

**Homelessness in CT: Who are the homeless and how can we help?**

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### Learning Objectives

- Participants will become familiar with the homeless population and understand specific needs of homeless individuals
- Participants will become familiar with the Housing First model of care
- Participants will learn about mental illness/stigma and the overlap of risk factors for those at risk for suicide and homelessness
- Participant will learn about Veteran specific and community resources to assist homeless individuals

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### Point In Time Count

Multi-Year Point-in-Time Count Data for CT

Use the Region and Population Type Filters to view data specific to your CoC or Sub-CoC. Please note that the "Total Sheltered" population type is the sum of Emergency Shelter, Safe Haven and Transitional Housing and "Total Homeless" is the sum of Emergency Shelter, Transitional Housing, Safe Haven and Unsheltered homeless. Clicking individual data points will not filter this dashboard. The Region filter will control all of the data, the Population Type filter will control all of the specific breakdowns by population type.

Total Sheltered	Total Unsheltered	Total Homeless
2,165	429	2,594

**Sheltered Total Breakdown**

Emergency Shelter	1,845
Safe Haven (SH)	9
Sheltered	2,165
Transitional Housing	311

**Trend over Time: Total Homeless**

Year	Total Homeless
2016	3,902
2017	3,387
2018	3,383
2019	3,033
2020	2,304
2021	2,594

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## Homelessness in Connecticut 2022

THE PROBLEM | THE PROGRESS | THE RESOURCES | THE SOLUTION

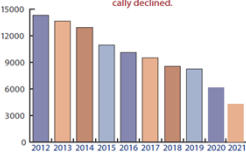


PARTNERSHIP FOR STRONG COMMUNITIES  
Page 1 | January 2022

Connecticut is a national leader in the effort to make homelessness rare, brief, and one-time. Throughout the pandemic, Connecticut's housing and homelessness service system accelerated its work to prevent individuals and families from experiencing homelessness. Housing and service providers have rapidly connected people experiencing homelessness to permanent housing and provided necessary services to support their long-term housing stability.

We know that homelessness is solvable. We can continue to build on our success in preventing and ending homelessness through leadership and coordination across federal, state, and local levels and making sustained investments in what works.

Since 2012, the number of people using Connecticut's shelter system has dramatically declined.



Year	Number of people using shelter
2012	13,500
2013	12,500
2014	11,500
2015	10,500
2016	9,500
2017	8,500
2018	7,500
2019	6,500
2020	5,500
2021	4,500

**Who experiences homelessness in Connecticut?**


**5,249**

Individuals used CT's shelter system last year

**451** children under the age of 5 were served in emergency shelter.  
**44%** were children of color.


**Over 7,800**

estimated # of youth under 25 experiencing homelessness



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### How would you describe someone who is homeless?

- What do they look like?
- Where do they sleep?
- What are their presenting issues?
- Why are they homeless?



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Living on the out-skirts of society





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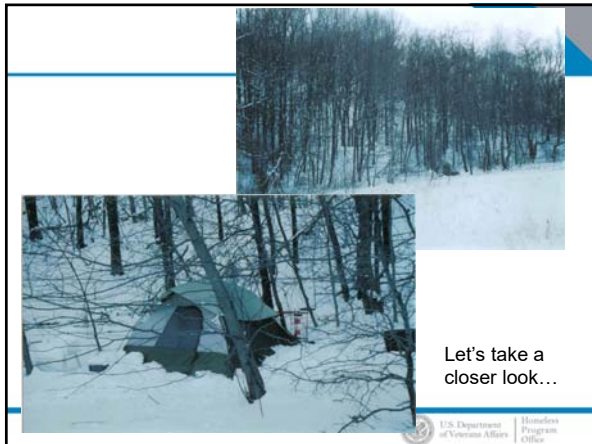
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### What is Mental Illness?

- ❖ Mental illness, like physical illnesses, is on a continuum of severity ranging from mild to moderate to severe.
- ❖ More than 60 million Americans have a mental illness in any given year.
- ❖ Mental illness affects one in four adults and one in five children.
- ❖ Very few people, how ever actually seek treatment for mental illness.
- ❖ The *stigma* associated with mental illness is still the biggest barrier that prevents people from getting treatment or retaining their treatment.

