

Appendix C

Sector Snapshots

The following snapshots were developed as briefing papers for participants in the Opening Doors-CT Listening Sessions. Held in the Spring of 2011, the Listening Sessions were facilitated conversations among practitioners and policymakers in the fields of homeless services, health care, criminal justice, family and youth programs, community engagement, employment, and housing. Each snapshot provides a summary of related best practices and includes a "Follow the Money" section listing resources in Connecticut relevant to the sector.

Opening Doors-CT

Sector Snapshot: Crisis Response System

1. Follow the Money

Funding Source	Emergency Shelters	Transitional Housing	HPRP/State Rapid Re-Housing	Eviction & Foreclosure Prevention	Security Deposit Guarantee
FEDERAL					
ARRA			\$17,000,000		
HUD ESG	\$1,824,072				
HUD HOPWA		3,232,000			
HUD McKinney		\$7,447,953			
SAMHSA-PATH	\$828,480				
VA	\$41,062	\$1,720,026			
STATE					
DMHAS	\$3,105,341	\$663,000**			
DSS	\$5,311,253*	\$7,393,526		\$269,011	\$1,380,482
TOTAL	\$11,110,208	\$20,456,515	\$17,000,000	\$269,011	\$1,380,482

*Includes DV shelter funding

**For AIDS Housing programs

2. Best Practices—Retooling the Crisis Response System

1. **“Housing First” Strategies**—to prevent homelessness; rapidly return people who become homeless to housing; and minimize barriers to housing access such as pre-conditions on housing readiness
 - a. **identify the most vulnerable living on the streets** and connect them to housing
 - b. **homelessness prevention and diversion from shelter** using financial assistance and housing stabilization supports
 - c. **rapid placement of homeless persons into permanent housing** using financial assistance and housing stabilization supports (length of time based on needs of each family)
 - d. **identify families at greatest risk** through data and research-based targeting for prevention and rapid re-housing

2. **Systems of Care**—to better align components of the crisis response system
 - a. **create common outcomes** for all sectors of the crisis response system—to more effectively help homeless persons quickly achieve long-term housing—and link with local plans to end homelessness
 - b. **coordinated and centralized referral and intake**—statewide referral through 211 Infoline, plus centralized intake on a regional level using uniform assessment embedded within HMIS
 - c. **strengthen planning for discharges from institutional care** such as foster care, hospitals, and criminal justice facilities; establish statewide pre-release agreement with Department of Correction and Social Security Administration
 - d. **strengthen collaboration with mainstream programs** to ensure continuity of support post-crisis; establish public sector policies that encourage cross-sector partnerships with mainstream systems (e.g. partnerships with local public housing authorities)

3. **Access to Crisis Programs**—improve access by simplifying requirements for access and receipt of services
 - a. **ensure youth and families** of all configurations achieve access
 - b. **focus on cultural competency** to ensure effective services for identified cultural groups (e.g. non-English speaking clients; LGBT youth)
 - c. **eliminate programmatic requirements** that act as barriers for vulnerable populations, including sobriety requirements, mandated treatment for mental illness, mandated service requirements
 - d. **strengthen links with schools** to more effectively identify homeless children; create stronger ties between school homeless liaisons and crisis response systems

 4. **Transitional Program Adaptations**
 - a. **implement transition-in-place models** in addition to current models
 - b. **target higher cost transitional housing** to persons with greatest needs (e.g. persons identified using Vulnerability Surveys), or **convert transitional units** to safe havens or permanent supportive housing
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3. Stakeholders in the Crisis Response System

- 2-1-1
- Consumers of Services
- Homeless Outreach Teams
- Homeless Prevention & Rapid Re-Housing Programs
- Hospitals—Emergency Departments
- Landlords
- Legal Services & Housing Mediation Programs
- Local Plans to End Homelessness
- Police Departments
- Shelters (includes DV) & Drop-in Centers
- Soup Kitchens
- Transitional Housing Programs
- Town Social Service Directors

