



Connecticut Homeless System Performance and Re-Design Recommendations

Prepared for Melville Charitable Trust
by Focus Strategies

October 2018



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Table of Contents

I. Background and Purpose of Report	2
II. Information Sources and Methodology	2
A. Data Sources	2
B. Programs Included in Data Analysis	3
C. Methodology	3
III. Current Homeless System in Connecticut	4
A. Numbers and Characteristics of People Experiencing Homelessness in Connecticut	4
B. System Inventory	6
C. Coordinated Access Networks (CANs)	7
D. Homeless Program Funding	8
E. People Served in HMIS Participating Programs	9
IV. Results: Analysis of Data Quality and System Performance	10
A. HMIS Data Quality	10
B. System Performance	11
1. Bed and Unit Utilization Rate (UR)	11
2. Entries from Homelessness: 2016	13
3. Entries from Homelessness: 2017	16
4. Length of Stay	19
5. Exits to Permanent Housing	21
6. Cost Per Exit to Permanent Housing	23
7. Returns to Homelessness	26
V. Summary and Recommendations	28
A. Summary of Strengths and Challenges	28
B. Recommendations	28
1. Refine Coordinated Entry and Diversion Practices	28
2. Develop Operating Standards and Improve Effectiveness of RRH and TH	29
3. Set System Performance Targets	30
4. Empower Funders Collaborative	32
Appendix A: Projects Included In and Excluded From Analysis	33
Appendix B: Stakeholder Interview Summary	47
Appendix C: Funders Collaboratives Research	53

I. Background and Purpose of Report

The Melville Charitable Trust engaged Focus Strategies, on behalf of the statewide Reaching Home Funders Collaborative, which includes the Connecticut Department of Housing, Department of Mental Health and Addiction Services, and the federal Department of Housing and Urban Development, to conduct an analysis of homeless system performance and develop recommendations for system re-design to achieve progress towards ending homelessness in Connecticut. For many years, Connecticut has been a key national leader in homeless system planning – implementing innovative, data-driven approaches to significantly reduce homelessness. The state’s key accomplishments have included:

Gaining statewide buy-in and making investments to significantly increase the community’s stock of permanent supportive housing (PSH);
Achieving major reductions in chronic and overall homelessness; and
Being one of few states in the country that has functionally ended Veteran homelessness.

Connecticut has also led the way by implementing innovative, effective system elements, including the state’s coordinated entry system which employs the regional Coordinated Assessment Network (CAN) model. Much of the state’s work to date has remained grounded in data, Housing First principles, and national best practices in addressing and ending homelessness.

A diverse array of stakeholders throughout the state is committed to building upon this progress and continuing efforts to end homelessness statewide. To that end, the Funders Collaborative has convened to gain a deeper understanding of systemwide performance in relation to system investments and utilize this information to shape investments in efforts to address homelessness moving forward. This Funders Collaborative includes representation from a variety of partner agencies, including the state’s Department of Housing (DOH), Department of Mental Health and Addiction Services (DMHAS), the federal Department of Housing and Urban Development (HUD), and the Melville Charitable Trust. A key goal of the Funders Collaborative is to assess and understand what it will take to achieve a right-sized system, in which the scale of all housing intervention types (i.e. permanent supportive housing, rapid rehousing, interim housing including emergency shelter and transitional housing, and diversion) matches the needs of people experiencing homelessness. The Funders Collaborative also hopes to engage statewide stakeholders in ongoing dialogue and information-sharing opportunities around most effectively utilizing performance data to drive system and program-level improvements and achieve even greater reductions in homelessness. The Funders Collaborative engaged Focus Strategies to provide technical assistance and subject matter expertise to support these efforts.

II. Information Sources and Methodology

A. Data Sources

The performance analysis was based on the following data sources:

- The community’s inventory of emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing beds and units as documented in the 2016 *Housing Inventory Count (HIC)* submitted to HUD;

- Client data exported from the community's *Homeless Management Information System (HMIS)* for the two-year period from January 1, 2015 through December 31, 2017;¹ and
- *Program budget data* collected directly from homeless program providers, including the total annual operating cost of each program, its revenue sources, and dollar amounts.

B. Programs Included in Data Analysis

The performance analysis incorporates data on programs in Connecticut that provide housing, shelter, and services to people experiencing homelessness. The programs analyzed fall into four categories: (1) emergency shelters, (2) transitional housing, (3) rapid rehousing, and (4) permanent supportive housing. The scope of the analysis is limited only to these four program types and does not include homelessness prevention assistance for people at-risk of homelessness, other types of safety net assistance, or mainstream system services provided to people who are experiencing homelessness.

The universe of programs analyzed included the four program types that: were included on the community's Housing Inventory Count (HIC), participate in the Homeless Management Information System (HMIS), had two years of enrollment data available, and were continuing to be operational (see Appendix A for the list of projects included and not included in the analysis). Projects that did not satisfy these criteria are not included (e.g., Domestic Violence programs). To understand program performance in relation to the level of financial investment, data was collected from individual providers, DOH, and DMHAS about their project budgets, including the total annual operating cost of each program, its revenue sources, and amounts.

C. Methodology

The datasets were uploaded into a customized Web-based application developed by Focus Strategies (Base Year Calculator – BYC), which generates an analysis of HMIS data quality for each project, as well as the performance of each project across a range of measures. The analysis results are summarized in this report, with the project data presented at the level of program types: emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing. In addition, CAN level results are presented for each measure.

Focus Strategies conducted the analysis using data from calendar year (CY) 2015 and 2016 and presented results to the community in December 2017. Providers in the community were given the opportunity to attend a presentation in which state- and CAN-level data was presented. Each provider received reports with their individual project performance and were asked to confirm and make any necessary revisions to the data (including project capacity information from the HIC, HMIS data elements used in analysis, and budget information). The results presented in this report are based on the updated data that includes all provider edits to budget, HIC, and HMIS information for CY 2015 and 2016.

¹ The performance analysis is primarily based on the data from the January 1, 2015 through December 31, 2016 timeframe. Community discussion during the in-person presentation of performance data in December 2017 led us to also request program entry data for CY 2017. Providers suggested that due to the use of more fully implemented Coordinated Entry, there would be a higher percentage of literally homeless households entering programs in CY 2017 than in CY 2016.

D. Contextual Information

Focus Strategies also gathered information to help put the data analysis into a local context: we reviewed system documents (such as the CoC application, Opening Doors – Connecticut plan, etc.); we conducted interviews with 14 key stakeholders to gather information about the operations of the existing homelessness response system and solicit input on strengths and challenges; and we held regular discussions with the members of the Funders Collaborative and gathered input and feedback from stakeholders at key points in the process. A summary of the input from the key stakeholder interviews is provided in Appendix B.

III. Current Homeless System in Connecticut

This section provides a general overview of the current system of housing and services for people experiencing homelessness in Connecticut, including data on who is homeless in the community, as well as the inventory of homeless programs and their capacity.

A. Numbers and Characteristics of People Experiencing Homelessness in Connecticut

The table below presents data from the Homeless Point in Time Count (PIT), conducted in January 2018. The count found a total of 3,383 people experiencing homelessness. The data shows that most of the homeless population in Connecticut is sheltered with 2,286 (68%) of counted people living in emergency shelters and 516 people (15%) living in transitional housing. There were 581 unsheltered people, comprising 17% of the total individuals counted.

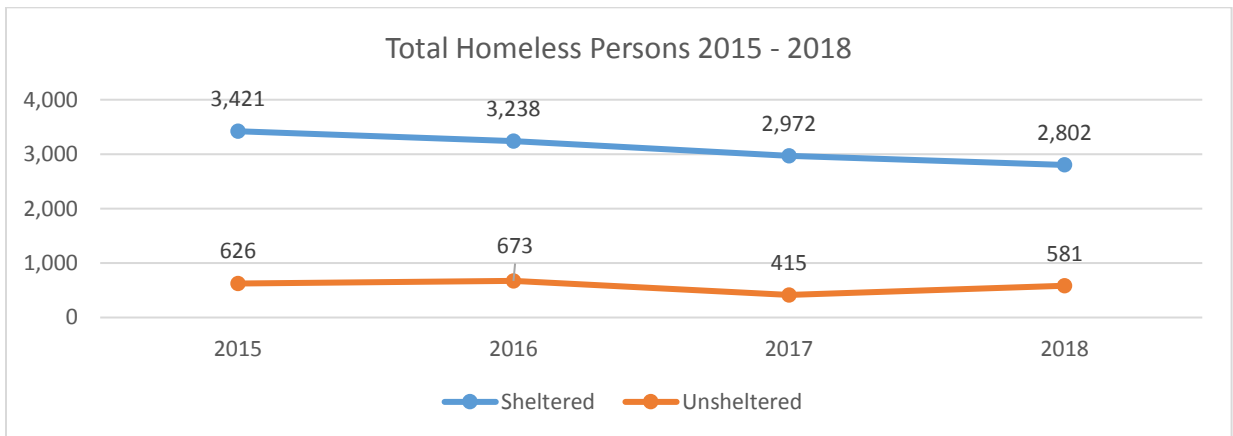
The overall population is primarily single adults without children. Of the 2,264 homeless single adults counted, 312 (14%) are chronically homeless, defined by HUD as: (1) currently unsheltered or in emergency shelter; (2) having been continually homeless for at least a year or four or more times within the last three years with a total duration of at least one year; and (3) having a disability that significantly impairs the ability to secure and sustain housing.²

2018 Homeless Populations				
All Persons/All Families	<i>Sheltered</i>		<i>Unsheltered</i>	TOTAL
	Emergency	Transitional		
Adults in Families	325	111	0	436
Children in Families	519	157	0	676
<i>TOTAL PERSONS IN FAMILIES</i>	<i>844</i>	<i>268</i>	<i>0</i>	<i>1,112</i>
<i>TOTAL FAMILIES</i>	<i>281</i>	<i>89</i>	<i>0</i>	<i>370</i>
Single Adults	1,437	248	579	2,264
Unaccompanied Children under 18	5	0	2	7
TOTAL PERSONS	2,286	516	581	3,383

² In the PIT Count, any person who states they are chronically homeless is counted as chronically homeless. The State's Chronic Homeless By-Name-List uses a more rigorous standard for counting people experiencing chronic homelessness.

2018 Homeless Subpopulations ³			
	Sheltered	Unsheltered	TOTAL
Chronically Homeless Individuals	209	103	312
Chronically Homeless Families	17	0	17
Persons in Chronically Homeless Families	43	0	43
Veterans	177	13	190
Severely Mentally Ill	270	52	322
Chronic Substance Abuse	138	28	166
Persons with HIV/AIDS	22	22	44
Survivors of Domestic Violence	400	106	506

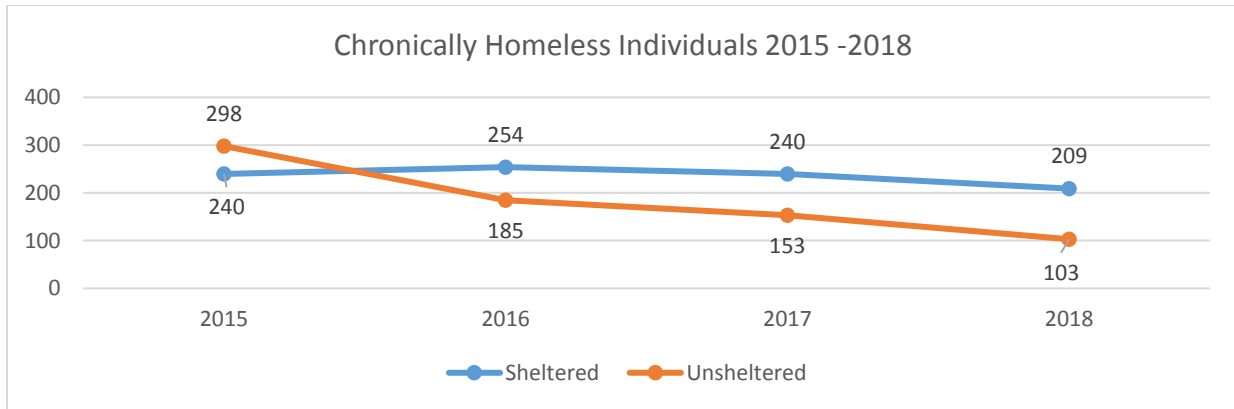
As the next graph illustrates, Connecticut has been successful in reducing the number of people experiencing homelessness – both sheltered and unsheltered – since 2015. There has been a decrease of 16.4% in the overall population; unsheltered homelessness has decreased by 7.2% while sheltered homelessness has decreased by 18.1%. The slight increase in unsheltered homelessness between 2017 and 2018 was a result of a somewhat artifactual increase in the number of unsheltered single adults⁴; the number of unsheltered families decreased.



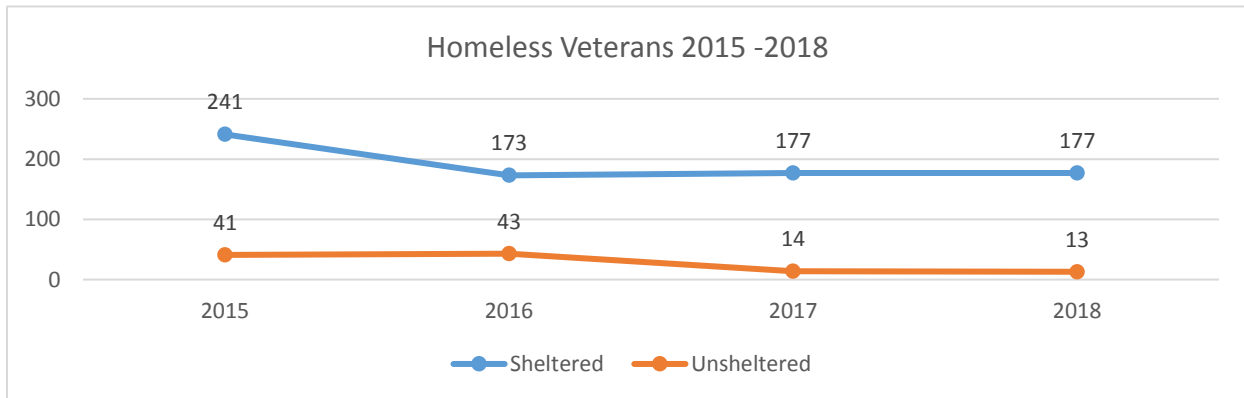
Chronic homelessness has decreased by 42% since 2015. The number of unsheltered individuals experiencing chronic homelessness decreased significantly by 65% and the number of sheltered individuals decreased by 13%.

³ Subpopulation categories are not mutually exclusive, so these figures do not sum to the total homeless population. People may be represented in multiple categories.

⁴ The building used for an overflow shelter operating in 2017 was no longer available during the 2018 count, and an alternative building was used. Because the 2018 building did not have cots for sleeping (although clients were inside with heat, hot water, bathrooms, etc.), they were counted as unsheltered in 2018 (HUD regulations indicate that persons be counted as unsheltered if there is no cot or mat available).



Unsheltered veteran homelessness has decreased drastically by 68% since 2015, as has sheltered Veteran homelessness (27%). The published Connecticut 2018 PIT report⁵ says, “Connecticut was the first state certified by the federal government as functionally ending chronic homelessness among Veterans (2015) and one of the first two states certified as ending all homelessness among Veterans (2017).”



B. System Inventory

The following table presents a summary of the system’s overall current capacity as well as capacity in 2016 as submitted to HUD in the 2016 and 2018 Housing Inventory Counts. Overall, the system has increased inventory by 1,211 beds in the last two years, with increases in the number of shelter beds (635; 24% increase), rapid rehousing beds (372; 60% increase), and PSH beds (564; 9% increase). Notably, transitional housing beds were reduced by 37% over the same time frame (360 beds) as a result of the state’s effort to convert transitional housing to more effective intervention strategies.

⁵ <http://cceh.org/wp-content/uploads/2018/05/CT-Counts-May-2018-v2.pdf>

	2018 System Capacity	2016 Inventory Used for Performance Analysis			
Program Type	Total Capacity 2018 HIC (Beds)	Number of Projects 2016 HIC	Total Capacity 2016 HIC (Beds)	Capacity of Projects in HMIS	Percentage of Total 2016 HIC Beds in Analysis
Emergency Shelter	3,309	80	2,674	2,289	83%
Transitional Housing	607	61	967	837	53%
Rapid Rehousing	993	43	621	520	89%
Permanent Supportive Housing	6,889	231	6,325	4,854	73%
Total	11,798	415	10,587	8,500	75%

The table also includes the percentage of beds included in the analysis to be presented in this report.

C. Coordinated Access Networks (CANs)

All communities receiving federal homeless dollars are required by HUD to implement a Coordinated Entry System (CES) that creates a standardized and consistent process for people experiencing homelessness to access available assistance. Due to the size and diversity of the State, the Coordinated Entry System in Connecticut is decentralized and is operated by eight regional Coordinated Access Networks (CANs). The eight regional CANs include Fairfield County, Greater Hartford, Greater New Haven, Meriden/Middlesex/Wallingford, Central Connecticut, Northeastern Connecticut, Southeastern Connecticut, and Waterbury/Litchfield.

The purpose of each CAN is to offer a standardized assessment and referral process that allows households experiencing homelessness to access homeless system resources within a geographic region. Households seeking assistance first call 2-1-1 (the “front door” to Coordinated Access), regardless of location in the State. 2-1-1 attempts to meet households’ needs by connecting them with mainstream resources whenever possible; this may include utility assistance, childcare assistance, food banks, amongst other forms of assistance. If 2-1-1 is unable to resolve a household's immediate need, the household will be referred to a local CAN provider for a deeper assessment of how to resolve the immediate housing crisis. Whenever possible, CAN staff attempt to divert clients from the emergency shelter system by identifying possible housing solutions within the household’s natural pool of resources. Diversion may include reconnecting a household to family or friends, landlord mediation, or minimal financial assistance to help stabilize a household. For those who cannot be diverted, CANs will coordinate access to appropriate interventions and services, including emergency shelter, rapid rehousing, and permanent supportive housing.

All eight CANs are overseen and managed by the State of Connecticut Department of Housing (DOH). DOH works closely with providers to create and maintain a system that is both coordinated and flexible, allowing quick and effective response to the urgent needs of people experiencing housing crises. The Connecticut Coalition to End Homelessness supports and assists the eight CANs and participating

providers by hosting regular learning collaboratives and providing information to the community on Coordinated Access.

D. Homeless Program Funding

Focus Strategies worked with the Funders Collaborative to request annual operating budgets for each project included in the 2016 HIC. Organizations received a template pre-populated with the specific projects needing budget information and were asked to complete the following information for each: total operating budget, and the portions of budgets originating from HUD CoC grants, HUD ESG grants, other public funds, and/or private funds. In addition, for RRH and PSH projects, organizations were asked to indicate whether budgets reflected both services and housing portions of the program, just services, or just housing.

The Funders Collaborative developed a comprehensive approach to ensure organizations received, understood, and responded to the request. Nonetheless, feedback received during the presentation of draft results in December 2017 suggested that some providers felt the budget information did not accurately reflect the operating budgets for that timeframe. The Funders Collaborative requested confirmation and revision of budget information from all projects in early 2018; however, we recognize that the budget presented in this section is an underestimate of the true total because budgets were ultimately available for only 85% of the projects on the 2016 HIC. Further, some RRH and PSH projects only provided information on services or housing costs (not both) or did not indicate which type of data was provided.

The table below shows budgets collected for projects on the 2016 HIC and indicates both the source of funds and funding by project type. The total budget collected from organizations reflects approximately \$170 million statewide for all project types. Almost 70% of the total budget is allocated to permanent supportive housing. It is noteworthy that approximately 17% of the total budget reflected is from private sources, including philanthropy.

Project Type	Funding Source			Total	% of System Total
	CoC/ESG	Other Public	Private		
Emergency Shelter	\$1,844,242	\$20,418,766	\$12,312,948	\$34,575,956	20%
Transitional Housing	\$2,688,586	\$6,135,010	\$2,032,983	\$10,856,579	6%
Rapid Rehousing	\$2,259,623	\$5,577,068	\$1,345,924	\$9,182,615	5%
Permanent Supportive Housing	\$44,832,182	\$57,395,794	\$12,780,775	\$115,008,751	68%
Total	\$51,624,633	\$89,526,638	\$28,472,630	\$169,623,901	

The next table reflects total budgets reported by organizations within each CAN. Three CANs (Fairfield County, Greater Hartford, and Greater New Haven) account for 75% of the homeless system resources in the state. Fairfield County is also distinctive in that 32% of the private funding in Connecticut is invested in that CAN.

CAN	Funding Source			Total	% of System Total
	CoC/ESG	Other Public	Private		
Fairfield County (FC)	\$10,914,081	\$15,621,101	\$9,205,876	\$35,741,058	21%
Greater Hartford (GH)	\$11,741,431	\$28,583,722	\$6,271,094	\$46,596,247	27%
Greater New Haven (GNH)	\$13,884,342	\$25,559,663	\$6,771,845	\$46,215,850	27%
Meriden/Middlesex/Wallingford (MMW)	\$1,650,228	\$2,941,914	\$507,889	\$5,100,031	3%
Central CT (CC)	\$2,455,633	\$2,644,076	\$822,770	\$5,922,479	4%
Northeastern CT (NE)	\$947,512	\$2,060,913	\$371,108	\$3,379,533	2%
Southeastern CT (SE)	\$5,156,589	\$8,129,985	\$2,960,137	\$16,246,711	10%
Waterbury/Litchfield (WL)	\$4,874,817	\$3,985,264	\$1,561,911	\$10,421,992	6%
Total	\$51,624,633	\$89,526,638	\$28,472,630	\$169,623,901	100%

E. People Served in HMIS Participating Programs

The data below shows the total number of people served in HMIS participating programs in Connecticut between January 1, 2016 and December 31, 2016. Over the course of the year, the CoC served 16,376 unique people. Of these, 81% were adults 25 and older, 4% were transition age youth (TAY) ages 18 to 24, and 15% were children.

Total Unduplicated People		16,376	
		#	%
Age	Adults 25+	13,286	81
	Transition Aged Youth (TAY) 18 - 24	691	4
	Children	2,387	15
	Missing	12	<1

The following table shows the unduplicated number of people served in the same timeframe by program type. Individuals who received services from more than one program type are reflected more than once (i.e., in each of the service types they received). Programs types with short lengths of stay tend to serve a larger number of people than those with longer or unlimited lengths of stay. Transitional housing served the fewest people because lengths of stay are long, and inventory is small compared to other project types.

		ES		TH		RRH		PSH	
Total Unduplicated People		9,356		1,250		1,650		5,844	
		#	%	#	%	#	%	#	%
Age	Adults 25+	7,683	82	960	77	1,011	61	4,857	83
	Transition Aged Youth (TAY) 18 - 24	457	5	57	5	75	5	171	3
	Children	1,215	13	233	19	564	34	805	14
	Missing	1	<1	0	0	0	0	11	<1

IV. Results: Analysis of Data Quality and System Performance

The sections below present our analysis of homeless system performance using data drawn from HMIS, the HIC, and project budget information shared by providers. Results are presented by project type across the entire state and by project type for each Coordinated Access Network (CAN).

A. HMIS Data Quality

A key precondition to any system performance assessment is the availability of high-quality data. In particular, it is important to have robust data on prior living situation and exit destination for each household, in order to understand how people enter and exit the homeless system. The BYC produces assessments of data quality for each project type including the amount of “missing” data and the amount of “unknown” data. The only area of concern for Connecticut is emergency shelter exit destination data, where almost 17% of the data is not useful for performance analysis (9% is missing and 8% is unknown).

Understanding the difference between “missing” and “unknown” data is key in supporting data quality improvement efforts. “*Missing data*” is information that is simply not recorded in HMIS, which usually means that the project staff are not entering these data elements into the data system. On average, Connecticut emergency shelter projects are missing 3% of prior living data, while emergency shelters are missing exit destinations for 9% of exits.

