

Ending Chronic Homelessness

Alicia Woodsby

PARTNERSHIP FOR STRONG COMMUNITIES



photo iStock

For the first time, ending homelessness among Connecticut veterans and people with disabilities is within reach.

Connecticut's Reaching Home Campaign kicked off in 2004 with a mission many saw as quixotic: to end chronic homelessness in a decade. Essential to the effort was supportive housing for those who had been homeless the longest and had a mental illness or another serious disability—vulnerable individuals often at risk of dying on the streets.¹

“Ready for Zero?” Community Solutions—a New York-based nonprofit that supports communities and states working to end veteran and chronic homelessness by 2016—has posed that question, and Connecticut feels close to answering yes.² Having invested strategically since 2004, the state believes that zero could become a reality in the next couple years.

Progress and Innovation

Providing homes for people who have been homeless has saved the state and its municipalities millions of dollars by reducing the use of hospitals, nursing homes, prisons, and other temporary, costly responses.³ Policymakers are seeing that the money saved can be used to prevent homelessness and invest in long-term solutions. Stable homes offer a foundation for formerly homeless individuals to engage with services, improve their health, reconnect with family and friends, and return to school and work.

There is value in housing the homeless. In fact, as the United States Interagency Council on Homelessness recounts, getting people into housing as quickly as possible and then providing services as needed (an approach called Housing First) has been widely embraced. The approach since deinstitutionalization of people with mental illness has shifted from housing readiness (when ac-

cess to housing is based on achieving sobriety or being compliant with treatment) to housing first and harm reduction. The evidence is promising. In a Connecticut-based evaluation, people who were provided with apartments directly from shelters or psychiatric hospitals did not experience an increase in criminal justice involvement, substance abuse, or failure to take medication.⁴ Instead they showed improvement, such as fewer problems with psychiatric functioning, less isolation, fewer arrests, greatly reduced inpatient hospital days, and a higher degree of community integration. Studies from other states show similar results.⁵

Armed with such insights, Connecticut agencies and philanthropies are collaborating to test new models.⁶ FUSE (frequent users system engagement), for example, is a program that matches homeless data and justice-system data to identify those who previously cycled through homeless services and the corrections system and provide them with supportive housing. The total lifetime cost for jail and shelter services for the first 30 people served had been more than \$12 million.⁷ Early outcomes indicate that FUSE participants housed for 12 months or more experienced a 99 percent decline in shelter days and a 73 percent decrease in jail episodes.⁸ Philanthropies, government agencies, and the Corporation for Supportive Housing's Social Innovation Fund are testing a similar approach, matching homeless data and Medicaid data to target high-cost Medicaid beneficiaries who are also in the homeless system.

In 2004, there were an estimated 10,000 individuals who were chronically homeless in Connecticut. By 2013, according to the best available data (from the Connecticut Coalition to End Homelessness), there were approximately 1,000 veterans who were homeless in the state and about 2,400 others who were chronically homeless.

Launching a New Phase

In 2012, Connecticut entered a new phase in its work to end homelessness when it launched Opening Doors-CT, a planning effort

that follows the national Opening Doors model. The purpose is to unify the efforts of federal, state, and local partners to meet the goals of ending, in five years, veteran and chronic homelessness—and in 10 years, homelessness among families with children and youth.

The initiative is being implemented by the Reaching Home Campaign, which has advanced an exhaustive planning process across multiple systems, sectors, and levels of government to align policies and funding. It focuses on populations and strategies beyond chronic homelessness and supportive housing, and calls for the development of a *coordinated-access* system. Coordinated access reshapes a disjointed system of shelters and other housing services into a single point of entry and provides a common tool for assessing vulnerability and need.

“By creating a collaborative team approach in each locality, and then working one person at a time through a shared list according to each person’s level of need, we can use existing resources more effectively and efficiently to end homelessness,” says Lisa Tepper Bates, executive director of the CT Coalition to End Homelessness.

Coordinated access does not work without coordinated exits to permanent housing. By coupling a coordinated-access system with a practice called “The 100-Day Challenge, Rapid Results Approach,” communities are seeing significant improvements in how they identify and prioritize needs and match people with resources. With the 100-day challenge, each community sets an audacious goal (such as New Haven’s goal of reducing chronic homelessness by 75 percent in only three months) and accelerates the pace to try to meet that goal.

