service provider on an ongoing basis
3. Service provider who is experienced in providing case management and "wrap-around" supports to the population to be targeted for tenancy and who has strong linkages with mainstream service programs
4. Rental subsidies and funding for services

Supportive service costs may be higher for scattered site projects since staff may need to spend considerable time in travel to scattered apartments. Additional funding may also be needed for housing related costs such as outreach to landlords, housing placement support, move-in assistance, and reserves for damages to encourage landlord participation.

There are a number of promising strategies that nonprofits are using to create supportive housing through the use of existing housing:

- Partner with local housing authorities to secure a "set-aside" of units for the target population in exchange for the presence of on-site service staff who may be available to assist other tenants as well.
- Build working relationships with a handful of key landlords in the community; use a housing specialist (who is separate from case management staff) to recruit and work with landlords and to mediate disputes with tenants.
- "Master lease" an entire building or a set of units within a building, and then sublet the apartments to the target population. This puts the nonprofit in charge of both tenant screening and rent collection. The nonprofit takes on more risk, but also gains the benefit of greater control over tenancy.

The Corporation for Supportive Housing's Southern New England Program has a number of resources for providers of scattered site supportive housing that can be found on-line at www.csh.org.

3. Use turnover in existing supportive housing.

All housing units naturally "turn over" over time. Tenants leave for a variety of reasons - some good, some bad. Most move on to other housing; some are evicted; some die. Some tenants of supportive housing live there for many years; some a few months; most will live there, on average, for 3-5 years. The average turnover of supportive housing units in Connecticut is approximately 17 percent for projects owned by nonprofit supportive housing providers, and close to 20 percent for apartments owned by private landlords.[36] This means that 17-20 out of every 100 supportive apartments become vacant at some point during the course of a year.

With adequate funding for supportive services and operating costs, existing supportive housing providers can be encouraged to accept tenants with complex problems who have been homeless frequently or for long periods of time and who would otherwise be rejected.

As the number of supportive apartments increases, so does the number of apartments available to new tenants through turnover. **Once the 10,000 unit goal is reached in 2013, close to 2,000 units will be available every year through turnover of existing supportive housing units – an amount that can help to ensure that individuals and families in need of supportive housing have access to it *without* having to become homeless first.**

Part 6:

The Importance of Services

The "support" side of supportive housing is every bit as critical to its success as the housing side. Reaching Home calls for all tenants of the supportive housing that is created to have access to flexible, individualized services as they are needed – and for as long as they are needed – to achieve and retain their housing, increase their skills and income, and achieve greater self-determination.

The core of these services is case management, based on-site at the housing or off-site. Case management services provide a single point of accountability for coordination of services that are designed to offer the tenant support in living independently and establishing and maintaining residential stability. Caseloads need to be low enough to effectively address the needs of individuals and families with very complex and challenging needs. Based on the experience of providers in the field, the Corporation for Supportive Housing recommends initial caseloads of one case manager to every 7-12 adults and every 5-8 families.

Other services to be provided include training in independent living skills, employment readiness and retention supports, peer support and mentoring, reconnections to family and social supports, and connections to community treatment programs, as needed.

To maximize effectiveness, supportive housing for people who have experienced long term homelessness needs to address tenant needs in the following areas:

- Independent living skills and housing retention skills;
- Health care for medical problems, including HIV/AIDS and other chronic health conditions;
- Services to address mental health and substance use problems. Most of these services will not look like traditional treatment, but will incorporate elements of emerging practice: assertive community treatment; recovery-oriented supports for people with serious mental illness; and harm reduction strategies for people with long-term addiction;
- Pre-vocational, educational, and employment supports;
- Benefits advocacy – particularly for SSI/Medicaid and other income supports;
- Supports for family reunification;
- Services to help people integrate into the community and develop natural supports through participation in civic organizations, the faith community, social clubs, etc.
- Services to deal with legal/criminal justice issues.

Reaching Home calls for an adequate level of funding for services in supportive housing to meet the array of needs of people who have experienced long-term homelessness. Inadequate funding can jeopardize success by increasing staff turnover, limiting the capacity of organizations to sustain high quality projects that are effective in serving people with complex problems, or imposing significant financial burdens on organizations, making them unwilling to accept as tenants people who have been homeless repeatedly or for long periods of time, or to expand their participation in supportive housing.

The costs for supportive housing services vary in projects that have been established, but are generally in the range of $7,000 to $10,000 per unit targeted to single adults with chronic health conditions and multiple barriers to housing stability. These costs assume that operating costs (including maintenance, security, and property

management services) are adequately funded. Service costs are likely to be higher for supportive housing projects serving families or young adults (age 18-25) with similar needs, and costs will be lower for services for people who have achieved several years of housing stability and strong connections with service providers in the community.

The service costs will be higher or lower in some projects and in some communities depending on:

- **Tenant population characteristics and intensity of service needs**. For example, costs will be higher to provide supportive services to people with serious (and largely untreated) mental illness who have been living on the streets or in shelters, or people with complex medical problems, compared to projects designed for people who may have recently graduated from a substance abuse treatment program. Higher costs may be associated with both the staffing ratios required to establish smaller caseloads, and the broader array of services for tenants with more complex needs. Costs for supportive services to tenants with very high levels of disability, including those who would otherwise be hospitalized or institutionalized, may be significantly higher and may be in the range of $12,000 to $20,000 per year. Staffing at the upper end of this range is typically 24-hours a day, seven days a week.
- **Size and economies of scale**. In smaller projects, the cost of making services available and accessible (on a flexible basis for a predictable number of hours every week) may be higher on a per-unit basis. For very small or scattered site projects, additional costs will include time for scheduling visits and travel between sites.
- **Tenant mix**. In some projects, services are targeted to identified tenants with special needs, while other tenants who live in the building or housing project can also utilize services as needed. Per-unit costs for services to the identified special needs tenants may actually include some costs for resources that are used to provide support to other tenants.
- **Availability and appropriateness of other services in the community**. If a range of services adapted to the needs of people who have experienced long-term homelessness is available in the community, case managers in supportive housing can facilitate access. But in many communities supportive housing providers need to deliver services that are otherwise unavailable to their tenants, including psychiatric assessment, counseling and support for recovery and/or harm reduction for co-occurring mental health and substance use problems, vocational and employment services for people with multiple barriers to employment, SSI advocacy, and other supports for community living.
- **Local cost factors, particularly wages**. Personnel costs are usually the largest component of costs for supportive services. In communities where the cost of living is high, or where there is significant competition for a limited supply of staff with the skills needed, supportive housing providers' costs for salaries and benefits (and/or costs associated with staff recruitment and turnover) will be higher.
- **Comprehensiveness of services to address tenants' needs and goals**. Tenants have consistently expressed the desire to obtain supports for employment, and may also need assistance dealing with family reunification, education, and legal issues. Adding these services often requires additional resources, but also can produce outcomes that justify the investment.