“*Unknown data*”, on the other hand, reflects the percent of entries and exits that do not reflect meaningful or useful responses for assessing performance. Unknown data includes: “data not collected,” “client doesn’t know,” “client refused,” “no exit interview conducted,” and “unknown.” Higher percentages of unknown responses, therefore, suggest that data is not reflected in HMIS in a useful manner (responses not useful to performance measurement and system improvement). Connecticut’s unknown prior living situations upon entry are low for all project types and shows very good data quality in this domain.

With respect to exit destination, 8% of exits from emergency shelter are unknown. Other project types, again, show much lower rates of unknown exit destination, with transitional housing at 2%, rapid rehousing at 5%, and permanent supportive housing at 4%. While those who leave emergency shelter are often not available for gathering valid exit information, the high rate of unknown exits, combined with the high rate of missing exits, negatively impacts other measures. Capturing accurate destination data is crucial for measuring permanent housing outcomes.

Missing/Unknown (% of all Households)					
Project Type	# of Projects	Prior Living		Exit Destination	
		% Missing	% Unknown	% Missing	% Unknown
Emergency Shelter	50	3%	1%	9%	8%
Transitional Housing	29	3%	0%	4%	2%
Rapid Rehousing	19	1%	1%	2%	5%
Permanent Supportive Housing	160	2%	0%	1%	4%
<i>Total</i>	<i>258</i>	<i>2%</i>	<i>1%</i>	<i>4%</i>	<i>5%</i>

B. System Performance

In recent years, federal homelessness policy has shifted to look at how well communities are performing in their efforts to reduce homelessness. To further these objectives, HUD has strongly encouraged communities to evaluate the effectiveness both of individual programs, as well as the overall system in meeting specific performance measures. Focus Strategies utilizes a set of performance metrics that build upon HUD's system performance measures and policies as articulated in the HEARTH Act and *Opening Doors: The Federal Strategic Plan to End Homelessness*. While the measures we use are aligned with HUD's goals and system performance measures, we also incorporate cost effectiveness so that communities can understand both system performance and performance in relation to the level of investment.

This section presents our analysis of Connecticut's system performance on six measures:

- Bed and Unit Utilization Rate
- Program Entries from Homelessness
- Lengths of Stay
- Rate of Exit to Permanent Housing
- Cost per Permanent Housing Exit
- Returns to Homelessness

Results on each measure are presented at the statewide level, as well as the CAN level. There are a total of eight CANs: Fairfield County (FC), Greater Hartford (GH), Greater New Haven (GNH), Meriden/Middlesex/Wallingford (MMW), Central Connecticut (CC), Northeastern Connecticut (NE), Southeastern Connecticut (SE), and Waterbury/Litchfield (WL).

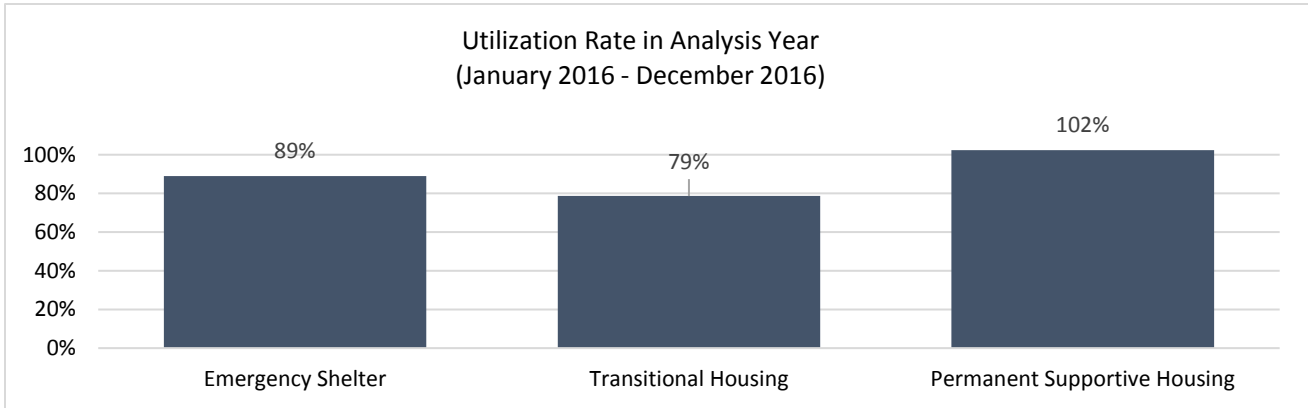
1. Bed and Unit Utilization Rate (UR)

This metric uses HMIS data to assess the average daily occupancy of programs in the system. Maximizing the use of available bed capacity is essential to ensuring that system resources are being put to their best use and as many people experiencing homelessness as possible are being served with existing inventory. The graph below presents the UR for emergency shelter, transitional housing, and permanent supportive housing.⁶ The measure uses bed utilization for single adult programs, and unit utilization for family programs (sometimes a unit in a family program might have unfilled beds simply due to housing a smaller sized family than the unit is designed to accommodate).⁷

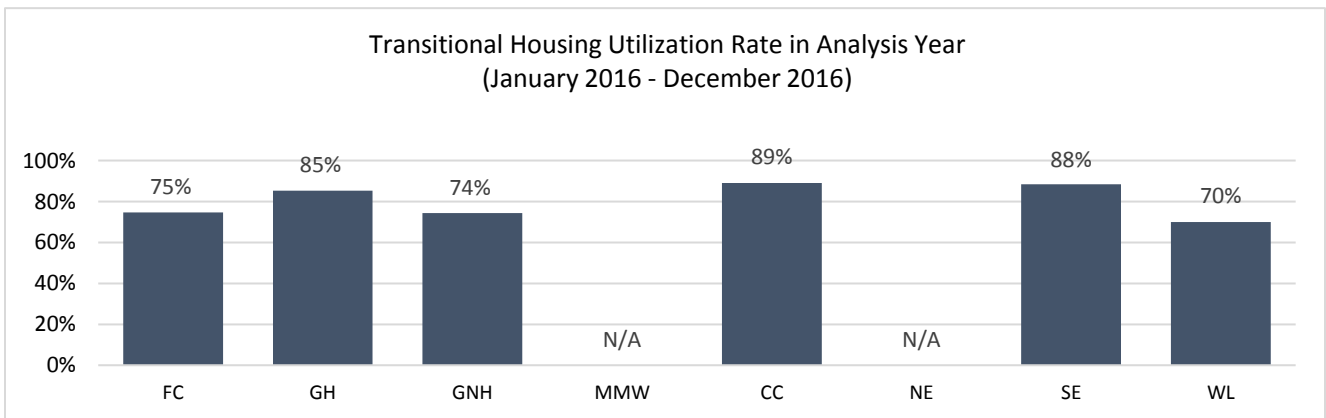
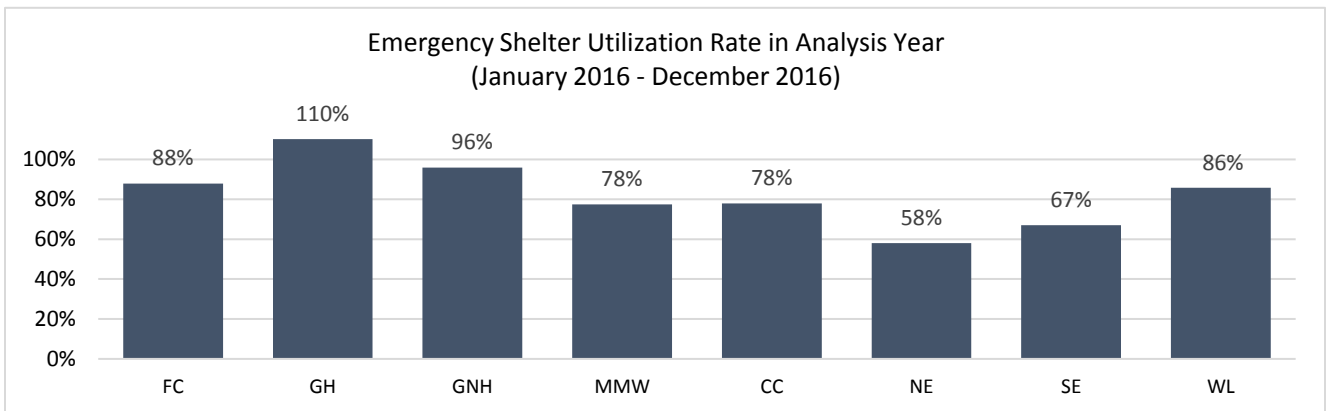
The graph below illustrates that neither emergency shelters nor transitional housing projects were being maximally utilized. Utilization rates of 90-95% would typically indicate effective utilization of resources.

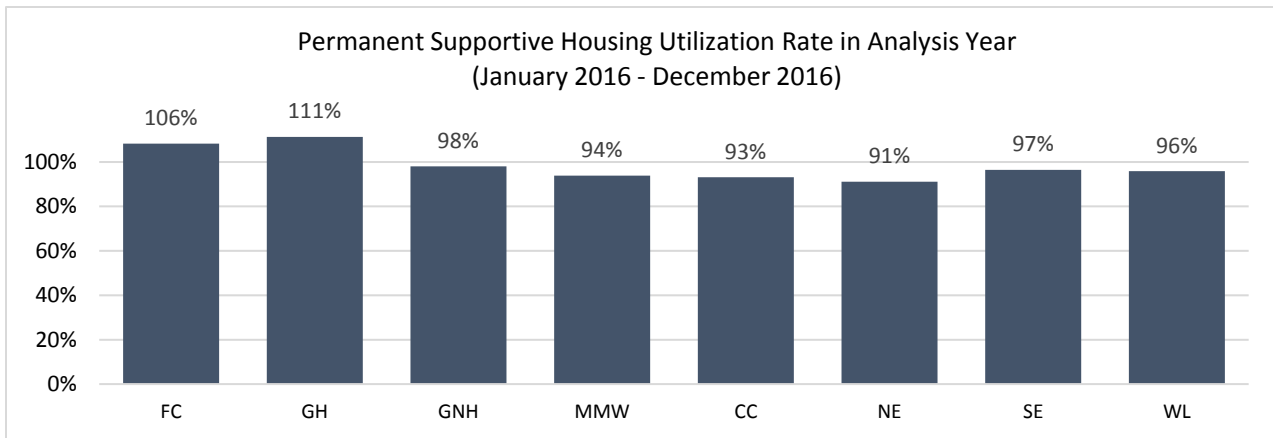
⁶ Note: Rapid rehousing is not included in this analysis because this program type does not have a fixed bed capacity; the methodology applied to the other program types does not generate a comparable result.

⁷ The formula used for calculating Utilization Rate is: number of beds nights used in HMIS data/number of bed nights available per HIC capacity ((beds for single adults + units for families) x 365).



When UR is examined on the CAN level, the next four graphs illustrate that average URs vary both by CAN and by project type. Emergency shelter utilization, for example, ranges from less than 60% to over 100%, with four of eight CANs showing less than 80% utilization. Although the CAN variance for transitional housing URs is much lower (from 70% to 89%), there are no CANs showing more than 90%. The average UR for PSH in all eight CANs is high and indicates effective use of this resource.

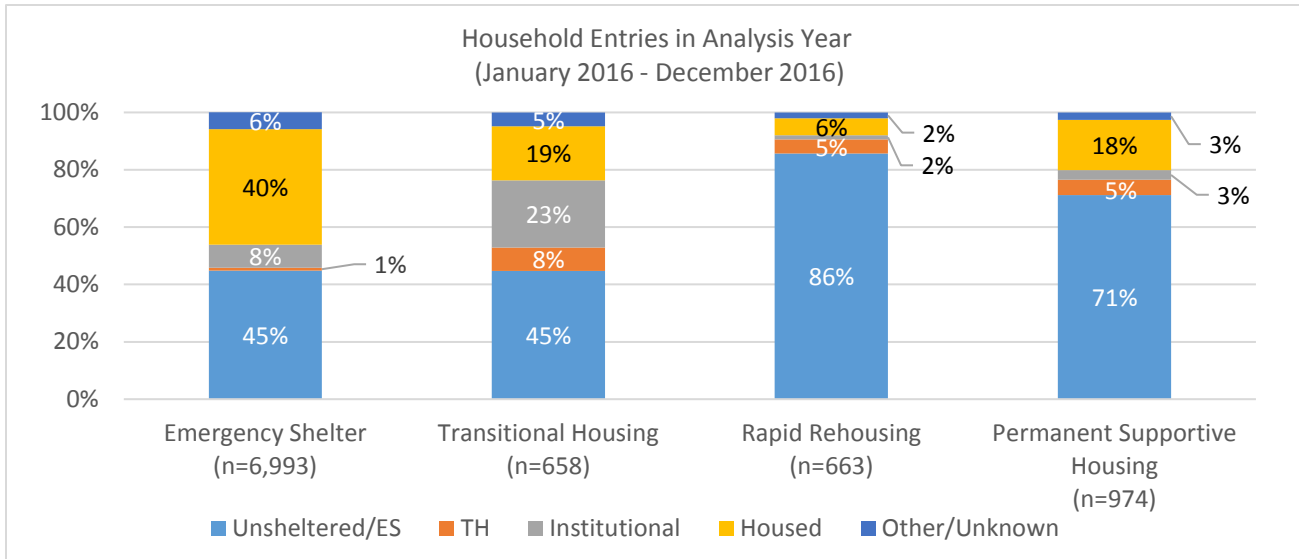




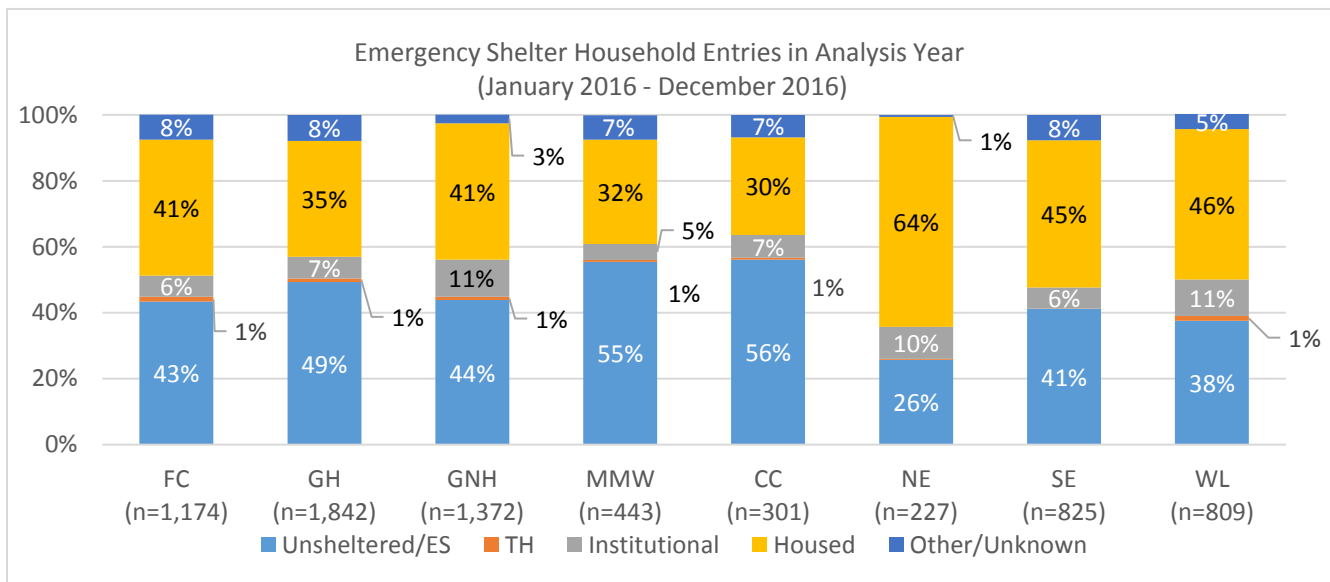
2. Entries from Homelessness: 2016

This measure looks at the degree to which programs are serving people with the most acute housing needs, namely those who are *literally* homeless (i.e., are living outdoors, in a vehicle, or in an emergency shelter). While certain funding sources (local, state, federal) may allow programs to serve people who are living in other situations (i.e., those at risk of homelessness), successfully reducing homelessness depends on prioritizing those with the highest need for available units. This measure reflects the federal policy goals of ending chronic homelessness and prioritizing literally homeless people for permanent housing. To create a “right sized” system in which there is an appropriate housing intervention for all people experiencing homelessness, those who are not literally homeless must be diverted from entering the homeless system to begin with, thereby making resources available for those with nowhere to live. Diversion includes problem-solving conversations with a trained diversion specialist or case manager to collaboratively brainstorm and consider housing solutions outside of the homeless system and within the client’s natural pool of resources and/or social network. To assist households, achieve an alternative housing solution, diversion assistance may include conflict resolution or mediation with landlords or friends/family members; help accessing mainstream benefits; and light-touch financial assistance to keep a client in their existing housing situation or pay for utilities or move in costs.

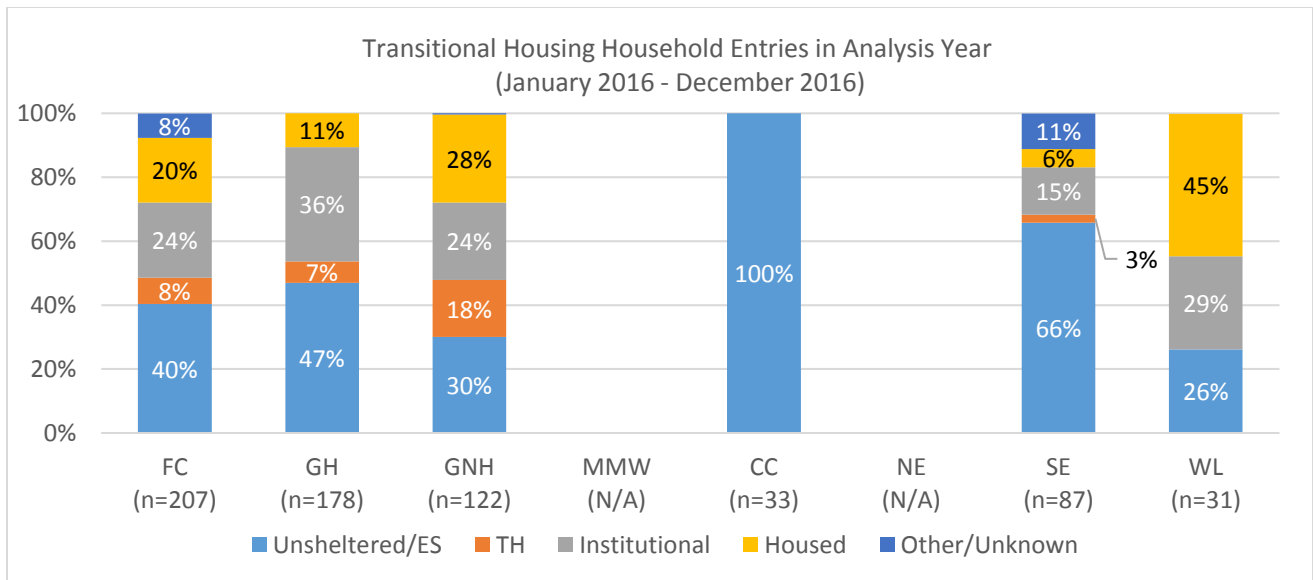
The first graph below shows prior living situations of households enrolled in homeless programs in 2016 and reflects wide variation by type of intervention. In 2016, emergency shelters were admitting 40% of households from housed situations and less than half from literal homelessness (45%; streets, vehicles, emergency shelter). Typically, when systems have significant entries from housed situations, it can indicate a need for more robust shelter diversion or systemwide diversion to help prevent households from entering the homeless system if they have an existing housing situation that can be preserved or can move directly to alternative housing. In Connecticut, the CANs attempt shelter diversion when possible, however, this data suggests that this practice could be strengthened. Also, the transitional housing projects enrolled only 45% of households from literally homeless locations, suggesting that this expensive resource may not be targeted to the most appropriate population. Rapid rehousing projects enroll most households from literal homelessness (86%) and a small number of households from housed locations, suggesting excellent performance on this measure for this project type. Finally, permanent supportive housing is taking most households (71%) from literal homelessness.



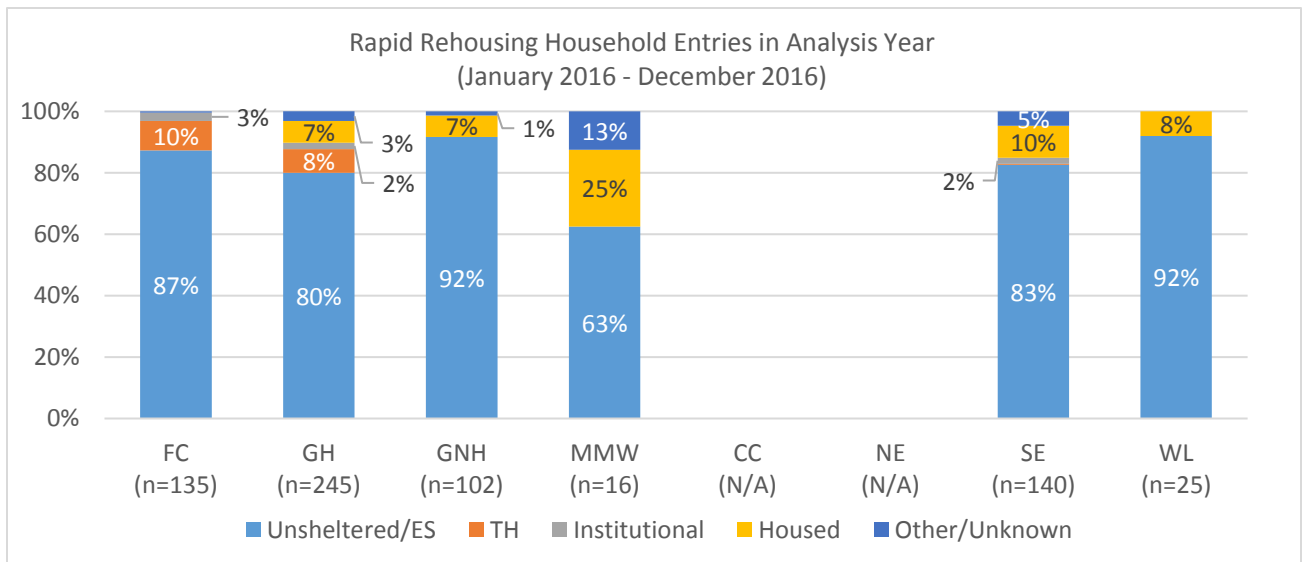
Emergency shelter entries vary by CAN, with 2 CANs (MMW and CC) enrolling more than half of their households from a literally homeless situation, while the NE CAN enrolls about two-thirds of their households from housed locations. The variability across CANs suggests that emergency shelter policies may not be consistent across the different regions. This also likely reflects that fact that shelter diversion practices are not consistent across all the CANs.



