



**MAYOR'S TASK FORCE TO END
HOMELESSNESS
DRAFT
EXECUTIVE SUMMARY**

December 2005

**Chairperson
The Honorable Dianne E. Yamin
Judge of Probate, City of Danbury**



EXECUTIVE SUMMARY

*The number of adults and families facing long-term homelessness is increasing and is expected to double over the next 10 years as hospitals, treatment programs and correctional facilities are unable to find suitable placements for people leaving their systems; as increasing numbers of youth “age out” of foster care and state facilities; as families with multiple challenges reach and exceed time limits on welfare benefits; and as the cost of housing in Connecticut continues to rise.*¹

On a given night in January 2005, there were three hundred twenty one (321) homeless individuals or heads of household counted in Danbury. Teens, senior citizens, veterans, the mentally disabled and others were included in the count. Homeless children (of which there were an additional 69) are not reflected in that number.² The 321 counted included 47 families; 8 unaccompanied teens under 18 years of age; 17 young adults between the ages of 18–24 and 249 individuals.

Recognizing the severity of the problem, working to continually improve the quality of life in Danbury and recognizing the current opportunities to partner with federal, state, local and regional officials to end homelessness, Mayor Mark D. Boughton appointed a multidisciplinary Task Force and charged them with developing a comprehensive plan to end homelessness in ten years.

Creating a work structure that would result in a plan to prevent, reduce and ultimately end homelessness required the creation of four subcommittees or work groups (see appendix 4). Workgroups were initially chaired and populated by Task Force members. Chairpersons were urged to include other community members in the work to ensure that community expertise was fully utilized.

¹ Report to Honorable M. Jodi Rell Governor, State of CT from the Interagency Council on Supportive Housing and Homelessness, January 1, 2005. p.3

² Greater Danbury Continuum of Care, [Our Community's Homeless Count, Point-in-time Count 2005](#). see appendix 1; Continuum of Care is a community planning body responsible for assessing organizing and delivering services and housing opportunities to persons who are homeless. It is the local vehicle utilized by HUD for the allocation of HUD's Homeless Assistance funding.

The work groups met independently and the entire Task Force met periodically to refocus and share information. The Interagency Council on Homelessness website provided the actual plans completed by other cities and counties across the country. Work groups were asked to review several plans and to choose a plan after which to model their work. This was done in hopes of providing an outline and focus.

Task Force members were given an inordinate amount of reading material and asked to reference and to rely on nationally accepted best practices as they formulated their recommendations. More importantly they were asked to rely on local data.

The Task Force members were adamant that the plan encompasses all homeless populations. The motivations and driving forces behind this diligent effort to develop a plan were so inclusive as to almost prohibit focusing on specific populations. Those motivations were the beliefs of the group that everyone should be housed and that it is good public policy to strive for that success; housing that is affordable attracts employers and their employees; everyone has the ability to be housed and a well balanced community is one that offers housing options for all of its citizens and provides those citizens with the opportunity to live in the same community in which they earn their living.

The result of the work of the Task Force is a multi-faceted plan that embraces the goal that we can to End Homelessness in 10 years. It requires that work on all fronts begin and continue simultaneously. It is also a tool for the community to achieve its community development goal, which is adequate and desirable housing for all residents of the city.

This plan provides the community with four major objectives towards ending homelessness and specific recommendations to achieve those.

1. Increase the supply of permanent housing units to meet the projected need of homeless persons.

In order to end homelessness there must be an adequate supply of housing and the cost to access that adequate must be within the financial reach of people across the economic spectrum. In addition to being financially attainable, supportive housing will need to be made available to some homeless persons, tailored to meet targeted needs. Estimates are available for the number of supportive housing units needed in each region of the state over the next ten years.³ Considering both supportive and other

³ Partnership for Strong Communities Reaching Home Campaign: The Danbury area is estimated to need a total of 436 total units within the next ten years to house homeless individuals and families. Of those, 242 would house individuals facing long-term homelessness and 194 would be targeted for families facing long-

permanent housing needs, the permanent housing sub-committee has determined that 275 units of housing could be built or acquired over the next 10 years with known resources, including the Next Steps Initiative, the Housing Development Fund, CHAFA, and the Non Profit Redevelopment Corporation.

