Appendix A

What have we learned about essential elements to prevent and end homelessness in Connecticut?

During the Opening Doors - CT roundtable "listening sessions" held in the Spring of 2011, practitioners and policymakers in the fields of homeless services, health care, criminal justice, family and youth programs, community engagement, employment, and housing offered their views and practical advice on preventing and ending homelessness in Connecticut. Their input was complemented by additional information garnered through an on-line survey posted during April 2011 and by extensive public comment provided to USICH in 2010 from stakeholders in the Northeast as part of the federal *Opening Doors* development.

While the comments were diverse (and all were valuable), there were several themes that were remarkably consistent across the various disciplines represented by the commenters:

1. **Preventing and ending homelessness is a shared responsibility**
   - Housing loss is intertwined with issues of income, health, safety, social and family supports, and other factors. Solving an issue this complicated can only happen by tapping the expertise and resources of many disciplines working in tandem. It is no longer seen as the sole responsibility of the homeless services system.

2. **Housing, housing, housing**
   - Housing is the first step: it must be available in order for other interventions to work.
   - Housing subsidies are essential.
   - We need better strategies to eliminate barriers to housing access, such as overarching management of coordinated housing applications and placement, and shared waiting lists.
   - State level policy needs to prioritize and allocate state housing resources (rent subsidies, capital, etc.) based on desired outcomes, and connect these resources with those from other systems (e.g., education, human services, transportation, energy, criminal justice).
   - Local housing authority participation in efforts to end homelessness is essential.
   - As some larger housing authorities have learned, all affordable housing benefits from connecting tenants to community services and supports.
   - Take advantage of current opportunities to reuse underutilized, blighted and abandoned REO/foreclosed properties.

3. **Differentiate our services to households faced with housing loss based on their individual needs and preferences**
   - People have the right to decide their own fate or course of action; "success" does not look the same for everyone.
   - Not everyone needs housing with intensive services – many people just need a home, access to health care, and help with employment. Create multiple pathways of response geared to level of need.

- While we may need to better standardize our systems[1], the services we provide must remain person-centered.
- Pay attention to the issue of substance addiction. Ensure that staff members across agencies are trained in working with people with addictions.

4. **Target assistance to households with the greatest needs**
   - Focus prevention services particularly on young parents with children who are at risk, families with multiple health care interventions, homeless "couch hopping" youth, and youth transitioning from foster care and the criminal justice system.
   - Also target housing assistance to households who are frequent users of systems, such as shelters, criminal justice, and emergency health care.
   - Identify frequent users of systems at the community level and through cross-system data matching, as was done in the FUSE initiative.[2]
   - Assertively reach out to and proactively engage highly vulnerable populations.

5. **Make better and more efficient use of data**
   - Households confronted by homelessness frequently move from one community to another, and are often served by multiple systems (shelters, hospitals, child welfare, schools, mental health, criminal justice). Integrated data systems are needed to access centralized, easily accessible information to better serve the needs of clients.[3]
   - Each data system should have within it a set of common data elements that allow data to be fed into a master system and cross referenced, including federally required data elements.
   - Ensure that the restructuring of the CT Department of Social Services' data system takes into account the data needs of other state agencies.
   - Break down walls in HMIS that make it difficult for localities to access information in a timely way. Communities want to use HMIS for data matching with housing authorities and other systems, and to see when people are moving between shelters.

6. **Hold ourselves accountable for housing stability**
   - Reframing the role of the service system in the life of the person confronted by homelessness means being accountable for the client's stability in housing. Expectations then shift to looking at the long - term needs of the person.

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[1] Recommendations for standardized systems included 1) devising a uniform assessment tool (i.e., a form used to identify the needs of a family or individual for housing and other services) that would be used by shelters, housing assistance programs, and other human service programs; 2) establishing common data elements across human service programs that would feed into a central data warehouse; and 3) creating uniform reporting formats among funding agencies, which would enable service providers to spend more time delivering services and less time meeting myriad documentation requirements.

