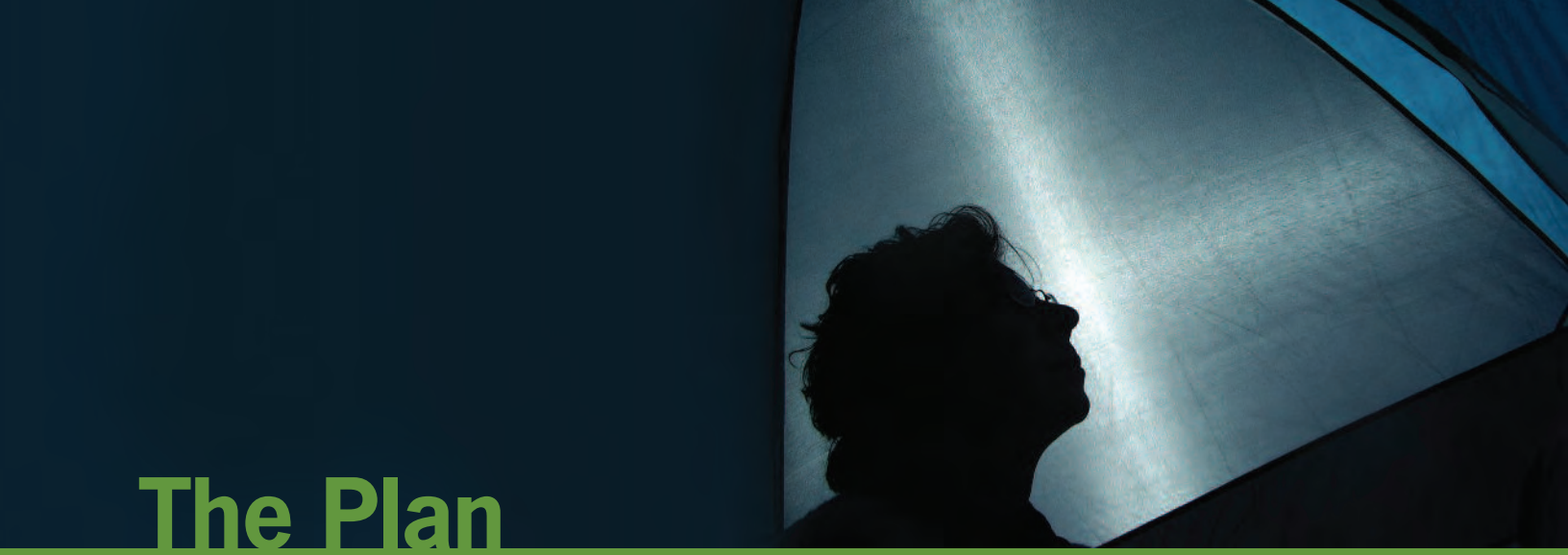

The Plan to End Homelessness in Northwest Connecticut

No one should experience homelessness.
No one should be without a safe, stable place to call home.

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Quoted material that appears below section titles is from "Million Dollar Murray: Why Problems Like Homelessness May Be Easier to Solve Than to Manage," by Malcolm Gladwell, published in the February 13, 2006, issue of The New Yorker.

5 Myths About America's Homeless

PHOTO: CHARLOTTE HUNGERFORD HOSPITAL HOMELESS OUTREACH TEAM

*Dennis P. Culhane, Ph.D., University of Pennsylvania**

Myth #1: Homelessness is usually a long-term condition.

On the contrary: The most common length of time that someone is homeless is one or two days, and half of the people who enter the shelter system will leave within 30 days, never to return.

Long-term homelessness is relatively rare. According to the Department of Housing and Urban Development, about two million people in the United States were homeless at some point in 2009 (meaning they stayed overnight in a shelter or in a place not meant for human habitation). But on any given day, only about 112,000 people fit the federal definition of chronically homeless, which applies to those who have been continuously homeless for a year or more or who are experiencing at least their fourth episode of homelessness in three years.

Nearly all of the long-term homeless have tenuous family ties and some kind of disability, whether it is a drug or alcohol addiction, a mental illness, or a physical disability. While they make up a small share of the homeless population, they are disproportionately costly to society—consuming nearly 60 percent of the resources spent on emergency and transitional shelter for adults, and occupying hospitals and jails at high rates.

Myth #2: Most of the homeless have a severe mental illness.

Because the relatively small number of people living on the streets who suffer from paranoia, delusions, and other mental disorders are very visible, they have come to stand for the entire homeless population—despite the fact that they are in the minority. As a result, many people falsely concluded that an increase in homelessness in the 1980s resulted from the deinstitutionalization of psychiatric care in the 1960s and '70s.

In my own research, I have calculated the rate of severe mental illness among the homeless (including families and children) to be between 13 and 15 percent. Among the much smaller group of single adults who are chronically homeless, however, the rate reaches 30 to 40 percent. For this population, mental illness is clearly a barrier to exiting homelessness.

But depending on a community's resources, having a severe mental illness may, paradoxically, protect against homelessness. Poor people with severe psychiatric disabilities may have more means of support than other people in poverty because they are eligible for a modest federal disability income, Medicaid, and housing and support services designed specifically for them. Not so for the other childless singles—including ex-convicts, people with drug addictions, and the able-bodied unemployed—who make up the majority of the nation's homeless population.

*Dennis P. Culhane. "5 Myths About America's Homeless," The Washington Post (2010): B2-B2. Available at: http://works.bepress.com/dennis_culhane/96.

Myth #3: Homeless people don't work.

According to a 2002 national study by the Urban Institute, about 45 percent of homeless adults had worked in the past 30 days . . .. The number of working homeless would probably be even higher if "off the books" work were included. Whether scavenging for scrap metal or staffing shelters, many homeless people adopt ingenious ways to subsist.

A recent job loss is cited as the second most common contributor to homelessness. In a study my colleagues and I are completing, we observe a steep drop in earned income in the year prior to the onset of homelessness. Interestingly, those people who return to work show a steep recovery in earned income three years after their initial homeless spell. Our preliminary data also suggest that about a third of the chronically homeless eventually end up working, thanks, quite likely, to substance abuse recovery.

Myth #4: Shelters are a humane solution to homelessness.

When homelessness became a national epidemic in the 1980s, reformers responded with emergency shelters that were meant to be temporary havens. But as homelessness became more entrenched, so did shelters: their capacity more than doubled by the late '80s, then again a few years later, and then again by 2000. Along the way, they became institutionalized way stations for lots of poor people with temporary housing crises, including those avoiding family conflicts, leaving prison, or transitioning from substance abuse treatment.

Large shelters are notoriously overcrowded and often unruly places where people experience the ritualized indignities of destitution: long lines for bedding or a squeeze of toothpaste; public showers; theft of their personal belongings; conflict. Many people have voted with their feet, and as a result street homelessness persists.

Shelters may be the final safety net, but that net scrapes perilously close to the ground. To be in a shelter is to be homeless, and the more shelters we build, the more resources we divert from the only real solution to homelessness: permanent housing.

Myth #5: These poor you will always have with you.

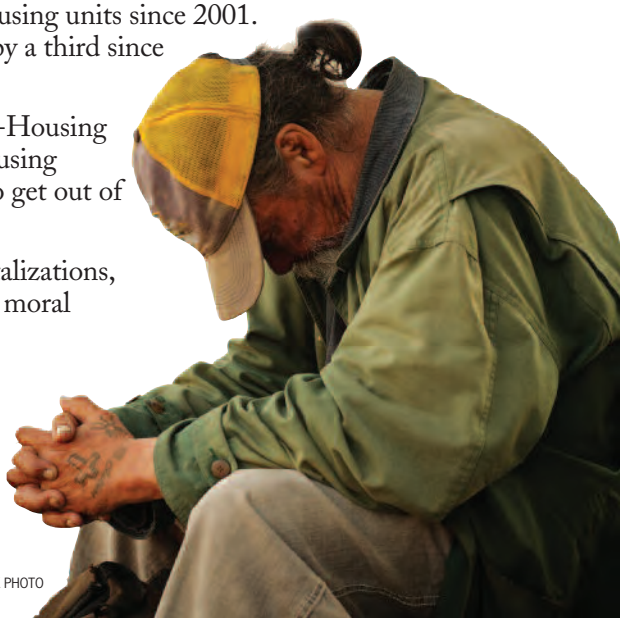
Researchers and policymakers are newly optimistic about the prospect of ending homelessness. For two decades, the goal of our homeless programs was to first treat people for their myriad afflictions (substance abuse, say, or illness) and hope that this would lead them out of homelessness. Now, the attention has shifted to the endgame: get people back into housing as quickly as possible, the new thinking goes, and the treatment for everything else can quickly follow—and with greater benefits.

People who haven't had a private residence in years have succeeded in these new "housing first" programs, which place the homeless directly into their own housing units, bypassing shelters. Rent is subsidized, and services are provided to help these tenants maintain their housing and be good neighbors.

According to HUD, the government has funded more than 70,000 such housing units since 2001. Meanwhile, the number of chronically homeless nationwide has decreased by a third since 2005, to 112,000.

The Obama Administration's new Homelessness Prevention and Rapid Re-Housing program takes a similar approach, giving people experiencing temporary housing crises modest cash and service support, allowing them to avoid shelters or to get out of them more quickly.

The cost of these programs is partly offset by reductions in expensive hospitalizations, arrests, and shelter stays by the chronically homeless—to say nothing of the moral victory a society can claim in caring for its most vulnerable.



MORGUEFILE STOCK PHOTO

A MESSAGE FROM THE CO-CHAIRS

Dear Friends,

No one should be without a place to call home.

The face of homelessness in northwest Connecticut is often invisible. Our homeless population does not present itself in the same way as homelessness in larger urban environments. With shelters often filled to capacity, desperate individuals and families double and triple up in one-bedroom apartments or manage to survive in garages, tents or cars. Many may be able to stay at a friend's home tonight but have no idea where they will sleep tomorrow. Understandably, the absence of overtly visible signs of homelessness on our streets leads to a widespread misconception that it doesn't exist in our most affluent Northwest Corner towns. Evidence suggests otherwise, and a recent study of homeless individuals in our region indicates that at least seventy-five percent grew up in a local community and currently call northwest Connecticut home.

The Plan to End Homelessness in Northwest Connecticut outlined in the following pages is based on years of research and work by a host of communities around the country that embody best practices and proven results in homelessness prevention, housing, employment, and clinical and life-skill services. The goal of the Plan is to achieve outcomes that are measurable, cost-effective and systemic. Its focus is the cumulative impact of strategic undertakings that cannot be achieved by individuals, groups of individuals or individual organizations. In addition, the Plan is not a duplication of present efforts. It is a call to innovation that moves the work of like-minded people toward an integrated community-wide collaboration with clearly identified objectives.

This Plan would not be possible without the commitment of a large number of compassionate and determined community leaders and service providers, who have offered their time and expertise toward its development. We would like to acknowledge their contributions and commitment, and extend our heartfelt thanks to them for answering the call to action. To be successful, however, the Plan must be embraced universally: by local and state officials, the business community, human services providers, the private sector, philanthropic organizations and individuals, faith-based entities and our citizenry.

We encourage you to read the Plan and join this assemblage of uniquely talented and skilled community stakeholders, along with your colleagues and friends, in helping to turn the vision of a home for everyone in northwest Connecticut into a reality we can all be proud of. Together, we can put an end to homelessness in our region.

Nancy Cannavo

Guy Rovezzi

In June 2010, the United States Interagency Council on Homelessness (USICH) issued *Opening Doors,* the first comprehensive plan to prevent and end homelessness. *Opening Doors* provides a road map for joint action by 19 federal agencies, and their local and state partners, to align housing and an array of services to prevent Americans from experiencing homelessness.

The federal government has asked that community plans to end homelessness outline strategies for working toward the following outcomes:

- Finish the job of ending chronic homelessness in five years;
- Prevent and end homelessness among veterans in five years;
- Prevent and end homelessness for families, youth, and children in 10 years;
- Establish a path toward ending all types of homelessness.

Following the release of *Opening Doors,* a similar framework was created by the State of Connecticut. *Opening Doors – CT* is guided by the following key principles:

- Stable housing is the foundation.
- What happens at the ground level matters.
- Collaboration is fundamental to our success.
- Strategies and solutions must be geared in a way that puts the person or family facing homelessness at the center.
- Strategies must be implementable, user friendly, cost effective, and scalable.

*Reaching Hom*e is a campaign launched in 2004 by a statewide steering committee to build the political and civic will to prevent and end homelessness in Connecticut by creating 10,000 units of supportive housing. *Reaching Home* embraces the following core values:

- Homelessness is unacceptable. It is solvable and preventable.
- There are no "homeless people," but rather people who have lost their homes and, therefore, deserve to be treated with dignity and respect.
- Homelessness is expensive. Invest in solutions.

Many of the key principals and values referenced above have been incorporated into *The Plan to End Homelessness in Northwest Connecticut* (the Plan).

Upon unveiling the 2009 Annual Homeless Assessment Report to Congress in June 2010, former HUD Assistant Secretary Mercedes Márquez commented, "In 2009, there was real evidence that the economic downturn was impacting the housing stability of low-income and vulnerable people." The 2009 report indicated that individual homelessness decreased in the United States in 2009, but family homelessness had increased for the second straight year. Unfortunately, that observation proved prescient when compared to the results of the 2010 national Point-in-Time Count: ***almost half of the people living in shelters on January 27, 2010, had never experienced homelessness before.***

Source: www.streetsense.org, June 16, 2010.

Homelessness in Connecticut

More than 33,000 people, including 13,000 children, experience homelessness over the course of a year in Connecticut. The statewide data from the 2010 Point-in-Time Count estimated that at a single point in time, close to 4,000 people were homeless in Connecticut.

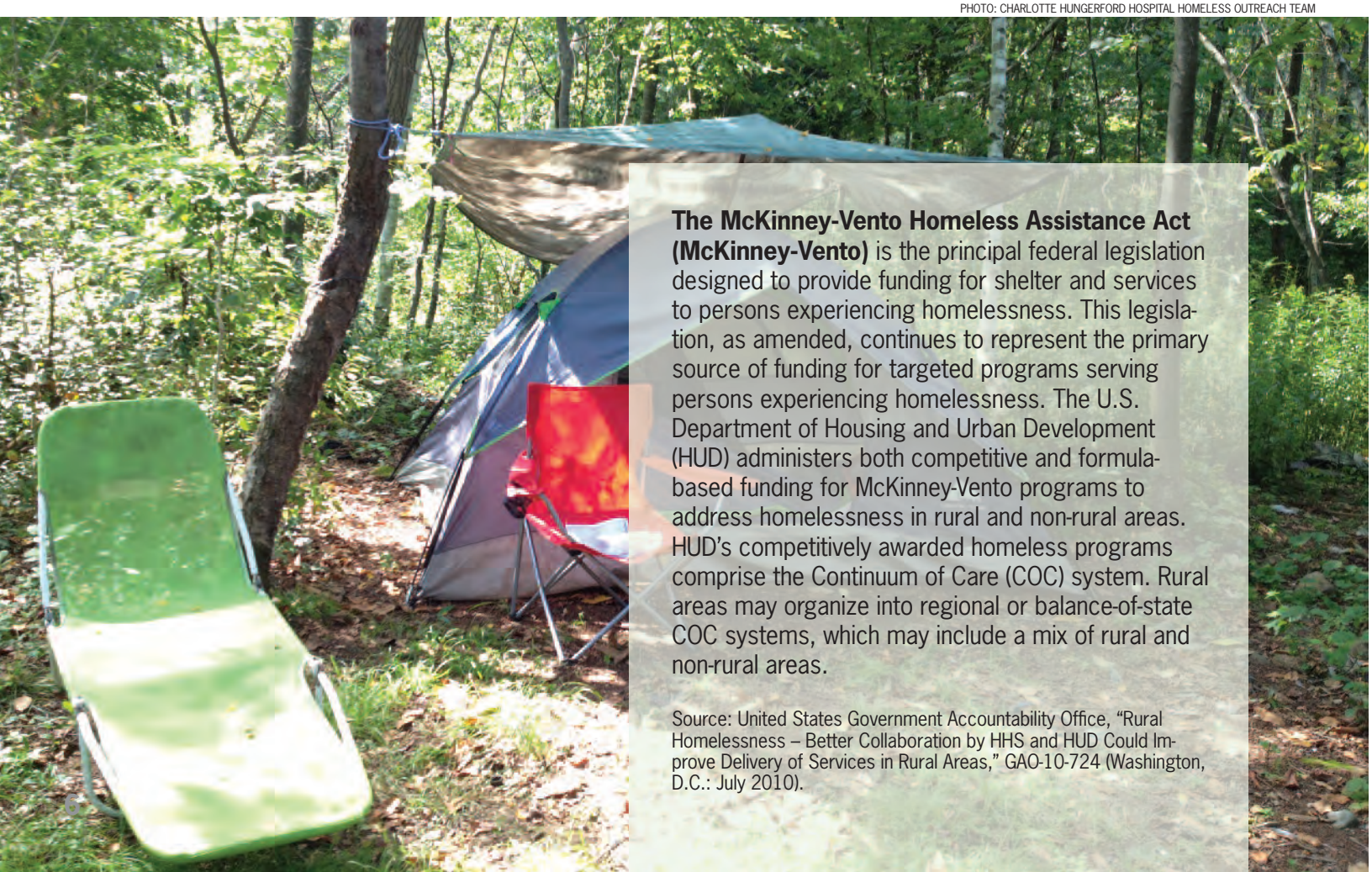
For the majority of those who experience homelessness—about 80 percent—it is a once-in-a-lifetime event. For these households, homelessness is often brought on by a sudden loss of income or other destabilizing event in their lives such as a divorce or a serious illness.

About 10 percent of the homeless population is considered "episodically homeless," meaning that they experience repeated episodes of homelessness. While they do not live in the emergency system like the chronically homeless population, episodically homeless individuals and families frequently use emergency shelters and services for short periods of time.

The chronically homeless make up about 10 percent of the homeless population. According to statewide data from the 2010 Point-in-Time Count, they are the most intense users of emergency shelters and services. And they often have chronic conditions such as mental illness, substance abuse, or a physical disability that make it difficult to stay housed or maintain employment, making them the single most expensive segment of the homeless population.

