

**SUMMARY REPORT: 2008 POINT-IN-TIME COUNT
OF THE HOMELESS**

Manchester, Connecticut

Prepared by

**The Planning and Human Services Departments,
Together with the Manchester Continuum of Care Working
Group**

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Acknowledgements

We would like to thank the Continuum of Care working group members and the agencies that are represented for their assistance in gathering data by administering this survey. We would also like to thank Community Health Resources (Genesis Center), Infoline, the Manchester Area Conference of Churches (MACC) and the Manchester Board of Education for sharing data. The dedication and involvement of working group members underscores your commitment to serve the community in a thoughtful, cohesive manner.

Introduction

Manchester, CT is an entitlement community for Community Development Block Grant funds from the United States Department of Housing and Urban Development (HUD). As such, the town must identify and evaluate housing and community development needs and prepare a strategic plan to address those needs. The resulting document is the Consolidated Plan (ConPlan). Manchester's current ConPlan covers 2005-2010 and reviews the needs of special populations, including the homeless and those at risk of homelessness.

Manchester is a small city ten miles east of Hartford, CT with a median household income of \$61,633 (CT Economic Resource Center). In 2008 the population of 56,875 was 80% white and 20% non-white. Manchester has a wide range of housing options, a large network of service providers, and is served by public transit, Manchester Memorial Hospital and the Samaritan Shelter, which serves homeless individuals.

In addressing the problem of homelessness, it is important to attempt to identify the number of people who are homeless or at risk of homelessness, and to better understand their characteristics and service needs. The Manchester Continuum of Care working group has completed a weeklong survey of the homeless and at-risk population since 2002. Although the Continuum now participates in Connecticut's annual day-long point in time count, the Working Group has continued to produce this week-long survey report as a more qualitative measure of homelessness in the town and surrounding area. It is also important to examine the available strategies which successfully address or prevent homelessness and consider which models may be appropriate for Manchester. This document is meant to be a first step in that process. The working group will continue to produce this report every other year, as recommended in the 2007 report. The next survey will be done in 2010.

One obstacle encountered during this analysis is the difficulty in precisely quantifying the nature and extent of homelessness, and the extent of need for facilities and services for both homeless persons and families with children. Because there is no emergency shelter or supportive housing for homeless or at-risk families with children, this group must leave the community or stay with friends or family members. Even more difficult is quantifying the number of persons or families *at risk of homelessness*, a number that is likely higher than the number of actual homeless. Information from community agencies is provided in this report to supplement survey data to provide a better snapshot of homelessness in Manchester.

The federal government administers several annual grants to help municipalities and regions address the needs of the homeless, and data on the nature and extent of homelessness are a required part of every funding application. Stronger conclusions about local needs and trends can be reached because annual homeless counts have been completed over the past seven years.

Additionally, this information is a resource available to any agency interested in promulgating a project or program in the region.

Methodology

The Manchester Continuum of Care (COC) working group (see Appendix A for working group membership) conducted the seventh Point-in-Time Count of the Homeless and those at risk of homelessness during the week of October 19-25, 2008. From 2002-2006, the group conducted week-long counts each April. The Working Group decided it would be beneficial to administer the count in a different part of the year to evaluate corresponding differences in homelessness and, starting in 2007 the week-long count has been conducted in October.

The purpose of the survey, entitled *2008 Homeless Demographic and Service Needs Interview*, was to obtain a snapshot of the homeless population in Manchester, capture data on service and housing needs, and compare the 2008 results with those obtained in previous years. Although this was the seventh year the survey has been administered, trend data is shown over a five-year timeline. The survey contained questions about demographics, housing, service needs, family status, income and medical needs (see Appendix B).

The 2008 survey instrument was similar to the survey used in previous years. Survey questions are in part intended to mirror the data required by the standard gaps analysis chart contained in most federal applications for homeless assistance funds. The COC working group held an open discussion in preparation for the survey effort and agreed to minor changes and clarifications on the survey itself. Among the changes to this year's survey was Question 2a, which asks respondents if they live with another homeless individual. The group added this question in an attempt to gain more information on homeless families.

The same basic strategies were used in each annual survey period to identify and locate homeless persons to participate in the survey. The primary strategy relied on the participation of agencies represented by the COC working group. Other organizations in town that might have contact with homeless persons were asked to participate in the survey as well. Homeless persons and those at risk of homelessness receiving or attempting to access services at any participating agency from October 19 through October 25 were asked to participate in the survey effort. Although responding to the survey was voluntary, this has proven to be an effective way of reaching the target population.

The second strategy involved a search for the unsheltered homeless in town. Outreach workers from the Samaritan Shelter and Community Prevention and Addiction Services (CPAS) identified locations where unsheltered homeless were believed to reside and sought out individuals to complete the survey.

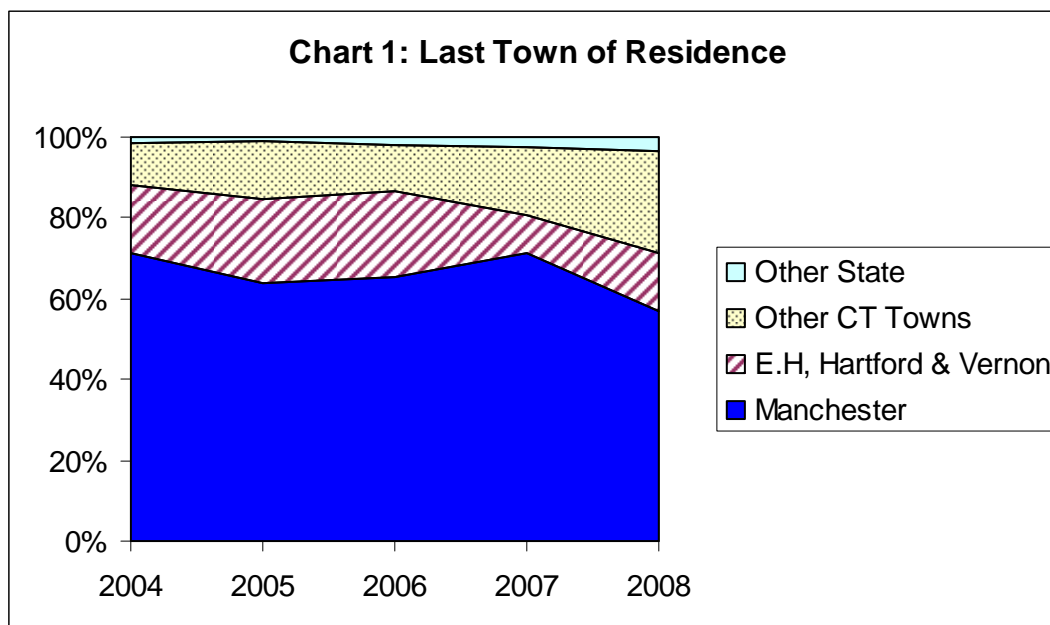
Our primary survey methodology relies on local service providers. The ability to reach the target population depends on their resource capacity and on staff ability to contact the homeless population during the week. For this reason, it is likely that a portion of the target population was not interviewed and thus, not counted.