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### What is Stigma?

- a strong lack of respect for a person or a group of people or a bad opinion of them because they have done something society does not approve of
- a mark of shame or discredit
- a mark of disgrace or dishonor

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• Mental health problems may be related to excessive stress due to a particular situation or series of events.

• Mental illnesses may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these.

With proper care and treatment many individuals learn to cope or recover from a mental illness or an emotional disorder.



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### Risk Factors for Suicide & Homelessness

*Historically, risk factors for suicide and homelessness have been conceptualized separately but there is overlap*

- Low socioeconomic status
- Mental illness
- Substance use disorders
- Low social support
- Financial distress
- Chronic medical conditions
- Presence of comorbidity

• Childhood homelessness, homelessness > 6 months, and SUD in older adults are associated with greater rates of suicidality (Prigerson, Desai, Mares & Rosenheck, 2003)



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### The Bidirectional Relationship

**Mental illness, suicidal ideation/behaviors** ↔ **Housing instability**

(Tsai, J & Cao, X, 2019)



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### Homelessness and Suicide

- Homelessness is an independent risk factor for death by suicide
- Lifetime rates of attempted suicide are 5.3 times as much among individuals who had been homeless than individuals with no history of being homeless
  - even stronger in Veteran population- 8.8
- 2002 Study of homeless adults in Metro Toronto yielded high prevalence of SI and attempts, as well as comorbid mental health disorders (Eynan et.al 2002).
- Increased suicide risk for longer episodes of homelessness (Eynan et. al,2002).
- Consideration of special populations: women, LGBTQ homeless youth



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### Homeless Veterans and Suicide

- The suicide rate is 81 per 100,000 among homeless Veterans but 35.8 suicides per 100,000 among Veterans without a recent history of homelessness.
- Homeless Veterans use ED services at 4X rate of domiciled Veterans
- Veterans with homelessness history attempt suicide at rate >5 times higher compared with Veterans without a history of homelessness
- 21 Veterans currently on High Risk for Suicide Flag (111 total) are actively engaged with homeless programs
- Co-occurrence of severe SUD and SMI among the homeless population necessarily means that HCHV is serving some of the highest risk and hardest to engage Veterans



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### What is our role?

- Get to know your clients, understand them and accept who they are and learn about who they aspire to be
- Address the unique needs of individuals, consistent with their values, hopes and aspirations
- Convey hope and respect, and believe that all individuals have the capacity for learning and growth
- Break down the stereotypes, Educate others on what you know and believe. Share your success stories with others!
- Strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.
- Seek out landlords, employers, providers, etc. that look beyond the stigma and build off their compassion.



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### What is Housing First?

- Recovery Oriented Approach for Individuals Experiencing Homelessness
- Harm Reduction Approach
- Team Based Approach
- First popularized by Sam Tsemberis, PhD and Pathways to Housing in NYC in 1990s
- "Housing is not contingent upon readiness, or on 'compliance' (for instance, sobriety). Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery."


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### Core Principles of Housing First

- Immediate access to housing
- Client Choice
  - Housing location/type
  - Supports
  - Voluntary Involvement
- Recovery Oriented
  - Focus on well-being to include: recreation, employment, education, addiction/mental health treatment, socialization, wellness etc.
- Individualized
- Community integration
- **HOUSING IS NOT CONTINGENT ON TREATMENT COMPLIANCE**


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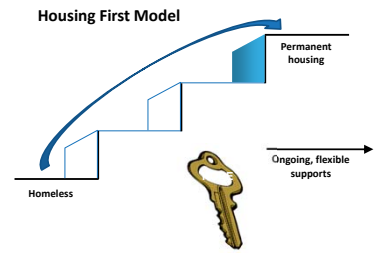
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### Housing First Model



The diagram illustrates the Housing First Model as a staircase. It starts at the bottom with the word "Homeless". As the staircase ascends, it leads to a platform labeled "Permanent housing". A key icon is positioned next to the staircase, and an arrow points to the right with the text "Ongoing, flexible supports".