Opening Doors-CT

Sector Snapshot: Health

1. Follow the Money

Funding Source	Primary & Behavioral Health Programs & Services	Community Based Services	Medical Care Coverage
FEDERAL			
ARRA Medical Assistance Payments			\$560,000,000
HHS CDC	\$11,976,162		
HHS HIV/AIDS	\$6,786,890		
HHS HIV Formula Grants	\$15,107,158		
HHS Maternal & Child Health	\$4,421,345		
HHS Medical Assistance Payments (MAP)-Federal Share			TBD
HHS Money Follows the Person		TBD	
HHS Mental Health Discretionary Funding	\$6,156,553		
HHS Mental Health Services Block Grant	\$4,233,212		
HHS Substance Abuse Discretionary Funding	\$12,215,083		
HHS Substance Abuse Prevention & Treatment Block Grant	\$17,071,088		
HHS SAMHSA Transition from Homelessness (PATH)		\$863,000	
HHS SAMHSA Cooperative Agreements to Benefit Homeless Individuals		TBD	
HHS Protection & Advocacy		\$430,800	
VA Healthcare	TBD		TBD
STATE			
DPH AIDS Services	\$4,952,598		
DPH Community Health Services	\$6,986,052		
DMHAS GA Managed Care			\$162,146,032
DMHAS Mental Health Services Grants	\$76,394,230		
DMHAS Substance Abuse Services Grants	25,277,766		
DSS Medicaid			**\$4,410,983,855
DSS Husky & Charter Oak			\$51,762,000
DSS RAP (for MFP)			
TOTAL Federal & State	\$191,578,137	\$1,293,800	\$5,184,891,887
LOCAL Health Departments	Total Budget	% General Fund (Local Revenue)	% Other Sources (Federal, State, Private Grants)
Hartford Department of Health & Human Services	\$16,372,635	44%	56%
New Haven Health Department	\$15,661,479	22%	78%

Notes: **Medicaid spending includes former SAGA program participants.

2. Best Practices—Improving Health Outcomes for Homeless Individuals & Families

1. **Housing Assistance and “Housing First”**—to prevent homelessness; rapidly return people who become homeless to housing; and minimize barriers to housing access such as pre-conditions on housing readiness

- a. **identify the most vulnerable living on the streets** and connect them to housing as quickly as possible; use data-driven targeting strategies where effective (i.e. Vulnerability Index community surveys linked with priority access to housing, health and other services)
 - b. **target housing supports and other resources as needed** to individuals/families identified as frequent users of health, homeless and other public/institutions systems
 - c. **rapid placement of homeless persons into permanent housing** using financial assistance and housing stabilization supports (length of time based on needs of each individual/family)
2. **Integrated Systems & Services**—to improve access to and effective use of programs and services
 - a. **improve discharge planning from institutional care** such as hospitals, nursing homes and criminal justice facilities to reduce re-admission and achieve better outcomes; establish statewide Pre-Release Agreement between Department of Correction and Social Security Administration;
 - b. **strengthen collaboration with mainstream programs** to ensure access to appropriate programs, and continuity of support; establish public sector policies that encourage cross-sector partnerships with mainstream systems (e.g. partnerships with local public housing authorities and community health centers; between community health centers and emergency shelters/transitional housing programs)
 - c. **engage collaborations across health-homeless-housing sectors to strengthen program coordination and improve targeting of resources, including Patient Centered Medical Homes**—to prevent homelessness (or returns to homelessness) and maximize timely access to and effective use of healthcare services
 3. **Access to & Effective Use of Mainstream Resources**—improve access by simplifying requirements for access and receipt of services
 - a. **maximize access to appropriate benefit and entitlement programs** including SSI/SSDI, Medicaid, and Food Stamps; expand use of strategies such as SOAR (SSI/SSDI Outreach, Access and Recovery) to expedite access to federal benefit programs
 - b. **implement integrated care delivery models that are responsive to the needs of low-income, chronically ill patients** including the integration and co-location of behavioral health and primary care
 - c. **focus on cultural competency** to ensure effective services for identified cultural groups (e.g. non-English speaking clients)
 - d. **eliminate programmatic requirements** that act as barriers for vulnerable populations, including sobriety requirements, mandated service requirements (e.g. staff availability via expanded or adjusted program service hours)

