

Policy Academy for Homeless Families with Children

Vision Statement

Our vision is that all adults and children in Connecticut live in safe, decent and affordable housing, have access to services needed to live productive lives; and have enough income to support themselves and their families in dignity.

Connecticut Strengths

- A strong nonprofit network;
- A small state and a concentration of assistance and homeless services are administered by a single state agency;
- Each component of the necessary continuum of care exists (including child care subsidies, medical assistance, and outreach);
- Support from corporate, foundation and community philanthropy;
- Religious community and faith-based organizations are committed to social issues;
- A strong link to the adult homeless population for outreach and engagement;
- The advocacy community is effective; and
- Extensive collaboration exists in certain special projects.

Connecticut Weaknesses

- Lack of data, including outcome data;
- Lack of systemwide knowledge and coordination in planning, funding, and delivery of services at the local, state and federal levels;
- Homelessness is a low priority on the public agenda;
- A severe lack of safe, decent and affordable housing;
- There are parallel tracks of services for homeless and non-homeless;
- NIMBYism;
- Limited pool of property owners willing to house families with subsidies;
- Finite resources to address unmet needs; and
- Lack of follow-up services, including case management.

Connecticut Opportunities

- Connecticut is a wealthy state – economically and in other resources including higher education entities;

- Have successful models of case management and supportive housing that can be replicated;
- Consensus among key players that our emphasis should be on permanent housing and support services;
- With TANF flexibility, the state can shape policy and funding priorities; and
- Strong developing interest in prevention.

Connecticut Threats

- Funding uncertainty. Less revenue and strong competition for resources;
- Deteriorating housing stock;
- Lack of vigilance in planning and assessing evolving needs of families and in maximizing TANF flexibility; and
- Perception of homelessness as an urban problem.

Goal and Priorities

Goal: Increase the number of families that live in safe, decent and affordable housing.

Priorities:

- A. Enhance data
- B. Enhance coordination and integration of services
- C. Expand affordable housing
- D. Invest in public education about solutions
- E. Increase role of prevention

Strategies and Action Steps

A. Enhance Data

To better understand and describe who homeless families are and what mainstream services they need as well as to establish a baseline to measure success.

Strategy #1: Request technical assistance from HUD and HHS regarding recommended minimum data requirements, confidentiality, and best practices for how data can impact outcomes and services.

Strategy #2: Identify what we need. Determine how to analyze data collected and who will do it.

Strategy #3: Identify current data. Determine how reliable and how usable it is.

- a. Require state agencies to inventory data

- b. Review continuum of care Exhibit 1 data

Strategy #4: Identify additional data we need to collect and analyze who will collect it. Identify gap between existing affordable housing and services, and needs.

- a. Identify number of affordable housing units and subsidies.

B. Enhance Coordination and Integration of Services

Strategy #1: Establish a statewide task force on homelessness

- a. Governor charges Commissioners to ensure that homeless families receive equitable level of mainstream services currently available to all families.
- b. Include SDE and DOC on the task force.
- c. Create a “no wrong door” system.

Strategy #2: Eliminate barriers to immediate access to health care for sheltered families

- a. DSS will implement Medicaid presumptive eligibility for sheltered children by 3/02..
- b. DSS will work with shelters to enhance enrollment in Medicaid and S-CHIP
- c. DSS will train shelter staff in submitting documentation

Strategy #3: Increase the accessibility of mainstream services including health systems for homeless children

- a. Determine compliance with Education of Homeless Children Youth Act

Strategy #4: Increase number of homeless children who use Head Start.

- a. Coalition and statewide coordinator of Head Start will work together to develop an action plan.

Strategy #5: Use existing continuums of care to develop ongoing local capacity to improve access to services.

- a. Ask each continuum of care to appoint a liaison to the Task Force and bring policy and service needs to them.

Strategy #6: Improve dialogue between local providers and state agencies.

- a. State agencies meet regularly with Coalition to identify problems to be resolved.

Strategy #7: Increase system-wide knowledge of mainstream programs that can address needs of homeless families.

- a. Cross training between public and private service providers, including case management models.

