Just Walk a Day in Our Shoes

HOMELESSNESS, BEHAVIORAL HEALTH, AND LESSONS FROM LIVED EXPERIENCE

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Executive Summary

This report represents the culmination of a statewide participatory action project to better understand and respond to the behavioral health needs of individuals served by Connecticut's homeless services response system. The original conceptualization of the project was to create a more person-centered and effective homeless services response system. The project engaged service providers and people with lived experience in the homeless response system to define (and ultimately redefine) both the problem statement and potential solutions related to the interface of homelessness and behavioral health. This work was made possible through support from the Connecticut Department of Housing (DOH), which prioritized funding in response to concerns from homeless service providers about rising behavioral health needs and the inadequacy of current systems. Guided by input from those who provide direct support, DOH backed this effort to better understand and address these challenges, amplifying the voices of both providers and people with lived experience.

Beginning in January 2022, a series of meetings with key providers and partner organizations from multiple communities were held to jointly define the problem statement and potential solutions related to individuals experiencing concurrent homelessness and behavioral health concerns. The goal was to

maximize outcomes among individuals with behavioral health conditions receiving homeless services.

These meetings revealed many systemic challenges impeding the realization of a more client-centered system of care, further exacerbated by the hurdles faced by both service providers and those experiencing homelessness.

Themes emerging from these discussions highlighted the need for staff training to differentiate between personal judgements about clients' needs and the authentic preferences or needs of individuals seeking support. Additionally, policies, regulations, and system inefficiencies were identified as barriers to timely access for individuals in need.

This work led to an initial understanding of the problem statement, primarily defined at this stage by the provider and partner community: that individuals with behavioral health concerns who experience housing instability and homelessness often face challenges in trying to get their needs met from two disparate, complex systems of care. Through these brainstorming sessions, the participants highlighted the urgent need for stronger service coordination, improved communication across agencies, and more sustainable funding structures. Participants acknowledged that while policies and regulations exist to provide structure, they often create unintended obstacles that hinder timely access to care. There was a shared recognition that a system designed to serve must first listen to those it seeks to help.

Key Themes from System-Level Stakeholders

ISSUES IMPACTING CLIENT-CENTERED CARE

The providers and partner communities noted several systemic barriers that hinder providing genuinely client-centered care. There is often pressure to expedite shelter discharges, which can take precedence over essential relationship-building and personalized support. Additionally, the stigma and criminalization of homelessness contribute to a lack of trust between clients and service providers. Participants emphasized the importance of shifting toward a "voice of the customer" approach, ensuring that those with lived experience play a central role in shaping service design and delivery. Another key challenge highlighted was the tendency for service providers to make assumptions about what clients need rather than listening to their stated preferences and priorities.

ACCESSIBILITY AND AVAILABILITY OF SERVICES

Systemic inefficiencies, policies, and regulations frequently create obstacles to accessing services. Eligibility requirements, insurance constraints, and rigid program rules often limit the ability of individuals in crisis to receive timely support.

In addition, long waitlists and a lack of coordinated pathways to care slow down the process of connecting people with the assistance they need. System-level stakeholders also raised concerns about the sustainability of effective programs, as many initiatives rely on short-term funding, making long-term planning and innovation difficult.

COMMUNICATION AND COORDINATION GAPS

A central theme emerging from the brainstorming sessions was the fragmentation of care due to a lack of communication and coordination between agencies. The absence of a shared Electronic Health Record (EHR) system prevents service providers from having a complete picture of a client's history and needs, leading to duplicative efforts and missed opportunities for intervention. Furthermore, providers and partners pointed out that privacy laws, while necessary for protection, can sometimes hinder collaboration by restricting data sharing across different support systems.

WORKFORCE CHALLENGES

Staffing shortages and workforce limitations were identified as significant concerns. Shelter staff often lack the clinical expertise needed to address the complex behavioral health needs of those they serve. High caseloads and burnout among providers further diminish the ability to offer consistent and effective support. Despite these challenges, many staff members are deeply committed and go above and beyond to help clients. Additionally, the lack of representation of individuals with lived experience in service provision was seen as a missed opportunity to enhance trust and engagement through peer-driven support models.

SOLUTIONS PROPOSED BY SYSTEM-LEVEL STAKEHOLDERS

The participants proposed several strategies to address these systemic challenges. One key recommendation was creating a centralized resource platform to improve service navigation and ensure individuals have access to real-time updates about available resources. Another critical solution was hiring individuals with lived experience as peer support staff, which could enhance service delivery and build stronger connections with clients. Additionally, system-level stakeholders emphasized the importance of advocating for policy changes to increase flexibility in service provision, such as allowing same-day access to behavioral health and housing support. Other suggestions included improving data-sharing agreements to strengthen coordination across agencies and expanding workforce development programs to equip staff with de-escalation techniques, trauma-informed care skills, and training in behavioral health best

practices. Some agencies have implemented some of these strategies with promising results, showing that positive change is possible.

When the project moved to its next phase—10 listening sessions with people with lived experience around the state, arranged at programs identified by the Coordinated Access Networks (CANs)—additional perspectives on challenges and solutions emerged. Participants in the listening sessions did not emphasize a need for increased mental health support as the primary solution to the challenges of being unhoused. Instead, they reported that kindness and care make all the difference. This phase of the project highlighted recurring themes of the need for humanity, kindness, clear information, guidance, and dignity. While there was an appreciation of the complexity and limitations of the system and empathy for many of the staff within this system, many low-cost and high-impact solutions were proposed that would result in a more empathetic and effective support system. What was asked for were minor changes that would make the existing process, albeit imperfect, feel more humane.

Homelessness is more than a lack of shelter; it is a traumatic experience marked by hardship, survival, and systemic challenges. This report brings together the voices of those who are living it, offering real insight into the struggles and solutions needed to create a more compassionate and effective system. Through listening sessions across Connecticut, people experiencing homelessness shared their stories, exposing barriers, frustrations, and crucial areas for change. Their words highlight the need for basic dignity, improved services, and a rethinking of current policies; this invites all stakeholders to address the issues raised.

These insights provided the foundation for Phase II of the project, in which individuals with lived experience were engaged to further refine and challenge the initial conceptualization of the problem and potential solutions. While a total of 10 themes emerged from the listening sessions, the following reflect the most consistently expressed challenges and opportunities.

Key Themes from Lived Experience

HUMAN DIGNITY AND EMPATHY

People experiencing homelessness want to be treated with kindness and respect. Many describe feeling dehumanized, whether by being ignored, dismissed, or subjected to punitive rules. A simple act of kindness—acknowledging someone, listening without judgment—can have a lasting impact.

> **“Humanity has left the building.” “A lot of times we back down because we’ve been put down and pushed down so many times… the voice we did have is silenced.” “Some service providers truly listen**

and make you feel like a person again." "We [the people living the experience] are the biggest resource each other has."

BASIC NEEDS/SURVIVAL

Securing food, sleep, and shelter is a daily struggle. Many individuals work but find it nearly impossible to maintain employment due to shelter rules, lack of transportation, and stigma.

"... I work 16/17 hour days and missed soup kitchen hours – didn't eat for days." "Not sleeping is exacerbating mental health problems. Sleep is the #1 enemy. If you don't get enough sleep, what do they expect is going to happen?" "You'd rather be in jail where you can sleep... three hots and a cot." "When someone took the time to help me navigate the system, it changed everything." "A person who looks out for you is a blessing."

BARRIERS TO ACCESSING SERVICES

Some policies make it harder, not easier, to get help. Strict eligibility requirements, long waitlists, and inflexible regulations prevent people from getting the support they need.

"[you are] not homeless enough if you are staying in someone else's home, but it's not where I belong" "I'm staying with a predator, a rapist right now.... And I'm not considered homeless. "They were saying things like if you're outside somewhere, stay outside... [it took] two days for someone to pull up, just to verify that I was homeless."

