

HOMES THAT HEAL

THE STATE OF SUPPORTIVE HOUSING IN CONNECTICUT

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PARTNERSHIP
FOR STRONG
COMMUNITIES

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INTRODUCTION

Supportive housing on its surface, appears simple – subsidized housing paired with supportive services – but its impact reaches across multiple systems and policy areas. Supportive housing promotes independence and provides a foundation for Connecticut’s most vulnerable residents who face significant barriers to securing and maintaining a home. It is a fiscal policy tool that strategically shifts individuals from high-cost, reactive services (emergency rooms, shelters, and legal-system involvement) to stable homes and services, improving outcomes while reducing reliance on costly crisis interventions. It is a community-building tool that allows adults with disabilities, older adults, families with young children facing financial hardship, and people with complex health and behavioral health needs to rebuild and live side by side with their neighbors instead of remaining on the margins.

Supportive housing can help address a wide range of housing-adjacent community priorities, including strengthening children and families, reducing recidivism and promoting reentry, improving health

outcomes, and expanding economic and educational opportunities. What begins with a stable, affordable home can become the foundation for long-term stability and well-being, **making supportive housing one of the state’s most effective and adaptable policy tools.**

Despite its strong record, supportive housing faces significant challenges. Recent federal policy changes and funding uncertainty threaten the resources needed to sustain and expand supportive housing. Connecticut has long been recognized as a national leader and innovator in the supportive housing field, but state investments in supportive housing have been declining from their peak in the mid-2010s. At the same time, the need is growing. Homelessness in Connecticut had been steadily declining from 2014 to 2021, but has increased for the past five years. Currently there are at least 3,874 people experiencing homelessness in Connecticut, a 50% increase in just five years.¹ Current state funding supports only a small portion of the people who could benefit from supportive housing.

¹ “2024 Annual Homelessness Assessment Report (AHAR): Part 1 Point-In-time Estimates of Homelessness in the U.S.” U.S. Department of Housing and Urban Development. December 2024; “State of Connecticut Annual Point-In-Time Count of Individuals and Families Experiencing Homelessness.” CT HMIS. 2026.

To provide better visibility on the potential of the supportive housing model, this report will cover four main areas:

1. **Supportive Housing 101** explains the program model, the evidence base for its success and common variations in program models and services offered.
2. **Supportive Housing in Connecticut** describes the current state of supportive housing in Connecticut, the relationship between state-funded rental assistance and supportive housing, and recent state legislative and federal executive actions affecting supporting housing.
3. **Voices on the Ground** presents perspectives from people working across the supportive housing system. Drawing from interviews with state agency staff, local government officials, supportive housing providers, and advocates, this section identifies common themes, challenges, and opportunities.
4. **Policy Solutions** presents a menu of policy options informed by experts in the field and those working directly within supportive housing programs. These recommendations are intended to strengthen Connecticut's supportive housing system and expand its impact.

The report recommends the following funding and policy changes:

1. Return to a coordinated funding application model, where providers could apply for services, rental subsidies, and capital funding at one time;
2. Create a dedicated staff position within the Office of Policy and Management to coordinate between agencies and provide comprehensive policy recommendations to the Governor and General Assembly;
3. Increase investment in the State Rental Assistance Program (RAP) to expand available supportive housing and to help residents who no longer need intensive services transition to affordable rental housing, opening supportive housing opportunities for people with greater service needs;
4. Increase dedicated service funding for existing supportive housing programs, especially those serving people experiencing homelessness with significant service needs;
5. Invest in the supportive housing workforce to reduce burnout and turnover among case managers and other frontline staff; and
6. Respond to federal funding and policy uncertainty by preparing contingency funding plans for supportive housing and communicating with current providers.

While the success of supportive housing models has been well-documented in the literature, **success in transforming Connecticut's homelessness outcomes ultimately relies on a reliable supportive housing ecosystem supported by funding, coordination, and statewide policies working together with private providers.** This report gives an overview of what supportive housing is and explores how it functions in practice across multiple state agencies and levels of government in Connecticut, with a focus on state programs. It also identifies opportunities to strengthen the system so that more residents can access the stable homes and services they need.



SUPPORTIVE HOUSING 101

This section will give a foundational overview of the supportive housing model, including its evidence base and common modifications in the model adapted for different target populations.

Throughout this section and the following section, we provide case studies of different types of supportive housing programs in practice.

DEFINING SUPPORTIVE HOUSING

In this report, our foundational definition of supportive housing is **“subsidized housing paired with government-funded services.”** This straightforward definition hides the complexities inherent in applying a single definition to a varied housing model. Academics and practitioners have developed more detailed, contextual definitions of supportive housing in response to their own needs, programs, and measurement goals. Some examples include:

- “A highly effective strategy that combines affordable housing with intensive coordinated services to help people struggling with chronic physical and mental health issues maintain stable housing and receive appropriate healthcare” – *Center on Budget and Policy Priorities, a national-level research organization*²

² Dohler, E., Bailey, P., Rice, D., et. al. “Supportive Housing Helps Vulnerable People Live and Thrive in the Community.” *Center on Budget and Policy Priorities*. May 31, 2016.

- “Permanent supportive housing is permanent housing in which housing assistance (e.g., long term leasing or rental assistance) and supportive services are provided to assist households with at least 1 member (adult or child) with a disability in achieving housing stability” – *U.S. Department of Housing and Urban Development (HUD)*³
- “Affordable housing with onsite services that help formerly homeless, disabled tenants live in dignity in the community” – *Supportive Housing Network of NY, a local provider organization*⁴

Supportive housing is an evidence-based intervention that reduces homelessness, improves resident outcomes and quality of life, and is one of the most cost-effective government housing interventions. Broadly, this model pairs subsidized housing with wraparound services to improve housing stability outcomes for vulnerable populations, though the specifics of each program vary widely to reflect the needs of those it serves. Some of the most well-known models include community living programs for adults with

intellectual disabilities, or housing first programs for people experiencing chronic homelessness. There are many other supportive housing programs that are less well-known which also pair services with housing, such as public housing with on-site employment resources, reentry homes for formerly incarcerated individuals, or rental assistance vouchers for youth aging out of foster care. **Most desirable social outcomes – success in education, employment, health, and family stability – can only be achieved with a baseline level of housing stability.** The success of the supportive housing model acknowledges this relationship and builds upon it by providing housing while strengthening capacity in other areas.

Supportive housing has its roots in research that shows individuals with mental health disorders prefer to live independently and have access to practitioners and other support staff as needed.⁵ A comprehensive review of three dozen supportive housing models identified 15 common elements of a successful model, though most programs will not necessarily include all 15 elements. We’ve highlighted five that we consider foundational principles:

Figure 1. Common elements of supportive housing models

Housing is affordable	Flexible, on-demand services rather than standardized levels of service	Housing is considered long-term or permanent	Resources are available in close proximity to residents	Emphasizes shared decision making
Housing is integrated into the community	The individual has the home’s lease in their name	The home’s appearance fits the neighborhood norms	Participants aren’t required to meet preconditions (e.g., sobriety) to enter program	Housing and service agencies are separate
Services are community-based; no live-in staff	There is choice in housing rather than assignment	Crisis services are available 24/7	Immediate placement into “normal” housing	Privacy is emphasized over access to the home

3 “Permanent Supportive Housing (PSH).” *U.S. Department of Housing and Urban Development*. Accessed July 16, 2026.

4 “What Is Supportive Housing?” *The Supportive Housing Network of New York*. Accessed July 16, 2026.

5 Tabol, C. Drebing, C., and Rosenheck, R. “Studies of “supported” and “supportive” housing: A comprehensive review of model descriptions and measurement.” *Evaluation and Program Planning* 33. 2010.

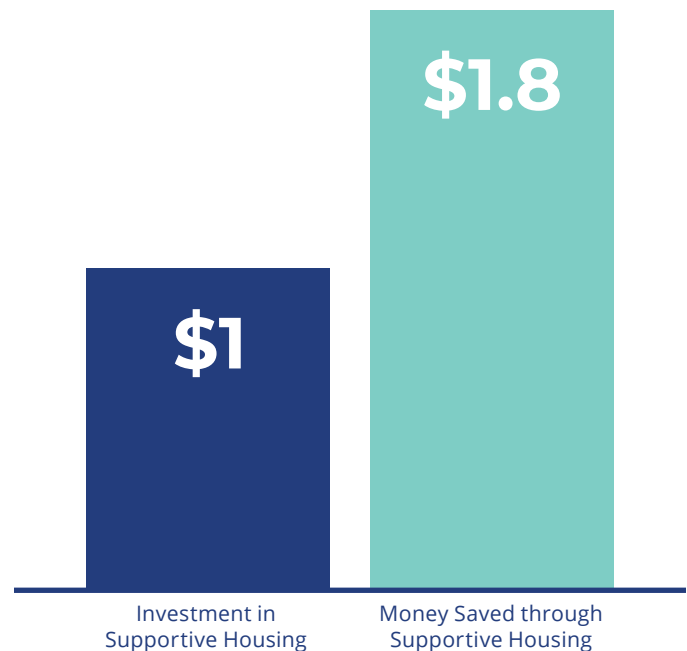
SUCCESSSES AND LIMITATIONS

Supportive housing's clearest strength is keeping residents stably housed. Housing stability of at least one year is incredibly common, but many programs support even greater longevity for residents. Depending on the model and population served, success may mean remaining permanently in supportive housing or transitioning over time to another affordable housing option with fewer services. One study conducted of a program

in New York City found that 87% of residents remained stably housed for two years.⁶ Among homeless individuals, supportive housing has been shown to decrease substance use, criminal justice system involvement, emergency room use, and hospitalization rates while simultaneously increasing their quality of life and community integration scores.⁷

Figure 2. Average return on investment for supportive housing programs

The most critical benefit of supportive housing is a dramatic improvement in the quality of life for residents. Supportive housing is also consistently found to be a fiscally responsible investment. HUD estimates that each individual experiencing chronic homelessness costs taxpayers between \$30,000 - \$50,000 annually due to heightened justice system involvement and emergency room visits, and a study of supportive housing programs in primarily suburban areas found that annual shelter costs range between \$24,000 - \$44,000 per resident.⁸ An economic review of 17 supportive housing studies across the United States found a median cost of \$16,000 per resident and found an average of \$1.80 saved for every \$1 invested.⁹ The National Alliance to End Homelessness found an average decrease in taxpayer costs by up to 50% per individual living in supportive housing.¹⁰ **The data consistently show that it costs less to provide high-needs individuals with housing and support services than to leave them to navigate a complex network of social services alone.**