- The Danbury Plan recommends that 15 units be developed in the first year, 20 in the second and 30 each year in years 3–10.
- Funds must be secured through the Governor’s Next Step Initiative and/or new statewide Housing Trust Fund to subsidize development, operations and case management expenses of additional permanent housing.
- Support the Board of Commissioners for the Housing Authority of the City of Danbury in its adoption of a policy that establishes a local preference for homeless families and individuals those homeless linked to the new temporary monthly subsidy program.⁴
- Develop a loan program for small multi-family properties to upgrade and refurbish rental units.
- Review (Regulatory) Barriers: Address Public Policy Issues to increase access to and expand affordable housing stock.

2. Keep people housed and reduce the number of people becoming homeless and specifically reduce the number of people being discharged into homelessness by state and local institutions and Agencies.

It is the Task Force’s position that homelessness can be prevented for those at risk of becoming homeless when an effective early intervention system is developed and implemented. It is also their position that homelessness prevention can occur if there is a decrease in the number of discharges to the streets and shelters by state and local systems of care and there are transitional housing opportunities created.

- Create a seamless regional eviction prevention program which coordinates existing eviction prevention services and implements the identified needed improvements to the current system.⁵

term homelessness. Of the 436 total units, 180 would be garnered through the use of existing housing stock and 256 would be garnered through housing development

⁴ The program would need to develop a new component to administer a new fund that would provide short-term rental assistance in the form of a monthly rental subsidy for persons/families who could not otherwise afford to pay full rent. The persons/families would be on waiting list for permanent housing subsidy, would need to be working toward financial independence and be receiving supportive services. The rental subsidy would be time limited with time limits to be determined based on the average wait time for Section 8.

⁵ The program will include the development of a system for identifying at risk households and be able provide or insure that those households will receive on-going case management and services. Services will include timely access to existing community credit/financial service systems. The program will be able to provide available cash assistance and mediation for back rent/mortgage situations and direct access to legal assistance.

- Fund, increase and insure continued cash resources for these prevention activities such as back rent, security deposit, housing mediation, housing subsidies⁶ and short-term rental and mortgage assistance. Develop information & a process for landlords to refer tenants that are facing financial or other housing retention issues.
- Create the opportunity for dialogue with state and local institutions and facilities about the mutual challenges and possible strategies for improved discharge planning.⁷ Participate in the statewide efforts being undertaken by the State Interagency Council on Homelessness and the Connecticut Coalition to End Homelessness. The community and discharging institutions need to adopt a zero tolerance policy for discharge into homeless shelters and homelessness.⁸
- Provide Boards of Directors of all agencies serving homeless populations and/or providing beds with a copy of the report and request the opportunity for the implementation team to meet and develop strategies to ensure 100% utilization and expansion of current programs.
- Develop transitional housing for veterans as there are funding streams available and best practices have been established.
- Develop Transitional Housing Opportunities for young adults (18–24).

3. Ensure that there are adequate, appropriate and sufficient services to assist homeless or at risk persons in accessing and retaining housing.

Towards the goal of ending homelessness, the Task Force has adopted the position of the services workgroup which is that the service system must to adopt a zero tolerance policy for homelessness and proactively work to get and keep their clients housed by wrapping their services around each and every client and working cooperatively with each and every other agency their client needs to access.

⁶ The program would need to develop a new component to administer a new fund that would provide short-term rental assistance in the form of a monthly rental subsidy for persons/families who could not otherwise afford to pay full rent. The persons/families would be on waiting list for permanent housing subsidy, would need to be working toward financial independence and be receiving supportive services. The rental subsidy would be time limited with time limits to be determined based on the average wait time for Section 8. The rental subsidy would be considered a grant to the participant. Group recommended that guidelines and prioritization for the money be developed as time progresses.

Also to be developed would be a temporary short-term rental and mortgage assistance program (possibly modeled after the community's Key Rings program for security deposits) for those facing temporary unusual or emergency situations.

⁷ The workgroup members strongly stated that discharge planning can only be effective if the recommended transitional housing, medical respite and support programs are in place and run with no or minimal wait lists.

⁸ The Point of Entry agency would be responsible for establishing collaborative working relationships with area hospitals, DCF, Substance Abuse Treatment Facilities, Mental Health Facilities, The State Correctional and Judicial Systems, VA and others to decrease the numbers of persons being inappropriately discharged to the streets and shelters and develop appropriate discharge plans for individuals being discharged from these institutions. The group recommended that there be a requirement for the discharging facilities to notify the Point of Entry agency of pending discharges in advance and work out appropriate service and housing placements prior to discharge.

