

State of Connecticut Annual Point-In-Time Count of Individuals and Families Experiencing Homelessness

2025

Table of Contents

Introduction:	3
Summary and Key Findings:	4
Profile of Individuals and Families Experiencing Homelessness:	6
Results:	9
Demographics – Gender, Race/Ethnicity, Age:	22
References:	27
Acknowledgements:	28
Glossary of Terms:	28

Introduction:

As part of the application process for federal homeless assistance grants, the Department of Housing and Urban Development (HUD) requires that all funding recipients across the country conduct a count of the number of people experiencing homelessness within the last ten days in the month of January.

On **Tuesday, January 28, 2025**, the State of Connecticut conducted its annual statewide Point-in-Time (PIT) Count of people experiencing homelessness. This includes the number of people who were in Emergency shelter, Transitional Housing and Safe Havens as well as those who were unsheltered, meaning living in places not meant for human habitation such as in cars, under bridges, or on the streets.

The State of Connecticut has been conducting an annual PIT Count of people experiencing homelessness since 2007. Until recently, the methodology for that count had remained relatively consistent. However, due to the global COVID-19 pandemic, in 2021, HUD offered flexibility to communities in how or whether they conduct an unsheltered count. Connecticut used this flexibility and significantly altered its methodology for conducting the unsheltered count in 2021, while the sheltered count methodology remained relatively consistent. Information on the previous methodology can be found in the introduction section of the 2024 PIT Count report -- [2024 CT Point In Time Count Report](#)

Since 2021, Connecticut has been relying on the Homeless Management Information system (HMIS). HMIS is the statewide database used to collect data and coordinate care for those who are homeless. HMIS is used to compile data entered by outreach teams serving people experiencing unsheltered homelessness.

However, not every outreach team, shelter program and housing program use HMIS. To collect and aggregate all data from the night of the PIT count, the State of Connecticut also uses a PIT database. This is a web-based platform developed and managed by Nutmeg Consulting to collect and confirm the PIT data from HMIS as well as the data that is collected external to HMIS. This data is combined into reports used for submitting results of the count to HUD and the state.

The integration of HMIS data with the PIT count process allows us to develop a profile of the individuals and families counted in emergency shelter or street outreach as well as any of the other program types whose programs participate in HMIS. This information collected in HMIS can help to determine the level of support individuals and families need to bridge the gap between homelessness to housing. Whether the needs are in the form of cash benefits, non-cash benefits, employment, access to health insurance and/or support for their disabling condition, having this data helps us to answer how much support is needed and how often interventions are required to improve quality of life.

Summary and Key Findings:

There were **3,735** sheltered and unsheltered persons experiencing homelessness on the night of January 28th, 2025. This is an overall increase of 325 (9.53%). Although the count did increase, this is a slight improvement in the rate of increase counted in 2024 which saw an increase of 395 (13%) from the 2023 count.

The count of families with children has decreased from 362 households in 2024 down to 334 households in 2025. These 334 family households are made up of 1010 people of which 587 were children. In 2024 these households were made up of 1,108 people of which 677 were children. This has been a decrease across both metrics. The total number of people has gone down 10% and the total number of children has gone down by 15%.

There were 2,667 households with adults only counted in 2025, compared to 2,246 households counted in 2024. These households were made up of 2,724 people in 2025 and 2,301 people in 2024. This is an increase of 19% for households and total persons.

Households with children only maintained at 1 household of 1 child.

The best performing measure for the 2025 count was Households with Adults and Children and Unaccompanied child households. Households with Adults and Children, typically thought of as family households, showed a drop of 9% from the 2024 to the 2025 count. Moreover, this resulted in a drop in homeless children in these households by 15%. Unaccompanied youth households showed a drop of 16% in 2025, from 165 households down to 138.

The state continues to increase its bed inventory to meet the needs of people experiencing homelessness. The number of Emergency Shelter (ES), Safe Haven (SH) and Transitional Housing (TH) beds has increased from 3,227 in 2024 to 3,358 in 2025, a total of 149 (4%) new beds. The number of Permanent Housing (PH) and Rapid Re-Housing (RRH) beds has increased from 9,868 in 2024 up to 10,293 in 2025, a total of 425 new beds. Unfortunately, the number of persons in need of either shelter or housing continues to outpace the number of available beds and units.

As noted in the introduction, HMIS is the statewide data system used by the majority of homeless service providers as a tool to help those experiencing homelessness in Connecticut. Other than Domestic Violence programs, who are not permitted to use the statewide HMIS and a few seasonal shelters, 100% of year-round emergency shelter beds are in HMIS. This translates to 83% of all people counted in emergency shelter were found in an HMIS based emergency shelter program.

HMIS street outreach participation is also strong, 94% of Street Outreach (SO) programs with client counts participated in HMIS on the night of the count. This translates to 85% of all people counted in SO were found in an HMIS based SO program.

This level of participation in HMIS allows us to do a 'where are they now' review to see why the count seems to remain within this 3,000-person range year-over-year. In the tables below, for any person in an HMIS Emergency Shelter (ES) or HMIS Street Outreach (SO) program counted in 2022, 2023 or 2024 we can see if they continue to experience homelessness in 2025. For example, in 2025 there were 326 people counted who were also counted in 2022 and there were 449 people counted in 2025 who were also

counted in 2023. And last, there were 810 people counted in 2025 who were also counted in 2024. The 'location in 2025' column in the table below tells us where those people were found during the 2025 count.

From this information we can see the following:

Counted in ES/SO in 2022		Counted in ES/SO in 2023		Counted in ES/SO in 2024	
Program Type	Location in 2025	Program Type	Location in 2025	Program Type	Location in 2025
Emergency Shelter	60	Emergency Shelter	83	Emergency Shelter	278
Street Outreach	20	Street Outreach	33	Street Outreach	85
Permanent Housing	223	Permanent Housing	253	Permanent Housing	271
Rapid Re-Housing	23	Rapid Re-Housing	80	Rapid Re-Housing	173
Transitional/Safe Haven	0	Transitional/Safe Haven	0	Transitional/Safe Haven	3
Grand Total	326	Grand Total	449	Grand Total	810

36-month range - 326 people counted in 2025 and 2022:

- 60(18%) were still found in an ES in 2025
- 20(6%) were still in SO in 2025
- 246(75%) fortunately were counted in more stable situations in 2025, either PSH or RRH

24-month range - 449 people counted in 2025 and 2023:

- 83(18%) were still found in an ES program in 2025
- 33(8%) were found in an SO program in 2025
- 333(74%) fortunately were counted in more stable situations in 2025, either PSH or RRH

12-month range - 810 counted in 2025 and 2024:

- 278(34%) were still found in an ES program in 2025
- 85(10%) were still found in an SO program in 2025 count
- 447(55%) fortunately were counted in more stable situations in 2025, either PSH, RRH or TH

From HMIS we can at least get a few pieces of the puzzle when we look at the homeless trends over time. From the 2022-2025 PIT counts there were 559 persons who continue to be seen in an HMIS participating emergency shelter and/or homeless outreach program. And because these people are in HMIS we know who they are, what their needs may be and what interventions are needed so hopefully they will be among those counted in a more favorable situation in 2026.

Though all these numbers seem daunting, it is important to note the continuous effort exhibited by all the services providers statewide. Since 2016, Connecticut has managed to add 2,840 Permanent Housing and Rapid Re-housing beds and maintain an inventory of 3,358 Emergency Shelter, Transitional Housing and Safe Haven beds (*ES and SH beds have increased, while TH beds have decreased keeping the overall count relatively flat year over year*).

Profile of Individuals and Families Experiencing Homelessness:

Below are profiles of individuals and families counted on the PIT night split out by the two Continuums of Care (CoC's) for Emergency Shelter and Street Outreach. The profile includes information on average income, non-cash benefits, health insurance and disabling conditions.



Balance of State (BOS):

HMIS Participating Emergency Shelter Programs – Households with adults and children profile:

There were 212 Households with children counted on the night of PIT comprised of 670 people. Of those, 166 households are in programs that participate in HMIS. The HMIS participating client data allows us to provide a profile of those 166 households made up of approximately 523 people.

The average family size for HMIS participating programs was 3.20 people. This ratio is in line with the available beds per family unit counted in HMIS on the night of PIT which equated to 4.36 beds per unit. There were 91 out of 166 households (55%) who reported some type of income either via employment, SSI, SSD or other financial assistance. The average income for these households with children was \$1,377/month. Households with income from employment averaged \$1,892.45/month while those whose income was not from employment i.e. SSI, SSDI or State Cash Assistance averaged \$913.16/month. There were 70 out of 166 households (42%) reported having zero income and 8 households showed as data not collected.

115 out of 166 households with children (69%) reported having non-cash benefits which includes services such SNAP, WIC and TANF. 42 households (25%) reported no non-cash benefits. Of the 523 family members comprising these 166 HMIS based households with children, 418 family members (80%) report having health insurance. 41 family members (8%) reported not having any health insurance and 64 family members (12%) showed as data not collected.

85 of the 523 people (16%) reported some type of disabling condition with an average of 1.68 conditions per person. 438 of the 523 people (84%) reported no disabling conditions or data not collected.

HMIS Participating Emergency Shelter Programs – Households with adults only Profile:

There were 1,313 Households with adults only counted on the night of PIT comprised of 1,350 total people. Of those households, 1,058 were in programs that participated in HMIS. The HMIS participating client data allows us to provide a profile of those 1,058 households made up of approximately 1,079 people.

These were predominantly 1 person households. There were only 401 out of 1,079 people (37%) who reported some amount of income either from SSI, SSD, State or employment. The average income for these individuals was \$1,199.51/month. People with income from employment averaged \$1,534.12/month while those whose income was not from employment averaged \$1,089/month. 632 out of the 1,079 people (59%) reported zero income and 46 were either data not collected, or information was missing.

Out of the 1,079 people in households with adults only, 576 (53%) reported having non-cash benefits which for this group included SNAP. 454 out of the 1,079 individuals (42%) reported no non-cash benefits and 49 were data not collected. Of the 1,079 people in households with adults only, 921 (85%) reported having health insurance, 97 (9%) reported no health insurance and 61 showed as data not collected.

Of the 1,079 individuals, 581 (54%) reported some type of disabling condition with an average of 2.3 conditions per person. 449 of the 1,079 people (42%) reported no disabling conditions and 49 were data not collected.

HMIS Participating Street Outreach Program – Households with adults and children Profile:

For this one Household with one adult and one child, the income was \$716/month and was non-employment-based income. SNAP was the only non-cash benefit, and all members had health insurance. There was 1 person with a disabling condition reported.

HMIS Participating Street Outreach Program – Households with adults only Profile:

There were 697 individuals counted in street outreach on the night of PIT. Of those, 570 were in programs that participate in HMIS.

Of the 570 individuals, 183 (32%) reported some amount of income. The average income was \$1,232/month. 45 Persons with income from employment averaged \$1,786/month while 145 persons with income from sources other than employment averaged \$1,063/month. 342 people (60%) reported zero income and 42 people were data not collected.

