

# Housing Supports in Connecticut

Issue Brief 2019



**NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD**

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*We want to recognize our community members for bringing light to housing issues and thank our panelists for sharing their perspectives to inform our advocacy.*

## Executive Summary

Connecticut is not an affordable place to live – housing prices have exploded while incomes remain stagnant. Housing concerns have been described by our community members for several years as one of the top priority issues that impact their recovery in our region. The level of frustration is high. People with mental health and addiction issues face housing discrimination and encounter many barriers to accessing stable, permanent housing. However, housing provides a stable foundation from which to enable better recovery. According to Steve DiLella, the Director of the Individual and Family Support Program Unit at the Department of Housing (DOH), “When we put someone in affordable housing, a lot of things get better.” He shared that in a program specifically designed for individuals that cycle between the jail system and the homeless service system, the recidivism is usually 50%, but when placed in housing programs, the rate is only 10% to 13%. Director DiLella asserts, “Housing helps create a stable base for recovery.” Nonetheless, people with mental health and addiction issues remain some of the most vulnerable groups in CT and in the US.

Based on mutual interest in the ultimate goal of strengthening Connecticut’s housing system, the North Central Regional Mental Health Board (NCRMHB) organized a “Housing Supports in Connecticut” forum on January 30, 2019. On the panels were:

**Panel 1:** Options for safe, affordable, and supportive housing for individuals with mental health and/or addiction challenges.

- Steve DiLella, Director of the Individual and Family Support Program Unit at CT Department of Housing
- Richard Porth, President and CEO of United Way/211
- Alice Minervino, Program Manager of DMHAS Housing and Homeless Services
- Matthew Morgan, Executive Director of Journey Home, Central CT CAN
- Kathy Flaherty, Executive Director of CT Legal Rights Project (CLRP)

**Panel 2:** Shaping the future and envisioning allocation of resources for safe, affordable, supportive housing for individuals with mental health and/or addiction challenges.

- Alicia Woodsby, Executive Director of Partnership for Strong Communities
- Chelsea Ross, Associate Director, Corporation for Supportive Housing
- Kim Karanda, Director of DMHAS Statewide Services Division
- Steve DiLella, Director of CT Department of Housing

NCRMHB worked closely with multiple community and agency partners to develop this rich panel of speakers who could speak to our members' housing concerns. Over 90 people signed up to attend the event, which was held in Rocky Hill from 9am to 12pm. We were so pleased to have so many people who are working in this area who came to talk with us about options for our region and to develop a vision for future advocacy work. The information shared on the panel informed this issue brief.

## Key Findings

**Steve DiLella, the Director of the Individual and Family Support Program Unit at the Department of Housing (DOH)** shared that the homeless system's coordinated access system is designed to serve the most vulnerable people, not people who are housing insecure. Part of this is due to the challenges of federal funding: the U.S Department of Housing and Urban Development (HUD) primarily funds people who are homeless. Since HUD has a specific definition of homelessness, DOH must uphold that definition. A person needs to be in shelters or on the street in order to be defined as "homeless." While DOH's goal is to be as efficient as possible with the limited resources of our state, the homeless system is not ideal for everyone.



Moreover, HUD wanted a system to create coordinated access, so DOH created a single coordinated entry system, which requires a call to 211. Once called, 211 will pick up and seek to figure out the caller's needs. Staff at 211 are trained to resolve immediate issues that may cause housing instability, such as a problem with the heat, electric, or power, before looking into finding that person housing.

Ideally, the individual can avoid homelessness in the first place. Currently DOH is working to expand their diversion program – to prevent people from entering homeless system. If 211 cannot divert people from homeless services, then 211 will attempt to find shelter for people. The homeless system is efficient when it can focus on those who need housing most.

