

Introduction

In the fall of 2014 a needs assessment on homelessness was commissioned by the City of New Haven funded in partnership with the United Way, Melville Charitable Trust, Housing Authority of New Haven, Board of Education and the Community Foundation for Greater New Haven. The assessment was conducted by MATRIX Public Health Solutions, Inc. a New Haven based firm. The scope of this work included gathering prevalence data, identifying funding sources, outlining the current system of care, identifying gaps and barriers, and presenting recommendations.

Methods

The needs assessment was structured as a situational and environmental analysis of the current system of care for the homeless populations in New Haven and the surrounding communities. A combination of qualitative and quantitative approaches was used to understand and analyze the system of care including: 1) Extensive secondary document review including grantee proposals, meeting minutes of ongoing relevant initiatives, provider survey results, web documents locally, regionally, and nationally; 2) Literature review on evidence-based and promising practices; 3) On-site attendance at over 10 public committee meetings to gather information on current initiatives, review the development of policies, procedures, guidelines and action steps; 4) Key-informant interviews with over 15 stakeholders to obtain specific information about the system of care components (e.g. shelters, transitional housing, permanent supportive housing, wrap around services), as well as gaps and barriers; 5) Direct observation of shelters and clients; and 6) Data gathering and analysis including data on prevalence, housing stock, finances, gaps and barriers (e.g. Community Forum with 37 participants).

Results

1. Prevalence - Comparisons Between New Haven, the State and the Nation

The general composition of the homeless in New Haven is similar to that of the State of Connecticut based on Point in Time Estimates conducting in January 2014. There were 566 homeless individuals counted in New Haven (compared with 619 in Hartford and 237 in Bridgeport). Consistent with the state, 52% of the population identified reported a substance abuse history and 41% a history of mental illness. New Haven County had the highest percent in the state for homeless families. Of note is the 124 chronically homeless¹ individuals that became a focus for the 100 Day Challenge to End Chronic Homelessness whose results will be described later in the report.

2. Housing Inventory New Haven and New Haven Region

Currently the City of New Haven has emergency shelter space to accommodate 456 individuals across a variety of shelter types including family units (45 units with 155 beds), adult units (53 designated for females only), as well as special units designated for youth (4) and veterans (3). There are an additional 123 beds available in the New Haven region (e.g. Milford, Derby and 2 Domestic Violence Shelters unspecified locations but outside of New Haven). In addition during the cold weather months, an additional 123 beds are made available as seasonal and overflow beds and motel vouchers may be provided for short term stays through a few organizations. As of July 2014 there are 1197 permanent supportive housing units in the New Haven area (representing scattered site housing and facilities) and

¹ Chronic homelessness is a long-term or repeated homelessness of a person or family headed by a person with a disability (NAEH).

213 transitional housing units that house homeless individuals and their families in more stable settings across the community.

3. Special Populations

Youth - According to the Board of Education, there are approximately 424 youth that are/have been identified as homeless. These are youth that are estranged from their families, have unstable housing and considered to be unaccompanied youth that meet criterion from homelessness. This information is captured by volunteer Homeless Liaisons located within each of the 19 high schools. Feedback from these liaisons is that many of the youth double up staying in other homes and not in shelters. Youth Continuum has 4 emergency shelter beds and 18 transitional beds.

Criminal Justice - There were 4,384 releases/discharges from CT DOC to New Haven County and 1401 to the city of New Haven (32% of the total). Other cities in New Haven County with the highest releases/discharges were Meriden (27.1%) and Waterbury (10.9%). The majority at discharge reported either self-sponsor (returning to their own homes) or sponsor (family member/friend). At a minimum about 12% (39 individuals) are either homeless or are released to shelters.

Veterans - In January of 2014 according to the PIT estimates there were 33 homeless veterans identified. Examining data on homeless veterans in the state and in the New Haven region, there has been a significant decline in the number of homeless veterans, with the biggest drops occurring since 2011. The state is rapidly moving towards its goal of ending veteran homelessness.

