

# Addressing Housing Instability

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# Contributing Factors of Homelessness

- \* Lack of Affordable Housing, including deeply affordable
- \* Lack of Prevention Supports
- \* Limited social supports
- \* Prolonged institutional stays (hospital, incarceration, residential treatment – more than 90 days)
- \* Limited Income
- \* Substance Use and Mental Health Conditions

# Opioid Use in Unhoused Communities: Contributing Factors

- \* Residing in unsheltered or unsafe environments:
  - \* increases access to opioids and other substances
  - \* exposes one to drug use
  - \* Increases the risk of return to use
  - \* increases the risk of overdose and overdose death
- \* Opioids and other drugs are used to:
  - \* Cope with trauma, stress, and uncertainty of homelessness
  - \* Self-medicate mental health and physical health conditions exacerbated by housing instability

# Addressing social determinants and structural needs of at-risk populations

- \* Research has shown that having stable housing significantly improves recovery outcomes for individuals with opioid use disorder.
- \* Program models that integrate supportive housing are more effective in reducing opioid use because the model allows individuals to access housing without first requiring sobriety, thus providing immediate stability and support to initiate recovery.

# Data

BIPOC Households are disproportionately impacted by homelessness

Black/African American Households are the most disproportionately impacted demographic group:

- \* 11% of CT population
- \* 33% of HMIS enrollments

Up to 40% of homeless youth identify as LGBTQIA+, while 10% of the general youth population identify as LGBTQIA+.

HMIS – Homeless Management Information System

# DMHAS Homeless Services

- \* DMHAS provides funding for outreach to persons experiencing unsheltered homelessness
- \* Outreach occurs in cities and towns throughout CT to engage persons in encampments, abandoned buildings and/or other places not meant for human habitation
- \* Goals: Temporary shelter, permanent housing and engagement in mainstream services

# DMHAS Homeless Services (continued)

- \* DMHAS has adapted and implemented new Outreach Standards statewide – includes all Federal and State funded outreach programs
- \* DMHAS holds quarterly meetings with all programs to discuss best practices, agency updates and to provide technical assistance.
- \* Area providers collaborate to develop community-wide outreach plans, including outreach schedules and community involvement

# Services for People Experiencing Homelessness

- \* DMHAS funds Street Outreach, Permanent Supportive Housing Case Management, HUD funded Rental Assistance, Homeless to Housing (services follow the person)
- \* Department of Housing funds shelters, 211 call center, Hubs and cold weather warming centers and emergency placements
- \* Many people calling 211 or accessing Hubs are not “literally homeless” but staying temporarily with friends/family, awaiting treatment beds, but still need permanent housing



# Connecticut's Point In Time Count of People Experiencing Homelessness

- \* There were 3,410 people experiencing literal homelessness on the night of the count this January.
- \* That is a 13% increase from the prior year count of 3,015 people.
- \* This includes families with children and individuals both sheltered and unsheltered (e.g. places not meant for human habitation).
- \* For more info, see [PIT-2024-Nutmeg-Final-Report\\_2024.07.30.pdf \(ctbos.org\)](#)

# DMHAS Housing Programs

- \* DMHAS receives rental assistance and service funding from federal Department of Housing and Urban Development (HUD) for persons experiencing homelessness and have a behavioral health disorder (approximately 2300 heads of household annually)
- \* DMHAS collaborates with CT Department of Housing (DOH) for supportive housing for persons experiencing homelessness and have a behavioral health disorder (approximately 2000 heads of household annually)

# Housing First Principles

- \* Evidence-based model that doesn't place any conditions/requirements on an individual or family to access housing
- \* Participation in services is not mandated to remain in the housing program
- \* Case Managers provide pre-tenancy and tenancy sustaining skill building interventions
- \* To remain housed a person must follow lease requirements

# Housing as Healthcare

- \* People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population
- \* Simply being without a home is a dangerous health condition
- \* While health care providers do all they can to mitigate the effects of the streets, no amount of health care can substitute for stable housing

\* National Health Care for the Homeless Council

# Housing Supports

- \* Persons experiencing homelessness may not easily trust others, particularly if they have had troublesome or traumatic experiences with mainstream systems
- \* Case management staff work on engaging persons prior to housing to develop a meaningful and lasting relationship
- \* Experiencing homelessness impacts a persons' vulnerability to illness, trauma, and violence so CM's provide ongoing, respectful engagement practices

# Housing Supports

- \* Evidence-based model of offering persons affordable housing along with wrap around services to decrease the time a person experiences homelessness
- \* Services are not mandated, case managers use various engagement strategies to offer participants, who are experiencing homelessness and are diagnosed with a mental health and/or substance use disorder, services they may need or want
- \* Services include:
  - \* assistance with securing permanent housing,
  - \* tenancy skills
  - \* tenants' rights and responsibilities
  - \* money management and household budgeting.
  - \* referrals to clinical, medical, social, educational, rehabilitative, employment and other needed/requested services

# References & Source Material

- \* “Fact Sheet: Housing First.” [Housing First - National Alliance to End Homelessness](#)
- \* [What Housing First Really Means - National Alliance to End Homelessness](#)
- \* [Organizational Change: Adopting a Housing First Approach - National Alliance to End Homelessness](#)
- \* [National Health Care for the Homeless Council](#)

# Contract Information

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