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### Why Housing First?

- It ends homelessness.
- Housing First eliminates the need for costly shelter care and transitional and short-term treatment services aimed at preparing veterans to be "housing ready or housing worthy."
- Studies demonstrate that Housing First reduces ER visits, unscheduled mental health and medical hospitalization.
- Decreases the frequency and duration of homelessness.


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### Key Research Support

- High housing retention rates (Mares & Rosenheck, 2011)
- Fewer hospitalizations (Sadowski et al., 2009)
- Higher perceived choice in services (Greenwood et al., 2005; Tsemberis, Gulcur, & Nakae, 2004)
- Reduced substance use and abuse (Padgett et al., 2011)
- Reduced involvement in criminal activity (DeSilva, Manworren, & Targonski, 2011)


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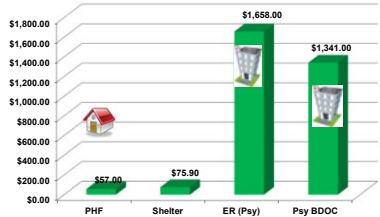
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### Average Cost/Day Comparison



Category	Average Cost/Day
PHF	\$57.00
Shelter	\$75.90
ER (Psy)	\$1,658.00
Pay BDOC	\$1,341.00

Source: Average cost figures for ER (Psy) and Pay BDOC are from Philadelphia VAMC's DSS FY 2011.


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Housing First: Veteran Centered Care

[https://www.youtube.com/watch?v=BGNE7m\\_BFvE](https://www.youtube.com/watch?v=BGNE7m_BFvE)

*Meet them where they are  
but do not leave them  
where they're at.*



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VA Connecticut Homeless Programs

**Full range of services throughout  
VA CT Healthcare System**

- Healthcare for Homeless Veterans: outreach and engagement
- Grant & Per Diem Program (GPD)
- HUD VASH Supportive Housing
- Permanent Supportive Housing
- Homeless Primary Care Team (HPACT)
- Critical Time Intervention (CTI)
- Veteran Justice Outreach program (VJO)
- Community Resource and Referral Center (CRRC)



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VA Connecticut Homeless Services

- Healthcare for Homeless Veterans Outreach
  - Daily Walk in Clinics at Newington and ECCC
  - Outreach Staff can meet Veteran anywhere in the state
  - Collaborate with shelters, soup kitchens, community providers to engage homeless Veterans
  - Respond to National Homeless Call Center Referrals
- Grant and Per Diem Program
  - 170 beds statewide to assist Veterans towards permanent housing
  - Partnership with community agencies to provide case management support
  - CARES Act Funding
  - Includes Veterans who may be ineligible for VA Healthcare



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### VA Connecticut Homeless Services

- HUD VASH – VA Supportive Housing
  - Pairs a HUD Voucher with VA Case Management services to assist Veteran in obtaining and maintaining stable housing
  - Over 1000 vouchers in Connecticut
  - Housing First model of care
- Permanent Supportive Housing Social Worker
  - Social Worker to provide additional support to Veterans in community permanent supportive housing to connect with VA services and assist in maintaining stable housing
- HPACT: Homeless Primary Care Team
  - Provides medical care to homeless Veterans




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### National Call Center for Homeless Veterans

- A national Hotline for Homeless Veterans with 24/7 access to an operator 1-877-424-3838
- Referrals the next business day to the VA CT Homeless Team
- Our team receives, on average, 35 calls a month


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### Veteran Justice Outreach (VJO)

- Outreach in the CT Courthouses to Veterans facing legal charges
- Eligible Veterans referred to the VA for treatment and support services
- In-reach to the correction system where more than 520 Veterans are incarcerated...often in collaboration with the Vet Centers
- Three VJO Licensed Clinical Social Workers
- One Re-entry Specialist
- One Peer Support Specialist


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### Community Resource & Referral Center (CRRC)