4. Current System of Care for the Homeless

The system of care for the homeless in New Haven is similar to the structure of systems of care for the homeless in many urban cities around the country. There are emergency shelters with length of stay up to 90 days, transitional housing and permanent supportive housing units. A growing practice nationally is to transform transitional housing units into permanent supportive housing units. Shelter stays are supplemented with case management services (e.g., referrals, assistance with subsidies) that may vary by shelter depending on staffing and availability. The new philosophy is to move clients out of shelter and into affordable housing (e.g., rapidly rehousing) or permanent supportive housing as quickly as possible. In alignment with federal requirements, the New Haven system of care is focusing on housing first as a priority. Opening Doors Connecticut (and its regional affiliate Greater New Haven Opening Doors (GNH - OD) has been serving as the leadership/governing body to guide systems change transformation that is currently in the early stages of change.

5. Comparisons to Evidence-Based and Promising Practices

New Haven is utilizing the 10 Essentials of Ending Homelessness identified by the National Alliance to End Homelessness (NAEH) (and their accompanying Homelessness Research Institute). One area of weakness is job training and placement. In addition to these 10 Essentials, New Haven and our surrounding providers have been trained in and are implementing evidence-based and promising practices recognized at the national level. The evidence-based practices² include Permanent Supportive Housing and Housing First approaches (long term housing and wrap around support), Rent Subsidies

² Critical Time Intervention is the only practice that at the time of the assessment it was unclear if any provider was using this evidence-based practice (the closest to this might be Columbus House – Medical Respite from Yale New Haven Hospital Systems and the Continuum – Yale Psychiatric Hospital).

(Housing Choice Vouchers – Section 8), Motivational Interviewing (to reach and engage the homeless into services), Integrated Treatment (for Co-Occurring Disorders). The promising practices that our providers are engaged in include Rapid Rehousing (crisis response), Homeless Prevention and Diversion (before homelessness occurs), Coordinated Entry and Assessment using the the VI-SPDAT.

6. Financial Analysis

Of the organizations that completed a financial assessment, over \$25 million in funding per year was identified. The federal Department of Housing and Urban Development (HUD) is the largest single source of funding with most of it being used for permanent supportive housing. The single largest recipient of Federal HUD funds is the Housing Authority of the City of New Haven which reported receiving \$6.8 million specifically for homeless prevention activities (72% of all HUD funds received by responding organizations). The State of Connecticut provides an equal amount of funding from five different agencies with the Departments of Mental Health and Addiction Services (18.3%) and Housing (14.8%) being the most significant funders. Including Federal grants, State and Federal funds account for 83% of all funds used to provide housing/shelter to homeless individuals and families with the bulk of the difference coming from the City of New Haven (6%), fundraising efforts by the organizations (5.1%) and other revenue sources (4.4%). The majority if the other revenue is generated from user fees for services provided. The average cost per day include: 1) emergency housing - \$35.30; 2) transitional housing - \$25.52; and 3) permanent support housing - \$29.68.

7. Gaps & Barriers

The following gaps and barriers were identified: 1) lack of an overarching model/framework for addressing homelessness; 2) insufficient emergency housing (family, youth, singles); 3) insufficient affordable housing; 4) need to expand dialogue and include additional partners for solutions; 5) inadequate strategies to prevent people from people homeless; 6) limited focus on employment and income to support people in housing; 7) lack of data monitoring, evaluation and continuous quality improvement.

Recommendations

In order to address the gaps and barriers identified the following recommendations were made: 1) Develop the Theoretical and Conceptual Framework to address social determinants, such as employment or income; 2) Determine the ‘Backbone Structure’ – who is ultimately responsible for the homeless in New Haven and what is the best structure to support the efforts of ending homelessness, to include social determinants; 3) Support the re-tooling of providers and services to better meet the needs of the people who are currently homeless, at risk of becoming homeless, or exiting homelessness; 4) Examine state and local policies and programs for opportunities or barriers to achieve the federal goals and HEARTH performance targets; 5) Develop a data monitoring strategy and continuous quality improvement strategy for the system of care for the homeless; 6) Address the housing stock challenge by working with city, state and federal stakeholders and policy influencers in identifying more affordable housing opportunities including expanding the number of publically-funded subsidized units; 7) Continue to build partnerships and share resources; 8) Prioritize and develop strategies to address the needs of sub-populations; 8) Examine the funding streams and how funding is distributed in more depth; 9) Align funding streams to better meet community needs and effectively execute on state and

federal standards; and 10) Engage in innovation by taking advantage of the enormous local assets (e.g. universities, businesses, non-profits, government).