Homelessness in Connecticut

THE PROBLEM, CAUSES & RESOURCES

What is Homelessness?

Commonly, people are considered to be experiencing homelessness if they stay in a shelter, live in transitional housing, or sleep in a place not meant for human habitation, such as a car or outdoors. Sometimes people are considered to be experiencing homelessness if they are living in a motel or are doubled up with family or friends because they do not have anywhere else to stay.

Three Categories of Homelessness:

- **Chronic**: Homeless for longer than a year, often "long-term unemployed", often suffering from disabilities, mental illness, and/or substance abuse problems.
- **Transitional**: Affects a person that is going through a major life change or catastrophic event such as job loss, sickness, divorce, or natural disaster.
- **Episodic**: A person that experiences three episodes of homelessness within a given year; often younger people that are fighting health issues or addiction.
- **Hidden Homelessness:** Individuals or families that are couch-surfing without immediate prospects for permanent housing. They will often rely on relatives or friends for a place to live.

Homeless in Connecticut

2,930
individuals used CT's shelter system in 2022

451
children under the age of 5 were served in emergency shelters in 2022

13% percent increase
in CT's homeless population between 2021-2022

Racial Disparities, Homelessness, and COVID-19

In Connecticut, African Americans make up 38% of the homeless population but only 10% of the overall population. Hispanics make up 27% of homeless population and only 14% of the overall population. Both groups have a higher incidence of COVID-19 cases and fatalities when compared to the general population. Housing instability puts these groups at risk for COVID-19 further deepening the existing racial disparities within public health.

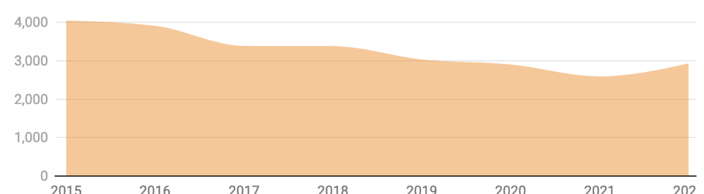
Homeless Population Increases in 2022

Homelessness in Connecticut increased in 2022 for the first time in nearly a decade, according to an annual count of the unhoused population.

The number rose by about 13% — from 2,594 to 2,930, likely a result of economic fallout from the pandemic, inflation and a lack of affordable housing.

CT's total unhoused population rises in 2022

Connecticut's total unhoused population had dropped for years before increasing in the most recent count. Hover over the chart to see details.



The count's methodology changed in 2021 because of the pandemic.

Chart: Ginny Monk / CT Mirror • Source: Point-in-time count • Get the data • Created with Datawrapper

Factors Contributing to Homelessness

Addiction: According to SAMHSA, 38% of homeless people abused alcohol and 26% abused other drugs.

Mental Illness: Approximately 20-25% of single adult people experiencing homelessness suffer from some form of severe and persistent mental illness.

Disabilities: About 40% of homeless individuals have a disability making it difficult to work. Those receiving SSI often struggle to maintain stable housing.

Job loss or unemployment: When a member of a low-income household loses a job they may not having savings and are at risk of eviction if they cannot pay rent.

Lack of affordable housing: The lack of affordable housing has led to high rent burdens (rents which absorb a high proportion of income).

Inadequate Public Assistance: Current TANF benefits and food stamps combined are below the poverty level in every state.

Domestic Violence: Women who live in poverty are often forced to choose between abusive relationships and homelessness.

Low Wages: Declining wages have put housing out of reach for many workers; in every state, more than the minimum wage is required for affordable housing.

Disasters: Fires, tornado, floods or hurricanes render homes inhabitable and can lead to homelessness.

Poverty: An illness, an accident, or a lost paycheck place households in poverty at-risk of eviction and homelessness.

Tragedy and Grief: Unexpected illness, trauma, crisis or loss can make it difficult to function and can start a spiral leading to homelessness.

"Connecticut's emergency shelters are full beyond capacity, and yet many people experiencing homelessness must live on the streets or in places not fit for habitation."

CT Coalition to End Homelessness

Accessing a Shelter

In order to access emergency shelters, households in need and/or their advocates/service providers must call 2-1-1 (1.800.203.1234 for SafeLink users) to enter the **Coordinated Access Network** (CAN) service system. Callers should select 3 then 1 to be connected to a housing specialist.

1. 2-1-1 will briefly interview the household and seek to refer them to existing prevention or diversion programs (i.e. utility assistance, security deposit assistance, domestic violence programs, etc.)
2. If diversion and referrals are not possible, and the household is experiencing homelessness or is at imminent risk of homelessness (on the streets or in a shelter), 2-1-1 will schedule a CAN Assessment appointment with one of the CAN providers, this appointment is typically the same day, or the next day.
3. The CAN assessment will provide more robust diversion assessment and will explore any safe options to avoid entering an emergency shelter. If shelter is deemed necessary the household will then be added to our regional shelter priority list.