Survey Findings

A total of 98 surveys were completed through eight agencies from October 19-25, 2008 resulting in a net unduplicated count of **96 surveys** representing **136 people**. Compared to the 2007 survey, 26 fewer surveys were returned. The 122 unduplicated surveys completed in 2007 represented 147 people. In 2006, 117 surveys represented 198 people. Although the same agencies were recruited to participate in each survey, there are variations every year in those actually responding and the proportion of responses from various agencies (see Appendix C). For example, the Board of Education returned seven (7) surveys from temporary youth shelters in 2007, but none this year. Additionally, agencies inevitably did not have contact with some homeless people during the survey week. This may impact the survey results somewhat as many agencies provide services to specialized populations. We also recognize this effort is dependent on the willingness or ability of busy staff to take on an additional task.

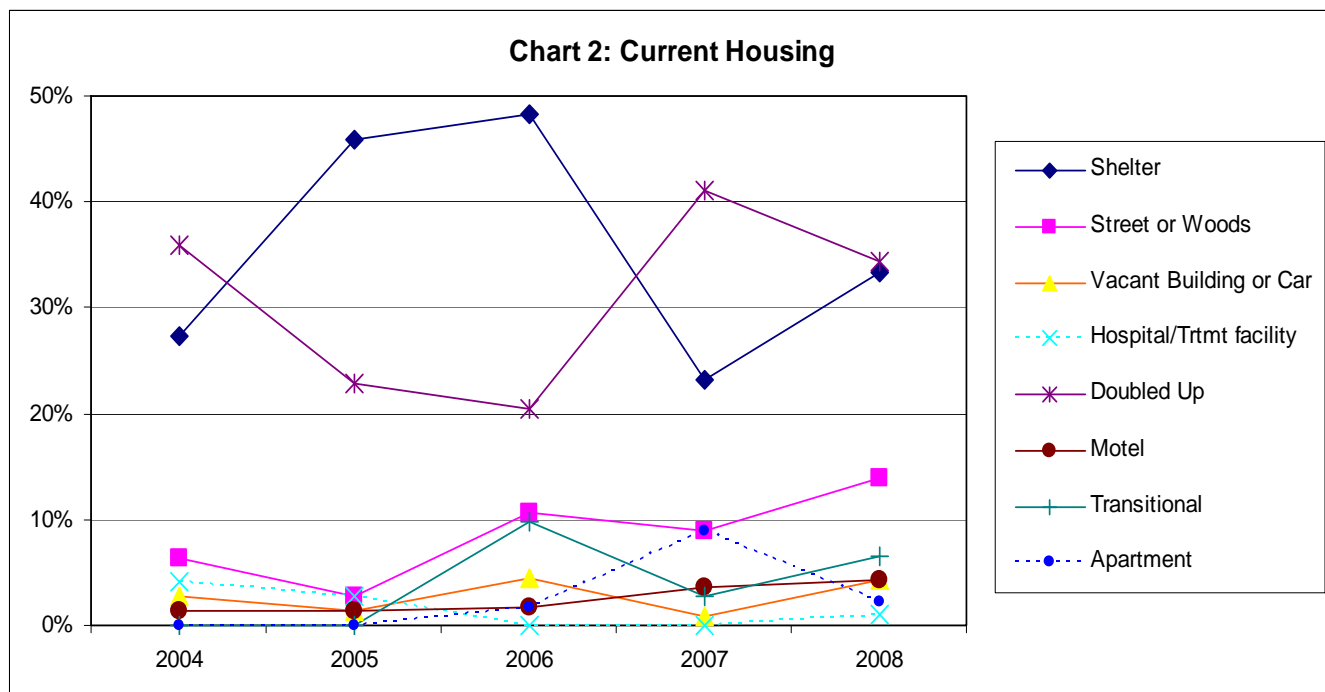
Last Known Residence

As in previous surveys, the majority of respondents lived most recently in Manchester and the vast majority in the Manchester area. Of the 96 respondents in 2008, 57% cited Manchester as their last town of permanent residence and 71% were from Manchester, East Hartford, Hartford or Vernon. The other 29% of respondents were from outside the immediate area, and in a few cases, out of state (see Chart 1). This reflects a 24% decrease in the percentage of persons who identified Manchester as their last town of permanent residence, and a 10% overall decrease in the percentage of homeless and at risk persons from the immediate region. While respondents reported 14 prior towns of residence in 2007, that number grew to 20 towns in 2008. This data suggests that Manchester's homeless and at risk population is coming from a wider geographic region. However, the results also continue to show that the majority of those surveyed through the point in time count have ties to the community.



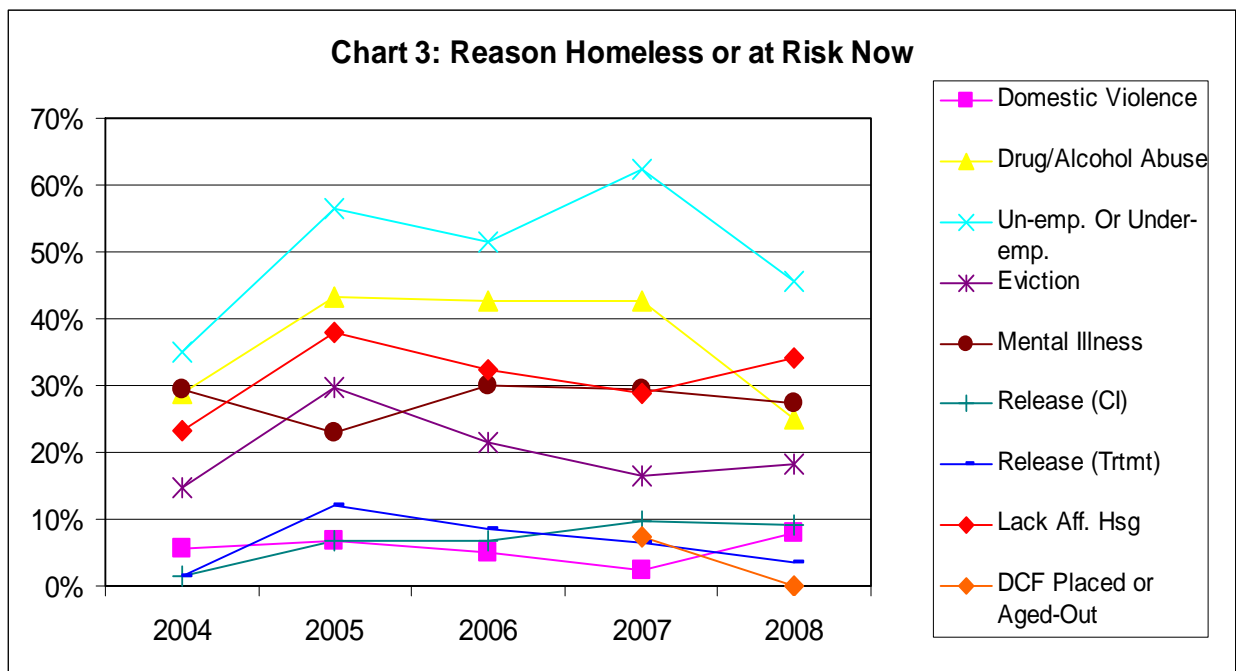
Current Housing Situation

This year's survey yielded some notable changes in the housing situation of respondents. Survey participants were asked to identify their current housing situation. Thirty-three percent (33%) of respondents indicated they were staying in an emergency shelter. Thirty-four percent (34%) of respondents indicated they were temporarily doubled-up with friends or family, 14% of respondents were living on the street or in the woods, and 4% lived in a vacant building or car. In 2007, 23% of respondents reported living in a shelter (see Chart 2). 2007 was also the only year in which youth in temporary youth shelters were counted. Those surveys are not represented in Chart 2.