SHELTER CONDITIONS AND STAFF TREATMENT

While shelters offer temporary relief, many individuals feel the shelters are paradoxically seen (and acknowledged by staff) as environments *"designed to make you uncomfortable."* They face unclear or conflicting rules, fear retaliation for speaking up, and are sometimes denied entry over minor issues.

"Staff members pick and choose their favorites. The ones that are in favor get resources/supports... others get put back to the bottom of the list." "Every time there's an argument, someone gets kicked out." "Workers constantly remind you... 'you don't have to be here, you could be on the street' and they tell you they are going to call the police."

MENTAL HEALTH AND ADDICTION

Homelessness worsens mental health challenges, but the location of some of the mental health services makes it difficult to access, or they're focused primarily on medication rather than holistic support.

> **"The reason you look at every homeless person and their mental health is crazy... a lot of that is from being homeless." "Being homeless takes all of your self-respect away." "They're pointing you in the way of crime if they are depriving you of sleep. It affects your mental health. So now you are in the prison system."**

SOLUTIONS PROPOSED BY PEOPLE WITH LIVED EXPERIENCE

The individuals we spoke with did not ask for more mental health services as a primary solution. Instead, they called for changes that would make the system more humane, accessible, and effective:

- **Basic Dignity:** Treat individuals with respect and kindness. Train shelter staff in empathy and de-escalation techniques.
- **Clear Communication:** Provide easy-to-understand guides on how to access services, with regular in-person support for navigating the system.
- **Flexible Shelter Policies:** Adapt rules to allow people to work, store food, and meet their basic needs without fear of losing their place in a shelter.
- **Access to Practical Needs:** Offer free showers, laundry facilities, food storage, and transportation support.
- **Peer Support Programs:** Hire people with lived experience to help others navigate the system and serve as mentors.
- **Accountability Measures:** Implement clear grievance procedures to provide opportunity for transparent, consistent problem solving and accountability.
- **Alternative Housing Options:** Repurpose abandoned buildings into shelters or affordable housing with sweat-equity programs.

Conclusion

Homelessness is not just about housing but about being seen, heard, and valued. People want to be treated with dignity. While challenges remain, there are examples of programs and staff making a real difference through compassion and innovative approaches. The system must evolve to prioritize lived experiences and develop solutions responsive to the needs of those directly impacted,

including individualized support and service plans. To truly move forward, we must come together—providers, policymakers, and community members alike—to build a system rooted in respect, collaboration, and shared responsibility. The words of those who have been there are clear: **basic kindness and care make all the difference.**

> **"When you have people in place with empathy and sympathy, that will make the change. People who really care. People who have been through this." "We are the biggest resource each other has." "A person who looks out for you is a blessing."**

Introduction

This report summarizes initial lessons learned from a statewide effort to better understand, and respond to, the behavioral health needs of individuals served by Connecticut's homeless services response system. Building upon earlier reports (e.g., the LGH Study of Non-profit Shelters Serving the CT's Homeless), the Housing Collective designed a participatory action project in which we engaged key stakeholders in a joint effort to define (and ultimately redefine) both the problem statement and potential solutions as it relates to the interface of homelessness and behavioral health.

This project was made possible through funding from the Connecticut Department of Housing (DOH), which prioritized these resources in response to feedback from homeless service providers across the state. That feedback reflected growing concerns about the evolving behavioral health needs of individuals experiencing homelessness and the limitations of existing systems to respond. In recognition of these trends and the voices of those providing direct support, DOH supported this effort to better understand and address the intersection of homelessness and behavioral health—centering the perspectives of both service providers and people with lived experience.

Below we briefly review the initial stage of the project and original conceptualization of the problem before focusing the body of this report on how this conceptualization evolved following an intensive series of "listening sessions" with people with lived experience of homelessness and the Connecticut shelter system. We describe the scope and methodology of the listening sessions, summarize key themes and representative quotes, and conclude with "ways forward," i.e., potential implications for future priority action areas to create a more person-centered and effective homeless services response system.

Phase I: Overview of Initial Effort and Understanding

Utilizing a participatory action framework, the original design of the initiative involved a three-phase effort to maximize outcomes among individuals with behavioral health concerns receiving homeless services. Slides and narrative below summarize these original three phases and their intended objectives as well as how the initiative was reconceptualized following the completion of a series of intensive listening sessions with people with lived experience.

ORIGINAL PROPOSED THREE-PHASE DESIGN

1. An initial statewide participatory planning process to engage diverse stakeholders and inform next steps.
2. A three-month consensus building effort that intentionally: dedicates time to directly solicit input from people with lived experience through listening sessions which inform all subsequent initiative activities; employs a learning collaborative model to continue multi-stakeholder engagement (including maintaining the active involvement of FQHCs and CANs); leads to a deeper understanding of the program and avoids premature assumptions regarding solutions and "what works;" allows for innovative strategies to emerge from the group and for strategies to be tailored to each region and its unique strengths and challenges; and provides direct support and technical assistance around the development of planned, and regionally-specific proposals to be implemented and evaluated in community pilots.

3 A 12-month Participatory Action, "Community Pilot" Initiative which: implements and evaluates a range of innovative pilot strategies designed to improve outcomes among people experiencing housing instability and behavioral health concerns; offers the greatest likelihood of success in discovering what works for whom under what circumstances; supports CT's efforts to continue to be a leader among the states in designing innovative, responsive, effective, and sustainable strategies.

Beginning in January 2022, the Housing Collective initiated Phase 1 of the statewide participatory planning process. Between December 2021 and February 2022, four meetings were held with key system-level stakeholders from various communities, including the Connecticut State Government, Yale University, and organizations such as the Corporation for Supportive Housing, Technical Assistance Collaborative, the Housing Collective (formerly known as Supportive Housing Works), and the Partnership for Strong Communities. Additional participants included New Opportunities Inc., the Community Health Center Association of CT, Community Health Center Inc., Generations Family Health Center, Southwest Community Health Center, Journey Home CT, Abt Associates, Cornell Scott Hill Health Center, Charter Oak Health Center, and Advocacy Unlimited. These sessions aimed to collaboratively define the problem statement and identify potential solutions for individuals experiencing both homelessness and behavioral health concerns. These stakeholder-generated statements are presented below, along with the original conceptual model of multi-level strategies to address the multilevel barriers identified.

Brainstorming Sessions with System-Level Stakeholders

In these sessions, providers and system-level stakeholders were asked to consider issues impacting: 1) the delivery of client-centered care 2) the accessibility/availability of services 3) measuring success 4) communication and care coordination and 5) workforce issues. They were also asked to brainstorm ideas/solutions for how to address some of the identified issues. The themes outlined below provide insights into the challenges faced by service providers and the need for systemic reforms. Potential solutions to enhance the support infrastructure for individuals who are unhoused are also shared.

Topic	*Major Themes*
Issues Impacting Client Centered Care	• Systemic barriers • Need for understanding and listening • Client-level obstacles

Issues Impacting Accessibility/ Availability of Services	• Policies and regulations • System inefficiencies • Lack of needed supports and practical challenges • Sustainability
Issues Around Measuring Success	• Need for shared metrics and inter-agency collaboration
Issues Around Communication and/or Care Coordination	• Lack of shared Electronic Health Record (EHR) • Fragmented care and lack of formal collaboration • Privacy laws
Issues Impacting the Workforce	• Lack of representation of lived experience • Insufficient clinical expertise among shelter staff • Consistency challenges in care teams • Caseload and staffing shortages
Potential Solutions	• Centralized resource platform and flexible funds • Hiring individuals with lived experience, peer support services, and worker-centered job descriptions • Problem-solving coaching and addressing regulatory barriers • Collaborative efforts and data sharing

ISSUES IMPACTING CLIENT-CENTERED CARE

Systemic barriers. Providers identified several systemic challenges impeding the realization of a more client-centered system of care. Pressures to expedite shelter discharges often take precedence over essential relationship-building and engagement that is required to provide more tailored care. Persistent issues of stigma, discrimination, and criminalization of homelessness, along with the prevailing adherence to a traditional medical model of care, further exacerbate the hurdles faced by both service providers and those experiencing homelessness. The call for a "voice of the customer" approach underscores the need for those impacted by homelessness to play a lead role in planning and implementation, ensuring solutions align with their actual needs.