According to Nadim Mata, President of the Rapid Results Institute, “There are no silver bullets for complex societal problems. But by spurring local innovation, collaboration, and persistence, the 100-day challenges helped communities get the most out of the assets they had—and built confidence that homelessness can actually be solved.”

Community Solutions partnered with the Rapid Results Institute to apply this approach in a campaign to house 100,000 of the most vulnerable and chronically homeless people in the country. And they succeeded. Connecticut is now part of “Zero: 2016,” a select group chosen to work with Community Solutions to finish the job of ending veteran and chronic homelessness and is launching 100-day challenges statewide.

Linda Kaufman, National Movement Manager for Community Solutions, says, “When I ran a soup kitchen in the 1990s, I could really see no further than getting the next meal ready and providing for folks that day. The 100,000 Homes Campaign convinced me that we can house anybody. We saw 186 communities house folks who had been deemed too challenging. . . . Now we are engaged in the hard work of taking that success to scale.”

Having state resources to draw upon has significantly strengthened the odds in Connecticut. According to Governor Dannel Malloy’s office, investments in housing creation in his first term totaled approximately \$600 million and included significant funds for permanent supportive housing, housing subsidies, an employment initiative for veterans experiencing homelessness, public housing revitalization, and rapid-rehousing assistance for those at risk of experiencing homelessness.

The Corporation for Supportive Housing notes that Connecticut has created 5,758 units of permanent supportive housing in over 80 communities. At least 1,400 more units will be needed to adequately tackle this problem over the next two years.

Ending homelessness doesn’t mean preventing anyone from ever becoming homeless again. It’s about creating a system such that when anyone enters homelessness in the future, we know how to get them out quickly and prevent them from returning.

It is said that there will be an end to homelessness when it is rare, brief, and nonrecurring. According to the standards set by the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, this means that no one will be homeless for more than 30 days, there will be substantial reductions in new episodes of homelessness, and no one will return. Zero is reached when the number of people experiencing homelessness in a given population is no greater than the current monthly housing-placement rate for that population. The confluence of a national road map, proven solutions, recent innovations, private and public investments, and local collaboration indicate that Connecticut is ready for zero.

Alicia Woodsby is the executive director of the Partnership for Strong Communities, based in Hartford, Connecticut. Contact her at Alicia@pschousing.org.

Endnotes

- ¹ Supportive housing is permanent, independent, affordable housing combined with case management and support services. See David Fink, “Supportive Housing: Combatting Homelessness in Connecticut,” *Communities & Banking* 17, no. 3 (summer 2006), <http://www.bostonfed.org/commdev/c&tb/2006/summer/supportivehousing.pdf>.
- ² The specific goals are ending homelessness for veterans by the end of 2015 (or by 2016) and for the chronically homeless by the end of 2016 or by 2017.
- ³ See, for example, *Connecticut Supportive Housing Demonstration Program*, http://www.csh.org/wp-content/uploads/2011/12/Report_CTDemonstration.pdf.
- ⁴ Linda Frisman et al., *Housing First Pilot Evaluation* (Hartford: Research Division, Connecticut Department of Mental Health & Addiction Services and University of Connecticut School of Social Work, 2012).
- ⁵ S. Tsemberis, L. Gulcur, and M. Nakae, “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis,” *American Journal of Public Health* 94 (2004): 651.
- ⁶ “Supportive Housing: Cost Effective and Proven to Work” (report, Partnership for Strong Communities, Hartford, August 2014), http://pschousing.org/files/RH_SupportiveHousing.pdf.
- ⁷ See <http://www.csh.org/csh-solutions/serving-vulnerable-populations/health-systems-users/local-complex-health-needs-work/connecticut-fuse/>.
- ⁸ See the Connecticut Frequent Users Systems Engagement (FUSE), <http://www.csh.org/csh-solutions/serving-vulnerable-populations/health-systems-users/local-complex-health-needs-work/connecticut-fuse/>.

This Communities & Banking article is copyrighted by the Federal Reserve Bank of Boston. The views expressed are not necessarily those of the Bank or the Federal Reserve System. Copies of articles may be downloaded without cost at www.bostonfed.org/commdev/c&tb.