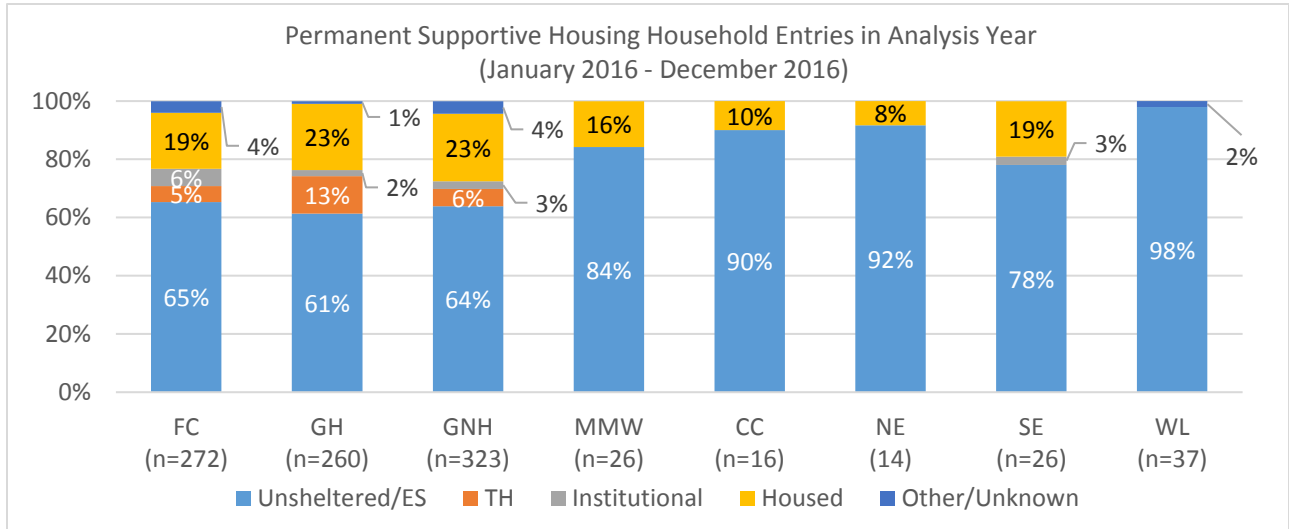
The next graph illustrates entries into transitional housing by CAN. Once again, the CANs vary widely on the proportion of households who enroll from literal homelessness and housed situations.



Except for the MMW CAN, the next graph shows that rapid rehousing projects are performing very well on this measure with more than 80% of households entering from a literally homeless situation. MMW, on the other hand, is enrolling one quarter of households from housed prior living locations and have a relatively high rate of other/unknown entries.



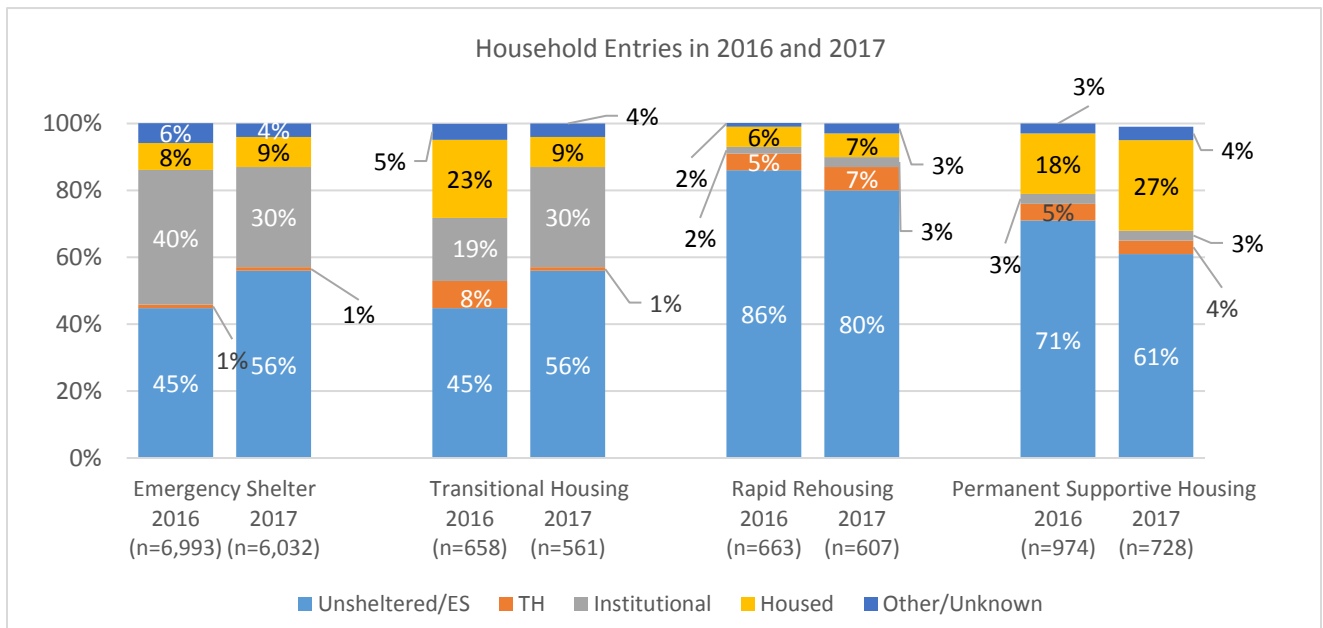
Finally, prior living situations of households enrolling in permanent supportive housing are illustrated in the next graph. All CANs show most households are entering from literal homelessness, with five of eight showing rates between 78% and 98%. Three CANs show rates in the low- to mid-sixties, largely because they show approximately 20% of households entering from housed situations. As a rule, entries from housing into PSH are often related to progressive engagement activities or households moving from one PSH project to another, although this should be investigated at the project level to confirm.



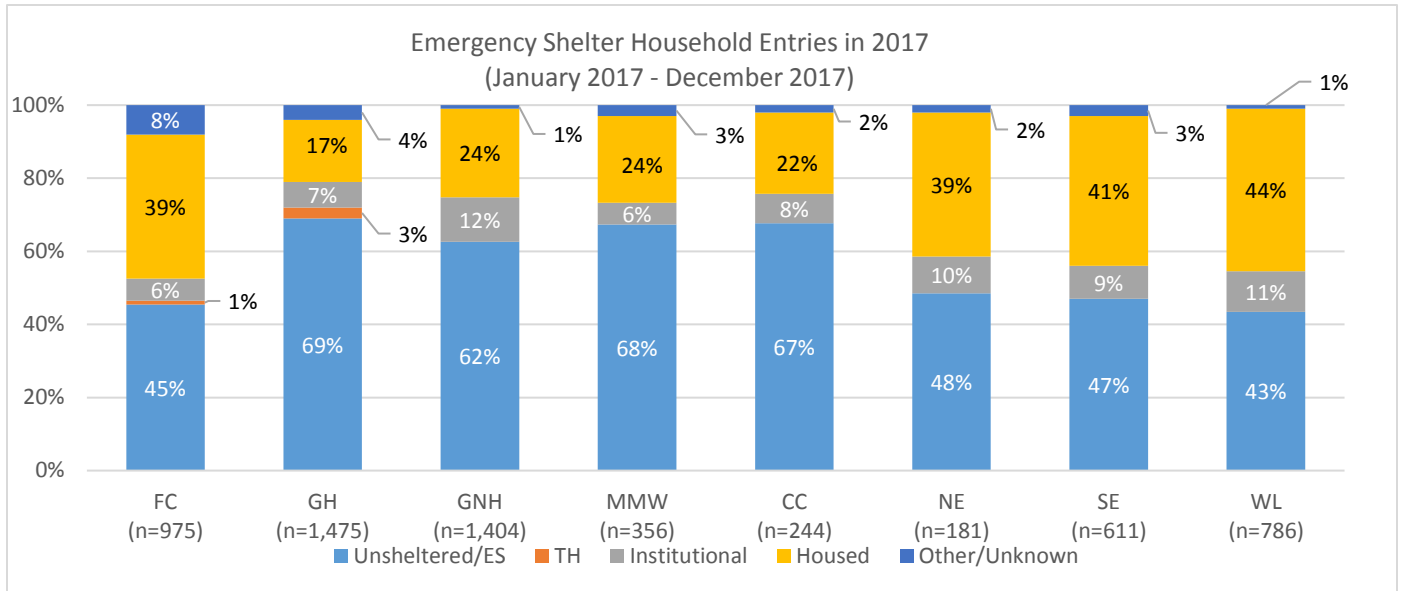
3. Entries from Homelessness: 2017

Providers felt strongly that the 2016 data did not accurately reflect the most recent efforts at coordinated entry implementation and that 2017 data would better represent that. Therefore, we also present the prior living situation of those households enrolling in homeless programs in 2017.

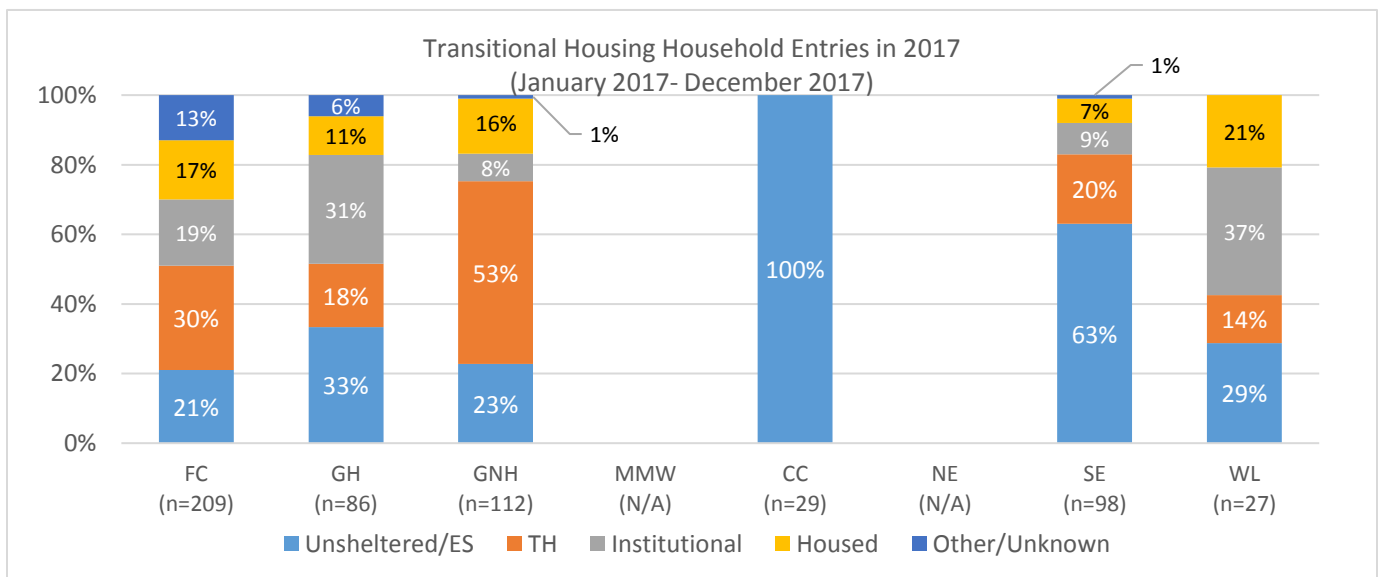
The next graph illustrates the proportion of households entering from various locations into each project type for 2016 and 2017. The data indicate that in 2017, emergency shelters enrolled a higher proportion of households from literal homelessness and lower proportions from housed locations than in 2016. Although enrollments from literal homelessness into transitional housing has decreased, projects have increased the rate of entries from other transitional housing; this is a finding that may be worthy of further investigation. Finally, unfortunately, homeless entries into rapid rehousing and permanent supportive housing both decreased between 2016 and 2017.



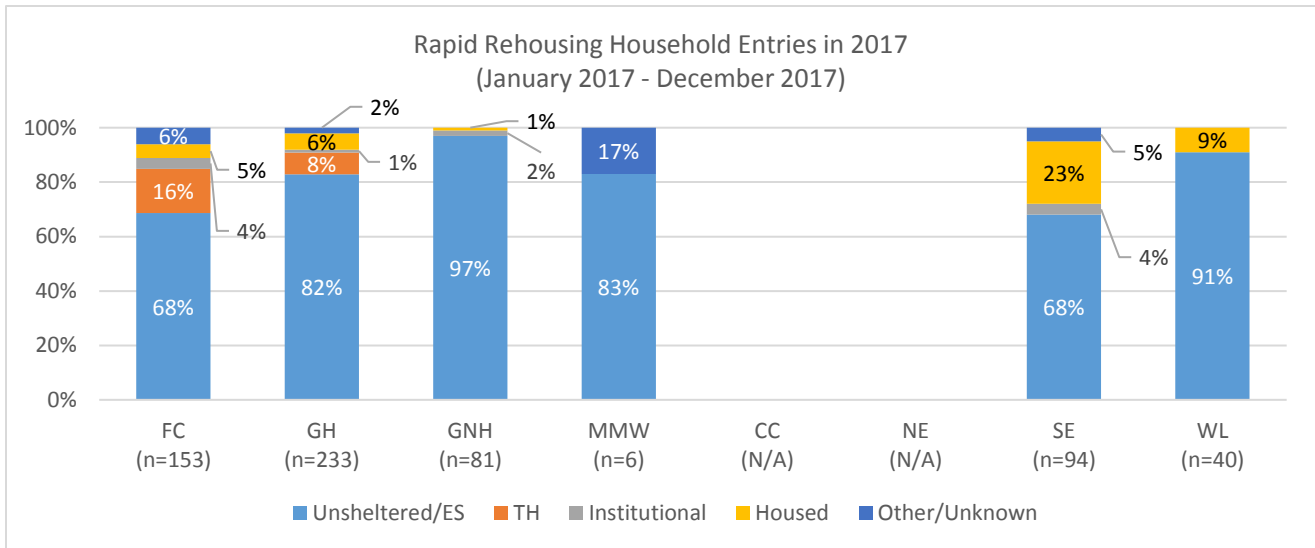
Turning to the CAN level data, the next graph illustrates 2017 literally homeless entries into emergency shelter increased across all CANs, while entries from housed situations decreased.



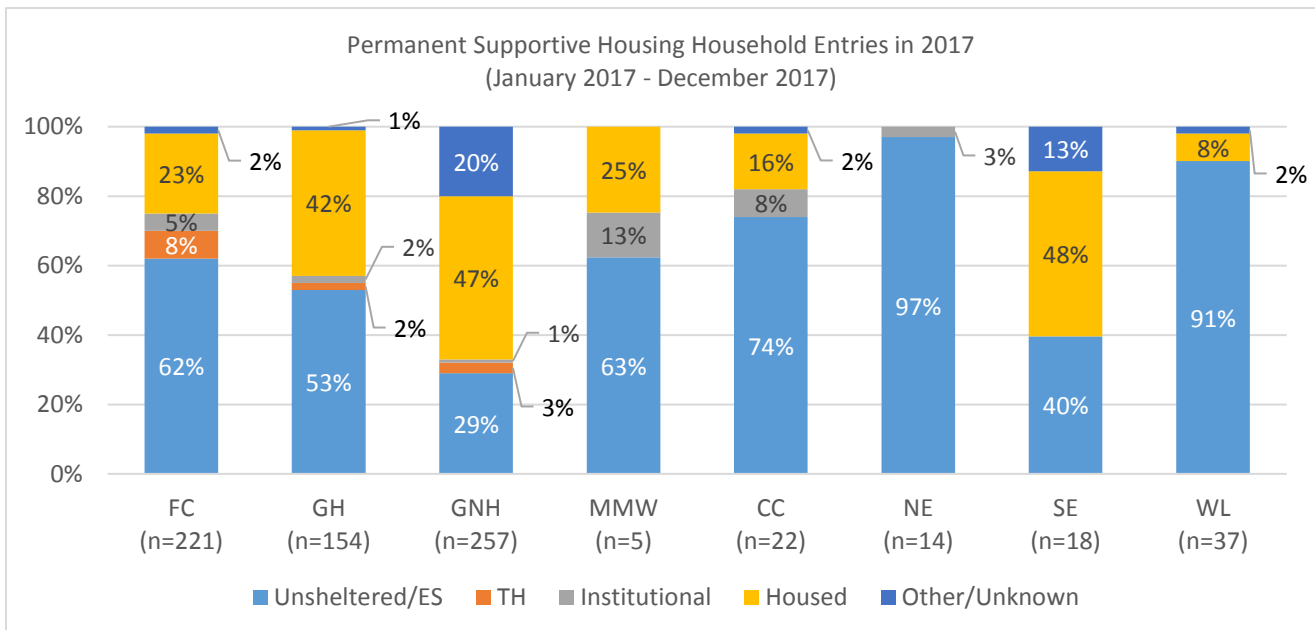
Entries into transitional housing projects are shown next. The household entries to CANs look very different in 2017, much like the statewide transitional housing entries did. For example, in three CANs (FC, GH, and GNH), there are much higher percentages of entries from other transitional housing projects, while the proportion of entries from housed situations remains stable. In contrast, CC, SE, and WL CANs enrolled similar percentages of literally homeless households and decreased entries from housing when compared to 2016.



In 2017, four of six CANs showed greater than 80% of households enrolled came from literally homeless situations, however, Fairfield County showed 19% of households enrolling from transitional housing and Southeast Connecticut enrolled 23% of households from housing.



The next graph illustrates entries into permanent supportive housing in 2017. As the data indicate, two CANs show very high rates of entries from housing, as well as high rates of other/unknown entries (GNH and SE). Both trends are worthy of investigation. The remaining six CANs show entry rates similar to those found in 2016.

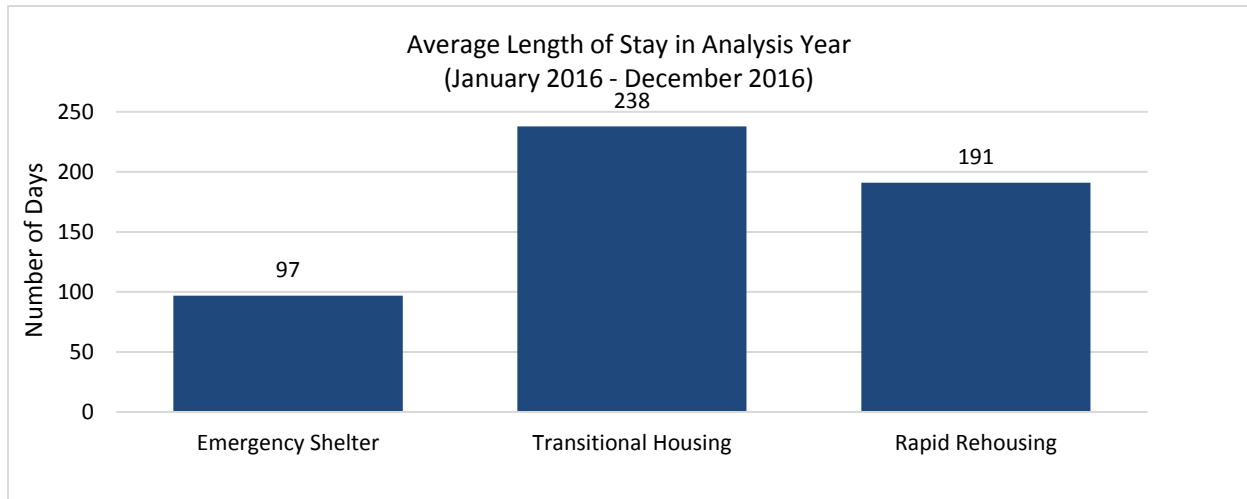


4. Length of Stay

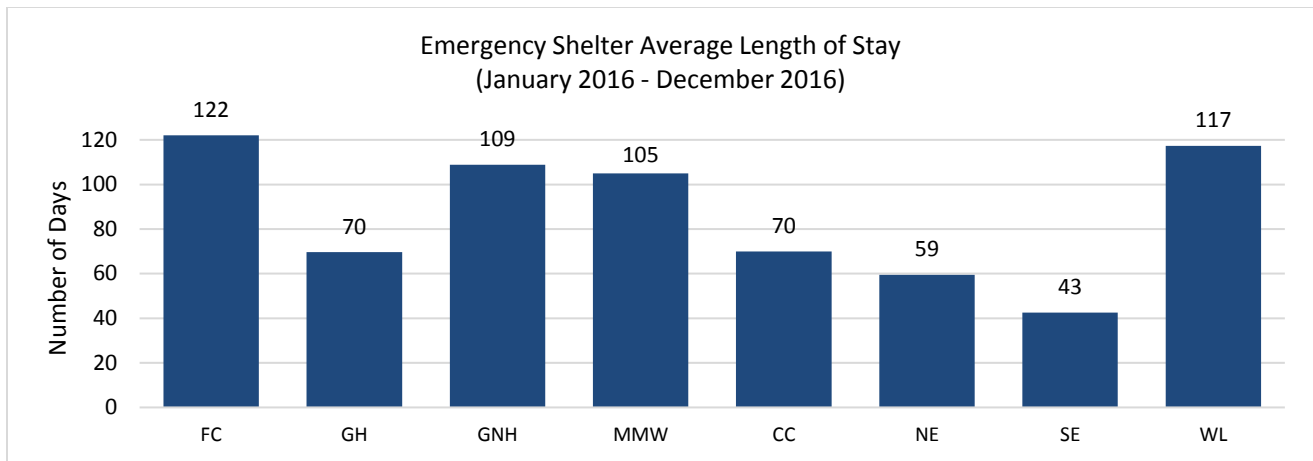
Achieving relatively short lengths of stay in emergency shelter, transitional housing, and rapid rehousing programs is essential to ending homelessness. Every day a person is homeless has an associated cost and reducing lengths of stay results in a higher rate of exit and a lower cost per exit, which in turn allows more people to be served. The HEARTH Act has established a goal that no one is homeless longer than 30 days, although this aspiration has not been codified in any HUD requirements. To increase effectiveness and reduce homelessness, the entire system must strive for the shortest stays needed to reach this goal.

Length of stay in Connecticut programs was calculated using HMIS data based on the entry and exit dates for each program stay recorded in HMIS. Currently none of the system components have achieved an average length of stay below 30 days. Transitional housing has the longest length of stay at 238 days followed by rapid rehousing with emergency shelter stays being the shortest.

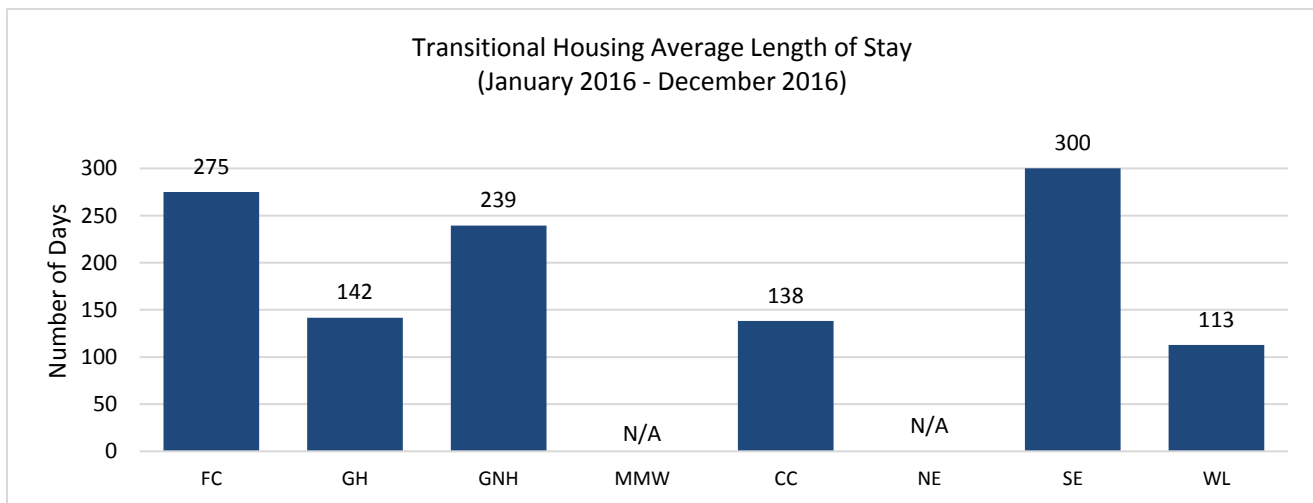
This data should be considered in relation to the rate of exit to permanent housing, presented in the next section. Many transitional housing programs are designed with relatively long lengths of stay based on the assumption that longer stays allow households to develop the skills and resources they need to successfully secure housing upon exit. Yet, data shows that despite these longer stays, participants in rapid rehousing programs have higher rates of permanent housing exit. Longer stays in transitional housing do not necessarily yield stronger outcomes. Likewise, the rates of return to homelessness are lower for rapid rehousing than transitional housing.