Need for understanding and listening. System-level stakeholders emphasized the paramount importance of active listening and being able to meet clients "where they are at." This requires a deeper understanding of the diverse circumstances, perspectives, and needs of persons who are unhoused and the ability to discern between one's judgment about what a client needs and the authentic preferences/needs of individuals. Stakeholders advocated for training that equips staff with the tools and mindset to adopt a more recovery-oriented model of care such as appreciative inquiry and person-centered planning.

Client-level obstacles. Client-level obstacles that may impede the delivery of client-centered care include a lack of a support system, unfamiliarity with the process, fears, loss of hope, and distrust of the system. These attributes may be seen as "resistance" to community integration, change, or treatment and present

additional barriers to building meaningful connections and engagement. Providers noted that these challenges are often exacerbated by individual struggles with mental illness and/or addiction.

ISSUES IMPACTING ACCESSIBILITY TO AND AVAILABILITY OF SERVICES

Policies and regulations. In addition to the acute shortage of housing options, system stakeholders identified several systemic issues that impede access to and availability of essential services. Among these challenges are constraints imposed by insurance and reimbursement policies, rigidity of agency rules, and stringent eligibility criteria. Restrictions on billing for same day therapeutic and prescriber appointments, discharging clients for 'no shows,' inability to deliver medication to those without a fixed address, and requiring in-office visits were given as examples of how policies impede access and delivery of services.

System inefficiencies. Compounding these challenges are system inefficiencies including extensive waitlists, prolonged connect-to-care times, and a cumbersome intake process–all creating barriers to timely access for individuals in need. Stakeholders noted the need for navigation services, streamlining channels of information, and the incorporation of non-traditional supports, including peer support, to enhance the overall efficiency and effectiveness of the service delivery system.

Lack of needed supports and practical challenges. Stakeholders discussed the limited availability of essential services, ranging from employment and school supports to respite services and psychiatric care as further barriers to accessing care. Of particular concern was the inadequacy of supports available for individuals dealing with acute mental health and/or substance use issues. Practical issues, including a lack of cell phone service, transportation problems, and difficulties getting to services in rural areas further hinder accessibility to supports that are available.

Sustainability. Finally, the sustainability of innovative programs beyond their initial funding period was identified as a concern, emphasizing the need for long-term financial supports and innovative, participatory strategies to ensure sustainability of effective initiatives.

ISSUES AROUND MEASURING SUCCESS

Need for shared metrics and inter-agency collaboration. System stakeholders stressed the importance of establishing shared metrics between health and housing systems and having unified data collection systems to enhance coordination and measurement of success. Providers emphasized the need for consistent measures across various demographics experiencing homelessness, robust

and common client identifiers, and enhanced data interoperability. Gaps in the collaboration, coordination, and routine information-sharing between healthcare and homeless systems further complicates the ability to identify and measure success.

ISSUES AROUND COMMUNICATION AND/OR CARE COORDINATION

Lack of shared Electronic Health Record (EHR). The absence of a shared EHR is a significant obstacle, impeding seamless information exchange between health and housing entities. The need for more direct access and bi-directional data sharing between these sectors is underscored.

Fragmented care and lack of formal collaboration. The lack of formal collaboration efforts between homeless and healthcare systems contributes to fragmented care. System-level stakeholders highlighted the resulting difficulties in coordinating care and emergency services.

Privacy laws. The landscape is further complicated by privacy laws that limit data sharing and hinder data interoperability. Finding a balance between privacy protection and effective communication in the care coordination process is imperative.

ISSUES IMPACTING THE WORKFORCE

Staffing and workflow challenges. An overall shortage of staff contributes to unmanageable caseload sizes and significantly impairs providers' abilities to devote ample time and attention to the unique needs of each client. High rates of turnover in the workforce have adverse effects on continuity of care, requiring clients to repeatedly share their stories, and sometimes having to "start all over again." Providers suggested that consistent staff across the housing continuum would not only enhance continuity of care and ensure a more seamless transition from the street to shelter to (and through) housing, but would promote a more stable foundation for the development of therapeutic alliance and trust.

Insufficient clinical expertise among shelter staff. Some system stakeholders felt that shelter staff did not have sufficient clinical expertise to handle more challenging situations, including mental health crises. Additional supports are needed to assist shelter staff who may feel unequipped to deal with particular client needs.

Inadequate representation of lived experience. As of present, there has not been a concentrated effort across programs to incorporate peers into the workflow. Providers recognized the potential of peer supports to enhance connections and engagement with clients while also providing valuable additional supports and resources for staff.

POTENTIAL SOLUTIONS

Centralized resource platform and streamlined processes. Providers advocated for the creation of a centralized resource platform, serving as a common hub for collecting and sharing resources. Complemented by dedicated staff, this would more efficiently organize and streamline resources across the systems of care. A related strategy involves working with diverse stakeholder groups to develop a process map to optimize the navigation of available resources.

Lived experience and worker-centered job descriptions. Initiatives such as hiring people with lived experience to work as shelter staff, peer supporters, and/or peer navigators would help foster an organizational culture rooted in problem-solving and experiential education. To ensure alignment with the needs of those impacted by homelessness, system-level stakeholders emphasize the importance of granting a lead role to those with firsthand knowledge of these challenges in planning and implementation. However, it is equally critical that agencies bringing lived experience into their teams are prepared to provide robust supervision, training, and ongoing support—not only to the individuals hired, but also to the broader organization. Ensuring service providers are equipped to integrate lived expertise meaningfully and sustainably is essential. Having multidisciplinary teams and worker-centered job descriptions further supports this by providing clarity to both staff and clients about where to turn for particular help.

Addressing regulatory barriers. Providers underscored the need to address regulatory barriers to accessing care (such as not being able to bill for coordinated services with shelters and not being allowed to bill for different services on the same day) to allow for the tailoring of more person-centered supports.

Collaborative efforts and data-sharing. Addressing challenges related to data sharing, coordination of care, and a lack of unified communication systems is an integral part of creating a more streamlined and collaborative support network. Advocating for systemic reforms in data systems and establishing shared metrics, along with the mechanisms for inter-agency communication, are considered imperative. Recommendations include creating shared metrics and robust client identifiers, having a unified medical record, establishing data sharing agreements between agencies, and developing dashboard reports to visualize key indicators and metrics.

Practical supports and pilot programs. Practical supports, such as transit assistance, are proposed to address the multifaceted challenges faced by individuals experiencing homelessness. Innovative pilot programs, supported by the allocation of flexible funds to remove client-level barriers, offer a dynamic approach to problem-solving and adapting to evolving needs.

Training. Providers stress the importance of training and education, both for staff and individuals experiencing homelessness. Essential training in CPR, Narcan, and harm reduction for staff align with providing better healthcare within shelter environments. Involving persons with lived experience in the experiential training of staff, cross-training housing and healthcare providers, and peer support opportunities collectively contribute to a more informed and empowered community.