Source: "What We Know About Homelessness," The Partnership for Strong Communities, www.pschousing.org/what-we-know-about-homelessness.

PHOTO: CHARLOTTE HUNGERFORD HOSPITAL HOMELESS OUTREACH TEAM



The McKinney-Vento Homeless Assistance Act (McKinney-Vento) is the principal federal legislation designed to provide funding for shelter and services to persons experiencing homelessness. This legislation, as amended, continues to represent the primary source of funding for targeted programs serving persons experiencing homelessness. The U.S. Department of Housing and Urban Development (HUD) administers both competitive and formula-based funding for McKinney-Vento programs to address homelessness in rural and non-rural areas. HUD's competitively awarded homeless programs comprise the Continuum of Care (COC) system. Rural areas may organize into regional or balance-of-state COC systems, which may include a mix of rural and non-rural areas.

Source: United States Government Accountability Office, "Rural Homelessness – Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas," GAO-10-724 (Washington, D.C.: July 2010).

Homelessness in Connecticut's Northwest Corner

A continuum of care (COC) is a coordinated, comprehensive and strategic organizational structure mandated by HUD to receive homeless assistance funding. Within each COC, community service providers, public housing authorities, non-profit organizations, and local and state governments form a consortium to address local homelessness and housing issues. The Northwest Corner of Connecticut falls within a COC known as New Beginnings of Northwest Hills Litchfield County, which conducts its annual count of the homeless in Litchfield County.

Raw data for Northwest Corner towns were made available for analysis. The 2011 Point-in-Time Count was conducted during the last week of January 2011.

A review of the 156 sheltered and unsheltered individuals in the Northwest Corner in 2011 revealed the following predominant characteristics:
White
Male
High school education
Unemployed
Lived for less than one year in his prior living situation
Substance abuse problem
Past or present involvement with criminal justice system

156

Approximately 75 percent of homeless individuals in the Northwest Corner in 2011 were from Northwest Corner towns—an indication that most continue to remain close to "home."

Of those in shelters, approximately half were female (20 out of 44), and of that group, 11 sheltered females had a total of 20 children with them.

None of the homeless men, whether sheltered or unsheltered, had children with them. However, this fact from the 2011 Point in Time Count cannot be asssumed about all homeless men. There are now two families composed of single fathers with children at the FISH shelter in Torrington.

The Northwest Corner has a higher percentage of chronically homeless individuals (30 percent) than the state average (about 10 percent). A total of 47 individuals reported having been homeless four or more times in the previous three years, which meets the criteria to be considered chronically homeless.

Just under half (47 percent) of the homeless population in the Northwest Corner in 2011 had been living doubled-up with family or friends. A total of 73 individuals reported that their homelessness was due to their inability to continue living with family or friends.

GOALS FOR THE FOUR PROGRAM SECTIONS INCLUDE:

Housing

- **Goal 1** Increase the number of supportive housing units for those experiencing chronic homelessness and ensure the preservation of those units.
- **Goal 2** Increase the number of subsidized housing units available to those experiencing non-chronic homelessness and ensure the preservation of those units.
- **Goal 3** The Litchfield County Continuum of Care (COC) will increase the number of housing units available to those experiencing homelessness by increasing the number of grants applied for and awarded.
- **Goal 4** All supportive housing must be accompanied by ongoing case-management services based on need.
- **Goal 5** Eliminate the barriers to, and provide incentives for, the development of affordable and supportive housing.

Services

- **Goal 1** Ensure that the system of care facilitates the initial and continued engagement of people experiencing homelessness in all its forms (i.e., crisis, episodic, and chronic) and includes the following populations: chronically homeless individuals, families, veterans, children, and unaccompanied youth.
- **Goal 2** Collaborate with existing organizations to create a paid position for a coordinator to provide access to an integrated, seamless service-delivery system for the homeless.
- **Goal 3** Ensure that everyone in the Northwest Corner experiencing homelessness has access to comprehensive health, dental, behavioral health, developmental, and academic support services based on each client's specific needs.
- **Goal 4** Increase public awareness of the Plan.

Income/ Employment

- **Goal 1** Build a seamless, integrated system for people experiencing homelessness to access mainstream employment services that are linked to homeless service providers, workforce development, and the mainstream service system.
- **Goal 2** Increase access to higher education opportunities for individuals experiencing homelessness.
- **Goal 3** Through advocacy and training, utilize existing resources to ensure that daily impediments to employment are removed.
- **Goal 4** Ensure that accessible transportation options are available to individuals who are homeless to enable them to obtain and retain employment.
- **Goal 5** Increase and expand strategies for individuals experiencing homelessness who become employed to retain and maintain employment.
- **Goal 6** Ensure that all individuals and families experiencing homelessness will access the income and entitlements for which they are eligible.

Prevention

- **Goal 1** Establish flexible, immediately accessible, and sufficient funds in a coordinated region-wide pool to address factors that put individuals and families at risk of homelessness.
- **Goal 2** Engage in a public-education initiative to make existing resources widely known among residents, community-based case managers, and communities in the Northwest Corner.
- **Goal 3** Create appropriate financial supports to stabilize low-income families.
- **Goal 4** Eliminate financial illiteracy and increase understanding of housing law.
- **Goal 5** Create a means to review data from a number of sources in order to identify the most critical services and those that are under-funded so that funds and services may be reallocated accordingly.
- **Goal 6** Strengthen landlord/tenant relationships.

The Plan is the result of a focused collaboration among many committed individuals and organizations from the private and public sectors dedicated to improving the lives of all residents including those experiencing homelessness. Success stories from across the nation illustrating the outcome of best practices and innovative ideas demonstrate that it is possible to succeed in this endeavor.

The USICH along with countless other public and private agencies provide a wealth of inspirational and innovative ideas for meeting the challenge of ending homelessness in the Northwest Corner. It is critical that the collaboration continues and that partnerships are created among those agencies and individuals committed to providing a safe and stable place to call home. True systemic change fueled by continued collaboration and cooperation will provide the key to ending homelessness in Connecticut's Northwest Corner.

The Northwest Corner Rural Homelessness

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The Northwest Corner of Connecticut is distinctly rural. Comprised primarily of small towns with charming greens and historic architecture, it is hard to believe that there are individuals experiencing homelessness within these communities. Rural homelessness has many of the same root causes as its more visible counterpart, urban homelessness, such as poverty, inadequate housing, domestic violence, mental illness, and the invisible injuries of combat.
Source: USICH e-news, July 31, 2012.

Northwest Corner Towns:
Barkhamsted
Bethlehem
Canaan/Falls Village
Colebrook
Cornwall
Goshen
Hartland
Harwinton
Kent
Litchfield
Morris
New Hartford
Norfolk
North Canaan
Salisbury
Sharon
Torrington
Warren
Washington
Winchester/Winsted

Despite the many commonalities with urban homelessness, rural homelessness has its own distinct character. USICH Deputy Director Jennifer Ho offered these observations based on her experience serving rural areas: "While the causes of homelessness in rural areas may be the same as those in urban areas, the solutions to homelessness need to take into account the rural landscape. Technology is not the given it has become in urban areas. Cell phones and Internet access are not necessarily readily available or reliable. Transportation is a major issue as individuals may live far from services. Service providers and communities need to develop creative partnerships to ensure that services are accessible to clients who are spread out and to ensure disparate resources can be pooled to improve affordable and permanent supportive housing options. It is just as important to set numeric targets and measure your results in rural areas as it is in urban areas, but counting the homeless may be more difficult in rural areas and requires a different process than what happens in big cities."
Source: USICH e-news, July 31, 2012.

There are a number of challenges unique to rural areas:

- Many rural areas have no shelters, and homeless individuals often live outside, in abandoned buildings or in cars. Doubling up is common, as it is in urban areas.
- There is often no particular person or agency that is an easy fit for the task of developing and monitoring the implementation of a plan to end homelessness. This role may fall to a particular county official, a faith or business leader, an educational or charitable institution, or an influential volunteer.
- Coordination will be particularly important between the numerous individuals, organizations, and agencies that address homelessness as part of their job duties.
- Progress will require the participation of mainstream anti-poverty agencies and programs such as the State of Connecticut Department of Mental Health and Addiction Services, and Temporary Assistance to Needy Families (TANF).
- A range of housing options and strategies will need to be considered with the help of experts in housing development. Typical urban apartment buildings are extremely few and far between in rural areas, and likely would not conform to many towns' planning and zoning regulations.
- Working with the state government will be particularly important. Many of the federal resources designed for rural areas are administered through the state.

Source: "The Challenges of Ending Homelessness in Rural America," by Steve Berg, About Homelessness blog entry for The National Alliance to End Homeless, October 12, 2012.

NORTHWEST CORNER DEMOGRAPHICS

Source: Connecticut Economic Resource Center, Inc., Town Profiles, July 2012, unless otherwise noted.

Population (2011): 107,709

Number of Households (2011): 45,371

Northwest Corner Population per square mile: 151 (one person for every 4.3 acres)
State of Connecticut Population per square mile: 721 (one person per acre)

Race/Ethnicity (2011):

	NW Corner		State of CT
White	100,623	93%	78%
Black	1,552	1%	10%
Asian Pacific	1,437	1%	4%
Native American	200	0.8%	0.3%
Other/Multi-Race	3,627	3%	8%
Hispanic (any race)	5,548	5%	14%

Northwest Corner Median Household Income (2011): $80,591

State of Connecticut Median Household Income (2011): $70,705

Northwest Corner Town-by-Town Median Incomes (2011):

North Canaan	$45,549
Torrington	$49,700
Canaan	$55,200
Winchester	$58,962
Salisbury	$65,908
Washington	$66,016
Kent	$69,351
Morris	$77,256
Colebrook	$77,703
Bethlehem	$80,566
Sharon	$80,615
Litchfield	$80,984
New Hartford	$81,062
Goshen	$83,199
Cornwall	$85,834
Hartland	$90,294
Harwinton	$90,326
Barkhamsted	$92,332
Warren	$92,500
Norfolk	$92,891

Northwest Corner Unemployment Rate (2011): 7.3%

State of Connecticut Unemployment Rate (2011): 8.9%

Northwest Corner Poverty Rate (2010): 5.3%
State of Connecticut Poverty Rate (2010): 9.2%

Number of Veterans in Litchfield County: 14,581
Projection as of 9/30/12, www.va.gov/vetdata/Veteran_Population.asp.

Domestic Violence:
State of Connecticut (2011):
758 victims served in one day

262 domestic violence victims found refuge in emergency shelters or transitional housing

496 adults and children received non-residential assistance and services including individual counseling, legal advocacy, and children's support groups

86 percent of unmet requests were for housing

Source: 2011 Domestic Violence Counts: A 24-Hour Census of Domestic Violence Shelters and Services, 2011 Connecticut Summary.

From 1994 to 2010, approximately 4 out of 5 victims of intimate partner violence were female.

The Susan B. Anthony Project, in Torrington, reported a **31.7 percent increase** in the number of women and children in its shelter and transitional housing programs from 2011 to 2012:

July 1, 2010 – June 30, 2011:
65 women and 61 children

July 1, 2011 – June 30, 2012:
85 women and 81 children

Females living in households comprised of one female adult with children experienced 10 times more intimate partner violence than households with married adults with children and 6 times more than households with one female only.

Source: "Intimate Partner Violence," by Shannan M. Catalano, Ph.D., November 27, 2012, NCJ 239203, Office of Justice Programs - Bureau of Justice Statistics, U.S. Department of Justice, http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=4536.

Northwest Corner Students Eligible for Free-/Reduced-Price Lunch (2010-2011): 20.1 percent*

State of Connecticut Students Eligible for Free-/Reduced-Price Lunch (2010-2011): 34.4 percent

Source: State of Connecticut Department of Education, Connecticut Education Data and Research, www.state.ct.us/sde/.

* This percentage is based on the number of families who completed the free-/reduced-price lunch eligibility application that is distributed to all students at the beginning of each school year. The reported percentage is slightly overstated because the middle and high schools in Regions 10, 12, and 14 contain students from towns not considered part of the Northwest Corner. If all middle and high school students from those educational institutions were excluded from the calculation, including those in Northwest Corner towns, the percentage decreases by approximately 1 percent to 18.9 percent. It is possible also that the number is somewhat understated because there is anecdotal evidence that not all families who are eligible submit the application.

Northwest Corner Schools with 45 Percent or More of Students Eligible for Free-/Reduced-Price Lunch (2010-2011):

Vogel-Wetmore, Torrington (73.6 percent)
Southwest School, Torrington (58.5 percent)
Forbes School, Torrington (54.8 percent)
Pearson Middle School, Winsted (46.4 percent)
Explorations (Charter School), Winsted (45 percent)

Number of Northwest Corner English Language Learners (ELL): 406
Torrington schools enroll over 75 percent of ELL students.

Primary language of Northwest Corner ELL students:

Albanian, Bangla, Bengali, Chinese, Chuukese, Czech, Farsi, Filipino, German, Greek, Gujarati, Hindi, Hungarian, Italian, Khmer (Cambodian), Lao, Lithuanian, Malay (Indonesian), Mandarin, Polish, Portugese, Russian, Serbo-Croatian, Spanish, Tagalog, Telugu, Thai, Tibetan, Twi/Fante, Ukranian, Vietnamese

MORGUEFILE STOCK PHOTO

Four-Year Northwest Corner High School Graduation Rates (2010)

Source: CT State Department of Education.

	Graduates	Non-Graduates		
	District 4-Year Graduation Rate	Still Enrolled	Non-Completers (Certificate of Attendance)	Other
Explorations (charter)	66.7%	20.8%	0%	12.5%
Torrington	77.6%	8.7%	0%	13.7%
Regional District 12	82.2%	2.2%	0%	15.6%
Regional District 1	83.8%	4.5%	0%	11.7%
Gilbert (Winchester)	88.0%	3.4%	0%	8.5%
Regional District 6	88.2%	2.4%	1.2%	8.2%
Regional District 10	91.5%	2.8%	0%	5.7%
Regional District 14	93.3%	1.4%	0%	5.3%
CT Tech (Oliver Wolcott)	93.3%	0.5%	0%	6.2%
Litchfield	93.8%	1.8%	0%	4.4%
Regional District 7	93.9%	3.6%	0%	2.6%

4-Year Graduation Rate: Percentage of students who received a standard diploma within four years, including early and summer graduates.

Still Enrolled: Students still in school after four years.

Other: Includes students who dropped out and those enrolled in a GED program, as well as those who transferred to post-secondary education or who have an unknown status.

Special Education students who are still in school after four years but who subsequently graduated are not counted due to Individuals with Disabilities Education Act restrictions.

Region 1: Canaan/Falls Village, Cornwall, Kent, North Canaan, Salisbury, Sharon
Region 6: Goshen, Morris, Warren
Region 7: Barkhamsted, Colebrook, Norfolk, New Hartford
Region 10: Harwinton (and Burlington, not considered a Northwest Corner town)
Region 12: Washington (and Bridgewater and Roxbury, not considered Northwest Corner towns)
Region 14: Bethlehem (and Woodbury, not considered a Northwest Corner town)
Hartland students are sent via tuition arrangement to Region 7, Granby, or Oliver Wolcott Technical School.

Education Level of Individuals in Northwest Corner Aged 25 or Older (2011)

High School graduate	23,533
Some college	21,020
Bachelor's degree or higher	23,884

The following four towns have fewer college graduates than high school graduates:

North Canaan
Sharon
Torrington
Winchester

Three of the four towns listed above also have the highest reported poverty rate among Northwest Corner towns.

MORGUEFILE STOCK PHOTO

Northwest Corner Housing/Real Estate:

Total Housing Stock (existing units in 2009): 50,442
Total Owner-Occupied Dwellings (2009): 29,111 or 57 percent of existing housing stock
Total Units of Subsidized Housing (2008): 3,075 or 6 percent of existing housing stock

It is not surprising to find a lack of public awareness of the problem of homelessness in this area. The Northwest Corner appears to be predominantly white, educated, experiencing poverty at about half the state average, and living in a lightly populated area with an adequate amount of housing (1.1 units of housing stock per household).

However, an important clue to the actual problem is contained in the number of students eligible for free- or reduced-price lunch. ***About 20 percent (1 in 5 students) is eligible for free- or reduced-price lunch.*** This one statistic, combined with the following housing data, hints at the very precarious financial situation of a sizeable number of Northwest Corner residents:

Connecticut's overall monthly housing cost for both owners and renters is the 6th highest in the nation according to census data.
Source: Partnership for Strong Communities, HousingInCt2012: The Latest Measures of Affordability, October 2012.

Connecticut's rental prices are the 6th highest in the nation according to the National Low-Income Housing Coalition. In order to spend less than 30 percent of his or her income on housing, a renter must earn $23.58 an hour, or $49,000 a year, to rent a typical two-bedroom apartment in Connecticut. In 2004, a renter needed to earn only $29,000 annually to rent the same two-bedroom apartment and spend less than 30 percent of his or her income on housing.
Source: Partnership for Strong Communities, HousingInCt2012: The Latest Measures of Affordability, October 2012.

Connecticut's Minimum Wage:
$8.25* per hour = $17,160 per year
(40 hours per week for 52 weeks)

*In May 2013, the CT State Senate and House of Representatives voted to increase the state minimum wage to $8.70, effective January 1, 2014, and to $9.00, effective January 1, 2015.

Federal Minimum Wage:
$7.25 per hour = $15,080 per year
(40 hours per week for 52 weeks)

Federal Poverty Guidelines (upper limit)
Very Poor = $10,830 for one adult
$22,050 for two adults and two children

Poor = $21,660 for one adult
$44,100 for two adults and two children

Connecticut's median home value is the 8th highest in the nation according to the U.S. Census Bureau. In 2011, the median home sale price in the Northwest Corner was $314,250. Assuming a 10 percent down payment ($31,425) and a 4 percent fixed-rate, 30-year mortgage, homeowners would have a monthly principal and interest payment of $1,350—which means that a homeowner would need to earn $25.96 an hour, or $54,000 a year, just to pay principal and interest and not exceed 30 percent of his or her gross income. In more practical terms, an even higher hourly wage would be required in order to afford the above-mentioned payment, plus taxes and insurance, and not exceed 30 percent of the homeowner's gross income for housing costs.
Source: Partnership for Strong Communities, HousingInCt2012: The Latest Measures of Affordability, October 2012.

