

Hartford Zero Inflow Project Community Solutions | October 2019



Initiative Aim

Achieve and sustain zero inflow into literal homelessness, as defined by HUD, among all people in the North End (06112 + 06120) by June 2022.

- Community Solutions and Partners set the aim during a convening in Hartford in January 2019
- We met again for a second planning meeting in September
 2019

Partners in Hartford

- Journey Home
- United Way 211
- The Salvation Army
- Mercy Housing and Shelter Corporation
- Connecticut Coalition to End Homelessness

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Methodology

Quantitative:

- Analyzed all HMIS records from 2018 for two zip codes
 - Identified 111 who became homeless in 2018 in the Coordinated Access Network (CAN)

Qualitative:

- Community Solutions staff interviewed 18 individuals who became homeless in 2018
- Interviews consisted of 34 questions exploring the life experiences of respondents, contributing factors to their homelessness and the length of time they have been experiencing homelessness

HMIS Data Analysis

Demographics:

- 73% Identified as Black/African American (81/111)
- 63% Identified as Male (70/111)

Population Breakdown:

- 72% Single Adults (80/111)
 2% Veteran (2/111)
- 19% Family (21/111)
 1% Chronic (1/111)
- 6% Youth (7/111)

Prior Living Condition:

- 35% Emergency Shelter (39/111)
- 24% Staying or living with family/friends (27/111)
- 22% Street/Place not meant for sleeping (24/111)

Qualitative Interviews

Demographics:

- 72% Identified as Black/African American (13/18)
- 61% Identified as Male (11/18)

Education Completed:

- 61% had completed high school/GED (11/18)
 - 39% had completed some college (7/18)

Household Composition:

- 56% single individuals (10/18)11% couple (2/18)
- 22% single parent lead (4/18)
 11% family unit (2/18)

50% grew up in the North End Neighborhood

Overall Findings

Interview Themes:

- Institutional Response/Involvement
 - Court/Justice System Involvement
 - Eviction
- Network Impoverishment
 - Doubling up
 - Multiple episodes of homelessness
 - New to homelessness
 - Lack of social support
- Individual Vulnerabilities
 - Childhood trauma
 - Substance abuse
 - Financial instability
 - Mental health conditions
 - Chronic health conditions
 - Physical disability

New To Homelessness:

- 28% of interviewees (5/18) were new to experiencing homelessness
- 33% of HMIS records (37/111) indicated newly identified

Multiple Episodes of Homelessness:

- 28% of interviewees (5/18) indicated they had experienced multiple episodes of homelessness
- 74% of HMIS records (82/111) indicated additional episodes of homelessness, other than current

1. Court/Justice System Involvement

Court/Justice System Involvement & Incarceration

• 39% of interviewees (7/18) indicated involvement with the court system

"I went to jail, and then when I came home, I didn't have nowhere to go."

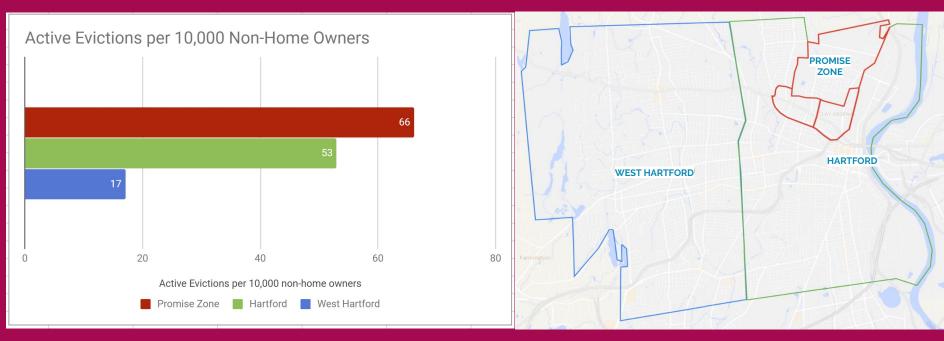
2. Eviction

Eviction

- 33% of interviewees (6/18) mentioned being formally evicted from housing
- 33% of interviewees (6/18) mentioned eviction or being removed from housing due to the actions or inactions of their landlord
 - Substandard housing/ negligent landlords
 - Biased landlords
 - Foreclosure
- In contrast, only 13% of veterans we talked to across the U.S. (Ann Arbor, MI; Detroit, MI; Washington, D.C.; Riverside, CA and Fresno, CA) mentioned being evicted

Eviction

A Hartford resident in the North Hartford Promise Zone is more likely to be evicted than a Hartford resident living outside of the Promise Zone and **4x** more likely than a West Hartford resident to be evicted.