- Develop a streamlined application and referral process that is utilized community-wide.
- Improve utilization of VA provided substance abuse treatment and services.
- Review and revise community case management standards and encourage all agencies to formally adopt them.
- Create and fund a pool of community case managers.
- Develop a formal agreement with area town social service departments to provide on-going case management services to residents of their towns that are seeking shelter and services in Danbury.

4. Develop a strategy to ensure that the plan is both implemented and monitored to completion.

It is the position of the Task Force that to ensure that this plan will be implemented and that the City will monitor its implementation, responsibility and authority must be assigned to a municipal body. It is also their position that there needs to be an identified Point of Entry for all referrals that deal with homelessness, homeless prevention and eviction prevention.

- Reestablish, reorganize and retool the City of Danbury Housing Partnership⁹ and designate it as the body responsible for implementation and oversight of the 10-year plan.
- Recognize the need for staff support for the Partnership and assign a part-time staff person to the partnership and to a specific municipal department for supervision.
- The Task Force is recommending that a specific point of entry be established. It is absolutely necessary to establish one location in the community where all homeless persons or persons at risk of becoming homeless can be identified and assessed for housing services.

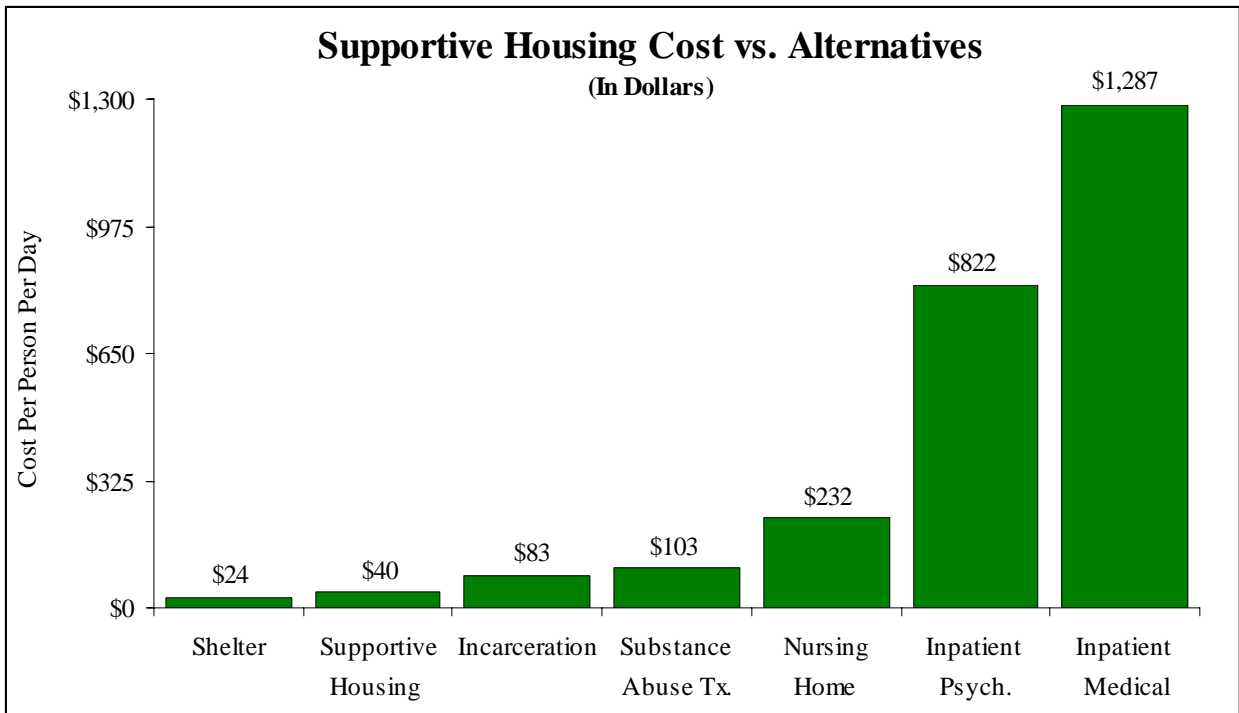
The Danbury effort to develop a 10 Year Plan to End Homelessness was initiated to coincide with similar efforts being undertaken nationally. National and statewide organizations; federal and state governments have gathered data; are making projections of need based on facts; are garnering financial and political support; are willing to provide technical assistance and stand ready to assist local communities like ours in accomplishing this goal. Specifically within our state, there are two efforts taking place simultaneously and in conjunction with each other, one led by the Corporation for Supportive Housing (CSH) and the other in State Government under the leadership of Governor M. Jodi Rell. These efforts will result in an opportunity for us to

⁹ See appendix 5a-c

become partners in these efforts as well and benefit from the funding resources and policy changes.