Out of the 570 people in households with adults only, 266 (47%) reported having non-cash benefits which for this group included SNAP. 240 (42%) individuals reported no non-cash benefits and 64 people were data collected. 421 people (74%) reported having health insurance while 65 (11%) reported no insurance and 84 were data not collected.

Of the 570 individuals, 356 (62%) reported some type of disabling condition with an average of 2.33 conditions per person. 167 people (29%) reported no disabling conditions and 47 showed as data not collected.

Opening Doors Fairfield County (ODFC):

HMIS Participating Emergency Shelter Program – Households with adults and children Profile:

There were 73 Households with children counted on the night of PIT comprised of 219 people. Of those, 47 households are in programs that participate in HMIS. The HMIS participating client data allows us to provide a profile of those 47 households made up of approximately 138 people.

The average family size for HMIS participating programs was 3 people. This ratio is over the available beds per family unit counted in HMIS on the night of PIT which equated to 2.77 beds per unit. There were 24 out of 47 households (51%) who reported some type of income either via employment, SSI, SSD or other financial assistance. The average income for these households with children was \$1,540/month. Households with income from employment averaged \$1,714/month while those whose income was not from employment averaged \$823/month. 21 out of 47 households (45%) reported having zero income.

27 out of 47 households (57%) with children reported having non-cash benefits which includes services such SNAP, WIC and TANF. 16 out of 47 households (34%) reported no non-cash benefits. Of the 138 family members comprising these 47 HMIS based households with children, 107 family members (78%) report having health insurance. 19 family members (14%) reported not having any health insurance and 12 were data not collected.

43 people of the 138 household members (31%) reported some type of disabling condition with an average of 1.45 conditions per person. 83 people out of 138 household members (60%) reported no disabling conditions.

HMIS Participating Emergency Shelter Program – Households with adults only Profile:

There were 353 Households with adults only counted on the night of PIT comprised of 360 people. Of those households, 343 were in programs that participate in HMIS. The HMIS participating client data allows us to provide a profile of those 343 households made up of approximately 351 people.

These were predominantly 1 person households. There were only 118 out of 351 people (34%) who reported some amount of income. The average income was \$1,242/month. Persons with income from employment averaged \$1,541/month while those whose income was not from employment averaged \$1,043/month. 188 people (54%) reported zero income and 42 were data not collected.

Out of the 351 people in households with adults only, 143 (41%) reported having non-cash benefits which for this group included SNAP. 160 individuals (46%) reported no non-cash benefits and 46 showed as data not collected. Of the 351 people in households with adults only, 215 (61%) reported having health insurance while 86 individuals (25%) reported no health insurance and 48 (14%) showed as data not collected.

Of the 351 individuals, 169 (48%) reported some type of disabling condition with an average of 2.35 conditions per person. 135 of the 351 people (38%) reported no disabling conditions and 45 showed as data not collected.

HMIS Participating Street Outreach Program – Households with adults only Profile:

There were 134 individuals counted in street outreach on the night of PIT. Of those, all 134 were in programs that participate in HMIS. Of the 134 individuals, 44 (33%) reported some amount of income. The average income was \$1,237/month. Persons with income from employment averaged \$1,891/month while those with income from sources other than employment averaged \$864/month. 59 people (44%) reported zero income and 31 were data not collected.

Out of the 134 people in households with adults only, 45 (34%) reported having non-cash benefits which for this group included SNAP. 55 individuals (41%) reported no non-cash benefits and 34 were data not collected. Of the 134 people in households with adults only, 66 (49%) reported having health insurance while 28 (21%) reported no insurance and 40 were data not collected.

Of the 134 individuals, 56 (42%) reported some type of disabling condition with an average of 2.69 conditions per person. 43 of the 134 people reported no disabling conditions and 35 were data not collected.

HMIS Participating Street Outreach Program – Households with adults and children Profile:

There were 0 households of 0 people counted in street outreach on the night of PIT.

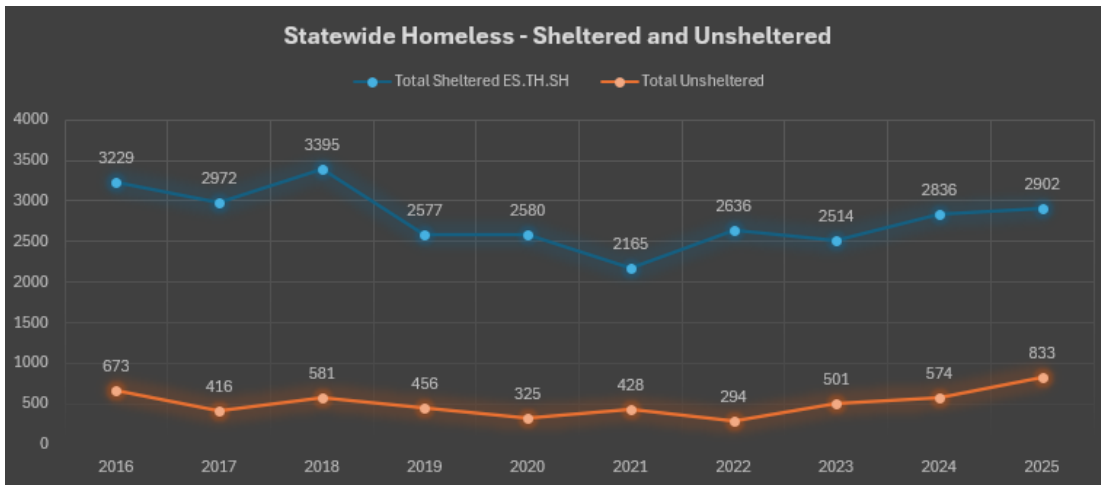
In summary, the average incomes for these groups range between \$864 - \$1,891 per month for households with and without children. Fair Market Rent prices range from \$1,471 for one bedroom up to \$2,288 for a three bedroom. The minimum living wage range needed in Connecticut is from \$4,000/month for a single on up to \$12,000 per month for a household of 3. The agencies providing rent and support services to these groups must cover anywhere from 80 to 100% of the rent if/when they are able to find housing. Furthermore, they must also assist these households to find all the other support they will need to bridge the gap between what they can afford vs. what they need.

Results:

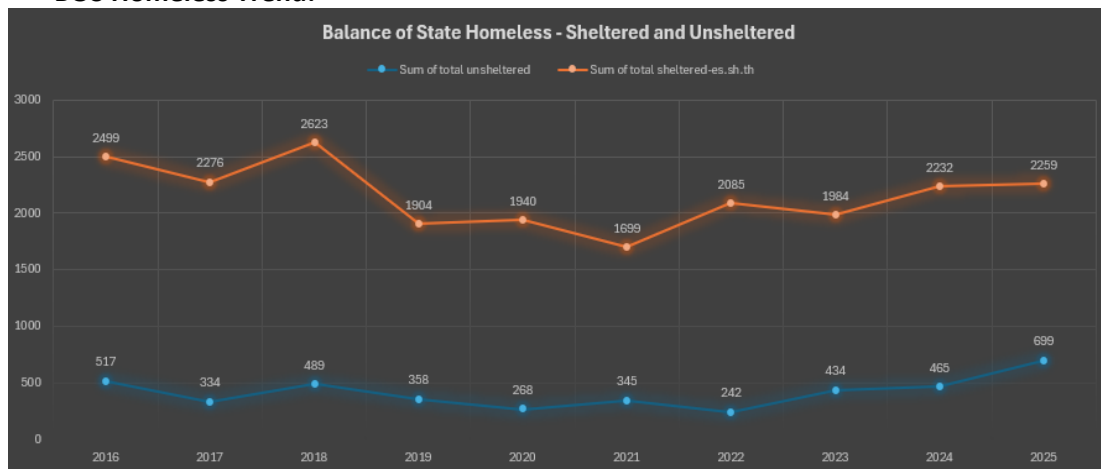
The annual Point-In-Time count provides a historic record as well as a future blueprint. It allows us to see how far we have come and how far we still need to go. Below are the graphs showing how the PIT count data has trended over time. The graphs categorize the data by Statewide, Balance of State (BOS) and by Opening Doors Fairfield County (ODFC). The categories include people counts, bed counts, household counts and demographics. Also included are veteran counts, domestic violence and disabling condition trends. For an interactive view of trends from 2016-2025 you may visit <https://cthmis.com/pit/pit-dashboard/>

Since 2016 the total count of homeless persons has fluctuated. From 3,902 in 2016 to a spike up to 3,976 in 2018 down to a low of 2,593 in 2021. We are once again on an up-swing from 2,930 in 2022 to 3,410 in 2024 and 3,735 in 2025. The largest contributor to this increase in 2025 was with the unsheltered homeless, up 45% (574 in 2024 to 833 in 2025).

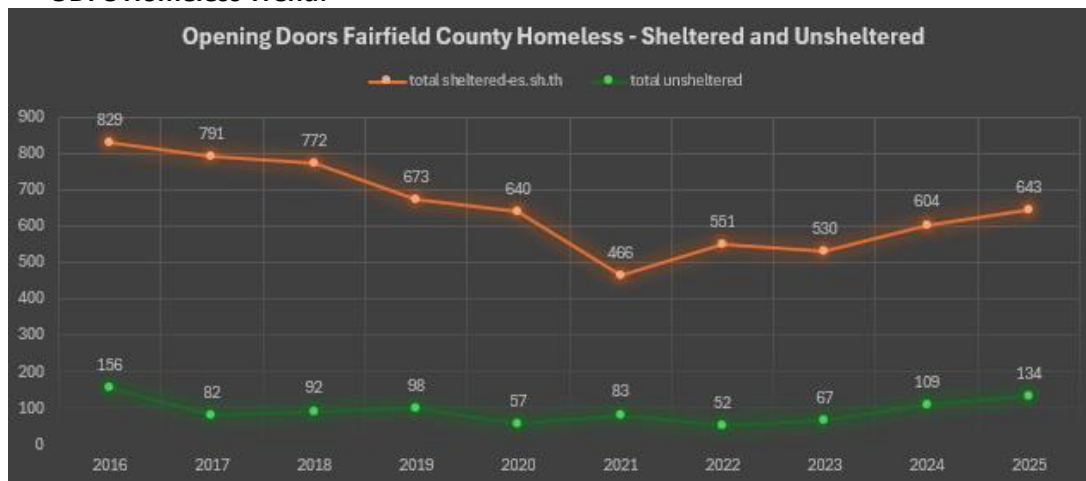
Statewide Homeless Trend:



BOS Homeless Trend:

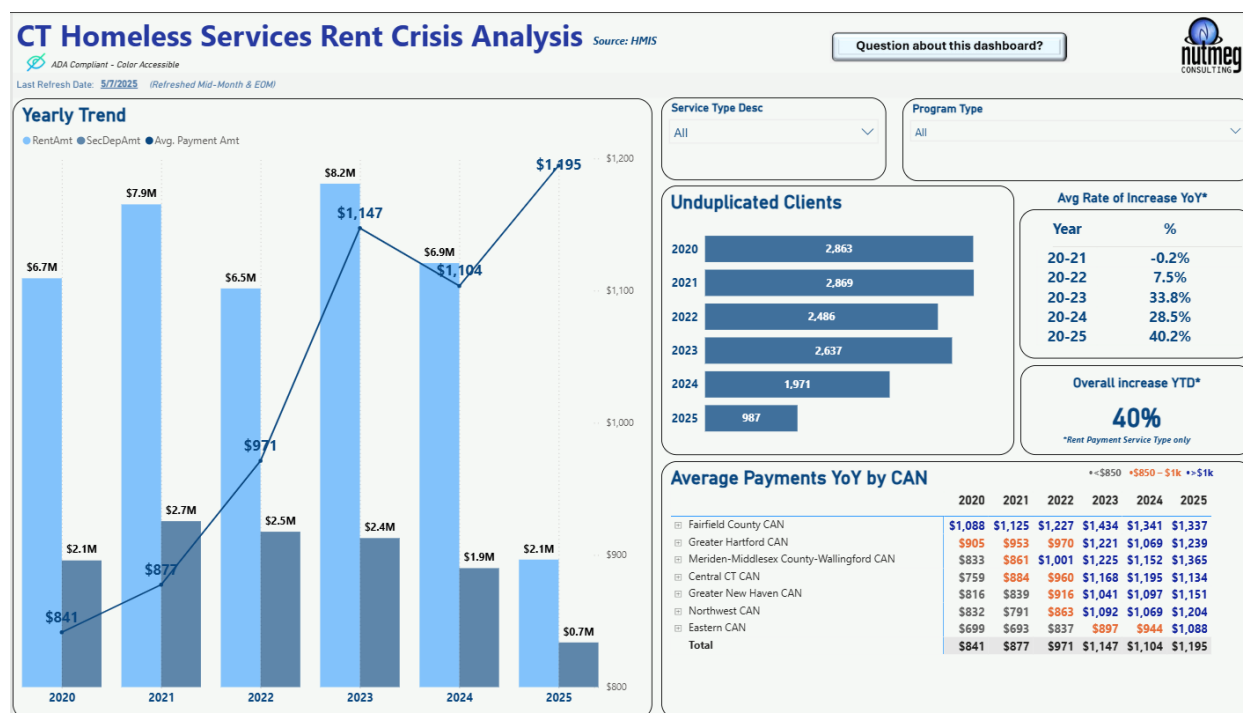


ODFC Homeless Trend:



These fluctuations are due to many factors. For one, this count is just a snapshot, a glance at the homeless situation over a single 24-hour period in January. Second, weather conditions on the night of the count play a role in where people are found and how many are found. Third, the methodology has changed over time. From 2016-2020, the unsheltered counts were done by canvassing and paper surveys. Now, the unsheltered data is collected by the street outreach teams. There were 23 street outreach programs entering data in HMIS back in 2016. As of 2025, there were 78 HMIS street outreach programs and 5 non-HMIS street outreach programs collecting data on the night of the count. Over time Connecticut has increased its focus on finding and engaging with those who are experiencing unsheltered homelessness. There are also economic factors as rents in Connecticut continue to rise and as identified in the profile section, those with employment are only averaging \$1,800 per month and those with other income and some employment only averaging around \$1,400 per month, this is not adequate to secure housing and cover living expenses.

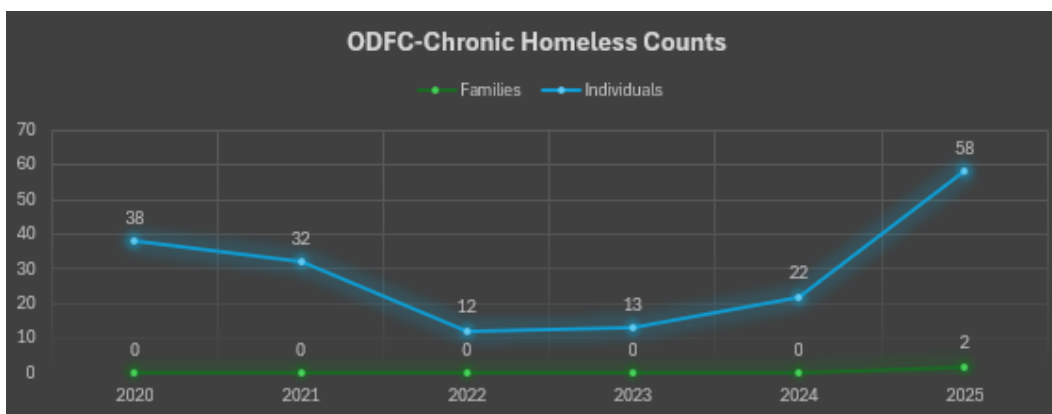
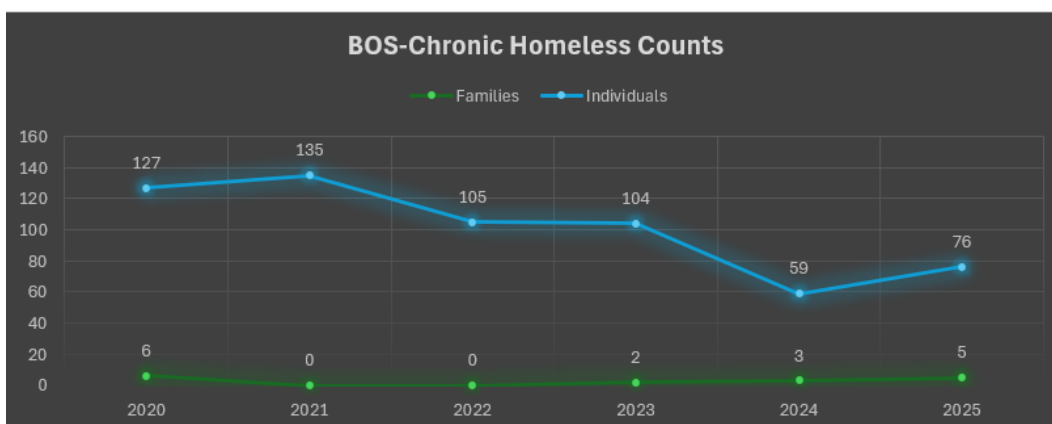
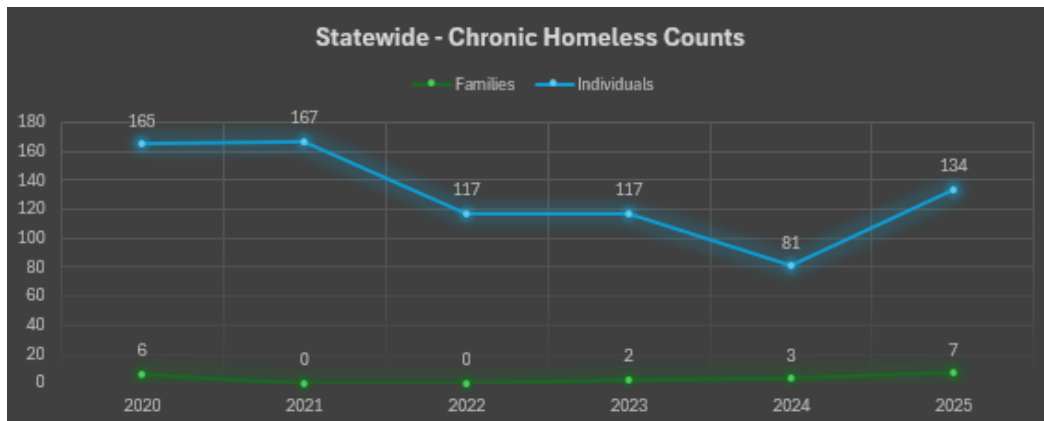
The rent crisis these non-profit housing programs and homeless households are facing is illustrated on the table below. These agencies that provide rental subsidies (PH, PSH, RRH or Prevention) continue to face an uphill battle trying to bridge the gap from what someone can afford versus how much they can subsidize. Also there continues to be a struggle for the providers to find units whose rents are within the FMR and/or reasonable, thus further draining the pool of available and acceptable units. 2025 is just beginning and we can already see that as of 5/1/2025 we are tracking at 40% above 2024. Link - [CTHMIS Rent Crisis Dashboard](#)



Chronic Homeless Trends:

To meet the federal definition, a chronically homeless person must have a disability and (a) have experienced homelessness, as defined as living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously, or (b) have experienced homelessness on at least four occasions in the last three years where those occasions cumulatively total at least 12 months. The disabling condition must be of indefinite duration and impair the person's ability to live independently.

The chronic homeless trend has been on the decline. We can attribute this to the increase in permanent housing units and the enhancement of the state's Coordinated Access process which helps to connect the person to available housing opportunities. There has also been a more rigorous review of homeless history and disabling conditions aimed at prioritizing the most vulnerable persons with housing opportunities. The charts below go back to the 2020 count to reflect the start of when this enhancement process began.



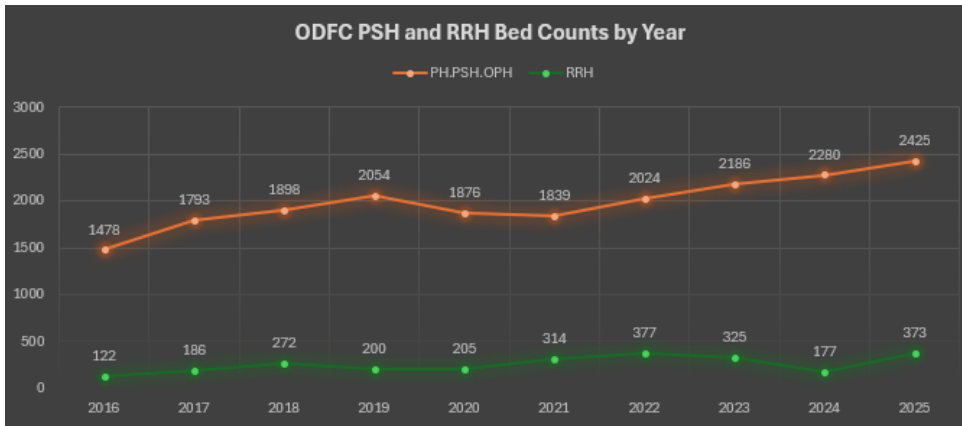
The CT Department of Housing, CT Department of Mental Health and Addictions services, statewide municipalities, the statewide private non-profit housing providers and partner organizations have worked diligently over the years to bring as much Permanent Housing and Rapid Re-Housing funds as possible into Connecticut.

Since 2016, these partner organizations have increased Rapid Re-Housing bed counts from 639 in 2016 up to 1,509 in 2025. That is a bed increase of 870 (136%). In this same period, Permanent Supportive Housing beds have gone from 6,474 up to 8444. That is a bed increase of 1,970 (30%). However, when comparing PSH bed counts from the 2024 count vs. the 2025 count we did see a small decrease from 8568 in 2024 down to 8444 in 2025. This reduction is primarily due to inventory clean-up related to people receiving assistance from multiple programs. The average bed utilization remained at 92%.