3. Stakeholders in Systems Providing Health Services for Homeless Individuals & Families

- 2-1-1
- Advocates & Health Practitioners
- Benefits/Entitlement specialists
- Community Action Agencies
- Consumers of Services
- Detox Programs
- Food & Nutrition Programs—including soup kitchens, food pantries, WIC programs
- Health Centers & Wellness Programs—Community Health Centers, FQHC's
- Home Care Agencies
- Homeless Shelters, Homeless Outreach Staff
- Hospitals—including emergency departments, inpatient units, discharge planners
- Institutional Settings—including correctional facilities, nursing homes
- Local Health Departments
- Local Plans to End Homelessness and Continuums of Care
- Needle Exchange Programs (Bridgeport, Danbury, Hartford, New Haven)
- Outpatient Health and Mental Health Clinics
- Public Housing Authorities & Resident Service Coordinators
- Veterans Administration Health Centers
- Visiting Nurses Association

Opening Doors-CT

Sector Snapshot: Families, Youth & Children

1. Follow the Money

Funding Source	Housing	Income Support	Support Services	Child Care & Early Childhood Education	Employment Services
FEDERAL					
ARRA CCDBG				\$13,685,624	
DOE McKinney Vento Education for Homeless Children				\$765,000	
DOE Rehabilitation Services Administration					\$24,551,772
DOL WIA					\$28,619,579
DOL Job Corps					\$3,500,000
HHS CCDBG/TANF (Care4Kids)				\$98,415,536	
HHS Chafee Foster Care Independence; and Education & Training			\$1,764,828		\$596,774
HHS CSBG			\$8,393,383		
HHS Head Start				\$53,660,257	
HHS SSBG			\$19,629,594		
HHS TANF (Jobs First) (DSS, DOL)		\$118,958,385			\$17,557,963
HUD Section 8	\$64,125,460				
HUD FUP	\$1,173,552				
VA SSVF			TBD		
STATE					
DCF Flex Funds	\$825,000				
DCF Homeless Youth	\$1,000,000				
DCF Prevention Services			\$3,823,674		
DMHAS Young Adults			\$27,846,844		
DOE Head Start				\$6,611,150	
DSS Child Care				\$20,921,685	
DSS SAGA		\$14,409,400			
DSS State Supplement		\$97,259,990			
DSS RAP	\$32,733,421				
TOTAL	\$99,857,433	\$230,627,775	\$61,458,323	\$194,059,252	\$74,826,088

Notes: ARRA=American Recovery & Reinvestment Act; CCDBG=Child Care & Development Block Grant; CSBG=Community Services Block Grant; FUP=Family Unification Program; RAP=Rental Assistance Program; SSBG=Social Services Block Grant; SSVF=Supportive Services for Veteran Families; TANF=Temporary Assistance for Needy Families; WIA=Workforce Investment Act

2. Best Practices—Re-Aligned Systems for Better Outcomes

1. **Housing Assistance and “Housing First”**—to prevent homelessness; rapidly return people who become homeless to housing; link appropriate services with affordable housing to meet the needs of the family or youth/young adult and/or to ensure family preservation; target transitional housing resources to youth
 - a. **identify the most vulnerable as quickly as possible**—use ‘early warning’ strategies to learn from educators, courts, child welfare agencies, community action programs, and others on the front lines; target street outreach resources to identify disengaged/disconnected youth