The next graph illustrates the average length of stay in emergency shelter by CAN. The data show that average length of stay varies widely, from a low of 43 days to a high of 122 days. It would benefit the system to set a goal of reducing emergency shelter lengths of stay to improve household flow through the system and to permanent housing.

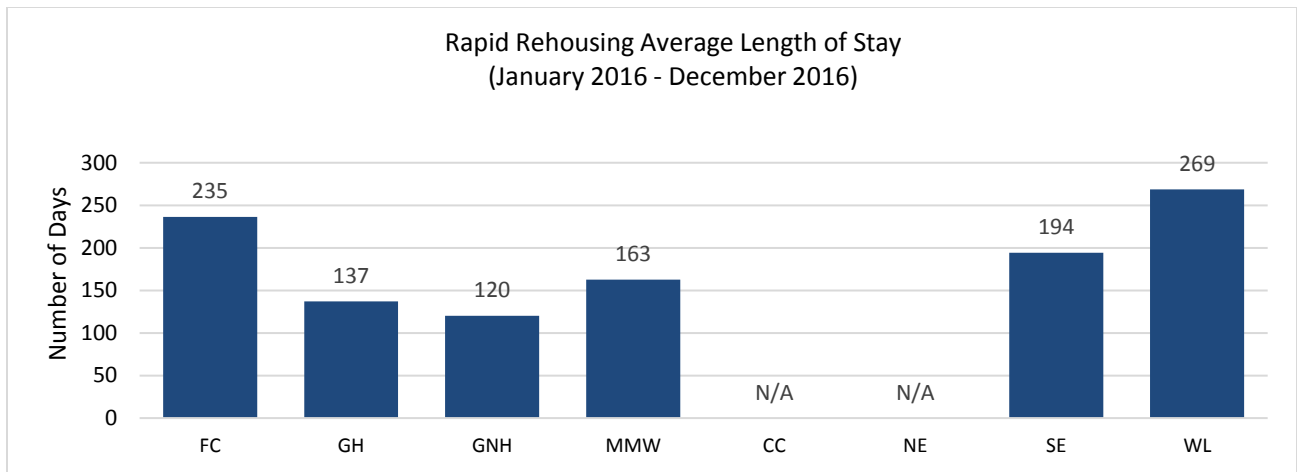


Transitional housing programs historically have much longer stays than emergency shelters; although, permanent housing exits may not be significantly higher. In 2016, length of stay in transitional housing across CANs ranged from 113 days to 300 days (more than double that of emergency shelters)⁸. CANs with longer lengths of stay in transitional housing do not show greater rates of exits to permanent housing (see section 5 below), helping to refute the notion that longer lengths of stay lead to permanent housing exit. In fact, decreasing lengths of stay in transitional housing would decrease the overall length of time a household remains homeless.



Rapid rehousing lengths of stay were only slightly lower than transitional housing in 2016; however, rapid rehousing outperforms transitional housing in exits to permanent housing and cost per permanent housing exit. The 2016 data show transitional housing projects compared to the other project types are entering more households from housed locations, keeping households longer, exiting fewer households to permanent housing, and expending more money per successful exit.

⁸ The NE CAN did not have transitional housing to include in the performance analysis; MMW had two transitional housing projects, however, one did not have HMIS data and the other was no longer in operation.

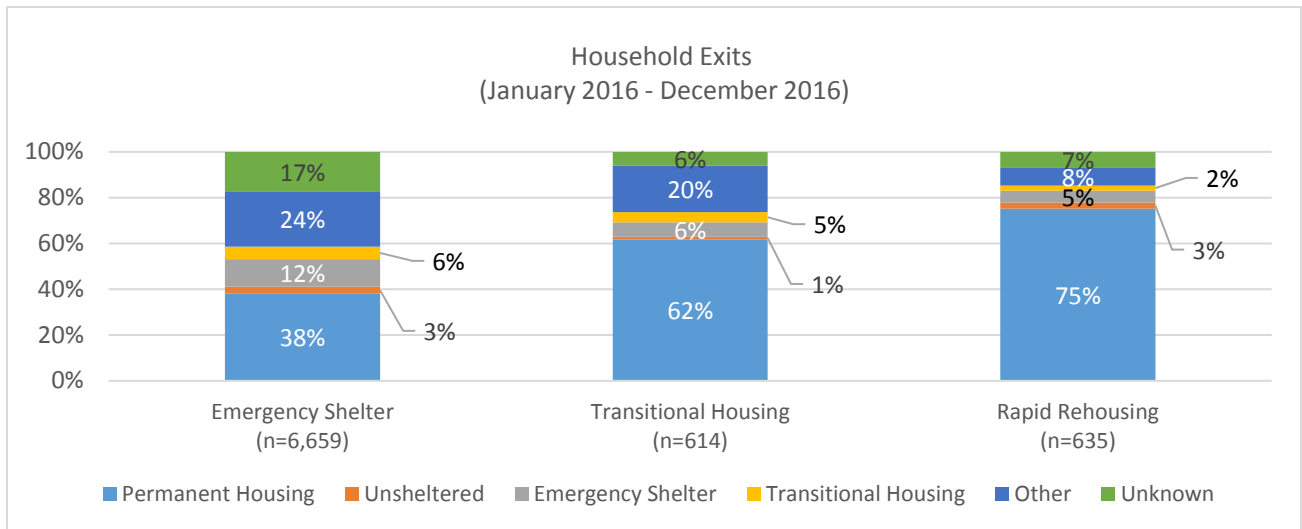


5. Exits to Permanent Housing

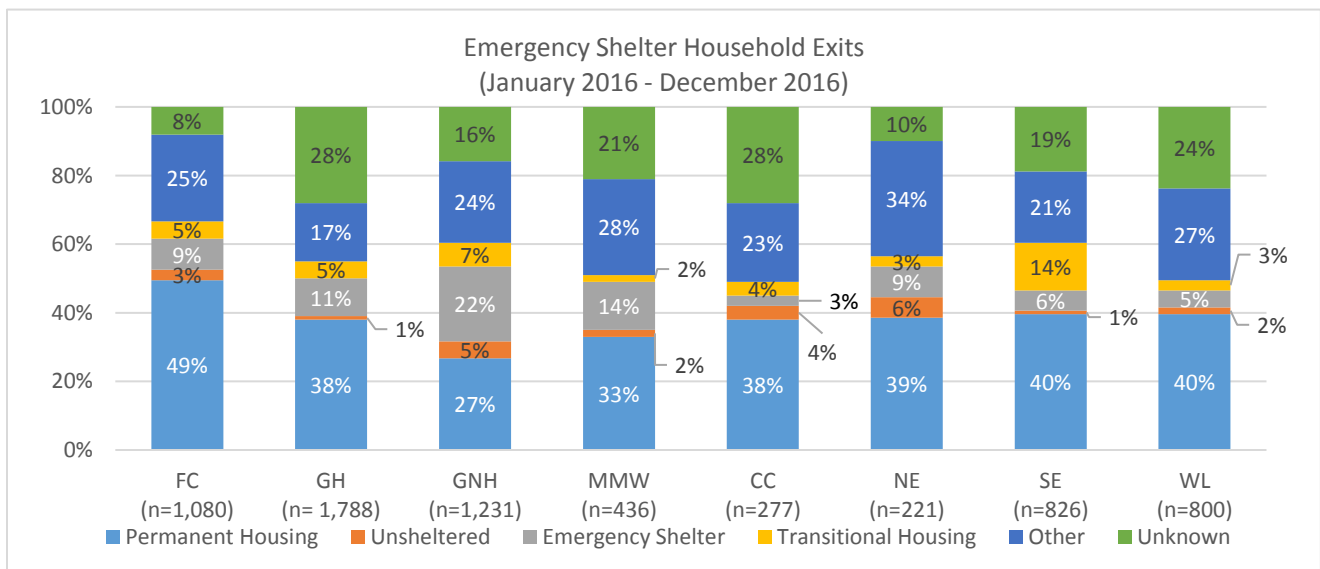
While helping households exit shelter and transitional housing quickly is a key strategy to end homelessness, it is just as important to understand *where* people go when they exit these programs. The rate of exit to permanent housing is a very important metric and one that HUD has asked communities to report on for several years. This measures the degree to which projects assist clients to move to a housed situation and is a critical aspect of project performance.

The next graph shows the rate of exit to permanent housing for all emergency shelter, transitional housing, and rapid rehousing programs in Connecticut. For this measure, “permanent housing” includes any housed situation that is not time-limited, such as a market rate apartment, a subsidized housing unit, shared housing with a roommate, or staying permanently with family or friends. The graph shows that the rate of exit to permanent housing for emergency shelter programs in Connecticut is 38%. The exit rate should be considered in relationship to household entries. Emergency shelters are entering households from housing at a rate of 40% and exiting households to permanent housing at lower rate (38%). The results for transitional housing exits are better at 62%, but still below what would be expected in a high performing system. As discussed in the next section, emergency shelters and transitional housing are not cost-effective strategies to reduce homelessness in general, and low performance on the rate of exit further reduces cost effectiveness.

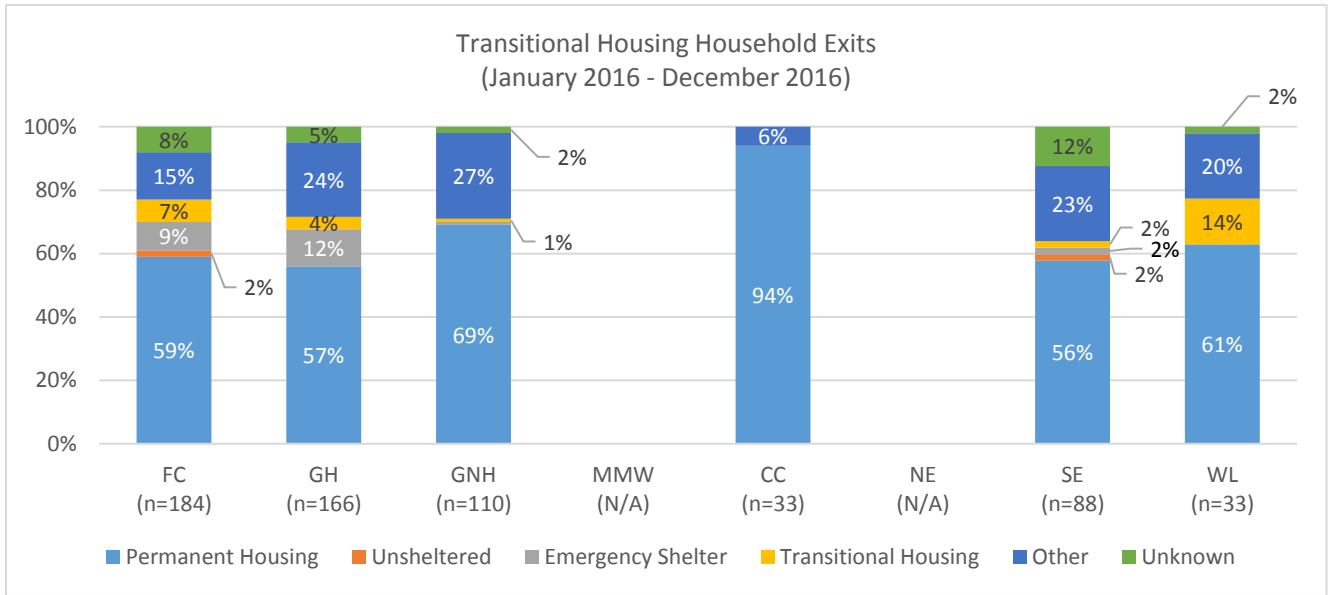
We also note that rapid rehousing has a higher success rate on this measure than either shelter or transitional housing. This is true even while the lengths of stay in rapid rehousing are somewhat shorter than in transitional housing. Permanent housing exit rates from rapid rehousing, however, are below the expected range of 80% to 95% and, thus, should be targeted for improvement.



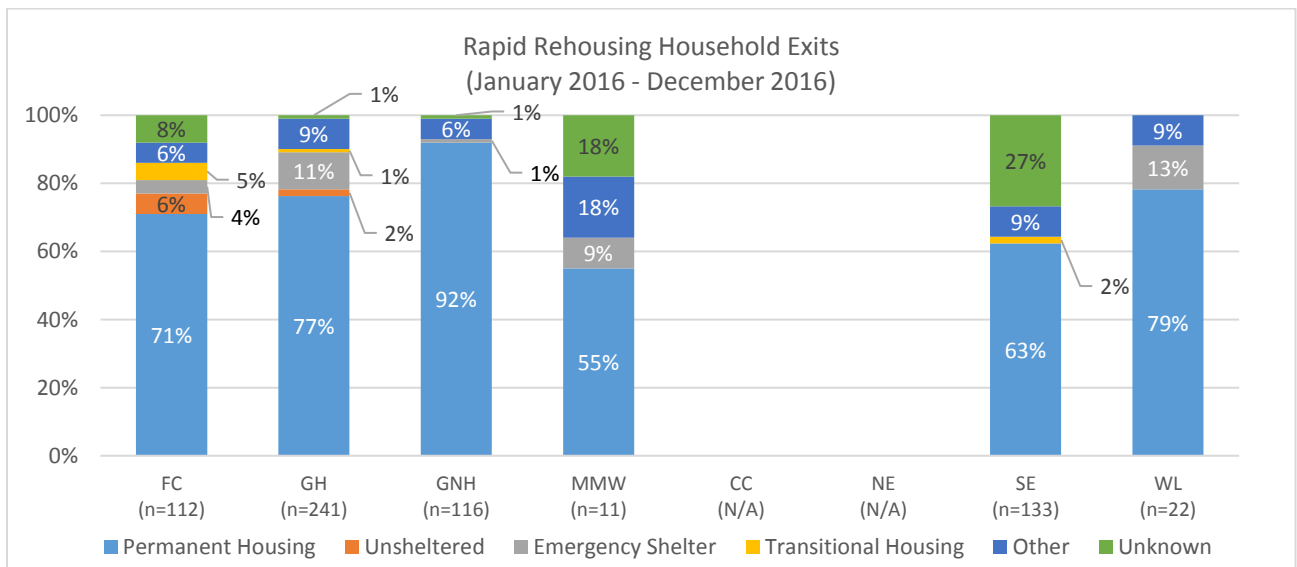
The next graph illustrates exit destinations from emergency shelter in each CAN, which range from a low of 27% to a high of 49%. It is noteworthy that unknown exit destinations also vary widely from 8% (a very good and low proportion for shelter), to a high of 28%. This discrepancy between CANs may be associated with the different types of emergency shelter programs within the overall inventory, as “overnight” shelters that require clients to check in and out each day tend to yield higher rates of unknown exit destinations.



Permanent housing exit rates from transitional housing are generally poor in all CANs, except for Central Connecticut which shows that 94% of households exit to a permanent destination.



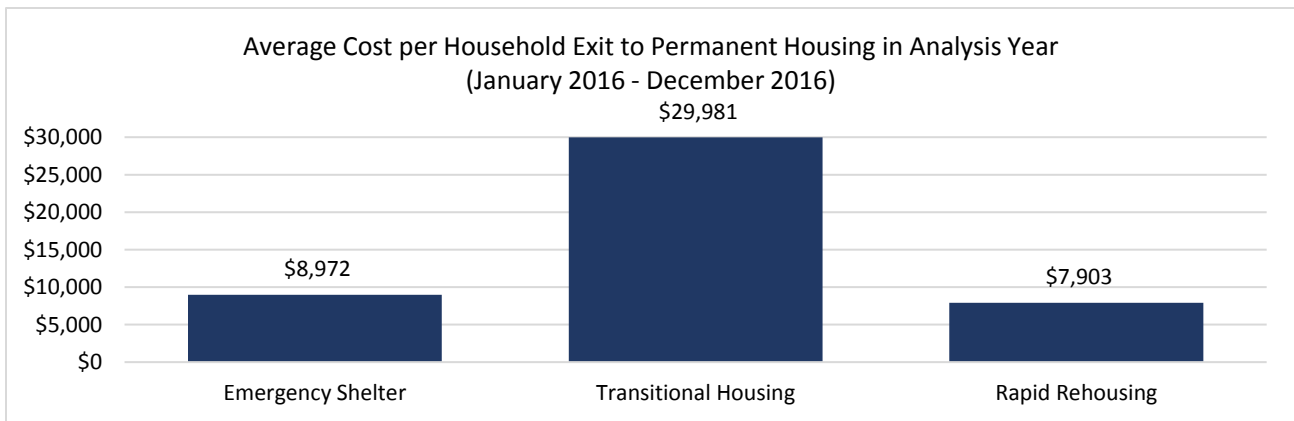
The next graph illustrates that again, rapid rehousing programs in two CANs are struggling with exiting households to permanent locations (MMW, and SE), while a single CAN (GNH) has exited more than 90% of households to a permanent destination.



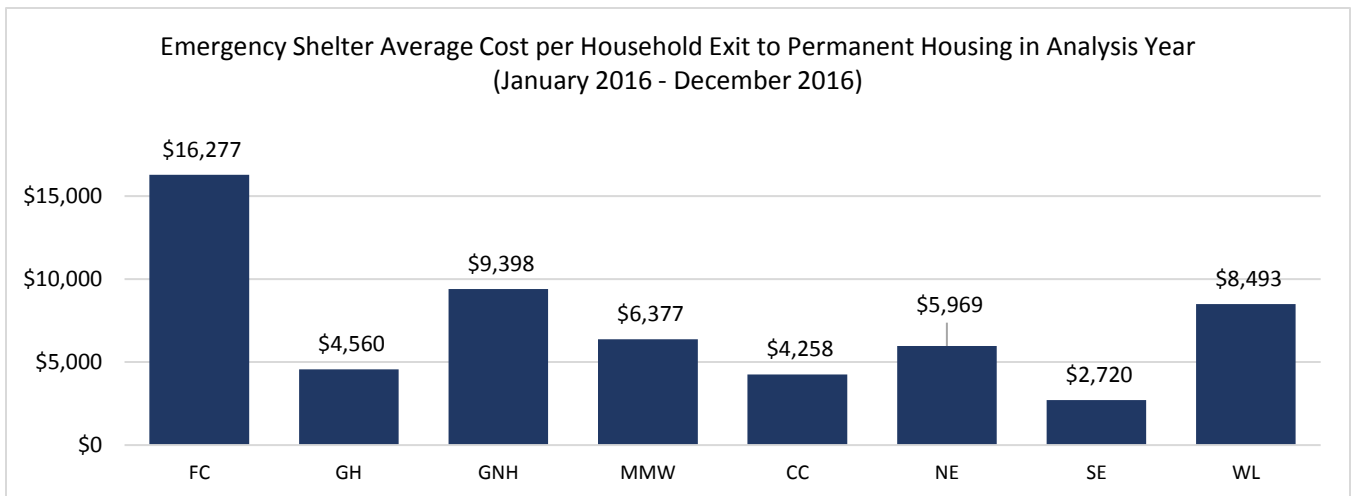
6. Cost Per Exit to Permanent Housing

To create a more efficient system, it is essential that investments are aligned with the objective of ending homelessness. Cost per permanent housing exit is a key performance measure because it assesses not only whether a program is helping clients to move to permanent housing, but whether they do so in a cost-effective manner. As funds are shifted from expensive programs to those that are more cost effective per person served, system capacity will increase and the numbers of people experiencing homelessness will be reduced.

The graph below shows the average cost per permanent housing exit for all program types.⁹ These figures are calculated using the total program cost, utilization of beds/units, and household length of stay.¹⁰ The cost per permanent housing exit for transitional housing programs (\$29,981) is more than three times the cost for rapid rehousing programs (\$7,903). This is consistent with many national studies which have found that rapid rehousing typically is more cost effective and achieves better housing outcomes than transitional housing. This data shows emergency shelters are slightly more expensive than rapid rehousing projects (\$8,972). If investments were to shift from these costlier interventions to those that are more cost effective, the overall system would be able to house many more homeless households. Of course, cost is not the only critical performance measure and should be considered in relation to performance on all other measures.

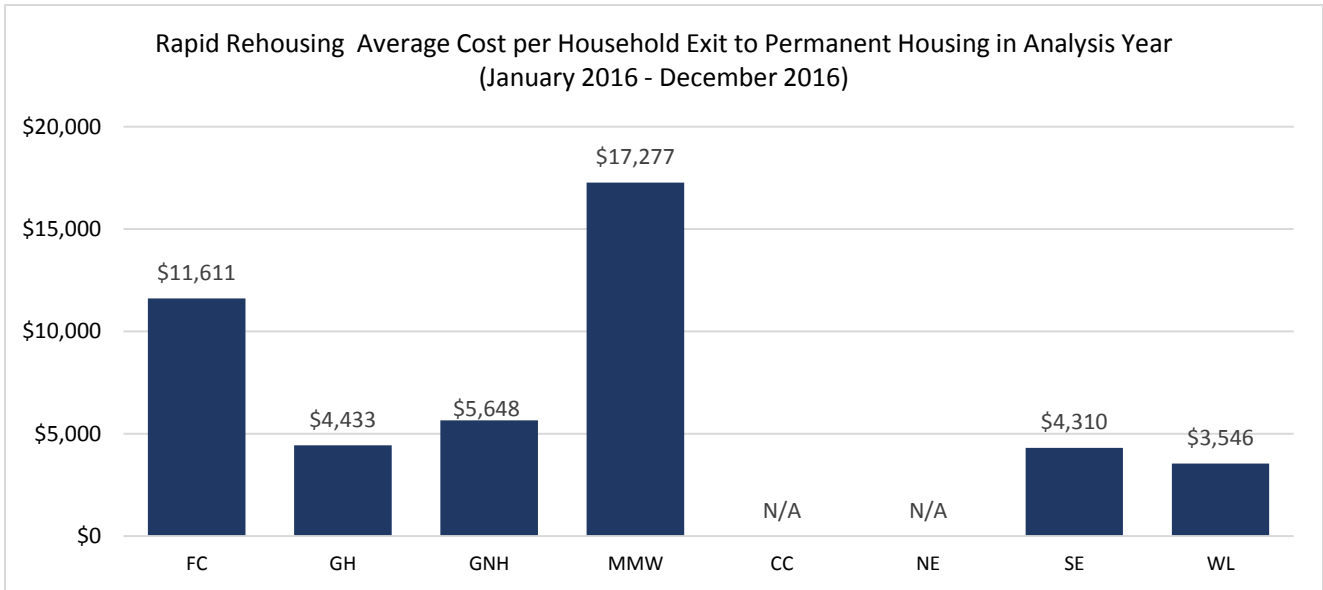


The next graph illustrates costs for exiting households from emergency shelter by CAN. The magnitude of variation is clearly very large, with one CAN costing \$2,720 per permanent housing exit, and another CAN costing \$16,277 per permanent housing exit. Even more variation is found with permanent housing exits from transitional housing (ranges from \$6,306 to \$54,704), and rapid rehousing (ranges from \$3,546 to \$17,277).