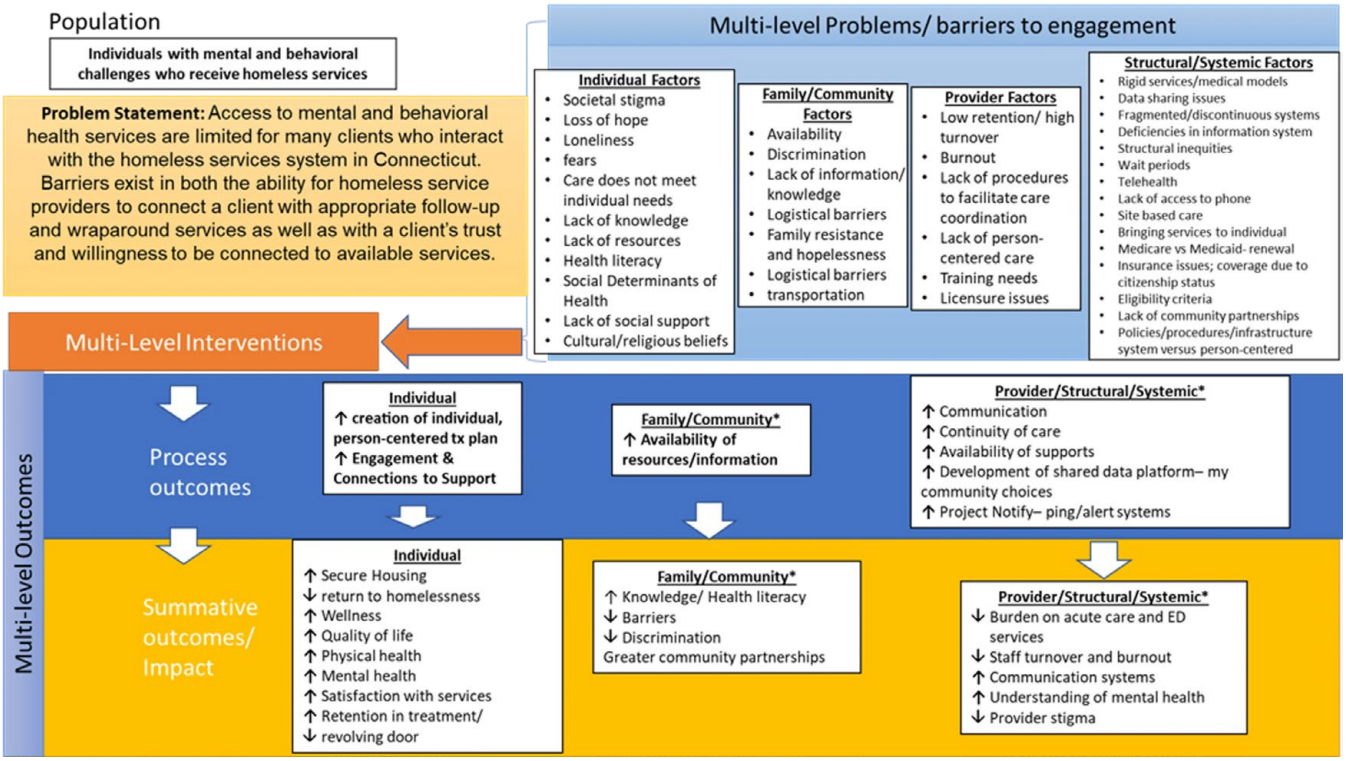
These potential solutions collectively reflect a comprehensive approach, emphasizing systemic reforms, organizational culture shifts, and targeted training initiatives to address the identified challenges and enhance the support infrastructure for individuals who are unhoused.

Problem Statement

Based on information gathered from these brainstorming sessions, we worked with provider and system-level stakeholders in articulating a problem statement and a conceptual model of change. Individuals with behavioral health concerns who experience housing instability and homelessness often face challenges in trying to get their needs met from two disparate, complex, systems of care. In theory, regular communication and collaborative planning among all professionals who touch a person's life is at the foundation of quality care coordination. Yet, in practice, **multi-level barriers exist that impede access to and engagement in optimal care for people living with challenges that lie outside the purview of a single system of care**, leading to multi-level negative consequences: 1) at the level of the *individual*, for example, poor health and housing outcomes, and needless suffering 2) at the level of the *provider*–significant burnout, turnover rates, poor job satisfaction, and 3) overburdened *systems of care* that either fail to address individual needs or create duplication of services. In addition, "revolving door" cycles of engagement/disengagement create immense fiscal burden across the behavioral health and homeless service systems as individuals often do not connect to care following acute treatment, discontinue services prematurely, or opt not to seek services altogether, contributing to high rates of unmet behavioral health needs, high rates of housing instability or homelessness, and more frequent entry through an open, albeit revolving, door into systems of care that perpetuate this cycle.

As illustrated in the conceptual model above, multi-dimensional problems demand multi-faceted responses across the individual, provider, system, and community levels. The original initiative thus sought to establish a structure within which local CANs and community partners would come together in a

year-long facilitated learning collaborative to identify, pilot, test, and sustain a range of effective strategies to better support people experiencing co-occurring homelessness and behavioral health concerns.



A Shift in Understanding and Priorities

Emerging from Phase 1, there was a predominant focus on how to best address "unmet mental health needs exceeding the capacity of the shelter system to manage." In keeping with this understanding, initial dialogues centered on enhancing the interface between the homeless service and behavioral health service systems largely by addressing the lack of resources and the need to support individuals in accessing and navigating complex pathways to care. While this initial participatory planning process yielded critical information to inform the design of the project, the group involved in brainstorming around the conceptual model was largely comprised of providers and administrators across the professional homelessness and behavioral health service systems–without *yet* directly incorporating input from people with lived experience. The Housing Collective team therefore began Phase 2 with an intensive effort to carry out a series of listening sessions with people served by the homeless service system to better understand their first-hand experience so that those experiences would inform all subsequent activities within the project.

As detailed below, these listening sessions resulted in a significant reconceptualization of both the priority problems and potential solutions around supporting the overall mental health and wellness of those experiencing, or at risk of, homelessness. While there is a genuine need to increase mental health resources and to support people in navigating to those resources (our focus emerging from Phase 1), listening sessions overwhelmingly revealed a more immediate priority regarding the need to create more humane and just approaches within the shelter system itself as well as the broader homeless services response network. The following section therefore invites the reader, in the words of a listening session participant, to "just walk a day in our shoes" and consider how this perspective might inform priority action areas moving forward.

Phase II: Listening Sessions with Persons with Lived Experience of Being Unhoused

Recruitment and Participants

A total of 10 listening sessions with people with lived experience were conducted around the state. Sessions were arranged at programs identified by the CAN networks and occurred in the following locations: Milford, Willimantic, New London, New Haven, Hartford, New Britain, Waterbury, Torrington, Danbury, and Middletown.

Key demographics of participants included the following:

- overwhelmingly English-speaking (84%)
- primarily living in shelters or outdoors/on the streets (combined total of 71%)
- roughly split between individuals identifying as white (43%) or Black or African American (39%) with one individual identifying as American Indian/Alaska Native and two individuals endorsing the "other" racial category
- predominantly male (60%); female (31%)
- largely identified as Non-Hispanic or Latino (60%) versus Hispanic or Latino (14%)
- relatively equal distribution across age groups between the ages of 25 and 64 with much smaller percentages of participants in the youngest (2% age 18-24) and oldest age categories (4% age 65-74)

** Note that sample percentages do not total 100% due to missing responses, i.e., participants who chose not to respond to all questions.*

Region	Participants
Central	7
Eastern	17
Fairfield	6
Greater Hartford	13
Greater New Haven	22
Litchfield	21
MMW	8
Total	**94**

Race	Participants
American Indian / Alaska Native	1
Black or African American	37
Asian	0
Native Hawaiian or other Pacific Islander	0
White	41
Other	2

Ethnicity	Participants
Hispanic or Latino	14
Non-Hispanic or Latino	56

Gender	Participants
Female	29
Male	57

Age	Participants
18-24	2
25-34	18
45-54	22
55-64	24
65-74	20
75+	4

Language	Participants
English	82
Spanish	4
Other	0

Listening Session Prompts

1. Tell us about your experiences with the following systems: Housing/ Mental Health
2. Can you tell us what areas of help you were offered or found access to?
    a. How did you find out about that type of help - on your own? or did someone tell you or did you read about it somewhere?
3. Are there OTHER types of support that you wish you had more access to because you found them helpful or thought that they would be helpful? What are some things that you have found to be most helpful?
    a. What was the MOST helpful thing someone did for you when you might have been struggling?
4. What areas of the help you've been offered have you been frustrated with? Why? What would be other possibilities?
5. If you could make one change/suggestion to help make things better for you and/or for people navigating the experiences we have been discussing in general, what would it be?
6. Is there anything we haven't talked about that you think is important for us to know?