We found a very alarming statistic when we compared the percentage of elementary school students who were eligible for free- or reduced-price lunch with their resident town's stated poverty rate. In all but one Northwest Corner town, the percentage of elementary school students eligible for free- or reduced-price lunch was 2 to 7 times higher than their town's stated poverty rate.

Families with children are suffering disproportionately to other residents. The relatively low poverty rate reported for most Northwest Corner towns masks the real level of poverty and obscures the fact that many families and individuals are at serious risk of homelessness due to economic stress and instability. Families with income derived from multiple low-wage jobs or government assistance programs often have to sacrifice one or more of the necessities of living each month (e.g., rent/mortgage, food, utilities, medical care).

Poverty Rates and Free-/Reduced-Price Lunch in Northwest Corner

	Reported Town Poverty Rate	Percentage of Elementary Students Eligible for Free-/Reduced-Price Lunch
Barkhamsted	1.0%	7.0%
Bethlehem	2.0%	6.9%
Canaan / Falls Village	5.8%	9.3%
Colebrook	3.6%	14.3%
Cornwall	5.7%	11.3%
Goshen	2.5%	15.6%
Hartland	0.3%	2.7%
Harwinton	5.9%	2.1%
Kent	7.8%	12.9%
Litchfield	4.1%	11.7%
Morris	4.9%	15.5%
New Hartford	2.9%	5.8%
Norfolk	3.1%	7.5%
North Canaan	13.6%	24.2%
Salisbury	6.9%	10.3%
Sharon	8.6%	18.8%
Torrington	11.3%	47.0%
Warren	4.9%	9.7%
Washington	3.5%	11.1%
Winchester/Winsted	8.1%	38.3%

Populations Particularly at Risk

PHOTO: CHARLOTTE HUNGERFORD HOSPITAL HOMELESS OUTREACH TEAM

Young adults "aging out" of foster care and the child welfare system are highly vulnerable and at risk of homelessness. Without family or friends to provide support and financial help, they often face considerable challenges and have difficulty finding stable housing and employment.[+] Young adults also are at a high risk of victimization. According to the federally funded National Runaway Switchboard, 5,000 unaccompanied youths die each year from assault, illness, or suicide. In addition, there is evidence that children or youths who experience homelessness are more likely to experience extreme poverty and homelessness as an adult.

Source: www.ncdsv.org, "Questions and Answers About Expanding HUD's Definition of Homelessness."
[+]Source: Partnership for Strong Communities, www.pschousing.org/what-we-know-about-homelessness.

Young Adults in the Northwest Corner (2011):
19 - 25 year olds comprised **19 percent** of sheltered and unsheltered individuals.

Veterans are more likely to experience homelessness compared to the overall population. Studies show that 26 percent of homeless individuals are veterans, while veterans make up only 11 percent of the total population over the age of 18. About 45 percent of homeless veterans suffer from mental illness, and approximately 70 percent have substance abuse problems.

Source: Partnership for Strong Communities, www.pschousing.org/what-we-know-about-homelessness.

Northwest Corner Veterans (2011):
Veterans comprised **7 percent** of sheltered and unsheltered individuals.

Violence against women is a principal cause of women's homelessness. Factors that significantly increase a woman's risk of homelessness include inadequate housing and shelter options, evictions, discrimination, and poverty. Many women remain in an abusive relationship because of these risk factors. Some survivors and their families become homeless when they flee abuse; others become homeless when they are denied alternate housing, are wrongfully evicted from their current housing as a result of the violence against them, or cannot find an available shelter with space. Domestic violence programs in Connecticut receive minimal funding. The average program receives only $30 per victim, per day to provide emergency shelter and support services. Given that victims of domestic violence require assistance 24 hours a day, 7 days a week, $30 is woefully inadequate.

Source: National Law Center on Homelessness & Poverty, "Some Facts on Homelessness, Housing, and Violence Against Women."

Domestic Violence in the Northwest Corner (2011):
Domestic violence accounted for **19 percent** of sheltered and unsheltered individuals experiencing homelessness.

Slightly **more than one-third** of the total number of surveyed individuals reported having experienced abuse.

Those re-entering society from governmental institutions or systems are at risk of homelessness. This group includes ex-offenders re-entering society from prison who may find it difficult to attain work because of their criminal records, as well as many individuals released from state psychiatric hospitals during the deinstitutionalization process.

Source: Partnership for Strong Communities, www.pschousing.org/what-we-know-about-homelessness.

Crime in the Northwest Corner (2011):
71 percent of sheltered and unsheltered individuals reported past and/or present involvement with the criminal justice system.

In general, those with **substance abuse issues or mental illness** are over-represented in the long-term homeless population. Many of these individuals experience long-term homelessness due to multiple chronic conditions and cannot find space in a supportive housing program. Individuals with physical and other chronic illnesses, including AIDS/HIV, are at risk of homelessness.

Source: Partnership for Strong Communities, www.pschousing.org/what-we-know-about-homelessness.

Mental Health/Substance Abuse in the Northwest Corner (2011):
A mental health condition contributed to **31 percent** of sheltered and unsheltered individuals who experienced homelessness.

45 percent of sheltered and unsheltered individuals reported their prior living situation as being a substance abuse facility.

Substance abuse was common to **82 percent** of sheltered and unsheltered individuals who experienced homelessness.

Those who cannot work and rely on Supplemental Security Income (SSI) as their sole source of income find that the cost of renting a single-bedroom apartment in Connecticut often exceeds their SSI payments.[+] As the disparity between SSI payments and average rental rates increases, people will be forced to use an unacceptably high percentage of their income for housing, which in turn increases their risk of homelessness.

[+]Source: Partnership for Strong Communities, www.pschousing.org/what-we-know-about-homelessness.

Unemployment in the Northwest Corner (2011):
71 percent of sheltered and unsheltered individuals reported being unemployed.

Current income sources were reported as:
- Earned Income (21 percent)
- TANF (29 percent)
- Disability (12 percent)
- SAGA (21 percent)
- Unemployment (3 percent)

Expenses exceeded income for **43 percent** of individuals.

My name is Carmen Gianni, Jr., and I'm 50 years old. After 20 years of doing drugs, I had a "calling" to enter rehabilitation. My final step in rehab was moving into the FISH shelter, which gave me back my life. I have had the honor and privilege to be a resident of the FISH veteran's program in Torrington for approximately 18 months. Since I entered the shelter, my caseworker and other agency staff have helped me get my life back in order. While at FISH, I have accomplished many goals with the help of my caseworker, who connected me to VA services. I now have a housing voucher through the Continuum of Care's Supportive Housing Program (Western Connecticut Mental Health Network-Torrington's WHO (Western Housing Options)). I will be moving into my own apartment within the next couple of weeks after a long, hard journey. I am grateful that I have had the chance to be in the veteran's program at FISH. And I advise anyone who is down on their luck and has become homeless to inquire about entering the FISH veteran's program, because they offer the best—loving, caring and supportive—program for homeless veterans. Because of the FISH veteran's program, I am who I am today and will be able to move into permanent housing.

Carmen moved into an apartment on May 8, 2013. He marched in Winsted's Memorial Day parade alongside other veterans who have benefitted from the program at FISH.

Western Connecticut Mental Health Network-Torrington, operates under the umbrella of the Western Connecticut Mental Health Network, and is responsible for the clinical, fiscal and administrative oversight of state-operated and contracted agencies providing mental health services in the northwest corner of Connecticut.

My name is James Nelson. I'm a 63-year-old veteran who served in Peru from July 1968 through March 1972 and spent two years in Vietnam. After being discharged from the service, I had severe PTSD [post-traumatic stress disorder] and received treatment. I entered the veteran's program at FISH in October 2010. With the help of my caseworker, I was able to connect with VA services and employment opportunities. My primary goal initially was to find stable housing. My caseworker at FISH helped me apply for HUD-VASH housing. Fortunately, I was approved. Through the FISH veteran's program, I was able to maintain sobriety and obtain veteran's benefits, employment opportunities, and stable housing. I remain very grateful to FISH and their caring staff.

HUD-VASH is a HUD-funded Veterans Administration Supportive Housing program.

Carmen and James were assisted by the "Life for Vets" program, a VA-supported transitional-housing program offered by FISH to assist homeless and at-risk veterans.

FISH (Friends In Service to Humanity, Northwest CT) operates a homeless shelter in Torrington and provides a full array of services to economically disadvantaged citizens of Litchfield County and surrounding areas. Working in conjunction with statewide coalitions to end homelessness and hunger, the Litchfield County Continuum of Care, and the Torrington Area Council of Churches, FISH coordinates services with each town to ensure that needs are met equitably and efficiently.

PHOTOS BY DEIDRE DICARA COURTESY OF FISH

The Cost of Homelessness

MORGUEFILE STOCK PHOTO

"It cost us one million dollars not to do something about Murray."

Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses add up quickly, making homelessness extremely expensive for municipalities and taxpayers. Of individuals experiencing homelessness, a small subset uses an array of costly services.

Source: National Alliance to End Homelessness, Cost of Homelessness.

Which systems actually touch at-risk and homeless families?

System	Relevance
Prevention	Keeping families housed
Crisis response	Shelter
Affordable housing	A home
Transportation	Mobility
Income supports (e.g., TANF)	Financial supports
Food security	Nutrition
Schools	Education
Workforce training and job-skill development	Employment
Child welfare	Safety and support
Domestic violence	Safety and support
Mental health	Treatment
Substance abuse	Treatment
Primary care	Healthy families
Special populations (veterans, disabled, LGBT, etc.)	Greater risk of homelessness

Source: David Wertheimer, Deputy Director, Pacific Northwest Initiative, Bill & Melinda Gates Foundation, as presented to Connecticut Council on Philanthropy, "Catalytic Philanthropy and Ending Homelessness," October 11, 2012.

Many city officials, community leaders, and even direct-service providers believe that placing people in shelters is the most inexpensive way to meet the basic needs of people experiencing homelessness. Research, however, has revealed a different picture. While emergency shelters are indeed necessary to remedy short-term crises, the lack of affordable, permanent supportive housing makes it necessary for shelters to serve as substitute long-term housing.

Source: National Alliance to End Homelessness, Cost of Homelessness.

Permanent supportive housing—an affordable home, with support services such as counseling, life skills, or transportation, depending on a resident's individual needs—is a proven solution to ending chronic or long-term homelessness.

The following characteristics are most common to homeless individuals in the Northwest Corner according to the 2011 Point-in-Time Count:

- White
- Male
- High school education
- Unemployed
- Lived for less than one year in prior living situation
- Substance abuse
- Past or present involvement with criminal-justice system

Given the characteristics of the majority of homeless individuals in the Northwest Corner, increasing the stock of permanent supportive housing is critical to ending homelessness in the Northwest Corner.

Studies have shown that investing in permanent supportive housing is cost-effective. Supportive housing offers better outcomes and costs less than the care provided through institutional settings typically used by those experiencing chronic homelessness (e.g., prisons, nursing homes, psychiatric care, and inpatient hospitalization). Instead of a life on the streets or living in and out of shelters, hospitals, and prisons, permanent supportive housing offers a stable home and a chance to rebuild a life that includes family, friends, community, and employment.

Source: The Partnership for Strong Communities, www.pschousing.org/supportive-housing.

What is supportive housing?
Supportive housing combines affordable apartments with on-site or visiting support and employment services. It is a cost-effective solution for people with disabilities, mental illness, addiction, and other issues. And it provides the support people need to stay housed and out of shelters, prisons, hospitals, and other institutions.

The following illustration of "Dave's Story" comes from a profile published by The Partnership for Strong Communities ("Supportive Housing Success: Dave's Story," August 22, 2011):

During the last year of Dave's homelessness, he sought help to stabilize himself and utilized many institutional services:

Emergency Room	2 times =	$ 4,303
Ambulance	2 times =	$ 1,028
Substance abuse (in-patient)	199 days =	$236,213
Detox	14 days =	$ 8,232
Mental health (in-patient)	28 days =	$ 33,236
Police involvement	15 days =	$ 630
TOTAL COST		**$283,642**

Supportive housing provided Dave with a safe and affordable home and the case-management services needed to stay healthy and lead a productive life.

Emergency Room	2 times =	$ 4,303
Hospital (in-patient)	2 times =	$ 2,178
Substance abuse (out-patient)	50 times = (weekly support group)	$ 285
Supportive housing	365 days =	$ 19,500
TOTAL COST		**$ 26,266**

Supportive housing costs include a $10,000 rental subsidy that provides housing and $9,500 for case-management services, or about $54 per day compared to a total of $777 per day utilizing institutional services.

Eliminating chronic homelessness is both realistic and imperative. Realistic because evidence demonstrates that on a national level, the chronically homeless population is comprised of a finite group of individuals of a particular age that is not being replaced by a younger cohort. Research suggests that the age distribution of the population of homeless single adults is skewed significantly toward those from the latter half of the baby-boom generation. Eliminating chronic homelessness is imperative because this population will become medically frail within the next 10 to 15 years and, therefore, will have complex medical requirements. Without supportive housing, these individuals will rely on expensive and restrictive institutional or nursing-home care.

Source: Dennis P. Culhane and Thomas Byrne, 2010, "Ending Chronic Homelessness: Cost-Effective Opportunities for Interagency Collaboration" Penn School of Social Policy and Practice Working Paper Available at: http://works.bepress.com/dennis_culhane/94.

An examination of the Point-in-Time data from 2011 reveals that Culhane and Byrne's observation based on national statistics is somewhat consistent with the homeless population in the Northwest Corner: 27 percent of sheltered and unsheltered individuals were born during the baby-boom years (1946-1964).

However, in contrast to the statistics associated with chronically homeless persons nationwide, the next age group in the Northwest Corner is actually larger than those from the baby-boom generation: 40 percent of sheltered and unsheltered individuals in the Northwest Corner were between the ages of 30 and 46 in 2011.

As members of the 30- to 46-year-old group mature into their 50s, they are likely to become medically frail, resulting in a projected life expectancy not to exceed their early 60s. If this group is not living in stable housing with access to care, they are at risk of requiring nursing-home or other institutional care, which would cost significantly more than supportive housing. Because Medicaid covers a portion of nursing-home care, adding chronically homeless persons to those already eligible for Medicaid would create an additional burden on this federally funded program.

Homeless families are relatively understudied and, unfortunately, they are a fast-growing segment of the national homeless population. The costs to society associated with homeless families include:

Shelters

The annual cost of a bed in an emergency shelter in Connecticut is approximately $8,760. For a family of three, the annual cost would be $26,280, or $2,190 per month. In many parts of the state, this figure is twice the fair-market rent for a two-bedroom apartment.

Schools

School-aged homeless children experience four times the rate of developmental delays, twice the rate of learning disabilities, and three times the rate of emotional and behavioral problems as housed children.

Almost half of homeless children attend two different schools in one year. As a result, three-quarters of homeless children perform below their grade level in reading, and more than half perform below their grade level in math.

Source: Homeless Children: America's New Outcasts. National Center on Family Homelessness, 1999; There's No Place Like Home: How America's Housing Crisis Threatens Our Children. Housing America, 1999. Homelessness and its Effects on Children. Family Housing Fund, 1999.

Foster Care

The cost of placing two children from a family experiencing homelessness in foster care is approximately $34,000 per year, whereas the estimated cost of rental subsidy is $10,000 per year. Furthermore, children placed in foster care are more likely to experience homelessness in the future.

Source: "Promising Strategies to End Family Homelessness," National Alliance to End Homelessness, June 2006, Washington, D.C.

Health Care

Homeless children are more likely than housed children to suffer from chronic illnesses such as cardiac disease, neurological disorders, and asthma. They also are at a high risk of contracting infectious diseases.

Less quantifiable, but other actual costs to society include education-related expenses. When children who experience homelessness and housing instability fall behind in the classroom, our schools are less effective.

Because many homeless children have such poor educational experiences, their future productivity and career prospects may suffer. This makes the effects of homelessness much longer lasting than just the time spent in shelters.

Source: Norwalk 10-Year Plan.

MORGUEFILE STOCK PHOTO

Goals and Recommendations
HOUSING

MORGUEFILE STOCK PHOTO

"It would probably have been cheaper to give him a full-time nurse and his own apartment."

A one-night snapshot of homelessness taken in 2011 during the snowiest January ever recorded in Connecticut's history revealed an alarming rise in the number of people experiencing long bouts of homelessness. Chronic homelessness increased by 26 percent among all adults without children. In addition, a startling number of individuals and families were found on the streets, in the woods, in abandoned buildings, and in other places not intended for human habitation.
Source: CCEH, Connecticut's Homeless Point-in-Time Count Brief 2011.

Point-in-Time counts since 2008 reveal a stubbornly consistent number of families in emergency shelters. Perhaps most alarming is the abrupt 15 percent increase in the number of families in emergency shelters between 2010 and 2011, with a concurrent 16 percent increase in the number of children in emergency shelters.
Source: CCEH, Connecticut's Homeless Point-in-Time Count Brief 2011.

Coping with Homelessness in the Northwest Corner (2011):

Of those individuals in shelters, approximately half were female (20 out of 44), and of that group, 11 sheltered females had a total of 20 children with them. None of the homeless men, whether sheltered or unsheltered, had children with them. However, this fact from the 2011 Point in Time Count cannot be assumed about all homeless men. There are now two homeless families composed of single fathers with children at the FISH shelter in Torrington.

Just under half (47 percent) of the homeless population in the Northwest Corner in 2011 had been living with family or friends, a phenomenon often referred to as doubling up. A total of 73 individuals reported that their homelessness was due to their inability to continue living with family or friends.

The Northwest Corner has a higher percentage of chronically homeless individuals (30 percent) as compared to the state average of approximately 10 percent. A total of 47 individuals reported experiencing homelessness four or more times in the previous three years.

Approximately 75 percent of homeless individuals in northwest Connecticut in 2011 were from Northwest Corner towns, which indicates that they continued to remain close to "home."