Part 7: Who Creates Supportive Housing?

In most communities, supportive housing is developed and operated by nonprofit organizations that are not exclusively – or even primarily – defined as supportive housing organizations. Often a single project or a few supportive housing projects have been established by an organization that is primarily focused on delivering emergency services to people who are homeless, community-based mental health or substance abuse treatment services, or affordable housing to low-and moderate-income households. These supportive housing projects have been developed as an outgrowth of the organization's core mission and activities.

Over the past ten years, close to fifty nonprofit organizations in Connecticut have been involved in the creation of supportive housing in their local communities, either as service providers, developers, housing coordinators, or property managers. Organizations that most commonly create supportive housing in Connecticut are:

- **Organizations that focus on services and shelter for people who are homeless.** Organizations (or major divisions within larger multi-purpose social services agencies) whose primary focus is serving homeless people through emergency shelter, drop-in centers, case management, or other services often bring a deep understanding of the needs of people experiencing long-term homelessness. However, their staffs tend to be generalists, and may lack the credentials or funding relationships needed to "compete" with mainstream providers in systems that deliver mental health, substance addiction recovery, or employment supports to other low income people. For this reason, they often must rely heavily on HUD funding of their supportive housing efforts if undertaking projects alone.

- **Organizations that focus on delivering treatment services.** Organizations whose primary focus is delivering mental health or substance abuse treatment services often have close working relationships with the state behavioral care system and may be able to use these relationships and experience to more easily access funding from mainstream service systems, while having more limited capacity to undertake development and management of a large number of projects or housing units at any time. Many of these organizations operate in single "catchment areas" or regions, and may focus on serving those who are most highly disabled and/or highly motivated to participate within a single service system (e.g. substance abuse treatment).

- **Organizations that primarily develop housing.** Nonprofit housing development corporations with a primary focus on affordable housing for low- and moderate-income households and community revitalization. Many of these organizations have been enthusiastic developers of supportive housing, and have the capacity to produce large numbers of units of supportive housing.

In Connecticut, some of the most innovative supportive housing to date has been born out of strategic partnerships *between* these three types of organizations. The key to the success of these projects is a working partnership where each partner focuses on what they do best and provides complementary (not competing) services. For example, the housing corporation develops the housing, while the case management services are provided by a homeless service organization working closely with the local behavioral health agency (which provides the clinical care). The Corporation for Supportive Housing has sample working agreements between local partner agencies creating supportive housing.

Creating supportive housing for people experiencing long-term homelessness may present new challenges for some organizations. Some financing strategies in this plan will be readily applicable to some organizations, while others may have to invest in significant changes to create the infrastructure and establish the linkages needed to access new funding streams. And for some of the organizations currently providing supportive housing, a focus on people who have been homeless for the long-term may mean prioritizing a population that is somewhat different from those who have been the organization's primary focus.

Part 8: Funding Strategies

Who pays for supportive housing now?

Supportive housing targets individuals and families with very complex needs and very few resources at their disposal. For that reason, the usual means of financing private rental housing - such as using rental income to support a mortgage loan from a private financial institution - are typically not feasible. The public sector plays the primary role in financing supportive housing. It also receives the primary benefits in the form of reduced use of expensive crisis services and better quality of life for its citizens.

Public sector participation is also a powerful generator of financing by the private sector in supportive housing expansion. Public incentives – such as low income housing tax credits - have stimulated over $50 million in corporate investment in Connecticut supportive housing projects in the past ten years alone.[37] Through collaborative programs with the State, Connecticut foundations and the Corporation for Supportive Housing have provided several million dollars in "risk" funds to nonprofits to cover the early costs of developing supportive housing projects.

Any supportive housing development effort must simultaneously address funding needs in four areas: *capital, operating, services, and predevelopment*. Capital and predevelopment costs are typically not a factor in approaches using existing private rental housing. Where the organizations sponsoring the housing are not highly experienced in supportive housing creation or operation, a fifth important element for funding is *technical assistance* to provide expertise and skill-building along the way.

Capital. To date, the "bricks and mortar" costs of developing supportive housing in Connecticut have been primarily paid for with:

- State bond funds
- State and local tax revenues
- Loans from Connecticut Housing Finance Authority reserves
- Corporate investment using Federal and State low income housing tax credits and historic rehabilitation tax credits
- Federal programs administered by the State and localities, such as HOME, Housing Opportunities for People with AIDS (HOPWA), and Community Development Block Grants (CBDG)

These sources are sometimes supplemented with grants and loans from the Federal Home Loan Bank's Affordable Housing Program and from foundations.

The total cost of developing new housing in Connecticut (including property acquisition, construction, architectural, engineering, legal, environmental, project management, permit fees, and other related costs) varies from year to year depending on the local real estate market and the costs of labor and materials. The cost can also vary depending on individual site conditions and funder requirements. Connecticut's strong housing market and the age of its housing stock (48% of Connecticut's housing units were constructed prior to 1960; 22% prior to 1940[38]) drive up development costs. In general, the total cost of developing a one-bedroom unit in a publicly financed housing project involving new construction or substantial rehabilitation ranges from $120,000-190,000.[39]

Operating. The costs of operating the housing – including the costs of utilities, maintenance, insurance, property taxes, and repairs – have been funded through:

- Tenant rent payments (usually at 30% of income)

- Federal rent subsidies through HUD's McKinney-Vento homeless assistance programs (Shelter Plus Care, Supportive Housing Program, Section 8 Moderate Rehabilitation Program)
- Federal Section 8 rent subsidies administered by the State or local public housing authorities
- Operating reserves funded by corporate investment using low income housing tax credits

Rent subsidies are usually keyed to "fair market rents" published annually by HUD. The fair market rent for a one-bedroom apartment in 2004 ranges from $647 per month in Hartford to $1,225 per month in the Stamford-Norwalk area.

Services. Service costs in existing supportive housing in Connecticut are primarily paid for with State tax revenues, most of it through the Connecticut Department of Mental Health and Addiction Services; and with funds from HUD's Supportive Housing Program.