Most cases are self-resolving within 2 weeks. If people remain in housing crisis after 2 weeks, then there is a bigger issue and DOH must assess how to best support them. To do this, DOH uses a vulnerability index (VI-SPDAT). This vulnerability index gives DOH the ability to figure out what kind of resource is needed: a light touch; moderate touch (rehousing); or more permanent housing. While the VI-SPDAT is a good start to understanding people's needs, DOH and 211 also need to work with individuals and providers to figure out what other vulnerabilities exist. DOH created 8 Coordinated Action Networks (CANs) to support with this process. CANs organize weekly meetings with providers to coordinate services and allow us to use limited funds efficiently.

To move forward, we must address system failures as we recognize them. We do not have a perfect system, so we need to work with our providers and advocates to figure out who needs housing most.

**Richard Porth, the President and CEO of United Way/211** acknowledged the lack of resources to address housing issues. He reflected that people may have different needs than what the coordinate access network system is designed to address. Nonetheless, 211 wants to do the best job it can. The goals of 211 are:



- divert the need for shelter;
- if shelter is necessary, refer to the right place;
- if people have entered shelter, try to keep stay short;
- if people leave the shelter, prevent people from falling back into homelessness.

When DOH set up their coordinated access system, it asked 211 to be the front door. When 211 started as front door for coordinated access, there were significant wait times. Now, the average wait is 3.5 minutes. Moreover, if you have a crisis – then you can respond to a prompt on the phone that allows you to skip to the front of the line to address your crisis. While 211 is often thought of as the housing system, it is only the entry point. Nonetheless, 211 can partner with providers to offer information and resources. The advantage of 211 is that previously you had to know specific numbers to call. Now, you can call 211 if you are worried about housing. There is a consistent way to get help.

Last year, 211 handled about 250,000 calls. Of those, about 93,000 (or 37%) were related to housing and homelessness, while 51,000 (or 20%) was directly related to requests for help seeking shelter. For people who wanted rental assistance, 81% could not get it due to lack of resources.

**Alice Minervino, Program Manager of DMHAS Housing and Homeless Services** described a range of support services Connecticut offers:

- Outreach services to engage people into shelter at whatever level of care they might need.
- Assertive Community Treatment (ACT) Program to work with people at their location in the community.
- Community Support Programs (CSP) are behavioral health rehabilitation services and support for independent functioning.
- Different levels of housing:
  - Supportive housing: provides in-home care to help people with their behavioral health to maintain their housing;
  - Supported apartments: no housing subsidy, but case management may go to a person's apartment and help them with affordability;
  - Supervised apartments: higher level care, 24/7 case management staff onsite, the person lives in their own unsubsidized unit.



While a person is in supportive housing, they can also be eligible for CSP or ACT, depending on their need. People can access multiple programs concurrently.

**Matthew Morgan, Executive Director of Journey Home** and the Central Connecticut Coordinated Access Network (CAN) described coordinated access. The purpose of the CAN is to coordinate services to be fair to everyone. Before the CAN existed, getting into the housing programs was based on who you knew. This was unfair to people who lacked those connections. The CANs attempt to level the playing field and offer a more fair process to get housing.

CANs have a matching process to connect the most vulnerable people (who are the top priorities) with the types of programs that meet their levels of need.



Every week, the CAN meets to make changes to processes and policies to improve the coordination. CAN meetings often involve a lot of debate and discussion because case managers want to get their people into limited openings. Weekly meetings hold agencies mutually accountable for making sure people get into the housing. All agencies are in the room at CAN meetings and can coordinate to help get people into their programs. Partner agencies can report issues to the CAN to make sure people stay housed and prevent them from reentering homeless system. Another CAN function is to plan around really cold weather. CANs ensure that people can access warming centers and other warm places to survive in the case of abnormally cold weather.

In Greater Hartford, the CAN receives 400 calls per week for people with housing crises for 7 openings per week.

Finally, Journey Home coordinates and facilitates community dialogue, builds collaboration in HIV/AIDS and veterans programs, and organizes advocacy. Journey Home works with community care teams, hospitals, and healthcare providers that are trying to solve complex healthcare needs. As the CAN – Journey Home interfaces with these healthcare providers on a regular basis.