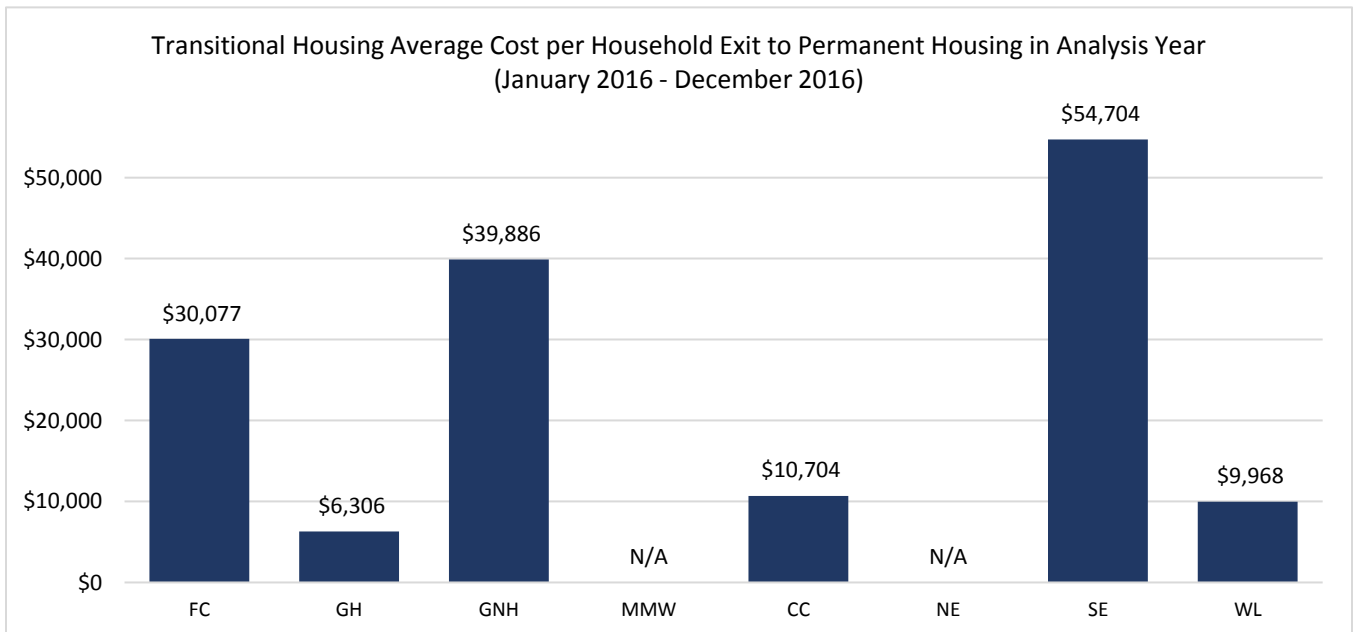


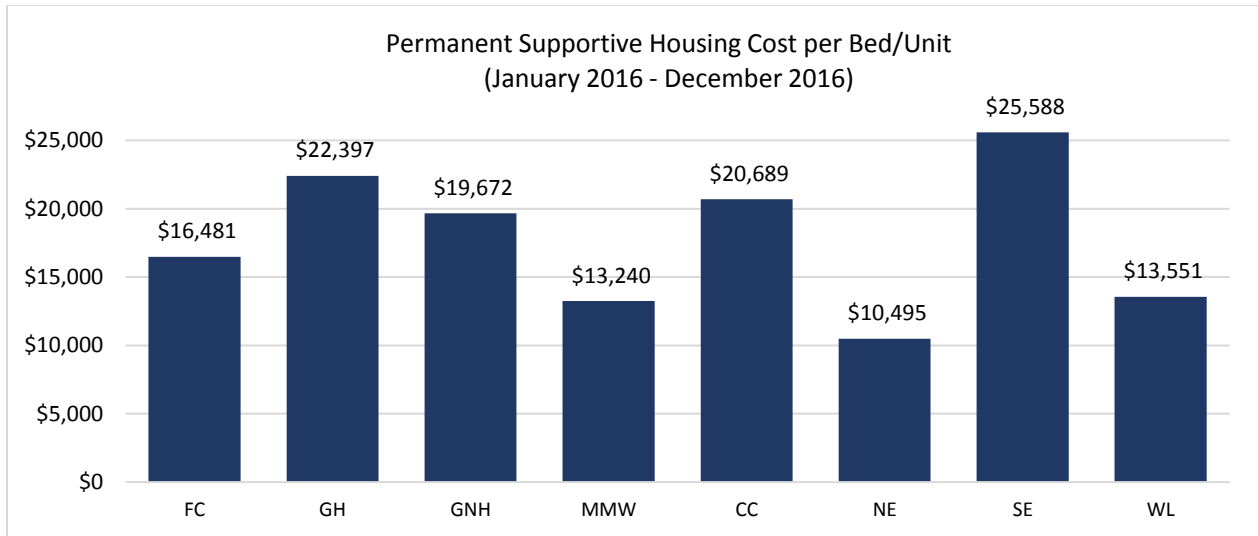
⁹ Budget was collected for 93% of the projects in the analysis.

¹⁰ The formula used to calculate Cost Per PH Exit is: (1) Calculate Cost per bed night = Total budget divided by number of bed nights used in HMIS data; (2) Multiply cost per bed and length of stay to get household stay cost; (3) Average household stay cost for all households that exited to permanent housing.



The cost effectiveness measure associated with permanent supportive housing differs from the first three intervention types because the goal of PSH is typically long term and the cost effectiveness of exits is not of primary concern. Instead, we investigate the annual cost per bed/unit. While variability is still seen amongst the CANs in the graph below, there is much less than found in cost for permanent housing exits from shelter, transitional housing, or rapid rehousing.



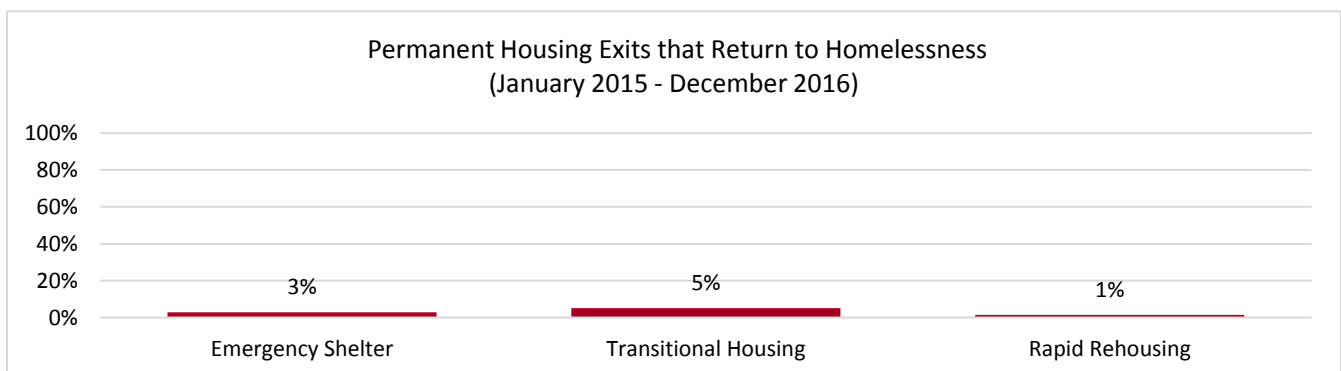


7. Returns to Homelessness

Reducing lengths of stay and increasing rates of exit to permanent housing must be balanced with ensuring that people who exit programs do not return to homelessness. Tracking this metric allows communities to assess whether programs are helping place clients into permanent housing situations that “stick” and are appropriate for their needs. High rates of return can indicate that households are not receiving sufficient support to stabilize in their housing or are not being matched to the appropriate intensity of intervention (i.e. they may need PSH but are matched to RRH). However, in a system that is truly housing first oriented, it is to be expected that some number of people who are assisted to secure housing will experience a return to homelessness. A very low rate of return can mean that programs are being too conservative and could target assistance to people with higher needs.

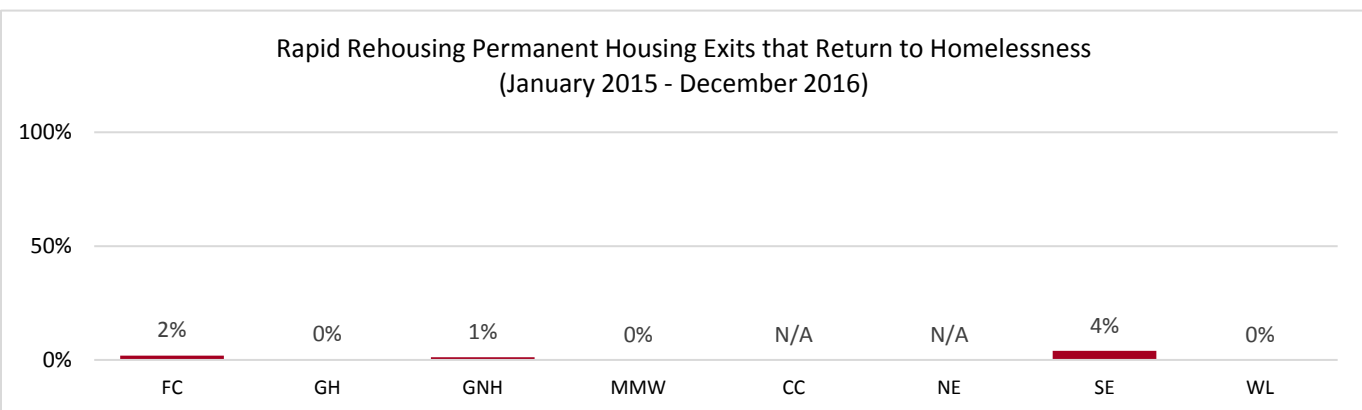
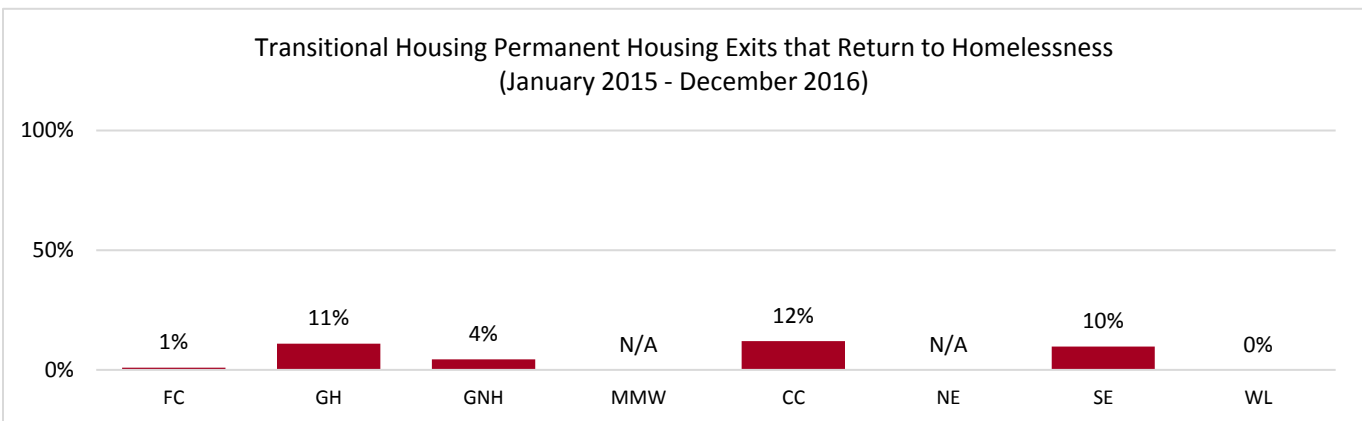
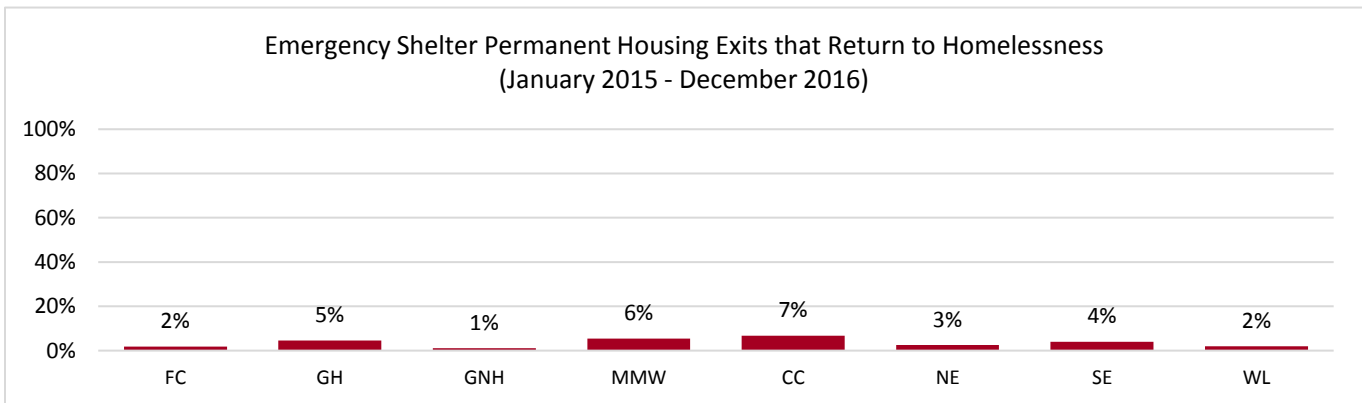
For this analysis, returns to homelessness is calculated by looking at all households who exited programs and determining whether any had a new entry into an emergency shelter or transitional housing program within 12 months.

The next graph presents rate of return to homelessness for people who exited emergency shelter, transitional housing, rapid rehousing, or permanent supportive housing in Connecticut between January 1, 2015 and December 31, 2016 with an exit destination that was a permanent housing situation and, returned within one year of that exit. The rate of return is low for all project types, between 1% and 5%.



This suggests that possibly the programs are not targeting as deeply as they could. Return rates of 10% to 12% are more typical of systems in which assistance is targeted to those households with the highest needs and greatest barriers to housing.

The next set of graphs show returns for each project type by CAN. Return rates for emergency shelters fall between 1% and 7%. Transitional housing projects by CAN show a wider range of return outcomes – from no returns to 12% of permanent housing exits returning to homelessness. Returns to homelessness following exits from rapid rehousing are extremely low.



V. Summary and Recommendations

A. Summary of Strengths and Challenges

Focus Strategies' assessment of the homeless system in Connecticut revealed a number of strengths and challenges. Clearly the state has made great strides in reducing homelessness, particularly for people experiencing chronic homelessness and veterans. There has been an impressive level of investment in Permanent Supportive Housing, which has helped speed the state's progress in reducing chronic homelessness. There has also been an increase in rapid rehousing and strong efforts to streamline and standardize system access through Coordinated Entry (CANs).

There are, however, next steps that could help reduce the incidence and duration of homelessness. Overall, there is tremendous variation among the CANs in terms of how effectively they are helping households move from homelessness to housing. The wide range of results in the data when broken down by CAN is also consistent with what we heard from stakeholders who noted that each CAN has very different resources and there is a lack of equity and standardization across these regions. The diversity of the different areas of the state makes a regional "hub" approach a good choice for organizing homeless crisis response; however, it seems there is a need for greater consistency and standardization.

Other challenges that surfaced from our analysis of system performance data include:

Even with fairly sophisticated CE implementation and shelter diversion in place, there appear to be a significant number of households entering the system from housed locations; Transitional housing programs are underperforming compared to rapid rehousing on most measures, including length of stay, rate of exit to permanent housing, and cost per permanent housing exit; Due to the positive history of funding PSH, that intervention type is more fully funded; other homeless crisis response elements, including rapid rehousing are not funded at or close to scale. For people who exit programs to a permanent housing destination, the rate of return to homelessness is very low. This suggests that programs may not be targeting assistance to the highest need households.

B. Recommendations

1. Refine Coordinated Entry and Diversion Practices

The state of Connecticut is nationally recognized for its sophisticated Coordinated Entry system (CANs) and strong, innovative shelter diversion work pioneered in places such as New London. Given this context, it is somewhat surprising to see a relatively high rate of entry into programs from people who are in housed locations. Stakeholders suggested that data from 2017 would show improvement on this measure compared to 2016 due to ongoing improvements in CE and diversion; but the data showed limited improvement, and in some cases the 2017 results were worse (i.e. entries into RRH and PSH).

Focus Strategies recommends that the Funders Collaborative, DOH, CCEH, CAN Leadership, and Reaching Home Coordinating Committee, as the overseers of the CANs, explore whether there are refinements that could be made to both CE and shelter diversion to increase the rate of entry into programs from literal homelessness, such as:

- Assessing the 211 initial screening process, which is the first step of Coordinated Access, to determine if they are consistently screening for literal homelessness;

- Ensuring that all households seeking shelter are engaged in a diversion or housing problem solving conversation to see if an alternative to shelter entry can be identified. This includes not only diversion by the CANs, but also by adding diversion as an initial, critical step in the shelter intake and assessment process, as well as continuously promoting rapid exits from shelter to alternative housing situations once a household has entered shelter;
- Ensuring that all CANs utilize a consistent set of policies, procedure and practices for shelter diversion (e.g. developing and implementing a mandatory shelter diversion curriculum). To standardize diversion practices across all CANs, identifying effective strategies currently being practiced within the CANs and providing CAN staff and shelter staff with additional training will be necessary;
- Identifying funding to ensure that all CANs have the resources they need to effectively implement diversion;
- Revisiting the CE prioritization process and policy for transitional housing, rapid re-housing, and permanent supportive housing to ensure that literal homelessness is strongly considered in prioritization; particularly for referrals to RRH. Households entering these programs should be coming from shelter or unsheltered situations, unless there are specific policy reasons they would be in other types of locations (e.g. institutions). People who are referred to PSH should be chronically homeless and therefore by definition should be unsheltered, living in shelter, or in some cases, enrolled in a rapid rehousing program;
- Offer problem solving or “diversion” to clients at all points in the homeless system, including outreach, drop in centers, safety net programs, etc. so that more households can be assisted to identify a housing solution without entering the homeless system.

2. Develop Operating Standards and Improve Effectiveness of RRH and TH

The rate of exit from all interventions to permanent housing is lower than what would be expected in a high performing system, particularly for transitional and rapid rehousing.

For transitional housing, this suggests a need to explore whether these programs are fully embracing the housing first model, providing housing focused case management, and not imposing mandatory service participation requirements that extend lengths of stay.

For rapid rehousing, the data suggests that not all programs are implementing the model with fidelity to best practices such as progressive engagement.

The relatively low rate of return to homelessness from TH and RRH is evidence that these program types may not be targeting the highest need households.

For both these program types, we recommend that the Funders Collaborative continue building upon its existing efforts to develop a framework and standard set of policies and procedures, utilizing the National Alliance to End Homelessness’s (NAEH) rapid rehousing operating standards for rapid rehousing and progressive engagement. NAEH’s robust set of operating standards detail how programs can work with households that have significant housing barriers (e.g. disability, low or no income, criminal record), offer assistance in a progressive engagement model, and use strengths-based approaches to provide case management. We strongly recommend that all RRH programs align to the NAEH standards.

3. Set System Performance Targets

In order to begin moving towards stronger system level performance, Focus Strategies recommends developing a set of proposed performance targets for each system component and measure. Suggested targets are summarized in the next table¹¹. These figures are intended to incorporate improvements made and assume the performance targets will be fully reached over the course of a three to five-year span. We do not advise trying to achieve these targets in one step, but rather incrementally over time.

One of the most complex measures of performance is the entry from literal homelessness for emergency shelters and its relationship to utilization rate. Given that Connecticut has relatively few unsheltered households, particularly in winter months, it will be challenging for shelters to increase the rate of entry from literal homelessness to 85% while also maintaining a utilization rate of 90%. If the Funders Collaborative discovers that keeping utilization rates high means that the shelters need to admit households that are not literally homeless, then consideration must be given to reducing shelter capacity. However, in a high performing system there should always be some beds available for households that are experiencing a crisis of unsheltered homelessness, so 100% utilization is not recommended.

	Emergency Shelter	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing
Utilization Rate				
Recommended Target	95%	95%	NA	95%
Recommended Minimum	85%	85%	NA	85%
Current Performance (BYC)	89%	79%	NA	102%
<i>Connecticut Target</i>	<i>improve to 90%</i>	<i>improve to 85%</i>		<i>maintain</i>
Length of Stay				
Recommended Target	30 days	90 days	120 days	NA ¹²
Recommended Minimum	90 days	150 days	180 days	
Current Performance (BYC)	97 days	238 days	191 days	
<i>Connecticut Target</i>	<i>Improve to 45 days</i>	<i>Improve to 150 days</i>	<i>Improve to 150 days</i>	
Exit Rate to PH				
Recommended Target	50%(S)/80%(F)	85% - 90%	85% - 90%	NA
Recommended Minimum	40%(S)/65%(F)	80%	80% to 95%	
Current Performance (BYC)	26% (S)/45%(F)	62%	75%	

¹¹“Recommended Target” refers to an attainable program ideal, or the ultimate goal programs should work toward; “Recommended Minimum” refers to the point below which local contracting consequences are initiated (e.g., loss of funding, performance improvement plans”; “Current Performance” reflects the 2016 statewide performance for utilization rate, length of stay, and exit rate to PH, and 2017 performance for homeless entries.

¹² PSH performance requires a more nuanced approach on these dimensions which takes into account turnover rate.

	Emergency Shelter	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing
<i>Connecticut Target</i>	<i>improve to min</i>	<i>improve to 80%</i>	<i>improve to 85%</i>	
Homeless Entries¹³				
Recommended Target	85% unsheltered	95% unsheltered/ES	95% unsheltered/ES	95% unsheltered/ES
Recommended Minimum	75% unsheltered	75% unsheltered/ES	75% unsheltered/ES	75% unsheltered/ES
Current Performance (BYC)	24% unsheltered	34%	80%	61%
<i>Connecticut Target</i>	<i>Improve to 75%</i>	<i>improve to 60%¹⁴</i>	<i>improve to 85%</i>	<i>improve to 75%</i>

Shifting gradually towards performance-based contracting will help to support a process of performance improvement on all measures. We advise the Funders Collaborative to consider the steps necessary to move towards a performance-based contracting model. This may include steps such as designing a multi-year process to rollout these targets in its funding processes, starting with a series of conversations with providers and other stakeholders to refine the targets and determine how they will be measured, then to begin a process of tracking and reporting and finally to begin tying payment to performance. We also advise structuring performance-based contracting in such a way that providers are incentivized to achieve strong performance rather than penalized for poor performance. Focus Strategies has conducted an environmental scan of options for performance-based contracting which we can share with the Funders Collaborative to support this work.

Finally, implementing performance targets and following the system’s progress over time requires that the performance data are valid and replicable. To that end, we also have the following recommendations:

Housing Inventory Count (HIC) should align with projects in HMIS: Considerable effort occurred throughout this work to ensure the HIC accurately reflected active and ongoing projects, and then to appropriately align the HIC projects with their data in HMIS. This process should be ongoing and is key to understanding the performance of projects in the system. We advise the HMIS lead agency and CoC take responsibility for collaboratively implementing, overseeing, and providing guidance for this process.

All projects should be reflected in HMIS: To the extent that projects assisting individuals or families experiencing homelessness are NOT reflected in the data, a knowledge and understanding gap exists with regard to the system. Connecticut would benefit from ensuring that all permanent supportive housing (and at a minimum state funded permanent supportive housing) is in HMIS. This process should be a responsibility of the Funders Collaborative.

Collecting Budget information: As noted in the body of the report, determining the operating budgets of projects was a difficult process at best. In order to understand system investments, we recommend that

¹³ Focus Strategies understands that the Coordinated Entry system, rather than providers, should primarily be held accountable for these targets.

¹⁴ The recommended target for homeless entries is 60% because there are currently almost 30% of entries into transitional housing from institutional settings.

the Funders Collaborative explore standard processes for aggregating budget information and implement a more streamlined process to collect this information on an ongoing basis; it is necessary to assess project cost effectiveness and understand if system dollars are being put to the best and highest use possible.

4. Empower Funders Collaborative to Oversee Implementation of System Improvement Strategies

Establishing and implementing performance targets, refining Coordinated Entry and Diversion, and developing operating standards for transitional and rapid rehousing will require a high level of coordination and alignment of funding. As we have noted, the decentralized structure of the homeless system in Connecticut is a practical way to ensure coverage of all the regions of the state, however it seems to be creating a situation in which there is a lack of standardization and significant variations in performance among the CANs. The current Funders Collaborative is beginning to play the role of an overarching governance body that is using data to identify system strengths and pinpoint areas in need of improvement. Moving forward, it will be critical for the Funders Collaborative to spearhead the implementation of the recommendations in this report by guiding the refinement of CE and diversion, holding funding recipients accountable for shifting their program models, and establishing and implementing performance targets in a consistent manner across all regions. While Connecticut has a strong tradition of collaborative governance models, the types of changes indicated by this analysis will be challenging to tackle through collaborative governance. A Funders led initiative is more likely to achieve the desired results.