Connecticut's high housing costs are a significant burden for households with low incomes and can lead to homelessness when combined with other challenges such as job loss, divorce, physical or mental illness, a disability, or domestic violence.
Source: Partnership for Strong Communities, "HousingInCt2012: The Latest Measures of Affordability," October 2012.

In 2011, 10 percent of the calls to the United Way of Connecticut's 2-1-1 Infoline were from state residents seeking housing/shelter assistance. By 2012, requests for housing/shelter had increased to 12.7 percent of all Infoline calls.

Despite rising demand for rentals and more modest, affordable homes, supply has not yet met demand in Connecticut. The result is continued escalation in rental costs and home ownership costs that are out of reach for Connecticut residents with lower incomes. Working-class residents are often limited to communities and neighborhoods with overburdened schools, few community services, and depleted neighborhood resources.
Source: Partnership for Strong Communities, "HousingInCt2012: The Latest Measures of Affordability," October 2012.

Permanent supportive housing—which is defined as an affordable home with support services such as counseling, life-skills training, and transportation, depending on residents' individual needs—is a proven solution to ending long-term homelessness.

The Housing Goals and Recommendations provide a plan for reducing the costs of homelessness, and they outline a plan for providing safe, stable housing for residents of the Northwest Corner.

My name is Brian. I became homeless as a result of the bad economy. In the beginning, I would "couch surf" with any friend who would let me stay overnight, but that got old fast with my friends. I soon found myself sleeping in cars or sheds, whatever shelter I could find. This went on for about eight months. Then one afternoon, after not eating for three days, I took my brother-in-law's spare car and drove to his house hoping to find a bite to eat. When I got there, the door was locked. So I went to an AA meeting just to eat some cookies. While I was at the meeting, a guy called the police and said I had stolen the car. The police came and arrested me for unlawful use of a car. I was carted off to Bantam Court. The Judge asked where I lived, and I told her I was homeless. She sent me to AIC [Alternatives to Incarceration], in Torrington, where I stayed until my case was settled and I was moved to the Waterbury shelter. I stayed in Waterbury for three weeks and then went back to Torrington to stay at the overflow shelter at the church while I waited to get a spot at the FISH shelter.

One morning after leaving the church shelter, I had a bad dizzy spell. I walked up the hill to the [Charlotte Hungerford] hospital, and thanks to a smart medical technician who ordered an MRI, they found a tumor on my pituitary gland. I was sent to Hartford Hospital for more tests. I stayed there for three days and then was taken back to [Charlotte Hungerford] hospital. Three days later, I was sent to the FISH shelter. While at FISH, I applied for state benefits. I also worked with a woman to find housing because I could only stay at FISH for a little while. So when my time was up, I moved to the Fernwood Rest Home, where I stayed for 18 months. While at Fernwood, I applied for S.S.I. and was accepted.

One day, I was brought to the [Charlotte Hungerford] hospital and seated at a table with about 20 people [from the Litchfield County COC Screening Committee at Charlotte Hungerford Hospital Behavioral Health Center]. They asked me all kinds of questions in order to find out which program fit me best. A little while later, I was contacted by M.H.A. They told me they would be working with me. I was approved for housing assistance through the [COC's Supportive Housing Program] M.H.A.'s Helping Hands, while I was still at Fernwood awaiting surgery.

Shortly after surgery, and when my life seemed to be getting back to normal, I was shown an apartment. I took it and I'm still there to this day, three-and-a-half years later. When I moved in I was so scared; I didn't want to end up on the streets again. Thanks to the people at M.H.A., I feel like I have a second chance at life.

Alcoholics Anonymous (AA) is a fellowship of men and women who share their experiences, strength, and hope with each other to solve their common problem with alcohol and help others recover from alcoholism.

AIC (Alternatives to Incarceration) was a program established to help alleviate the problem of overcrowding in Connecticut's correctional facilities.

FISH (Friends In Service to Humanity, Northwest CT) operates a homeless shelter in Torrington and provides a full array of services to economically disadvantaged citizens of Litchfield County and surrounding areas. Working in conjunction with statewide coalitions to end homelessness and hunger, the Litchfield County Continuum of Care, and the Torrington Area Council of Churches, FISH coordinates services with each town to ensure that needs are met equitably and efficiently.

Fernwood Rest Home, in Litchfield, CT, is a 68-bed residential care home.

Supplemental Security Income Program (S.S.I.) provides cash assistance to aged, blind, and disabled individuals, including children under age 18 who have limited income and resources.

The Mental Health Services to the Homeless (MHSH) program at Charlotte Hungerford Hospital in Torrington, CT, provides homeless individuals and families with outreach, engagement, screening, mental health, and substance abuse assessments and intakes, clinical/case management services, assistance in obtaining and coordinating social services, entitlements and income support services, housing assistance, medical services, referrals to community mental health and substance abuse programs, and other services as appropriate.

The Mental Health Association of CT (M.H.A.) helps Connecticut residents with severe pervasive mental illnesses receive residential, vocational, psycho-social, and case management and rehabilitation services in six communities, including Torrington.

Goal 1

Increase the number of supportive housing units for those experiencing chronic homelessness and ensure the preservation of those units.

Recommendations:

- Perform an annual inventory of supportive housing units through a review of the CT Counts Annual Point-in-Time Count of Homelessness.
- Identify, maintain relations with, and increase the number of landlords willing to provide supportive housing units for those experiencing chronic homelessness.
- Make the Litchfield County "WE COUNT" Annual Point in Time Homeless Count and the annual inventory of supportive housing units regularly available to the homeless service community.

Benchmarks:

- By end of Year 2, increase the number of supportive housing units by 25 to 50 units.
- The success of this goal will be measured by a reduction in the chronic homeless population as reported by the CT Counts Annual Point-in-Time Count of Homelessness each year.

Goal 2

Increase the number of subsidized housing units available to those experiencing non-chronic homelessness and ensure the preservation of those units.

Recommendations:

- Perform an annual inventory of subsidized housing units.
- Compile a list of landlords willing to provide subsidized housing units.
- Identify, maintain relations with, and increase the number of landlords willing to provide subsidized housing units for those exiting homelessness.
- Compile a list of hotel/motel owners willing to provide emergency housing.
- Encourage DSS to develop a network of hotel/motel owners willing to provide emergency housing for those in need of transient housing, with a priority placed on families with children.
- Identify housing units available to those discharged from institutions or facilities.
- Develop/increase the capacity of shelters as processing/triage centers as a means of effectively distinguishing between the chronically homeless, who need assistance preparing for life in permanent housing or permanent supportive housing, and those individuals experiencing episodic homelessness, who need a short-term solution.
- Identify the number of housing units needed for very low-income individuals and families as well as those discharged from institutions or other facilities, and compare that number to the annual inventory of subsidized housing units as a means of identifying shortfalls in inventory.
- Develop a plan to ensure a sufficient inventory of housing units needed for very low-income individuals, families with children, and individuals discharged from institutions or other facilities.
- Develop housing units to address homelessness among very-low-income individuals as well as families that are at risk of homelessness or currently living in less than adequate and/or unaffordable situation (e.g., families doubled-up with another family; unaccompanied youths who move from family to family).
- Make the CT Counts Annual Point-in-Time Count of Homelessness and the annual inventory of subsidized housing units regularly available to the homeless service community.

Benchmarks:

- By end of Year 2, increase the number of subsidized housing units by 25 to 50.
- The success of this goal will be measured by a reduction in the non-chronic homeless population as reported by the CT Counts Annual Point-in-Time Count of Homelessness each year.

Goal 3

The Litchfield County Continuum of Care (COC) will increase the number of housing units available to those experiencing homelessness by increasing the number of grants applied for and awarded.

Recommendations:

- Identify a community nonprofit partner willing to serve as fiscal agent for the management of grant monies.
- Identify a sponsor or underwriter to cover the cost of a paid professional administrator with grant-writing experience for the COC.
- By end of Year 3, hire a full-time, salaried professional administrator with grant- writing experience.

Benchmarks:

- Monitor the number of RFPs that the COC responds to, and ensure that the number of RFP submissions increases year over year.
- Track the amount of grants successfully awarded each year, and ensure there is an increase in the gross dollar amount of grant funds awarded year over year.

Goal 4

All supportive housing must be accompanied by ongoing case management services based on need.

Recommendations:

- Housing and service providers will be committed to working closely together to ensure that each client is able to access quality services on a consistent basis.
- Housing and service providers will be committed to providing comprehensive and consistent case management so that clients have the best possible foundation to exit homelessness and achieve the goal of becoming as self-supporting and self-sufficient as possible.
- Housing and service providers will collaborate to ensure that clients honor and maintain their lease agreements.
- Service providers will provide ongoing outreach and education to keep clients and housing providers informed of changes to programs that affect their clients.
- Develop housing-readiness orientation programs and specialized transition teams in collaboration with service providers to cover, at minimum, the three months before and the three months after a client enters housing, and also continue to serve the client as needed.
- Develop protocol of engagement in collaboration with service providers.
- By end of Year 1, design a universal lease addendum that objectively rates the condition of housing at the start of each lease term and that clearly outlines landlord/tenant obligations. This document will be provided to both the tenant and the landlord.
- By end of Year 3, review and revise, as needed, the universal eligibility procedures for placing those experiencing homelessness in housing with necessary support services, and develop a plan for ongoing case management.
- By end of Year 4, identify several locations in Litchfield County that will provide facilities and services exclusively for veterans and unaccompanied youth.

Benchmarks:

- Monitor the percentage of supportive housing units that provide case management services year over year until 100 percent of supportive housing units are providing case management services.

Goal 5

Eliminate barriers to, and provide incentives for, the development of affordable and supportive housing.

Recommendations:

- Perform a comprehensive review of planning and zoning rules and regulations in each town within Litchfield County as a means of identifying those towns that create barriers to developing affordable and supportive housing.
- Identify towns in Litchfield County that are in the process of amending or updating their planning and zoning rules and regulations to ensure that incentives are included to encourage the development of affordable and supportive housing.
- Commit to ongoing education and outreach services for developers and municipalities related to existing incentives, tax credits, and success stories from other communities.
- Identify opportunities to open the lines of communication with state government representatives and organizations dedicated to affordable housing and the homeless community.
- Each Plan Year, disseminate targeted communication packages and follow up with state government representatives on issues related to affordable housing and the homeless community. Maintain effective communication with organizations such as the Partnership for Strong Communities.

Benchmarks:

- Monitor new development and redevelopment initiatives to ensure that there is a net increase in the number of available supportive and affordable housing units.

Goals and Recommendations
SERVICES

MORGUEFILE STOCK PHOTO

"There are some people who can be very successful members of society if someone monitors them. Murray needed someone to be in charge of him."

A sufficient supply of housing is fundamental to ending homelessness. Equally important is the presence of a seamless service-delivery system that (ideally) prevents homelessness, or at least minimizes the length of homelessness if and when it does occur.

There are numerous service programs in the Northwest Corner, but it is a fragmented and largely uncoordinated system. Each participant of the services sub-committee shared an assessment of their program or agency's service spectrum in order to identify service and/or delivery gaps. It soon became apparent that while many programs and services are available in the Northwest Corner, there currently is little coordination or interaction among complementary services and programs that could potentially reduce costs, eliminate redundancy, and reinforce the safety net for vulnerable residents. All four subcommittees identified a need for a centralized system to access and distribute information.

MORGUEFILE STOCK PHOTO

Contributors to Homelessness in the Northwest Corner (2011):

Domestic violence was the causal factor in **19 percent** of individuals experiencing homelessness.

27 percent of individuals reported having a long-term disability.

A mental health condition contributed to the homelessness of **31 percent** of individuals.

Slightly **more than one-third** of the total number of surveyed individuals reported having experienced abuse.

Substance abuse facilities constituted the prior living situation for **45 percent** of individuals experiencing homelessness.

71 percent of sheltered and unsheltered individuals reported past and/or present involvement with the criminal justice system.

Substance abuse was common to **82 percent** of individuals experiencing homelessness.

A primary objective of the service-related goals and recommendations was to closely link housing and services in an effort to prevent or minimize an episode of homelessness.

My name is Tina. I'm a 47-year-old single mom. I have a 22-year-old son who lives with his dad, a 19-year-old daughter who has recently moved in with her boyfriend, and a beautiful 6-year-old daughter. My story began in 2002. I had been living in an abusive relationship for years, and to cope with the situation, I began drinking excessively. I did a lot of damage to myself and to my children. I checked myself into Stonehaven rehab and have been clean and sober since March 31, 2002. I thought things would get better. Little did I know that this was the beginning of a living hell.

When I came home from rehab, my husband couldn't handle that I was sober, and he continued to drink heavily. The result was divorce. My children and I were evicted from our home and ended up going from motel to motel, then to my sister's home. Things got even worse. From the time I was 13 years old, I suffered from a terrible eating disorder, anorexia nervosa, and it came back in full swing. I got rid of one addiction and grabbed another. To be so out of control at this point in my life actually felt comfortable. I gave temporary custody of my babies to my parents and went to Columbia Presbyterian Medical Center in New York City for six months.

Would life be wonderful now? I was clean and I'd gained 30 pounds, but it was so, so far from wonderful. The day I was discharged from the hospital, my mother picked me up at the train station and dropped me off at a homeless shelter. Now, with no money, no food to keep my weight up, and no friends or family to support me, where could I go? I met a true angel—a therapist from Charlotte Hungerford Hospital, who came into the shelter on a weekly basis. She gave me so much support and made me realize that no matter how bad things are (or can get), if you really want a better life, you can do it.

I went from shelter to shelter, using up all my time at each place. This lasted for about six months. Here I was, a mom who was clean and had turned her life around, but who was homeless and alone. The stigma of homelessness is disgusting to me. So many people believe that if you're homeless, you must be a junkie or lazy … basically a worthless individual. So untrue.

After a lot of begging and pleading, I finally convinced my family to get me a vehicle so I could find work. And they did, but now all the shelters were full. So my only option was to live in my car in the parking lot of a 24-hour grocery store where I could feel somewhat safe. I had nowhere to live, no food, and no money for gas—and it was the middle of winter. How did I get gas money? Redeeming cans and bottles, etc.

Someone told me about a motel where I could stay for a short time until I could find a job and another shelter. I was there approximately three weeks. One morning, I woke up in horror. I couldn't walk; I could barely speak and had no recollection of who I was or where I was. I was taken to a hospital where they figured out that I'd had a stroke. I found another shelter that had an opening, and I attended months of physical therapy.

So, now—do you think I catch a break? I met a man who I thought was my knight in shining armor. At first he seemed like it, though stories he was telling me started not to add up. But at least I had someone ... anyone. Shortly after I met this man, I found out I was pregnant. My life was getting more complicated instead of easier, but still I went through the courts to seek visitation with my older children. My parents didn't want me to see them, and they referred to me as a "bad influence." Bad influence? Throughout all of this, I had stayed clean and somewhat healthy, as much as you can while being homeless.

I still kept in touch with the therapist I met from my first shelter, who is a huge advocate for the homeless. She is a licensed clinical psychiatric nurse and therapist, who provides heartfelt mental health services to the homeless. And she is the program manager for the HOPE Supportive Housing Program—a woman who devotes her life to helping people who have been down the road of hell like me to find safe, affordable housing.

One afternoon, my therapist told me about a new HOPE program where I could get my own apartment. It's affordable housing through Section 8, and you have a caseworker who meets with you weekly to make sure you have all your needs met and that you're seeking mental health services from Charlotte Hungerford Hospital. It was unbelievable: I had a gorgeous apartment with low rent and caseworker support. It seemed too good to be true. Shortly after my daughter was born, I found out that all the stories that my knight in shining armor had told me were lies. He was a drug addict and a big-time one. He became very controlling, and verbally and mentally abusive.

continued

After being in my safe home for four years, he decided we should move. He convinced me that it was for my daughter's well-being to have her own house and yard. My gut told me this was a bad idea. My therapist was supportive, though, reassuring me that it was my decision and that I could call her anytime. Well, against my better judgment, we did it. Little did I know this was just a ploy. He wanted to get me away from all my supports and everyone I counted on so that he could have control over me, do drugs all day, and leave my daughter and me once again with no money, no food, no supports—nothing.

It became so horrific that I knew my only option was to take my daughter and run. We ran, once again, to a shelter, but this time it was the Susan B. Anthony Project domestic violence shelter. How could I have gotten to this point? The only home I'd had—my supportive housing—gone. But blaming myself would get me nowhere. Once again my therapist came to my aid. I got a call saying that my daughter and I could come back into supportive housing—into a place I could finally call my own, with no questions asked.

Unfortunately, on May 11, my daughter's dad passed away due to his addiction. But even though my heart will always hurt because my daughter doesn't know her daddy, I am happier now than I have been in years thanks to HOPE supportive housing and the Torrington Housing Authority. I finally have my own beautiful apartment with my fabulous daughter, who is doing wonderfully. I have all the support I could ever need from the HOPE program. They are there for you, even if it's once or twice a week. HOPE, one of the Continuum of Care's Supportive Housing Programs, and the Torrington Housing Authority go to extremes to make sure that you feel safe in your home, and it's such a beautiful feeling.

If it had not been for supportive housing programs such as HOPE, where would I be? I could never afford to pay rent in full, and I wouldn't be able to say that I live in a home that comes with angels. By the way, I have a beautiful relationship with my older children, who I see often, and I'm looking into a career in substance abuse counseling.

Stonehaven, in Portland, CT, offers intermediate residential substance use and addiction treatment programs for adult men and women.

HOPE provides project-based and tenant-based rental subsidies with support services to homeless, disabled single adults and homeless families with a disabled head of household who has custody of his/her children. The Torrington Housing Authority administers the subsidy certificates, and Charlotte Hungerford Hospital Behavioral Health Center provides the support services, including clinical case management.

Torrington Housing Authority provides housing assistance to low-income residents through the management of programs such as Low-Rent Public Housing and the Housing Choice Voucher Program – Section 8. These programs are income-based and eligibility requirements are established by HUD.

Susan B. Anthony Project, in Torrington, CT, promotes safety, healing, and growth for all survivors of domestic and sexual abuse, and advocates for the autonomy of women and the end of interpersonal violence.

SERVICES

GOALS AND RECOMMENDATIONS

Goal 1

Ensure that the system of care facilitates the initial and continued engagement of people experiencing homelessness in all its forms (i.e., crisis, episodic, and chronic) and includes the following populations: chronically homeless individuals, families, veterans, children, and unaccompanied youth.