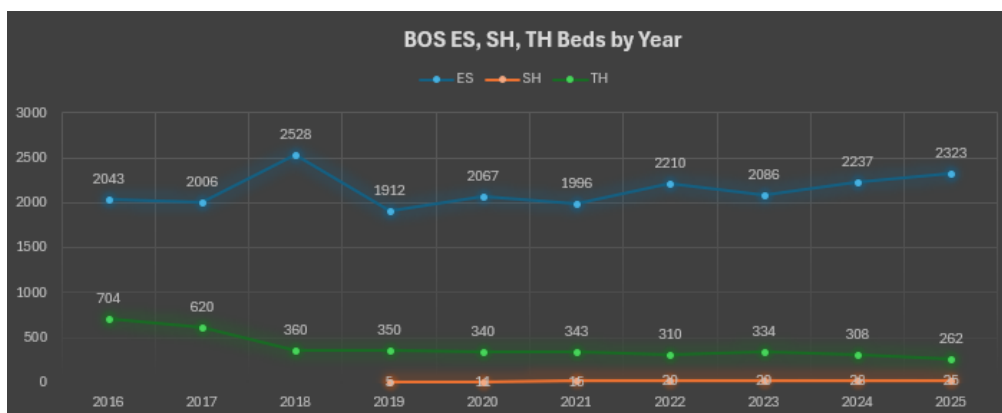
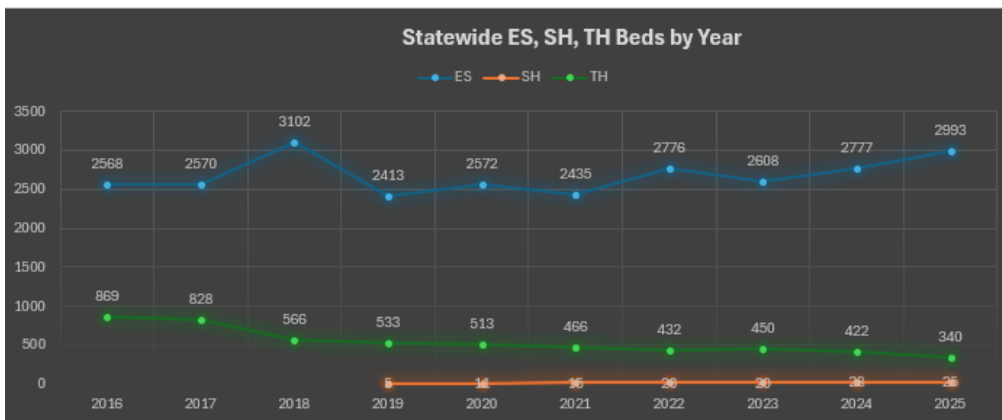
A new data point collected for 2025 was a reserved bed/unit count. We asked agencies that were not at 100% utilization for PSH beds to tell us how many of those beds were currently reserved. Meaning that a household has been identified for the unit or bed but will not be ready to occupy the space until after the night of the PIT count. In most cases the lease start date was after the night of the PIT Count. The results were 150 reserved individual and family beds on the night of the count.

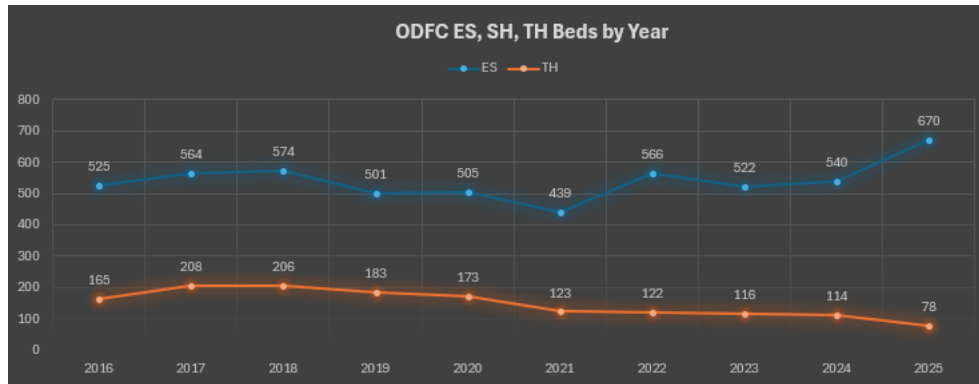
The challenges as we move forward include continuing to expand permanent housing opportunities, slowing the influx of people experiencing homelessness for the first time and of people experiencing re-occurring episodes of homelessness, transitioning those in PSH and RRH into independence and meeting the complex needs of older adults in both housed and unhoused situations. The Charts below show the counts of permanent housing and rapid re-housing beds going back to 2016.





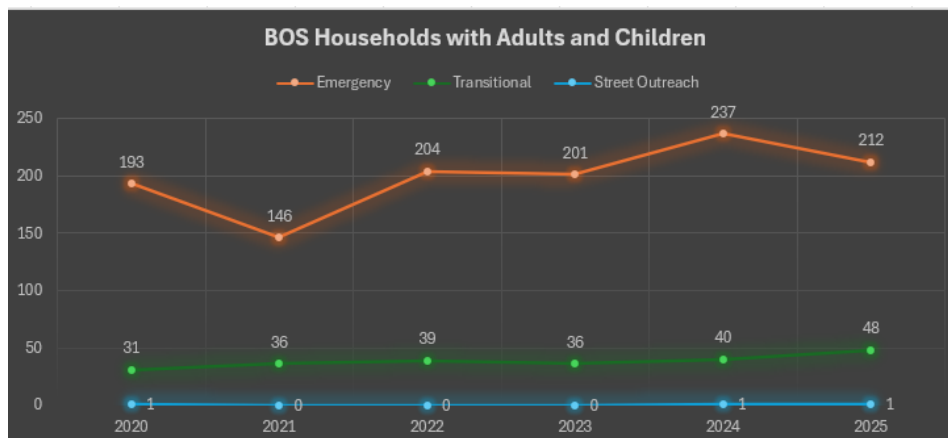
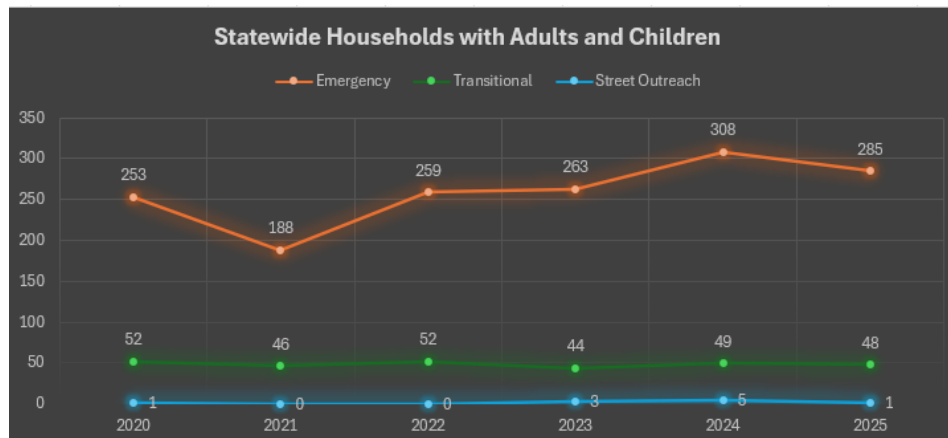
The following tables provide the history of Emergency Shelter (ES), Safe Haven (SH) and Transitional Housing (TH) beds counted during the Pont-In-Time process. As above, the range is from 2016 to 2025. The only outlier was back in 2018 when FEMA injected 621 beds in support of those who were impacted by hurricane Sandy.

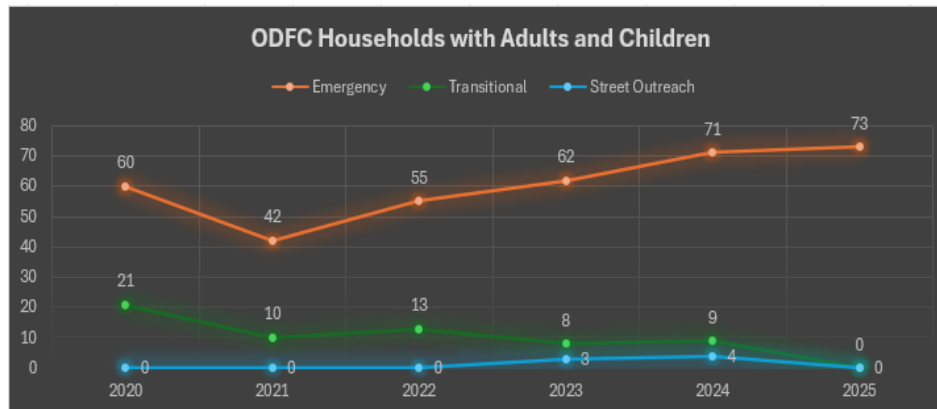




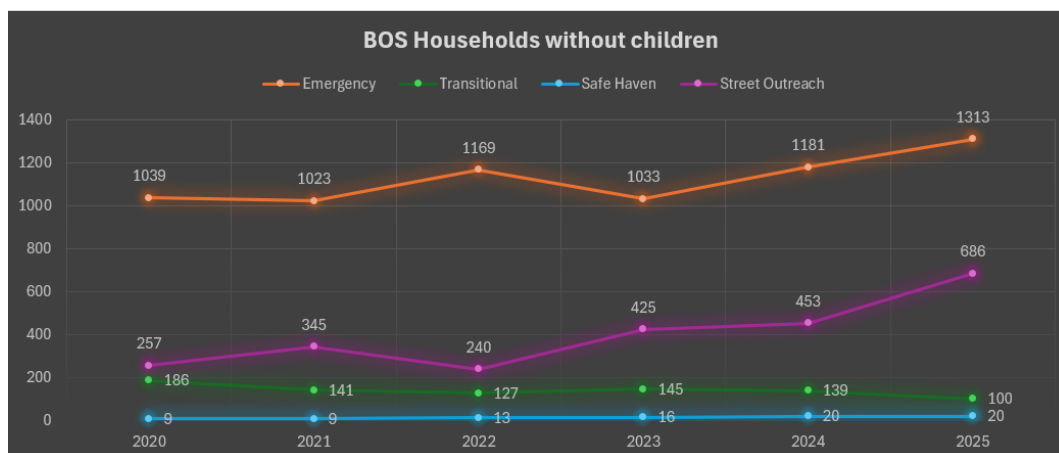
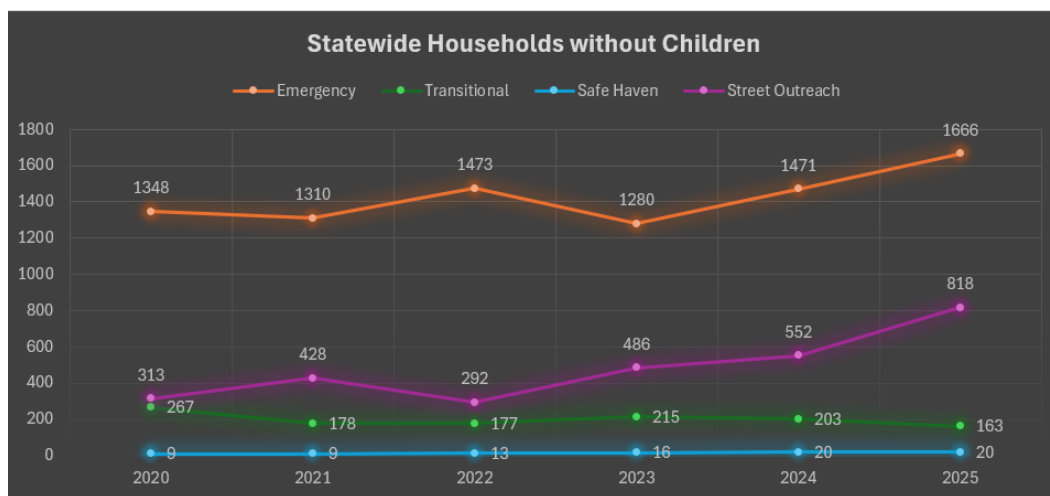
For the remainder of the trend comparisons, we will provide data going back to 2020. The graphs will show the trends for homeless households in Emergency Shelter, Transitional Housing and Street Outreach. **Street Outreach refers to those experiencing unsheltered homelessness.**