The cost of supportive housing services varies, but is generally in the range of $7,000 to $10,000 per unit targeted to single adults with chronic health conditions and multiple barriers to housing stability. These costs will be higher or lower in some projects and in some communities depending on a number of factors, which are described in detail in Part 6: "The Importance of Services".

Predevelopment. The Corporation for Supportive Housing is the primary provider of loans and recoverable grants to nonprofits to cover the pre-construction costs of developing supportive housing in Connecticut. CSH makes these loans with funds its receives from foundations and corporations. It also partners on occasion with other nonprofit intermediaries and community loans funds to co-lend on particular projects.

Technical assistance. Technical assistance services to nonprofits sponsoring supportive housing projects in Connecticut are provided primarily by the Corporation for Supportive Housing and by private consultants. CSH will often cover some of the costs of development consultants in its predevelopment financing to nonprofits. CSH's technical assistance work is funded primarily by philanthropy and Federal and State government. Other agencies providing technical assistance to nonprofit housing corporations are the Connecticut Housing Coalition and the Local Initiatives Support Corporation.

Reaching Home Funding Strategies

The funding strategy for the creation of 10,000 supportive housing units builds on Connecticut's experience in creatively combining resources. It also draws on the experience of other states in effectively using alternative resources to finance supportive housing. The Reaching Home plan proposes five funding strategies:

1. Use State and local funds to leverage Federal dollars.

Many Federal programs, such as HUD's Shelter Plus Care and Supportive Housing Program, require a commitment of matching funds before they can be awarded. Over the past ten years, the State of Connecticut has leveraged *over $20 million* in Federal rent subsidies through these programs by providing these matching dollars. To provide this match, the State funded the services side of supportive housing with State tax revenues through the Department of Mental Health and Addiction Services. The Federal subsidies leveraged were used to cover operating costs of the housing.

2. Use State, local and Federal dollars to leverage private investment.

Corporations and private philanthropy are more likely to invest in housing efforts when the public sector takes a leadership role in committing and coordinating public resources.

3. Target existing resources.

Other states have successfully used existing public resources to help finance the "supports" in supportive housing. Among these other resources are:

- Temporary Aid to Needy Families (TANF) and state "Maintenance of Effort" funding.
- Medicaid options, including the rehabilitation option and the targeted case management option.
- State and Federal employment and job training funds.
- Correctional department funds re-directed to supportive housing as part of jail diversion or community re-entry strategies.
- Foster care funds redirected to supportive housing as part of family reunification and foster care prevention.

4. Authorize new spending from State tax revenues, bonds and housing finance authority reserves.

Beyond existing and Federal resources, additional outlays will be needed to end long-term homelessness in Connecticut. This new spending will supplement and leverage funds available from other sources. It will also create flexibility in funding, so that the housing can serve all of the families and individuals who need to be reached.

5. Reinvest savings.

Over the ten-year period, the use by formerly homeless people of emergency services will decline as they move into housing. In the short term, this decline will ease gridlock in hospitals and treatment programs, and reduce pressure on emergency shelters. In the later years of the plan, savings – in the form of reduced expenditures for inpatient and emergency room care and other crisis services – will be realized. These savings can then be reinvested in the expansion of supportive housing, creating even greater savings and greater benefits to local communities.

Advancing Supportive Housing at the State Level

Over the past ten years, the State of Connecticut has been a leader in innovative financing for supportive housing efforts. It can build on this track record by continuing to pursue strategies successfully used in the past and employing some new strategies to increase the range of financing options:

Policy

- Advocate for increased Federal investment in supportive housing.
- Continue to use interagency collaborations as a vehicle to develop and oversee supportive housing financing initiatives.

Capital

- Target a portion of the State's federal HOME funding every year to the creation of supportive housing.
- Issue general obligation bonds to finance project capital costs.
- Appropriate funding for debt service coverage to enable financing of the capital side of supportive housing with tax-exempt bonds.
- Expedite the underwriting and processing of applications for supportive housing capital financing. Create efficient mechanisms to underwrite projects of varying size and complexity, and which often involve the rehabilitation of older and historic structures.
- Continue to make supportive housing a high priority within the State's Consolidated Plan.

- Create set-asides or priorities for supportive housing within the allocation process for Federal low income housing tax credits.
- Create set-asides or priorities for supportive housing within the allocation process for the State Housing Tax Credit Contribution Program.

Operating

- Sponsor applications for HUD McKinney-Vento Shelter Plus Care subsidies.
- Apply in annual rounds for Federal Section 8 subsidies targeted to people with disabilities (such as HUD's Mainstream, Designated Housing and Certain Development vouchers).
- Project-base Section 8 subsidies for supportive housing projects.
- Appropriate and project-base State rental assistance program (RAP) vouchers for supportive housing targeting people experiencing long-term homelessness.

Services

- Appropriate funding for support services. Where feasible, cover increased expenditures for services with TANF (for family and youth supportive housing) and Medicaid targeted case management and rehabilitation options (for supportive housing serving Medicaid-eligible individuals). Blend with funding from the Department of Corrections to enable supports to persons re-entering the community from the correctional system.
- Use State service funding to leverage HUD Section 811 capital and operating funds.
- Use State service funding to leverage – and serve as match for - Shelter Plus Care, Supportive Housing Program, and Section 8 subsidies targeted to people with disabilities.
- Use State service funding to leverage Federal HOPE VI dollars for local housing authority redevelopment projects that create supportive housing.
- Create programs with flexible outcomes within the One-Stop workforce system to address the employment needs of tenants of supportive housing who have multiple barriers to employment.

Predevelopment and technical assistance

- Launch a supportive housing land-bank program to allow sites to be acquired and ready to be developed when funding is available.
- Continue to make use of the Corporation for Supportive Housing and other intermediaries for technical expertise in supportive housing finance, capacity building support for nonprofits, and predevelopment financing.

Advancing Supportive Housing at the Federal Level

Reaching Home recommends a number of strategies at the Federal level that are needed to support state and local efforts to expand supportive housing:

- **Reliably renew Shelter Plus Care and McKinney-Vento Supportive Housing Program.** Provide a reliable source of permanent renewal funding – ideally from the Section 8 Housing Certificate Fund – for expiring Shelter Plus Care and other permanent supportive housing grants from HUD's Homeless Assistance Programs, so that communities can continue to create additional permanent supportive housing as part of their ongoing Continuum of Care planning and implementation.

- **Reliably renew and strengthen the Section 811 program.** Provide a reliable source of renewal funding for HUD's 811 program so that additional units can be created each year; and make additional improvements to strengthen this program so that it can be effectively used to create supportive housing for those who have been homeless for the long-term.