Reason for Homelessness

Respondents were asked why they were homeless. Frequently a combination of factors results in homelessness. As in past surveys, the four categories most often identified as reasons for homelessness or housing insecurity were unemployment, mental illness, alcohol abuse, and a lack of affordable housing (see Chart 3). In this year's survey, there was an increase in the number of respondents citing the lack of affordable housing as the reason they are homeless or at-risk (28% in 2007 to 34% this year). The number citing drug or alcohol abuse (25%) or un/underemployment (45.5%) fell. The number of responses in each category appear to shift from year to year, making identifying trends difficult. What appears to be clear, however, is that many of these causes of homelessness are interrelated.



Economic Homelessness

Twenty-eight individuals in this year’s survey indicated being homeless for the first time. These respondents may fall into the economic homelessness category. Economic homelessness is defined as homelessness related to current economic conditions. The presence of so many homeless respondents struggling economically underlines the need for housing which is affordable to low income individuals/families, and access to jobs which provide enough income for those same individuals/families to afford the costs associated with that housing.

As in many communities, current economic conditions are causing increased housing insecurity in Manchester. Only 8% of respondents in this year’s survey said they would have money for a security deposit. This number has been declining in recent surveys, from 18% in 2006, to 15% in 2007, to just over half of that this year. This data seems to indicate that, for the vast majority, the lack of money for a security deposit was a major barrier to ending their homelessness. Additionally, increases in energy costs, including home heating, have made housing costs prohibitive to those of very low incomes. These barriers can be seen as both causes of homelessness and symptoms of other causes of their homelessness (addiction, joblessness, mental health issues, etc.).

According to the Connecticut Housing Coalition, a person needs to earn \$21.11 per hour, which is still more than 2.5 times the recently increased state minimum wage (\$8.00 per hour), to afford a modest two-bedroom apartment in Connecticut. This “housing wage” increased by \$.69 an hour, from \$20.42 in the previous year. Although by several measures, Manchester has a large share of “affordable” housing when compared to surrounding communities, these statistics indicate that it does not have enough, and/or that existing housing options are not affordable for people of very low incomes. Most affordable options have long waiting lists, including the Manchester Section 8 program (see page 17). Individuals and families who may qualify for a Section 8 voucher, then, are still not able to obtain housing for some time. For people with low incomes, for instance, those living on disability benefits, Section 8 can make a major difference

in finding an affordable place to live. Without Section 8 or a similar subsidy, ending a period of homelessness can be considerably more difficult.

A program that some individuals/families may not be aware of is the State of Connecticut's Security Deposit Guarantee program. For eligible households, the program provides a guarantee to landlords of up to two months rent in lieu of a security deposit. A person in a shelter or emergency housing situation who is receiving State financial assistance or who meets the income guidelines can apply for the program. Local social service agencies work to educate residents about this option.

The 2008 survey asked respondents what would help solve their current homelessness. Of those who responded, 36% mentioned affordable housing, supportive housing, help with a security deposit or housing subsidies. Forty-eight percent (48%) mentioned employment, consistent employment or better paying employment. Of those who responded, three-quarters (75%) mentioned housing, employment or both. Clearly, these respondents equate their homelessness directly to their financial situation.

Chronic Homeless

This year's survey attempted to measure the extent of chronic homelessness as defined by HUD. Of the 62 respondents who answered the question about the duration of their homelessness, 21, or 34% of all respondents reported having been continually homeless for over a year, or having experienced four episodes of homelessness over the past three years. Those 21 respondents are considered "chronically homeless" by the Department of Housing and Urban Development. Overall, 50% of respondents reported having some history of homelessness in the 2008 survey, the same percentage as in 2007. In 2006, sixty-two percent (62%) reported a history of homelessness.

Supportive Housing

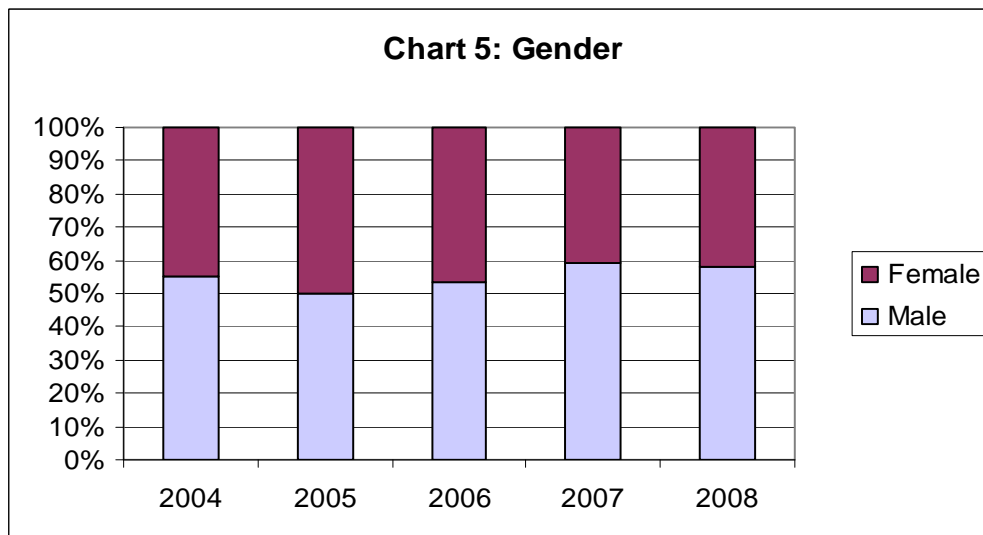
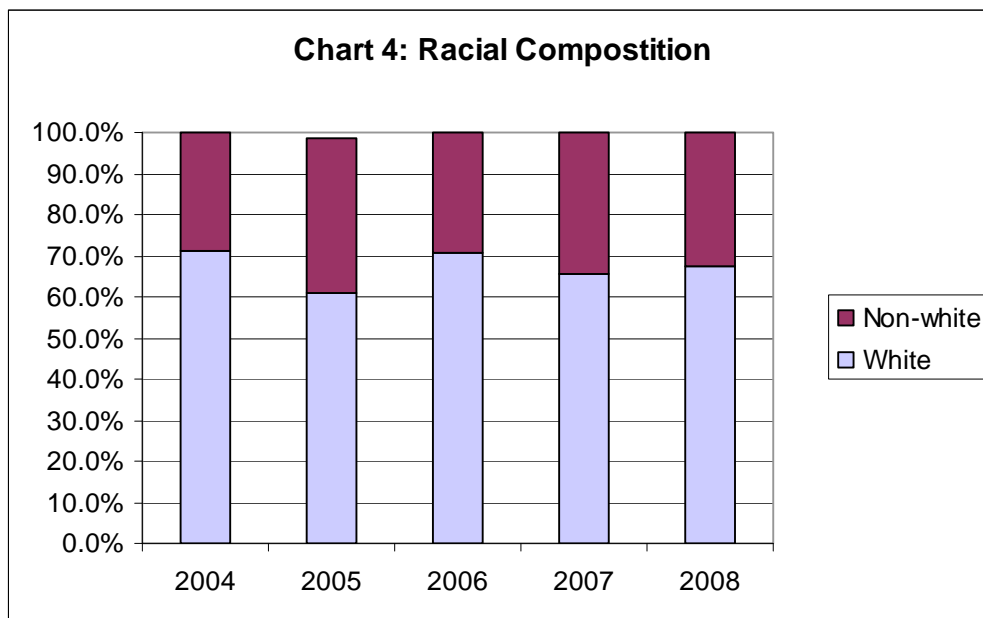
Potential solutions to homelessness include the development of supportive housing units. Supportive housing is permanent, independent and affordable housing combined with on-site or visiting case management and support and services. Families and individuals are able to live in affordable housing in the community with access to support services that help them manage disabilities including psychiatric disabilities, chemical addictions, and/or HIV/AIDS. Supportive housing helps the State of Connecticut and other institutions realize cost savings by avoiding high cost institutionalization and emergency care.