Appendix C provides a summary of research about different models for Funders Collaboratives.

Appendix A: Projects Included In and Excluded From Analysis

Emergency Shelter Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
1st Congregational Church	Overflow Shelter	Excluded	No HMIS Data
Area Congregations Together	Spooner House No Freez	Excluded	No HMIS Data
BHCare	Center for Domestic Violence Shelter (II) - 002	Excluded	No HMIS Data
	The Center for Domestic Violence (The Umbrella) -010		
Bridgeport Rescue Mission (Main)	BRM Guest House for Women & Children	Excluded	No HMIS Data
	BRM Women's Shelter		
	Men's Emergency Shelter		
Chrysalis Inc.	2012-13-017 (DV shelter)	Excluded	No HMIS Data
Community Mental Health Affiliates	Cold Weather Policy No-Freeze Shelter	Excluded	No HMIS Data
Cornerstone Foundation	Cornerstone Shelter	Excluded	No HMIS Data
Covenant Shelter	ES-Warming Center	Excluded	Not on 2016 HIC
	Hotel Vouchers		
Domestic Violence Crisis Center	Norwalk SafeHouse	Excluded	No HMIS Data
	Stamford SafeHouse		
Dorothy Day Hospitality House	Dorothy Day Hospitality House	Excluded	No HMIS Data
Homes with Hope Inc.	Project Return	Excluded	Not on 2016 HIC
Imma Care	No Freeze Shelter	Excluded	Not enough HMIS Enrollment Data
Interval House	Interval House Shelter	Excluded	No HMIS Data
Jericho Partnership	Overflow Shelter	Excluded	No HMIS Data
Kids In Crisis	Kids In Crisis	Excluded	No HMIS Data
New Horizons	New Horizons Domestic Violence Shelter -018	Excluded	No HMIS Data
New Milford Emergency Shelter	New Milford Emergency Shelter	Excluded	No HMIS Data
Prudence Crandall Center	Shelter	Excluded	No HMIS Data
Safe Futures	Genesis House	Excluded	No HMIS Data
Safe Haven	Battered Emergency Shelter	Excluded	No HMIS Data
Susan B. Anthony Project	Domestic Violence Shelter	Excluded	No HMIS Data
Thames Valley Council for Community Action Inc.	TVCCA Family Shelter (Home Again Project)	Excluded	Not enough HMIS Enrollment Data
The Center for Family Justice	Domestic Violence Emergency Shelter	Excluded	No HMIS Data
The Network	2012/13-014	Excluded	No HMIS Data
The Windham No Freeze Project	Windham No Freeze Emergency Shelter	Excluded	No HMIS Data
Tri-Town Shelter Services	Tri-Town Shelter in Vernon	Excluded	Not enough HMIS Enrollment Data
	Domestic Violence Program		
United Services Inc.	Domestic Violence Program United States	Excluded	No HMIS Data
	Domestic Violence Shelter		
Women's Center of Greater Danbury	Domestic Violence Shelter	Excluded	No HMIS Data
Youth Continuum	Basic Center	Excluded	Not enough HMIS Enrollment Data
Access Community Action Agency	Access Emergency Shelter	Included	
Alpha Community Services YMCA	Families In Transition -	Included	
	Families in Transition - Clinton Avenue		
Always Home, Inc.	Always Home, Inc.	Included	
Area Congregations Together	Spooner House in Derby	Included	
Beth-EL Center, Inc.	Beth-el shelter	Included	
Christian Community Action	Hillside Family Shelter - Davenport	Included	
	Hillside Family Shelter - Sylvan		

City of Danbury	City of Danbury New Street Shelter	Included	
Columbus House Inc.	Abraham's Tent	Included	
	HCHV/EH - Emergency Shelter	Included	
	Medical Respite	Included	
	Middlesex Emergency Family Shelter	Included	
	Overflow Shelter	Included	
Community Renewal Team	Wallingford Emergency Shelter	Included	
	East Hartford Shelter	Included	
Covenant Shelter	McKinney Shelter	Included	
	Covenant Shelter	Included	
Emergency Shelter Management Services	Emergency Shelter	Included	
Family and Children's Aid	Harmony House	Included	
Fish of Northwest Connecticut	Fish Shelter	Included	
Friendship Service Center, Inc.	Emergency Shelter	Included	
Holy Family Home and Shelter, Inc	Holy Family in Willimantic	Included	
Homes with Hope Inc.	Gillespie Center & Hoskins' Place (ES)(SMF)(IND)	Included	
	Homes with Hope, Inc. - Bacharach Community		
Imma Care	Immaculate Conception Shelter	Included	
Inspirica, Inc.	Inspirica - Center For Children And Their Families (ES)(FAM)	Included	
	Inspirica - Family Housing Emergency Shelter B (ES)		
	Inspirica - Women's Housing Program (ES)(IND)(SF)		
New London Homeless Hospitality Center	New London Homeless Hospitality Center	Included	
New Opportunities	Shelter Now in Meriden	Included	
New Reach, Inc.	CareWays Shelter	Included	
	Life Haven		
	Martha's Place		
Northwestern YMCA	Winchester Emergency Shelter	Included	
Open Door Shelter (NES)	Open Door Shelter	Included	
Operation Hope	Operation Hope - Shelter	Included	
Pacific House	Shelter For The Homeless - Pacific House (ES)(IND)(SM)	Included	
Reliance House Inc.	Outreach to Homeless Emergency Shelter	Included	
RNP - Recovery Network of Programs, Inc.	RNP - Prospect House (Shelter) (ES) (IND) (SMF)	Included	
Salvation Army (Hartford)	Marshall House Family	Included	
	Women and Family Overflow Shelter	Included	
Salvation Army (New Britain)	New Britain Men's Shelter	Included	
Salvation Army (Waterbury)	Salvation Army Family Shelter	Included	
South Park Inn	Emergency Shelter	Included	
St. Vincent DePaul Mission of Bristol, Inc.	Bristol Homeless Shelter	Included	
St. Vincent DePaul Mission of Waterbury Inc	SVDP Emergency Shelter	Included	
The Connection Inc.	Eddy Shelter	Included	
The Open Hearth Association	Emergency Shelter	Included	
YWCA Hartford Region	YWCA Emergency Shelter	Included	

Transitional Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Association of Religious Communities	Renewal House	Excluded	Not enough HMIS Enrollment Data
Columbus House Inc.	Martin Rubin Family Shelter	Excluded	No HMIS Data
Continuum of Care Inc.	Norton Street Parkway Project (CT0009)	Excluded	Not enough HMIS Enrollment Data
DMHAS - Western CT Mental Health Network	Transitional Housing Program	Excluded	No HMIS Data
Imma Care	DSS AIDS Funded THP	Excluded	Not enough HMIS Enrollment Data
Mercy Housing and Shelter Corporation	Community Respite	Excluded	No HMIS Data
Prudence Crandall Center	Rose Hill Transitional Living (CT0168)	Excluded	No HMIS Data
Safe Futures	Phoenix House (CT0092)	Excluded	No HMIS Data
South Park Inn	Transitional Living Program for Homeless Men (CT0031)	Excluded	No HMIS Data
St. Vincent DePaul Mission of Bristol, Inc.	Elms Transitional Living Program (CT0116)	Excluded	Not enough HMIS Enrollment Data
Susan B. Anthony Project	OVW Transitional Housing Assistance Program	Excluded	No HMIS Data
	Sojourner Truth House		
The Center for Family Justice	The Center for Family Justice - TH	Excluded	No HMIS Data
Veterans Administration	CWT/TR - Brownell House	Excluded	No HMIS Data
Veterans Support Foundation	Elm Street	Excluded	No HMIS Data
Youth Continuum	CHAP -HUD (CT0005)	Excluded	Not enough HMIS Enrollment Data
Liberty Community Services	Transitional Living Program (CT0017)	Included as Merged Project	
ABRI - Homes for the Brave	ABRI - Homes for the Brave- Forgotten Heros (THP)(SF)	Included	
ABRI - Homes for the Brave	GPD - Homes for the Brave	Included	
Alpha Community Services YMCA	Jean Wallace Transitional Housing	Included	
Amos House	Amos House Transitional Living	Included	
Bethsaida Community Inc.	Katie Blair Transitional Living Program (CT0088)	Included	
CASA, Inc.	Casa Inc. - Noble House- DOH/DMHAS/HOPWA AIDS Funded Program (THP)(IND)(AIDS)-NoHOPWA	Included	
Catholic Charities of Fairfield County, Inc.	Catholic Charities-Stratford Coalition For The Homeless - Bethlehem House I, II (THP) (FAM)	Included	
Christian Community Action	Stepping Stone Transitional Housing Program (CT0016)	Included	
Columbus House Inc.	GPD - Harkness House	Included	
Columbus House Inc.	On the Move	Included	
Community Renewal Team	Supportive Housing Collaborative (CT0029)	Included	
Community Renewal Team	Veteran's Crossing	Included	
Fish of Northwest Connecticut	GPD - Life for Vets	Included	
Friendship Service Center, Inc.	Transitional Living Program (CT0114)	Included	
House of Bread	House of Bread Transitional Housing	Included	
Housing for Heroes	GPD - The Vet House I	Included	
Inspirica, Inc.	Inspirica - Center For Children And Their Families (THP) (FAM)	Included	
Inspirica, Inc.	Inspirica - Gilead Jail Diversion (THP)	Included	

Transitional Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Liberation Programs, Inc.	Liberation Programs - Cherry Homes Transitional Housing (THP) (FAM) (FC)	Included	
Malta House, Inc.	Malta House, Inc. Residency Program (TH)(FAM)	Included	
McCall Foundation	GPD - VA House	Included	
Mercy Housing and Shelter Corporation	Catherine's Place	Included	
Mercy Housing and Shelter Corporation	St. Elizabeth House Residential Program	Included	
Mercy Housing and Shelter Corporation	St. Elizabeth House Women's Program	Included	
My Sisters' Place	Transitional Living Program (CT0030)	Included	
New London Homeless Hospitality Center	GPD - Project Home	Included	
New Opportunities	Shelter NOW TH	Included	
Reliance House Inc.	Transitional Living Community (Men)	Included	
Reliance House Inc.	Transitional Living Community (Women)	Included	
RNP - Recovery Network of Programs, Inc.	RNP - Prospect House (UMI Supportive) (THP)	Included	
	RNP - Prospect House (UMI Transitional) Prospect St. (THP)-NoHOPWA	Included	
South Park Inn	GPD - Transitional Living Program	Included	
Thames River Community Service Inc.	Thames River Family Program (CT0093)	Included	
The Connection Inc.	Pendleton (CT0010)	Included	
The Open Hearth Association	Transitional Living Program	Included	
Veterans Support Foundation	GPD - Bassett Court	Included	
	GPD - Dinda House	Included	
	GPD - Union Ave	Included	
Youth Continuum	Winthrop TLP	Included	
YWCA Hartford Region	Soromundi Commons Transitional (CT0028)	Included	

Rapid Rehousing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Columbus House Inc.	SSVF - Middletown (RRH)	Excluded	Combined into M013SWAP MERGE - SSVF RRH for analysis
	SSVF - New Haven (RRH)		
	SSVF - New London (RRH)		
Community Health Resources	CHR - ESS RRH Enfield	Excluded	Not on 2016 HIC
	CHR - ESS RRH Manchester		
	CHR Healthy homes (DOH AIDS residential)		
	HHA (short term RRH)		
DMHAS - Southeastern Mental Health Authority	DMHAS Emergency Housing Assistance Funds (EHAF) (RRH)	Excluded	No HMIS Data
Friendship Service Center, Inc.	City of New Britain RRH (ESG)	Excluded	Not enough HMIS Enrollment Data
New Reach, Inc.	DHMAS BOS RRH	Excluded	Not on 2016 HIC
	DOH BOS RRH		
Pacific House	Shelter for the Homeless - Rapid Rehousing (RRH)	Excluded	Not enough HMIS Enrollment Data
Salvation Army (Hartford)	Greater Hartford Rapid ReHousing Program (CT0223)	Excluded	Not on 2016 HIC
Youth Continuum	Youth Continuum RRH Project	Excluded	Not on 2016 HIC
Columbus House Inc.	HUD CoC RRH - Middlesex (CT0242)	Included	
	HUD CoC RRH - New Haven (CT0220)		
	N2N (RRH)		
	RRH - New Haven (ESG)		
	SWAP MERGE - SSVF RRH		
Community Health Resources	DOH RRH - Region 4	Included	
Community Renewal Team	SSVF - Hartford (RRH)	Included	
DMHAS - Salvation Army Marshall House	Greater Hartford RRH (CT0223)	Included	
Inspirica, Inc.	Rapid Rehousing I	Included	
New Opportunities	DHCC DOH (RRH)	Included	
	New Opportunities DOH RRH Region 5		
	Salvation Army DOH RRH Region 5		
New Reach, Inc.	BHCare DOH RRH Program Region 2	Included	
	Columbus House Middlesex DOH RRH Region 2		
	New Reach DOH RRH Program- Region 2		
Supportive Housing Works	Homes with Hope DSS RRH Program- Region 1 (RRH)	Included	
	Inspirica DSS RRH Program Region 1 (RRH)		
	Operation Hope DSS RRH Program- Region 1 (RRH)		
Thames Valley Council for Community Action Inc.	DOH RRH Program Region 3	Included	
The Workplace	SSVF - New Haven (RRH)	Included	
	The Workplace SSVF - Bridgeport (RRH)		
United Way of Southeastern Connecticut	New London County Fund to End Homelessness (RRH)	Included	

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Alpha Community Services YMCA	810 Boston Avenue Apartments PSH	Excluded	Not enough HMIS Enrollment Data
	Washington Park PSH		
Beth-EL Center, Inc.	Liberty Pointe	Excluded	No HMIS Data
BHCare	BOS 193 Units - BHcare - (CT0265)	Excluded	Not enough HMIS Enrollment Data
	Harbor Housing Opportunities (CT0065)		No HMIS Data
	SHP 2012 (CT0229)		No HMIS Data
	Supportive Housing Program 01 (CT0058)		Not enough HMIS Enrollment Data
Catholic Charities	Cathedral Green	Excluded	No HMIS Data
Catholic Charities of Fairfield County, Inc.	Merton House SRO	Excluded	No HMIS Data
Chrysalis Center	Next Steps 2	Excluded	No HMIS Data
Columbus House Inc.	FUSE (New Haven)	Excluded	No HMIS Data
	FUSE (Waterbury)		
	Jefferson Heights		
Community Health Resources	Center Street Apartments	Excluded	No HMIS Data
	CHR Healthy homes (DOH AIDS residential)		Not on 2016 HIC
	Manchester Family S+C (CT0185)		Not on 2016 HIC
	Next Steps		No HMIS Data
	Next Steps - Enfield		No HMIS Data
Community Renewal Team	Permanent SHP (CT0071)	Excluded	No HMIS Data
	Project TEACH Permanent (CT0194)		
Community Services Network	BOS 193 Units - CMHC - New Haven (CT0265)	Excluded	Not enough HMIS Enrollment Data
	New Haven SPC Reallocation 2013 (CT0248)		
Continuum of Care Inc.	40 South Norwalk (NOT ON 2016 HIC)	Excluded	Not on 2016 HIC
	Housing First		No HMIS Data
	McQueeney Support Services Program		No HMIS Data
CT Department of Housing	RAPS 2015	Excluded	No HMIS Data
	RAPS 2016		
DMHAS - Capitol Region Mental Health Center	Greater Hartford CAN Rental Assistance 2016 (PSH) (CT0292)	Excluded	Not on 2016 HIC
DMHAS - River Valley Services	BOS 193 Units - RVS - Middletown (CT0265)	Excluded	Not enough HMIS Enrollment Data
DMHAS - Southeastern Mental Health Authority	BOS 193 Units - SMHA - New London (CT0265)	Excluded	Not enough HMIS Enrollment Data
DMHAS - Western CT Mental Health Network	BOS 193 Units - WCMHN - Danbury (CT0265)	Excluded	Not enough HMIS Enrollment Data
DMHAS - Western CT Mental Health Network	BOS 193 Units - WCMHN - Torrington (CT0265)	Excluded	Not enough HMIS Enrollment Data
Emerge, Inc.	Emerge I	Excluded	No HMIS Data
	Permanent Housing 1		
	Permanent Housing 2		
Fellowship Place	Fellowship Commons	Excluded	No HMIS Data
	Fellowship Commons - Westville		
Friendship Service Center, Inc.	Home at Last	Excluded	Not enough HMIS Enrollment Data
Hartford Housing Authority	VASH - Hartford	Excluded	No HMIS Data
Homes with Hope, Inc.	Sasco Creek	Excluded	Not enough HMIS Enrollment Data
Inspirica, Inc.	INACTIVE -- Inspirica Lifeworks Family Housing(PSH)(HC)	Excluded	No HMIS Data
	451 Putnam Avenue - Next Steps 2 - 8/09		

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Leeway Inc.	Canterbury Gardens	Excluded	No HMIS Data
	Scattered Site Housing		
	Welton		
Liberty Community Services	Cannon House	Excluded	Not on 2016 HIC
Mental Health Association of CT	Torrington Supported Apartment	Excluded	No HMIS Data
Mercy Housing and Shelter Corporation	Ryan White AIDS Fund	Excluded	No HMIS Data
Mid-Fairfield AIDS Project	Mid Fairfield AIDS Project - Moore Place	Excluded	No HMIS Data
Nehemiah Housing	Nehemiah Section 8 Supportive Housing	Excluded	No HMIS Data
New London Homeless Hospitality Center	BOS HUD 193	Excluded	No HMIS Data
New Reach, Inc.	Geller Commons	Excluded	Not enough HMIS Enrollment Data
Open Door Shelter (NES)	70 Chestnut St.	Excluded	No HMIS Data
	Open Door Shelter - 137 South Main St.		Not enough HMIS Enrollment Data
	Open Door Shelter - 139 South Main St.		No HMIS Data
	Open Door Shelter - 4 Couch St.		No HMIS Data
Operation Hope	SIF	Excluded	Not on 2016 HIC
Prudence Crandall Center	Prudence Crandall Housing Program / PSH for Persons with Disabilities (CT0149)	Excluded	No HMIS Data
	Rose Hill Permanent Supportive Housing (CT0167)		
Reliance House Inc.	FUSE	Excluded	No HMIS Data
Safe Futures	PILOTS Development	Excluded	No HMIS Data
Sound Community Services Inc.	Next Steps Initiative	Excluded	No HMIS Data
	PILOTs Development		
St. Vincent DePaul Middletown	Next Steps	Excluded	Not enough HMIS Enrollment Data
The Connection Inc.	Groton PILOTs Development	Excluded	No HMIS Data
	Jefferson Commons		
	Middlesex Pilots		
	Next Steps (Old Saybrook)		
	Prime Time House		
	Robert T. Wolf Support Services Program		
	Ruoppolo Support Services Program		
West Village Support Services Program			
United Services Inc.	Cedarwoods	Excluded	No HMIS Data
	New TRA Project (CT0264)		
	Next Steps SS 2 - 07/08		
Veterans Administration	Ferry Crossing	Excluded	No HMIS Data
	Norwalk Housing Authority		
	VASH - Bridgeport PHA		
	VASH - Danbury		
	VASH - DOH Hartford 2014		
	VASH - DOH Hartford 2015		
	VASH - HANH HUD (New Haven)		
	VASH - Jewett City		
	VASH - New London		
	VASH - Waterbury		
	VASH - West Haven		
	VASH D'amelia - Bridgeport		
	VASH D'amelia - Hartford		
	VASH D'amelia - New Haven		
VASH D'amelia - Newington			
Waterbury Housing Authority	WHA SRO	Excluded	No HMIS Data
	WHA VASH		Not on 2016 HIC

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Windham Regional Community Council	BOS 193 Units - WRCC - Windham (CT0265)	Excluded	Not enough HMIS Enrollment Data
Youth Continuum	Youth Continuum PSH Project (NAME NEEDED)	Excluded	Not on 2016 HIC
ABRI - Homes for the Brave	ABRI - Homes for the Brave - Waldorf House (PSH) (IND) (SM)	Included	
Access Community Action Agency	Danielson/Killingly Wrap Around Supportive Housing (CT0165)	Included	
	Putnam Wrap Around Supportive Housing Program (CT0188)		
Alliance for Living	AFL - HUD Combo (CT0144)	Included	
Alpha Community Services YMCA	Alpha Community Services - BSH - Harrison Apts	Included	
	Jessica Tandy Apartments		
	Alpha Community Services - BSH - Crescent & Fairfield		
	The Franklin Apartments		
Association of Religious Communities	Vouchers 1 (CT0170)	Included	
	Vouchers 2 (CT0205)		
Bethsaida Community Inc.	Flora O'Neil Program (CT0087)	Included	
BHCare	BHcare Rental Assistance 1 (CT0062)	Included	
	BHcare Rental Assistance 2 (PSH) (CT0198)		
	SWAP MERGE - BHCare Next Steps		
Catholic Charities of Fairfield County, Inc.	Catholic Charities of Fairfield County-Scattered Site-DSS AIDS Funded	Included	
Catholic Charities of Fairfield County, Inc.	Conger House	Included	
	FUSE Catholic Charities of FC		
	Merton Homes		
	PHD Supportive		
Center for Human Development	SWAP MERGE - Danbury PILOTS	Included	
	SWAP MERGE - Pilots		
	SWAP MERGE - Torrington Pilots		
Charlotte Hungerford Hospital Behavioral Health Center	HOPE Supportive Housing Program (CT0068)	Included	
Chrysalis Center	Community Housing	Included	
	Family Matters (CT0064)		
	SWAP MERGE - Chrysalis PSH		
Columbus House Inc.	Horace Bushnell	Included	
	Middlesex - DOH Aids Funded		
	SWAP MERGE - Columbus House PSH		
	SWAP MERGE - SIF New Haven and Waterbury		
Community Health Resources	Manchester Rental Assistance (CT0073)	Included	
Community Mental Health Affiliates	New Britian CMHA Rental Assistance (CT0161)	Included	
	Next Steps		
Community Renewal Team	Bloomfield Scattered Site Housing Program (CT0059)	Included	
	Project Teach 2014 (CT0261)		
Community Services Network	New Haven Rental Assistance (CT0164)	Included	
	New Haven Shelter Plus Care 1993 SRA (CT0012)		
	New Haven Shelter Plus Care 1994 PRA (CT0013)		
	New Haven Shelter Plus Care 2002 SRA Safehaven (CT0129)		
Credo Housing Development Corp.	1569 Thomaston Avenue (CT0150)	Included	