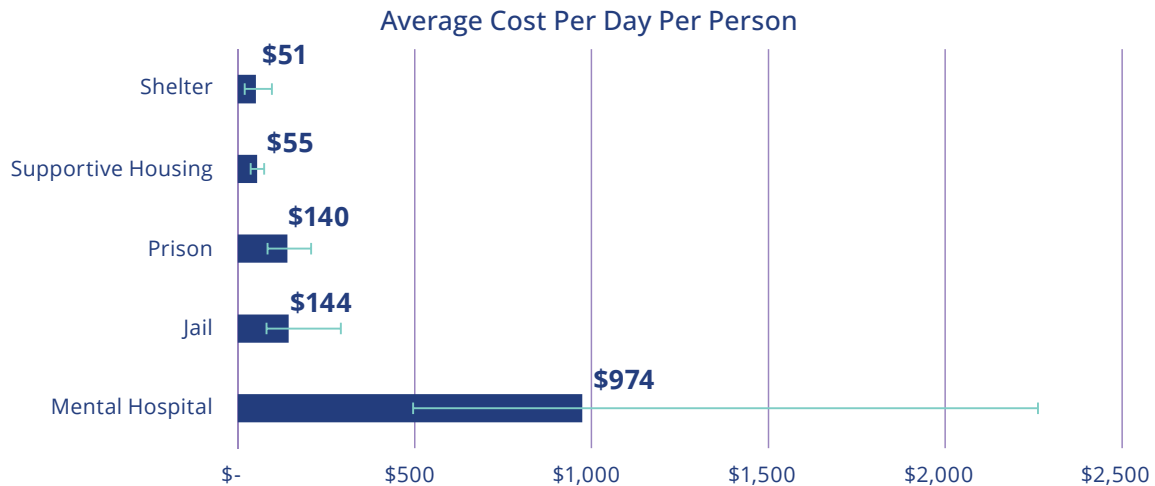
6 It is likely that housing stability for program participants lasts even longer; however, we have found no long-term (3+ years) longitudinal research studies conducted on supportive housing. Lim, S., Singh, T.P., Hall, G., et. al. "[Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families.](#)" *Health Services Research*, 53(5). 2018.

7 Peng, Y., Hahn, R., Finnie, R., et. al. "[Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A community Guide Systematic Review.](#)" *Journal of Public Health Management and Practice* 26(5). 2020; Verughe, J., Chattopadhyay, S., Attipoe-Dorcoo, S., et. al. "[Permanent Supportive Housing With Housing First: Findings From a Community Guide Systematic Economic Review.](#)" *American Journal of Preventative Medicine*. March 2022; Buenaventura, M., Neil, R., Jia, K., et al. "[Evaluation of Pima County's Bureau of Justice Assistance Fiscal Year 2021 Second Chance Act Pay for Success Initiative.](#)" *RAND*. 2026.

8 McEvers, K. "[Utah Reduced Chronic Homelessness By 91 Percent; Here's How.](#)" *NPR*. December 10, 2015; Stefanic, A. and Tsemberis, S. "[Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention.](#)" *The Journal of Primary Prevention*, 28. 2007.

9 Verughe, J., et. al. "[Permanent Supportive Housing. Systematic Economic Review.](#)"

10 "[Ending Chronic Homelessness Saves Taxpayer Money.](#)" *National Alliance to End Homelessness*. Accessed July 16, 2026.

Figure 3: Average Cost per Day per Person, Different Types of Services¹¹

The above chart shows estimates of the average cost of each types of service provided to homeless individuals across nine U.S. cities in 2004 and adjusted for inflation, while also showing the highest and lowest average cost for each city in the dataset. This data indicates that incarceration can cost two to three times as much as housing homeless individuals and hospitalizations can cost nearly twenty times as much.

Box 1: Supportive Housing Social Impact Bond (SIB) - Denver, Colorado¹²

Program Mission – A “Housing First” program to increase housing stability and decrease jail stays by combining permanent supportive housing with intensive wraparound services. Participants aren’t required to meet preconditions to enter the program.

Target Population(s) – Individuals experiencing chronic homelessness that 1) have a physical or mental disability, a substance use disorder, or both, or 2) have had frequent interactions with the criminal justice and emergency health systems.

Services Provided:

- Substance use treatment
- Food services
- Healthcare services (behavioral, medical, dental, vision, pharmacy)

Funding Source(s): Funded as a social impact bond, where private entities (both for-profit and philanthropic) provided upfront funding and the government repaid investors based on outcomes for residents. Outcomes were rigorously measured using a Randomized Control Trial.

Successes

- After three years, 77% of all participants remained stably housed
- Program participants experienced a 40% reduction in shelter visits, a 34% reduction in police contacts, a 40% reduction in arrests, and a 65% reduction in the use of detoxification services.
- State and local governments saved an average of \$6,876 per resident in state and locally-funded services, primarily through a reduction in jail and ambulance costs.

11 The Lewin Group. “Costs of Serving Homeless Individuals in Nine Cities.” *The Partnership to End Long-Term Homelessness*. November 2004.

12 Cunningham, M., Hanson, D., Gillespie, S., et al. “Breaking the Homelessness-Jail Cycle through a Housing First Approach: Results from Denver’s Five-Year Supportive Housing Program.” *Urban Institute*. 2021; Gillespie, S., Hanson, D., Leopold, J., et al. “Analyzing the Costs and Offsets of Denver’s Supportive Housing Program.” *Urban Institute*. 2021. For more analysis and reporting, see Urban Institute’s “Denver Supportive Housing Social Impact Bond Initiative” webpage.

Like any other housing programs, supportive housing also has its limitations. As discussed later in the report, frontline staff face high levels of burnout and turnover due to low industry pay and the high support needs of the client population. Most jurisdictions have a limited number of supportive housing units compared with existing need, especially for populations in need of long-term care. While quality of life and housing stability outcomes

remain high across most studies, evidence on improvements in physical and mental health, as well as a reduction in substance use, are mixed depending on the target population and model.¹³ The flexible nature of this program model will always lead to variations in quality and outcomes dependent on implementation choices.

VARIATIONS IN THE SUPPORTIVE HOUSING MODEL

Who Does Supportive Housing Serve, and How?

Broadly speaking, supportive housing serves individuals who face complex barriers to housing, such as:

Individuals Facing Homelessness
or Housing Instability

Families Involved in
Child Welfare Cases

Individuals Involved in the
Justice System

Individuals with Intellectual or
Developmental Disabilities

Individuals with Mental and
Behavioral Health Challenges

Individuals with High
Healthcare Needs (including
Substance Use Disorders, HIV+)

Supportive housing programs are typically geared towards one specific population, and the exact services provided vary according to the needs of the residents.

¹³ Verugheze, J., et. al. "[Permanent Supportive Housing, Systematic Economic Review.](#)"

Figure 4. Commonly provided supportive housing services¹⁴

Service Type	Examples
Mental Health Support	Counseling, therapy, psychiatric services
Substance Use Treatment	Substance use programs, detox support, recovery planning, group or 1-on-1 counseling
Case Management	Tenant orientation, services coordination, benefits application assistance, assistance connecting to providers and resources
Employment Training	Job readiness training, assistance with resumes and job searches, workshops
Independent Living Skills	Cooking, personal hygiene training, budgeting assistance
Health/Medical Support	Assistance with medication routines, disease management, routine care
Education	Technical trainings, GED assistance
Family Support	Childcare services, parenting classes
Legal Assistance	Assistance with social security, legal referrals
Transportation	Ride assistance, public transportation vouchers
Property Coordination	Home adaptations for disabilities, landlord coordination and mediation

How Long Can a Resident Live in Supportive Housing?

Time spent in supportive housing depends on an individual's needs and goals as well as the population served. Transitional housing is designed to provide a safe home for six to 24 months so residents can regain stability. The goal of transitional housing is to eventually move to a non-supportive housing program, either government-subsidized or in the private market.

Permanent supportive housing has no designated length of stay, and it emphasizes living independently in the community to the greatest extent possible. Here, the goal is to provide housing and long-term supportive services to those who may be otherwise unable to maintain an independent living situation. Many supportive housing programs fall between these two types (transitional and permanent) based on individual needs.

¹⁴ Barker, L.C., Lee-Evoy, J., Butt, Aysha, et al. «[Delivering collaborative mental health care within supportive housing: implementation evaluation of a community-hospital partnership.](#)» *BMC Psychiatry* 22. 2022; «[Understanding Supportive Housing: A Lifeline for Stability and Support.](#)» *Penny Lane Centers*. Accessed July 16, 2026. «[Supportive Housing Services Plan.](#)» *Corporation for Supportive Housing*. 2025.

What Does Supportive Housing Look Like?

Supportive housing is generally provided through either a scattered-site or single-site model. In scattered-site models, residents live in private, market rate apartments located throughout a city, town or region. Housing costs are often supported through tenant-based rental assistance. This approach can offer residents greater choice over where they live and provide access to a range of neighborhoods and community resources. Services are delivered wherever residents live and are tailored to their individual needs.

Single-site models, sometimes referred to as project-based supportive housing, provide affordable homes within a dedicated building or development in which each resident/household lives in a private unit. While these programs are often government-funded, the day-to-day activities and property management of single-site models are frequently administered by nonprofit organizations and private providers. This model is often funded through project-based rental assistance, which preserves housing affordability over the long-

term by linking funds to housing units rather than individual residents. Although residents get less housing choice in these arrangements, project-based supportive housing developments still offer variety in community size, unit types, and location and frequently provide on-site services as well.

How are Supportive Housing Programs Funded?