Reliance on shelters, emergency rooms and other temporary solutions is expensive and usually does not solve the problem of chronic homelessness. Advocates in Connecticut and nationally argue that supportive housing, which provides a stable home integrated with other crucial services, is the most effective and fiscally responsible solution. The federal government provides annual Continuum of Care funding for supportive housing, efficiency type or single room occupancy rooms. (described in Appendix C) Manchester is an entitlement community and as such is eligible to submit an application for such funds.

Demographics

Race and Gender

Of the 77 respondents who provided racial data, 67% were white and 33% were non-white (see Chart 4). This data is nearly identical to that received in 2007. The gender breakdown of respondents was similar to 2007 as well. While 58% of respondents identified themselves as male in 2008, 59% did so in 2007 (see Chart 5). After two years of increases in the percentage of males surveyed, the percentage of women surveyed increased slightly this year. The lack of family shelter services likely continues to limit the number of females being surveyed despite anecdotal information from service providers indicating many single female parent households in crisis. Because women are unable to stay at the Samaritan shelter with their children, there is no opportunity to survey them there. The percentage of homeless or at risk women then, is likely higher than the 42% surveyed.



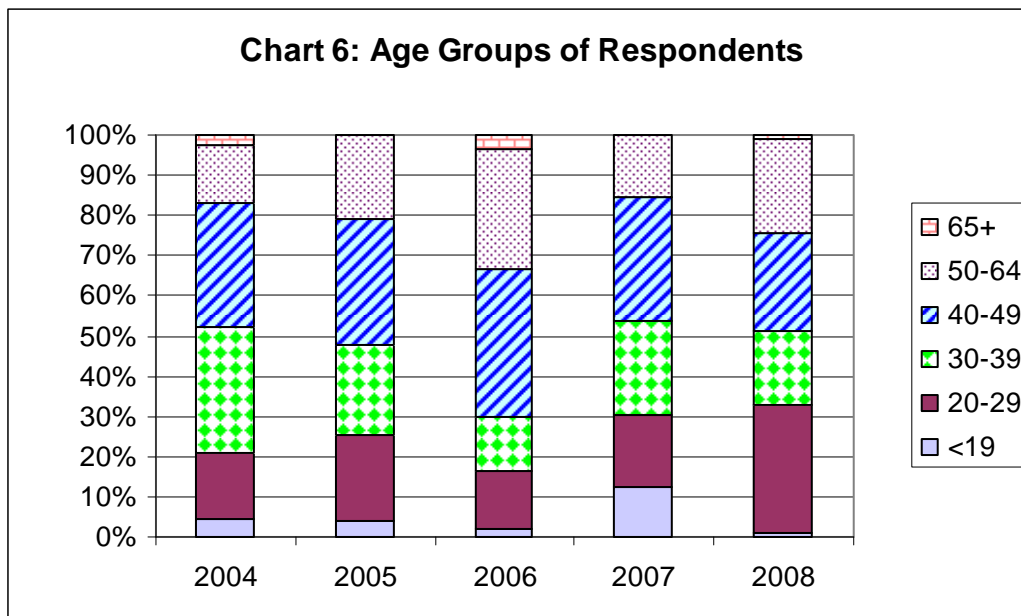
Veteran Status

According to the National Coalition for Homeless Veterans, 23% of all homeless individuals and 33% of all homeless men are US military veterans. Identifying this population is necessary in completing an accurate count. In this year's survey, the percentage of respondents who said they were veterans rose to 15% after peaking at 26% in 2006 and falling to 8% in 2007.

Accompanying data from MACC indicates 8% of shelter guests identified themselves as veterans. Prior to 2007, a Veterans Administration outreach worker participated in the count, identifying homeless veterans and including them. Because of funding issues, such outreach is now less available. The outreach team, consisting of the Manchester Area Conference of Churches and Community Prevention and Addiction Services staff, does continue to reach out to unsheltered homeless individuals on a weekly basis.

Age

This year's survey results indicate a younger homeless and at-risk population. Nearly one-third (32%) of those who provided their age in this year's survey said they were between the ages of 20 and 29. Over the past five years, this is by far the largest representation of that age group. While the percentage of teenage respondents fell (most likely due to the absence of surveys from DCF group homes), this year's survey still reflects the highest recorded level of homeless and at risk people under the age of 30. This mirrors information provided by Samaritan Shelter staff, who have reported an increase in younger guests in recent years. Interestingly, the 50-64 age range was the second largest (23%) in this year's survey, after making up 15% of respondents in 2007.



Families and Children

Our data included information about homeless and at risk families living with and without their dependent children. The 96 unduplicated surveys completed in 2008 represented 136 people, 41 of whom were children (see Table 1). Thirty-six (36) persons surveyed had dependent minor children and 21 of those parents said their children lived with them. Survey results indicated 40 total children living with parents who were either homeless or at risk of homelessness. The 118

unduplicated surveys completed in 2007 represented 143 people, 37 of whom were children. Twenty-five (25) of those children were living with their parent(s) who were homeless or at risk. Last year's survey also included minors who were placed in temporary DCF shelters. This year's survey indicates an increase in the number of children living with parents who are either homeless, or at risk of homelessness.

Table 1: Adults vs. Children

Survey Efforts			Number of Persons Represented		
	Surveys Returned	Unduplicated Count	Adults	Under 19 Not Living With Parent	Children Living with Homeless or at Risk Parent
April 2005*	75	74	74	1	41**
April 2006	123	117	116	1	50**
October 2007	122	118	106	12***	25
October 2008	97	96	95	1	40

*2005 figures are low because both a 1-day and a week-long survey were administered.

**In 2005 and 2006 if client responded their dependent children lived with them, it was assumed ALL of their children lived with them.

***Includes temporary youth shelters and public school data on homeless students.

Homelessness has many negative effects on families. The National Center on Family Homelessness (NCFH) recently published *America's Youngest Outcasts: State Report Card on Child Homelessness* to provide a comprehensive snapshot of child homelessness in America today. This report, released on March 10, 2009, describes the status of homeless children in four areas: extent of child homelessness, child well-being, structural risk factors, and state-by-state policy and planning efforts. Each state was given a score between one and 50. This is a composite score, reflecting each state's overall performance across the four domains listed above. Connecticut ranked # 1 overall when compared to all other states, but 12th in the number of homeless children.

Despite our state's positive ranking, homelessness continues to have a negative impact on children in Connecticut. According to the report, there are 3,502 homeless children in Connecticut. The report states:

Children without homes are twice as likely to experience hunger as other children. Two-thirds worry they won't have enough to eat. More than one-third of homeless children report being forced to skip meals. Homelessness makes children sick. Children who experience homelessness are more than twice as likely as middle class children to have moderate to severe acute and chronic health problems. Homeless children are twice as likely as other children to repeat a grade in school, to be expelled or suspended, or to drop out of high school. At the end of high school, few homeless students are proficient in reading and math – and their estimated graduation rate is below 25%.