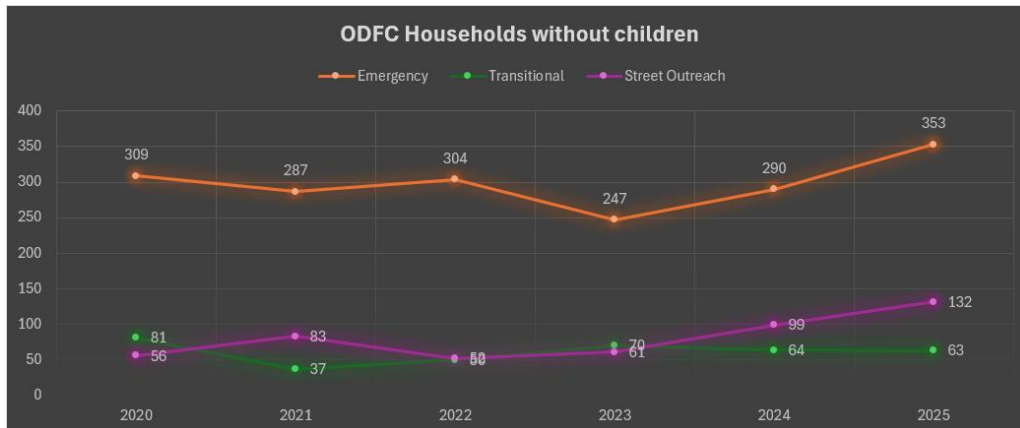
The first group are **Households with at least one adult and at least one child**. Per HUD definition, the household must have at least one family member 18 or older and at least one family member under 18. There was a total of 334 families experiencing homelessness, comprised of 1,010 people of which 587 were children. This is a household count decrease of 8% from the 2024 count of 362 households made up of 1,108 people of which 677 were children.



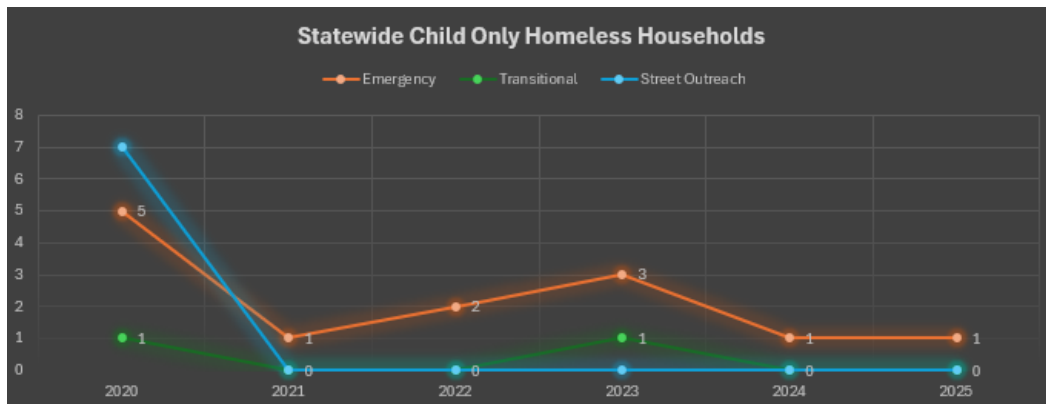


Households without Children, i.e. Adult Only Households can be of several combinations. It can represent 1 or more adults (persons 18 or over). These can be related or unrelated household members. This can also mean a household of a parent and their adult child. The primary rule is that there is no one under the age of 18 in the household. There was a total of 2,667 homeless Adult Only Households comprised of people counted in 2025. This is an increase of about 19% from last year's count of 2,246 households made up of 2,301 people.



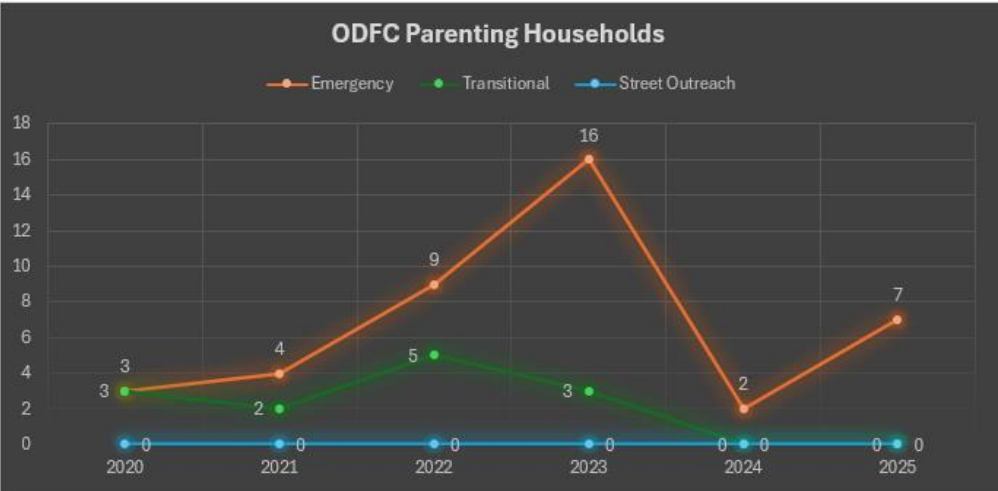
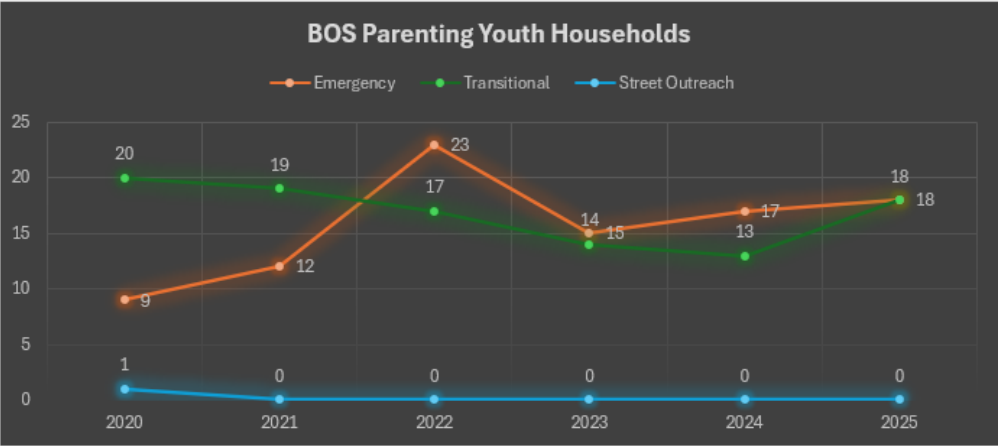
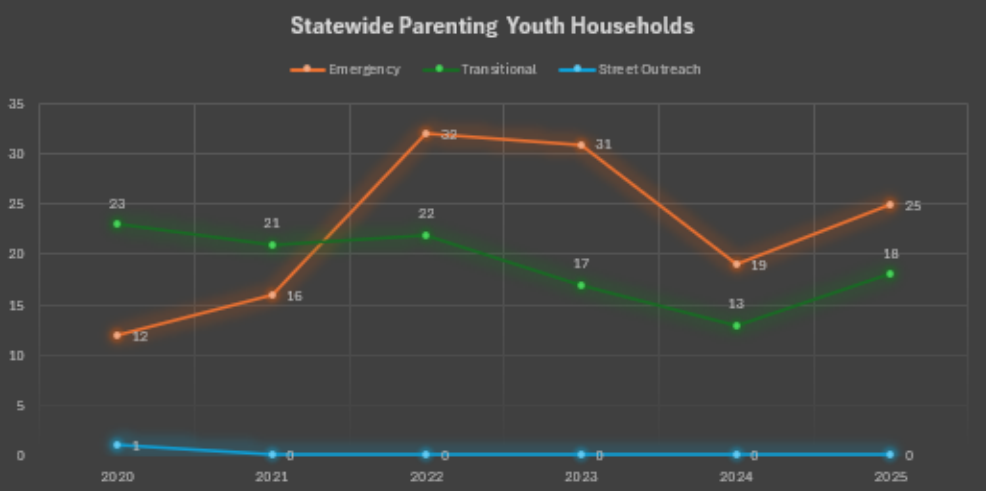


Child Only Household Data is represented statewide because the numbers separated by CoC are too small for meaningful review. Child only Households refers to situations where all members of the household are under 18 and there is no one over 18 accompanying the child. The households are typically served by the Runaway Homeless Youth programs (RHY). There was only 1 child only household comprised of 1 person counted.