**Kathy Flaherty, Executive Director of Connecticut Legal Rights Project (CLRP)** shared information about the available legal services to protect people’s rights if they are facing discrimination, such as being turned down from housing or facing eviction, related to their disability. Some housing issues have a legal solution. CLRP has a powerful group of advocates who can inform people of their legal rights and help them enforce those rights.



Certain laws may help people get access to housing or maintain their housing. CLRP supports legislative proposals that expand people’s right to access housing in the community, and advocates against those that don’t. Programs and landlords have their usual way of doing things. When people are asking for a “reasonable accommodation” for their disability, they are asking to be treated differently in order to be given equal opportunity to the housing. Failure to do this is discrimination and a potential violation of the law. Housing providers are not required to accommodate a direct threat to self or others. On the other hand, if a person asks to be treated the same as everybody else, and we treat them differently due to their disability, then that is also discrimination. Programs and providers need to respond to people’s requests for reasonable accommodations; simply saying “no” without at least having a conversation, is also discrimination.

You can ask a physician to help you connect the accommodations you are seeking with regard to your housing issues to your disability, and legal services can help you request reasonable accommodations so you can access and maintain housing that meets your needs.



**Alicia Woodsby, Executive Director of Partnership for Strong Communities (PSC)** described how advocacy for homelessness has evolved and where it is now in terms of addressing some of the gaps and barriers experienced by people with mental health and addiction challenges. Her work with housing started 14 years ago – the state had closed two large psychiatric hospitals, but lacked a clear plan and resources for how people could live in the community. The original Reaching Home Campaign goal was to create 10,000 units of housing in Connecticut to end chronic homelessness in 10 years. Through the Reaching Home Campaign, PSC has helped to build a robust stock of supportive housing in the state as the foundation to address chronic and veterans’ homelessness.

PSC has collected data with major partners to help identify frequent users who are cycling out of multiple systems. PSC also looked at Medicaid data to look at people with high needs. While we have made tremendous progress on chronic homelessness, we need to get a handle on the data to prevent chronic and high need homelessness among people with disabling conditions. We need to understand the scope of the issues and identify gaps in the system, starting with a supportive housing needs assessment. We can also consider prioritizing supportive housing based on disability.

Ultimately, the homeless system will help achieve our goals but will not end homelessness. We are not trying to build the best ER – we need to build a best healthcare system. Ending homelessness is not just about creating the best homeless crisis response system. Homelessness is the failure of multiple systems, and will take multiple systems to solve. We need to create community-based housing options for people with disabilities. We need a plan for prevention.

**Chelsea Ross, Associate Director of Corporation for Supportive Housing (CSH)** acknowledged the difficulty of finding resources outside of the CAN and offered a few housing resources for low-income individuals and families that can be accessed outside of the CAN system. Overall, there is a dearth of resources in Connecticut for affordable housing for vulnerable populations as well as inadequate funding for the support services to keep people stably housed.



CSH has completed a national needs assessment of supportive housing developed by looking at national data sources across a spectrum of public systems. Supportive housing is a subset of the much larger affordable and private housing markets, and represents a small but critical portion of housing and services needs nationally. This assessment presents the total number of supportive housing units needed to meet the current need of vulnerable populations in Connecticut at just over 11,000 units. Connecticut currently has roughly 5,500 units of supportive housing based on the 2018 Housing Inventory Count. CSH New England is currently engaging in conversations with local partners to drill down to local point in time population data sources and indicators of need across vulnerable populations to better understand the number of individuals and families in CT that may benefit from the housing and service interventions of supportive housing. Supportive housing can generate significant cost savings to public systems including tenants’ decreased use of shelters, hospitals, emergency rooms, jails and prisons.

In conjunction with the CT needs assessment, CSH is facilitating the creation of a framework to address racial equity in overcoming systematic barriers to accessing supportive housing and services in Connecticut. Data shows that there is a disproportionate number of Black and Indigenous People of Color who experience homelessness in our state.

CSH offers training and education, lending, consulting and assistance, and policy reform to ensure that more communities are able to create and operate high-quality supportive housing and to make supportive housing work better for more people—especially the highest-cost, highest-need individuals.