- b. **target housing supports and other resources as needed** using financial assistance and housing stabilization supports tied to the needs of the individual/household; long-term rent subsidies targeted to appropriate households; direct permanent supportive housing resources to the subset of homeless/vulnerable families that are identified to be most in need
 - c. **rapid placement of homeless families and youth into permanent housing** using financial assistance and housing stabilization supports (length of time based on needs of each family)
 - d. **identify families and youth at greatest risk** through data and research-based targeting for prevention and rapid re-housing
2. **Integrated Systems**—to better align and link disconnected agencies, programs & systems
- a. **establish unified intake/assessment** across agencies and within regions; create a common 'housing outcome' for all sectors serving vulnerable families, youth and children, collect this data and link with local plans to end homelessness
 - b. **utilize existing interagency collaborations to strengthen program coordination and improve targeting of resources**—request these councils and advisory bodies create a standing agenda item for "housing stability/status"
 - c. **strengthen planning for transitions from institutional care** such as foster care and criminal justice (or juvenile justice) facilities;
 - d. **strengthen collaboration with mainstream programs** to ensure access to appropriate programs, and continuity of support; establish public sector policies that encourage cross-sector partnerships with mainstream systems (e.g. partnerships with local public housing authorities and family service providers)
3. **Access to & Effective Use of Mainstream Resources**—improve access by simplifying requirements for access and receipt of services
- a. **ensure youth and families** of all configurations access needed programs in a timely way; ensure that youth are connected to case management, SSI, Food Stamps and Medicaid
 - b. **focus on cultural competency** to ensure effective services for identified cultural groups (e.g. non-English speaking clients; LGBTQ youth); use peers and mentors (e.g. supportive adults for youth)
 - c. **eliminate programmatic requirements** that act as barriers for vulnerable populations, including sobriety requirements, mandated service requirements
 - d. **strengthen links with schools** to more effectively identify homeless children and at-risk families; create stronger ties between school homeless liaisons and crisis response systems
4. **Data & Demonstrations**
- a. Prioritize research to inform practice about the most effective combinations of housing plus services with optimal timeframes

3. Stakeholders in Systems for Vulnerable Families & Youth

- 2-1-1
- Advocates
- Consumers of Services
- Child Care Providers, Early Childhood Educators & After-School Programs
- Community Action Agencies
- Child Welfare, Courts & Juvenile Justice staff/programs
- CTWorks Employment Centers (One Stop Centers)
- Family & Children Agencies
- Food & Nutrition Programs
- Health Centers & Wellness Programs—Community Health Centers, FQHC's
- Landlords
- Local School District Personnel—including Homeless Liaisons, School Social Workers
- Local Plans to End Homelessness and Continuums of Care
- Public Housing Authorities & Resident Service Coordinators
- United Way

Opening Doors-CT

Sector Snapshot: Criminal Justice

1. Follow the Money

Funding Source	Residential Treatment, Transitional Housing & Supportive Housing	Community Based Treatment & Services	Health Services to Persons Under DOC Supervision
FEDERAL			
DOJ Second Chance Act		\$750,000	
STATE			
DMHAS FUSE (Services)	\$665,000		
DMHAS & DSS FUSE (RAPs)	\$540,000		
DMHAS Jail Diversion		\$4,426,568	
DMHAS Discharge & Diversion Services		\$8,962,116	
DMHAS SA Residential Services	TBD		
DOC Health & Addiction Services	\$300,000		\$98,624,298
DOC Community Support Services	\$31,000,000	\$9,180,451	
JUD CSSD Adult Program Services	\$16,569,244	\$36,239,080	
TOTAL	\$49,074,244	\$59,558,215	\$98,624,298

2. Best Practices—Breaking the Cycle of Incarceration & Homelessness

1. **Provide a continuum of community-based housing options linked w/appropriate employment, treatment and social supports**—prepare for reentry as early as possible as key to preventing homelessness and reducing recidivism
 - a. **ensure that discharge planning includes specific preparation around housing** and other basic needs
 - b. **minimize barriers to housing access** such as broad restrictions based on past arrests/incarceration
 - c. **coordinate the efforts of corrections system staff** and other government agencies in concert with community based organizations to ensure effective transitions
 - d. **identify the most effective housing plus service models to meet the needs of specific groups**—such as ‘frequent users’—target resources effectively to substantively prevent homelessness and incarceration, and to reduce recidivism

2. **Prioritize Employment, Health & Education**
 - a. **engage mainstream workforce system to fully integrate ex-offender population in State’s workforce development strategy**
 - b. **initiate comprehensive vocational assessment approaches prior to discharge**; link with community partners to assist with job search and placement
 - c. **centralize the coordination of treatment and health services** between correctional and community settings
 - d. **improve the connection between returning youth and schools**

