REACHING HOME
Ending Homelessness
a campaign of the Partnership for Strong Communities

Barriers to Ending Homelessness:
From Those Experiencing It

"The whole thing with this system is... it's a chess match. And only good players can navigate their way through it."

-Hartford Focus Group Participant

A thorough analysis of the homeless assistance and housing service systems requires hearing from the very people they aim to serve. In order to identify the gaps, barriers, and strengths of these systems, Reaching Home conducted six outreach sessions with individuals and families who have attempted to navigate the systems *Opening Doors-CT* aims to change.

These outreach sessions informed some of the way Reaching Home's work is prioritized and has also provided additional perspectives to consider as we seek to permanently end homelessness in Connecticut. While more research is needed to determine which interventions are best targeted to various populations, a significant barrier that can and must be immediately addressed is the fragmentation of the various systems with which someone experiencing homelessness interacts.

While the findings of these sessions were not conducted with the intent of creating a statistically valid sample of views, the themes that emerged and the problems cited were consistent with the work of the *Opening Doors–CT* Workgroups and the initial recommendations made to date. Thus, the summary of initiatives that you will find here reflects both the work of Reaching Home's development and implementation of *Opening Doors–CT* and also draws on the experiences of people who have experienced or are experiencing homelessness.

Key Findings

The homeless assistance and housing system is fragmented and difficult to navigate.

When crisis occurs and a person or family is faced with housing loss, individuals and families become clients of a fragmented and under-resourced crisis response system where they primarily receive their information of available services and programs through peer-to-peer to interactions. Case workers juggle several cases a month and front-line staff in shelters are provided with incomplete information around available resources for their clients and the eligibility criteria for the array of programs that do exist. The result is a homelessness assistance system that is increasingly difficult to navigate.

"People don't look at you as an individual. They look at the reasons why you're homeless instead of trying to help you."

-Norwalk Focus Group Participant

Moreover, many individuals who are homeless are disengaged from and distrustful of public systems. Clients of some of the state's emergency shelters reported what they perceive to be misconduct among shelter staff and desired the creation and implementation of better oversight and standards. Additionally, some clients of the shelter system stated a preference for living outdoors and demonstrated a significant amount of skepticism about accessing public systems for services.

About *Opening Doors-CT*

Opening Doors-CT is focused on aligning systems and creating a comprehensive, coordinated statewide housing assistance system that includes a mixture of interventions:

- Rapid re-housing
- Affordable housing
- Permanent supportive housing
- Homelessness prevention
- Transitional housing options for youth and young adults

The vision of the plan recognizes that no one should experience homelessness or go without a safe, stable place to call home. *Opening Doors-CT* aspires to:

- Finish the job of ending chronic homelessness in **five years** (2017)
- Prevent and end homelessness among veterans in **five years** (2017)
- Prevent and end homelessness among families, youth and children in **ten years** (2022), and
- Set a path for ending all homelessness

To meet the ambitious goals outlined in *Opening Doors-CT*, the Reaching Home campaign is collectively organizing across fields and sectors to change systems and create meaningful impact. *Opening Doors-CT* is focused on the same key strategies as the federal plan:

- Increase access to stable and affordable housing
- Retool the homeless crisis response system
- Increase economic security
- Improve health and housing stability
- Meet the unique needs of homeless youth

Homelessness has no "one-size-fits-all" solution

High housing costs and inadequate income reinforce homelessness in Connecticut and across the country, but several other circumstances contribute to a family or person's housing instability that require targeted strategies and tailored interventions in order to exit homelessness.

Families

The recent economic downturn has pushed more Connecticut families into poverty and many more into unemployment, making the housing wage in Connecticut increasingly unaffordable for families, especially single-parent families that participated in the focus groups. Focus group participants felt that resources for housing subsidies and other support services are distributed disproportionately throughout the state, leaving people experiencing homelessness in less populated areas with access to far fewer resources than their metropolitan counterparts.

Heads of families experiencing homelessness have found that affordable housing options are likely to be located in areas with higher rates of crime, violence, and poverty. Individuals and families with prior evictions or a history of involvement with the criminal justice system have reported little to no success in finding an affordable unit in areas that are not concentrated in poverty, which carries strong implications for future economic and educational opportunities.

Families and veterans with experiences in transitional living programs (TLP) felt positive about their outcomes. However, they expressed dissatisfaction with a mandatory services model and felt a voluntary model allowed for a more individualized approach to meeting their goals. Participants that expressed satisfaction with TLPs cited effective case management as one of the most helpful elements in meeting both personal and program goals.