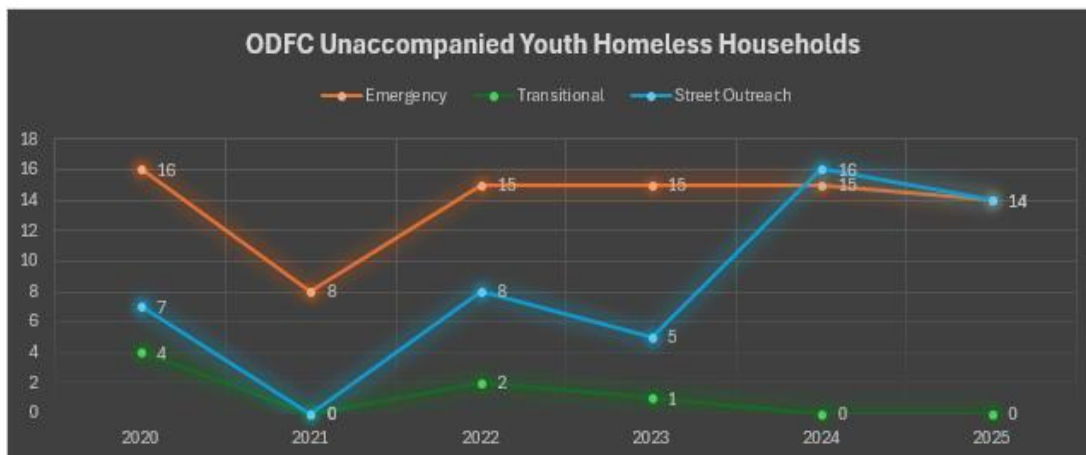
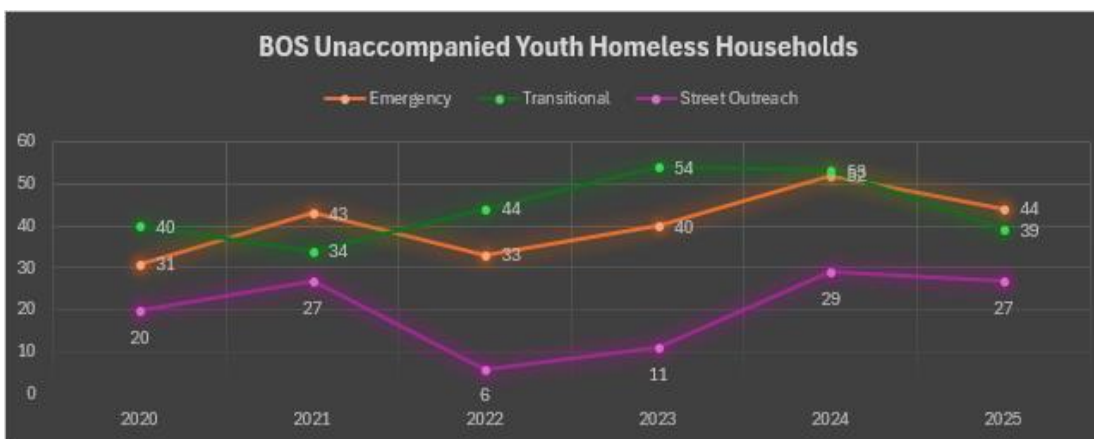
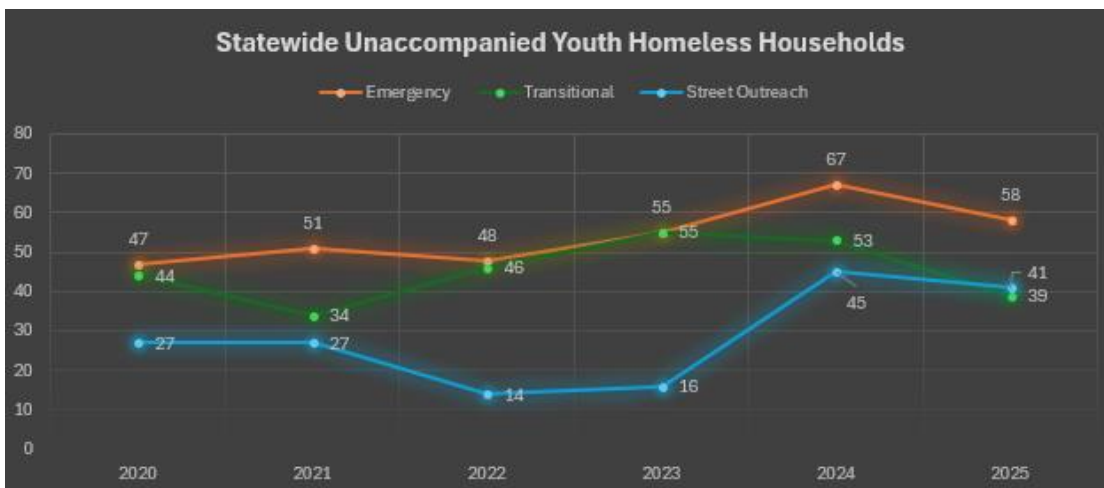


Unaccompanied Parenting Youth and **Unaccompanied Youth** are the next sets of data. Unaccompanied Parenting Youth translates to **Families where the parent or parents are between 18-24**. These are circumstances where no one in the household is over the age of 24 and there is at least one member under the age of 18 (child). This is a subset of the overall ‘Family’ Household data.

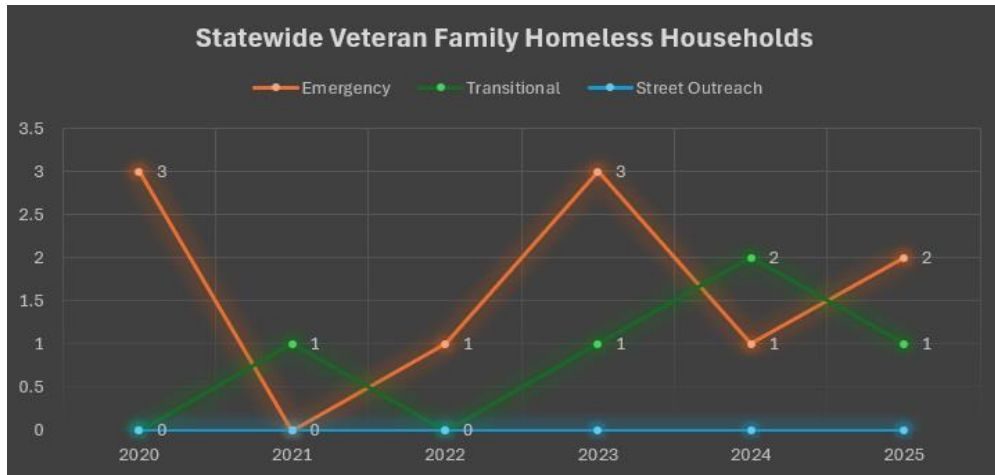
Unaccompanied Parenting youth family households: There was a total of 43 parenting youth family households experiencing homelessness, comprised of 104 people of which 54 were children counted in 2025. This is a household increase of 34% from 2024 where 32 households of 76 people were counted of which 42



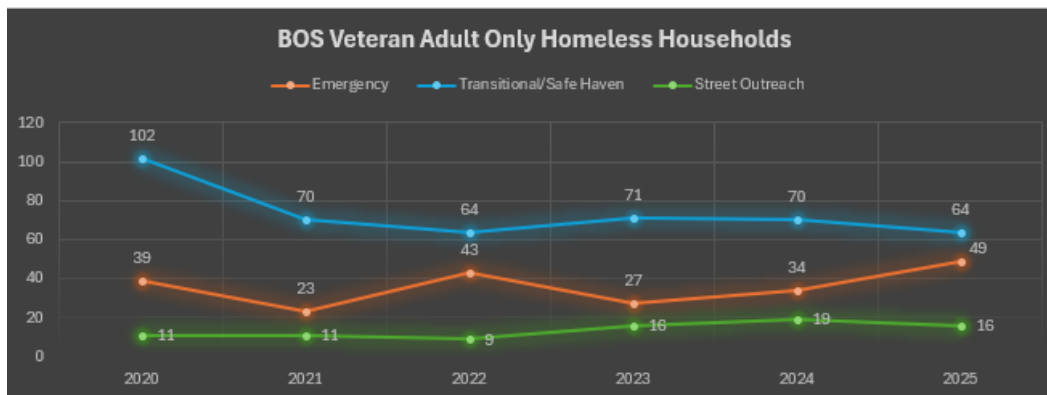
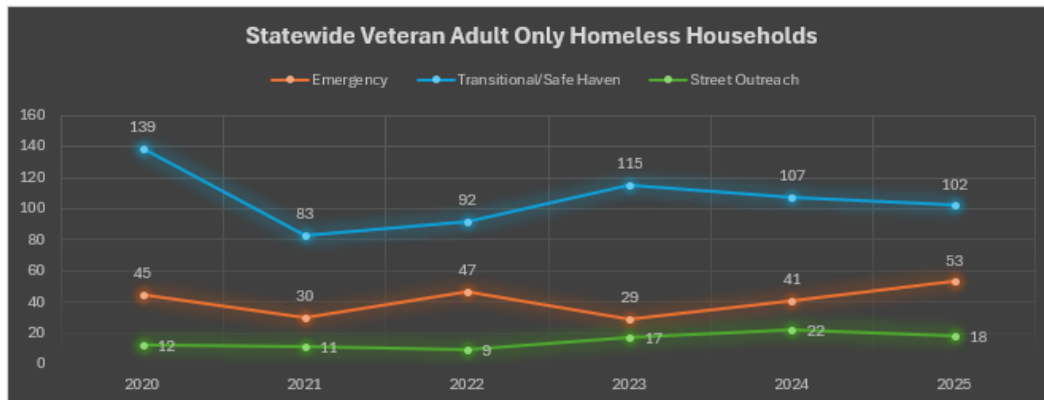
Unaccompanied Youth Households require that all members of the household are between the ages of 18-24. These can be individuals or two or more youth presenting together. There was a total of 138 homeless youth households comprised of 138 people counted in 2025. This is a 16% decrease from 2024 where 165 households of 174 people were counted.

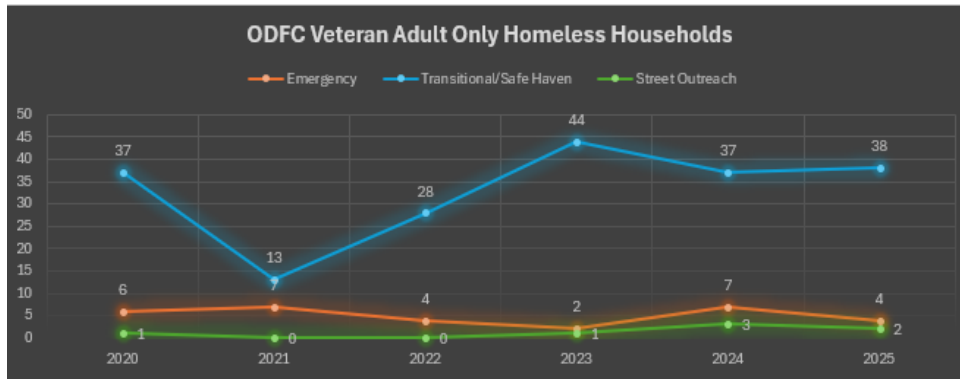


Veteran Households: All veteran household data was reviewed with the VA to ensure accuracy. Veteran family household numbers are very small, so the data is only being provided as a statewide graph. Veteran Adult Only Households will be displayed statewide and by CoC.