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
DMHAS - Capitol Region Mental Health Center	Capitol Region - CHR Manchester Family S+C (PSH) (CT0185)	Included	
	Mary Seymour Place Combined (CT0023)		
	Sue Ann Shay Apts SHP (CT0172)		
	SWAP MERGE - Greater Hartford SPC		
	SWAP MERGE - Hudson View Commons		
DMHAS - River Valley Services	Middletown PRA (CT0052)	Included	
	Middletown SRA (CT0053)		
	Middletown TRA (CT0054)		
DMHAS - South Western CT (main) S+C	Bridgeport Merged TRA-(PSH) S+C	Included	
	Bridgeport PRA-17 CT0033C1E030802 (PSH) S+C		
	Bridgeport PRAR-19 CT0034C1E30802 (PSH) S+C		
	Norwalk TRA-25 CT0085C1E060802 (PSH) S+C		
	Stamford PRA-14 CT0103C1E080801 (PSH) S+C		
	Stamford PRAR-14 CT0104C1E080802(PSH) S+C		
	Stamford TRA-14 CT105C1E080802 (PSH) S+C		
DMHAS - Southeastern Mental Health Authority	500 Boswell (CT0176)	Included	
	SWAP MERGE - DMHAS SMHA SPC		
DMHAS - Western CT Mental Health Network	Danbury DHA Grant (CT0003)	Included	
	Danbury Rental Assistance (CT0210)		
	SWAP MERGE - Waterbury SHP		
	Torrington Western Housing Options (CT0200)		
Family and Children's Agency	Waterbury SHP 4 - PRA (CT0237)	Included	
	Family & Children's Agency Supportive Housing Reallocation (PSH)		
	Family and Children's Agency - Next Steps (PSH) (IND)		
	Family and Children's DOH		
	SWAP MERGE - Family and Children's Agency Pilots		
Friendship Service Center, Inc.	Arch (CT0186)	Included	
	PEAK (CT0111)		
Hands on Hartford	Peter's Retreat	Included	
	Peter's Retreat HIV/AIDs - DMHAS - Scattered		
	Peter's Retreat -Scattered Site		
Holy Family Home and Shelter, Inc	Homes Plus (CT0067)	Included	
Homes with Hope, Inc.	Homes with Hope, Inc. - Fair Street	Included	
	Homes with Hope, Inc. - Hayes Avenue (PSH) (SMF) (FAM)		
	Homes with Hope, Inc. - Saugatuck Apt. (PSH) (SMF) (IND) (FAM)		
	Homes with Hope, Inc. - Westport Rotary Centennial House (PSH) (SMF+HC) (MH)		
	Homes with Hope-Westport- Hales Court(DMHAS)(PSH)		
Housing for Heroes	Vet House 2	Included	
Human Resources Agency of New Britain	HOPWA Supportive Housing	Included	

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Imma Care	Casa De Francisco Project RAP	Included	
	SWAP MERGE - Casa De Francisco PSH		
	SWAP MERGE - Imma Care PSH		
Inspirica, Inc.	Inspirica - Gilead House (PSH)	Included	
	Inspirica - McKinney Fairfield (PSH)-TSHF-FF		
	Inspirica-Rose Park Apartments-1st and 2nd Floor(PSH)(HC)		
	Inspirica-Rose Park Apartments-Main/Original(PSH)(SMF)-TSHF-FF		
	SWAP MERGE - Inspirica PSH		
Intercommunity	CASA HOPE 18 (CT0061)	Included	
Laurel House	Laurel House - Next Step (PSH) (IND) (SMF)	Included	
	Laurel House - Partners II/Next Steps (PSH) (IND) (SMF)		
	Laurel House - Partners III(PSH)(IND)(SMF)		
	Laurel House - Pilots - 4		
	Laurel House Marshall Commons(SMF)(FAM) PSH		
	Laurel House Support Plus Housing(SMF) PSH		
	Partners I		
Liberty Community Services	Housing First (CT0249)	Included	
	Independent Living Program		
	Liberty PILOTS (Open Door Alliance)		
	Safe Haven - Scattered Site (CT0153)		
	Safe Haven (CT0015)		
	SWAP MERGE - LCS Supportive Living		
McCall Foundation	Torrington PILOTS - 10/08	Included	
Mental Health Association of CT	Helping Hands 1&2 (CT0142)	Included	
Mercy Housing and Shelter Corporation	Hartford/Middletown DOH AIDS Funded	Included	
	Mercy House - DOH AIDS		
	Mercy Supportive Housing (CT0154)		
	Next Steps - Hartford		
	Next Steps - Middletown		
	Supportive Housing Services - Middletown (CT0246)		
Mid-Fairfield AIDS Project	Mid Fairfield AIDS Project - HOPWA funded (PSH) (M) (IND) (FAM)-NoHOPWA	Included	
	Mid Fairfield AIDS Project-HUD1 funded (PSH) (M) (IND) (FAM)		
	Mid Fairfield AIDS Project-Independent Living Program 2(PSH)(SMF+HC)(HIV)-TBRA		
New London Homeless Hospitality Center	FUSE/CCR	Included	
	Housing for Health (CT0159)		
	SIF - Social Innovations Fund		
New Opportunities	Freedom Walk (CT0120)	Included	
	Meriden Supportive Housing (CT0069)		
New Reach, Inc.	New Haven Family Partnership	Included	
	Supportive Housing Program		
Northwestern YMCA	Winsted Residence Program (CT025SRO)	Included	
	Y-House (CT031SRO)		
Open Door Shelter (NES)	129 S. Main St.	Included	
	Open Door Shelter - Norwalk Housing First		

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Operation Hope	Operation Hope - 570 State (PSH)	Included	
	Operation Hope - DMHAS 2nd Initiatives L008135260Y		
	Operation Hope - Kings/Garden and Soundview/Trefoil(PSH)(SMF FAM)		
	Operation Hope - Next Steps (DMHAS) - Fairfield		
	Operation Hope - Next Steps City Trust - Bridgeport (PSH) (DMHAS)		
	Operation Hope CDBG(PSH)(SMF FAM)		
	Operation Hope- Hope 4 (PSH)(SMF)		
Pacific House	Anne Street - Beacon II	Included	
	Shelter For The Homeless - Berkeley Supportive Housing		
	Shelter For The Homeless-(Norwalk)-Beacon III		
	Shelter For The Homeless-(Stone St.)-Beacon House (PSH) (IND) (SM)		
	Shelter for the Homeless-Berkeley VIII Support HousingProgram		
Refocus Outreach Ministry	Refocus Abbey's House(PSH)(FAM)(MH)(DIS)	Included	
	Refocus Outreach Ministry - Permanent Supportive Housing (PSH)(SMFHC)		
	Refocus Outreach Ministry Promise House-HOPWA (PSH)(SMF)-NoHOPWA		
Reliance House Inc.	Next Steps Initiative PILOTS Development	Included	
RNP - Recovery Network of Programs, Inc.	RNP - Prospect House (UMI) Seaview Ave. (PSH)-NoHOPWA	Included	
Rushford Center	Shelter Plus Care - Meriden / Wallingford (CT0070)	Included	
South Park Inn	Plimpton House	Included	
St. Philip House	St. Philip House - PSH all sources (CT0191)	Included	
St. Vincent DePaul Middletown	SVD Middletown SHP (CT0137)	Included	
St. Vincent DePaul Mission of Waterbury Inc	Society of Support	Included	
St. Vincent's CRS	St Vincents CRS - Individual/Family Units - Bridgeport (PSH)	Included	
	St Vincents CRS- Individual Units - Norwalk/Westport (PSH)		
Supportive Housing Works	Supportive Housing Works - SIF	Included	
Tabor House	Tabor House DSS AIDS	Included	
Thames River Community Service Inc.	Next Steps Initiative	Included	
Thames Valley Council for Community Action Inc.	Homeless Collaborative Network (CT0094)	Included	
	Next Steps Initiative		
The Connection Inc.	The Connection - Supportive Housing (PSH) (FAM)	Included	
United Services Inc.	Brick Row Apartments (CT0076)	Included	
	Shelter Plus Care (CT0077)		
Waterbury Housing Authority	Brooklyn Hope (CT0212)	Included	
	New Hope (CT0162)		
	Step up Housing (CT0211)		
	Waterbury Housing Plus (CT0151)		
Windham Regional Community Council	A Place to Stay	Included	
	Haven (CT0140)		
	Project Home (CT0074)		

Permanent Supportive Housing Projects				
Organization Name	Project Name	Excluded/Included	Reason for Exclusion	
BHCare	Next Steps I	Included as Merged Project	Combined into M013 SWAP MERGE - BHCare Next Steps for analysis	
	Next Steps II			
	Next Steps III			
Center for Human Development	Danbury PILOTS (CT0128)	Included as Merged Project	Combined into M003 SWAP MERGE - Danbury PILOTS for analysis	
	Danbury PILOTS / Samuel's Court			
	Pilots Program I (CT0122)		Combined into M004 SWAP MERGE - Pilots for analysis	
	Pilots Program II (CT0121)			
	Torrington Pilots I (CT0072)			Combined into M005 SWAP MERGE - Torrington Pilots for analysis
	Torrington Pilots II (CT0141)			
Chrysalis Center	Avery Park	Included as Merged Project	Combined into M006 SWAP MERGE - Chrysalis PSH for analysis	
	Beyond Shelter (New Beginnings) (CT0119)			
	BOS 193 Units - Chrysalis - Hartford Suburbs (CT0265)			
	BOS 193 Units - Chrysalis - Meriden (CT0265)			
	BOS 193 Units - Chrysalis - New Britain (CT0265)			
	Cosgrove Commons			
	FUSE			
	Moving on Up (CT0213)			
	Next Steps 2			
	Phelps House in Rockville			
	Project HEARRT 20 (CT0024)			
	Project HEARRT 71 (CT0066)			
	Saving Grace (CT0214)			
	Soromundi Commons (CT0135)			
	Veterans Support Hartford (CT0018)			
	Victory Gardens			
	VSS (Amston Hollow) (CT0139)			
	Walking into Wall Street (CT0240)			
	Waterbury Supportive Housing Services - PRN (CT0117)			
	Waterbury Supportive Housing Services (CT0118)			

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Columbus House Inc.	Cedar Hill	Included as Merged Project	Combined into M007 SWAP MERGE - Columbus House PSH for analysis
	Columbus House Scattered Site		
	Consolidated PSH (CT0171)		
	FUSE (New Haven)		
	FUSE (Waterbury)		
	HOPWA Scattered-Site		
	Legion Woods		
	New Haven PSH Reallocation 2013 (CT0257)		Combined into M015 SWAP MERGE - SIF New Haven and Waterbury for analysis
	Scattered Site DOH HIV		
	Social Innovation Fund (New Haven)(Waterbury)		
	Social Innovations Fund (Waterbury)		
Sojourner's Place (CT0011)	Combined into M007 SWAP MERGE - Columbus House PSH for analysis		
The Jefferson			
Val Macri			
Whalley Terrace			
DMHAS - Capitol Region Mental Health Center	CRT - Shelter+Care (CT0208)	Included as Merged Project	Combined into M001 SWAP MERGE - Greater Hartford SPC for analysis
	Greater Hartford Rental Assistance Reallocation 2013 (CT0255)		
	Greater Hartford SPC Reallocation 2012 (CT0221)		
	Hartford Rental Assistance (CT0022)		
	Hudson View Commons - 1993 Eff (CT0131)		Combined into M002 SWAP MERGE - Hudson View Commons for analysis
Hudson View Commons - 1994 1 BR (CT0132)			
DMHAS - Southeastern Mental Health Authority	New London Shelter Plus Care 2008 (CT0086)	Included as Merged Project	Combined into M014 SWAP MERGE - DMHAS SMHA SPC for analysis
	New London Shelter Plus Care Combo Grant (CT0089)		
DMHAS - Western CT Mental Health Network	Waterbury Rental Assistance (SHP 3) (CT0204)	Included as Merged Project	Combined into M008 SWAP MERGE - Waterbury SHP for analysis
	Waterbury SHP 1 (CT0179)		
	Waterbury SHP 2 (CT0180)		
Family and Children's Agency	Family and Children's Agency - Pilots I-HUD (SMF)	Included as Merged Project	Combined into M009 SWAP MERGE - Family and Children's Agency Pilots for analysis
	Family and Children's Agency - Pilots II (PSH) (SMF) (IND)		

Permanent Supportive Housing Projects			
Organization Name	Project Name	Excluded/Included	Reason for Exclusion
Imma Care	Casa De Francisco Combination (CT0019)	Included as Merged Project	<i>Combined into M010 SWAP MERGE - Casa De Francisco PSH for analysis</i>
	Casa De Francisco IV (CT0130)		
	DMHAS - D-RAP		<i>Combined into M011 SWAP MERGE - Imma Care PSH for analysis</i>
	DMHAS - Next Steps Project Hope		
Inspirica, Inc.	INACTIVE Inspirica-McKinney Stamford SRO DSS AIDS FUNDED PROGRAM	Included as Merged Project	<i>Combined into M012 SWAP MERGE - Inspirica PSH for analysis</i>
	McKinney Stamford-DSS AIDS FUNDED PROGRAM		
Liberty Community Services	Supportive Living Program	Included as Merged Project	<i>Combined into M017 SWAP MERGE - LCS Supportive Living for analysis</i>

Appendix B: Stakeholder Interview Summary

Focus Strategies conducted interviews with key stakeholders who have been involved with statewide, CAN-level, and other community efforts to reduce homelessness. The purpose of the interviews was to give stakeholders an opportunity to share their perspectives on strengths and challenges in the existing system on the state and CAN-levels. This feedback informed Focus Strategies' assessment and recommendations.

A total of 14 stakeholder interviews took place between May and August 2017. Each interview lasted approximately one hour. A complete list of stakeholders who participated in the interviews is provided at the end of this Appendix.

This document provides a summary of the feedback heard from stakeholders during the interviews.

A. System Strengths

During the interviews, stakeholders were asked to identify key strengths and improvements of Connecticut's homeless system and its CAN structure. The following sections provide a summary of the input we heard.

- **Coordinated Access Networks (CANs):** Throughout the interviews, Focus Strategies heard about the success of implementing statewide Coordinated Access Networks (CANs). Eight CANs serve as regional hubs for Coordinated Access, which provides a streamlined process for people seeking assistance, and are dispersed throughout the Connecticut by geographic area. While each CAN is operated by a lead agency that oversees Coordinated Access for its respective geographical area, all CANs follow a common set of policies and procedures (although some policies and procedures can be customized to meet the specific needs of each geographical region). Each CAN is responsible for assessment, prioritization, and referral to shelter and housing interventions within its geographical scope.

Stakeholders generally agreed that the CANs have been working well and have "helped focus attention on homelessness locally, and collectively decide how to pool and use available resources." Several stakeholders spoke to a new sense of buy-in, collaboration, and cooperation amongst providers and other agencies working to address homelessness. "This deep collaboration from the bottom down and top up has been critical and really exciting to see," one stakeholder said. Another stakeholder noted that the CAN structure has "forced people to play well together," while increasing transparency and local commitment to helping get people housed. The CANs have also been essential to closing side doors to the system and ensuring clients flow through the system by similar processes. Stakeholders also noted that state-level partnership with the Department of Housing (DOH) in implementing and operating the CANs has been integral to their success. "Having DOH be part of the [CAN] structure is a huge accomplishment," one stakeholder said.

Through the CAN structure, providers and other system partners have been able to make meaningful contributions towards systems change and offer their perspectives and expertise. Stakeholders mentioned that the CANs facilitate community input and contribution via a number of workgroups on various topics – for example, a stakeholder said their CAN's Health and Housing Stability workgroup has been effective in determining solutions to target high-utilizers, while the

Retooling Data workgroup has allowed community-level input on ways to become more data driven.

- **Housing First Focus:** During the interviews, stakeholders said that adopting a Housing First approach has been a key strength of Connecticut’s homeless crisis response system. Several said the Reaching Home Campaign and Opening Doors – CT, a framework for statewide work to prevent and end homelessness which is closely aligned with the federal *Opening Doors* plan to end homelessness, have been key to these shifts towards a more housing-focused system. It was also noted that the system has maintained a strong focus on prioritizing and housing those with the highest needs and has subsequently come extremely close to reaching functional zero for chronic homelessness (CH).
- **Ending Chronic Homelessness:** As mentioned, Connecticut’s system has adopted a strong focus on prioritizing housing and other supports for people experiencing chronic homelessness. Throughout our interviews, stakeholders pointed to drastic reductions in chronic homelessness as key accomplishments of the system thus far. One provider estimated there to be less than 300 people experiencing chronic homelessness throughout the state and more than 4,441 people have been housed over the past two years. These decreases in chronic homelessness have been the result of various targeted strategies, including a chronic homeless by-name-list and focusing on chronically homeless Veterans.
- **Statewide Reductions in Homelessness:** In addition to nearly reaching functional zero among people who are chronically homeless, the overall number of people experiencing homelessness has decreased throughout Connecticut. “The Point In Time (PIT) Count numbers show homelessness is going down throughout the state – we are trending in the right direction,” said one stakeholder. Stakeholders who were interviewed unanimously agreed that the issue of homelessness has improved in Connecticut, despite limited resources. Many accredited this accomplishment to a heightened level of coordination and collaboration amongst system partners. “We’ve built a system over the last two years where there was no system,” one stakeholder said. “No matter what is thrown at us, we will have a chance of dealing with it effectively, whereas a couple years ago, we would have ended up in chaos and misery.”
- **Systemwide Data Focus:** Stakeholders generally agreed that over the past several years, Connecticut has become a more data-driven system, and systemwide data sharing and performance monitoring have significantly improved. “The integration of HMIS has been great and it is truly part of our system infrastructure now,” said one stakeholder. Another person said, “The coordinated entry system has brought everyone together across the state in a corrective way and has resulted in noteworthy data improvements to more effectively, more transparently generate and analyze statewide data.” Many providers feel this new focus on and use of data has completely shifted the way they operate their programs. State leadership was credited for driving these steps towards greater standardization of programs, as well as focus on program- and system-level data and performance.
- **State-Level Leadership and Collaboration:** Various stakeholders said that the increased involvement, leadership, and collaboration from state leaders and staff has been an essential element in systems change and improvement. “Having everyone come together and collaborate, cooperate, and define system goals has been critical,” said one stakeholder. “What we’ve accomplished so far couldn’t have been done without the Melville [Charitable] Trust. Having an

administration and governor that takes on goals [related to ending homelessness] and owns them have also been critical elements. All of these factors allow buy-in from community-level providers and help get people on the same page to work to create the Coordinated Access Networks and develop other system fundamentals.”

Stakeholders also recognized the potential of the Reaching Home Funders’ Collaborative growing to continue to drive and refine systems change. One stakeholder noted that this will require “strengthening the Funders Collaborative, keeping connected to the statewide effort, and defining the relationship between the Funders Collaborative and Reaching Home campaign.” “I think there’s real potential and seeing how its shaped over next couple of years,” the stakeholder said. “Lots of strength can be derived from a strong Funders Collaborative connected to system campaigns and initiatives and moving in same direction.”

- **Family Homelessness:** Since achieving such great success housing the Veteran and Chronically Homeless populations, the state has now directed its focus and efforts on ending family homelessness. Many of the strategies used to house chronically homeless and Veterans households are also being utilized for families. “We are trying to come up with a state definition for ending family homelessness and determine how to look at binding list data for families at the statewide level, including who’s on the list and what’s needed to serve them,” one stakeholder said. “Then, we will look at ending family homelessness on the CAN level based on our model for ending chronic homelessness.”

B. System Challenges

Stakeholders were also asked to discuss challenges and areas for improvement within Connecticut’s homeless response system. The following sections provide these areas, as identified by the stakeholders interviewed.

- **Unequally Developed CANs:** Although stakeholders unanimously supported creation of the CANs and agreed that the CAN structure has been a positive shift, many said that the eight CANs vary in their level of development and resource. Some CANs lack proper resources and funding to accomplish their intended functions. For example, some CANs are still trying to get providers and other community members on board and participating in the CAN. Some have strong leadership, while others are still building steering committees. “It really varies how successful [the CANs] are and how much infrastructure they have,” said one stakeholder. “Some get a whole lot of help from CCEH [Connecticut Coalition to End Homelessness] and others get less, but every single one of those eight regions has some kind of existence that people believe in.”

Additionally, some suggested the need for continued development of all CANs’ processes, policies, and procedures to ensure they are well-grounded and appropriate for each CAN. Generally, stakeholders also agreed that all CANs would benefit from additional funding and staffing to carry out the CANs’ intended functions.

- **Underserved Populations:** While stakeholders stressed the statewide system’s strength in housing and serving people with high needs (for example, high system utilizers and people who are CH), the system is less strong at serving families, youth, and people who don’t score as high on the Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT). Some stakeholders feel that the system must consider and address these underserved populations to achieve the

same successes Connecticut has seen with chronically homeless and Veteran populations. Other groups that are underserved by the system include people who “can’t be diverted, but don’t qualify for subsidy on back end,” people who are single but not chronically homeless, and people exiting jail or prison. “There is a whole group of people staying in shelters with no good intervention available for them,” said one stakeholder.

- **Limited Statewide Resources and Housing Market Conditions:** Throughout the interviews, we heard stakeholders express concerns about constrained state and federal funding and resources for addressing homelessness. Due to the state deficit and recent drops in the state’s economy, many expressed extreme uncertainty about the availability of future dollars to continue current efforts to reduce and end homelessness in Connecticut. Some were concerned that statewide budget cuts may compromise the progress they’ve made and positive work they’ve done to create an effective system of care. Others worried the state and CANs won’t have the necessary resources to reach and maintain functional zero in the long term.

In addition to limited system resources, stakeholders said the state’s economy and extremely high cost of living have been a barrier to housing people experiencing homelessness. Due to the expensive housing market, “the quality and locations of available housing is very poor.” Additionally, private market landlords are extremely restrictive of who they are willing to rent to and are generally unwilling to rent to clients with bad rental and/or credit history or without employment. Exacerbating the problem, with the state’s tough economy, people experiencing homelessness have an extremely hard time gaining employment, while many people continue to become unemployed throughout the state.

- **Inventory of Housing Intervention:** During our interviews, stakeholders held an array of opinions about the type and scale of housing interventions needed in Connecticut. While some felt the system needed to continue expanding its inventory of Permanent Supportive Housing (PSH), others felt that the community had too much PSH and should shift its focus on building out other intervention types. One person said the system has “way too much focus on PSH” and “has a limited ability to focus on other resources and populations.” The stakeholder continued that the system is not “creatively finding housing solutions within the community,” but rather “building a very expensive model of PSH that is tailored to only one segment of the population.” Namely, many felt more robust diversion programming to prevent people from unnecessarily entering the homeless system, and a systemwide shift towards a problem-solving approach are needed. Others said refined and right-sized rapid rehousing (RRH) is critical. “If funders moved in this direction [of funding more RRH], it would be effective, but they also have to provide the proper support and tools to the people on the front lines, if they are expected to do things differently.” However, some were hesitant about expanding RRH, given the community’s tight housing market and current difficulties engaging and maintaining landlords. Others feared that higher-need populations would “not fare well with RRH.”

Additionally, several people recognized the potential for expanding Moving On efforts, which assist people with housing vouchers and other subsidies who have stabilized “move on” to a lower level of assistance. Stakeholders said this has the potential to free up some space within the state’s housing voucher programs, given that many people currently enrolled in the program have been receiving assistance for decades.

- **Limitations of CANs:** In addition to the need for additional development and resources for the eight CANs, stakeholders mentioned some limitations of the CANs, given their current infrastructure. Most frequently, we heard frustration with the CANs' inability to quickly respond to immediate needs. "The CAN isn't an emergency response system – it can't address everyone's needs, for example, people who need shelter immediately, so we end up leaving people out," one provider said. The CANs are also limited in their ability to effectively respond to and serve people with severe mental illness and behavioral health issues – for example, people with mental illness often can't navigate the CANs' 2-1-1 helpline on their own and the CAN isn't able to assist these people. To address such concerns, some suggested greater standardization and collaboration across CANs.
- **Provider Burnout:** Despite a variety of recent system changes and successes, there is a growing sense of change fatigue or "burnout" amongst the provider community. During a recent Reaching Home meeting that proceeded the announcement that Connecticut had ended chronic homelessness, providers indicated that staff needed a break from the constant push to end homelessness and were beginning to feel burned out, one stakeholder recalled. This seems to be a common sentiment throughout the provider community. "Timelines are public policy-driven and challenging for provider staff," one person said. "There is high turnover in direct care employees, but the system continues to meet [system] goals in spite of these challenges. The [provider] community's appetite for change has shrunk because they're too exhausted."
- **HMIS:** Although data quality and the system's overall focus on being more data-driven has improved, some providers feel their organizations could benefit from technical support or assistance on the ground level with HMIS. This included real-time assistance (not simply standardized training) with HMIS data entry and software functionalities entering things into HMIS. Some stakeholders are concerned that data may not accurately reflect reality because of systemwide, ground-level challenges and inconsistencies with data entry due to high staff turnover and other changes in staffing. Other providers said that their staff have been required to double-enter data into both the HMIS and Electronic Health Record (EHR) systems, which has felt like a waste of staff time.
- **2-1-1 Service Line:** We heard concerns from both service providers and other community partners about the 2-1-1 service line, which acts as an initial point of contact for people trying to access assistance from the homeless response system. Some said the phone is "not always answered and potential clients are unable to get an appointment." Despite recent efforts to improvement the line, it is "still not ideal."