Results

In this section, we share excerpts from our listening sessions, offering a closer look at the various aspects of being unhoused, and shedding light on the intricate struggles that shape the daily lives of those in search of shelter and stability. Qualitative thematic analyses of transcripts from these listening sessions were conducted by four independent reviewers. We identified 10 themes that emerged across the sessions (see table below). We describe each theme and provide representative quotes immediately following the table. Finally, we share some of the solutions proposed by people who were unhoused and providers of services—many of them low-cost and high-impact that could be implemented immediately to address the urgent need for a more empathetic and effective support system.

EMERGENT THEMES	
Theme	*Major Themes*
Human Dignity and Empathy	• Desires for empathy, acknowledgement, and basic kindness • Acts of dehumanization from the community and staff • Small acts of empathy are transformative
Basic Needs and Survival	• Relentless struggle for basic needs • Paradox of working while unhoused • Compounding challenges and fear of punishment
Logistical/Practical Issues	• Transportation challenges • Food storage and shelter overflow concerns • Grievance procedures and medication security
Rules and Regulations	• Navigating complex rules and jeopardizing housing • Difficulty in knowing and understanding the rules • Triaging individual priorities and waiting times for essential documents
Systemic Issues	• Daunting navigation of support services • Ineffectiveness of helplines like 211 • Challenges with rapid rehousing
Communication Gaps	• Pervasive lack of knowledge and awareness • Frustration with unclear communication and gaps in information • Feeling adrift in a system that demands clarity and precision
Shelter Conditions and Staff Treatment	• Feeling like a number in a bureaucratic process • Disagreements leading to denial of entry and punitive measures • Power dynamics and fear of retaliation for expressing grievances • Shelter as both refuge and prison • Conflicting rules and safety concerns
Discrimination, Stigma, and Criminalization	• Police cruelty and societal scrutiny • Discrimination in finding jobs and housing • Instances of societal and police cruelty
Mental Health and Addiction Issues	• Exacerbation of mental health challenges • Perception of mental health services as prescription-focused • Coping with the mental toll of homelessness
Resilience, Community, Gratitude, and Compassion	• Strength found in unity and mutual support • Creativity and innovation as survival skills • Community as a lifeline of shared experiences and resource-sharing • Complex emotions of gratitude and personal responsibility • Acknowledgement of staff challenges and personal struggles

HUMAN DIGNITY AND EMPATHY

An overarching theme that emerged from the listening sessions with persons who were unhoused was the **desire for empathy, acknowledgment, and basic kindness.** Sessions were peppered with stories of incredible acts of kindness and support that made all the difference, amidst stories of cruelty and contempt from the greater community, police, and staff themselves (i.e., razor blades on tents, padlocks on outlets to prevent charging of mobile device, being told 'get a tent and good luck' by staff when the warming shelter was closing for the season). Basic kindness and care are transformative, while acts of dehumanization amplify the struggles of just trying to survive. Individuals shared the demanding nature of being poor and unhoused, describing it as a *"full-time job"* that leaves little room for anything else. Setting pride aside, people who are unhoused are at the mercy of society and a system that rewards complacency and historically quiets voices.

> **"A lot of times we back down because we've been put down and pushed down so many times... the voice we did have is silenced"**
>
> **"Humanity has left the building."**
>
> **"We are asking people who are drowning to hold more weight."**
>
> **"This is not an entitlement. It's just basic human nature to take care of people."**
>
> **"[People] should understand that they are 'one step away from where we are'"**
>
> **"I've lost everything three times. I've had to start over three times and I'm only twenty"**
>
> **"I have been eating, breathing and sleeping my homelessness"**
>
> **"Its Groundhog Day over and over again...then you start a new day all over again of trying to repeat the same steps and failing all over again."**
>
> **"Once it gets dark you have nowhere to go"**
>
> **"[They are] recycling us"**

BASIC NEEDS/SURVIVAL

Stories of survival among those who were unhoused capture a relentless struggle to meet basic needs, detailing the constant pursuit of food, shelter, warmth, safety, relationships, and essential knowledge. Yet, **survival is not just about finding a meal or a place to sleep; it's about navigating a world that often seems**

designed to keep you on the fringes. Feeling like one vital need is often being pitted against another and having to make difficult choices amongst "lose-lose" options. Amidst fears of punishment and retaliation, survival involves constant thought, planning, timing things just right, and conscious sacrifices of one aspect of health over another. Examples include living in cars or tents, without access to toilets or showers, to accommodate employment that conflicts with shelter hours; going without food to make it to the shelter before it closes; risking expulsion or arrest if falling asleep in the wrong place—each decision resulting in a significant toll on one or more aspects of health. These demonstrate the paradoxical realities of trying to work to get off the streets while being unhoused.

"...I can sit in the hallway, but if I fall asleep, I get kicked out"

"Walmart and Home Depot—stores that are open all night—go and find a shelf and sleep. You get charged for trespassing."

"Not sleeping is exacerbating mental health problems. Sleep is #1 enemy if you don't get enough sleep. What do they expect is going to happen?"

"You'd rather be in jail where you can sleep... Three hots and a cot"

"[I was] late going into the warming center... had to sleep outside... started feeling hypothermic... called 911—checked vitals and said you are fine and released me. Told me to go to the police station, but you are not allowed to sleep there. What do they expect you to do at 2am in the morning if you are not allowed to sleep? I wasn't going to be able to stay up all night, so I ended up outside anyway."

"I didn't feel safe (in shelter)... I'm better off in my car. There's not one night I go to sleep not worried. I'm afraid I'll freeze overnight."

"When you are working all day – you haven't eaten all day and cannot bring food in. Can't you let us eat outside before we come in? How do you expect us to work all day and not eat? I work 16/17 hour days and missed soup kitchen hours – didn't eat for days. Friend wasn't able to get a take home tray to help."

"It's hard to get and keep a job when living on the street... you aren't eating or sleeping. It affects your everyday life."

LOGISTICAL/PRACTICAL ISSUES

Practical concerns such as transportation barriers, access to phones, storage for food and belongings, and medication security are explored in this theme. Narratives touch upon the difficulties of navigating buses, schedules and appointments

across town, and the logistical nightmare of planning a day. Punitive measures for missed appointments and other aberrations are seen as discounting the struggles and day-to-day realities of being unhoused. There are urgent needs for a more compassionate approach and to address the systemic gaps that perpetuate the cycle.

"A phone is necessary to receive and make calls for resources. Without it you are stuck."

"What about not having a phone to get a callback?"

"It takes a lot of planning to get to an appointment with the bus system and other considerations when you are homeless... when there is an issue you have to 'reroute your whole day"

"Making appointments is difficult.... Do they understand that it takes a full day to plan how to get to an appointment?"

"For appointments... if you miss, it's really hard to get another one. You have to jump through all the hoops again."

RULES AND REGULATIONS

As noted above, participants reveal the difficult choices they face while navigating a system that often has rules and policies in place that lack flexibility and understanding of individual circumstances. Granted, such rules and policies were likely put in place to address other issues, people who are unhoused view many of the requirements as impeding their path out of homelessness. Perceptions of a lack of understanding, compassion, punitive actions, and disregard for individual circumstances and practical barriers create an environment where individuals feel unheard and unsupported—unseen. Some rules are perceived as downright *"mean and cruel."* Examples include: shelter curfews that interfere with employment (i.e., *"[I] have to leave [my] job to get back and have a place to sleep"*); having to spend money on fast food in order to eat, or going without food altogether, because there is no place to set aside food at the shelter for someone who is working (i.e., *"you expect us to save money but we have to buy food and storage is an issue.... We can't bring food in.");* having to spend the night in one's car or on the street in order to verify homelessness (i.e., *"they were saying things like if you're outside somewhere, stay outside...[it took] two days for someone to pull up, just to verify that I was homeless");* not being able to provide support to loved ones *("I'm living where I am and I can't help my son"),* and getting written up for trying to follow rules that directly conflict with other rules *(i.e., "kids need to be in bed at 8 pm, but chores need to be done at 8pm... got written up for anything and everything, no matter how small"*).