- **Fund service supports.** Supplement state and local funding for services in supportive housing serving people who have been chronically homeless through a new program at HHS (the proposed new program is currently called the "Ending Long-Term Homelessness Services Initiative", or "ELHSI").

- **Leverage mainstream resources at the state level through targeted federal investments.** Use funds provided through existing and/or new grant programs that are targeted to homeless people to leverage matching allocations from mainstream funding and greater access to mainstream service systems. For example:

    - **Target 30% of McKinney-Vento to permanent supportive housing.** Continue to target 30% of HUD's McKinney-Vento funds to create permanent supportive housing, including Safe Havens projects that offer long-term housing.

    - **Enhance existing housing to serve people who have been homeless for the long-term.** Some existing supportive housing projects would serve more people who have been homeless for longer periods of time, and who have more complex needs, if they had greater staff and program capacity to effectively serve these populations. Allow existing funding programs to invest in enhancing this capacity.

    - **Help public housing authorities provide more supportive housing.** Provide additional flexibility and technical assistance for public housing authorities to convert tenant-based Section 8 to project-based rental assistance in supportive housing projects.

    - **Targeted federal waivers.** Use federal waivers to allow states or local jurisdictions to use a small portion of resources from categorical programs administered by HUD, HHS, VA, and DOL for carefully designed, targeted efforts to integrate housing and services for people who have are experiencing or are at risk of long-term homelessness.

    - **New Medicaid benefit.** In the Medicaid program, HHS should define a new covered benefit: "bundled" community support services combining many of the services that can currently be reimbursed under rehabilitation option and/or targeted case management; allow states to establish on a pilot basis and target to specific populations (e.g. homeless people who are seriously mentally ill, or residents of supportive housing) and/or participating local jurisdictions which commit affordable housing resources.

    - **Affordable housing production.** Establish a National Affordable Housing Trust Fund to produce 1.5 million units of affordable rental housing over the next ten years or a production program of equivalent scale, and target a substantial portion of new resources to the creation of housing for people with incomes below 30% of area median income.

Part 9: Taking Action at the Local Level

No sector of the community will be able to end homelessness by itself. If Reaching Home is successful, it will be because of the creative efforts of people in local communities, regional planning bodies, the private sector, and leaders at every level of government, all working toward a common goal: to end long-term homelessness in Connecticut. The organizers of Reaching Home have identified a number of measures that people can undertake to further the expansion of supportive housing. These are just a starting point for generating your own ideas:

What local communities and regions can do

- Work with local government officials to identify properties suitable for the development of supportive housing, including city/town-owned sites. Ensure that zoning on sites allow for multi-family housing (if over 4 units).
- Identify opportunities to integrate supportive housing into community development strategies in targeted areas.
- Revise zoning regulations to allow for flexibility in parking requirements for supportive housing projects.
- Target a portion of local HOME dollars to supportive housing creation.
- Work with the regional workforce development board to make the case that supportive housing needs to be built where jobs are available.
- Secure the support of key neighborhood groups for measures to end homelessness or drug addiction in their neighborhood, including creation of permanent supportive housing.
- Secure the support and involvement of key local institutions that have a stake in ending chronic homelessness in the community, including hospitals, universities, court systems, chamber of commerce, and faith communities; secure support from regional councils of government for the creation of supportive housing throughout the region.
- Secure the support of local law enforcement and the fire department for creation of permanent supportive housing, and solicit the input of community service officers in planning for the housing.
- Advocate for increased State and Federal investment in supportive housing.
- Highlight supportive housing efforts and projects in local media stories around homelessness.

Local housing authorities:

- Sponsor applications for HUD McKinney-Vento Shelter Plus Care subsidies.
- Apply in annual rounds for additional Federal Section 8 subsidies targeted to people with disabilities (Mainstream Program, Certain Developments Program).
- Project-base Section 8 subsidies for supportive housing development projects or for existing supportive housing owned by nonprofits.
- Target a portion of HOPE VI or other housing authority redevelopment projects to supportive housing.

- Partner with local service providers to create and operate supportive housing. Within public housing, establish a "set-aside" of units for people experiencing long term homelessness in exchange for the presence of on-site service staff who could assist them and other tenants as needed.

Local continuums of care (also see page 27)**:**

- Make permanent supportive housing a high priority within the local continuum of care plan.
- Apply for additional HUD Shelter Plus Care or Supportive Housing Program subsidies within the "prorata boost" or where there is sufficient prorata to allow for new projects.
- Work to make supportive housing creation a high priority within the local Consolidated Plan.
- Mobilize the testimony of consumers, providers and advocates at public hearings on supportive housing funding or zoning.

Local providers:

- Create partnerships between service providers and local housing authorities to create supportive housing.
- Create partnerships between service providers and nonprofit housing/community development corporations.
- Provide tours of existing supportive housing projects to elected officials and neighbors of proposed projects.
- Involve tenants in advocacy and in telling their own stories.

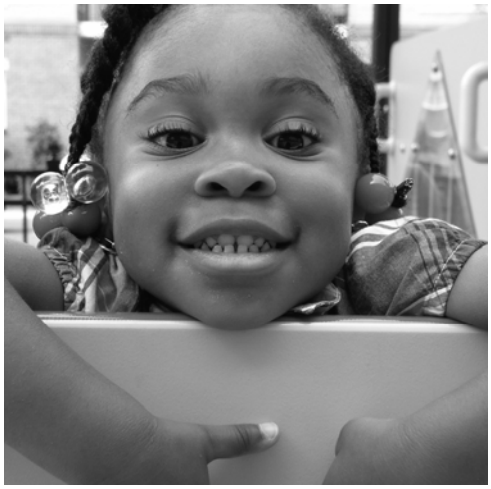
What the private sector can do (philanthropy, faith communities, corporations)

- Sponsor regional or local educational forums to raise awareness about long-term homelessness and supportive housing as a solution.
- Establish statewide or regional loan pools to provide low-interest or no-interest acquisition and predevelopment loans to nonprofits developing supportive housing in the area.
- Make use of the Corporation for Supportive Housing and other intermediaries for technical assistance to nonprofits in supportive housing finance, capacity building support, and predevelopment financing.
- "Sponsor" individuals or families entering supportive housing with donations of furniture, household goods (linens, kitchen equipment, cleaning supplies).
- "Adopt" a supportive housing project by providing volunteers to help with tenant events and holiday celebrations, donations for community rooms, kitchens and gardens.
- Secure sign-ons to the Reaching Home campaign.