Indications are that the Manchester Point in Time Count undercounts homeless families for several reasons. Homeless families may be even more “invisible” than homeless individuals as they are more likely to double up with friends or other family members. Many people do not consider themselves to be homeless if they are staying with someone else, or may be reluctant to

admit their tenuous situations, even to the agencies participating in this survey effort. Thus we are likely not accounting for many families within this category.

Service Needs

This year's survey once again attempted to quantify 'met vs. unmet' service needs. Table 2 indicates that a smaller percentage of those who need these services are receiving them. Fewer than half of all respondents reported receiving treatment for *all* of their service needs.

Substance Abuse and Mental Health

Sixty percent (60%) of respondents who needed substance abuse and mental health services reported receiving at least some of them in this year's survey. This is a slight increase in the 58% of respondents who reported receiving some or all of those services in 2007, but still indicates lower percentages than in 2005 and 2006. The percentage of respondents not receiving needed treatment for alcohol/substance abuse dropped slightly (40%), after rising steadily, from 29% in 2005 to 36% in 2006 to 42% in 2007. The need for substance abuse or mental health treatment, or both, can be a major barrier for persons trying to secure housing and become more self-sufficient. These are frequently the most visible segments of the homeless population.

Table 2: Substance Abuse & Mental Health Service Needs

	# Apr-05	% Apr-05	# Apr-06	% Apr-06	# Oct-07	% Oct-07	# Oct-08	% Oct-08
Receiving treatment for ALL identified mental health, alcohol and substance abuse issues	21	51%	43	54%	32	46%	31	52%
Receiving treatment for SOME identified mental health, alcohol and substance abuse issues	8	20%	8	10%	8	12%	5	8%
Not receiving treatment for identified mental health, alcohol and substance abuse issues	12	29%	29	36%	29	42%	24	40%

*2005 Data revised to eliminate duplication

Over the last few years, Manchester has developed and added services to its existing treatment and support programs. The local community mental health system implemented an enhanced care clinic so that individuals who sought services could receive them in an expedited manner. Outpatient mental health and substance abuse services exist for those with no insurance and a new methadone clinic has opened, increasing access for people with addiction issues. Despite the addition of services, some who are seeking mental health treatment continue to have unmet needs. The addition of the shelter outreach clinician, who reaches out to the sheltered and unsheltered homeless in the area in attempt to engage them in mental health treatment, has had a positive impact and has reduced barriers to treatment. However, the lack of immediate access to medication at the shelter, often a crucial first step in treatment, remains a service gap.

Staff of various agencies continues to reach out to those who are homeless and abusing substances; however, it remains difficult for many of these individuals to receive inpatient

detoxification and treatment for their drug and alcohol use. Reasons for this include lack of insurance coverage, lack of beds for detoxification and lack of knowledge about available services. The Manchester service community is diligent in working on these issues and the ongoing support of the Town is crucial.

Primary Service Needs

When asked to report their primary service need, most respondents indicated the need for mental health treatment and/or help with substance abuse issues (see Table 3). Many respondents reported requiring more than one service. Of the 65 respondents who answered this question in the 2008 survey, 71% identified the need for substance abuse or mental health treatment, or both. More than half of those who answered the question (52%) indicated mental health services as their primary need, compared to 44% last year. The number of those citing mental health services as a primary need, is striking. Intensive outreach services may assist this population in identifying the need for specific services. An additional 6% identified housing as their primary need and 2% identified employment. In addition to mental health and substance abuse services, 8% of respondents indicated their primary need was vocational, job training or education, while another 8% reported their primary need as help with a disability.

In recent years, it has become clear that most clients continue to identify mental health, substance abuse, or both as their primary need. The relationship between mental illness, substance abuse and homelessness illustrated by this data corroborates national data and the experiences of workers in the field.

Table 3: Primary Service Need

Primary Service Need	Apr-04	Apr-05	Apr-06	Oct-07	Oct-08
Mental Health/Substance Abuse or Intensive Case Management *	26%	20%	73%	81%	71%
Housing	17%	34%	22%	8%	6%
Employment	6%	14%	12%	6%	2%
Job Training/Education	0%	14%	7%	8%	8%
Help With Disability	0%	0%	2%	6%	8%
Supportive Housing	27%	8%	5%	0%	0%
Parenting Assistance	0%	0%	2%	3%	3%
Medical Insurance/Treatment	1%	12%	5%	0%	2%
Conservator	1%	2%	0%	0%	0%
Financial	16%	26%	0%	0%	0%

Table not cumulative: Respondents instructed to select one, but some provided more than one

*Combined for the first time in 2008

Emergency Housing

Of the people surveyed 25% said they had been turned away by a homeless shelter, and one third of those people said they were turned away because the shelter facility was full. This question related to any shelter experience the respondent had had. The Samaritan Shelter rarely turns people away because the facility is full. During the fiscal year 2007-2008 no one was turned away for this reason. Samaritan Shelter staff reports that people are most often turned away because of substance abuse.

Source of Healthcare

Table 4 tracks the primary source of healthcare of respondents. After decreasing last year, the percentage of persons identifying the emergency room as their primary source of healthcare rose this year, from 33% to 41%. However, a closer look at the data indicates more clients are using services other than the emergency room as well. The percentage of respondents using clinics, health care centers or private doctors increased from 61% to 65%. Additionally, 12% of respondents reported using a health center as their primary source of healthcare. It can reasonably be assumed that most of those clients were using Manchester Community Health Services, which provides access to a doctor. Adding those respondents to the 26% who reported seeing a private doctor yields 38% of respondents who had access to non-emergency room doctors, a slight (3%) increase from 2007. In another positive development, more respondents reported using walk-in clinics (27%) than ever before.

This data illustrates that, while the number of those reporting using the emergency room increased in this survey, those reporting more sustainable access to healthcare increased as well. Likely, many clients are using a combination of emergency room and other services. For example, Samaritan Shelter staff may send guests to the emergency room if psychiatric medications are needed immediately.

Table 4: Source of Healthcare

Source of Healthcare	Apr-04	Apr-05	Apr-06	Oct-07	Oct-08
Emergency Room	51%	19%	47%	33%	41%
Walk-in Clinic	5%	18%	15%	25%	27%
Private Doctor	25%	32%	26%	23%	26%
Health Center	9%	19%	8%	13%	12%
Other	13%	9%	17%	7%	7%

*Table not cumulative

Medical Treatment

Forty-one percent (41%) of respondents reported seeking medical treatment recently, and 26% had no medical treatment in at least a year (see Table 5). Another 19% indicated they last underwent medical treatment three to six months ago, and 14% said they had last undergone treatment between six months and one year ago. Seventy-four percent (74%) of respondents

reported receiving medical treatment within the last year, compared to 65% who reported doing so in 2007.

Manchester Community Health Services, a Satellite of East Hartford Community HealthCare, Inc. continues to be a positive development in providing healthcare for the homeless and at-risk population. The clinic provides primary health care for adults and children, accepts most health plans including MEDICARE, Medicaid and HUSKY plans and has a sliding fee schedule and payment plans. Dental care is also provided at the clinic. The 2008 survey appears to reflect the use of the health center for regular primary care.