**Kim Karanda, Director of DMHAS Statewide Services Division** talked about how DMHAS works with a broad range of people, some of whom experience challenges getting from one type of service or level of care to another. Some are facing serious behavioral health issues, but others are families with children who are putting their lives back together after a crisis. To help people avoid homelessness and sustain safe, affordable housing, DMHAS offers a range of services and develops community partnerships to enhance the system at large and meet some of these needs.



First, DMHAS takes a two-generational or multigenerational approach to their work. At DMHAS, women can enter treatment with their children. Not every state offers this level of family-centered care. Addressing the many needs of pregnant and parenting women with services such as childcare and trauma-informed interventions facilitate a mother's ability to obtain help.

Second, DMHAS reaches out into the community to incorporate and integrate the voices of individuals with lived experience. DMHAS is trying to engage peers and advocates in their work because there are some individuals who could benefit from through community-centered contact and engagement. Connecticut is a Housing First state: people can get housing without preconditions and barriers to entry such as sobriety, treatment or service participation requirements. However, people will lose that housing if they cycle in and out of crisis. Peers and advocates can help destigmatize behavioral health services and empower people to access the help they need and supportive services can be offered to sustain housing stability. DMHAS currently funds programs for Emergency Department recovery coaches and for peer navigators.

Third, DMHAS works with the faith community and other important stakeholders across the state in the Community Wellness Recovery Coalition. With trusted pastors, DMHAS has organized two rounds of community conversations about the crisis system. Via these dialogues, DMHAS learns what works and integrates these ideas into their work.

Finally, DMHAS works to educate the public about existing programs and offers trainings. DMHAS has a robust website that shares information about all their available services. There are two webinar series focusing on mental health and substance use topics that DMHAS conducted for the Connecticut Coalition to End Homelessness (CCEH) on topics such as motivational interviewing, de-escalation and engagement and recovery and wellness. These trainings can be located on the CCEH website. However, DMHAS needs our help to spread the word and to share information about what they can provide to community members.

**Steve DiLella, Director of the Individual and Family Support Program Unit** reiterated a vision for the future and the allocation of resources for safe, affordable housing for people with mental health and addiction challenges. To forge some solutions, DOH is working on coordinating siloed services. Mr. DiLella envisions DOH becoming the glue to pull together state agencies to work on housing issues. He wants to look at housing resources and at the effectiveness of all the different programs provided across the state, and promote innovative programs that connect services to housing. Moreover, he wants to integrate the work of all our state partners.

## Recommendations

- **Share your input and improve the system:** We need more consumer feedback to make sure that the housing system is serving all our community members. In an environment where the housing assistance is limited, we need voices of people with expertise and lived experience to be in policy development conversations. Come out to advocacy days; speak with your legislators; join local councils to share your perspectives and work on how we can improve housing together. No one agency or non-profit or department can solve housing alone. They need your advocacy, input, and help.
- **Increase the housing stock in Connecticut:** Our state does not have enough affordable housing. We need to work with developers to increase the amount of affordable housing for all our community members and encourage the legislature to invest in housing. We also need to incentivize landlords to rent to people with mental health and addiction issues and leverage laws to ensure that people's "reasonable accommodations" are met.
- **Coordinate and increase access to mental health and addiction services:** People who need mental health and addiction services should not have to go through the homelessness system to get the help they need. Figure out a way to offer people the care they need – increase healthcare access – while keeping people stably housed.
- **Continue to research community needs for people with mental health and addiction, and use and share the data:** Collect and analyze relevant data on homelessness to ensure that we are meeting our most vulnerable populations' needs. Distinguish which people need what level of support, as well as identify and prioritize the most vulnerable. Collecting, analyzing, and sharing housing data is key to understanding people's housing needs in CT. Gathering this data should be an integral part to developing a robust housing system.



## Conclusions

As the population of Connecticut continues to expand, we must do a better job of addressing our communities' housing needs. To do this, we must address the housing shortage, identify factors that make someone vulnerable, and prevent people from entering the housing system in the first place.