- Homeless programs & community resources collocated: Better (and increased) access to care
  - CT Food Bank (average 52 Vets /month)
  - Connecticut Veterans Legal Center
  - Supportive Services for Veteran Families SOARS Specialist
  - Veterans Benefits Administration Social Security
  - State Veterans Service Officer Soldiers, Sailors & Marines
  - Department of Social Services 211/Coordinated Access Network
  - West Haven Housing Authority Community Action Agency
- Open clinics & expanded hours: increased access to care
- Outreach and in-reach to community providers
- Average 80 Veteran visits/month during open access clinic hours
  - Veterans also seen outside of clinic hours as needed
- Mental Health Screenings with Psychiatry Residents

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### Support Services for Veteran Families (SSVF)

- A program for Veterans who are Homeless or at risk of homelessness.
- \$4.0 million of SSVF funding directed to four (4) non-profits who cover entire state.
- Provide case management and financial support for Veterans who need housing assistance.
- Prevention as well as rapid rehousing with anything from back rents, utilities, deposits, etc.
- CARES Act



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### Community Based Solutions

- Partnership with Connecticut Veterans Legal Center (CVLC)
- Partnerships between VA and homeless service providers
- Partnering with affordable and supportive housing developer
- Engaging local service providers to support housing in the community

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### Coordinated Access In Connecticut

- Providers of service to people experiencing homelessness are coordinating their efforts to end homelessness in communities across Connecticut by developing Coordinated Access Networks (CANs).
- Through these CANs, service providers work together to streamline and standardize the process for individuals and families to access assistance. Coordinated Access is required by the Federal HEARTH Act, which governs most of the federal funding communities receive to address homelessness, and supported by the State of Connecticut Department of Housing.
- The primary goal is to help communities focus on rapidly ending each person's homelessness by connecting them with appropriate housing and resources as quickly as possible.

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### What is Coordinated Access?

- A standardized, assessment and referral process to access community resources within a geographic region for people experiencing a housing crisis or homelessness.
- Individuals and Families call 2-1-1 from anywhere in the state to start the process.
- 2-1-1 refers anyone experiencing a housing crisis to the CAN in the caller's community. The CAN accesses available resources to address the client's needs.

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### Why Implement Coordinated Access?

- Create a streamlined way for people in need to access assistance.
- Improve collaboration, communication, efficiency, and transparency between service providers.
- Improve service to consumers through a client-focused, coordinated system. Characteristics of Coordinated Access
- Accessible: easy to use and well-publicized to the homeless individuals and families who need it.
- Standardized: same process to access resources across communities, one shared assessment process across communities to understand client need and eligibility.
- Accountable: communities develop shared oversight mechanisms including policies, monitoring and improvement processes.

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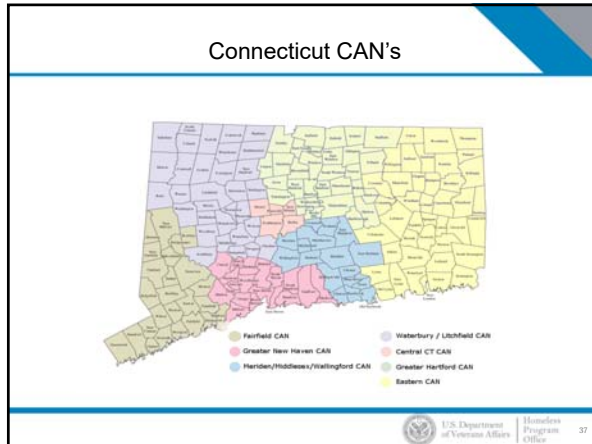
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### Combating Veteran Homelessness

- **Make the Call:** Dial 877-4AID-VET (877-424-3838) to access VA's 24/7 services for Veterans who are homeless or at risk for homelessness.
- **Chat Online:** Confidential, 24/7 online support is available to homeless Veterans and their family members and friends at [www.va.gov/homeless](http://www.va.gov/homeless).
- **VA Medical Center Locator:** Veterans who are homeless or at risk for homelessness can call or visit their local VA medical center to consult with a Homeless Coordinator. Use the VA locator tool at [www.va.gov/directory](http://www.va.gov/directory) to find your nearest VAMC. **877-4AID-VET (877-424-3838)**

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# Questions?

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