Of the focus group participants who entered a TLP, there were mixed feelings around limitations on length-of-stay. Some viewed them as stressful, worrying that leaving the TLP would create another housing crisis in their life just as they were becoming stable.

> *"Knowing there's a time limit on your housing is stressful and scares you."*
>
> -Windham County Focus Group Participant

Serious Mental Illness

Exiting out of homelessness into permanent supportive housing resulted in profound successes for people who had experienced chronic homelessness, particularly those with serious mental health and substance use disorders. The housing first model has empowered tenants of supportive housing to overcome substance addiction and be better consumers of care than when they were experiencing homelessness. The stability of a home increased their quality of life—enabling them to enroll in college, develop skills, and become self-sufficient. At the same time, the case management tied to supportive housing resulted in savings to the state in the form of reduced emergency room visits, inpatient hospitalizations, and incarceration rates.

Youth

In Connecticut, there is a severe shortage of shelter, housing programs, and support services for unaccompanied homeless youth. When asked if they had any experience with homeless youth, respondents reported knowledge of young females who have resorted to engaging in sexual misconduct with older men just for a place to sleep at night. Additionally, they commented that homeless youth are hesitant to enter adult shelters and will resort to "camping" outdoors instead.

Recommendations

Emergency shelters are operating above capacity and consumers are turned away from shelter every day. The result is a system where one's ability to advocate for oneself, combined with elements of good timing and luck, determine whether someone exits to permanent and stable housing. We must:

Create a statewide Coordinated Access system that coordinates and aligns state and local activities, reduces inefficiencies, and enhances data on system capacity and needs. An effective system will improve access to housing stability through greater prevention and diversion activities, more seamless access to shelter beds, and a standardized process for intake and housing needs assessments.

Reframe the homeless assistance system as a housing assistance system by utilizing a variety of proven tools that are flexible and can be tailored to meet the individualized needs and circumstances of an individual, family, youth or young adult. A comprehensive system must:

- **Increase access to stable affordable and supportive housing.** Ensure that housing services are distributed geographically in order to meet the regional housing assistance needs as defined in *Opening Doors-CT*, and also to ensure housing services and subsidy programs are not concentrated in high-poverty areas. Target housing assistance to meet those most likely to enter or remain in shelter or unsheltered settings.

"You can't put everybody in the same boat. You can't treat everyone the same and you can't treat the situations the same."

-Norwalk Focus Group Participant

- **Create a statewide Rapid Re-Housing Program designed to help families quickly move out of homelessness and into permanent housing.** The program should include short-term stabilization supports that are flexible and allow for intensity to be reduced over time. Rapid Re-housing should also include case management and/or services that help the client to build skill sets around maintaining housing, employment, access to primary health care, and connections to other social capital.

- **Support and encourage communities to conduct a comparative analysis between rapid re-housing programs and transitional living programs** that evaluates both the outcomes and cost-effectiveness of each. Continue ongoing research on outcomes and trajectories among families who have been serviced by the programs.

- **Expand the range of housing options for youth and young adults facing homelessness.** Develop targeted outreach strategies to identify and enumerate youth and young adults without housing and connect them to the services and supports they need. Establish young adults as a priority for affordable and supportive housing. Explore the possibility of repurposing some of the state's existing TLPs for unaccompanied youth.

Economic security is still an afterthought

People experiencing homelessness face several barriers to employment and are competing with people who have established work histories at a time when employment opportunities are scarce. Housing status poses several logistical challenges to finding gainful employment including, but not limited to, lack of reliable transportation, the need for childcare arrangements, gaps in work history due to homelessness, and lack of advanced computer or technical skills.

Some focus group participants perceive dis-incentives to work associated with various benefit programs. For example, some people experiencing homelessness fear that seeking part-time employment will disqualify their pending applications for SSI/SSDI benefits. This is especially problematic when clients of the homeless and housing assistance system are experiencing serious delays in accessing SSI/SSDI benefits, with several years passing between the time they applied and the time they received their first payment. One client with a physical disability learned to feign a mental health disability in order to guarantee and expedite approval of benefits.

Recommendations

Foster housing retention through income growth and employment by streamlining access to mainstream workforce resources that exist. Target those resources to people who are homeless or at-risk of homelessness.

Expand employment opportunities that encourage persons receiving Social Security benefits to return to work. Create statewide access to and awareness of effective programs including Ticket to Work, SSI/SSDI Outreach, Access, and Recovery (SOAR), and Medicaid for the Employed-Disabled (MED).