Key Stakeholder Interview Participants		
Stakeholder Name	Organization and Role	Date of Interview
Alicia Woodsby	Executive Director, Partnership for Strong Communities	May 26, 2017
Alison Cunningham	Executive Director, Columbus House	May 19, 2017
Betsy Branch	Corporation for Supportive Housing	May 31, 2017
Dave Pascua	Reliance House	May 19, 2017
David Rich	Executive Director, Supportive Housing Works & CoC lead	May 26, 2017
Ellen Simpson	Executive Director, Friendship Service Center	August 1, 2017
KellyAnn Day	Executive Director, New Reach	August 3, 2017
Kiley Gosselin	Deputy Director, City of Hartford Department of Development Services	June 23, 2017
Leigh Duffy	Executive Director, Windham No Freeze Project	February 21, 2017
Lisa Callahan	Housing Coordinator, River Valley Services	June 19, 2017
Lisa Tepper Bates	Executive Director, CT Coalition to End Homelessness	May 24, 2017
Ron Crum	Executive Director, St. Vincent DePaul	May 31, 2017
Sharon Castelli	Executive Director, Chrysalis	May 15, 2017
Suzanne Wagner	CEO, Housing Innovations, BOS	June 30, 2017

Appendix C: Funders Collaboratives Research

A **Funders Collaborative** is a group of private, philanthropic, non-profit, and/or public funders united with the common goal of addressing complex social issues (i.e. homelessness, poverty, climate change, education). Funders collaboratives enable funders of varying sizes to strategically and innovatively take on large, nuanced problems and long-term challenges, while promoting collaboration and unanimity to bring about the greatest collective impact possible. Funders collaboratives not only support organizations and initiatives working to address an issue but offer foundations and individual funders several benefits. These benefits include:

- Opportunities to interface with others with similar or complimentary expertise and share knowledge;
- Shared investment risk, allowing for more strategic and/or creative grantmaking opportunities;
- Greater system-level/macro impact by leveraging funding decisions that result in systems-level effects, rather than only funding siloed efforts; and
- Exposure to emerging issues and best practices, which can help funders understand and respond to the system/field as a whole and its complexities, as well as support developing change in the field.

There are several possible models that may be adopted while forming and shaping a funders collaborative, as well as critical factors to consider to ensure effectiveness in collective decision-making and meet funders' goal(s). This document outlines the various models and types of funders collaboratives, factors to consider while building a funders collaborative, and examples of existing collaboratives from communities across the country.

A. Funders Collaborative Models

The following section outlines five key models for collaboration, which are based on research conducted by the Bridgespan Group for the David & Lucile Packard Foundation. These five "types" of collaboratives fall on a continuum – meaning that some collaboratives may have characteristics of several models, while others may begin as one model and evolve into another over time as needs change. Differing features of these models include (but are not limited to) who holds decision-making authority, how funding is pooled and allocated, expectations and roles of individual funders within a collaborative, and governance structure.

These five models also span across a continuum of the level of "funder integration," or the extent to which decision-making and funding is pooled and funder autonomy is maintained, as well as the level of risk associated with each. Generally, higher integration is associated with higher stakes models for collaboration. According to Bridgespan's research, funders typically involve themselves with higher-stakes funder collaboratives for three key reasons: "accessing others' expertise, having enough clout to pursue system-level change, and aggregating the capital needed to take a successful project to the next level." Often, funders have engaged with or worked alongside other funders, thus building trust and familiarity, before entering into higher risk partnerships.

The following section summarizes several funders collaborative types and structures, which may be adopted in full or blended, depending on a community's local context, goals, and needs.

i. Learning Network Structure

Key Features: Low-integration (funders maintain full control of individual grantmaking rights and funding decision-making); low-stakes; learning networks can evolve into a more dynamic, higher-integration model over time

Description: The first type of funders collaborative on the continuum is a “learning network” or “knowledge exchange” structure, in which a group of funders convene to learn best practices, current events and trends, and/or existing or changing policies related to a particular field or issue area. This model also provides a venue for sharing information and knowledge, exploring possible strategies for most effectively investing available funds to achieve the greatest impact, and raising awareness around an issue. The learning network funders collaborative is considered low-stakes and “low-integration,” meaning that “the degree to which funders share information, talent, resources, and decision making” is low, according to Bridgespan’s *Lessons in Funders Collaboration* study. Individual funders maintain discrete decision-making rights and are not tied to funding decisions of the group. It is not uncommon for learning network collaboratives to evolve into more complex structures, such as pooled funds or strategic alignment networks (discussed below).

Examples of Learning Networks:

- *The Early Childhood Funders Collaborative* is a diverse group of funders of early childhood education with members including the Bill & Melinda Gates Foundation, W.K. Kellogg Foundation, and Packard Foundation. The group convenes three times per year to discuss developments in early childhood education and development, individual members’ grantmaking, and lessons learned. Participants share “new learnings about effective practice, shifts in member foundation strategies, and emerging grantmaking opportunities.”¹⁵
- *The JPB Foundation* brings together philanthropic partners to support research and information dissemination, identify the causes of issues and current best practices, and build capacity amongst organizations and industries in the areas of poverty alleviation, health care research, and the environment. JPB “supports collaborations among funders and practitioners to share knowledge and coordinate approaches; we believe this approach builds the capacity of the field and allows funders to allocate resources to areas of greatest need and impact.”

ii. Coordination of Funding/Strategic Alignment Network

Key Features: Lower integration (individual grantmaking rights are reserved); lower stakes (funds typically are not pooled; grantmaking happens independently); funders share a mission or vision and work together to bring about attention, traction, and effective change

Description: A Strategic Alignment Network, also known as the “Coordination of Funding” structure, is comprised of funders who share a common mission or vision and agree upon common or complementary strategies to address the issue(s) at hand. Like the Learning Network model, Strategic Alignment Networks regularly convene to share ideas and information on best practices, trends, and current events pertaining to a given social issue. Also, similar to a Learning Network, this model enables funders to maintain autonomy in funding decisions and grantmaking rights, however funders will work together to

¹⁵ https://www.bridgespan.org/bridgespan/Images/articles/lessons-in-funder-collaboration/Lessons-in-FunderCollaboration_1.pdf

invest in aligned and/or complimentary strategies or efforts to advance publicity, traction, and impact on the issue. Membership “is often selective, with formal governance and contribution requirements.”¹⁶ This model is considered more integrated than the previous, however it is still on the lower end of the continuum in terms of the degree to which information, talent, resources, and decision-making is shared among funders.

Examples of Strategic Alignment Networks

- *Silicon Valley Out-of-School-Time Collaborative* was established in 2010 to improve the quality of academic skill development in after school programs for middle school and high school students by funding nine out-of-school time organizations in the Silicon Valley. The network was made up of four funders: the Sand Hill Foundation, Silicon Valley Social Venture Fund (SV2), David and Lucile Packard Foundation, and the Sobrato Family Foundation. The group set out to achieve their goal and increased the level of organizational impact for all nine grantees by (1) building a learning community focused on building knowledge around best practices in after school programming; (2) advancing “the field of after-school and summer academic services, collectively;” and (3) setting a path to demonstrate and share effective models for outside communities and organizations. While the funders collaborative began with a structure of working by consensus, the collaborative eventually appointed the Sand Hill Foundation to lead the group to increase efficiency and effectiveness, while the three other funders also differentiated roles to contribute their unique skills and assets (i.e. the Packard Foundation brought expertise in learning collaboratives and national after-school programs, while SV2 became a fiscal sponsor). The collaborative also adopted the practice of learning alongside their grantees and allowing for outside input from grantee organizations, as well as third-party consultants to ensure each funder’s investments were of the highest and best use.
- *The Conservation Investors Working Group (CIWG)* was formed in 2013 as a collaborative between the Packard Foundation and the Gordon and Betty Moore Foundation to advance global resource sustainability. The network has since grown to include other philanthropic partners and foundations, providing a venue for ongoing conversation amongst members to identify common interest areas and opportunities for aligned investment in environment efforts.

iii. Co-Investment in an Existing Entity or Initiative

Key Features: Mid-level integration (requires coordination and alignment amongst funders); higher-stakes (funders maintain some decision-making authority, but typically decision-making is shared and funding is pooled); designed for more strategic undertakings; funding is typically pooled

This structure involves a group of funders co-investing resources in a previously existing entity or initiative aimed at achieving a particular mission or goal. In this model, a sole funder or funders group solicits support and raises money from donors to support an organization or initiative – this involves common mission or vision, as well as pooled resources, expertise, and networks. Often, the funders collaborative jointly reports to donors, with the lead funder upholding responsibility for coordination. Unlike the previous two models, the co-investment model requires higher integration, meaning more alignment and coordination amongst funders is needed, as funds are typically (yet not always) pooled. Additionally, this model is considered higher stakes, as funders commit to multiyear funding plans in which resources are

¹⁶ <http://www.grantcraft.org/takeaways/types-of-funder-collaboratives>

pooled and decision-making is shared. Typically, this model is resource-intensive, considering both time and financial commitments.

Examples of Co-Investing in Existing Entity or Initiatives

- In the late 1990s and early 2000s, the *Great Bear Rainforest* faced serious threats of deforestation from the timber industry and many Canadian conservationist groups fought to conserve the park and its history. This sparked the interest of the Packard Foundation, who partnered with these environmental efforts to stop deforestation in the Great Bear Rainforest. The Packard Foundation solicited support from other major foundations and investors, resulting in more than half a dozen foundations joining the effort. The common goal of the funders collaborative and the conservation groups they funded was to establish a sustainable rainforest development plan to preserve the natural habitats of the park, while allowing indigenous people and lumber companies to utilize the resources it had to offer. To do so, partnering foundations (the funders collaborative) pooled resources, knowledge, and connections, which ultimately resulted in the protection of around 21 million acres of the Great Bear Rainforest.
- *Family Planning 2020 (FP2020)* was conceived as an outcome of the 2012 London Summit on Family Planning where more than 20 countries committed to addressing the multi-faceted barriers to accessing family planning and contraceptive information and services that many women around the world face. Following the initiative's formation, donors, including the Bill & Melinda Gates Foundation, USAID, and the United Nations Population Fund, partnered with governments around this initiative, contributing more than \$3 billion for family planning, as well as expertise, leadership, and exposure to FP2020. The group works in alignment around the common goals of (1) driving country-level support; (2) promoting the use of data and performance measurement; (3) facilitating the spread of knowledge and awareness of the issue; and (4) focusing on global advocacy and rights.

iv. Creation of a New Entity or Initiative

Key Features: High-stakes; high-integration (shared decision making, pooled resources and knowledge); previously established trust amongst group members; designed for very strategic undertakings; pooled funding

Description: This model of funders collaborative is similar to the former but differs in that it allows funders to create and co-invest in a *new* initiative or entity aimed at addressing the social issue of interest. The creation of a new initiative or entity provides a mechanism by which the funders group may pool funding to award grant dollars and/or operate programs. This is a higher integration model, meaning that decision making amongst funders is shared; thus, implementing a well-defined, effective governance structure becomes critical. Typically, funders who participate in this model of collaborative have previously worked together on less complex projects or in lower integration collaborative setting, thus a level of mutual trust and familiarity may already exist. In this model, funding is pooled, from which grant dollars or program costs are allocated without distinguishing the original investor. Members of the funders collaborative typically make high-level decisions and set strategy by way of steering committee, while day-to-day tasks of the collaborative belongs to staff or contractors (i.e. consultants). In this structure, funders will discuss and analyze issues and trends pertaining to the social problem at hand, as well as select and set expectations for grantees working on this issue.

Examples of Creating a New Entity or Initiative:

- *The Community Leadership Project (CLP)* was initiated in 2009 by the CEOs of the Packard Foundation, James Irvine Foundation, and the William and Flora Hewlett Foundation to serve low-income people and communities of color in three areas of Northern and Central California. The project was started as a three-year, \$10 million initiative, but was ultimately extended until 2016, with \$10 million in additional funding. The project funded more than 50 organizations and in its second phase, funding was provided to five intermediary organizations that re-granted dollars and provided technical assistance to grantees (i.e. trainings, strategic planning, leadership coaching).

v. Fund the Funder

Key Features: Highest stakes; high-integration; one funding strategy shared between funders; designed for highly strategic undertakings; pooled funding

Description: “Fund the Funder,” also known as the funding existing funders model, involves funders investing in a sole funder who holds strong subject area expertise and/or leverage on an issue or cause. By investing in a single funder (i.e. a foundation), the collaborative grants full decision-making power to that individual funder. The funders’ funding is pooled, and the main funder will then re-grant these dollars to outside initiatives or entities working on the issue of interest. This is considered a full integration model, as there is only one strategy used amongst many funders. Fund the Funder collaboratives are considered high risk, as members (who are not the main funder) have less control over their investments, and are typically reserved for highly strategic efforts.

Examples of Fund the Funder Collaboratives:

- *The Energy Foundation* is a main funder of organizations across the country that work across four program areas including buildings, power, transportation, and policy that seeks to promote “clean, reliable, and secure sources of energy.” The Energy Foundation is a Fund the Funder model, as the Packard Foundation and more than a dozen other funders contribute to the Energy Foundation.
- *The United Nations Foundation’s Universal Access Project* works to promote and improve reproductive health and family planning services to females across the globe. The Universal Access Project employs a small staff and its lead foundation, the United Nations Foundation, has ultimate decision-making authority on how pooled funding will be utilized, although other funders sit on a steering committee and have a voice in how dollars are spent. While the sole funder is the United Nations Foundation, other non-primary funders include the Bill & Melinda Gates, the Summit, and the WestWind foundations, amongst others.

B. Considerations for Establishing and Operating a Successful Funders Collaboratives

In addition to choosing the funders collaborative model or blend of models that best fits the needs and goals of the group, there are several areas for consideration and concepts to keep in mind while establishing and managing a successful funders collaborative. The following section provides an overview of these factors, based on research and review of available literature conducted by Focus Strategies.

1. *Establish Well-Defined Goals and Aligned Vision.* According to an article published by GrantCraft – a non-partisan organization with the goal of providing expertise and resources for philanthropic funders to advance the strategy and effectiveness of their work – transparent and well-defined goals that are shared, understood, and supported amongst group members is the most important factor in a successful funders collaborative. In fact, the narrower goals and visions are, the more success a group will likely have meeting them. Having clear goals will: frame a more strategic dialogue amongst partners; allow for more specificity and transparency with grantees in the group’s mission; ground the group’s work on actionable steps; mitigate conflict around strategy or direction; and allow for more straightforward measurement of progress and performance amongst the group and its grantees, according to GrantCraft.
2. *Weigh Costs vs. Benefits Before Entering into Partnership with Other Funders.* Before entering into collaboration with other funders, it is critical that individual funders/foundations consider the opportunity costs of collaboration. This is particularly important in considering whether to enter into a partnership that is high-risk and/or falls outside of the funder’s direct strategic or program area(s). Considering whether the benefits outweigh the costs (i.e. staff time, investment and transaction costs) and risks associated with a collaboration opportunity will shed light on whether a funders collaborative will be strategic and successful in furthering an individual funder’s goals.
3. *Determining Decision-Making Rights and Leaving Room for Flexibility.* The funders collaborative model or hybrid of models chosen will largely dictate what level of autonomy individual funders maintain and to what extent decision-making is shared amongst the group. However, funders collaboratives should allow for flexibility and adaptability in structure and strategy as needs change over time. “Where the stakes are high, there also may be a need to allow for flexibility, so that each of the funding partners can meet its own strategic goals,” according to Bridgespan’s report. For example, a collaborative may begin with a rigid governance structure and low levels of individual funder autonomy related to investments but evolve to allow for more flexibility in pooled funding and coordination amongst partners. Such adaptation may make a funders collaborative more attractive for prospective members and allow for greater coordination amongst funders with aligned interest.
4. *Establishing Individual Funder Roles and Governance Structure Based on Areas of Expertise and Interest.* Because many funders collaboratives operate on consensus, the need for clearly defined roles and governance structure is critical. Ideally, roles should be tailored to meet the expertise and interests of each participant – for example, one funder may take on the responsibility of convening meetings, while another may lead internal and/or external communications, and another may facilitate learning opportunities for the group. For less integrated models of collaboration, governance structure may allow individual funders flexibility in exploring individual interests. For example, funders may align around joint strategies and funding decisions, while individual funders maintain the flexibility to follow distinct grantmaking procedures for awarding grants of varying approach or type because funding is not always pooled.
5. *Understanding Time Commitment.* No matter the financial investment associated with a collaboration opportunity, funders must consider the time investment required of participants and their staff. “Time spent is more often a function of the collective capacity of other funders, the staffing and capacity of the funded entity, and the degree to which funders have collaborated together in the past. In general, “we found that staff time was most significant as the collaboration was being established and at key transition points, such as new phases of funding,

strategy reassessments, and staff changes,” Bridgespan writes. Additionally, the extent to which an individual funder decides to take on a leadership role within a funders collaborative will dictate time requirements. Determining whether to accept leadership roles within a collaborative will depend upon a funder or foundation’s level of expertise, ability to dedicate individual or staff time, and interest in driving group decisions and strategy.

6. *Using Data and Evaluation for Continuous Improvement.* Monitoring ways in which the collaboration amongst funders and efforts of grantees result in desired impacts is central to ensuring effectiveness of the group. Monitoring and evaluation processes should be established at the onset of a funders collaborative to truly understand ongoing impact and areas for improvement. This will help the group make funding decisions about specific programs or initiatives based on whether performance outcomes and expectations are met to ensure funding is resulting in the greatest possible impact.
7. *Setting Ambitious Yet Realistic Goals.* Collaborative funding efforts are designed to yield a greater collective impact than one funder acting in isolation. However, it is also important to set goals that are both ambitious and realistic, as well as recognize that policy change doesn’t happen overnight. This means staying the course, despite possibly (even likely) obstacles or failures. “Policy work is risky, and the policy environment is always shifting, meaning that sometimes even the best funder collaboratives may fail in reaching their goals,” GrantCraft writes. There must be a balance, however, in understanding when it is time to stick it out in trying to reach a goal, versus when it is time to reconsider and shift approach.
8. *Including Stakeholders from the Field and Establish Transparent Roles with Grantees.* By incorporating participation and input from qualified stakeholders from the field of interest, funders collaboratives can ensure their strategies appropriately reflect the needs and best practices of those working to address a social issue. Such representatives from the field can shed light on setting priorities and designing funding strategy. While it is important to incorporate insight of those working most closely on the issue, funders should also establish transparent roles within the field and with grantees – whether that be as advocates, partners with grantees, collaborators, or more traditional decision-makers.
9. *Developing Relationships with Funding Partners.* As previously mentioned, it is not uncommon for funders to have familiarity with one another before entering into collaboration. This trust- and relationship-building is important to understand others’ communication style, work approach, and values. Additionally, transparent, effective communication is key to building strong relationships between familiar partners, as well as new ones. “It’s important that the collaborative’s members—especially long-time members—and staff be intentional about promoting an inclusive and informational culture that adds value to people’s work,” according to GrantCraft.
10. *Creating an Exit Strategy.* Setting up a clear and upfront protocol for funders to smoothly exit a collaborative, as well as clearly communicating each funders’ desired time commitment will promote transparency and result in minimal conflict amongst partners. Up-front exit planning, the Bridgespan Group found, “allow[s] for discussion of the topic without fear of signaling lack of support to other funders or the funded entity or initiative,” as well as played a role in “subsequent funding investment decisions and conversations with other funders.”

C. Funders Collaboratives Working on Homelessness

The following section provides examples of existing funders collaboratives working to strategically end homelessness.

Home for Good – Los Angeles County, California

The Home For Good Funders Collaborative began with the goal of addressing issues surrounding the development and operation of permanent supportive housing (PSH) for people experiencing chronic homelessness in Los Angeles County. Prior to the collaborative's inception, LA County providers seeking to develop or run PSH projects typically applied for funding from an array of sources, which varied in funding cycles, strategic priorities, and funding availability. Because of such inconsistencies, prospective PSH developers and/or operators often experienced complications, delays, and even terminations in proposed PSH projects. Out of the realization of this problem, Home for Good was designed to bring together public and private funders, pool funding to create a streamlined funding process, align priorities around PSH, and make collaborative funding decisions. Private and public funders who participate in Home for Good include the United Way of Greater Los Angeles, the Los Angeles Homeless Funders Group (an affiliate of Funders Together to End Homelessness), the Hilton Foundation, the Los Angeles Housing Department and Housing Authority of the City of Los Angeles, and regional City and County departments, amongst others.

In 2011, at its inception, the group met regularly to establish shared values and develop understanding of different organizational cultures; establish and clarify methods of participation; coordinate the available resources by using more flexible private dollars to fill the gaps in public resources; and identify remaining funding gaps and invite additional funders to join, adding participation options such as pooling funds, aligning funds, and coordinating funds through the application timing. These meetings resulted in the creation of a Request for Proposals (RFP) for PSH development and operation, containing eight separate "funding areas" which reflected pooled funding amongst public and private sectors. Grantees were selected the following year. The funders collaborative built upon previous work of regional City and County staff to align funding processes around PSH, as well as private funders who had formed learning networks and other funders groups around homelessness.

An evaluation conducted by Abt Associated on Home for Good's model reported that the key benefits of this collaboration and pooled funding have included creating a mechanism for recognizing and prioritizing resources for high-needs populations; securing public housing vouchers and resources for people experiencing homelessness with the highest needs; launching coordinated entry for PSH resources; and utilizing public funding to drive local investment.

Tipping Point – San Francisco, California

Tipping Point was founded in 2005 to fight poverty and homelessness in the San Francisco Bay Area and has "raised more than \$150 million to educate, employ, house and support those in need in the Bay Area." While the collaborative works broadly on the issue of poverty, one of their goals related to homelessness is "to partner with organizations that connect individuals and families to stable housing, and provide services such as employment, wellness and case management." Participating funders include Dignity Health, Comcast Ventures, Facebook, Dolby Laboratories, the San Francisco 49ers, and the Schwab Family Foundation, among others. In addition to grantmaking, the collaborative provides board governance and leadership, financial planning and budgeting assistance, access to fundraising advisors,

legal assistance, mental health services, as well as strategic planning and change management assistance to grantee organizations. Tipping Point is also the largest private donor towards fundraising efforts to significantly reduce chronic homelessness in San Francisco and the organization has supported policy promoting collaboration between public, private, and community partners to promote strategic efforts to address homelessness. As part of these efforts, Tipping Point has invested in and partnered with Brilliant Corners, a San Francisco-based agency working to implement Moving On in the community; the SF Department of Public Health to provide medical respite beds for people experiencing homelessness with serious health issues; and the SF Department of Homelessness and Supportive Housing to lead strategic efforts to reduce homelessness and develop an effective coordinated entry system.

Tipping Point holds its grantees accountable to several key metrics, including the rate at which people exiting homelessness maintained permanent housing, how well grantee organizations prevent people from entering homelessness, and how many program participants obtain permanent housing. Tipping Point works alongside grantees to ensure evaluations are tailored to each organization's model and culture; performance measures are relevant to the funded programs and field; and program results are compared to industry standards and to similar organizations.

Funders Collaborative Research and Works Cited

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