3. **Systems Coordination w/Shared Goals**—to better align organizations and responsibilities, and to clarify accountability
 - a. **strengthen planning for discharges from DOC facilities (including transitions from community based transitional programs)**; planning should include identification of housing, employment and health services/supports
 - b. **create a protocol to establish public benefit eligibility (State and Federal)**; or reinstate prior to release, including statewide Pre-Release Agreement with Social Security Administration
 - c. **strengthen state interagency coordination** to define roles and responsibilities of partner agencies and to establish protocols for accountability; this applies also to the multiple public agencies involved with juvenile offenders

 4. **Engage the Community**—to be active partners in discharge planning and post-release reintegration
 - a. **involve families in discharge planning**; involve supportive adults in transition planning and reintegration of juvenile offenders
 - b. **strengthen capacity of community partners, including faith-based organizations**, to effectively support returning offenders
 - c. **build on and link with Reentry Roundtables** to engage broad community constituencies in support of reintegrating offenders, including civic, business and faith community sectors
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3. Stakeholders in the Criminal Justice & Reentry Systems

- 2-1-1
- Basic Needs Resources—food, clothing, transportation
- Community Action Agencies
- Community Health Centers
- Community Reintegration Programs—AIC programs, halfway houses, transitional housing programs
- Crisis Intervention Teams
- Discharge Coordinators & Planners
- Education Resources—Adult Education, Community College
- Employers
- Employment Resources—One Stop Centers, Apprenticeship Programs, Other Employment Programs
- Ex-Offenders, Peers
- Faith Community Organizations
- Family Service Centers
- Homeless Outreach Teams
- Jail Diversion Staff
- Juvenile Justice & Youth Programs—including Schools and Child Guidance Clinics
- Landlords
- Legal Services Agencies
- Local Government Programs (link to City of New Haven Prison Reentry Initiative: www.cityofnewhaven.com/mayor/prisonreentry.asp)
- Mental Health & Addictions Treatment Programs/Providers
- Nonprofit Providers
- Police & Prosecutors
- Probation & Parole Personnel
- Public Housing Authorities
- Reentry Roundtables (link to Reentry Roundtables Statewide Collaboration website: www.ccsu.edu/page.cfm?p=8015)
- Shelters & Drop-in Centers
- Sober Houses and Recovery Programs (link to DMHAS-contracted Supported Recovery Housing Service Providers: www.ct.gov/dmhas/lib/dmhas/rsp/SRHSproviders.pdf)
- Supportive Housing Programs

Opening Doors-CT

Sector Snapshot: Housing

1. Follow the Money (Affordable/Supportive Housing Financing Programs)

Funding Source	Capital Financing	Operating/Rental Subsidies	Multi-Use (may include services)
FEDERAL			
Federal Home Loan Bank Affordable Housing Program	TBD		
HHS Money Follows the Person			\$14,400,000
HUD CDBG	\$45,226,722		
HUD HOME			\$21,146,912
HUD HOPE VI/Choice Neighborhoods	TBD		
HUD ESG			\$1,824,072
HUD HOPWA			\$3,307,813
HUD McKinney Vento			\$29,738,654 (capital, operating & services)
HUD Neighborhood Stabilization Program	TBD		
HUD Section 8 DSS		\$64,125,460	
HUD Section 8 Local PHA's		\$385,225,800	
HUD Section 8 VASH		\$2,910,000	
HUD Section 811			\$1,000,000 (capital & operating)
LIHTC	\$55,000,000		
USDA Rural Development			\$1,000,000 (capital & operating)
Sub-Total Federal	\$100,226,722	\$452,261,260	72,417,451
STATE			
CHFA Mortgage Financing	\$38,000,000		
CHFA ITA Mortgage Financing	TBD		
Community Investment Act	\$3,500,000		
DECD Affordable Housing Program (Flex) (includes new allocation in FY12 budget)	\$150,000,000		
DECD Pre-Development Loan	\$3,000,000		
DMHAS Supportive Housing			\$11,501,200 (services)
DSS Money Follows the Person			\$4,600,000 (services)
DSS Rental Assistance Program		\$32,733,421	
HTCC (Housing Tax Credit Contribution Program)	\$10,000,000		
Housing Trust Fund (remaining)	\$40,000,000		
Supportive Housing	\$30,000,000		
Sub-Total State	\$274,500,000	\$32,733,421	\$16,101,200
TOTAL FEDERAL & STATE	\$374,726,722	\$484,994,681	\$88,518,651