45,548
calls to 2-1-1 for housing assistance were made through Connecticut's CAN system last year

www.ctcandata.org
provides data about homelessness in CT and supportive programming

Addiction in Connecticut

THE PROBLEM, CAUSES & RESOURCES

What is Addiction?

Addiction is defined as a chronic disorder characterized by compulsive drug use or behavior, despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped taking drugs.

Types of Addiction

Substance		Behavioral	
Alcohol	Sedatives	Gambling	Internet
Cannabis	Stimulants	Sex	Gaming
Hallucinogens	Tobacco	Overeating	Television
Inhalants		Pornography	Risk-taking
Opioids		Shopping	

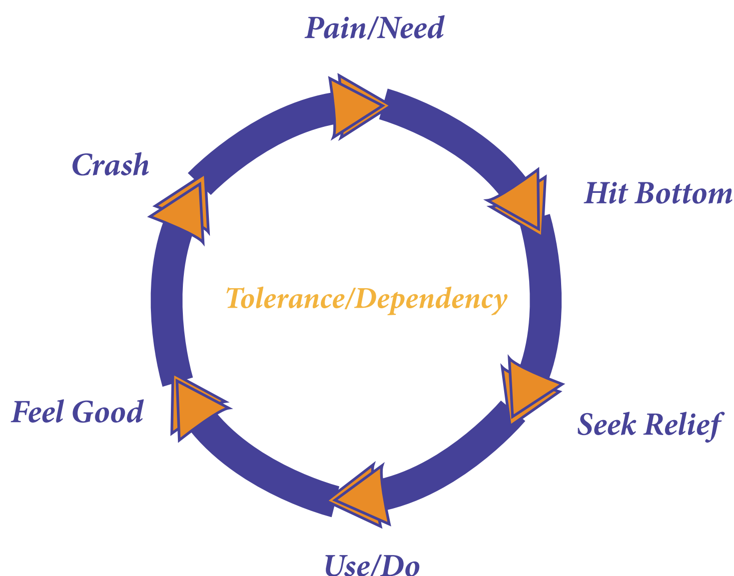
Addiction in Connecticut

1524
overdose deaths in CT in 2021

93%
of overdose deaths were causes by opioids

327% percent increase
in annual overdose deaths from 2012 to 2021

Addiction Cycle



In many cases, the cycle works like this:

1. A person has an unmet need in their life or a significant source of pain or distress that is physical, emotional, relational or spiritual.
2. The person becomes preoccupied or fantasizes about behaviors (i.e. substance use, pornography, food) that they believe will ease the pain or tension.
3. The pain, distress or need becomes overwhelming.
4. The person begins using drugs or engaging in unhealthy behavior to ease their pain and distress.
5. Initially the person feels good and experiences relief.
6. Unfortunately, the relief is short-lived and the pain, distress or need returns. Additionally, the person may feel shame, guilt and other negative emotions as a result of their choices. Sometimes, the pain they feel is even greater and they find themselves once again looking for relief.

Substance Abuse Disorder: DSM-5TR

The diagnosis of a substance use disorder is based on the number of symptoms. A minimum of 2-3 symptoms is required for a mild substance use disorder diagnosis, 4-5 for moderate and 6 or more for severe (American Psychological Association, 2013).

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

People seeking treatment for PTSD are 14 times more likely to also be diagnosed with a substance abuse

Types of Addiction Treatment

- ***Detoxification:*** The first step in becoming substance-free is abstaining from alcohol or drugs until the bloodstream is free of toxins. Detox programs can prevent unpleasant or fatal consequences resulting from sudden cessation of use and can aid the person in abstaining from substances.
- ***Residential:*** Residential programs provide 24-hour care in a setting where the focus is helping the person achieve and maintain recovery from addiction. These programs offer various types of support, including individual and family counseling, case management, life skills classes and clinical groups.
- ***Partial hospitalization and day treatment programs:*** People in a PHP receive comprehensive treatment services and medical monitoring during the day, but they don't stay overnight at the facility. These programs offer many of the same services as residential rehab programs.
- ***Outpatient counseling and medication management:*** Sessions with professional counselors or psychiatrist occur at an outpatient facility. The frequency of sessions is determined based on need, usually not more than weekly.
- *Peer Support Groups:* There are a variety of groups that support individuals and their families in recovery. These include: Alcoholics Anonymous (www.aa.org), Narcotics Anonymous (www.na.org), and Celebrate Recovery (www.celebraterecovery.com).

Connecticut Resources

DMHAS has established a **24/7 Access Line** to facilitate access to substance abuse treatment. Individuals from anywhere in Connecticut may call to help with linkage to residential detox (1.800.563.4086).