Snapshot: Homelessness in Connecticut

Between 13,000 and 14,000 people have at least one episode of homelessness in the course of a year, and nearly 1 in 5 is children.[1] When looking specifically at families, data shows a 31% increase between 2010 and 2011 in families who experienced at least one episode of homelessness.[2] Point-in-Time (PIT) data from 2012 suggests a slight decrease in the number of families who were homeless from the previous year, with 432 families counted on a given night in January—down from 465 families residing in emergency shelter and transitional housing in 2011.

Between 2009 and 2011, the number of individuals experiencing chronic homelessness in Connecticut increased by 26%, representing one in three single adults experiencing homelessness at a point in time.[3] According to the national 2012 PIT Estimates of Homelessness, the number of veterans and people experiencing chronic homelessness has decreased across the country since 2007. We have yet to see the same trend evolve in Connecticut: the rate of chronic homelessness among sheltered adults has remained steady, while the percentage of unsheltered adults, including those who are chronically homeless, has increased by 34% and 92% respectively.[4]

Sources:
1. HMIS: 2011 and 2012, 2. Reaching Home, *Opening Doors 2012 Baseline Report*, 3. CCEH, *The State of Homelessness in Connecticut*, May 2012,
4. CCEH, *Homelessness in Connecticut at One Point in Time: Taking a Snapshot, Developing a Full Picture*, January, 2013

Healthcare and housing are inextricably linked

For many, homelessness began with a physical or mental health disability that interfered with one's ability to work. Over time, a lack of stable housing resulted in exacerbated health conditions for several reasons. When living in shelter, people do not have access to their medication and cannot comply with treatment, while others will self-medicate and develop substance addictions and other dangerous habits. Hospitals discharge patients to the streets before full recovery, perpetuating a cycle of homelessness and inappropriate, costly use of health care services.

"People should get services based on their need. You know? Health issues, mental health issues... They DO put you in a position where you can become homeless .... It all correlates."

-Hartford Focus Group Participant

Medicaid beneficiaries who are homeless face numerous obstacles that prevent a proactive approach to their health. People who are homeless often lose coverage and are unaware their benefits had been suspended until attempting to access health services. Subsequent efforts to contact the Department of Social Services during their redetermination period are unsuccessful for the majority of those participating in the group discussions.

Individuals that are connected to Medicaid benefits reported difficulty accessing specialty services such as dental and vision. For example, one woman could not afford proper dental services, and as a result, had all of her teeth removed. This created several difficulties in her search for employment. Additionally, a mother reported she could not afford proper dental care for her adolescent daughter. The young girl was forced to have her teeth removed and she now experiences bullying at school, and as a result, depression.

Other Medicaid clients who are homeless still rely primarily on safety-net providers for their care, including but not limited to public hospitals, community health centers, and faith-based and mission-driven organizations. Those on spend-down programs are forced to accumulate medical bills in order to meet the deductible and therefore they purposefully frequent emergency rooms to quickly meet the requirements of their spend-down.

Recommendations

Integrate housing as a fundamental component of health care reform initiatives in the state. Support health care and housing providers in efforts to build capacity to proactively engage and serve high-cost, frequent utilizers of health systems. Increase the number of clients with access to primary and preventative care. Other initial recommendations include:

- Encourage hospitals to begin tracking housing status in order to collect data and better understand trends of homeless populations accessing emergency departments and inpatient hospitalization.
- Reduce hospital discharge to homelessness by investing in medical respite programs for people who are homeless.
- Solidify communications with DSS in order to improve access to Medicaid and continuity-of-care for Medicaid recipients.
- Reform spend-down in a way that addresses the barriers to healthcare that result in appropriate use of health care services, keeping in mind that populations that are dually eligible for Medicaid and Medicare will not be included in the Medicaid expansion population.

About the

PARTNERSHIP FOR STRONG COMMUNITIES

The Partnership for Strong Communities is a statewide non-profit policy organization focused on fostering vibrant communities, eliminating homelessness, and creating a range of affordable and supportive housing options. We believe a home is the foundation for strong neighborhoods, economic opportunity, healthy people, and educational success.

The Partnership connects key state and federal policymakers, local officials, corporate leaders, and non-profit organizations so that public and private resources can be wisely used to affect positive changes in policies that make our communities better places to live and work.

The Partnership staffs two statewide campaigns: Reaching Home, which advocates for solutions to end homelessness; & HOMEConnecticut, aimed at creating more affordable housing throughout the state.