Capital, operating, and services funding can come from federal, state, or local governments, private philanthropic and business organizations, or a combination of all the above. Major federal funding programs include HUD's Continuum of Care (CoC) program (see [Recent Federal and State Activity](#)), low-income housing tax credits (LIHTC), the Housing Choice Voucher program, community development block grants (CDBG), and Medicaid. Financial support can also come from states and local governments through avenues such as state or municipal housing trust funds or state rental assistance programs. The services component of supportive housing programs can also be funded by a variety of government and philanthropic sources.

Box 2: Healthy Opportunities Pilots (HOP) - North Carolina¹⁵

Program Mission – Address social and environmental factors impacting the medical care of Medicaid participants, including housing, food, transportation, domestic violence, and other stressors.

Target Population(s) – Medicaid-covered individuals, including adults, children, and pregnant women; prioritization for high-risk populations who are facing: (1) homelessness or housing insecurity; (2) food insecurity; (3) transportation insecurity; or (4) are at risk of witnessing or experiencing interpersonal violence.

Services Provided:

- Housing: case management to assist with finding and applying for housing; help with housing repairs and modifications; legal assistance; one-time payments for security deposit and first month's rent
- Food: nutrition counseling, assistance with SNAP/WIC applications; meal delivery services
- Transportation: Non-emergency health transportation, including transportation to community activities; payment or vouchers for public transportation
- Domestic violence: transportation, parenting, and legal assistance

Funding Source(s) – NC Medicaid 1115 waiver, which allows states to use federal funds to cover social and environmental factors impacting health outcomes, supplemented with state investments.

Successes:

- Program participants had a 70% decrease in total instances of food, housing, transportation, domestic violence, and other stressors.
- Reduced use of emergency department and inpatient admissions, and lower individual healthcare expenditures.
- Participants had better outcomes the longer they were enrolled in the program.

¹⁵ "Healthy Opportunities Pilots." *North Carolina Department of Health and Human Services*. Accessed July 16, 2026; Daly, D. "Interim Evaluation Report: NC Health Opportunities Pilots." *Cecil G. Sheps Center for Health Services Research commissioned by North Carolina Department of Health and Human Services – Division of Health Benefits*. 2024.



SUPPORTIVE HOUSING IN CONNECTICUT

Connecticut has long been considered a national leader in supportive housing. Given the current national housing crisis and federal threats to supportive housing, institutional knowledge is a strength and opportunity for our state. State investments in supportive housing have been declining from their peak in the mid-2010s. This section provides an overview of the history of supportive housing in Connecticut and the types of populations served, details how the state Rental Assistance Program works to support state-funded supportive housing units, and highlights recent state and federal legislative actions.

While we provide a broad overview of supportive housing in the state, the entire system is an incredibly complex interagency network of waitlists, construction, and service contracts. Current data does not allow us to provide an accurate count of the number, location, or type of all existing supportive housing units in the state, far less

project the existing need. Furthermore, federal funding from HUD, including Section 8 vouchers, HUD-VASH vouchers, and Continuum of Care Rental Assistance subsidies, remain a cornerstone of the state's supportive housing infrastructure that is not covered in depth here. Some state agencies, municipalities, and even private providers also maintain their own supportive housing programs independent of the Department of Housing's rental assistance voucher program.

Given the complexity of this system combined with strong evidence of high positive impact across multiple policy areas, we recommend the creation of a new staff position in the Office of Policy and Management fully dedicated to interagency supportive housing coordination alongside comprehensive data and outcomes tracking (see [Policy Considerations and Conclusion](#)).

Box 3: The Way Home – Houston, TX¹⁶

Program Mission – To make homelessness in Houston rare, brief, and nonrecurring, by moving people into permanent housing combined with services as quickly as possible. The Way Home has been nationally recognized for its partnership model which brings together over 100 service and treatment providers, philanthropy groups, and homeless advocacy centers under a single lead umbrella organization, “The Way Home.”

Target Population(s) – Individuals experiencing active homelessness, those at imminent risk of homelessness, and those fleeing/attempting to flee domestic violence.

Services Provided:

- Case management
- Health care
- Substance use counseling
- Income coaching

Funding Source(s) – Receives funding from U.S. Department of Housing (under the Continuum of Care program), county and municipal governments, and philanthropic organizations.

Successes:

- In 2011, Houston had the sixth-largest homeless population in the U.S; since then, homelessness decreased by 61% with over 32,000 individuals housed.
- Local housing programs have seen a 90% success rate in people staying housed for at least 2 years.
- Eliminated veteran homelessness in 2015.

HISTORY OF SUPPORTIVE HOUSING



Connecticut has been at the forefront nationwide in supportive housing, and we’ve always been very proud of that. I’d hate to see us slipping. We don’t have enough supportive services funding to do what we really need to do.”

- Supportive housing stakeholder

Connecticut’s history with supportive housing began when the state partnered with the Corporation for Supportive Housing (CSH) in 1993 to implement a demonstration program, one of the first states in

the nation to do so.¹⁷ By 1998, the privately funded program had financed ~280 supportive housing units for people experiencing homelessness and other at-risk populations. In 2002, an independent

¹⁶ “About the Way Home.” *The Way Home*. Accessed July 16, 2026; Shakespeare, W. [Groundcover vendor No. 258], “Houston has success with ‘Housing First’ strategy.” *Groundcover*. Accessed July 16, 2026; “Policy & Practice: Addressing Homelessness through Housing First.” U.S. Department of Housing and Urban Development. 2024.

¹⁷ Sullivan, K. “OLR Research Report: Supportive Housing in Connecticut.” *Connecticut General Assembly Office of Legislative Research*. August 10, 2012.

evaluation¹⁸ reported that the program was both an individual and community success based on Medicaid data, tenant outcomes, financial stability of the development, and the economic impact on

hosting neighborhoods. These positive outcomes led to Connecticut's decision to expand the existing model with state funds.

Box 4: CT Supportive Housing Success Story¹⁹

The initial 2002 evaluation of Connecticut's first supportive housing projects found success in many areas:

Healthcare Utilization: Tenants spent more time using on-going healthcare and support services, leading to a sharp decline in their use of expensive emergency care. Average healthcare costs declined while the number of tenants served increased.

Stability: Within three years, 25% of tenants graduated out of supportive housing into other stable housing situations. 60% remained in the supportive housing program. Only 1 in 10 program participants left on negative terms, usually related to substance use concerns.

High Occupancy: All properties held high occupancy rates during the entire evaluation, indicating a strong demand for further supportive housing expansions.

Neighboring Property Values: Housing markets in the immediate neighborhoods improved in all but one (out of eight projects) during the time period. The two best performing neighborhoods had increased property values of 63% and 27%.

A state investment in 2001 known as the "Supportive Housing Pilot", provided 650 units of supportive housing for people with mental health or substance use needs and people experiencing chronic homelessness. This program was funded with \$10 million in bonding and \$1M in tax credits in a partnership between the Department of Economic and Community Development (DECD)²⁰, the Connecticut Housing Finance Authority (CHFA), and the Department of Mental Health and Addiction Services (DMHAS). The initial success led to a 500-

unit expansion in 2005 that extended eligibility to families receiving TANF benefits, youth who were aging out of foster care, and community reentry programs. This expansion also brought the Department of Social Services (DSS), the Judicial Branch, the Department of Corrections (DOC), and the Department of Children and Families (DCF) into the supportive housing partnership with DECD and CHFA. This expansion was accompanied by an increased set-aside in CHFA tax credits and bonding for supportive housing in 2008.



You get housing from one source, you get the supportive services from another, and it's certainly not coordinated from a funding perspective."

– Kara A. Capone, CEO, Mercy Housing (a supportive housing provider)

¹⁸ Anderson, A. and Sherwood, K. "Connecticut Supportive Housing Demonstration Program: Final Program Evaluation Report." *The Corporation for Supportive Housing*. May 2022.

¹⁹ Anderson and Sherwood. "Final Program Evaluation."

²⁰ At this time, the Department of Housing existed as the Housing Division within DECD until its reorganization as a separate lead agency in 2012.

One outstanding aspect of Connecticut's supportive housing model was its unique funding structure, where supportive housing developers would apply for operating, services, and capital funding in a single application. Instead of coordinating with multiple state agencies to create a viable project, the developer would submit a single application while applicable agencies (CHFA, DOH, and DMHAS at the time) would coordinate to create a sustainable financing structure for the lifetime of the project. **This single-application approach led to a significant number of supportive housing units being brought online quickly and efficiently.**

Since the state's initial investments in supportive housing, the program has changed significantly. Rather than being treated as a single supportive housing program, many smaller supportive housing

programs have been created across multiple state agencies to target narrower populations. (See [Appendix A](#))

One major shift to current state policy was a retreat from the unified funding model that was a keystone of the program's initial success. Today when supportive housing developers apply for funding, they must apply for operating, services, and capital funding separately, which creates a barrier to developing new supportive housing units. **This changed approach has been particularly damaging for supportive housing programs for individuals experiencing homelessness and individuals with complex needs because service funding is particularly limited.** (See [Policy Considerations and Conclusion](#))



Advocating for more supportive housing units is critical, advocating specifically for development that is funded using a one-stop-shop application that provides both development dollars and service dollars.

– Staff from Corporation for Supportive Housing (CSH), a national research and advocacy organization

RESIDENT CHARACTERISTICS

The complexity of the system and the broad range of potential target populations make it challenging to provide a comprehensive estimate of the total population served by and the outstanding need for supportive housing. We do know that the need is orders of magnitude larger than the number of

current active units. Stakeholders reported that while demand has grown for supportive housing services in recent years, investment in the creation of new units has not grown accordingly, leading to a wide gap between statewide needs and capacity.



It's never enough.

– Arlevia T. Samuel, Deputy Administrator of housing Administration and Development, City of New Haven, when asked about availability of supportive housing units

The Coordinated Access Network (CAN) publicly reported on a sub-section of Connecticut's supportive housing programs from 2010 through 2023. The last full year of data reporting from 2022 shows that at least 5,642 households were served by supportive housing programs that year. These data provide a snapshot to help understand what types of households are served by supportive housing in Connecticut:²¹

- Over 1,000 (19%) supportive housing residents were children
- Over 2,800 (nearly 50%) were older adults ages 55+.
- 40% of households served were headed by women.
- The Fairfield County CAN served over 1,700 households, accounting for nearly a third of all supportive housing households.