Recommendations:

- Expand the capacity of the Homeless Outreach Team to include establishing a paid position for outreach coordinator, augmenting the number of outreach workers, and introducing paid outreach clinicians.
- Explore funding opportunities to support acquisition of a mobile unit to reach individuals and families in rural locations.
- Improve systems to track and identify children experiencing homelessness.
- Ensure that veterans have access to VA services and agencies.
- Increase available services at local community soup kitchens and food pantries.
- Educate and increase awareness with law enforcement, emergency departments, the Department of Social Services, and the Department of Children and Families.
- Ensure that all those involved in assisting the homeless (including law enforcement and mobile crisis) have the opportunity to attend Crisis Intervention Training (CIT).
- Educate service providers, landlords, persons at risk for homelessness, and others about the risk factors associated with homelessness as well as the availability of prevention services provided by area churches, the Homeless Prevention Rapid Rehousing (HPRP), The Community Foundation of Northwest Connecticut, the Temporary Homeless Assistance Funding (HAF), and the Plan's website, etc.
- Develop a strategy for providing information about services for households at risk of homelessness.

Benchmarks:

- By end of Year 1, the January 2012 Point-in-Time count will demonstrate a 15 percent increase in the number of identified homeless individuals and homeless families who are actively pursuing available services.

Goal 2

Collaborate with existing organizations to create a paid position for a coordinator to provide access to an integrated, seamless service delivery system for the homeless.

Recommendations:

- Use Litchfield County Continuum of Care's standardized screening process to place homeless individuals and families in supportive housing.
- Use the existing Plan website as point of access to resources that are available.
- Increase quality support services together with best-practice guidelines related to the frequency of service interventions and/or duration of service engagement.
- Develop and require transition orientation classes for case managers and tenants to cover the period before entering housing and again after housing is established for as long as the client needs such services.
- Establish training programs for all clients focusing on life skills and financial literacy.
- Create a quick-response system to connect children with needed services in a timely manner by instituting a program modeled on the Charlotte Hungerford Hospital's Children in Shelters Program that existed in 2008-09.
- Promote enrollment, sustained attendance, and academic achievement of children experiencing homelessness in Litchfield County through enhanced participation from and collaboration with McKinney-Vento liaisons from each school district in Litchfield County to ensure prompt identification and subsequent school enrollment for all children experiencing homelessness.
- Increase collaboration between service providers, housing providers, and institutions (e.g., prisons, hospitals, etc.) in appropriate discharge plans.

Benchmarks:

- By end of Year 1, demonstrate an increase in participation/representation of McKinney-Vento liaisons on the Litchfield County Continuum of Care. The January Point-in-Time count following Year 1 should demonstrate a 15 percent increase in the number of children identified as homeless who are enrolled and successful in school.
- By end of Year 2, funding is secured for a paid Homeless Service Coordinator.

Goal 3

Ensure that everyone in the Northwest Corner experiencing homelessness has access to comprehensive health, dental, behavioral health, developmental, and academic support services based on each client's specific needs.

Recommendations:

- Increase the presence of trained outreach workers at soup kitchens, food pantries, and other places where the homeless regularly congregate.
- Increase provider awareness, knowledge, and skills as they relate to understanding the unique educational, health, developmental, and social needs of children experiencing homelessness.
- Increase capacity in programs available to meet the needs of children experiencing homelessness.
- Develop outreach programs that target veterans specifically to ensure that they are aware of VA programs and services available to them.
- Expand Community Health and Wellness services to the homeless population throughout Litchfield County.

Benchmarks:

- By end of Year 3, the Homeless Service Coordinator will collect data and reports from providers, agencies, and facilities and will demonstrate a 20 percent increase in access to comprehensive services.

Goal 4

Increase public awareness of the Plan.

Recommendations:

- Educate and increase awareness among law enforcement, hospital emergency departments, the Department of Social Services, and the Department of Children and Families.
- Establish a drop-in center to serve as Litchfield County's coordinated point of access to comprehensive services for those experiencing homelessness.
- Designate an outreach representative for the Plan who will ensure that information is disseminated throughout Connecticut's Northwest Corner.
- Ensure that every town has a copy of the Plan.

Benchmarks:

- By end of Year 1, the Director of WCMHN-Torrington will initiate opportunities for two law enforcement and/or mobile crisis workers to attend Crisis Intervention Training (CIT).
- By the end of Year 1, have a drop-in center location and funding identified.
- By the end of Year 2, the drop-in center will be operational.
- By end of Year 2, there will be an increase in the number of printed publications devoted to promoting the Plan's website.

MORGUEFILE STOCK PHOTO

INCOME/EMPLOYMENT

MORGUEFILE STOCK PHOTO

"You know, when he was monitored by the system he did fabulously. He would … get a job and he would save money and go to work every day, and he wouldn't drink. He would do all the things he was supposed to do."

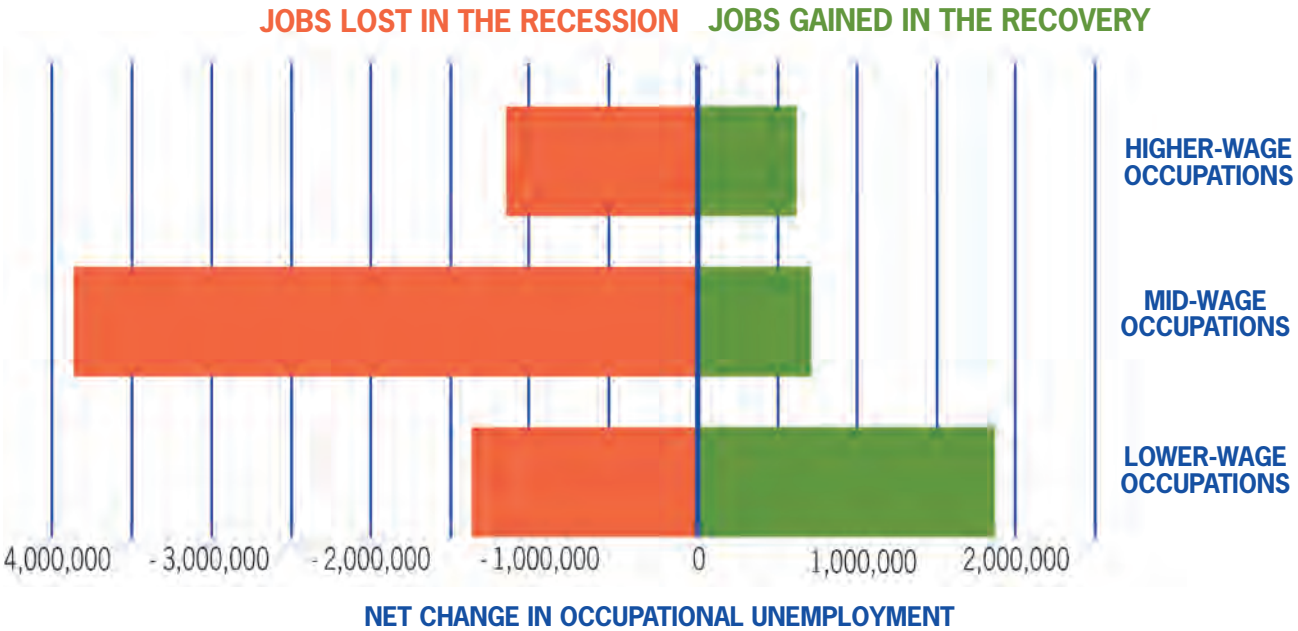
Employment and training options that maintain housing security are critical to reducing the number of people who experience homelessness. According to Hilda Solis, former U.S. Secretary of Labor and Chair of the U.S. Interagency Council on Homelessness, "the bottom line is that the best defense against homelessness is a job that pays." The problem seems to be that in the Northwest Corner, individuals at risk of homelessness need jobs that not only pay but that also pay very well.

During the recent recession, employment losses occurred across the board but were concentrated in mid-wage occupations. By contrast, in the recovery to date, employment growth has been concentrated in lower-wage occupations, which grew 2.7 times as fast as mid-wage and higher-wage occupations:

- ***Lower-wage occupations*** ($7.69 to $13.83 per hour) constituted 21 percent of recession job losses but 58 percent of recovery growth.
- ***Mid-wage occupations*** ($13.84 to $21.13 per hour) constituted 60 percent of recession job losses but only 22 percent of recovery growth.
- ***Higher-wage occupations*** ($21.14 to $54.55 per hour) constituted 19 percent of recession job losses and 20 percent of recovery growth.

Source: "The Low-Wage Recovery and Growing Inequality," National Employment Law Project, Data Brief, August 2012.

Three low-wage industries have added 1.7 million jobs during the economic recovery and constitute 43 percent of total net growth. They are food services; retail, administrative, support; and waste-management services (largely temporary jobs).



Source: NELP Analysis of Current Population Survey.
Recession is 2008 Q1 to 2010 Q1; recovery is 2010 Q1 to 2012 Q1.

Connecticut Department of Labor, Northwest Corner Unemployment Statistics

Source: www1.ctdol.state.ct.us/lmi/laus/lmi123.asp.

October 2012 – Monthly Data

	Labor Force	Unemployment Rate
Torrington	20,081	9.1%
Winchester	6,339	8.9%
State of CT	**1,897,100**	**8.6%**
Barkhamsted	2,311	8.3%
Harwinton	3,203	7.1%
Bethlehem	2,065	7.0%
New Hartford	3,921	6.9%
North Canaan	1,714	6.8%
Goshen	1,548	6.8%
Morris	1,314	6.5%
Litchfield	4,305	6.4%
Warren	794	6.3%
Colebrook	817	6.2%
Washington	1,897	6.0%
Norfolk	976	6.0%
Kent	1,615	5.9%
Canaan	680	5.7%
Sharon	1,442	5.6%
Hartland	1,209	5.6%
Salisbury	1,834	5.3%
Cornwall	793	5.0%

A quick look at the unemployment rates, as well as the percentage of children eligible for free-/reduced-price lunch and the wage-growth projection (with most in low-income jobs), reveals that there will be more families and individuals at risk of homelessness simply because income from low-wage jobs is insufficient to support the high cost of living in the Northwest Corner.

Most low-wage jobs do not offer benefits. The strain on the health-care system from the uninsured is already substantial and is likely to increase if job growth is concentrated in low-wage jobs that do not offer benefits or pay enough for workers to afford health care.

One issue specific to rural homelessness—the lack of public transportation—was identified as one of the largest risk factors in the Northwest Corner. The cost of owning, maintaining, and fueling a reliable car, along with the high cost of housing, puts an extremely heavy burden on low-wage households.

Individuals experiencing homelessness are often in need of training or re-training, education, and support to ensure long-term success as they re-enter the work force. A seamless service delivery system is, therefore, necessary to link jobseekers to training, education, and support—and later to employment.

Income and Education in the Northwest Corner (2011):

51 percent of sheltered and unsheltered individuals reported attaining a high school diploma or GED.

24 percent of sheltered and unsheltered individuals reported having "less than" or "some" high school education.

71 percent of sheltered and unsheltered individuals reported being unemployed.

Current income sources were reported as:

Earned Income (21 percent)
TANF (29 percent)
Disability (12 percent)
SAGA (21 percent)
Unemployment (3 percent)

43 percent of sheltered and unsheltered individuals reported that their expenses exceeded their income.

Based on 2010 data, 67 percent of men and 72 percent of women who lack a high school diploma or GED can expect to be very poor (as defined by the Federal Poverty Guidelines).
Source: Meeting the Challenge – The Dynamics of Poverty in Connecticut, Connecticut Association for Community Action, Connecticut Center for Economic Analysis, BWB Solutions, January 2013.

Understanding the crucial relationship between education and employment is paramount. Connecticut Governor Dannel Malloy recently commented, ". . . on my Jobs Tour, I heard time and again from employers about the need for skilled labor, particularly in high-skilled manufacturing. At a time when many of our residents are looking for work, it's frustrating to know that positions are available, but we don't always have the workforce necessary to fill them. At the end of the day, this is about . . . growing good-paying jobs with good benefits for our state's residents."

Source: press release, Office of Governor Dannel P. Malloy, October 18, 2012.

In the area of workforce development, Connecticut has long recognized the importance of training programs but has failed to connect these programs to current or projected business needs or invest heavily in them. According to the Connecticut Employment and Training Commission's 2009 Annual Report, while individual workforce-training programs have placed many people into employment, the state's workforce-training programs have generally been unsuccessful in moving significant numbers of people into middle-skill jobs that pay well enough to sustain a living. Between 60 and 80 percent of these people have success in finding employment; however, their average annualized earnings are just over $20,000, qualifying them as very poor (if trying to support a family) or poor (if supporting an individual only). Programs that provide continuous skills training to facilitate upward job mobility are needed.

Source: Meeting the Challenge – The Dynamics of Poverty in Connecticut, Connecticut Association for Community Action, Connecticut Center for Economic Analysis, BWB Solutions, January 2013.

The following four towns have fewer college graduates than high school graduates:

North Canaan
Sharon
Torrington
Winchester

Three of the four towns listed above also have the highest reported poverty rate among Northwest Corner towns.

Data from the State of Connecticut Department of Higher Education indicate that a significant percentage of high school graduates are not ready for college-level academic work:

80 percent of community college students are identified as needing remediation in either math or English; over **50 percent** of Connecticut State University students are identified as needing either remedial or developmental math. Furthermore, national studies indicate that these students are not likely to graduate.

Connecticut State University's six-year graduation rate is **43 percent.**

Community college three-year graduation rate is **10 percent.**

Source: State of CT, Department of Higher Education, "Collaboration Across Educational Systems: The Challenge and Opportunity," by Michael Meotti, Commissioner, April 28, 2009.

If the Governor's intention is to have workers ready for "good-paying jobs with good benefits," college access is not enough—college success must be the ultimate goal.

Connecticut's P-20 Council supports collaboration among four sectors—early childhood, K-12, higher education, and workforce training—to create an effective education and career pathway that will maximize the number of skilled people in Connecticut with a post-secondary degree or other credentials. On October 18, 2012, Connecticut Governor Dannel P. Malloy announced that he had signed an executive order revitalizing the objectives and updating the membership of the P-20 Council to ensure that Connecticut develops bold initiatives that strengthen all levels of the state's education system to ensure that students are equipped with the skills needed in today's job market.

Source: www.ctregents.org/initiatives/p20.

I'm a 43-year-old divorced woman with a five-year-old son. I had a part-time job but could not pay the rent and all our other expenses. We have resided at FISH since December 1, 2012. During this time, FISH has provided a stable living environment for us. I was encouraged to enroll in a health-care training program, which I completed and earned my CNA certification. I now have a full-time job with a local health-care agency. Having a safe place to come home to has made this possible. My goal is to secure an apartment in Torrington. With the assistance of my caseworker at FISH, I'm confident that my son and I will have our own home soon.

FISH (Friends In Service to Humanity, Northwest CT) operates a homeless shelter in Torrington and provides a full array of services to economically disadvantaged citizens of Litchfield County and surrounding areas. Working in conjunction with statewide coalitions to end homelessness and hunger, the Litchfield County Continuum of Care, and the Torrington Area Council of Churches, FISH coordinates services with each town to ensure that needs are met equitably and efficiently.

Since this story was written, the author has signed a lease for an apartment, and she and her son moved into a home of their own on June 1, 2013.

INCOME/ EMPLOYMENT GOALS AND RECOMMENDATIONS

Goal 1

Build a seamless, integrated system for individuals experiencing homelessness to access mainstream employment services that are linked to homeless service providers, workforce-development services, and the mainstream service system.

Recommendations:

- Develop and implement an Employment Services pilot program for individuals experiencing homelessness in northwest Connecticut that is modeled on the Department of Labor's "Keys to Success" program in the City of Hartford. This program should feature shared employment-service planning utilizing uniform assessment criteria, forms, policies and procedures, along with a web-based employment service modeled on the Dartmouth IPS Supported Employment Center but with a broader reach to the entire homeless population.
- Integrate data from the Connecticut Homeless Management Information System (HMIS) into the Employment Services pilot program.
- Develop a list of current and potential employers who are willing to participate in the Employment Services pilot program as a means of developing trust, improving relationships and expanding existing employer resources.
- Provide access to HMIS along with staff training to organizations participating in the Employment Services pilot program.
- Encourage service providers and town representatives to make use of the Connecticut Department of Labor and CTWorks resources (e.g., workshops, job fairs, employee recruitment).
- Routinely generate job listings from the Career Express mobile unit and disseminate them to homeless service providers, soup kitchens, shelters, emergency rooms, urgent care centers, and other places where homeless clients are likely to be reached.
- Coordinate annual visits for Career Express mobile unit employees to speak with homeless service providers about existing services and arrange for the Career Express mobile unit to be on site during the visits.
- Educate case managers associated with homeless service providers about the importance of incorporating individual employment and entitlement needs into client service plans.

Benchmarks:

- Implement the Employment Service pilot program by the end of Year 2.
- Gather data locally on the number of homeless clients actively seeking employment. Compare that figure to the number of homeless clients placed in jobs via the Employment Services pilot program. Monitor data to ensure a year-over-year increase in the number of homeless clients who become employed.

Goal 2

Increase access to higher education opportunities for individuals experiencing homelessness.

Recommendations:

- Ensure that all those experiencing homelessness have the opportunity to pursue a high school diploma or GED and to continue on with higher education. Ensure that homeless clients receive information and assistance in accessing programs offered through the community colleges, Career Express, Education Connection, and Connecticut public colleges.
- Compile and disseminate financial-aid information for individuals who are homeless or who have experienced homelessness to enable them to pursue higher education. Conduct biannual financial-aid education sessions.
- Educate homeless-service providers about opportunities and resources available to the homeless population at institutions of higher education, such as fee waivers and services for those with identified disabilities.
- Create grant-seeking partnerships with institutions of higher education in order to facilitate access to higher education for individuals who are homeless.

Benchmarks:

- Gather data locally on the level of education achieved by individuals identifying themselves as currently or previously homeless (e.g., no high school diploma, some college, no college degree) in order to establish a baseline figure. Compare that figure with the level of education achieved by homeless clients in the Employment Services pilot program. Monitor data to ensure a year-over-year increase in the number of individuals identifying themselves as currently or previously homeless who are accessing higher education opportunities.