2. Best Practices—Maximize Housing Options, Preservation & Resident Supports

1. **Providing rental assistance** (which covers the difference between 30-40% of the tenant's income and the apartment rent) has been demonstrated in numerous studies to be one of the most effective means to ending and preventing homelessness. Successful practices include the provision of state rental assistance, maximizing the acquisition of new federal Section 8 resources as they become available, and using a portion of local HOME dollars for rental assistance.

2. **Expanding the supply of affordable rental homes** where they are most needed, **preserving existing affordable units**. In new and preserved developments, incentivize the inclusion of units affordable to households with incomes below 30% of area median income with rent and capital subsidies. Maximize the use of public sector housing dollars to leverage private sector resources, and provide deep affordability through the provision of project-based rental subsidies or using capital funds to capitalize project operating reserves.
3. **Establishing a clear statewide housing policy** that incorporates benchmarks for preventing and ending homelessness and that is used to align and target State housing resources that may be administered by multiple departments and agencies. Coordinate policy and resources through an interagency working group that has clear targets, executive leadership, and dedicated staff support.
4. **Target housing resources and other supports as needed** and tied to the needs of the individual/household; provide long-term rent subsidies targeted to appropriate households; direct permanent supportive housing to the subset of homeless/vulnerable individuals/families that are most in need
5. **Reduce barriers to housing access, and improve long-term housing stability with appropriate and effective supports**
 - a. **utilize partnerships with community providers and mainstream programs** to secure appropriate supports, including employment, healthcare and education
 - b. **establish linkages with community plan efforts** related to preventing/ending homelessness
6. **Strengthen and expand housing industry capacity and infrastructure**
 - a. **operating support and working capital** for high-functioning, proven nonprofit housing development organizations dedicated to the creation of housing that includes extremely low income households
 - b. **partnerships with public housing authorities** to increase resources that target the lowest-income households and reduce barriers to housing access
 - c. **team building** between housing and service organizations focused on the creation and operation of supportive and service-enriched housing options

3. Stakeholders in Housing Systems

- 2-1-1
- Advocates, Tenants, Consumers and Peers
- Community Action Agencies
- Continuums of Care & Community Plans to End Homelessness
- Emergency Shelters & Transitional Housing Programs
- Employment Service Organizations and Regional Workforce Investment Boards—One Stop Centers, Apprenticeship Programs, Employers
- Fair Housing Centers
- Health Centers and Wellness Programs—Community Health Centers, FQHCs, Hospitals
- Housing Finance—banks/private lenders, CDFI's, syndicators/investors, housing finance agencies (public)
- Housing Developers and Owners (including Landlords)
- Housing Management-Asset Management, Property Management
- Legal Assistance Organizations
- Local Government—including Mayor/Selectman, agencies that serve vulnerable populations and agencies that manage housing and community development resources
- Nonprofit Providers
- Philanthropy
- Public Housing Authorities
- Reentry Roundtables (link to Reentry Roundtables Statewide Collaboration website: www.ctreentry.info/)
- Resident Councils
- Supportive Housing Program

Opening Doors-CT

Sector Snapshot: Community Planning & Sustainability

1a. Follow the Money

Federal Funding Source	Local Allocations	State Allocations	# Vouchers/Units (Where Applicable)
DOL WIA	\$21,300,000	\$3,700,000	
HUD CDBG	\$30,533,779	\$14,692,943	
HUD HOME	\$7,804,075	\$13,342,837	
HUD ESG	\$658,702	\$1,165,370	
HUD McKinney Vento	\$29,738,654		
HUD Section 8 Local PHAs	\$385,225,800		39,714
HUD Section 8 DSS		\$64,125,460	6,481
TOTAL	\$475,261,010	\$97,026,610	