The **Behavioral Health Recovery Program (BHRP)** provides Husky D recipients with clinical and basic recovery supports as well as community-based intensive case management services (800-658-4472).

Serious Mental Illness in Connecticut

THE PROBLEM, CAUSES & RESOURCES

What is Serious Mental Illness (SMI)?

SMI as **a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.** It is not a mental health diagnosis; rather it is a term that describes various mental health conditions that significantly impair functioning.

Examples of Serious Mental Illness

- **Schizophrenia**: Schizophrenia causes people to interpret reality abnormally. It may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior.
- **Severe Bipolar Disorder:** Bipolar disorder, formerly called manic depression, causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression).
- **Severe Major Depression:** Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest.

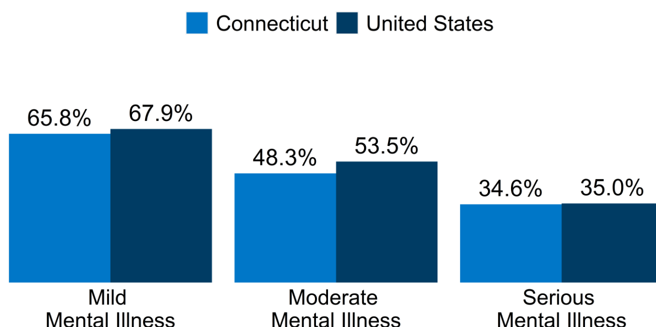
Serious Mental Illness in Connecticut

121,000
people in CT with SMI

50%
of people in CT with mental illness did not receive treatment, 1/3 sited cost as the reason

25%
of people with SMI are arrested at some point in their lifetime.

Adults with Mental Illness in Past Year Who Did Not Receive Mental Health Treatment, 2018-2019



NOTE: In this state, there are no statistically significant differences from the U.S.
Data represents adults ages 18+.
SOURCE: KFF analysis of SAMHSA's restricted online data analysis system, National Survey on Drug Use and Health 2018-2019.

What Causes SMI?

- **Genetics**: SMI can run in families and certain genes may increase a person's chances of developing SMI.
- **Environment**: Aspects of a person's environment such as poverty, stressful or dangerous surroundings, trauma, and exposure to viruses or nutritional problems before birth may play a role in the development of SMI.
- **Brain structure and function:** People with SMI may be more likely to have differences in the size of certain brain areas and in connections between brain areas.

1 in 20 adults experiences SMI each year.

Serious Issues Connected to SMI

Suicide

The rate of death by suicide for people with mood disorders, such as depression or bipolar disorder is estimated to be 25 times higher than the general population. Among adults diagnosed with schizophrenia, 1 in 20 dies by suicide, a rate that is 20 times higher than the general population.

On average, one person died by suicide every 21 hours in CT in 2020.

Violence

Most individuals with serious mental illness are not dangerous; most acts of violence are committed by individuals who are not mentally ill. People with mental illness are more likely to be victims than perpetrators of violent acts.

It is also true; however, that violence is more common in people with serious mental illness, especially when psychosis with paranoia or "command hallucinations" is present. The National Institute of Mental Health (NIMH) estimates that people with serious mental illness are three times more likely to be violent than the general population. When substance abuse, a previous history of violence, or non-adherence to medication is involved, the risk becomes much higher.

Caregiver Burnout

Family caregivers for adults with serious mental illness often face remarkable challenges. These challenges can last a lifetime and can result in chronic stress and even burnout for family members, including parents of adults with SMI, spouses, partners, siblings and children.

Important Resources

- **Mobile Crisis (Dial 2-1-1)**

  Mobile crisis teams consisting of (psychiatrists, RN's, MSW's, psychologists, psychiatric technicians) visit people in their homes or community sites, and others meet clients in clinics or hospital emergency rooms.

- **Suicide Warm Line (Dial 9-8-8)**

  9-8-8 Contact Center services include rapid 24/7 access to trained crisis contact center staff who can help people experiencing suicidal, substance use and other mental health crises, provide referrals to resources, and perform warm transfers to mobile crisis services or emergency services.

- **Inpatient and Partial Hospitalization Treatment**

  People receive inpatient treatment when they are a danger to themselves or others due to a mental health condition. Often, referrals to inpatient hospitalization are made from an ER after a mental health crisis. Partial hospitalization offers comprehensive treatment, but allows a person to remain in their home.

- **Outpatient and Medication Management**

  Professional counselors offer therapy sessions in an office setting for an hour once or twice weekly. The frequency of sessions is determined by need. Psychiatrists offer medication management to treat mental health symptoms.

- **Peer-led Support Groups (www.NAMI.org)**

  NAMI offers free community-based peer support for people struggling with SMI and their family members.