Table 5: Time Since Last Medical Treatment

How long since last medical treatment?	Apr-04	Apr-05	Apr-06	Oct- 07	Oct-08
1 Year or more	28%	16%	22%	35%	26%
6 Months - 1 year	8%	9%	7%	11%	14%
3 Months – 6 months	13%	18%	22%	14%	19%
Less than 3 months	51%	57%	48%	40%	41%

Health Insurance

The percentage of respondents without any source of health insurance fell after peaking in last year’s survey. Fourteen percent (14%) indicated not having any source of insurance after 20% of respondents reported so in 2007. National data has shown the uninsured and chronically homeless account for over half of all annual shelter days and tend to cycle from program to program, resulting in inefficient use of resources overall. Although Charter Oak healthcare was added to the options provided in this year’s survey, no respondents reported having or using it. A larger percentage (40%) of respondents reported using State Administered General Assistance (SAGA Medical) than in past surveys.

Table 6: Health Insurance

Source of Medical Insurance	Apr-04	Apr-05	Apr-06	Oct-07	Oct-08
SAGA Medical	29%	36%	38%	33%	40%
Medicare/Medicaid	27%	26%	24%	22%	37%
Husky	16%	20%	13%	11%	10%
Charter Oak	NA	NA	NA	NA	0%
None	15%	14%	9%	20%	14%
Employer Insurance	5%	3%	1%	3%	0%
Other (Includes VA)	5%	3%	18%	3%	10%
Veterans' Administration	*NA	1%	17%	2%	3%
Total Responding	111	71	117	106	81

*VA Insurance Data not available for 2004

Data From Other Sources

The Senior, Adult & Family Services

The Senior, Adult & Family Services (SAFS) Division of the Manchester Human Services Department also provided supplementary data regarding homelessness in Manchester as reflected in new case referrals to their social workers. SAFS provides social work assistance to Manchester residents with a focus on people 60 and over, individuals under 60 with disabilities, families with children and adults needing help in meeting basic needs. Of 153 new social work cases opened during Fiscal Year 07-08, thirty-seven (37) or approximately 24% involved people who were either homeless or at risk of homelessness at the time of referral. Twenty-eight (28) of the 37 referrals were at risk of homelessness and the remaining 9 were actually homeless at the time of referral. At risk is defined as currently in the eviction process, unable to pay current month's rent or mortgage or being behind in rental/mortgage payments. In addition, another 11 (7%) new cases had a primary need for affordable housing at the time of referral.

Homeless and at risk clients were found in all of the client groups served by SAFS. Of the 37 newly opened cases who were either homeless or at risk, 11 involved families with minor children, 15 involved adults with disabilities under 60, seven individuals were over 60, and four were non-disabled adults without minor children. SAFS staff members state that for people with low wage jobs and older adults, it is often the lack of affordable housing options, a prolonged illness or period of unemployment, or living on disability benefits that causes an individual's homelessness or housing insecurity. It should also be noted that the numbers of new cases do not fully reflect all contact with homeless and at risk individuals and families or those in need of affordable housing. Residents frequently make brief information and referral contacts to SAFS

as well, and housing risk may develop after the initial referral with open cases. The number of overall contacts in the areas of homelessness, homelessness risk and affordable housing need account for 12.8% of total contacts with residents in Fiscal Year 07-08. The actual number of those contacts was 1,885.

The recent mortgage crisis and the economic downturn have been causes of concern for many households in Manchester. Heads of households who are unable to make mortgage payments for reasons including job loss and ballooning adjustable rates have increasingly faced foreclosure since the week of the 2008 survey. In response to this development, the Town, with the support from the Board of Directors, hosted two foreclosure prevention forums in the past year for residents facing these issues. Additionally, SAFS has developed and updated a foreclosure prevention resource available through the Town website. The Town will continue to track trends related to foreclosure.

Infoline 211

Infoline 211, a statewide telephone and Internet information and referral service, maintains a comprehensive database on its callers and their specific informational requests. Each year, Infoline provides the Continuum with a breakdown of calls originating in Manchester during the week of the point in time homeless count. More specifically, the data identifies calls during this time period related to homelessness, affordable housing and housing problems. Between October 19 and 25, twenty (20) service requests for housing and shelter were received. This was an increase from 2007, when 15 people called requesting housing assistance. In addition to these inquiries, many calls placed to *211* are from people requesting services *related* to homelessness. Such calls from Manchester during the week of the point in time count included utility assistance (52), food pantry information (10), community clinics (3), domestic violence (1) and alcohol dependency support (1). Although most categories related to homelessness saw slight declines in the number of calls, inquiries into utility assistance and food pantry information increased significantly from 2007. That year, there were 17 calls for utility assistance and 7 callers seeking food pantry information.

Infoline received a total of 1,194 housing-related requests from Manchester between October 2007 and October 2008, including calls from those inquiring about homeless shelters (353), subsidized rental housing (279), general housing information (144), housing authorities (113) and below market rate housing (41). The total number of calls received during the year marked an increase of 88 calls over the previous year.

MACC Charities(Manchester Area Conference of Churches

The Manchester Area Conference of Churches Samaritan Shelter provided data for services to homeless shelter guests during the Fiscal Year 07-08. Homeless shelter guests are also one segment of the population captured by the Point in Time Count. Families are not accommodated at the adult-only shelter and some of the adult population that is homeless chooses not to utilize the shelter. During Fiscal Year 07-08 the shelter provided 9,599 bed days (11,155 in Fiscal Year 06-07); to serve a total of 464 unduplicated individuals. There were more unduplicated guests overall and the stays were about the same. The average length of stay was 11 days as opposed to 12 the year before. Of those using the shelter 72% were male and 28% were female. The designation of beds at the shelter, 30 male beds and 10 female beds, is likely to affect these percentages, but the number of female guests is rising. The common age categories of the guests at the shelter are: 40-49 the largest demographic, followed by 30-39 and 20-29. Eight percent

(8%) of the guests served identified themselves as veterans and 3.3 % of the guests were over the age of 60. That number is about the same as Fiscal Year 06-07. The 50-59 age group also increased compared to last year.

Mental health and substance abuse issues, and combinations of the two, continue to be the challenge most often faced by guests at the homeless shelter. Many new shelter guests list eviction by family or friend as their reason for homelessness, which according to MACC staff, may be an indication that the shelter guest has never been self-supporting. Mental health and substance abuse issues go hand in hand with criminal justice issues which are also reflected in the population using the shelter. The Point in Time Count data is corroborated by the Shelter's findings, demonstrating the critical need for substance abuse and mental health services among those surveyed.

One of the newest services provided this year is a shelter counselor for Social Security applicants. This position came into being in April 2008 and is funded through June 2009 by the state Counselors in Shelters Grant. This is a collaborative effort between MACC and CHR/Genesis. The counselor assists clients who are homeless and applying for disability for the first time in filling out applications, accessing medical records and writing the necessary medical summaries to be signed off by the medical providers. This service is crucial for homeless clients who are too compromised by their physical or mental condition to follow through on a disability application. The intent is that people only apply once for Social Security disability. Appropriate screening of people who want to apply for Social Security Disability has been an added benefit to this service. It is hoped that this service can be offered on an ongoing basis. However, economic realities may prevent that.