1b. By the Numbers

	Bridgeport	Hartford	New Haven	Norwich/New London	Waterbury
Federal Funding					
DOL WIA**	\$4,268,152	\$6,280,756	\$4,583,704	\$2,761,281	\$3,470,104
HUD CDBG	\$3,606,679	\$4,163,974	\$4,012,840	\$2,060,087	\$2,481,638
HUD ESG	\$145,523	\$168,184	\$162,157		\$100,023
HUD HOME	\$1,531,918	\$2,052,213	\$1,737,520		\$1,042,698
HUD McKinney Vento	\$4,648,621	\$5,066,535	\$5,466,512	\$1,500,000	\$1,468,184
TOTAL	\$14,200,893	\$17,731,662	\$15,962,733	\$6,321,368	\$8,562,647
Local Plans to End Homelessness Goals (Selection)					
Housing	Create 1,261 units of affordable & supportive housing	Create 2,133 units of supportive housing in the Capitol Region	Create 392 units of supportive housing	Create 704 units of affordable & supportive housing	Create 250 units of permanent supportive housing
Employment/Income	200 people will be served by CTWorks and BRS; 25% will have successful exits from services	Partner w/One Stop to implement a pilot project targeting employment services to homeless persons; improve needs assessment and align services/training to effectively deliver employment supports	Create new partnerships to integrate a strong employment focus into all local efforts to serve the long-term homeless population. Secure additional state & federal resources to expand employment services, particularly in connection w/supportive housing.	Establish partnerships between homeless services-workforce development-and mainstream service systems	Reduce fragmentation of employment & income services, increase linkage among employment, training, service & education resources. Create a sustainable flexible assistance fund to provide short-term financial assistance for individuals and families at risk of becoming homeless

Note: **WIA funds reflect allocations for each of the corresponding *regions*.

2. Best Practices—Local Leadership & Targeted Resources to Ensure Long-Term Impact

1. **Establish and sustain active and engaged leadership at the local level**—for plan development and through ongoing implementation activities
 - a. cultivate civic leadership early (and often); engage into key leadership role to spearhead plan implementation efforts
 - b. ensure participation of broad and diverse stakeholders with meaningful roles and expectations
 - c. develop an appropriate organizational structure tied to plan goals and objectives, with measurable benchmarks, and engage plan stakeholders to take an active part in committee activities
 2. **Secure all resources needed to effectively implement the plan goals and objectives**—to fund the plan implementation goals and to sustain the planning implementation/oversight efforts
 - a. identify and quantify ‘resource gaps’ and engage private sector partners—philanthropy, business, civic leadership—to define concrete investment opportunities, and leverage additional public sector resources
 - b. identify all housing and community development partners, and collaborate on specific commitments of resources (leveraged and funded)
 - c. engage mainstream workforce system and community colleges as key partners to increasing employment and income outcomes
 3. **Provide oversight and accountability throughout the plan development and implementation**—to sustain engagement of plan partners, to support effective implementation of plan activities, and to monitor accomplishments related to plan and modify as needed
 - a. collect accurate and reliable information on a regular basis as needed to monitor and measure plan accomplishments
 - b. provide regular reports of plan accomplishments, and disseminate broadly to plan partners and broad community members
 - c. monitor accomplishments relative to plan goals, and be prepared to modify as needed to ensure plan success and to sustain engagement and investment of plan stakeholders
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3. Stakeholders in Community Planning & Sustainability

- Advocates, Consumers and Peers
- Chambers of Commerce and Business Leaders
- Community Action Agencies
- Community Colleges
- Continuums of Care
- Employment Service Organizations and Regional Workforce Investment Boards—One Stop Centers, Apprenticeship Programs
- Health Centers and Wellness Programs—Community Health Centers, FQHCs, Hospitals
- HMIS Administrator(s)
- Housing Developers and Owners (including Landlords)
- Local Government—including Mayor/Selectman, agencies that serve vulnerable populations and agencies that manage housing and community development resources
- Nonprofit Providers
- Philanthropy—Community Foundations, United Way
- Police, Prosecutors & Probation/Parole
- Public Housing Authorities
- Reentry Roundtables (link to Reentry Roundtables Statewide Collaboration website: www.ctreentry.info/)
- Shelters and Drop-in Centers
- Supportive Housing Programs