Signing on to Reaching Home

You can show your support for **Reaching Home**, the Campaign to End Long-Term Homelessness in Connecticut, by having your organization sign-up as a supporter or by signing up yourself as an individual. Contact:

Reaching Home
The Lyceum
c/o Partnership for Strong Communities
227 Lawrence Street
Hartford, CT 06106
Phone: 860-244-0066
www.ctpartnershiphousing.com
Email: info@ctpartnershiphousing.com



Part 10: Conclusion

The goal of the Reaching Home campaign is to end long-term homelessness in Connecticut by creating 10,000 units of supportive housing. This is an ambitious but achievable goal – one that requires the participation of all sectors of the community, including government, the private sector, homeless service providers, housing developers, philanthropy, and those who have experienced homelessness.

Our collective experience over the past twenty years in assisting people who are homeless, coupled with the information derived from current research, provides solid footing to this effort to end long-term homelessness. For example, using census data and information on poverty, we can now estimate, with more precision than was possible just five years ago, the number of households that are experiencing long-term homelessness. Similarly, because we have already created 1,700 units of supportive housing in Connecticut, we have learned what it takes – in technical skill, financing, development and lease-up time – to bring supportive housing units on line.

Likewise, we can make realistic projections of the number of units that can be brought on line in each of the next ten years, can recommend funding strategies to finance the units, and can suggest actions that can be taken at the local level to increase the number of supportive housing units available in each community.

We recognize that ending homelessness requires an increase in the overall number of units of affordable housing and a transformation of the social and health service systems in Connecticut. Creating 10,000 units of supportive housing is central to that effort. Reaching our goal will eliminate homelessness for people who experience the most serious obstacles to achieving housing stability, and will free up resources to prevent homelessness or to shorten its duration for those whose primary need is affordable housing.

If you would like further information on supportive housing in general or the Reaching Home campaign, please feel free to contact members of the Reaching Home Steering Committee or any of the organizations listed in Appendix D.

Appendix

Appendix A

The Corporation for Supportive Housing and the growth of the supportive housing movement

The Corporation for Supportive Housing grew from a revolutionary idea that would become the solution to homelessness for people with complex needs. In 1991, approached by two Franciscan priests, Fr. John McVeen and Fr. John Felice, housing activist Julie Sandorf went to see their St. Francis Residence, which they created when their mentally ill parishioners were on the brink of being evicted from a community single room occupancy hotel. The Fathers John raised the funds needed to buy their own building and brought in psychiatrists and social workers to provide services to the tenants. The result: the tenants at St. Francis Residence stayed housed and healthy.

Inspired by their experience, Julie spent the next year studying this new housing approach. During that time, she found hundreds of miracle-workers around the country, each telling essentially the same story: troubled people who had eddied among the shelters, streets, hospitals, jails and treatment programs were suddenly making lives and plans all because of this mixture of quality housing and the support services they needed to stay healthy and whole. Inspired by their work, Julie became founder and director of the Corporation for Supportive Housing.

The Corporation for Supportive Housing was established in 1991 with funding from three of the nation's leading philanthropies – the Pew Charitable Trusts, the Robert Wood Johnson Foundation, and the Ford Foundation – to support the individual efforts of local nonprofit pioneers developing service-supported housing for those most in need: people coping with homelessness and extreme poverty, as well as chronic health conditions such as mental illness, addiction or HIV/AIDS. Over the next 13 years, states and localities across the country – including Connecticut - partnered with CSH to carry out a variety of programs aimed at producing more supportive housing and assessing its impact. There is now a solid body of data on supportive housing's effectiveness in ending and preventing homelessness among people with serious health conditions and in reducing their use of expensive, crisis-driven services.

CSH strives for a day when homelessness is no longer a routine occurrence and supportive housing is an accepted, understood, and easy-to-develop response. Now led by its president Carla Javits, CSH has field offices in ten states - including Connecticut - and provides services to many others. Supportive housing initiatives in Connecticut have been informed and inspired by evidence-based practices in many of these other states, and, in turn, Connecticut's efforts have served as national models for State-led collaborations to produce supportive housing units.

CSH's Southern New England program opened in 1993 with the launching of the Connecticut Supportive Housing Demonstration Program, a joint initiative of CSH and the State of Connecticut to finance the development and operation of supportive housing projects in communities throughout the state. Nine projects, ranging in size from 25 to 40 apartment units, were developed in six communities by community-based nonprofit organizations. Financing for the projects was provided through an innovative partnership between five state agencies, philanthropy, the private sector, and CSH.

The Demonstration Program laid the groundwork for the development of further supportive housing initiatives in the state by providing quality supportive housing units "field tested" in a variety of Connecticut communities. In 2000, CSH again joined with the State to launch the Supportive Housing Pilots Initiative. As in the Demonstration Program, this program involves the cooperative efforts of numerous State agencies, CSH, philanthropy and the nonprofit community.

Over the past ten years, CSH has provided technical and financial assistance to over 180 nonprofit organizations and government agencies in Connecticut, invested over $3 million in its nonprofit partners, and aided in the creation of 930 new units of supportive housing in the state, with 500 currently in development. In 2003, CSH's Southern New England program expanded its technical assistance, financing, and systems change work to the state of Rhode Island.

Appendix B

Detailed projections of supportive housing units over the ten year period

The two charts that follow present detailed projections of supportive housing units needed over the ten year period on a statewide basis.

Reaching Home Ten Year Plan to End Long-Term Homelessness in Connecticut

ATTACHMENT B

Projected Supportive Housing Units

Goal: **10,000** units in 10 years

% access to existing housing: **34%** (all LT homeless or at risk)

% development: **66%** (1/3 LT homeless or at risk)

HOUSING UNIT CREATION AND AVAILABILITY		1	2	3	4	5	6	7	8	9	10	
		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
Supportive Housing Units Currently Available	1,700											
New Units												
Access to Existing Housing		138	112	213	265	317	369	421	473	525	567	3,400
Production by Capital Development		326	181	413	512	612	711	810	909	1,009	1,118	6,600
Total New Units		*464*	*293*	*626*	*777*	*929*	*1,080*	*1,231*	*1,382*	*1,534*	*1,685*	*10,000*
TOTAL Existing and New		*464*	*757*	*1,383*	*2,160*	*3,089*	*4,169*	*5,400*	*6,782*	*8,315*	***10,000***	
Units Available through Turnover of:	RATE											
Units Currently Available	**17%**	289	289	289	289	289	289	289	289	289	289	2,890
New Units-Existing Housing	**20%**		28	50	93	146	209	283	367	462	567	2,203
New Units-Capital Development	**17%**			55	86	156	243	347	468	606	761	2,724
Total Units Available through Turnover		*289*	*317*	*394*	*468*	*591*	*741*	*919*	*1,124*	*1,357*	***1,616***	*7,816*
Units Available for Lease-Up		753	610	1,020	1,245	1,520	1,821	2,150	2,507	2,890	3,301	
Cumulative		753	1,363	2,383	3,628	5,148	6,969	9,119	11,626	14,516	17,816	

Definitions and Assumptions:

Supportive Housing Units Currently Available

Units shown here are targeted to people who are experiencing homelessness or people at risk of homelessness.
Figure does not include units currently in development but not yet occupied.