In order to take advantage of this opportunity the community must make a commitment to see this plan to fruition. The political will to end homelessness must be furthered by our elected officials; the development of housing must come from public, private and non-profit developers; the social service system must be willing to evaluate and redesign their service delivery systems if necessary and the citizens must support the City's investment in this plan.

“The cost of not acting is high. Long-term homelessness is expensive. Its cost is most acutely felt by the overburdened health and mental health systems. A recent study found that hospitalized homeless people stay an average of more than four days longer than other inpatients, and that almost half of medical hospitalizations of homeless people were directly attributable to their homeless condition and therefore preventable.ⁱ Conversely, a Connecticut study found that formerly homeless tenants of supportive housing had reduced their use of Medicaid-reimbursed inpatient medical care by 71% after moving into supportive apartments.ⁱⁱ This is a significant savings: in Connecticut, inpatient psychiatric care costs an average of \$822 a day, and medical hospitalizations for people with AIDS average over \$1,290 per day.ⁱⁱⁱ Recent studies have also found that homeless persons are three times more likely to use hospital emergency rooms than the general population, and are at higher risk for emergency department services because of their poor health and elevated rates of injuries.^{iv}...



For children, chronic homelessness can have a particularly devastating effect. The American Academy of Pediatrics has found that homeless children are more likely than other children to experience trauma-related injuries, developmental delays, and chronic disease.^v Disruptions in education and the effects of living in stressful, chaotic environments can have long-standing effects. Homeless children's academic performance is hampered both by their poor cognitive development and by the circumstances of their homelessness, such as constant mobility. Homeless children are more likely to score poorly on math and reading tests, and are more likely to be held back a year in school. Homeless children are also seven times more likely than other children to be placed in foster care.^{vi} Children who experience homelessness, foster care or extended stays in institutional settings often return to homelessness as adults.^{vii} Supportive housing, and the other recommendations contained in this report, offers the chance to address the needs of children who are homeless now, and to prevent their return to homelessness once they become adults."¹⁰

The City will need to invest its energy and its resources. It is the position of the Task Force that City government has the wherewithal to cause the community to respond to these recommendations but that will require financial commitment to establish a quality point of entry system and adequately fund a partial municipal staff position staff position and make resources available to the Housing Partnership. Committing and positioning ourselves in these ways will move our community towards ending homelessness.

ⁱ Sharon A. Salit, M.A., et.al., "Hospitalization Costs Associated with Homelessness in New York City," *New England Journal of Medicine*, Vol. 338:1734-1740, #24, June 1998.

ⁱⁱ Program Evaluation Report for Connecticut Supportive Housing Demonstration Program, 1999 – obtainable through the Corporation for Supportive Housing

ⁱⁱⁱ Average daily rate for inpatient hospitalization (for a person with HIV/AIDS): \$1,287 (Yale New Haven Hospital, 2001); inpatient psychiatric care (State-operated facility): \$1,089, inpatient psychiatric care (private facility): \$554 (Department of Mental Health and Addiction Services, 2002);

^{iv} Kushel MB, Vittinghoff E, Haas JS. Factors associated with the health care utilization of homeless persons. *JAMA*. 2001;285:200-206.

^v American Academy of Pediatrics, "Health Needs of Homeless Children and Families," October 1996.

^{vi} *Homeless Children: America's New Outcasts*, Better Homes Fund, 1999.

^{vii} Nan Roman and Phyllis Wolfe, *Web of Failure: the Relationship Between Foster Care and Homelessness*, National Alliance to End Homelessness, 1995.

¹⁰ [Report to the Honorable M. Jodi Rell, Governor State of Connecticut from the Interagency Council on Supportive Housing and Homelessness, January 1, 2005. pp3&4](#)