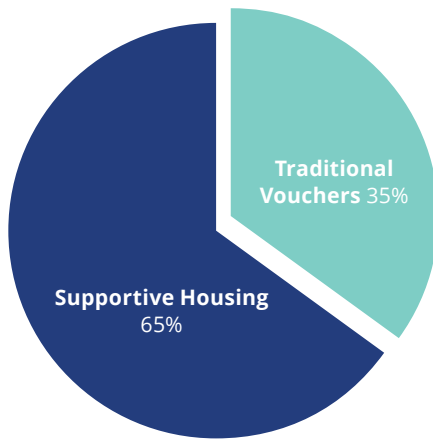
Program participants had an average stay length of 4.8 years. Over half moved on to some form of permanent, stable housing. **70% of all stable exits required some additional form of housing subsidy, though they no longer required supportive housing services.** Half of all participants increased their income during their time in supportive housing. There were over 80 public and private operators of supportive housing, with a high concentration of large providers: just 11 providers served 30% of all supportive housing households.

There are at least a dozen different active supportive housing programs supported by Rental Assistance Vouchers across six state agencies. We provided additional details for some of the larger programs in [Appendix A](#).

21 ["Supportive Housing Performance: Connecticut Homelessness Data Dashboards."](#) CT CAN Data. April 4, 2023.

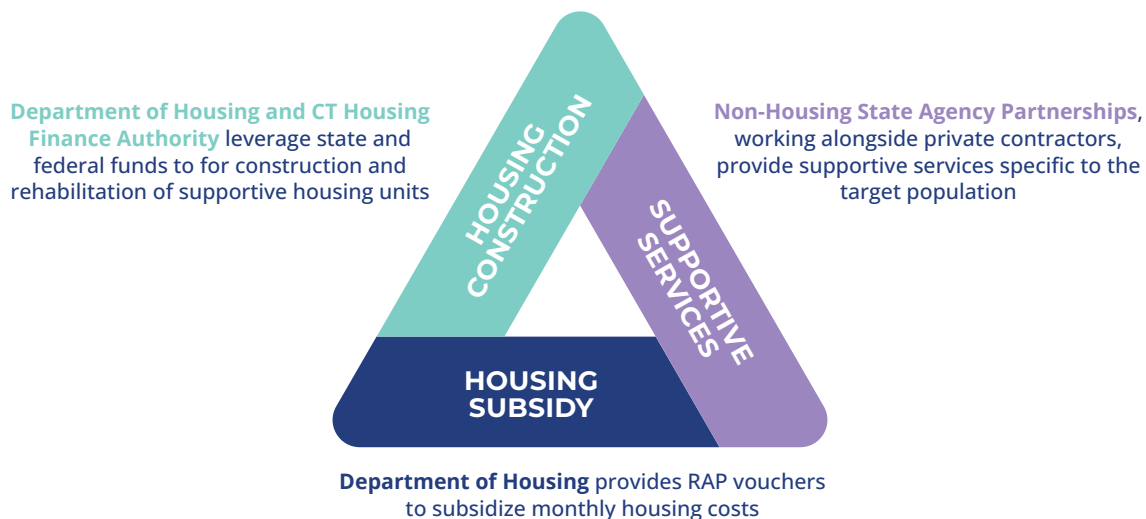
RENTAL ASSISTANCE PROGRAM (RAP) AND SUPPORTIVE HOUSING

Figure 5. Distribution of RAP Vouchers



Connecticut's primary model for state-funded supportive housing is its Rental Assistance Program (RAP) run by the CT Department of Housing (DOH).²² RAP is a state-funded housing voucher program, modeled after the federal Section 8 voucher program, that helps low-income households afford homes by subsidizing a portion of their rent. Approximately 65% of all vouchers are used for supportive housing programs that target vulnerable populations, including those experiencing chronic homelessness, individuals with disabilities, children and families in the foster care system, and justice-involved individuals. The remaining 35% of vouchers are direct housing subsidies not paired with additional services, and are primarily distributed via an application-waitlist process for qualifying households.

Figure 6. Supportive Housing Agency Partnerships



The RAP program provides housing subsidies such that families with vouchers do not spend more than 40% of their income on rent. For elderly and disabled individuals, this percentage is lowered to 30% of their income. Supportive housing collaborations that use RAP vouchers are a mixed of tenant-based or project-based programs managed in [partnership with other state agencies](#).

DOH collaborates with several other state agencies to provide supportive housing services.

Through these partnerships, agencies or their subcontractors manage the services aspect of the supportive housing model to their clients. These include services that address issues ranging from mental health and substance use, child welfare involvement, developmental health, and elderly services, among others. DOH is responsible for administering rental subsidies to the families it supports. Supportive housing units are constructed and maintained through DOH, CHFA, and federal funds.

²² Federal funding from HUD, including Section 8 vouchers, HUD-VASH vouchers, and Continuum of Care Rental Assistance subsidies, remain a cornerstone of the state's supportive housing infrastructure that is not covered in depth here

Box 5: Connecticut Collaborative on Reentry (CCR) – Connecticut²³

Program Mission – CCR, formerly known as FUSE (Frequently Used Systems Engagement) is a supportive housing program that provides housing and outreach services to facilitate the successful transition from the shelters or jails/prison to community living. This approach uses cross-agency data sharing and matching to identify individuals who cycle repeatedly through high-cost systems run by different state agencies, allowing the state to prioritize placement based on need, frequency, and cost.

Target Population(s) – individuals who cycle through homelessness and the corrections system in major urban centers (Bridgeport, Hartford, New Haven, New London/Norwich, and Waterbury)

Services Provided:

- Case management and outreach
- Emotional support/counseling
- Transportation, bus and travel vouchers
- Connection to peer support and community activities
- Employment and income training

Operating Partners – This initiative is a major partnership between the CT DOC, the Court Support Services Division of the CT Judicial Branch, DMHAS, and DOH alongside nonprofit partners the Corporation for Supportive Housing (CSH) and the CT Coalition to End Homelessness (CCEH). Housing is funded through DOH RAP vouchers, while case management and outreach is funded by DMHAS.

Successes – From a 2014 evaluation of the program, CT's FUSE program successfully targeted interventions at individuals with the highest level of need with the following positive outcomes after 9 months of treatment:

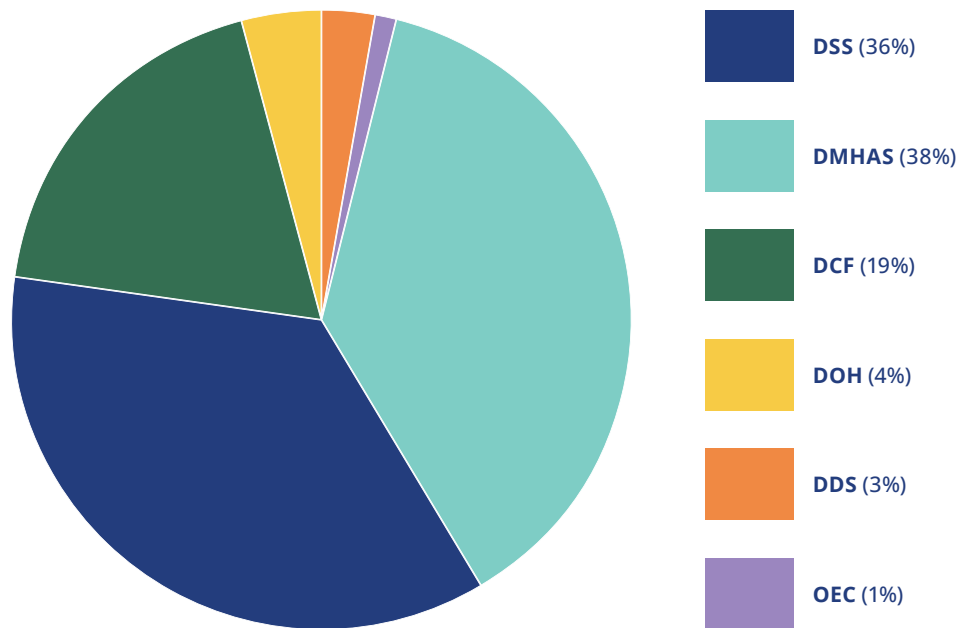
- Increased housing stability and positive quality of life assessments
- A 20% reduction in substance use
- A 50% reduction in the number of days spent in the emergency room

Four central state agencies have a formal housing collaborative with DOH to provide supportive housing: the Department of Mental Health and Addiction Services (DMHAS), the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Developmental Services (DDS). Together, these collaborative initiatives make up the majority of Connecticut's RAP program. Notably, partnerships with DMHAS and DSS represented nearly half of RAP's overall voucher distribution,²⁴ with a

substantial subset also going to DCF. DOH also coordinates voucher and services distribution for veterans with the Department of Veterans Affairs (DVA) and for children with the Office of Early Childhood (OEC) and the State Department of Education (SDE). While the overall percentage of vouchers going to DDS and OEC/SDE is currently low, the FY27 new voucher expansion will increase their total percentage to 10% and 6%, respectively (see [Recent Federal and State Activity](#)).

23 "DOH – RAP Notes 2.27.26." *CT Department of Housing*. 2026. Supplemental materials provided to the CT General Assembly Appropriations Committee for their March 2, 2026 committee meeting. Retrieved via <https://cga.ct.gov/app/>; "CSH FUSE Initiative: 20 Years of Breaking the Cycle of Homelessness." *Corporation for Supportive Housing*. 2025; "Workshop 101: Housing First and Reentry." *Corporation for Supportive Housing*. 2016. Presentation given at the Housing First Partners conference, Los Angeles California, March 2016.

24 DOH and J D'Amelia & Associates LLC. "RAP Specialty Budget Report July 1, 2024, thru June 30, 2025."

Figure 7. Supportive Housing Vouchers by Implementing Agency²⁵

In many ways, RAP is a state-funded expansion of existing federal initiatives. This is true at the most basic level, as general RAP vouchers are modeled after the federal Section 8 program (see our factsheet, [Section 8 vs RAP](#)). Similarly, the supportive housing programs using RAP often reflect federal models in both administrative structure and inter-agency collaboration. For

instance, federal programs such as the Veterans Affairs Supportive Housing (VASH) and the Family Unification Program (FUP) are HUD Section 8 vouchers paired with referral and support services from Connecticut's Department of Veteran's Affairs and Department of Children and Families, respectively; some of the state's RAP vouchers expand these existing federal programs.