GOALS AND RECOMMENDATIONS CONTINUED

Goal 3

Through advocacy and training, utilize existing resources to ensure that daily impediments to employment are removed.

Recommendations:

- Support efforts of the Department of Labor and DMHAS to identify recovery-friendly employers through the CT Job Bank. Educate homeless-service providers and employment-service providers working with individuals experiencing homelessness who are in recovery about this resource in order to facilitate access to employment.
- Enlist support from the DMV and homeless-service providers to expedite the process of obtaining a photo ID as well as birth certificate, citizenship documentation, and social security card for individuals who are experiencing homelessness.
- Educate homeless-service providers working with individuals experiencing homelessness about free phone resources to facilitate communication with potential and current employers.
- Use the annual Project Homeless Connect as means of expediting the process of obtaining identification documents.
- Establish a fund to cover the costs of obtaining identification documents. Engage a strategically located community organization to serve as custodian of the original identification documents for individuals experiencing homelessness.
- Develop a directory of places such as libraries, education outreach and counseling centers, town halls, etc., that will provide free access to computer workstations with Internet access to enable homeless clients to communicate with potential employers via e-mail.
- Educate veterans who are homeless in northwest Connecticut about opportunities and resources specific to veterans.
- Educate school counselors, faith-based counselors, and others who regularly come in contact with unaccompanied youth about opportunities and resources for employment.
- Develop a network and directory of local organizations such as Dressed for Success, beauty/cosmetology schools, etc., that will assist in preparing homeless clients for interviews and provide appropriate apparel and grooming supplies.
- Develop a network of business leaders and employment-service agents who will coach homeless clients in preparation for job interviews.
- Develop a directory of child-care providers. Increase subsidies, grants, and other funding opportunities to assist with child-care expenses.
- Develop computer-literacy education programs in order to enhance employment readiness.
- Perform a comprehensive analysis of town and state legislative measures that have "criminalized" homelessness. Work with lawmakers to provide a procedure by which homeless clients can have such convictions expunged.

Benchmarks:

- Using data compiled by the Employment Services pilot program, track the employment status and progress of clients who attend Project Homeless Connect.
- Widely publicize the annual Project Homeless Connect event throughout the homeless-service community and to the broader community. Emphasize that clients will be able to access a wide variety of resources. Ensure that there are employment specialists at the event to assist clients in identifying any barriers to employment and to aid in formulating a plan to overcome those barriers.

Goal 4

Ensure that accessible transportation options are available to individuals who are homeless to enable them to obtain and retain employment.

Recommendations:

- Ensure that public and/or shared transportation is available from all towns in northwest Connecticut.
- Establish a relationship with the Northwest Connecticut Rural Transit Authority to review the current system in northwest Connecticut, and assign a group to focus on gaps in the transportation system.
- Convene representatives from DOT, DOL, and other groups to discuss the lack of public transportation as an employment barrier in rural areas and investigate options to overcome this barrier.
- Identify an agency to collaborate with DOL when applying for funding to initiate a Jobs Transportation program to address rural barriers in northwest Connecticut.
- Urge the DOT to add bicycle racks to public transit buses.
- Identify a lead agency, in partnership with other organizations, to establish and maintain funds to support the use of Rideshare and charter vans to transport individuals who share a common employer.
- Establish a working group to develop a volunteer transportation program to assist individuals who are homeless in getting to jobs, medical appointments, etc.

- Educate case managers and others about SSI's Plan for Achieving Self-Support (PASS); incorporate income to pay for transportation to and from work in an effort to achieve work goals.
- Secure funds to offer newly hired employees one month of free bus passes during the transition into employment.

Benchmarks:

- Using data compiled by the Employment Services pilot program, the success of this goal will be measured by a year-over-year decrease in the number of individuals who are homeless and unemployed, and who identify transportation as a barrier to employment.

Goal 5

Increase and expand strategies for individuals experiencing homelessness who become employed to retain and maintain employment.

Recommendations:

- Work with housing-/homeless-service providers, the Chamber of Commerce, and local community colleges to develop a career-mentoring program, through which people who are retired provide mentoring services to individuals who are homeless and in the maintenance/retention phase of their employment.
- Develop a Peer Support Group for individuals who currently are unemployed.
- Develop a collaborative network of job clubs at multiple sites of housing-/ homeless-service providers, faith-based communities, and other mainstream employment organizations.
- Educate homeless-service providers about long-term support services for clients once they are employed (e.g., eligible individuals through community rehabilitation providers who contract with DMHAS).
- Increase funding for additional Employment Specialists to assist newly employed homeless clients in addressing any barriers or issues that arise and to ensure job retention.

Benchmarks:

- Using data compiled by the Employment Services pilot program, the success of this goal will be measured by a year-over-year increase in the number of homeless clients who obtain employment and retain their jobs for a minimum of six months, or for the duration of the agreed-upon employment period and/or employment contract.

Goal 6

Ensure that all individuals and families experiencing homelessness will access the income and entitlements for which they are eligible.

Recommendations:

- Advocate for the expansion of Project SOAR (Social Security Outreach, Access, and Recovery) to provide comprehensive training and technical assistance to case managers. This will increase the number of successful applications for SSI and SSDI for eligible individuals who are homeless.
- Train case managers and providers about the VITA (Volunteer Income Tax Assistance) program, which provides a means for clients to take advantage of the earned-income tax credit (EITC).
- Educate employers about the EITC and other tax incentives as a means of developing employment opportunities.
- Urge the Department of Social Services to foster entitlement programs that help to eradicate homelessness.
- Increase funding for additional Bureau of Rehabilitative Services trainers to educate all consumers about work incentives and the manner in which work will impact entitlements.
- Advocate for the return of the federal SSA's "1 for 2" SSDI demonstration pilot program, which addresses the income cliff experienced by SSDI recipients who earn above the threshold and its relationship to retaining benefits.

Benchmarks:

- No less than 100 percent of case managers and homeless-service providers receive education and training from the Social Security Administration or the Connecticut Bureau of Rehabilitation Services in the areas of eligibility for benefits and work incentives.
- No less than 100 percent of case managers and homeless-service providers receive education and training from the Connecticut Department of Social Services on state-administered General Assistance benefits eligibility.
- No less than 100 percent of case managers and homeless-service providers receive education and training from the Internal Revenue Service or the Connecticut Department of Social Services on the Earned Income Tax Credit and the Volunteer Income Tax Assistance Program.

Challenging How "Affordable" Is Calculated

The most common rule-of-thumb for determining affordability states that working individuals should spend no more than 30 percent of their gross annual income on housing costs (i.e., rent or mortgage payments, including principal, interest, taxes, and insurance).

Consider the example of a single-income, two-person household (single mother and one child):

> Gross annual income of $51,500.
> Pre-tax deduction for health insurance premiums. The health insurance premiums are lower than most plans because it is linked to a Health Savings Account (HSA).
>
> Gross monthly pay = $4,166
> 30 percent of gross monthly pay = $1,250

Presently, it is assumed that $1,250 is an affordable rent or mortgage payment at that level of income. However, an "affordable" monthly payment of $1,250 would consume 40 percent of net (take-home) pay for the single-income, two-person household used in this example.

Now add in utilities, transportation, food, clothing, child care, and out-of-pocket health-care costs. Deductibles for health insurance plans utilizing health savings accounts can range from $5,000 to as high as $10,000 annually. This explains why some individuals live paycheck to paycheck or by incurring substantial credit card debt, even at a salary level that is well in excess of the defined poverty thresholds.

Suppose the rule-of-thumb were **25 percent** of **net** monthly pay. As the figures below illustrate, the "affordable" payment is substantially different:

> Presuming a **net** monthly pay of $3,140
> (gross pay minus taxes and health insurance premiums),
> the "affordable" payment would be $785.

$1,250 versus $785

If there isn't enough cash on hand each month—after income taxes and health insurance premiums—to pay the bills, all the tax deductions and tax credits in the world can't make ends meet.

MORGUEFILE STOCK PHOTO

PREVENTION

MORGUEFILE STOCK PHOTO

". . . he was assigned to a treatment program in which he was under the equivalent of house arrest, and he thrived. He got a job and worked hard. But then the program ended. [He] [s]howed up for work religiously; did everything he was supposed to do. They said, 'Congratulations,' and put him back on the street."

To be successful, homelessness-prevention efforts need to be efficient as well as effective. Like the proverbial ounce of prevention, "efficiency" means realizing overall cost benefits and a reduction in the demand for homeless services. Likewise, "effective" means that the preventive measures work to provide the degree of housing stability needed to avert or reverse homelessness.

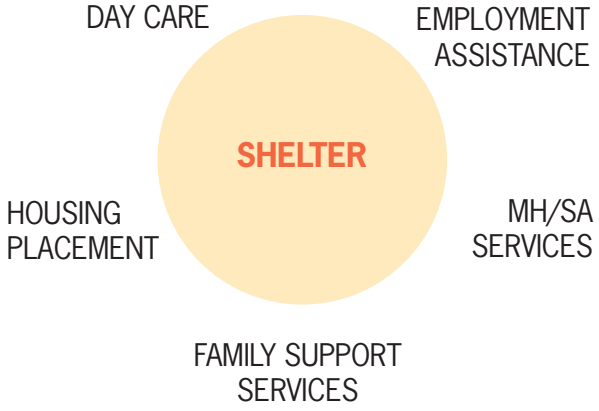
Source: Dennis P. Culhane, Stephen Metraux and Thomas Byrne. "A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?" Housing Policy Debate 21.2 (2011): 295-315. Available at: http://works.bepress.com/dennis_culhane/103.

Recent federal legislation has signaled an important paradigm shift toward prevention-based approaches to homelessness. The illustrations below show the changing role of shelters in the emerging, prevention-based model: away from being the nexus of homeless services to being one resource, accessed when necessary, as part of a broader set of supports.

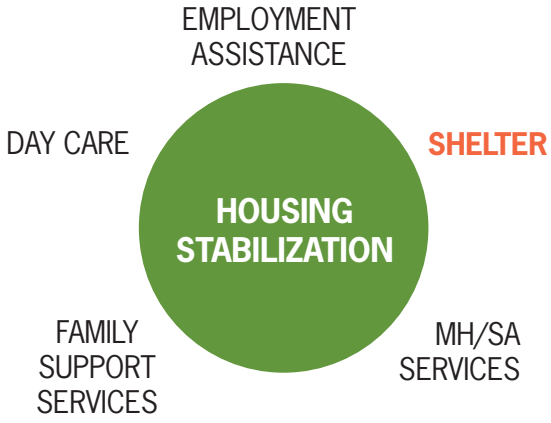
The new model has two primary foci: attaining housing stability, and maintaining ties with community-based social and health-services delivery networks. This turns the continuum-of-care "inside-out" in that the housing stabilization services at the center interface directly with the network of community-based services, not with a proxy system of support services that are located within homelessness facilities.

Source: Dennis P. Culhane, Stephen Metraux and Thomas Byrne. "A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?" Housing Policy Debate 21.2 (2011): 295-315. Available at: http://works.bepress.com/dennis_culhane/103.

PREVAILING MODEL



EMERGING MODEL



The present prevention and rapid re-housing system places housing at the center of the housing-assistance system. It incorporates not only assistance to people who would become homeless without it, but it also offers a pathway out of homelessness and a bridge to long-term housing and supports for those who would otherwise experience chronic homelessness on the streets and in shelters.

Source: Dennis P. Culhane, Stephen Metraux and Thomas Byrne. "A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?" Housing Policy Debate 21.2 (2011): 295-315. Available at: http://works.bepress.com/dennis_culhane/103.

PREVENTION GOALS AND RECOMMENDATIONS

The Prevention Sub-Committee adopted the following objectives from the Hennepin County, Minn., program that were identified as being important to prevention efforts in northwest Connecticut:

1. From the time a family enters a shelter, they will be prepared to access and succeed in permanent housing;
2. Re-housing from shelters will happen rapidly;
3. Clients will have consistent follow-up services for a minimum of six months and thereafter as deemed necessary for continued success (tie in with housing/services);
4. Housing loss prevention will have geographically based initiatives;
5. Shelter teams will explore alternatives to entering shelters including crisis resolution assistance.

My name is Rob. I've been a drug addict since I was 16 years old, and my life has gone downhill from there. After high school, I went from job to job. I missed a lot of work because I partied all night. I finally settled down a bit when I met my future wife. We both had great jobs and extra money, and the partying started up again.

After our first child was born, I put myself in the Mountainside rehab center. It worked for about eight months, but I was still hanging around with the wrong people. When our second child came along, using [drugs] stopped for a couple of years just like before, and we saved enough to build a house. After that, things went totally out of control and the bills piled up. I went back to using [drugs], which made things worse. I was able to take care of my boys, but I didn't take care of myself. I lost my house, and my marriage fell apart.

I became homeless and lived in my car for six years. I never looked for help, until enough was enough. I went to McCall and settled down to doing the right things. I got myself into a housing program. After about a year, I got my own place. I was so proud of myself—to have a roof over my head and a place for my boys to reconnect with their father.

From that point forward, I've gotten stronger every day. I can react to everyday problems without using [drugs]. I'm in supportive housing and have a great caseworker who watches out for me. My life cannot be any better, and I don't let the past bother me anymore. The lesson I've learned is this: if you want things to get better, you have to feel good about yourself and work hard every day. I still go to relapse-prevention groups, and I have more confidence in myself at the end of each meeting. Just keep working hard and things will work out for you, too.

Mountainside Treatment Center, in Canaan, CT, provides comprehensive, innovative, and affordable residential drug addiction and alcohol rehabilitation for individuals suffering with addiction.

The McCall Foundation, in Torrington, CT, is a private, nonprofit, behavioral health-care agency that provides a full range of alcohol and other drug prevention and treatment services, including intervention programs, intensive and traditional outpatient treatment, and intensive and intermediate residential care.

PREVENTION GOALS AND RECOMMENDATIONS

Goal 1

Establish flexible, immediately accessible, and sufficient funds in a coordinated region-wide pool to address factors that put individuals and families at risk of homelessness.

Recommendations:

- Expand existing funding from the Department of Social Services for security deposits as well as first- and last-month rent payment assistance.
- Identify existing housing-assistance funds available in the Northwest Corner; identify the means to access these funds and their eligibility requirements. Through a public and private partnership, create an adequate and flexible fund for housing assistance.
- Identify an organization to manage region-wide flexible housing-assistance resources. Ensure that the managing organization has a region-wide scope and that this task is consistent with the organization's mission to serve people experiencing homelessness or who are at risk of becoming homeless (e.g., New Opportunities, Family Strides).
- Develop a data collection, maintenance, and delivery system to ensure that all towns in the Northwest Corner are in the communication loop and adequately served by the fund.
- Connect small-town homeless response teams (e.g., social service directors) with the organization managing the flexible housing-assistance resources to ensure access.
- Identify the need for flexible housing assistance as a baseline, to include veterans, families, unaccompanied youth, and the chronically homeless.

Benchmarks:

- From the resources identified to financially support the flexible housing assistance fund, demonstrate growth year over year in the amount available to support regional needs and individual requests for assistance.
- Track year over year the percentage of individuals and families served by the fund as a means of calculating the annual total homeless population in the region.
- Track year over year the percentage of individuals and families served by the fund and who subsequently enter a shelter.

Goal 2

Engage in a public-education initiative to make existing resources widely known among residents, community-based case managers, and communities in the Northwest Corner.

Recommendations:

- Identify points of entry throughout the Northwest Corner at which individuals and families at risk of homelessness are most likely to become engaged, including all community-based case-management providers throughout the region, the faith-based community, local and state police departments, town social services, and other key stakeholders.
- Develop and maintain a central database of services and funds available throughout the human services infrastructure by designating one agency as the clearinghouse. The merits and drawbacks of the 2-1-1 program and HMIS were examined as possible databases to build on, either by expanding them to include offerings within northwest Connecticut that are currently missing, or by using them as models for a local database specific to northwest Connecticut. The committee also recommends following the efforts of other cities, such as Waterbury and Danbury, in order to develop and employ universal screening tools.
- Develop a network of landlords who will work with the region-wide flexible housing-assistance resource manager to prevent evictions and conduct regular landlord outreach trainings.
- Leverage the strength of 2-1-1 as a resource throughout the Northwest Corner to identify community resources.
  a. Identify organization(s) willing to disseminate information about 2-1-1 throughout the Northwest Corner.
  b. Work with 2-1-1 to ensure that all case managers are aware of and trained in the use of this service.
  c. Gain support of 2-1-1 in listing available rental properties.
  d. Publicize 2-1-1 to the faith-based communities throughout the Northwest Corner.
  e. Create a 2-1-1 Train-the-Trainer model to recruit regional trainers within the Northwest Corner, and mobilize them to train others to use the service.
  f. Support efforts of the human-services infrastructure supporting 2-1-1 and community-action agencies to merge their databases or service providers.
  g. Publicize the Benefits Screening Tool available on the 2-1-1 website, and incorporate this tool into the Train-the-Trainer model as a key factor in prevention.
  h. Enhance the ability of case managers to access the 2-1-1 online database via the CT-HMIS system.
  i. Make information about support services readily available through the promotion of 2-1-1, as well as the creation of a virtual No Wrong Door approach for individuals experiencing or at risk of homelessness.
- Support the development and use of a virtual No Wrong Door approach.

Goal 2

CONTINUED

- Develop homelessness response groups in each town in northwest Connecticut to serve as a mechanism for engagement, intervention, and prevention.
- Conduct periodic public relations campaigns to include churches, schools, town meetings, service clubs, etc.

Benchmarks:

- Develop and administer regular surveys to gauge the effectiveness and penetration of outreach efforts among those individuals and families who access services through a point-of-entry service provider.
- Track the number of individuals who use 2-1-1 on an annual basis in order to access homelessness-prevention services.

Goal 3

Create appropriate financial supports to stabilize low-income families.