New Units -- Access to Existing Housing

Includes units obtained from for-profit and non-profit private market with rent subsidies or master lease arrangements.

New Units -- Production by Capital Development

Assumes 2 year average development period.

Units Available through Turnover

Assumes that 17% of the units in supportive housing which is currently serving or created for this target population become vacant and are available for new tenants in the following year. Note that the average turnover rate statewide for the 9 projects in the CT Supportive Housing Demonstration Program was 16% in 2002 and 21.5% in 1999. Turnover rate is equal to the number of units that were vacated in one year divided by the total number of units available for that year. 20% is used for scattered existing housing using tenant-based subsidies, based on the experience of DMHAS's Shelter Plus Care TRA program.

Reaching Home Ten Year Plan to End Long-Term Homelessness in Connecticut

ATTACHMENT B

Projected Supportive Housing Units by Persons Served

		1	2	3	4	5	6	7	8	9	10		
		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total	
Supportive Housing Units Currently Available	1,700												
New Units													
Access to Existing Housing - total		**138**	**112**	**213**	**265**	**317**	**369**	**421**	**473**	**525**	**567**	**3,400**	
Long-term homeless & at risk of LT homeless		138	112	213	265	317	369	421	473	525	567	3,400	*100%*
Non-homeless and at risk of homelessness		0	0	0	0	0	0	0	0	0	0	0	
Production by Capital Development - total		**326**	**181**	**413**	**512**	**612**	**711**	**810**	**909**	**1,009**	**1,118**	**6,600**	
Long-term homeless & at risk of LT homeless		151	60	136	169	202	235	267	300	333	369	2,221	*34%*
Non-homeless and at risk of homelessness		175	121	277	343	410	476	543	609	676	749	4,379	*66%*
Total New Units		***464***	***293***	***626***	***777***	***929***	***1,080***	***1,231***	***1,382***	***1,534***	***1,685***	**10,000**	
Long-term homeless & at risk of LT homeless		*289*	*172*	*349*	*434*	*519*	*604*	*688*	*773*	*858*	*936*	5,621	*56%*
Non-homeless and at risk of homeless		*175*	*121*	*277*	*343*	*410*	*476*	*543*	*609*	*676*	*749*	4,379	*44%*
Units Available through Turnover	RATE												
Units Currently Available	17%	**289**	**289**	**289**	**289**	**289**	**289**	**289**	**289**	**289**	**289**	**2,890**	
Long-term homeless & at risk of LT home	**17%**	188	188	188	188	188	188	188	188	188	188	1,879	65%
Non-homeless and at risk of homelessne	17%	101	101	101	101	101	101	101	101	101	101	1,012	35%
Access to Existing Housing - total	20%	**0**	**28**	**50**	**93**	**146**	**209**	**283**	**367**	**462**	**567**	**2,203**	
Long-term homeless & at risk of LT home	20%	0	28	50	93	146	209	283	367	462	567	2,203	100%
Non-homeless and at risk of homelessne	20%	0	0	0	0	0	0	0	0	0	0	0	0%
Production by Capital Development - total	17%	**0**	**0**	**55**	**86**	**156**	**243**	**347**	**468**	**606**	**761**	**2,724**	
Long-term homeless & at risk of LT home	17%	0	0	18	28	52	80	115	155	200	251	899	33%
Non-homeless and at risk of homelessne	17%	0	0	37	58	105	163	233	314	406	510	1,825	67%
Total Units Available through Turnover		***289***	***317***	***394***	***468***	***591***	***741***	***919***	***1,124***	***1,357***	***1,616***	**7,816**	
Long-term homeless & at risk of LT homeless		*188*	*215*	*256*	*309*	*385*	*477*	*585*	*709*	*849*	*1,005*	4,980	64%
Non-homeless and at risk of homelessness		*101*	*101*	*138*	*159*	*206*	*264*	*334*	*415*	*507*	*611*	2,836	36%
Total Units Available for Lease-Up		**753**	**610**	**1,020**	**1,245**	**1,520**	**1,821**	**2,150**	**2,507**	**2,890**	**3,301**	**17,816**	
Long-term homeless & at risk of LT homeless		477	387	605	743	904	1,081	1,274	1,482	1,707	1,941	**10,602**	60%
cumulative		*477*	*864*	*1,469*	*2,212*	*3,116*	*4,197*	*5,471*	*6,953*	*8,660*	*10,602*		
Non-homeless and at risk of homelessness		276	222	415	502	616	740	877	1,024	1,183	1,360	**7,215**	40%
cumulative		*276*	*499*	*914*	*1,416*	*2,031*	*2,772*	*3,648*	*4,673*	*5,855*	*7,215*		

Assumptions:

Access to Existing Housing — 100% long-term homeless or at risk of LT homeless

Production by Capital Development: — 33% long-term homeless or at risk of LT homeless; 67% non-homeless or at risk of homelessness

DEVELOPMENT PROJECTS ARE ASSUMED TO BE INTEGRATED (PEOPLE WITH DISABILITIES AND PEOPLE WITHOUT DISABILITIES)
FOR EVERY DISABLED HOUSEHOLD SERVED, AT LEAST 2 NON-DISABLED HOUSEHOLDS WOULD ALSO BE SERVED.

Units Available through Turnover — 65% for long-term homeless (disabled), based on percentage of existing units targeted to people with disabilities in existing projects (approximate); 35% for non-homeless or at risk of homelessness

Appendix C Projections of Homelessness in Connecticut

In 2001, the Urban Institute issued the results of a national study on the prevalence of homelessness in America and the demographics of the homeless population (Martha Burt, et.al., Helping America's Homeless: Emergency shelter or affordable housing?, The Urban Institute Press, Washington, D.C., 2001.) Their methodology provide a reliable means of projecting the prevalence of homelessness in Connecticut when applied to U.S. Census figures on state population and poverty rate. The figures below are projections developed by the Reaching Home Steering Committee using this national study as a basis.