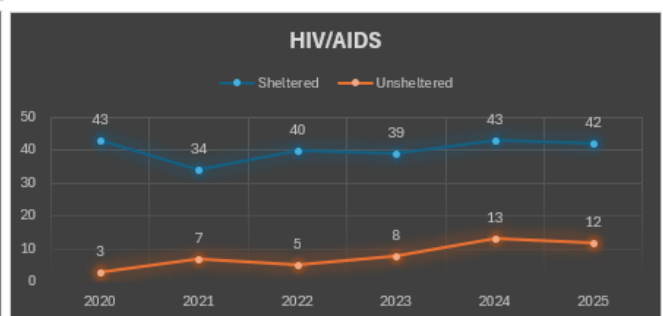
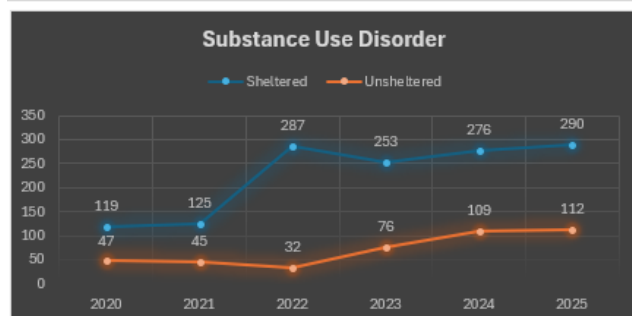
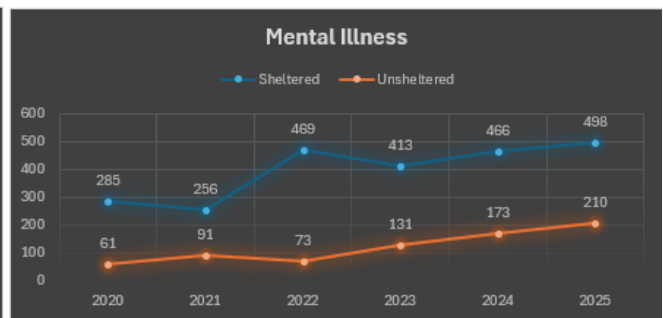
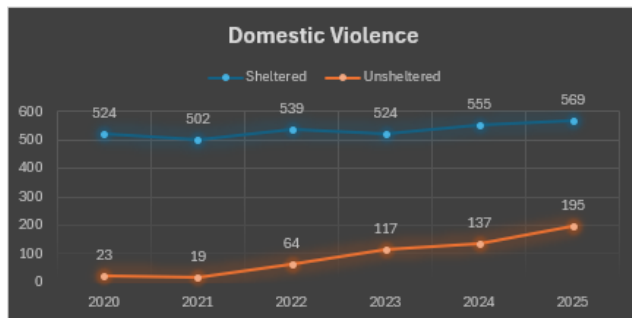
For **Veteran adult only households**, we combined the counts for Transitional Housing and Safe Havens to allow for a clear representation on the chart of those who were unsheltered. The Safe Haven and Street Outreach Line intersected too much to show a clear line for both.





Additional Homeless Populations: Statewide Homeless counts for Adults with Serious Mental Illness, HIV/AIDS, Substance Use Disorder and Domestic Violence.

We know that these circumstances are major contributing factors to homelessness, specifically long-term chronic homelessness. It is not surprising that with an increase in the number of persons counted in 2025 we also see an increase in these categories. This data helps determine the types of support services required to meet the needs of the individuals and families experiencing homelessness.

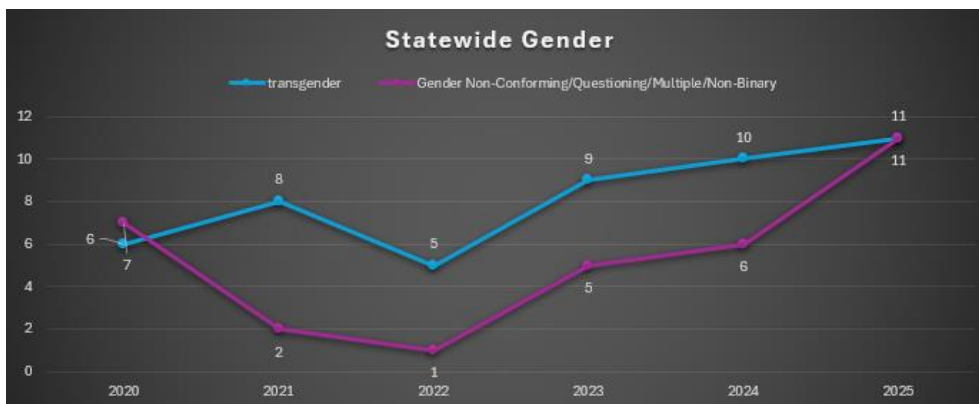


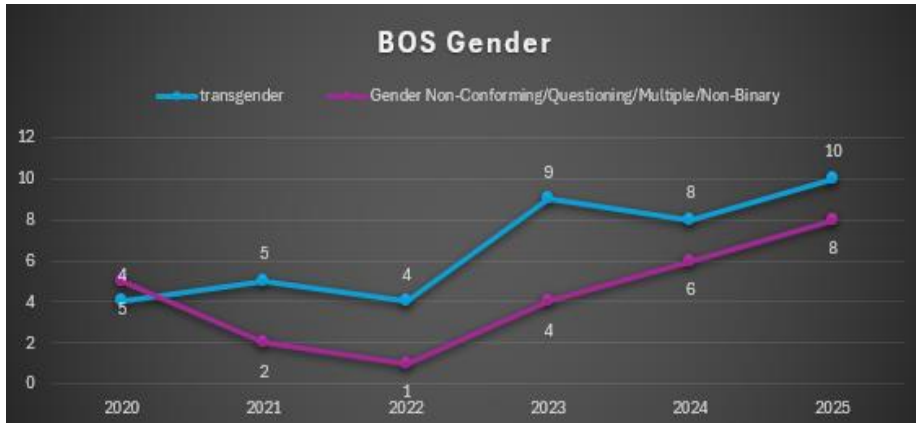
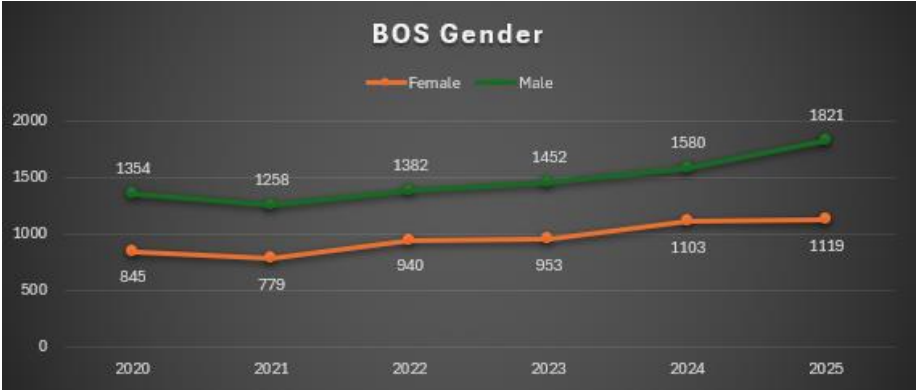
Demographics – Gender, Race/Ethnicity, Age:

For the 2025 report the age and race/ethnicity categories will be a comparison between 2024 with 2025 primarily because there were no changes to these two categories between the 2024 and 2025 counts. The charts below show people counted in Emergency Shelter (ES), Safe Haven (SH), Transitional Housing (TH) and Street Outreach (SO) Programs. Note that people in Street Outreach programs counted here are experiencing unsheltered homelessness.

For gender, HUD has changed the categories almost every year going back to 2015. In 2025, HUD removed the data collection requirement for gender all together. However, we did still collect the data on gender based on the current HMIS data standards which does allow us to provide a comparison between the 2024 and 2025 count.

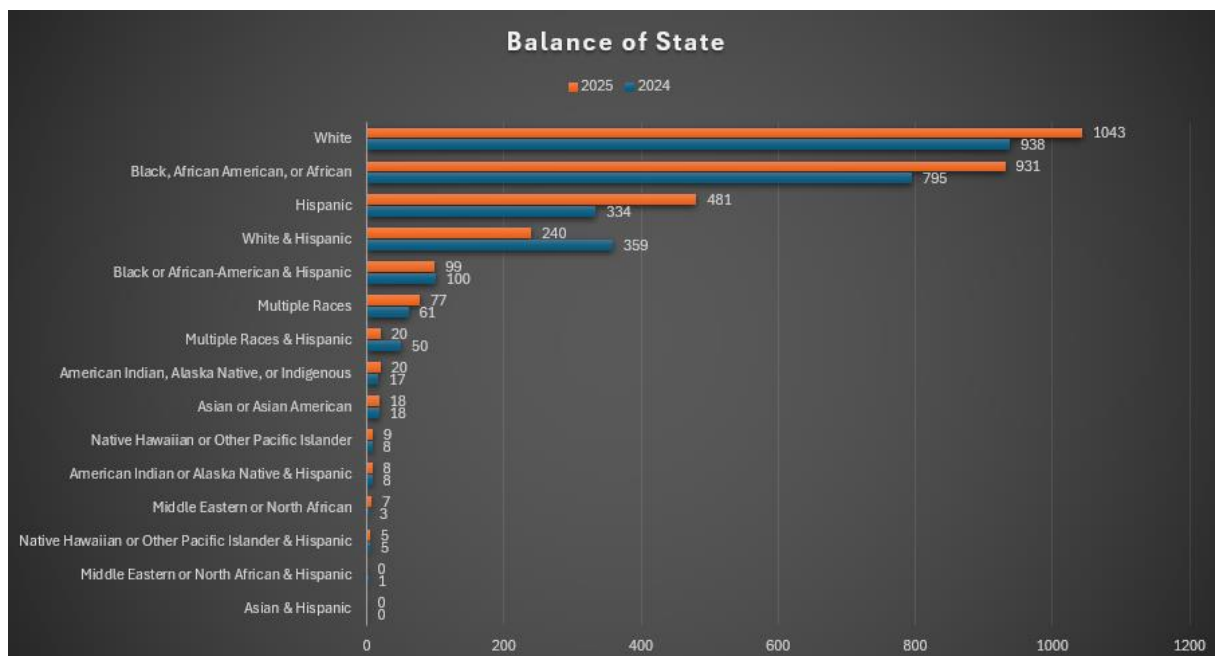
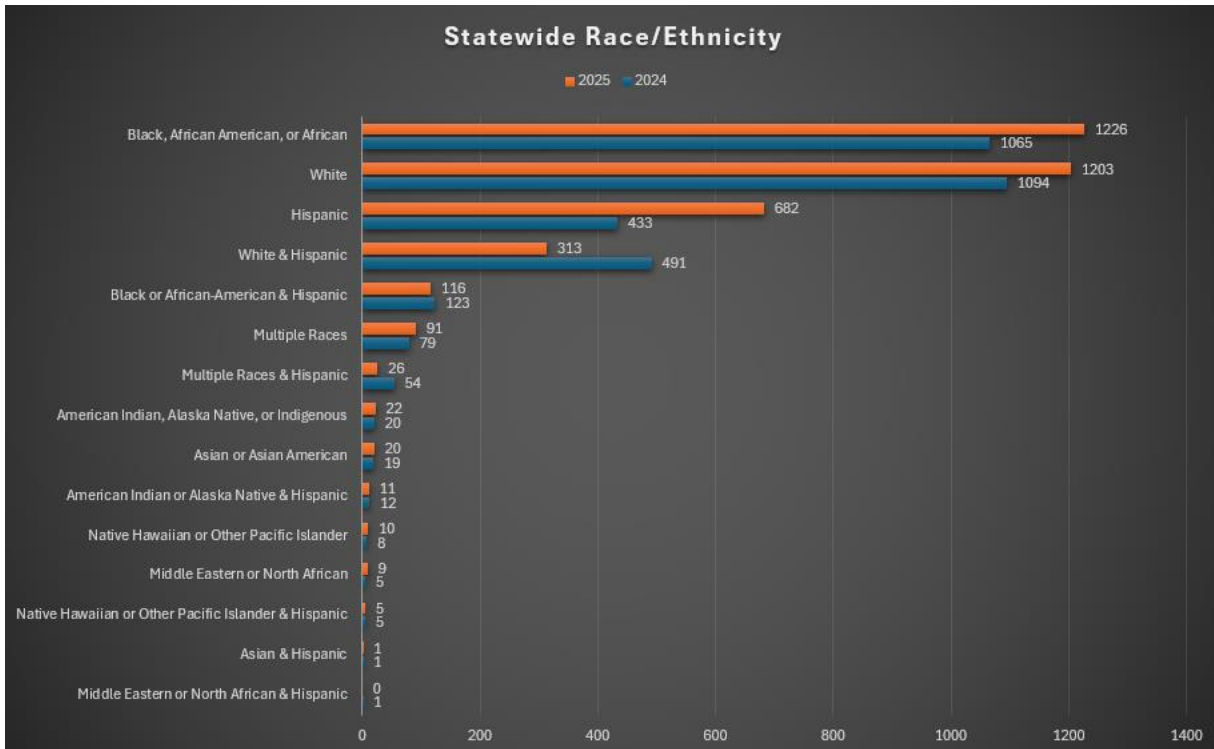
It is noted that the rate of transgender people in the US is approximately 0.6%. Given inconsistencies in data collection practices and other mitigating factors, the reported number is likely low. However, it is important to continue to consider gender variations because we know that gender identity can be a contributing factor to homelessness, substance use and mental health challenges.