"[I had] heart surgery - being homeless is not going to work for recovery - stayed with my sister for 7 days and then my homeless status is effected"

"Staying with friends shouldn't be wrong. People have hearts. Workers should have consideration."

"... if someone lets you stay on their couch for the night, you're not a priority"

"Incarceration is not considered homeless"

Stories also emerge of stringent requirements that make it nearly impossible to get off of the streets and into housing. Such as not being "*homeless enough*" to qualify for services if they are staying temporarily with friends or family (*"[you are] not homeless enough if you are staying in someone else's home, but it's not where I belong"),* or worse, if they are staying in a dangerous place (i.e., *"I'm staying with a predator, a rapist right now.... And I'm not considered homeless").* And requirements for getting into a shelter or housing such as background and credit checks, and paying into the HSA, all feel like part of an endless conundrum...

"[We are] handcuffed with at least one hand behind your back when having to pay into the HSA"

"If they have all their money and don't have to pay into HSA, they would be able to get out of here"

"Who is earning the interest on that money?"

"Background checks make it 10 times harder to get a place. Then that messes with your mental health. I'm trying to cope and get back into life, but I'm still suffering from past experience."

SYSTEMIC ISSUES

This theme sheds light on the difficulties and frustrations experienced when navigating support services designed to help, but often fall short *(i.e., "They put things into place to help, but there is always a catch... always something holding you back."*; *"The process is made to keep us on the streets"; "The system is meant to keep you stagnant").* Participants shared stories of spending inordinate amounts of time on hold, waitlists that do not seem to move, unfulfilled promises, red tape, unresponsiveness, and a pervasive lack of knowledge within the existing support systems. Services put into place to streamline information sharing and facilitate housing, like 211 and rapid rehousing programs, are heavily criticized for being "*uncaring*" and/or a "*set up to fail.*" Being offered resources

that directly conflict with one's circumstances or are contraindicated to one's history are perceived as further evidence that the system doesn't care (*"They keep offering me to live with someone... I have four kids. I can't bring four kids into a room."; "The situations that are available are not good places to be when trying to stay sober"; "[They try to] stick you with people, places, and things that you had a problem with to begin with... you don't have a chance").* The following quotes further depict some of the systemic hurdles hindering the journey out of homelessness and the perceived setup for failure in the existing support systems:

"The further you fall, the harder it is to get up"

"More resources from blessings in the streets than in funded programs"

"[The system] is not a system of 'care'"

"[I've] been #7 on the list for section 8 voucher since 2017"

"They want to wait until the damage is done... why not prevent it?"

"There's not enough housing. I've been on a waiting list for years and years. Anytime I got housing, I started working and made too much money."

"We all agree there's a systems failure... 211 is non-responsive... partnership breakdown... a lot of duplicative services... skill-building deficit"

"[211 is] the sound of no one coming"

"It's always a wait – 5 hours listening to wait music"

"Case worker made promises and didn't call back after 8 weeks - it was inhumane."

"[My wife] was discharged from the hospital to home (which was a car)... Leg amputated and 2 months of being homeless before we were even able to get into a warming center... When you call somebody to help, they should be able to help you. Especially when everything is 'call 211.' I kept calling, and calling, and calling."

"From December to February, I was waiting for help and kept getting different promises. Nothing happened and then the worker left and I had to start all over again."

"[I've been] waiting for housing for a year... hurry up and wait. There is a disconnect in what to do in the meantime. Lack of communication. In limbo."

Systems put in place to streamline information sharing, like 211, are failing those in need. The general sentiment of 211 was that *"no one cares"* and *"[you are] better off on foot doing your own research rather than spend[ing] hours on 211."* Protracted wait times (5-7 hours was not uncommon), lack of follow through, unfulfilled promises, and being told inconsistent information. Being advised to "*go sit in the police station*" was experienced as not only insulting and disregarding of one's situation, but extremely unhelpful. While designed as a way to have a common, centralized location to more effectively address needs, 211 is relied upon by staff who have no better solutions, as THE omnibus answer. "*Everything is 'call 211.'*" **Having 211 be the entry point for housing services adds layers of difficulty to the systemic complexities experienced by those seeking assistance.**

"The soup kitchen has better information than the people on the phone"

"They don't know the kind of time that people have to waste to maybe get some kind of hook thrown at you"

"Frustrating isn't the word- there isn't a word in the language that describes the craziness that is 211"

"Cops, paramedics, etc. tell you to 'call 211' as THE resource for help"

"A different person answering the call will give you a different answer. [I] called 3 times in one night and found a place to stay with the 3rd operator."

"[I've] called 211 a couple of times. They said I had to be on a waiting list. It's freezing outside... my nose is about to fall off. They tell you to go to the police station."

"[They] lie and say that they call you when they don't."

"Called 211 on verge of losing apartment - on hold for hour and 10 minutes - was within 14 days prior to losing apartment – I was referred to a place that contradicted what 211 told me--have to be on the street homeless for 14 days before I could be helped"

"Kept me on the line for 4 hours trying to get food stamps and then told it couldn't be done over the phone - wasted my whole day."

Rapid rehousing, meant to be a pathway out of homelessness, is shrouded by a cloud of uncertainty and fears of not being able to sustain an apartment beyond the one-year supports provided. It is criticized as a "*quick fix*" that is ultimately "*set up to fail,*" given its unrealistic timeframe for getting on one's feet after being unhoused. Moreover, the acceptance of rapid rehousing comes with the risk of

disqualification from longer-term assistance, like Section 8. Unfortunately, the predicaments faced daily by persons who are unhoused often require acceptance of short-term solutions, despite the implications that such choices may have on qualifying for longer term supports.

"A year is a long time but it also goes by fast"

"[Rapid rehousing] needs to meet needs of the time- not every situation is the same and there should be help navigating and getting prepared to transition off of the program. Life happens and circumstances often change - including health challenges, etc."

COMMUNICATION GAPS

The lack of knowledge and awareness about available programs and resources emerges as a central theme. One individual described being unhoused for four years without knowledge of overflow options or programs like CHESS, revealing the stark truth that crucial information often eludes those in dire need. Perceptions of disparities in access to knowledge, resources, and supports are amplified by perceived discriminatory practices by law enforcement. Frustration emanates from the expectation *"to know"* the unknown and a sense of *"shame on you if you don't know it."* Sentiments of feeling left in the dark about processes, procedures, rules, and appropriate next steps underscore the reality that **the journey to stability is marred by the absence of a coherent roadmap.** The lack of awareness about available programs and resources left many feeling lost, emphasizing the need for information-sharing platforms like the listening sessions. *"We rely on these sessions for resource sharing."* There is a need for literacy assistance and language translators and to dismantle barriers created by knowledge assumptions, making the process less overwhelming for those seeking assistance.

"It's almost like they don't want you to know"

"They want us to do all these things but they don't want to show us"

"I'm just learning how to ask for help and they are giving up on me"

"There is an assumption of literacy"

"Mistakes prevent you from getting resources—you need help with forms, etc. to avoid making mistakes that may be detrimental to the process of getting help"

"There is not a manual"

"Every town has different criteria – there should be a universal system across the state"

"[It's] confusing - it takes a long time to get acclimated to the system"

"They expect you to navigate the world as if you aren't homeless with an addiction or mental health issue - it's not possible. Even just getting to an appointment is difficult."

"People do not just need to be handed a list of resources but they need help walking through the process and the experience."

"You need someone to tell you what to do. Figuring this out is not easy. You need someone to hold your hand through the whole process"

"Lack of consistency, lack of communication, lack of availability... I called the veteran hotline... no one was available.. [I had] two appointments today with the same person."