RECENT FEDERAL AND STATE ACTIVITY

Federal rhetoric and policy under the current administration has aggressively opposed supportive housing programs. Beginning in July 2025, the President signed an executive order to end support for the "Housing First" supportive housing model and prioritize more punitive approaches, including drug courts and involuntary commitment and institutionalization of homeless individuals.²⁶ Through subsequent funding announcements in November and December 2025, HUD would have capped the percentage of funding available for

permanent supportive housing (PSH) and rapid rehousing (RRH) programs at 30%. Nationally, 87% of Continuum of Care (CoC)²⁷ Program funds are allocated towards supportive housing and rapid rehousing grant programs, making this a significant structural change to the existing homelessness infrastructure.²⁸ In June 2026 a federal court ruled to permanently set aside HUD's 2025 funding notices, finding that they violated federal administrative law.

²⁵ DOH and J D'Amelia & Associates "Specialty Budget Report"

²⁶ "Executive Order 14321: Ending Crime and Disorder on America's Streets." *The White House*. July 24, 2025.

²⁷ The Continuum of Care Program is the primary federal funding mechanism supporting local homelessness response systems, including permanent supportive housing, rapid rehousing, supportive services, HMIS, and coordinated entry.

²⁸ Hapgood, K. "Trump administration policy change makes deep cuts to homeless permanent housing program." *Politico*. November 13, 2025; Bailey, A. "Trump Policies Would Worsen Homelessness, Attack Basic Freedoms of People Who Can't Afford Rent." *Center on Budget and Policy Priorities*. April 8, 2026.

In June 2026, the administration released the FY2026 CoC Notice of Funding Opportunity (NOFO). This NOFO reduces the amount of funding available for renewal projects while simultaneously setting aside one-third of grant funds (\$1.3B) for new projects, prioritizing transitional housing (TH) and supportive services only (SSO) projects. This set-aside, along with the lower cap on renewal funding, creates substantial uncertainty for supportive housing and rapid rehousing programs in the state. Reported by the National Low Income Housing Center, these new grant requirements constitute a “massive set-aside earmarked principally for unproven strategies, to the detriment of permanent housing that Congress directed HUD to prioritize.”²⁹ In July 2026, the Connecticut Attorney General joined a coalition of 21 attorneys general and two governors to sue HUD and block implementation of this latest round of administrative funding reductions for supportive housing.³⁰

Connecticut receives approximately \$98M annually in CoC funding, with approximately 89% of that total allocated to supportive housing and rapid rehousing programs. While the precise impact of the 2026 proposed cuts is yet to be determined, the National Alliance to End Homelessness estimates that Connecticut could lose a minimum of \$35.4M, putting approximately 2,000 people at risk of homelessness.³¹ The Governor’s Office and DOH have made preparations to leverage the Federal Cuts Response Fund to mitigate some negative impacts of federal funding uncertainty on supportive housing.³²

At the state level, there has been a renewed interest in supportive housing as a viable response to barriers faced by high-needs populations, as well as a growing awareness of the challenges facing the supportive housing workforce. **Most legislative responses, however, have amounted to minor adjustments at the edges of various programs rather than a wholesale appraisal of the supportive housing model statewide and the investments required to create a robust support infrastructure.**

JULY 2025

White House executive order ending support for “Housing First” model

NOVEMBER & DECEMBER 2025

HUD funding announcements cap money available for supportive housing programs; CT joined in multi-state coalition suing HUD

EARLY JUNE 2026

Courts reject HUD proposed funding changes from November and December funding announcements

LATE JUNE 2026

HUD released new 2026 NOFO which includes new funding rules to divert resources away from supportive housing

JULY 2026

CT joined in legal coalition suing HUD for its latest attempts to eliminate supportive housing funding

29 “Coalition challenges Latest Efforts to Politicize Homelessness Funding Grants.” *National Low Income Housing Coalition*. June 22, 2026.

30 Chau, T. “CT sues Trump administration again over homelessness funding changes.” *CT Mirror*. July 9, 2026.

31 FY26 NOFO Impact Analysis: HUD’s New Funding Priorities Put Many People at Risk of Reentering Homelessness. *National Alliance to End Homelessness*. June 2026.

32 “Governor Lamont Submits Plan to Tap Into Emergency State Response Reserve to Maintain Affordability for Connecticut Residents.” *Office of Governor Ned Lamont Press Releases*. December 12, 2025.

Beginning July 1, 2026, several new state policies around supportive housing went into effect. First, the state approved a modest expansion of targeted RAP vouchers for the following populations: approximately 212 vouchers for the Head Start on Housing program, 250 vouchers for elderly and disabled individuals, and 77 vouchers for adults with developmental disabilities.³³ This investment represents a roughly 10% increase over existing

RAP voucher levels. These vouchers were also accompanied by additional funding to the Office of Early Childhood and the State Department of Education to provide wraparound services and security deposit assistance to accompany vouchers for families with children. The Department of Veterans affairs also received nearly half a million in ongoing funding for housing and support services for veterans.³⁴

Box 6: Head Start on Housing – Connecticut³⁵

Program Mission – This program provides housing vouchers to Connecticut Early Head Start or Head Start families as a step towards ending homelessness and supporting family success.

Target Population(s) – Children ages 3 to 5, and low-income families with young children facing housing instability.

Services Provide:

- Childcare subsidies, through federal Head Start funding
- Light touch caseworker support, including housing navigation support services

Funding Source(s) / Operating Partners:

- Connecticut Department of Housing Rental Assistance Program and HUD federal Section 8 vouchers providing housing subsidies, Shelter Plus Care Vouchers
- Connecticut Office of Early Childhood providing case management funding
- Federally-funded Head Start vouchers providing childcare subsidies

Successes:

- As of March 2026, 151 families and 331 children have been housed through the program.
- 40% of the housed families were previously living in shelters or experiencing unsheltered homelessness, with the remainder at high risk of losing their housing.

33 [“Connecticut State Budget FY26-FY27,” CGA OFA](#). 2025. Page 151-152.

34 [“Connecticut State Budget FY 27 Revisions,” CGA Office of Fiscal Analysis \(OFA\)](#). 2026. Page 113-114

35 [“A Head Start on Housing for CT Families,” Connecticut Office of Early Childhood \(OEC\) and Connecticut Department of Housing \(DOH\)](#). Accessed July 16, 2026; [“Head Start on Housing: Data Dashboards,” OEC and DOH](#). Accessed July 16, 2026; Monk, G. [“CT program that provides child care, housing to homeless families will grow.” CT Mirror](#). December 10, 2024.

In 2026, the state allowed the CHES supportive housing program, which leveraged federal Medicaid funds to provide services to individuals with high health needs and housing instability, to sunset. The Governor highlighted “the limited number of housing subsidies,” coupled with a Medicaid plan requirement that requires any eligible member to receive tenancy services, as a key reason for the close of the program.³⁶ The existing ~100 individuals served will continue to receive supportive services from DMHAS with RAP vouchers.

Finally, under [Public Act 26-29](#), the Department of Developmental Services (DDS) revised elements of its supportive housing program for adults with intellectual disabilities by (1) allowing DDS to pay providers for rent directly, rather than paying individuals who then pay the providers and (2) reforming the Community Residential Facility Revolving Loan Fund Program to “modernize outdated loan caps, align terms with current economic conditions, and ensure providers can realistically access this revolving loan program to develop or improve residential options.”³⁷

Taken together, these changes reflect a larger picture of individual state agencies and legislative committees recognizing a need for housing support for their target population (families with young children, veterans, adults with developmental disabilities, elderly and disabled individuals).

Though the model – state housing subsidies with targeted support services – remains the standard policy solution for individual groups, the application of this model is inconsistent across high-need populations and lacks coordination.

Most supportive housing policy discussions have occurred at the margins rather than acknowledging the serious investments and reforms needed to make the program viable as housing costs and homelessness rates have increased statewide (see [Policy Considerations and Conclusion](#)).

36 “Governor Lamont’s Proposed Budget Revisions to the FY 2027 Budget.” Connecticut Office of Policy and Management. February 2026. Page 11. An alternative policy option would have been increasing state investments in housing subsidies by providing additional vouchers to match with Medicaid services.

37 Kennedy, J. “Agency Legislative Proposal 2026 Session: DDS Recommendations for Various Revisions to Developmental Services Statutes.” Department of Developmental Services. February 2026. Page 1.



VOICES ON THE GROUND

After reviewing the history and policy structure of the state's supportive housing system, the following section provides a snapshot of the current state of supportive housing in Connecticut. We conducted a series of interviews with expert stakeholders on their perspective of the system's strengths, weaknesses, and policy solutions. Across these rounds of interviews, three core findings emerged:

1. Supportive housing is underprioritized by policymakers
2. The gap between system capacity and resident needs is too great for the system to be effective
3. The supportive housing workforce is under pressure and overlooked

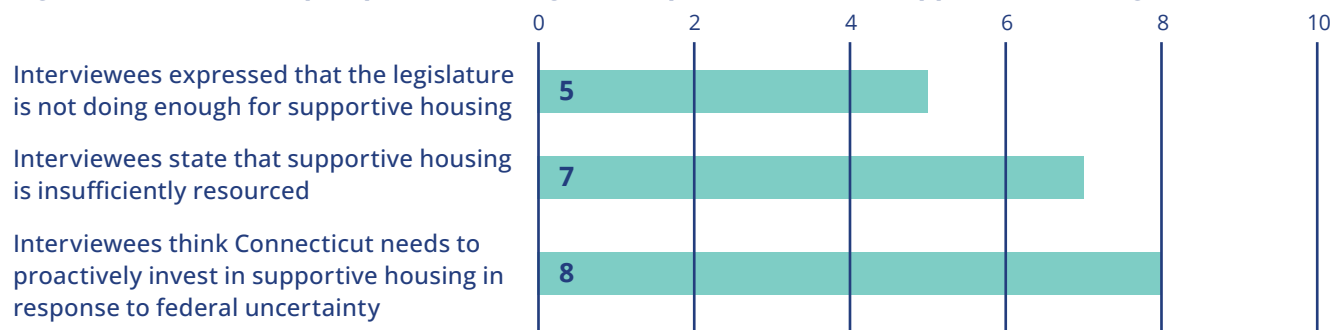
Interviews were conducted from fall 2025 through spring 2026 with ten participants.