3. Substance Abuse + Mental Health

Substance Abuse

- 56% of interviewees (10/18) mentioned substance abuse
 - 8 of the 10 above interviewees discussed how substance abuse directly led to their homelessness
- 17% of HMIS records (19/111) indicated substance abuse (however, many records were not completed for this section)

Mental Health Conditions

- 67% of interviewees (12/18) indicated having a mental health condition
 - o 50% of interviewees (9/18) were in treatment for their mental health condition
- 15% of HMIS records (17/111) indicated having a mental health condition (again, many records were not completed for this section)

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Theory of Change 6-Month Focus Milestones

Using Data to Set Strategy

Based on the findings from the data review, the group decided on the following focus areas:

Population:

- Black/African American Males
- Single Adult Households
- Average Age: 40

Identified Drivers of Inflow:

- Involvement with Department of Corrections
- Behavioral Health (Mental Health and Substance Abuse)
- Evictions (Formal Evictions and Informal Displacement Due to Housing Instability)

Zero Inflow/Hartford Project Theory of Change

Achieve and sustain zero inflow into literal homelessness, as defined by HUD, among all people in the North End (06112 + 06120) by June 2022.

User centered, trauma informed behavioral health services designed for and used by black men

Reduce Formal Evictions

Reduce informal evictions/people leaving homes involuntarily leading to homelessness

No discharges of black men to homelessness from DOC

Comprehensive, real time, person specific, cross sector feedback loop that informs strategy/resource allocation

Key Milestones

Drivers	June 2020	Dec 2020	June 2021	Dec 2021	June 2022
Zero Inflow	Quality Data & Quality Team	25% reduction	75% reduction	Zero inflow	Sustaining
1. Quality, Comprehensive Cross-Sector Feedback Loop	Quality By Name List	1 additional population and sector included. 211 data set is connected.	2 additional sectors included	Comprehensive, Quality Feedback Loop	Sustaining
2. Reduced Informal Displacements from Housing	Build theory for reducing informal displacements + measurement framework	Small proof of concept	% reduction	Zero displacements that lead to homelessness	Sustaining

Key Milestones

Drivers	June 2020	Dec 2020	June 2021	Dec 2021	June 2022
3. Reduced Formal Evictions	Reduce eviction rate of 1 high evicting landlord	10% reduction in formal evictions	50% reduction in formal evictions	Zero evictions that lead to homelessness	Sustaining
4. Zero Discharges of Black Men from DOC into Homelessness	Support successful discharge of 3 black men	25% reduction in discharges	75% reduction in discharges	Zero discharges to homelessness	Sustaining
5. Robust and Effective Behavioral Health Services for Black Men	Improve access and experience for 5 black men	10% increase in utilization by black men + qualitative measure	25% increase in utilization by black men + qualitative measure	50% increase in utilization by black men + qualitative measure	Sustaining + Scaling

The Next 6 Months...

By June 2020, quality data on inflow into homelessness is supporting an expert team to establish credible proof of concepts on key drivers of inflow into homelessness 1. Excellent Team in place

2. Quality By Name List

3. Build theory for reducing informal displacements +measurement framework

4. Reduce eviction rate of 1 high evicting landlord

5. Support successful discharge from jail of 3 black men

6. Improve access and experience of behavioral health services for 5 black men

Next Steps

- Expert Meetings: January 2020
 - Experts will be identified and hired to lead driver-specific work
- Quality By Name List Action Lab: January 2020
 - Convening of homeless service providers to work towards quality system-wide data
 - Baseline will be established and work plan created to achieve a
 quality by-name list by June 2020

Thank You

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