Recommendations:

- Ensure that all residents of the Northwest Corner have access to quality health care, including behavioral health care.
- Enlist the support of all community-based case managers in using the Benefits Navigator tool on the 2-1-1 website to determine the eligibility of families and individuals for benefits.
- Encourage small-town agencies and social-service directors to use 2-1-1 and the Benefits Navigator Tool in order to determine the eligibility of families and individuals for benefits.
- Establish a means for low-income families with very young children that are most at risk of homelessness to determine their eligibility for services such as child care, job retraining, or substance abuse treatment, and expand those subsidies for residents of the Northwest Corner.
- Develop an advocacy group in collaboration with state agencies to: i) evaluate the use of median income in determining eligibility for assistance in order to address income "cliffs" (i.e., those points at which earnings increases result in loss of eligibility for support), and ii) work with the state legislature, when appropriate, to subsidize federal program eligibility in an effort to serve low-income individuals who are adversely affected (e.g., the HUSKY program).
- Encourage organizations and small towns throughout the Northwest Corner to make meeting or office space available for service providers, which would eliminate the need for individuals to travel to Torrington or Winsted to access services.
- Launch a mobile outreach effort to better serve clients with no access to transportation.

Benchmarks:

- Track year over year the number of individuals and families accessing subsidized health care, behavioral health care, child care, and substance abuse services.
- Track the number of individuals who are using the Benefits Navigator Tool on an annual basis.
- Survey the service-provider community to determine and track annual transportation and meeting-space opportunities made available to them on behalf of their clients.

Goal 4

Eliminate financial illiteracy and increase understanding of housing law.

Recommendations:

- Educate families about legal issues related to occupancy, mortgages, and rental assistance. Support current efforts to make life-skills courses a requirement for high school graduation, and add age-appropriate curriculum in middle and elementary schools. Build housing and finance-related topics into existing life-skills courses.
- Clarify roles of legal service agencies. Ensure that all low income families have full access to legal assistance related to housing.
- Create and distribute multi-lingual publications geared toward landlord/tenant rights. Educate landlords and tenants about their rights and responsibilities.
- Use 2-1-1 to ensure access to money management, household budgeting, tenant education, and legal assistance resources.
- Work with local and federal lending institutions to add a mortgage literacy component to their pre-qualification process.

Goal 4

CONTINUED

Benchmarks:

- Track year over year the number of elementary schools, middle schools, and high schools that have incorporated a life-skills component into their curriculum as well as the number of participants.
- Track year over year the number of banks and other financial institutions that offer mortgage literacy information to their customers as well as the number of individuals who take advantage of such information.
- Track year over year the number of individuals who access legal services or who require legal assistance related to housing issues.

Goal 5

Create a means to review data from a number of sources in order to identify the most critical services and those that are under-funded so that funds and services may be reallocated accordingly.

Recommendations:

- Capture service provider data that:
  a. Identifies which services are most critical.
  b. Identifies which services may be under-funded.
  c. Data sources include:
    i. United Way's assistance with 2-1-1
    ii. HMIS data-Nutmeg (Coordinating Agency)
    iii. Local hospital data
    iv. Emergency services

Benchmarks:

- Track year over year the participation and maximum capacity of available services preferred by homeless individuals or those individuals at risk of becoming homeless.

Goal 6

Strengthen landlord/ tenant relationships.

Recommendations:

- Create housing case management with an emphasis on encouraging positive landlord/tenant relationships as a means of ensuring housing retention.
- Housing case managers will serve as mediators or liaisons between landlords and tenants when necessary.
- Housing case managers will facilitate access to the flexible housing assistance fund in order to avoid evictions.

Benchmarks:

- Expand the Connecticut Point-in-Time Homeless Count to track the number of individuals who have been identified by service providers or landlords as being at risk of homelessness.

MORGUEFILE STOCK PHOTO

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* *No longer associated with listed organization.*

Appendix

Homeless Service Community Terminology

Published in The Greater Norwalk 10-Year Plan to Prevent and End Homelessness.

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

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

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

American Recovery and Reinvestment Act (ARRA): The federal stimulus package of programs designed to reduce the impact of the economic downturn on communities, businesses, and individuals. HPRP homelessness prevention and rapid re-housing services are part of the ARRA.

ART: Advanced Reporting Tool, which is the reporting tool that Connecticut's HMIS vendors use to get reports from the system.

Assertive Community Treatment (ACT) Teams: Multidisciplinary teams that provide case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care, and employment assistance for people with mental illness.

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

Case Management: Overall coordination of an individual's use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual clients.

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

Connecticut Coalition to End Homelessness (CCEH): A statewide organization with a mission to end homelessness in Connecticut through prevention, support services, and housing solutions.

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

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

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

Continuum of Care (COC): The Continuum of Care was established by HUD to oversee community planning related to homelessness. Continua work together to define needs, plan strategies, and prioritize funding for supportive-housing services.

Co-Occurring Disorders: The presence of two or more disabling conditions (e.g., mental illness, substance abuse, HIV/AIDS, etc.).

Corporation for Supportive Housing (CSH): An organization that supports the expansion of permanent supportive housing through technical assistance.

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

CT Housing Coalition: The Connecticut Housing Coalition works to expand housing opportunities and to increase the quantity and quality of affordable housing in Connecticut.

CTWorks: Formerly known as Connecticut Works, CTWorks operates the Career Express mobile employment and training system.

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

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

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

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

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

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

Doubled Up: A situation where people join a family or friend's household but are not on the lease or mortgage, and then subsequently lose or are removed from this arrangement and become homeless.

Dually Diagnosed: See Co-Occurring Disorders.

e-SNAPS: An online system for electronic submission of the annual competitive grant requests under the Continuum of Care Notice of Funding Availability (NOFA) for Homeless Assistance Programs.

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

Flexible Child Care Assistance Fund: A program funded by the Department of Social Services and administered by CCEH, which provides one-time and short-term child care subsidies for children under age six and their siblings who reside in homeless shelters or transitional housing or who are served through the Beyond Shelter CT program.

Frequent User Service Enhancement (FUSE): A supportive-housing program that targets homeless individuals with multiple episodes of homelessness and incarceration. CCEH has participated in this program by completing a data-match with the Department of Corrections and identifying clients in shelters through HMIS for outreach.

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

HDX-Homelessness Data Exchange: HUD's new web-based tool for entering Point-in-Time and other data charts for the SuperNOFA.

HEARTH: On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. HEARTH amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes including a consolidation of HUD's competitive grant programs; the creation of a Rural Housing Stability Assistance Program; a change in HUD's definition of homelessness and chronic homelessness; a simplified match requirement; an increase in prevention resources; and an increase in emphasis on performance.

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

Homeless Individuals: Individuals or families lacking a fixed, regular, and adequate nighttime residence and/or residing in a place not meant for human habitation (e.g., on the streets). Homeless individuals include those who are residing in an emergency homeless shelter or in transitional housing for the homeless; those who are being evicted within a week from a private dwelling; those who are being discharged within a week from an institution in which they have been a resident for more than 30 consecutive days; and those who are fleeing a domestic violence situation.

In the case of children and youth, the definition also includes sharing the housing of other individuals due to loss of housing, economic hardship or a similar reason, or those awaiting foster-care placement.

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

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

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

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

Housing and Urban Development (HUD): A federal agency whose mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination.

HUD HRE: The Homelessness Resource Exchange is an online, one-stop site for information and resources to assist individuals who are homeless or at risk of becoming homeless.

HUD VASH: HUD-funded Veterans Administration Supportive-Housing program.

Jobs First Employment Services (JFES): Jobs First Employment Services, provided by the Department of Labor, is designed to rapidly move recipients of Temporary Family Assistance into employment and toward self-sufficiency. DOL uses the balanced work-first approach to create individualized employment plans with immediate goals taking into account barriers and other factors.

Literally Homeless: An individual, household, or family living in an emergency shelter, a domestic violence shelter, transitional housing, or a place not meant for human habitation such as a car, abandoned building, or outdoors.

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

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

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

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

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

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

NHCHC: The National Health Care for the Homeless Council is an organization whose mission is to help bring about reform of the health-care system to best serve the needs of individuals who are homeless, and to work in alliance with and support others whose broader purpose is to eliminate homelessness.

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

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

NLCHP: National Law Center on Homelessness and Poverty. The mission of NLCHP is to prevent and end homelessness by serving as the legal arm of the nationwide movement to end homelessness.

"No Wrong Door": Homeless individuals often cite a fragmented service system with poor communication between mainstream and nonprofit providers as a major obstacle to ac-

cessing needed services. "No wrong door" refers to an approach in which caregivers share common information and tools that can eliminate, wherever possible, barriers and allow clients to gain access to all needed services regardless of whose door they come to first.

Office of Workforce Competitiveness: The OWC focuses on changes needed to prepare Connecticut's workforce for the rapidly changing and competitive economy of the twenty-first century. Appointed by the Governor, the OWC director serves as the principal advisor on workforce investment matters and chairs the JOBS Cabinet, which supports the Connecticut Employment and Training Commission, and is authorized to call upon any office, department, commission, or other agency of the state to supply necessary reports, information, and assistance.

"Opening the Back Door": Rapid re-housing for individuals who become homeless.

Opening Doors: The federal strategic plan to end homelessness.

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

Prevention: Assistance that is targeted to individuals facing housing instability who are at risk of losing their housing and require at least temporary assistance to prevent this or to move to another home.

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

Reaching Home Campaign: A statewide campaign to create 10,000 units of supportive housing, endorsed by the Governor's office and the Interagency Council on Supportive Housing and Homelessness.

Re-Entry Housing: Options for transitional and supportive housing for individuals exiting correctional facilities.

Safety Net Program: This program protects children in families that have exhausted their Temporary Family Assistance (TFA) benefits or whose income is below the TFA threshold. Families receive case-management services provided through a network of existing community resources and service providers in order to remove barriers to employment. Families also may receive vouchers to pay for basic needs such as food, rent, utilities, and clothing. Generally, Safety Net services are available for no more than 12 months.

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

Section 8: Section 8 of the Housing Act of 1937 (42 U.S.C. §1437f), as amended, authorizes rental-housing assistance payments to private landlords on behalf of low-income households. Section 8 programs are managed by HUD. Section 8 operates through several programs including the Housing Choice Voucher Program, which provides rental assistance that allows a tenant to move from one unit of (at least) minimum housing quality to another. It also allows individuals to apply their monthly voucher toward the purchase of a home. Section 8 also authorizes a variety of project-based rental-assistance programs under which the owner reserves some or all of the units in a building for low-income tenants, in return for a Federal government guarantee to make up the difference between the tenant's contribution and the rent specified in the owner's contract with the government. A tenant who leaves a subsidized project will lose access to the project-based subsidy. HUD and the VA have a special Section 8 program called VASH (Veterans Affairs Supportive Housing), or HUD-VASH, which distributes a certain number of Section 8 vouchers to eligible homeless and otherwise vulnerable U.S. armed-forces veterans.

Security Deposit Guarantee Program (SDGP): SDGP helps eligible households that reside in emergency housing or shelters to transition to permanent housing by issuing a guarantee to landlords of up to two months' rent instead of a cash payment for a security deposit payment. An agreement is established between the Department of Social Services and the applicant's landlord guaranteeing that DSS will pay an agreed-upon security deposit, either in part or in full, if the tenant moves out of the apartment and there is damage caused by the tenant which requires repair or if the tenant owes back rent.

Service Plans: Case managers in shelters and transitional- and supportive-housing programs typically create a comprehensive service plan for clients including goals and objectives, which will assist them in addressing barriers and maintaining stability. A service plan should be comprehensive and include an array of needs, multiple service providers, short- and long-term goals, time lines, and specific expectations of both the client and caregivers.

Shelter Plus Care: Funded under McKinney-Vento Homeless Assistance Programs, Shelter Plus Care provides vouchers to units of State Government or Public Housing Authorities for permanent subsidies targeted to chronically homeless individuals and families. This program does not fund supportive services.

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

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

Social Security Disability Insurance (SSDI): A federal program that provides benefits to disabled or blind individuals who are insured by workers' contributions to the Social Security trust fund.

S.O.A.R.: Social Security Outreach Access and Recovery Program.

Social Services Block Grant (SSBG): SSBG funds enable each state to furnish social services best suited to meet the needs of in-

dividuals residing within that state. Services include, but are not limited to, protective services for children or adults; special services for persons with disabilities; health-related services; foster care for children or adults; and substance abuse, housing, transitional-living, employment, or any other services found to be necessary by the state for its population. Services funded by SSBGs are directed at one or more of five goals: achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency; achieving or maintaining self-sufficiency including reduction or prevention of dependency; preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families; preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and/or securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

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

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

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

Supportive Housing: Supportive housing combines rental housing with individualized health, support, and employment services. People living in supportive housing have their own apartments, enter into rental agreements, and pay their own rent. The difference between supportive housing and other rental housing is that individuals can access, at their option, support services such as the assistance of a case manager, help in building independent-living skills, and community treatment and employment services, all designed to address their individual needs.

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

TANF Emergency Contingency Fund: An ARRA program that provides reimbursement and matching funds to states and programs for increased expenditures for TANF-eligible families. DSS has applied for more than $35 million in TANF Emergency Contingency Funds to both reimburse and establish new programs for non-recurrent short-term programs.

10-Year Plans to End Homelessness: Local and statewide campaigns in regions across the country that seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each 10-Year Plan to End Homelessness offers solutions and provides options for communities committed to ending homelessness rather than just managing it.

Transitional Housing: Housing meant for homeless individuals prior to accessing permanent housing, usually within two years of having entered transitional housing.

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

USICH: The United States Interagency Council on Homelessness, whose mission is to coordinate the federal response to homelessness and to create a national partnership at every level of government, as well as with the private sector, to reduce and end homelessness in the nation while maximizing the effectiveness of the federal government in contributing to the end of homelessness. The USICH has issued a comprehensive strategic plan to end homelessness.

Vulnerability Index: According to Common Ground, an organization advancing this model across the country, the Vulnerability Index is a tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health. It is a practical application of research into causes of death of homeless individuals living on the street conducted by Boston's Health-Care for the Homeless organization, led by Dr. Jim O'-Connell. The Boston research identified the specific health conditions that cause homeless individuals to be most at risk for dying on the street. Journey Home, Inc., the Capitol Region's 10-Year Plan to End Homelessness conducted the vulnerability survey in May 2010.

Workforce Investment Act (WIA): The federal legislation that funds one-stop career centers and job-training and search programs funded through local Workforce Development Boards.

Workforce Investment Board – Local (LWIB): A quasi-governmental agency responsible for coordinating employment and training services at the local level through the One-Stop system. In Connecticut, the program is called CTWorks.

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

Wrap-Around Services: A service model that coordinates all caregiver services, often through a team case-management or shared-service plan system, bringing mainstream and nonprofit providers together for case conferencing and problem solving.

2011 Point-in-Time Summary Data

Northwest Corner	Sheltered	Unsheltered
Total Count:	44	112
Children With You (how many):		
Yes	11 (20)	0
No	33	109
No response/refused	0	3
Gender:		
Female	20	26
Male	24	86
11 sheltered females had children with them		
0 males (sheltered or unsheltered) had children with them		
Primary Race:		
White	37	95
Black/African American	4	11
Asian	0	1
American Indian	0	0
Native Hawaiian	0	0
Hispanic/Latino	5	4
Other	0	1
More than one selected	3	0
No response/refused	1	0
Prior Living Situation:		
Homeless program	10	6
Private/owned	3	7
Substance abuse	1	69
Medical hospital	2	1
Correctional facility	4	4
Foster care	0	0
Unsheltered	2	6
Other	19	22
How Long in Prior Living Situation:		
1 week or less	0	1
1 week to 1 month	12	7
1 to 3 months	10	32
3 months to 1 year	7	45
1 year or longer	9	23
More than one selected	1	0
No response/refused	3	4
Disability of Long Duration:		
Yes	21	21
No	17	90
No response/refused	6	1
Veteran of U.S. Military:		
Yes	10	1
No	31	108
No response/refused	3	2

Northwest Corner	Sheltered	Unsheltered
Highest Level of Education:		
Less than high school	2	12
Some high school	5	19
High school diploma/ GED	20	60
Vocational/technical	3	5
Some college/degree	12	13
No response/ refused/invalid	6	3
Currently Working:		
Yes	6	31
No	31	80
No response/refused	5	1
Received Income in Last 30 days:		
Yes	8	31
No	31	80
No response/refused	5	1
Current Source of Income:		
Earned income	8	24
No financial resources	7	39
TANF	6	1
Disability	11	7
SAGA	3	30
Unemployment	1	4
Retirement	0	0
Other	4	6
More than one selected	5	0
No response/refused	9	2
Last in a Home/Permanent Living Place:		
Less than 1 month	2	1
1 to 3 months	2	13
3 to 6 months	9	15
6 months to 1 year	12	30
More than 1 year	14	49
No response/refused	0	1
Homeless Episodes in Last 3 Years:		
3 or less	35	57
4 or more	3	44
No response/refused	0	2
Involved in Criminal Justice System (past or present):		
Yes	17	93
No	21	13
No response/refused	6	5
Homelessness Due to Natural Disaster:		
Yes	1	3
No	38	100
No response/refused	5	9

2011 Point-in-Time Summary Data

Northwest Corner	Sheltered	Unsheltered
Homelessness Due to Family Composition:		
Yes	16	18
No	24	77
No response/refused	4	17
Homelessness Due to Domestic Violence:		
Yes	15	15
No	25	90
No response/refused	4	7
Experienced Abuse:		
Yes	21	36
No	19	71
No response/refused	4	5
Homelessness Due to Inability to Continue Living with Family/Friend(s):		
Yes	21	52
No	19	55
No response/refused	4	4
Eviction a Contributing Factor:		
Yes	7	12
No	33	96
No response/refused	4	4
Physical Health a Contributing Factor:		
Yes	5	16
No	34	92
No response/refused	5	4
Mental Health a Contributing Factor:		
Yes	15	33
No	23	71
No response/refused	6	8
Current/Form Expenses Exceed Income:		
Yes	13	54
No	24	51
No response/refused	7	7
History of Substance Abuse:		
Yes	20	108
No	24	51
No response/refused	4	4