Interviewees represented state and municipal agencies (Department of Housing [DOH], Department of Mental Health and Addiction Services [DMHAS], Connecticut Housing Finance Authority [CHFA], and the City of New Haven) as well as advocates and services providers (Mercy Housing, United Way – 211, Corporation for Supportive Housing [CSH], Partnership for Strong Communities [the Partnership]).

While all interviewees agreed on three core challenges of the supportive housing system, different groups emphasized different contributing factors. **State and city agency stakeholders frequently spoke of fiscal constraints and legislative priorities while advocates and providers almost universally highlighted staffing limitations and increasing complexity of resident needs.**

UNDER-PRIORITIZED BY POLICYMAKERS

Figure 8: Stakeholder perspectives on legislative prioritization of supportive housing



Over half of stakeholders described supportive housing as an inconsistent priority in Connecticut's legislative agenda and funding allocations. This degree of reliance on shifting legislative priorities

has left some agencies feeling constrained in their ability to expand services and respond to growing resident needs.



I don't think there is appropriate focus on it. I really think that there could be more done that's not being done... in people's minds it's not a big enough issue, because it doesn't directly affect them. There's a lot more that could be done to help the homeless. Throwing them into a warming center to lay on a 1-inch mat on the floor, how humane is that? How much better is that than being outside?"

– Arlevia T. Samuel, Deputy Administrator of Housing Administration and Development, City of New Haven



Anything that the legislature is not comfortable dealing with immediately, they say 'do a study' even though there's multiple studies...they're presumptive about certain things and not about others."

– Kara A. Capone, CEO, Mercy Housing (a supportive housing provider)

Insufficient Service Funding for Homeless Supportive Housing Units

The types of funding available also impact what types of housing units are built. Staff from CHFA and DOH both explained how developers have recently pivoted away from creating supportive housing for people experiencing homelessness. Half of all interviewees consistently called out a need for more supportive housing units with services that are fully funded.

Participants shared that the federal Low-Income Housing Tax Credit program (LIHTC) is a key funding source for supportive housing development that is not automatically paired with service funding –

a departure from the unified funding model that Connecticut originally championed. LIHTC applicants get to choose which population they would like to work with, which has led in part to developers pivoting away from creating supportive housing units for people experiencing homelessness, who frequently have higher support needs, towards units for adults with disabilities (Department of Developmental Services), because they have established funding for services. This leads to a relative under allotment of supportive housing units for people experiencing homelessness.



Could we get services for the low-income housing tax credit units? I think that has been a continuous struggle for the past 10 years...people are moving away from that [DMHAS] and going toward DDS [Department of Developmental Services] because DDS has support services in place.”

– Supportive housing stakeholder



There was a time when services were readily available, and everybody who was doing supportive housing had no problem because there were resources available to help the people moving in to become successful. **There are no longer those funds,** and people have sort of migrated toward housing developmentally disabled, or other populations that come with services.”

– Supportive housing stakeholder

Federal Uncertainty is Intensifying State-Level Pressure

Most interviewees emphasized concern for supportive housing given the current federal landscape. CHFA noted that “federal funds [are] drying up”, and DOH recognized that Connecticut

is “in a shortfall at the moment with the federal government,” which is hindering voucher access. (See **Recent Federal and State Activity**)



I have a hard time believing that our federal government will support [supportive housing], so we need support at the state level.”

– Staff from the Corporation for Supportive Housing (CSH), a national-level research and advocacy organization



Housing First is under attack by the federal government... they’re trying to blame the system for failures as opposed to the reason why people become homeless...that is something that we need to think about and push back on.”

– Steve DiLella, DOH

Coordination Challenges

One key strength of the supportive housing model – the ability to integrate housing with support across a wide variety of service partners and issue areas – is also a challenge to implement. The Department of Housing has strong inter-agency partnerships for larger programs, but inefficiencies have negative impacts on both the service providers and the tenants themselves.

Inconsistent funding across different providers hinders the effectiveness of the supportive housing infrastructure. Stakeholders noted that projects can get variable amounts of service funding per supportive housing slot, depending on factors such as when the unit came online and the funding source for services. CSH noted that this variability “impacts the quality of services and an agency’s ability to retain and train staff.”

Providing greater coordinating mechanisms across state agencies may help in building a more consistent funding ecosystem.

Currently, there is no single state entity that maintains a comprehensive list of all supportive housing programs and units in the state. Different agencies publish conflicting information on the same programs, and each type of supportive housing has its own waitlist and selection process. **This division is an impediment to clear communication on best practices, outcomes, and needs to both the general public and the policymakers in charge of legislating and funding these programs.** As housing becomes a more acute need, there is a greater need for coordination among the different programs.

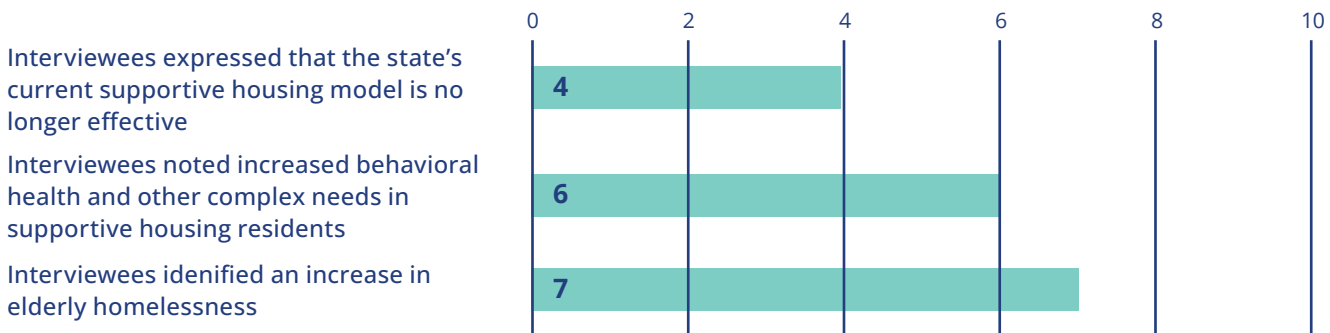


I’ve had a couple of units that it’s taken them 6 months to fill, which enrages me quite honestly, that is hugely problematic. It has to do with the backbone agencies that are coordinating the Coordinated Access Networks (CANs). It has to do with the shelters that are understaffed and can’t do the pre-paperwork process because they don’t have the staff to do it... it has to do with an under-resourced system.”

– Kara A. Capone, Mercy Housing

GAP BETWEEN SYSTEM CAPACITY AND RESIDENT NEEDS

Figure 9: Stakeholder perspectives on system capacity



Providers and advocates highlighted that the combination of insufficient units, limited turnover among existing residents, and existing resident needs evolving over time is creating too many challenges for the state's current supportive housing model to keep up with. Nearly all stakeholders identified a widening gap between the complexity of resident needs and supportive housing's current capacity to meet them.

CSH noted that there are a significant number of people who will be in their unit for the duration of their life due to their own high needs; however, "there are people who need supportive housing that can't move in because there aren't enough vacancies."

Resident Needs are Becoming More Complex

Mercy Housing credited the implementation of Coordinated Access Networks (CAN) with helping prioritize limited supportive housing resources for individuals and families with the greatest needs, while directing people with lower service needs toward other housing interventions. At the same time, this targeting has significantly increased the intensity and complexity of needs among residents served by supportive housing programs.

As one stakeholder explained, this shift "makes the population we are serving much harder than it had been originally." Existing case management models

were largely developed before the CAN, "where you could balance a caseload. Now everybody's high intensity." The Partnership noted that existing caseload expectations (approximately 20 residents) were established before resident needs became more complex, meaning that case managers currently "don't have the capacity to provide the deep interventions that those folks need."

These changing needs also have implications for the availability of housing, particularly for residents using mobile supportive housing vouchers in an already constrained rental market. Stakeholders described instances in which residents experiencing significant unmet behavioral health or substance use needs have caused substantial damage to rental properties. While these situations are not typical, the financial risk associated with significant property damage can discourage some landlords from continuing to participate in supportive housing programs.

One stakeholder suggestion to help preserve landlord participation would be to create a flexible risk-mitigation or landlord assurance fund to reimburse eligible property repair costs associated with supportive housing tenancies. Such a fund should complement, rather than substitute for, investments in appropriately sized caseloads, intensive behavioral health supports, crisis response, and other services necessary to help residents maintain stable housing.



People who are entering our services from homelessness are really much sicker, both physically and psychiatrically."

– Staff from the Department of Mental Health and Addiction Services (DMHAS)

Elderly Homelessness is an Increasing Challenge

Nearly all interviewees made unprompted reference to the growing homelessness crisis among seniors. CHFA staff described the recent spike in elderly homelessness as “fairly new,” stating “it didn’t used to be that way, but the rents have gotten so crazy, and elderly individuals’ income is not keeping up.” The United Way 211 Team similarly noted that they’ve seen “an increase in older adults that are using the housing line, specifically those between 60 and 64.”

This increase in elderly participants overlaps with the intensive case load burdens, where the growing elderly population have evolving health needs while providers lack case management staff with sufficient knowledge in aging. Older folks in supportive housing are medically complex

with multiple issues, such as “physical disability, diabetes, kidney disease, and all sorts of other physical ailments.” (Mercy Housing)

Need for More Vouchers

Alongside higher-need participants, interviewees also identified bottlenecks in the system where the current pipeline doesn’t sufficiently account for step-down services. State and municipal staff both noted that providers could move through waitlists more quickly if there were more general housing vouchers available to transfer individuals out of supportive housing but keep them in subsidized housing. In Connecticut’s tight housing market, with high rents and low vacancies, it is unrealistic to expect supportive housing tenants to transition immediately from full services to market rate housing.



We know that there are people who are stable that no longer need the case management side, but they still get it [supportive housing] because there aren’t RAPs to provide to the new population.”