"[I] fell down rabbit holes trying to get help"

SHELTER CONDITIONS AND STAFF TREATMENT

This theme explores the varied experiences of individuals with shelter staff and conditions, ranging from feeling like a number in a bureaucratic process to instances of mistreatment, discord, and unaddressed grievances. Shelters, while designed as a refuge, are paradoxically seen (and acknowledged by staff) as environments "*designed to make you uncomfortable.*" Narratives depict conflicting rules, safety concerns, and a lack of privacy. Instances of empathy and understanding stand in stark contrast to stories of mistreatment, emphasizing the profound impact of staff interactions on the well-being of those seeking assistance. The very rules dictated by staff members, in accordance with higher authorities, often make them appear cold and indifferent. A disagreement becomes a barrier to entry, a forgotten mask turns into an insurmountable obstacle, and a simple act of expression of a difference in opinion leads to punitive action. The fear of retaliation for voicing grievances creates an atmosphere where speaking out against unfair treatment becomes a risky endeavor.

"[Staff] are there to get a check, they don't care"

"[Staff] puts in 20% while we invest 100%"

"For every person that cares, there are 5 who don't"

"We want to help you the way we want to help you"

"Every time there's an argument, someone gets kicked out"

"[I] had a staff member open the door to the shower – I filed a complaint and did not hear anything back. On whole the shelter system is wonderful. There needs to be checks and balances for these "deviants" working in the system."

"Staff members pick and choose their favorites. The ones that are in favor get resources/supports… others get put back to the bottom of the list."

"Workers constantly remind you… 'you don't have to be here, you could be on the street' and they tell you they are going to call the police."

"It takes its toll. The day before I had a disagreement with one of the staff members. I was told 'you don't have a mask, you can't come in'. Someone volunteered to give me a mask but they weren't allowed. They try to control me."

The void of places to go during "off-hours" at a shelter and the need for support on weekends and holidays, when usual places of refuge are closed or unavailable, are prominent issues. Restrictive hours mirror the rigidity of a penal institution, forcing vulnerable individuals out into the unforgiving cold.

"It's hard to fill a day when you have nowhere to go. You're tired. It gets overwhelming after a while. 6 o'clock(am) comes early."

"It's hard to find a place to go 10 hours a day - navigating community places, getting asked to leave, avoiding police. It's cold, sometimes rainy and cold. Sunday everything is closed. If you go to church - they look at you the wrong way. Have to buy coffee at Dunkin to be able to stay in there. It effects mental health- it's overwhelming and stressful. Thinking I will be arrested and just staying on the bus after bus passes are not free anymore just to stay warm."

"People with nowhere to go, sitting out in the cold"

"[We need] places to go to fill the day… It's hard when you have to leave the shelter and figure out where to go." (often carrying all of their belongings)

"They boot you out. They used to let you in from 1-4 to sit and congregate, but now only to shower and use the bathroom. Rules have changed… without explanation. It was kind of mean. They took all of the chairs out."

"What am I going to do with the next 12 hours?"

"Takes time to learn where you can go…. The schedules of places. Saturdays and Sundays are difficult."

"There is no where to go… especially when it is cold outside and on the weekends when the library is closed. The buses will not be free anymore and that was a place to stay warm."

DISCRIMINATION, STIGMA, AND CRIMINALIZATION

This theme addresses the broader societal issues contributing to discrimination against the unhoused. Narratives reveal instances of police cruelty, societal scrutiny, and the harsh realities of discrimination. There are frequent reminders that even the most basic rights can be elusive when you're unhoused. The criminalization of homelessness is a shared concern of persons with lived experience and providers, affecting both the system and individuals. One participant described how they set up camp and returned to find *"slashed tents and ransacked encampments looted and destroyed by teens and others. It is vulnerable and devastating."*

"Police look at us and go… 'oh you're in a public area? You have to go. They won't help us… they look at us and ask us if we called 211"

"The police officer looked at me and said 'you're 30 years old and you don't have a place to live?"

"People look"

"When you tell a job that you are homeless (on application or interview) [they] will turn you down. Why can't I get a job because I am homeless? It shouldn't take me being in a shelter to get a job"

"Stigma comes into play…. [You] can't just go out and get a job. You would be the last one to get hired. Housing too… [you would be the] last one to get picked."

"We get judgement. Especially with our backpack. They think we are hobos."

"Everyone looks down on us. People are way too judgmental."

"New Haven is known for drug use and the people providing services often treat you as if you are an addict."

"The judgment from being homeless is debilitating. It makes you have your guard up. People need to know that "It can happen to you."

"We need help and we're being looked down upon"

"Nothing has gutted me like being homeless. I buy a pack of cigarettes and they look down their nose at you."

"Some people get benefits and not others... some people have been helped into more than one apartment."

"Sometimes people using drugs and alcohol get helped out, but when you are trying and doing different programs, you get put on the back burner."

"When you have a jail record it's hard to find a decent place to stay. If you have a criminal history, you're nothing."

"Get arrested for trespassing"

"When you have a voucher, you are looked at in a certain way. There is a stigma attached to it and you get turned down."

"When you go to see an apartment and they like you, their face changes when they learn you have a voucher."

MENTAL HEALTH AND ADDICTION ISSUES

The narrative around mental health from the perspective of the unhoused was about how homelessness compounds, exacerbates, and causes mental distress and illness. For those with preexisting mental health issues, those challenges are worsened by the very plight of being unhoused and having to follow rules unknown, fear of making a mistake, having to choose between basic human needs for survival...each choice resulting in a loss of another aspect of humanity. Narratives touch on the inadequacy of mental health services, the lack of family support, and the challenges faced by individuals with mental health issues. Quotes like *"It's the little things that can stretch and break you"* depict the complex relationship between mental health challenges and the experience of homelessness.

"If you're an addict and you become unhoused you're going to end up relapsing"

"It's the depression of it all"

"[I am] more depressed about everything since I have been homeless - everything is heightened and more magnified since homeless."

"If the basis to use the clubhouse is to have a mental health issue, then staff should be more tolerant"

"Being homeless takes all of your self-respect away"

"They're pointing you in the way of crime if they are depriving you of sleep. It affects your mental health. So now you are in the prison system."

"Treat the problem so we can find our own solutions"

"The reason you look at every homeless person and their mental health is crazy... a lot of that is from being homeless... people looking (and talking down) on me... shot down... every single one has said we can't take you, you don't have a house (re: job)"

"There should be more mental health workers in this facility. No one wanted to be this. All they say is 'get a job,' 'get us money,' 'get out.' If we could find a way to treat us we could figure it out. Staff members should have to have mental health training - when someone is bugging out it's not because they want to be an asshole it's because they are having a problem and need help"

"Are there shelters qualified to help homeless people with addiction problems?"

"Mental health field is not being utilized and resourced the way it should be."

"Mental health is a business and they take advantage of people... they take our rights."

"Authority was taken out of context... not in the sense of help, but in the sense of control" (about mental health system)

RESILIENCE, COMMUNITY, COMPASSION, AND CREATIVITY

Amidst these challenges, the importance of community support and resource-sharing are evident. Unhoused individuals rely on word of mouth for vital information, emphasizing the need for a more structured platform for sharing experiences and insights. In the face of adversity, the unhoused community demonstrates remarkable resilience and mutual support. Creativity and innovation become survival skills, allowing them to navigate a system that often falls short. Quotes like *"We are our own best resource"* and *"we are stronger together as one..."* underscore the importance of community and mutual support in navigating the challenges of homelessness. Gratitude is expressed and felt for the help they receive and narratives contain sentiments of compassion for staff facing their own challenges within the system.

"We are crutches with one another"

“We are creative. We have to be to survive. If they took the time to get to know us they would see.”

“every single one of us is creative… we have to be”

“we are just as smart, if not smarter… we have to be more innovative, creative”

“This becomes a family” (participant said as gesturing around the listening session room)

“One worker cares…. She makes sure we have coats and shoes… she looks for you to check on you. People like that is what we need.”

“Everyone is treated like family here. People in the shelter look out for each other. Nobody is left out.”

Potential Solutions

BASIC HUMANITY

Recognizing the impact of basic humanity on the well-being of individuals experiencing homelessness, fostering empathy and dignity, is crucial. Acknowledging compassionate initiatives, such as community support and outreach programs, grief support, and choice in housing, can make a significant difference.

"Being treated like a human makes a huge difference"

"[We need] freedom to feel like a human"

"A person who looks out for you is a blessing."