References such as "(Burt, p43)" means data were drawn from page 43 of *Helping America's Homeless.*

People Homeless within 1 week (point in time) - Estimates from various methods

			Oct	Feb	A Actual count	
B	Rate per 10,000 population (Burt, p43)		20	38		Statewide "actual count" figure includes 3,932 from actual local counts and 3,946 from estimated local figures. There has been no comprehensive statewide count to date.
		pop				
C	CT population 2000 x rate	3,405,565	6,811	12,941	7,878	
D	Multiplier for annual estimate (Burt p47)		5.24	4.15	4.70	
E	Homeless Persons - Annual		35,690	53,706	36,987	
	Alternate approach					
F	% multiplier of people in poverty (Burt p49-50)		6.30%	9.60%		
		people in poverty				
G	CT - people below poverty level x multiplier	259,514	16,349	24,913		
H	Point in time (G/D)		3,120	6,003		
	One out of 10 poor households is					
I	at risk of homelessness (Burt 322) - poverty divided by 10			25,951		
J	Point in time (I/D)		4,953	6,253		

Summary of estimates on point in time homelessness		
6.3% of poverty, divided by 5.24 October multiplier (F)		3,120
10% of poverty, divided by 5.24 October multiplier (K)		4,953
9.6% of poverty, divided by 4.15 Feb multiplier (F)		6,003
10% of poverty, divided by 5.24 Feb multiplier (L)		6,253
CT population times rate per 10,000 (Oct)		6,811
Actual count (A)		7,878
CT population times rate per 10,000 (Feb)		12,941
	average	6,851
	range:	3,000-13,000
K **Estim. Homeless People - point in time**		**7,000**

Summary of estimates on annual number of homeless people	
6.3% of poverty (G)	16,349
9.6% of poverty (G)	24,913
10% of poverty (I)	25,951
CT pop X rate per 10,000 divided by multiplier (oct) (E)	35,690
Actual count divided by ave multiplier (E)	36,987
CT pop X rate per 10,000 divided by multiplier (feb) (E)	53,706
average	32,266
range:	16,000-54,000
L **Estim. Homeless People - annual**	**33,000**

Homeless households - point in time		
Homeless people - point in time (K)		7,000
Children in homeless families (Burt, p 34)	22%	(1,540)
M **Estim. Homeless Households - pt in time**	78%	**5,460**

Homeless Households - annual		
Estimated homeless households - point in time (M)		5,460
multiplier - Oct & Feb (Burt p. 4	4.14	3.36
annual homeless households	22,604	18,346
range:		18,000-23,000
N **Estimated Homeless Households - annual**		**20,000**

Households experiencing long-term homelessness - point in time		
Estimated homeless households - point in time (M)		5,460
Multiplier - 51% (Burt, 7-2-02 - see note at (	51%	2,785
This represents households whose curret spell of homelessness exceeds one year.		
O **Estim. Households Experiencing Long-Term Homelessne**		**2,800**

Households exper. long-term homelessness - 10 years		
Estim. households exper. long-term homelessness (O)		2,800
See note at end **	x 2	5,600
P **Estim. Long Term Homeless Households - 10 years**		**5,600**

Family households experiencing long-term homelessness - point in time		
Estimated homeless households - point in time (M)		5,460
% all homeless households that are famil (Burt p.60)	15%	792
% homeless families that are chronically homeless		
cluster method (burt p. 173)	11%	87
cross-tabulation method (burt p. 173)	28%	222
Q **Family Households - Long-term Homeless - Point in Time**		**220**
10 Years (x 2)		440

People experiencing long-term homelessness - point in time	
Estim. Households Exper. Long-Term Homelessness (O)	2,800
Plus:	
Family Households - Long-term Homeless - Pt in Time (Q) times 2 (average children per family)	440
R **Estim. People experiencing long-term homelessness (point in time)**	**3,240**
10 years (x 2)	6,480

Appendix C

Projections of Homelessness in Connecticut

*** Long-term homeless households (1 yr or more) - point in time**

Burt (7-2-02 telephone meeting) recommends using 51% of estimated currently homeless households to determine percentage experiencing long-term homelessness based on results of her national study.

**** Long-term Homeless households (1 yr or more) - over ten years**

Burt (7-2-02 telephone meeting) recommends that the point in time figure for long-term homeless households be doubled to arrive at a 10 year estimate. The reasons are 1) given the impact of welfare reform, increasing numbers of youth aging out of foster care, increased discharges from prisons as a result of the war on drugs, and the shortage of affordable housing, the numbers of long-term homeless people can be expected to rise over the next several years, and 2) Burt's study looked at histories of homelessness over a five year period only.

Appendix D Connecticut Resources

Connecticut AIDS Residence Coalition
56 Arbor Street
Hartford, CT 06106
Phone: 860-231-8212
www.ctaidshousing.org

Connecticut Coalition to End Homelessness
30 Jordan Lane
Wethersfield, CT 06109
Phone: 860-721-7876
www.cceh.org

Corporation for Supportive Housing
Southern New England Program
129 Church Street, Suite 608
New Haven, CT 06510
Phone: 203-789-0826
www.csh.org
Email: snep@csh.org

Connecticut Housing Coalition
30 Jordan Lane
Wethersfield, CT 06109
Phone: 860-563-2943
www.ct-housing.org

Partnership for Strong Communities
227 Lawrence Street
Hartford, CT 06106
Phone: 860-244-0066
www.ctpartnershiphousing.com
Email: info@ctpartnershiphousing.com