– Supportive housing stakeholder



We had a moving-on project, but it was very small, and essentially, once people were housed in it, they didn’t really leave. There have been times where we were able to work with DOH for RAP vouchers to do that kind of move, but that hasn’t happened in a while... We do acknowledge that there are a subset of people that really just need a housing subsidy, but right now we don’t have that.”

– Staff from DMHAS

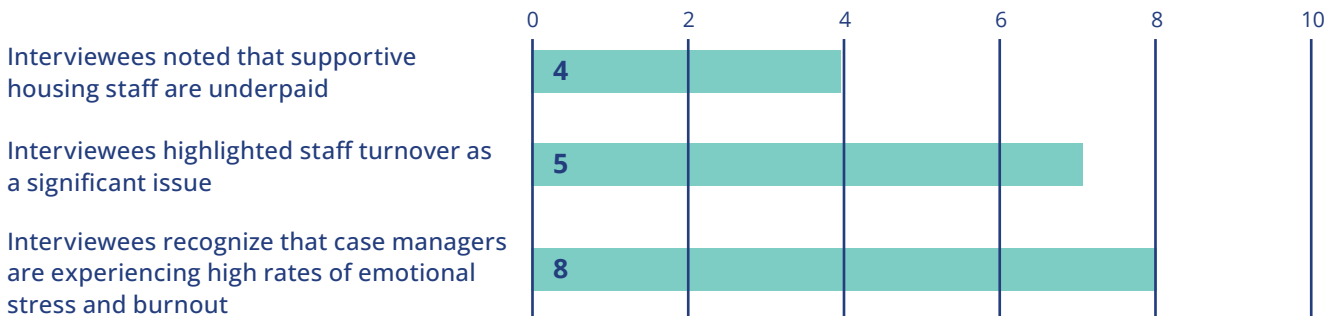


People fall into homelessness for a variety of different reasons. The elderly that are falling into homelessness, do they need supportive housing as much as they need subsidized housing?”

– Supportive housing stakeholder

SUPPORTIVE HOUSING WORKFORCE UNDER PRESSURE

Figure 10. Stakeholder perspectives on supportive housing workforce



The majority of interviewees highlighted case management staff issues related to burnout, retention, and capacity. Exact perspectives varied, but there was broad agreement that the supportive housing workforce is under-resourced in comparison to the demands placed on it. The lack of sufficient funding and increasing resident needs has quickly taken a toll on our supportive housing workforce in a way that further handicaps the system. Case managers and other related staff are experiencing burnout and quitting at an exponential rate, largely due to being chronically underpaid and undertrained.

Case Management is Emotionally Demanding

Case management was described by stakeholders as “an underpaid and underappreciated job” that “may be very satisfying and rewarding sometimes, but

hugely frustrating other times” because “you don’t just get to go and sit behind your desk and have minimal emotional involvement with your work.” (Partnership, CHFA)

Beyond case management, the staff of United Way who run the state’s 211 program shared their perspective on the housing crisis, saying that it’s “different [from other types of calls] because there’s not an immediate place to put people. That can wear on you.” **Underinvestment in the supportive housing system directly impacts support staff burnout because call managers are consistently fielding calls from residents in crisis and are unable to offer them resources or services.** Repeatedly turning away callers who are eligible for supportive housing simply due to a lack of vacancies can be emotionally draining and lead to poor morale.



I think this [housing calls] are the toughest call that we handle, and I say this all the time, **the housing calls are the toughest calls because there is not an immediate solution, shelters are typically full... To a call to us today does not mean that you will be in shelter.**

– Staff from 211 (United Way of Connecticut)



After the pandemic, it’s been very difficult for providers to retain and hire staff. We hear that all the time. I think part of it is people can get jobs, you know, the minimum wage is increased in Connecticut, so people have options to do work that’s less stressful for pretty similar salary.

– Staff from DMHAS

Underinvestment in Case Managers

The most common workforce concern raised by stakeholders, both providers and state agency staffers, was compensation. One of the most troubling findings is that many case managers are struggling in ways similar to the residents they're working with; some are "accessing the same food pantries as their tenants do", while others are "a paycheck away from homelessness themselves." (Partnership, Mercy Housing) This has resulted in high turnover and a decrease in the number of people entering the field all together. Mercy Housing also noted that staff can be sent to "as many recruitment and retention trainings as possible, it's not going to change the payroll issue." Other creative solutions include "not lowering salaries but

working four days a week." (Mercy Housing)

These findings are in alignment with a focus group conducted by the Corporation for Supportive Housing in 2024. During the focus group, tenants and staff from fifteen different private supportive housing providers in Connecticut were asked to share recommendations. The most recurring themes at that time were similar to what our stakeholders revealed— increase training opportunities for staff (identified in 93% of focus groups); additional funding (60%); incentives to reduce turnover (33%); hiring more staff and reducing case loads (33%); and burnout prevention and staff wellbeing activities (33%).



You want to talk about a social justice issue, I hire people who look like and are culturally similar to the people that we serve for a reason. The state is underpaying them. The state is underpaying people of color because of the profession that they're in and the people that they help."

– Kara A. Capone, Mercy Housing

Impact on Residents

Beyond quality of life concerns for supportive housing staff, underinvestment in the supportive housing workforce has negative impacts on the residents as well. The model functions best when support staff are able to provide individualized attention to each tenant, encouraging greater autonomy, independence, and stability for the

individuals and families they work with. These outcomes are much harder to achieve when the support staff are under emotional and financial stress. As one staff member from the Department of Housing shared, "for people in permanent supportive housing... having the high turnover rates with case managers is not helpful."



We've kept the case management, but we've lost the employment specialist, we've lost a housing specialist, we've lost peer support... those are things we can't afford anymore. Our management staff handle a lot more case managers, so it's just a piling on because of a deficit of resources that we used to have and we don't. So when you talk about why it doesn't work as well as it did before, it's because we had different resources to bear, and it was a little bit of a different population."

– Kara A. Capone, Mercy Housing



POLICY CONSIDERATIONS AND CONCLUSION

Based on findings from research and stakeholder interviews, the state of supportive housing in Connecticut requires both increased financial

investment as well as a rework of the existing model to better serve those who need stable housing and services.

RECOMMENDATION 1: REINSTATE A “ONE-STOP-SHOP” APPLICATION PROCESS

Return to a single funding application model, where providers could apply for operating, services, and capital funding at one time. Connecticut previously had this approach to supportive housing development and multiple stakeholders specifically listed this as a key policy priority for improving the existing system.

While informal collaboration between state agencies undoubtedly occurs, requiring upfront collaboration in funding applications between DOH, CHFA, DMHAS, and other services agencies

could help promote the stronger alignment between housing and supportive services that stakeholders are seeking. Unified funding could also increase efficiency, reducing the delay between when a supportive housing unit is constructed and when it is fully staffed to accept new tenants. A unified application process could also be beneficial for reducing administrative burden; not only is it more time-consuming for developers to have to apply for housing and service funds separately, but streamlining could also help improve provider operations.

RECOMMENDATION 2: CREATE A DEDICATED SUPPORTIVE HOUSING COORDINATOR POSITION

Create a dedicated staff position within the Office of Policy and Management, Health and Human Services Policy and Planning Division, to coordinate between agencies, conduct comprehensive data and outcomes tracking, and provide policy recommendations to the Governor and General Assembly. Currently, the supportive housing infrastructure is fractured between roughly a dozen different agencies, and there is not a clear picture of all supportive housing programs and units in the state. Different agencies publish conflicting information on the same programs, and each type of supportive housing has its own

waitlist and selection process.

This decentralization is an impediment to clear communication on best practices, outcomes, and needs for both the general public and the policymakers in charge of legislating and funding these programs. Furthermore, decentralization among multiple agencies is a potential source of decreased legislative prioritization. Best practices – both for tenant support as well as case manager support – could be better replicated and scaled across agencies with a dedicated coordinator position independent of any implementing agency.

RECOMMENDATION 3: EXPAND FUNDING FOR RAP TO PROVIDE STEP-DOWN PATHWAYS

Increase investment in the State Rental Assistance Program (RAP) to expand access to supportive housing and create clearer pathways for residents who no longer need intensive services to transition to affordable rental housing.

Many stakeholders noted that residents may remain in supportive housing longer than necessary because there are too few affordable housing options available in the private market. Additional RAP vouchers could provide housing-only assistance

for residents who are ready to transition, while allowing supportive housing providers to direct limited service funding and available homes to people with greater and unmet needs.

This approach would expand the effective capacity of Connecticut's supportive housing system, improve movement through existing programs, and ensure that residents receive the level of support that best matches their needs.

RECOMMENDATION 4: INCREASE DEDICATED SERVICE FUNDING

Increase dedicated service funding for all supportive housing programs, including those run through the Department of Mental Health and Addiction Services (DMHAS), the Department of Developmental Services (DDS), and programs targeting elderly individuals. Service funding would promote better outcomes for participants by allowing for additional investment in the supportive housing workforce through wages and lowering case load burdens.

One particularly crucial area for investment is specifically funding services to assist people experiencing homelessness, as identified as a high area of need by multiple stakeholders. Providing a dedicated service funding pool to go hand-in-hand with the LIHTC program will incentivize developers to create new supportive housing units, a strategy that proved highly effective during the initial years of supportive housing development in Connecticut.

RECOMMENDATION 5: INVEST IN THE SUPPORTIVE HOUSING WORKFORCE

Invest in the supportive housing workforce by increasing salaries, which a majority of stakeholders identified as a primary constraint on the effectiveness of supportive housing. Currently, case managers and other frontline staff are expected to successfully implement supportive services while being underpaid and overworked. This model

is unsustainable and simultaneously occurs as resident needs are becoming more complex and demanding. Increasing pay is a crucial first step, but the state should also consider ways to support those who are building a career through benefits, training opportunities, longevity incentives, and educational partnerships with local universities.

RECOMMENDATION 6: INCREASE STATE-LEVEL PRIORITIZATION OF SUPPORTIVE HOUSING IN RESPONSE TO FEDERAL UNCERTAINTY

Prioritize supportive housing at the state level in response to federal uncertainty. While the state has historically relied on federal funding streams for successful implementation of supportive housing, nearly all interviewees expressed concerns around current federal uncertainty and the potential for reduced funding. As such, sustained legislative prioritization is both necessary to address the current federal landscape and maintain long-term success.