"Should be more lenient on people."

"Things that happen that don't have to happen [help] - for instance us coming out to listen, the church helping - there are people that are very compassionate - like the waste station that every Sunday they give out food to everyone on the street for free. Always something different every week. A lot of people were thankful for that. One person got a job there - referred from the soup kitchen staff."

BASIC NEEDS

Addressing essential needs like free laundry, showers, bathrooms, clothing, and transportation, along with storage for personal belongings and food, can contribute to a more supportive and dignified environment.

"We need dedicated free laundry and showers. You are made to feel like a roach. Mobile shower unit – something."

"Public bathrooms. Portable toilets have disappeared."

"24/7 warming center"

"Living in car—you need freedom and you don't have it living out of your car. You are stuck where you are. You need a place to use the restroom, wash, and brush your teeth"

"Food storage is needed... eating out everyday is expensive... it would be so helpful it they were able to just keep/bring food into the shelter... right now they are not able to do either and it is a burden"

"I'm outside in the snow freezing my ass off and I have to wait at least a week for the coat drive."

PRACTICAL SUPPORT

The need for assistance with practical challenges, from navigating paperwork and application fees to securing the first and last month's rent, is vital. Furthermore, accommodations are needed for people with medical conditions, conflicting employment situations, and other circumstances that pose difficulties in meeting requirements of the agency, including transitional services for young adults leaving DCF and individuals leaving incarceration, and families and parents with children.

"Applications fees are a rip off... it's hard to look for a place and to trust."

"When you are handed the forms and the responsibility of looking into things and feel overwhelmed, don't know where to start or need help."

"Security deposit and first and last month rent... that's all we need and two people can be off the street."

"Having people help with everyday things - someone to help with buses if you don't know the schedules or routes, etc. For appointments - if you miss - it's really hard to get another one - you have to jump through all the hoops again."

"No freeze... first come first served. If you are at the back of the line, you may not get in. I had to get creative and sleep in the atm booth."

CLEAR COMMUNICATION AND INFORMATION SHARING

Overcoming communication barriers and information gaps is crucial for empowering individuals. Developing a handbook or manual to navigate homeless resources, holding joint meetings at shelters, and ensuring clear and consistent communication would all help to bridge the existing gaps in communication. Holding joint meetings between staff and clients at shelters would not

only create a platform for clear communication but would help to build rapport and improve staff-resident relationships. Moreover, ensuring the availability of Spanish-speaking staff and navigators, along with literacy assistance, would help ensure that resources and knowledge are more equitably distributed amongst individuals with different levels of mastery of the English language.

"Started thinking about a street person's handbook about different situations. - for example - how to make a cardboard structure."

"There is no communication. Need more communication. Maybe cut out some of the middle people. It's frustrating - you don't hear back. They don't follow up but they get frustrated if you keep asking."

"Clear, concise direction with consequences. Tell me what to do and what will happen if I do or do not do it."

"More direction would be helpful. Outcomes are not clear"

"A coordinator to help navigate everything would help. There is no one tracking everything. Depends who you get as a worker."

"It would be really helpful to have a group or round table once a week even for all of us to share resources and what's working and help others who are new or have less experience. It would also be great to have people come back once they are housed to share stories and resources."

"Need people that know the right people to go to and how to navigate the system so you don't have to keep running into barriers and roadblocks unnecessarily."

MENTAL HEALTH SUPPORTS

Elevating mental health support and extending outreach programs and resources to individuals on the street is a critical imperative. Ensuring that individuals have timely access to behavioral health and addiction services, at the moment the need is identified, is important to the overarching goal of cultivating a compassionate and responsive support system.

"Should have someone to talk to available if you need it."

"They need options for people with addictions."

STAFF TRAINING

Training shelter staff in person-centered care, empathy, and de-escalation techniques is crucial to creating a more supportive and empathetic atmosphere within shelters.

"de-escalation techniques and understanding/compassion of the situation is important and necessary and often lacking from staff members. It feels like they often escalate and make problems worse."

"[Workers] need sensitivity training. The workers should be mellowing out things not instigating."

"Staff need to know how to diffuse situations."

PEER NAVIGATION AND MENTORSHIP PROGRAMS

Implementing peer navigation and mentorship programs enhances community support resilience and provides valuable guidance. Training individuals with lived experience to serve as peer navigators creates a bridge between those seeking assistance and the support system. Mentorship programs contribute to a supportive community, fostering resilience and survival skills. These initiatives not only provide valuable guidance but also offer opportunities for employment, contributing to a sense of empowerment and shared responsibility within the unhoused community. Suggestions included setting up a mentor program and make it part of the voucher process/being housed to mentor others.

"Each other - never once had a round table with what is working and what isn't with other people in the same situation. Network. What are you doing, why and how is it working? 20 min once a week or something."

"When you have people in place with empathy and sympathy that will make the change. People who really care. People who have been through this. Someone who has been through it knows the stress and what you are going through. If they haven't gone through it - it's not the same."

"We are the biggest resource each other has"

"We look out for each other... we are kind of close knit. We make each other laugh and that is good medicine and helps relieve stress. Support is beneficial.

ACCOUNTABILITY MEASURES AND GRIEVANCE SYSTEMS

Implementing accountability measures and a grievance system can begin to address issues of mistreatment and ensures clear communication. Creating a channel for individuals to voice concerns without fear of punishment, fosters trust and collaboration between staff and those seeking assistance.

"There needs to be checks and balances... Once a grievance is filed it should not be kept in house.... Would like new guidelines and grievance procedures... protections against retaliation"

REPURPOSING ABANDONED BUILDINGS

Exploring opportunities to repurpose abandoned buildings in exchange for sweat equity provides a creative solution to address shelter and housing shortages, while providing valued roles and employment opportunities for persons who are unhoused.

"We should utilize what is here for housing. Say the building needs help and we need shelter so we could help rehabilitate it. A trade or something."

"Convert abandoned buildings into housing with our help."

"Why can't they take abandoned houses to use for housing?"

"If I have an opportunity to stay in an abandoned house... I'll fix it up"

"Make a place a home, by putting people together, give them a sense of family"

"Could make a tent city out there and it would be perfect... or trailers... a safe haven.. we would be stronger together as one. We could have a morning get-together group... make it sustainable."

Conclusions

"Basic kindness and care make all the difference"

The constant struggle for survival, exacerbated by the inadequacies of a system meant to provide support, painted a vivid picture of the daily realities faced by unhoused individuals. The costs of being unhoused includes declining mental and physical health, impaired relationships, and being unable to achieve what is being asked of them, all compounded by fear of punishment or retribution. The fear of making mistakes that could hinder access to resources is a recurrent theme, illustrating the constant tightrope walk individuals must perform. The grief of losing family members, the triaging of individual priorities and needs, waiting months for essential documents, and instances of cruelty of the greater community further exemplify the layers of adversity faced. Amidst these challenges, the call for compassion, clear communication, and a more supportive and understanding system echoed as crucial components for addressing the needs of the unhoused population.

While this project started as an initiative to address mental health needs of persons who were unhoused, we learned, after listening to people who live with the experience of being unhoused everyday, that mental health issues are but one part of the story. A part of the story that is often exacerbated by struggles with navigating and being a part of the homeless support system. We learned of practical solutions and adaptations that could be made within existing structures that would address some of the biggest insults experienced by people trying to navigate the system, which in turn would mitigate some of the effects on mental health. We share these stories and ideas to encourage policy makers to consider nuanced changes and avoid "quick fixes" with unintended consequences (like disqualification from other resources). **We need to emphasize that not once did a person with lived experience of being unhoused ask for more mental health supports as a way to help them overcome the effects of being unhoused.** What we heard were cries for humanity, kindness, clear information, guidance, and

dignity. There was an appreciation of the complexity and shortfalls of the system and empathy for many of the staff within this system. What they asked for were minor changes that would make the existing process, albeit imperfect, feel more humane. **It's not just about housing, it's about being seen, heard, and valued.**