[2] The Frequent User Service Enhancement (FUSE) initiative provides supportive housing for a set number of individuals in targeted communities who have cycled in and out of jail, shelter, emergency health care, and other public systems. Participants in the program were identified through data matching between HMIS and the Department of Corrections.

[3] A recommended model for this is the e-health initiative of the CT Department of Public Health, which will provide health information exchange among hospitals and other health care providers through on-line accessibility to electronic health records.

- Service staff needs to be skilled and effective at organizing and coordinating the resources that touch that person, and track what happens after a referral.[4] A possible model is that of a *cross-system*s navigator (*described in this document in the Section "Improving Health and Housing Stability"*).
- Look at the important role of mentors and peer specialists in providing support.
- Match resources with accountability standards and measures, and align incentives tied to performance toward desired outcomes. Track performance data and get the information to the providers of services regularly.
- Standards of care are needed, as well as technical assistance to support providers in meeting these standards. The standards should cross- geographical lines and span categorical funding requirements.

7. Forge alliances that bring better service to the person and community
- Proactively engage other sectors that are serving the same people, but in different ways; establish formal processes to coordinate services in ways that take best advantage of the strengths and resources of each partner.[5]
- Start by forming the relationship; get to know the director of the other organization, identify shared interests and what each can bring to the table.
- Inter-organization collaboration requires a clear delineation of roles and the target population(s) to receive services, an effective system to identify the individuals or families, a tight referral process, and a system of accountability.
- When there are several organizations involved, it is important to designate a lead entity with a comprehensive view. The purpose of the lead is to orchestrate the many players in the system and make everyone more successful. It helps if the lead has clout through controlling the funding that agencies receive.
- Collaborations can create efficiencies for the client, but they take time and resources to manage for the organizations involved.
- Effective collaborations have ripple effects: they establish a foundation of relationships upon which new initiatives can be built.
- Devise ways to better coordinate the work of the State Interagency Council on Supportive Housing and Homelessness with that of local municipalities and community plans to end homelessness (aka "ten year plans").

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[4] As one listening session participant put it "if I had all the money in the world, I would have every family that requires services be assigned a case manager who is not part of any of us – their only job is to bring all the systems together to develop a strategy for this family to move through the system."

[5] There were many examples given of this kind of cross-sector collaboration, including: 1) an employer working with a youth services agency – one provides the jobs and job training, the other provides the job readiness and job retention supports; 2) a developer of affordable housing working with a human services agency– one provides a set-aside of apartments, the other refers tenants and provides housing stabilization supports; 3) a hospital working with an emergency shelter – the hospital provides coordinated discharge planning for homeless individuals and health care navigation post-release, the shelter provides respite care beds leading to housing placement for the individuals who are discharged; 4) a housing authority and hospital co-developing properties to provide affordable units and remove blight in the neighborhood surrounding the hospital; 4) Connecticut's State-led supportive housing initiatives, which involve funding collaborations between human service and housing agencies.

8. **Don't make employment an afterthought**
   - Securing affordable housing is not the end in itself, but rather a stable platform for pursing other goals, such as income growth. Recognize that the majority of people, once housed, are capable of working. Understand the employment issues the person faces.
   - Focus employment efforts on skill building targeted to specific industries and occupations.
   - Develop linkages to the training programs and job placement services of workforce investment boards and the Bureau of Rehabilitation Services (BRS).

9. **Take advantage of opportunities presented by health care reform**
   - Look for opportunities to tap into Medicaid to expand resources for supportive housing services.
   - Explore the potential for enhancing health care through structured partnerships between providers of housing assistance and community health centers.

10. **Speak plainly**
    - We need to create basic messages to engage broader constituencies about our efforts to prevent and end homelessness, and identify expanded ways to disseminate information to people not involved in the field of homeless services. Take inspiration from anti-stigma campaigns.