The state should continue to make supportive housing a priority for the state's Federal Cuts Response Fund. Policymakers can signal their unwavering support for the supportive housing infrastructure by preparing contingency funding and implementation plans to fully sustain the current supportive housing infrastructure and, crucially important, communicating these plans with current providers.

CONCLUSION

Connecticut has long been recognized as a national leader in supportive housing. Conditions have shifted in the past decade and pressures accelerated during the post-pandemic housing affordability crisis. Residents' needs have grown more complex, the supportive housing workforce is under increasing strain, and too many programs are operating within systems that were not designed to meet today's challenges.

The supportive housing model remains effective, but Connecticut must reevaluate how it is funded, coordinated, and implemented. The state already has a strong foundation on which to build. By strengthening that system now, Connecticut can better respond to residents' evolving needs and continue to lead the nation in demonstrating what supportive housing can achieve.



APPENDIX A: SUPPORTIVE HOUSING PROGRAMS USING RAP VOUCHERS

The Department of Housing (DOH) collaborates with several state agencies to provide supportive housing services paired with state-funded rental assistance vouchers. Through these partnerships, agencies are able to offer a range of supportive services to their clients. At the same time, the Department of Housing is responsible for administering rental subsidies to the families it supports. The description and list of these programs is largely taken from the CT Department of Housing's [2025 Annual Report on Rental Assistance Program and Section 8 Housing Choice Voucher Program](#), unless otherwise cited.

Please note that this is not a comprehensive list of supportive housing programs in Connecticut.

Rather, we focus on one specific funding stream (Rental Assistance Vouchers) that is directly controlled by the state legislature. Federal funding, including Section 8 vouchers, HUD-VASH vouchers, and HUD Continuum of Care Rental Assistance subsidies, remains a cornerstone of the state's supportive housing infrastructure that is not covered in depth here. Some state agencies, municipalities, and even private providers also maintain their own supportive housing programs independent of the Department of Housing's rental assistance voucher program, sometimes through the use of philanthropic funding.

DEPARTMENT OF DEVELOPMENTAL DISABILITIES (DDS)

DOH partners with the **Department of Developmental Services (DDS)** to offer supportive housing to individuals with developmental disabilities. Before 2013, DDS offered rental subsidies internally for individuals under their care. Since then, they have begun utilizing RAP as a new resource to administer rental subsidies for these individuals.

Supportive housing sites offer services to help individuals develop and maintain the skills necessary to live independently in their communities. These services include individual home support, healthcare coordination, behavioral management, and other support services. DDS has received a Medicaid waiver that allows it to bill

Medicaid for some services provided to individuals. This partnership also includes collaborations with the Connecticut Housing Finance Authority (CHFA)

to ensure the availability of supportive housing units. See the “[Supportive Housing](#)” landing page on the CT DDS website for more information.

DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

DOH partners with DCF on housing support that targets child welfare-related causes. This collaboration is particularly focused on facilitating family reunification, offering housing assistance and intensive case management to DCF-involved families for whom inadequate housing is a barrier to reunification. The **Family Reunification Program** (FUP) offers housing services that address

substance use and mental health treatment, childcare, and family support and is designed to reduce the number of children in foster care. By addressing the barrier of inadequate housing, FUP helps families stabilize and reconnect with their communities. See the “[Supportive Housing](#)” landing page on the CT DCF website for more information.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)

Supportive housing for individuals and families facing substance use disorders and mental health challenges, particularly those at risk of homelessness, is administered through a partnership between DOH and DMHAS. This extends to people who have cycled in and out of the homelessness system due to their health challenges, and people involved with the criminal justice system. Under DMHAS’ model, housing subsidies (both through RAP and federally funded HUD Continuum of Care Rental Assistance) are provided to ensure recipients have access to affordable housing, and then DMHAS offers clinical care and case management to the recipients.

One key program is the **Permanent Supportive Housing Initiative** (PSHI). This project-based program aims to offer permanent supportive housing to families and individuals coping with mental health and substance use disorders. The program seeks to develop new housing and lease existing units, utilizing RAP and HUD CoC certificates to subsidize the housing. In addition to housing, the program connects participants with employment services, housing-based case management, and other supportive resources.

Another targeted program is the **Department of Mental Health and Addiction Service Rental Assistance Program** (DRAP), which targets formerly incarcerated people who have a mental health diagnosis and are at risk of homelessness on release from prison. DOH provides affordable housing through RAP vouchers, and the DMHAS

forensic unit provides the necessary clinical care and housing-based case management.

The **Enhancing Housing Opportunities Program** enables individuals who have achieved stability to transition to affordable housing with reduced supportive services.

The **Connecticut Collaborative on Re-entry** (CCR) also offers permanent supportive housing to individuals who have cycled in and out of homelessness and the carceral systems. Operating in cities such as New Haven, Bridgeport, Waterbury, Hartford, New London, and Norwich, CCR involves multiple partners, including the Department of Corrections (DOC), the Judicial Branch’s Court Support Services Division (CSSD), the Connecticut Coalition to End Homelessness (CCEH), and CSH, in collaboration with DOH and DMHAS.

Another innovative program is **The Social Innovation Fund** (SIF), which leverages public-private partnerships to develop community-based solutions that deliver measurable outcomes in economic opportunity, healthy futures, and youth development. Its programs focus on vulnerable individuals who frequently cycle through hospitals, emergency rooms, and crisis health centers. One such initiative is the Connecticut Integrated Healthcare and Housing Neighborhoods Project, which provides patient-centered care by integrating housing, care management, and healthcare services. RAP supports housing for these individuals in the Bridgeport, New Haven, Hartford, and New

London metro areas, helping to improve individual health outcomes while reducing public costs. Services are funded by DMHAS.

The **Connecticut Housing Engagement and Support Services Initiative** (CHESS) was previously managed under the Department of Social Services and provided supportive housing services under Medicaid. As of August 15, 2026, the Medicaid waiver program was sunset and program participants

will receive supportive housing services under the DMHAS PSH program. This program provides housing and supportive services for state residents struggling with homelessness and chronic health challenges. The program aims to address the health and healthcare-related difficulties associated with homelessness. See the "[CHESS Initiative](#)" landing page on the CT DSS website for more information.

DEPARTMENT OF SOCIAL SERVICES (DSS)

In its collaboration with the DOH, DSS provides supportive housing aimed at the elderly and other individuals who face health challenges or health needs, while also addressing the challenges of maintaining housing stability.

One of the programs in this partnership is the **Money Follows the Person** (MFP) pilot program,

administered by DSS and funded through a federal grant. It aims to provide resources that enable people in long-term care to live independently within the community. The program is designed to maximize freedom of choice while reducing reliance on institutional care. See the "[MFP Fact Sheet](#)" from the CT Commission on Aging for more information.

DEPARTMENT OF HOUSING (DOH)

The Department of Housing, while largely partnering with other agencies to provide supportive services, does manage a small number of its own supportive housing units. The **RAP Veteran's Affairs Supportive Housing** (VASH) program, introduced in 2014 by the Malloy administration, aimed to end veteran homelessness.

It pairs rental assistance with case management services for veterans who are not eligible for VA healthcare and have high case management needs. See the "[Residential Programs](#)" landing page on the CT DVA website for more information. The Department of Housing also oversees the **Family Homeless Shelter Units**.

OFFICE OF EARLY CHILDHOOD (OEC)

The Department of Housing used its Rental Assistance Program to pilot **HeadStart on Housing**, a program that pairs housing support with childcare support and case management. Families with young children who receive childcare subsidies through the federal HeadStart program are paired with DOH vouchers to subsidize housing costs. Childcare and housing are the two highest costs facing low- and

middle-income Connecticut households³⁸, leading to a natural partnership between the HeadStart and RAP programs. DOH's piloted this program in 2022 using RAP vouchers, and it is now part of the state's Administrative Plan for the state's HUD Section 8 vouchers. See the "[Head Start on Housing](#)" website from the CT OEC and CT DOH for more information.

38 "The State of Alice in Connecticut: 2026 Update on Financial Hardship." *Connecticut United Ways*. June 2026. Page 4.



APPENDIX B. KEY TERMS AND ACRONYMS

CAN	Coordinated Access Network. A standardized method implemented in Connecticut as a single entry point for accessing housing/homeless services.
CCEH	Connecticut Coalition to End Homelessness. A statewide coalition dedicated to preventing and ending homelessness.
CDBG	Community Development Block Grant. A flexible federal program that provides annual funding to states and local governments for affordable housing and infrastructure development for low- and moderate-income individuals.
CHFA	Connecticut Housing Finance Authority
CoC	Continuum of Care. A regional planning body designated by HUD to coordinate housing and services funding for people experiencing homelessness. Connecticut has two: the Balance of State CoC and the Opening Doors Fairfield County CoC.

CSH	<u>Corporation for Supportive Housing</u> . A national nonprofit advancing supportive housing through training, education, lending, and public policy advocacy.
DCF	Connecticut Department of Children and Families
DDS	Connecticut Department of Developmental Services
DECD	Connecticut Department of Economic and Community Development
DMHAS	Connecticut Department of Mental Health and Addiction Services
DOC	Connecticut Department of Correction
DOH	Connecticut Department of Housing
DSS	Connecticut Department of Social Services
DVA	Connecticut Veterans Affairs
HUD	U.S. Department of Housing and Urban Development. The federal agency that administers national housing programs and sets standards for affordability, income limits, and fair housing.
LIHTC	Low Income Housing Tax Credit. A federal program that incentivizes private investment in the construction and preservation of affordable rental homes.
OEC	Connecticut Office of Early Childhood
OPM	Connecticut Office of Policy and Management
SDE	Connecticut State Department of Education
RAP	Rental Assistance Program. A Connecticut state-funded rental assistance program that provides project-based and tenant-based vouchers to low-income households.
TANF	Temporary Assistance for Needy Families. A flexible federal welfare program that provides cash assistance, childcare, job training, and other anti-poverty programs for low-income families.

HOMES THAT HEAL

THE STATE OF SUPPORTIVE HOUSING IN CONNECTICUT

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