Appendix E Endnotes

[1] See Part 2, "Extent of Need" for full discussion of estimates of homelessness and sources for this data.
[2] Sharon A. Salit, M.A., et.al, "Hospitalization Costs Associated with Homelessness in New York City," New England Journal of Medicine, Vol. 338:1734-1740, #24, June 1998.
[3] Ibid.
[4] Family Housing Fund, *Homelessness and Its Effects on Children*, 1999. Available from Family Housing Fund, www.fhfund.org; and The Better Homes Fund, *America's New Outcasts: Homeless Children*, 1999. Available from Better Homes Fund, 222.tbhf.org.
[5] Dennis P. Culhane, et.al., "The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative," *Housing Policy Debate, a Journal of the Fannie Mae Foundation*, May 2001.
[6] Continuum of Care plans were developed for the following communities in 2003: Bristol, Greater Stamford, Greater Norwalk, Greater Bridgeport, Greater Danbury, Greater Torrington, Hartford, New Britain, New Haven, Middlesex County, and New London County. The State of Connecticut sponsors a continuum of care plan for the balance of the state, in conjunction with the Corporation for Supportive Housing.
[7] Communities with Consolidated Plans in Connecticut are: Bridgeport, Bristol, Danbury, East Hartford, Fairfield, Greenwich, Hamden, Hartford, Manchester, Meriden, Middletown, Milford, New Britain, New Haven, New London, Norwalk, Norwich, Stamford, Stratford, West Hartford, West Haven, Waterbury. The State plan is available through the Department of Economic and Community Development.
[8] Martha Burt, et.al., Helping America's Homeless: Emergency shelter or affordable housing?, The Urban Institute Press, Washington, D.C., 2001.
[9] Connecticut AIDS Residence Coalition Regional Needs Assessment (draft), January 2004. Since many shelters do not ask guests for information regarding their HIV status, and much of the data is self-disclosure, the actual figure is likely to be higher.
[10] Dennis P. Culhane, et.al., "The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative," *Housing Policy Debate, a Journal of the Fannie Mae Foundation*, May 2001.
[11] Approximately 8 percent of chronically homeless households are families. The average family size is 3 persons.
[12]Discussion between Martha Burt of the Urban Institute and the Corporation for Supportive Housing, 6/02, regarding forecasting of Connecticut prevalence estimates.
[13] Ann O'Hara, et.al., Priced Out in 2002, Technical Assistance Collaborative, May 2003, www.tacinc.org.
[14] Communities with actual homeless counts include the following: Danbury area, Hartford, Middletown area, Norwalk area, New London County, Torrington, Windham. See Appendix C for the methodology used to develop estimates of homelessness for the state. This same methodology was used to develop regional estimates.
[15] Supportive Housing Network of New York, "New York Blueprint to End Homelessness in New York City," June 2002.
[16] Source: US Census 2000.
[17] Ann O'Hara, et.al., Priced Out in 2002, Technical Assistance Collaborative, May 2003, www.tacinc.org.
[18] Source: Technical Assistance Collaborative and National Alliance to End Homelessness. See best practices for shortening the time people spend homeless at http://www.endhomelessness.org/best/index.htm..
[19] Results of monthly surveys conducted by the Connecticut Coalition to End Homelessness from October 1, 2001 to February 28, 2002, indicated that at least 30 percent of the adults served in emergency shelters during that period came directly from other State-funded programs (inpatient substance abuse or mental health treatment facilities, prisons, jails, and acute care hospitals) and private acute care hospitals.
[20] Source: National Alliance to End Homelessness. For information on best practices in emergency prevention programs, see www.endhomelessness.org.
[21] The 1,700 units that currently exist include single and scattered site housing. This figure includes 281 units created under the Connecticut Supportive Housing Demonstration Program, 300 units in the first phase of the Supportive Housing Pilots Initiative, and over 1,100 other units created by of nonprofit providers, public housing authorities, and the Connecticut Department of Mental Health and Addiction Services using an array of state, federal, and private financing sources.
[22] University of Pennsylvania, et.al. "Program Evaluation Report: Connecticut Supportive Housing Demonstration Program", 2002.
[23] See Part 5, "Supportive Housing Strategies," for a more detailed discussion of turnover.

[24] U.S. Department of Health and Human Services, Secretary's Work Group on Ending Chronic Homelessness, "Ending Chronic Homelessness: Strategies for Action," March 2003, page 10.
[25] Burt, Martha, et.al. Helping America's Homeless: Emergency Shelter or Affordable Housing? Washington, D.C.: Urban Institute Press, 2001.
[26] Source: "The Uninsured, Health Care Financing, Access and Uncompensated Care – www.osc.state.ct.us/reports/health/hcrpt2/hospitals.htm]
[27] University of Pennsylvania, et.al. "Program Evaluation Report: Connecticut Supportive Housing Demonstration Program", 2002.
[28] Cost of supportive housing: University of Pennsylvania, et.al. "Program Evaluation Report: Connecticut Supportive Housing Demonstration Program", 1999; Cost of typical inpatient hospitalization for patient with HIV/AIDS at Yale New Haven Hospital, 2001.
[29] Tony Proscio, "Supportive Housing and Its Impact on the Public Health Crisis of Homelessness," San Francisco, 2000.
[30] Arthur Andersen, University of Pennsylvania Health System, et.al. "Program Evaluation Report: Connecticut Supportive Housing Demonstration Program", 1999, 2000, 2002. Available from Corporation for Supportive Housing, www.csh.org
[31] Better Homes Fund, *Homeless Children: America's New Outcasts*, 1999. Housing America, *There's No Place Like Home: How America's Housing Crisis Threatens Our Children*, 1999; Family Housing Fund, *Homelessness and Its Effects on Children*, 1999.
[32] Jeremy Travis, Amy Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*, Urban Institute Justice Policy Center, June 2001.
[33] University of Pennsylvania and Corporation for Supportive Housing, *The Impact of NY/NY Housing on Criminal Justice System Involvement among Homeless Persons with Serious Mental Illness*, 2003
[34] Cost of supportive housing: University of Pennsylvania, et.al. "Program Evaluation Report: Connecticut Supportive Housing Demonstration Program", 1999; Cost of incarceration: Office of Legislative Research, 2001.
[35] For more information, contact CSH at 203-789-0826 (New Haven); also see its website, www.csh.org.
[36] Turnover Rates measure how frequently (in one year) units are vacated by one tenant and occupied by another. The average turnover rate statewide for the 9 projects in the CT Supportive Housing Demonstration Program was 16 percent in 2002 and 21.5 percent in 1999. Source: Arthur Andersen, et.al. Program Evaluation Report: Connecticut Supportive Housing Demonstration Program. 1999, 2002. The average turnover for scattered existing housing using Shelter Plus Care tenant-based subsidies is 20 percent. Source: Connecticut Department of Mental Health and Addiction Services.
[37] The Connecticut Supportive Housing Demonstration Program generated over $20 million in corporate investment in nine projects through the National Equity Fund. Projects under the Supportive Housing Pilots Initiative, currently in processing at CHFA, are expected to generate at least $30 million in corporate investment in eleven projects.
[38] Source: U.S. Census 2000
[39] Based on survey of actual supportive housing projects currently in development under the Supportive Housing Pilots Initiative. Development costs in Fairfield County tend to be higher due to high site acquisition costs.