Northwest Corner	Sheltered	Unsheltered
Last Permanent Address by Zip Code:		
Torrington (06790)	17	85
Sharon (06069)	1	7
Winsted (06098)	2	1
New Hartford (06057)	0	2
Falls Village (06031)	1	0
Kent (06757)	1	0
Litchfield (06759)	0	1
Washington (06777)	1	0
Northwest Corner towns (total: 119)	23	96
75 percent of the homeless population		
Bridgeport (06610)	0	1
Danbury (06811)	0	1
Hartford (06120)	0	1
Middletown (06457)	0	3
New Haven (06501)	0	1
New London (06320)	1	0
New Milford (06776)	4	0
Norwalk (06860)	0	1
Plymouth (06782)	0	1
Seymour (06483)	0	1
Southbury (06488)	0	1
Waterbury (06706)	1	0
Watertown (06795)	1	0
Other Connecticut towns (total: 18)	7	11
11.5 percent of the homeless population		
Carmel, NY (10512)	1	0
Tulsa, OK (74112)	1	0
Out of state (total: 2)	2	
Invalid/No response	12	5

Sheltered Participants in Northwest Connecticut Only:
Total Household Income in Past 30 Days

Earned Income
$ 40
$ 200
$ 300
$ 675
$1,400 (if earned for 1 year = $16,800 annual income)

Disability
$ 650
$ 725
$ 735
$ 874
$1,000
$1,124
$1,760 (if earned for 1 year = $21,120 annual income)

TANF
$425
$426
$437
$470
$470
$751
The ultimate goal of Connecticut's TANF programs is to provide assistance to needy families to enable them to move out of poverty and into self-sufficiency.
$425/month = $106.25/week.
If used for child care: $106.25/week = $21.25 per day

Multiple Income Sources
Earned Income + SAGA ($450)
Earned Income + Disability ($450)
Disability + SAGA ($1,034)
Other + SAGA ($244)
Unemployment + Other ($1,300)

MORGUEFILE STOCK PHOTO

Affordable Housing Summary for Select Northwest Corner Towns

Compiled Summer 2010

	1. Are there any Section 8 vouchers assigned to the community or to another organization in town?	2. Who in each town do you call for housing and/or social services?	3. What is the stock of affordable housing currently available or planned including deed restricted, group homes, special-needs housing, congregate situations for very low income/ homeless?	4. How does someone find available vacancies of affordable housing?	5. 2009 Affordable Housing Appeals List (total assisted units minus CHFA mortgages)
Barkhamsted					3 (all govt. assisted)
Canaan North Canaan Falls Village	No Section 8 vouchers. No Housing Authority.	Theresa Graney, Social Services. Line item in town budget for Emergency Support Fund (about $2,500), plus general assistance and welfare disburse-ments (about $500). North Canaan Housing Authority.	2 to 5 rental units. 5 Habitat houses. 40 senior, income-restricted MF units. [47-50]	Self-directed research – no inventory or central source to locate affordable and/or rental units. Word of mouth.	110 (109 govt.-assisted; 1 deed-restricted)
Colebrook	Refer to Winchester HA	First Selectman's office	One private group home (29 Old North Road). [1]	Refer to Winchester HA	0
Cornwall	No Section 8 vouchers. No Housing Authority.	Margaret Cooley, Cornwall Housing Corp. Jill Gibbons, Cornwall Social Service Agent.	18 affordable units (7 are 1BR, Kugeman Village). 10 units, HUD 202 Elderly Housing complex planned for 2012. 2 Habitat houses. [30]	Margaret Cooley, Cornwall Housing Corp. Jill Gibbons, Cornwall Social Service Agent. Contact Kugeman Village.	19 (all govt. assisted)
Goshen	No Section 8 vouchers. No Housing Authority.	Unknown	None	Self-directed research – no inventory or central source to locate affordable and/or rental units. Word of mouth.	19 (all govt. assisted)

	1.	2.	3.	4.	5.
Hartland	No Section 8 vouchers. No Housing Authority.	First Selectman's office. Selectman Maggie Winslow is social service director. Small town account to help with food, fuel, rent. Churches offer limited support.	2 private group homes for the disabled – one for the blind, one for disabled. [2]	Self-directed research – no inventory or central source to locate affordable and/or rental units. Word of mouth.	3 (all govt. assisted)
Harwinton			20 units, senior housing. [20]		
Kent		Kent Affordable Housing, Inc.	1 income-restricted SFR. 24 senior, income-restricted and 24 income-restricted MF units. [49]	Kent Affordable Housing, Inc.	49 (25 govt. assisted; 24 deed restricted)
Litchfield		Litchfield Housing Trust, Inc.	27 income-restricted SFRs. 18 income-restricted MF units. 66 senior, income-restricted MF units. [111]	Litchfield Housing Authority	173 (144 govt. assisted; 29 deed restricted)
Morris					22 (all govt. assisted)
New Hartford	Refer to Winchester HA	First Selectman's office	Pine Meadow Farms,15 units, deed restricted, originated as set-aside when developed. Canterbury Village, private development, privately owned (built early 1990s), 2 out of 24 units = affordable. Draft proposed P&Z regs provide for affordable accessory units and SFR conversions to 2-family, MF development limited to 4 units. [17]	43 (28 govt. assisted;15 deed restrict-ed)	173 (144 govt. assisted; 29 deed restricted)

Affordable Housing Summary for Select Northwest Corner Towns Continued

Compiled Summer 2010

	1. Are there any Section 8 vouchers assigned to the community or to another organization in town?	2. Who in each town do you call for housing and/or social services?	3. What is the stock of affordable housing currently available or planned including deed restricted, group homes, special-needs housing, congregate situations for very low income/ homeless?	4. How does someone find available vacancies of affordable housing?	5. 2009 Affordable Housing Appeals List (total assisted units minus CHFA mortgages)
Norfolk	Meadowbrook Senior Housing has 11 Section 8 vouchers, otherwise refer to Winchester HA. Foundation for Norfolk Living, Inc.	First Selectman's office. Churches offer limited support.	Meadowbrook Senior Housing (opened 1972), 11 out of 28 units are Section 8, are tied to and administered by Meadowbrook. 55 and disabled, or age 62 Foundation for Norfolk Living, Inc. plans to build 1 affordable house (purchase price est. to be $150,000 and limited to 1st time home buyers) with more planned. Recent update of P&Z regulations re: accessory units and subdivision rules if affordable housing planned. [12]	Winchester HA. Foundation for Norfolk Living, Inc.	12 (all govt. assisted)
Salisbury	Unknown	Salisbury Housing Trust; Salisbury Housing Committee, Inc.	8 income-restricted SFRs. 2 Habitat houses. 24 income-restricted MF units. [34]	Salisbury Housing Trust; Salisbury Housing Committee, Inc.	24 (16 govt. assisted; 8 deed restricted)
Sharon	Unknown	Sharon Housing Trust; Sharon Housing Authority	1 income-restricted SFR. 20 income-restricted MF units. [21]	Sharon Housing Trust; Sharon Housing Authority	23 (all govt. assisted)

	1.	2.	3.	4.	5.
Torrington	Yes. Administered by Torrington Housing Authority	Torrington Housing Authority; Connections, Woodland Hills, Northside Terrace, individual social-service agencies.	269 units Section 8; 430 units senior and disabled; 11 SRO's with Y-House (YMCA); Woodland Hills, 176 units project based Section 8; HUD CoC New Beginning's Supportive Housing Programs: CHD/ PILOTS - 22 S+C certificates, MHA/ Helping Hands -15 S+C certificates; WCMHN/Western Housing Options - 28 S+C certifcates; PTH-Next Steps Housing/ Supportive Housing Litchfield-10 RAP certificates (D'Amelia & Associates); CHH/HOPE-13 units section 8.	Torrington Housing Authority; Connections, Woodland Hills, Northside Terrace.	1,166 (1,149 govt. assisted;17 deed restricted)
Warren					0
Washington Washington Depot		Washington Community Housing Trust	4 income-restricted SFRs. 12 senior, income-restricted MF units. 25 income-restricted MF units. [41]		41 (18 govt. assisted; 23 deed restricted)
Winsted Winchester	Yes. Administered by Winchester Housing Authority; some administered by D'Amelia & Associates (Waterbury).	Torrington Housing Authority; Connections, Woodland Hills, Northside Terrace, individual social-service agencies.	Winsted Housing Authority; individual social service agencies; D'Amelia & Associates	238 units Section 8, 11 SRO, 163 units senior income-restricted, 22 units senior and disabled, 48 units age 55 and over, 30 units project based Section 8. [464]	471 (all govt. assisted)

Implementation

The Plan to End Homelessness in Northwest Connecticut (the Plan) is intended to align with other state and federal strategic plans. A specific timeline, however, was not incorporated into the Plan because it is likely that truly ending homelessness will take more than 10 years, although some of the Plan's goals may be reached in less time. We believe that once the goals of the Plan are achieved, we will have ended homelessness as we know it today.

Plan implementation will provide valuable insight into the specific causes and remedies for homelessness in the Northwest Corner. It will be a dynamic process with lessons learned as the economy changes, as government funding waxes and wanes with each budget cycle, as the demographics of the Northwest Corner change, as plan goals are met, and as results are measured and evaluated.

It is anticipated that the work required to fully implement the Plan will continue for more than a decade. We believe that combating poverty will, in time, become the primary means of preventing homelessness once the initial goals outlined in the Plan have been realized.

The first phase of the Plan is designed to benefit from catalytic philanthropy, and fund-raising to implement the Plan should be focused accordingly. Bill Gates makes a powerful case for catalytic philanthropy in an article from his official website, *The Gates Notes,* which is included on page 60 of this report.

FSG Social Impact Advisors has analyzed four distinct practices that make catalytic philanthropists so effective. The following summary is an excerpt from "Catalytic Philanthropy," by Mark R. Kramer, published in the *Stanford Social Innovation Review,* Fall 2009:

1. They have the ambition to change the world and the courage to accept responsibility for achieving the results they seek.
The donors became involved in an issue of great personal significance. The urgency of the cause and the intensity of their commitment compelled them to take an active role in solving the problem. They became deeply knowledgeable about the issue and actively recruited collaborators, sometimes even creating a new nonprofit to further the cause. They focused on solving a specific problem and used every skill, connection, and resource they possessed to work toward that end. They formulated clear and practical goals and identified the steps needed to succeed. Above all, the donors took responsibility for finding solutions to the problem instead of waiting for the nonprofit sector to approach them with a proposal.

2. They engage others in a compelling campaign, empowering stakeholders and creating the conditions for collaboration and innovation.
Many of the problems foundations tackle are adaptive in nature—the people with the problem have to become engaged in solving it for themselves. In other cases, effective solutions may already be known but cannot be externally imposed on the existing system. The obstacle isn't that no one knows any answers, but rather that the uncoordinated actions, narrow constraints, and conflicting incentives of different stakeholders and different sectors of society perpetuate the status quo. Catalytic philanthropy cuts through these divisions by stimulating cross-sector collaborations and mobilizing stakeholders to create shared solutions. Building alliances that create the conditions for a solution to emerge and take hold is a very different pursuit from the usual grant-making process of trying to direct funds to the one organization that offers the most appealing approach. Systemic reform requires a relentless and unending campaign that galvanizes the attention of the many stakeholders involved and unifies their efforts around the pursuit of a common goal.

3. They use all of the tools that are available to create change.
The prominence of the U.S. nonprofit sector and the tax deductibility of donations have lulled people into thinking that IRS-sanctioned philanthropy is the only way to solve social problems. Donors have the freedom, however, to complement traditional grant-making with a wide array of other tools from outside the nonprofit sector, including many that can influence social, economic, and political forces in ways that traditional charitable giving cannot. Unconventional tools for social change include corporate resources, investment capital, advocacy, litigation, and even lobbying.

4. They create actionable knowledge to improve their own effectiveness and to influence the behavior of others.
Most donors rely on their grant applicants and recipients to provide them with information about the social problems the nonprofit is tackling, focusing their inquiries narrowly on the program to be funded without researching the issue more broadly. Catalytic philanthropists, by contrast, gather knowledge about the problem they are tackling and use this knowledge to inform their own actions and motivate the actions of others. Making knowledge actionable requires more than just gathering and reporting data. The information must also carry emotional appeal to capture people's attention and practical recommendations that can inspire them to action.

The Plan to End Homelessness in Northwest Connecticut
(Draft) Project Manager Job Description

Employer: TBD

Supervising Organization: TBD

Title: Project Manager

Status: full-time, exempt

Reports to: COC Advisory Committee

Reporting to this Position: volunteer/intern staff members as needed

Purpose: The Project Manager provides administrative and hands-on assistance to further the mission of The Plan to End Homelessness in Northwest Connecticut (the Plan) and to achieve the goals and objectives as included in the Plan.

Responsibilities: Working closely with the COC Advisory Committee, the Project Manager provides administrative and technical support in the following areas:

Coordination (60%): The Project Manager will work with related interest groups to broaden oversight of and engagement in the Plan's implementation, including representatives from the business, academic, and government communities; will plan, coordinate, and facilitate an annual meeting or retreat with the Steering Committee and others actively involved in Plan implementation; will assist in coordinating annual events and meetings such as Project Homeless Connect; will support Steering Committee members with Plan implementation to accomplish stated goals; and will track and report progress toward stated goals.

Communication (25%): Maintain a Plan website to include regular committee updates, a calendar of events, links relating to committee work or topics relevant to the Plan, and links to statewide and national best practices and information. Also support communication with municipal and other regional jurisdictions regarding implementation of the Plan; prepare and submit updates and status reports to the Steering Committee and others regarding activities and progress toward achieving Plan goals; research and disseminate relevant information to the Steering Committee regarding effective and best practices; research and disseminate to the Steering Committee grant and other funding opportunities.

Organization (15%): Announce and organize regular Steering Committee and sub-committee meetings; circulate agendas, minutes, and other work products of Steering Committee and sub-committees prior to meetings; provide staff support at regular Steering Committee meetings; assure accurate record-keeping on behalf of the Steering Committee; attend statewide meetings as the representative of the Plan when logistically able.

Requirements: Previous relevant experience and knowledge of the region and, in particular, with the homeless community and others with special needs. Experience in community organizing or community development preferred. Also required are excellent organizational and interpersonal skills; strong communication and prioritization skills; strong computer (Word, Excel, Outlook, database) and problem-solving skills; initiative; flexibility; professionalism; and ability to work with minimal supervision. Valid driver's license required as well as daily access to personal vehicle.

Compensation: This is a full-time, 40 hour-per-week, exempt position.

Costs of Implementation: TBD

"It cost us one million dollars not to do something about Murray."

September 19, 2012 | By Bill Gates

The Power of Catalytic Philanthropy

Last summer, I attended a summit on philanthropy. A talk I gave there was adapted this week in *Forbes*, which organized the conference. It talks about how philanthropy can make a real difference and its unique role versus government and business, and how all of us can contribute something to making the world a better place.

I am a true believer in the power of capitalism to improve lives. Where the free market is allowed to operate, it is agile and creative. It can meet demand the world over and plays a central role in increasing living standards.

But when my wife, Melinda, and I made our first trip to Africa in 1993, it was really our first encounter with deep poverty and it had a profound impact on us. Not long after we returned, we read that millions of poor children on that continent were dying every year from diseases that, essentially, nobody dies from in this country: measles, malaria, hepatitis B, yellow fever. Rotavirus, a disease I had never even heard of, was killing half a million kids each year—none of them in the United States.

We assumed that if millions of children were dying, there would be massive worldwide effort to save them. But we were wrong. While the private sector does a phenomenal job of meeting human needs among those who can pay, there are billions of people who have no way to express their needs in ways that matter to markets. And so they go without. And while private markets foster many stunning innovations in medicine, science, and technology, the private sector still under-invests in innovation—dramatically. There are huge opportunities for innovation that the market ignores because those taking the risk capture only a small subset of the returns.

Innovations for the poor suffer from both of those market limitations. The market is not going to place huge bets on research when there are no buyers for a breakthrough. This explains why we have no vaccine for malaria today, even though a million people die from it every year.

In this gap, government plays an important role. It can offer services where the market does not, and thus provides a safety net. To some extent, it also fills in where the market leaves off in funding innovation. Medical research at the National Institutes of Health is a great example. But government faces its own obstacles to funding innovation. It generally does not take the long view, because election cycles are short. Government is averse to risk, given the eagerness of political opponents to exploit failures. Unlike the private market, government is not good at seeding numerous innovators but backs only the ones that make progress.

So when you come to the end of the innovations that business and government are willing to invest in, you still find a vast, unexplored space of innovation where the returns can be fantastic. This space is a fertile area for what I call catalytic philanthropy.

Catalytic philanthropy has the high-stakes feel of the private market but can transcend the key market limitations above: the investor doesn't need a share of the benefits—those go to poor people, or sick people, or society generally, all of whom stand to gain earth-shaking returns from the kind of innovations that business and government likely won't pursue unless philanthropy goes first. And once you've found a solution that works, catalytic philanthropy can harness political and market forces to get those innovations to the people who need them most.

That has been our foundation's approach in supporting research, manufacture, and delivery of vaccines for childhood diseases. As Melinda and I became more involved, we found that some critically needed vaccines were just sitting on shelves, while other vaccines were not being manufactured at all. For the first time in our lives, we were working in a world beyond the reach of market forces.

Philanthropy's role is to get things started. We used foundation funds to set up a system to make market forces work in favor of the poor, guaranteeing purchases so drug companies could make a little bit of money, or at least not lose their shirts. As the value of this approach became clearer, governments put in money to add to the market incentives, and some drug companies began to factor poor-world diseases into their business model. In both research and delivery, well-targeted philanthropic money triggered action from business and government. Since 2000, this catalytic philanthropy partnership has immunized more than 250 million children and prevented more than 5 million deaths. We may even see a malaria vaccine in 2015.

Melinda and I have the honor and the responsibility to return to society the resources we have received in the best way we know how. But you do not need to be the chair of a large foundation to have an impact on the world.

Risk takers need backers. Good ideas need evangelists. Forgotten communities need advocates. And whether your chief resource is volunteer time or hard-earned dollars, for a relatively small investment, catalytic philanthropy can make a big impact. For me, it's proven the best job in the world: as thrilling and humbling as anything I've ever done.

PHOTO: CHARLOTTE HUNGERFORD HOSPITAL HOMELESS OUTREACH TEAM

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