Board of Education

Another source of supplementary data was the **Manchester Board of Education (BOE)** which is legally required to transport homeless students to school even if they are living out of town. The BOE data includes only those students requesting out of town transportation and does not count students temporarily doubled up with friends or family in Manchester or whose families provided transportation during their period of homelessness. Transportation data for the 07-08 school-year reflects 29 homeless students who were transported to and from school. The total cost for transportation services was \$30,175.00. As of the writing of this report, 30 homeless students received transportation for a total cost of \$80,335.00 during the 08-09 school year. Costs reflect not only the numbers of students, but also the length of the period of homelessness for which transportation is required.

Manchester Housing Authority

The Manchester Housing Authority reports that there is currently a 378 person waiting list for housing for elderly people and those with disabilities. Of the 378, 188 are Manchester residents. Since there is a preference system for residents, it is estimated that a resident would wait about 3 years for their name to come to the top of the list. A non-resident would likely wait 5 years or more. There are 19 low-income families on the waiting list for scattered site housing, with an approximate wait time of 2 years or more. The congregate housing, designed for frail older adults, provides one or more meals, housekeeping, activities and 24 hour staff available for emergencies. There are currently 25 on the waiting list, but the wait tends to be shorter as the situations of people on the waiting lists can change more rapidly. Timetables for waiting lists are approximate.

The MHA's Section 8 waiting list had 129 individuals/families on it at the writing of this report. The application process is closed and has been for about 11 years. There are no plans to take applications again in the near future as the turnover for this program is very low. With a Section 8 certificate, a person secures his or her own apartment, which must be approved by the Section 8 program, and pays about 30% of their income for rent.

Status of 2007 Recommendations

The Continuum of Care Working Group has worked over the past year to implement the recommendations from the 2007 Point in Time Report. Below is a list of those recommendations and a comment on the status of each.

- Include a process for surveying couples in the 2008 survey.
A question regarding couples was added to the 2008 survey.
- Continue to participate in the January statewide homeless count.
The Continuum participated in this year's state count and will continue to do so.
- Continue to support the Genesis mental health outreach program at the MACC Shelter.
The outreach program received funding through CDBG last year and will be applying again this year.
- Seek and support funding for 2-3 hours of medication arrangement services per week at the Samaritan Shelter.
The shelter will be looking to secure funding for such a position this year.
- Consider administering the local week-long Point in Time Count every other year instead of every year.
The next weeklong point in time count will take place in 2010.
- Continue advocacy for supportive housing and support organizations that may want to pursue applying for funds.
The Continuum has written several letters of support on behalf of agencies seeking funding.
- Strengthen ties between MISH and the Manchester Continuum of Care.
A member of the Continuum of Care now attends Manchester Initiative for Supportive Housing meetings.
- Track and report foreclosure rates for Manchester.
Town staff continues to track these trends.

2008 Recommendations

- Include a question in the next Manchester survey identifying obstacles to substance abuse and mental health treatment for those requiring it.

The Continuum members felt that obtaining more information on obstacles to treatment from our respondents will help in developing a more complete understanding of the barriers, which are necessary in advocating for treatment options.

- Coordinate the next local weeklong survey with a statewide broader-based survey, most likely in the summer of 2010.

This option is being discussed at the current time and no definitive plans have been made. Statewide, it is felt that doing a survey that is broader-based during warmer weather will give towns and the State a more complete picture of homelessness. Since we already do this type of survey, we could coordinate it to be done at the same time as other towns.

- Continue to participate in the January statewide count and be engaged in the planning process. The next statewide count is tentatively planned for January 2011.

The Connecticut Coalition to End Homelessness is working with statewide Continuums of Care to develop the most effective method of reaching homeless individuals and families during the statewide count. Manchester's Continuum will actively participate in planning meetings and provide feedback through this year-round process. Continuum members felt it was important to take part in this effort as there is a cohesive statewide effort to document numbers and needs of homeless individuals and families locally and Statewide.

- Improve outreach to homeless or at risk families and children to include a greater portion of that population in the survey.

As addressed in this report, it has been difficult to access and survey this population. The Continuum will strategize ways to incorporate more organizations and agencies that have contact with families in preparation for the next count. Through the Statewide process, more strategies are being developed, as well.

- Seek and support funding for 2-3 hours of medication arrangement services per week at the Samaritan Shelter.

This recommendation is a continuation from 2007. Genesis and the Samaritan Shelter will be looking to secure funding for such a position this year.

- Continue to support the Genesis mental health outreach program at the MACC Shelter.

This program has made a significant impact, providing immediate access to mental health services for shelter guests in need of these services.

- Continue advocacy for supportive housing and support organizations that may want to pursue applying for funds.

Through our participation in the Statewide Point in Time January Counts and our Continuum of Care activities, we maintain the ability to apply for HUD Continuum of Care Funding.

Appendix A: COC Working Group List

Diane Wicks, Senior, Adult and Family Services
Gary Anderson, Planning Department
Heather Wlochowski, Youth Service Bureau
Valerie Bozzi, East Hartford Community Healthcare, Inc.
Debra Macht, Worksource
Heather Donoghue, CDBG Program Manager
Andrea Harnois-Cherry, Genesis Center
Leanne Dillian, CPAS
Miles Goddard, CPAS
Phil McNally, MACC
Beth Stafford, MACC
Sarah Melquist, MACC
John Cooney, Probate Court
Helena Deary, Senior, Adult and Family Services
Penni Micca, Domestic Violence Outreach Team, Manchester Police Dept - Interval House
Mark Pellegrini, Planning Department
Mary Roche-Cronin, Human Services
Nydia Einsiedel, Head Start
Amy Rodriguez, Hispanic Health Council
Katie Martin, CT Coalition to End Homelessness
Jenifer Eukers, VA-CT Healthcare System
Myrian Garcia, EHCH, Inc.

APPENDIX B: Week Long Count: OCTOBER 19-25 2008 Manchester, CT Homeless Demographic & Service Needs Interview

STAFF: Please complete one form for each client served between October 19 and October 25 who does not have permanent housing or is at risk of homelessness. All information is for statistical and needs documentation purposes only. Responses will be kept strictly confidential. Return completed forms to the Manchester Planning Department using the information on the attached cover letter.

Agency completing form: _____

Has client participated in this survey this week? Yes No **If yes, please stop here.**

Does the client agree to participate? Yes No **If no, please stop here. If Yes, please continue to question 1.**

1. Last town of permanent residence: _____

2. Client Identifier Information. (Information will be used to prevent duplication in count.)

Initials: /_____/ /_____/ /_____/

First Middle Last

Date of Birth ____ / ____ / ____

Age Sex Race

US Citizen? _____

2a. Is the client living with another adult who is homeless or at risk of homelessness?