C. Expand Affordable Housing

To increase number of families in stable housing where mainstream services are more readily accessible and to reduce the demand on crisis services.

Strategy #1: Pursue every possible HUD dollar.

- a. Ask HUD for feedback on ratings of continuum of care

Strategy #2: Get Supportive Housing Project done.

- a. Draft and sign interagency Memorandum of Understanding by January 1, 2002.
- b. Release Request for Proposals (RFP) by July 1, 2002.

Strategy #3: Work with public housing authorities to get this done.

- a. Add Public Housing Authorities to the Task Force

Strategy #4: Promote the view of housing as a cost-effective solution.

- a. Explore the development of a Housing Trust Fund.

Strategy #5: Acknowledge state leaders' efforts that have been taken on housing projects and find ways to build on that base.

- a. Include in public awareness campaign.

Strategy #6: Examine existing funding streams for opportunities to better use.

- a. Put DECD on the Task Force.

Strategy #7: Targeted outreach and increased collaboration with landlords.

- a. Expand landlord recruitment and review program policies that may discourage landlord participation. (e.g. Abatement of rent if fail inspection)

D. Invest in public education about solutions

To increase public motivation to reduce homelessness.

Strategy #1: Debunk public misconceptions

- a. Ask HUD and HHS to partner with states to develop nationwide campaign.
- b. Develop a comprehensive information/awareness campaign
- c. Show how we can reduce homelessness through informational materials and media campaign.
- d. Suggest steps that can be taken by the public to influence public policy-making.
- e. Focus on structural versus individual causes of homelessness.
- f. Use cost effectiveness data
- g. Positive use of media. Increase media stories. Talk to Montana.
- h. Meet with 211

5. Increase role of prevention

To reduce the need for crisis services and to improve the well-being and quality of life of all Connecticut residents.

Strategy #1: Recognize value of natural supports

- a. Train providers to encourage the use of natural supports in preventing homelessness.

Strategy #2: Improve access to health and behavioral health screening.

- a. Educate providers on recognizing triggers
- b. Train providers in engaging families in trusting providers

Strategy #3: Provide school-based services to Outreach.

Strategy #4: Incorporate public health prevention models.

Strategy #5: Explore wage enhancement strategies.

- a. Partner with regional workforce development boards and ask them to target the very low income.

Strategy #6: Charge Prevention Council with specifically addressing homelessness.

Messages for HUD and HHS from Connecticut State Team

We would first like to thank HHS and HUD for their efforts to bring our state team together and initiating such an important collaboration, but we also recognize that there is a lot of work to be done. Some of our concerns and comments include:

- ◆ There are severe budget issues at the state level. No deficit spending is allowed in Connecticut.
- ◆ The commitment to end chronic homelessness in ten years raises expectation on HUD as well as states.
- ◆ Who will pick up funding of services if HUD is moving toward “bricks and mortar” funding? Also, a seamless delivery system between housing and services should be maintained and the federal government should be the model of integration between systems for states to follow.
- ◆ HUD’s Planning process is over three years – how can we be a part of it?
- ◆ Similarly, how can we become apart of HHS’s planning process?
- ◆ FMR rate setting – can HUD look at the issue of Fair Market Rates and not penalize states that cannot utilize all slots set at 1993 rates within their application renewal process?
- ◆ HUD should ensure the maintenance of the one-to-one Housing to Services linkage for permanent supportive housing projects.
- ◆ The continuum of care process has been a great process that we hope continued.
- ◆ Potential sources for services funding, such as SSBG, CMHS, SAPT, TANF Medicaid, and other state block grants, are already fully utilized and problematic from a state budget perspective. For instance, there are increasing demands on the TANF block grant and present federal funding is vulnerable to cuts; the Social Services Block Grant has been cut by over \$1 billion in the last five years; and state budget deficits are directly related to their Medicaid budgets.
- ◆ We would encourage HUD to use incentives rather than mandates.
- ◆ If TANF is going to be part of your solution, the block grant must be maintained at the funding levels set in 1996.
- ◆ Is there an opportunity to cross train with HHS and HUD to find out what each agency has available to states to support the efforts discussed at the policy summit, as well as to help HHS and HUD identify the needs of states?