Yes No

If yes, Initials: /_____/ /_____/ /_____/

First Middle Last

Date of Birth ____ / ____ / ____

3. Was the client ever in the military services?

Yes No

4. Client has dependent minor children: Yes No

how many? _____

If yes, how many minor children does client live with? _____

If client is not living with some of his/her children, how many of those children have permanent housing? _____

5. Where does client live now?

(see definition sheet)

_____ Emergency shelter

_____ Transitional housing

_____ The street or woods

_____ Vacant building/car

_____ Hospital/treatment facility

- _____ Temporarily “doubled up” with friends/family
- _____ Sub-standard housing
- _____ Motel
- _____ Temporary Youth Shelter
- _____ Apartment (eviction imminent)
- _____ Other

6. What is the reason client is homeless or at risk of homelessness now? **Please check all that apply**

- _____ Fire
- _____ Domestic Violence
- _____ Drug Abuse
- _____ Unemployed - How Long? _____
- _____ Under Employed
- _____ Eviction due to _____
- _____ Mental Illness
- _____ Alcohol Abuse
- _____ Released from correctional facility-
How long ago? _____
- _____ Recently discharged from hospital or residential program
- _____ Can't find affordable housing
- _____ Aged out of DCF placement
- _____ Currently in alternative incarceration
- _____ Other (please explain)

7. How many months has the client been continually homeless?

- Less than one 1 to 3 3 to 6
 6 to 12 or more than one year

8. Including this time, how many times has client been homeless in the past 3 years? _____

9. Client's Service Needs. **Please check all that apply**

- _____ mental health services
- _____ alcohol or substance abuse treatment
- _____ Dept of Dev. Disabilities Services
- _____ help with a physically disabled
- _____ treatment for AIDS or HIV
- _____ services for mental or physical abuse
- _____ prenatal care
- _____ domestic violence services
- _____ vocational rehabilitation services

9a. Of the above, what is the client's *primary* service need?

9b. Is the client currently receiving:

- mental health treatment
- alcohol or substance abuse treatment
- vocational/job training services

10. Client's Source of Income.

(see definition sheet)

Please check all that apply

- _____ works full time

- _____ works part time
- _____ receives TFA
- _____ receives SAGA cash
- _____ receives Social Security/SSI
- _____ receives unemployment
- _____ receives child support/alimony
- _____ receives help from family
- _____ recycling
- _____ has no source of income
- _____ Other

11. How much money has client had in the last 30 days? _____

12. How many days has client worked in the last 30 days? _____

13. Does client have money for a security deposit?
 Yes No

14. Where does client get healthcare services?
 _____ Emergency Room/Hospital
 _____ Walk-in Clinic
 _____ Private Doctor
 _____ Health Center
 _____ Other (please name) _____

15. How long since client's last medical treatment?
 _____ 1 year or more
 _____ 6 months ago
 _____ 3 months ago
 _____ Recently – When? _____

16. What medical coverage does client have?

(see definition sheet)

- _____ SAGA
- _____ Medicaid (Title 19)
- _____ Employer Insurance
- _____ Husky
- _____ ConnPACE
- _____ Medicare
- _____ Veterans' Administration (VA)
- _____ Charter Oak Plan
- _____ None
- _____ Other (please name) _____

17. Does client have special housing needs due to a physical disability?

Yes No

Please explain: _____

18. Has the client been turned away from a shelter in the last year? Yes No

If yes, why?

_____ No space available

_____ Other (please specify)_____

If yes, did client then find other shelter that day? Yes No

19. Is the client currently on a Section 8 or permanent subsidized housing waiting list?
Yes No

20. Has client used Food Stamps in the last year? Yes No

Currently using Food Stamps? Yes No

21. What does the client think would help solve his or her current homelessness?

Appendix C: HUD Homeless Assistance Programs

Continuum of Care funding is comprised of three programs designed to address the problems of homelessness through a competitive grant process. The three programs are as follows:

Supportive Housing Program (SHP)

SHP helps develop housing and related supportive services for people moving from homelessness to independent living. Program funds help homeless people live in a stable place, increase their skills or income, and gain more control over the decisions that affect their lives.

Shelter Plus Care (S+C)

Shelter Plus Care (S+C) provides rental assistance that, when combined with social services, provides supportive housing for homeless people with disabilities and their families. The program allows for a variety of housing choices such as group homes or individual units, coupled with a range of supportive services (funded by other sources).

The Single Room Occupancy Program (SRO)

The Single Room Occupancy (SRO) Program provides Section 8 rental assistance for moderate rehabilitation of buildings with SRO units-single-room dwellings, designed for the use of an individual, that often do not contain food preparation or sanitary facilities. A public housing authority makes Section 8 rental assistance payments to the landlords for the homeless people who rent the rehabilitated units.

Appendix D: Agencies Participating in Point in Time Count of the Homeless Survey Effort

Agency Name	April 2004		April 2005		April 2006		October 2007		October 2008	
	#	%	#	%	#	%	#	%	#	%
Manchester Memorial Hospital (MMH)	11	7.7	5	6.7	--	--	4	3.3	--	--
Head Start	5	3.5	7	9.4	5	4.3	8	6.6	6	6.3
MMH-FDC	4	2.8	--	--	--	--	--	--	--	--
Salvation Army	--	--	--	--	--	--	--	--	2	2.1
MACC	38	26.8	30	40.5	44	37.6	24	19.8	34	35.4
Project Home share	2	1.4	--	--	--	--	--	--	--	--
Teamworks	2	1.4	--	--	--	--	--	--	--	--
Board of Education	11	7.7	--	--	7	6.0	16	13.2	13	13.5
Town Youth Service Bureau	2	1.4	--	--	--	--	--	--	--	--
DSS	1	0.7	4	5.4	4	3.4	--	--	--	--
CRT – Energy Assistance	6	4.2	--	--	--	--	--	--	--	--
MMH – Steps	3	2.1	--	--	--	--	--	--	--	--
CPAS	15	10.6	--	--	3	2.6	46	38.0	6	6.3
Town SAFS (formerly EFS)	26	18.3	15	20.2	8	6.8	10	8.3	9	9.4
Tri-town Shelter – Vernon	2	1.4	--	--	14	12.0	--	--	--	--
South Park Inn (Shelter) – Hartford	5	3.5	--	--	1	0.9	--	--	--	--
MMH – Horizons	1	0.7	--	--	--	--	--	--	--	--
Community Health Care	--	--	--	--	1	0.9	--	--	--	--
Genesis Center/CHR	7	4.9	12	16.2	2	1.7	13	10.7	22	22.9
MANA	0	0	1	1.3	--	--	--	--	--	--
Community Child Guidance Clinic	1	0.7	--	--	--	--	--	--	--	--
VA CT	--	--	--	--	18	15.4	--	--	4	4.2
ECHN	--	--	--	--	3	2.6	--	--	--	--
Total	142	100	74	100	117	100	121	100	96	100

Appendix E: State and Federal Web Sites Regarding Homelessness

www.journeyhome.org - Journey Home is the Connecticut non-profit agency spearheading the implementation of the Capitol Region's Ten Year Plan to End Homelessness.

www.reachinghome.org - Launched in Connecticut in 2004 by a statewide Steering Committee, the Reaching Home campaign promotes civic and political support for ending homelessness in 10 years. The organization plans to establish 10,000 units of permanent supportive housing through substantial rehabilitation, new construction, and through leasing apartments.

www.cceh.org – The CT Coalition to End Homelessness: The organization's mission is to end homelessness by transforming its root causes through public awareness, advocacy, support for service providers, and empowerment of people who are homeless.

www.HomelessChildrenAmerica.org – Report: America's Youngest Outcasts: State Report Card on Homeless Children – release date 3/10/09

www.familyhomelessness.org – The National Center on Family Homelessness

www.ich.gov – Federal Interagency Council on Homelessness

www.huduser.org - Fair market rents created by and for HUD's Office of Policy Development & Research

www.ctpartnershiphousing.com - Partnership for Strong Communities in CT

www.nationalhomeless.org - National Coalition for the Homeless

www.naeh.org - National Alliance to End Homelessness

www.endlongtermhomelessness.org - Partnership to End Long-Term Homelessness

www.ct-housing.org - CT Housing Coalition

This report can also be found at:

<http://www.townofmanchester.org/Planning/ContunuumofCare.cfm>