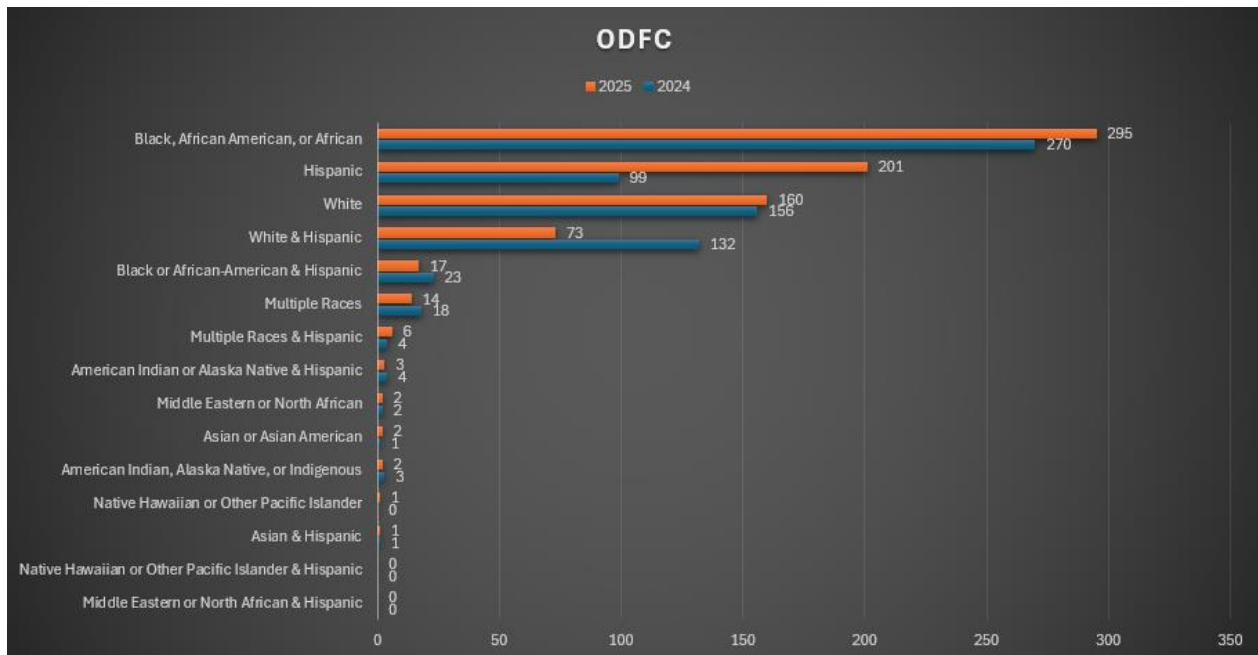




In 2024 HUD changed the Race categories and has combined Race with Ethnicity.

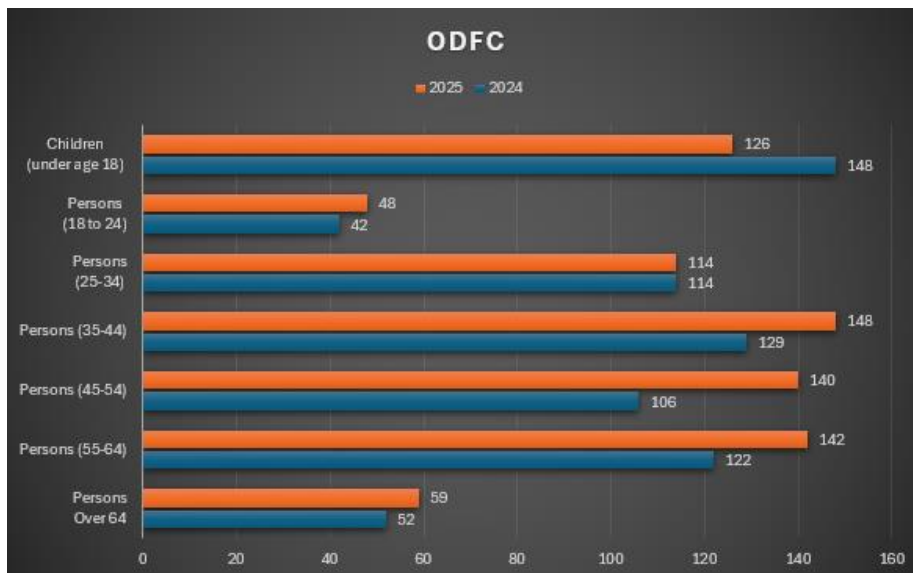
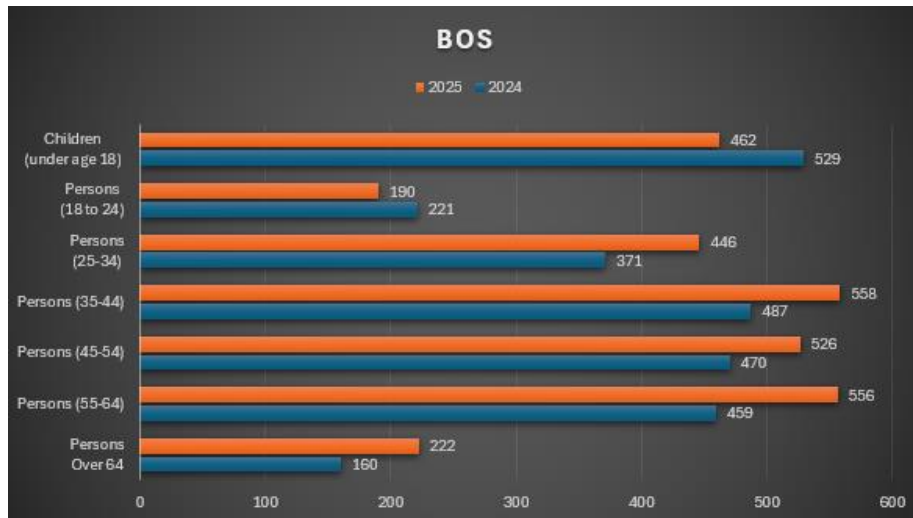
Statewide 2024-2025 new Race/Ethnicity Categories: Below are the counts by the new Race categories. We can see that those who identify as White continue to make up 32% and those who identify as Black, Indigenous and/or People of Color (BIPOC) make up the majority of persons experiencing homeless at 68%





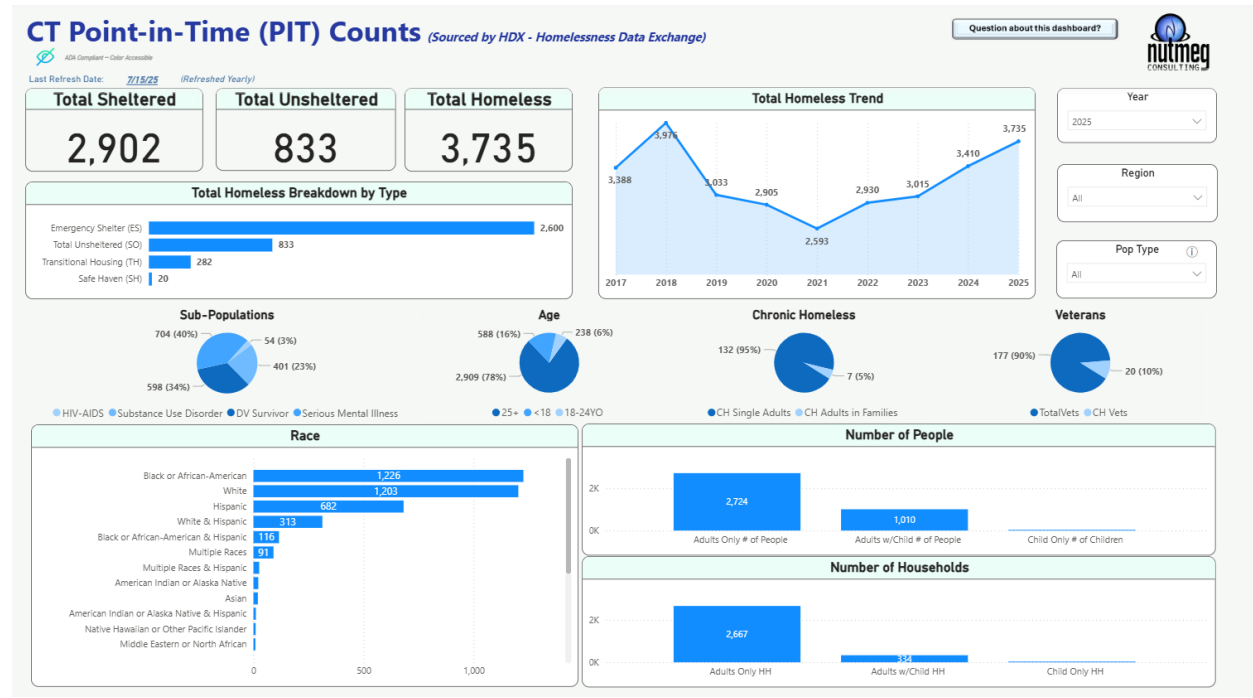
The charts below show all the age categories for the 2024 and 2025 count based on the new HUD age categories. We are continuing to see an aging population as illustrated in the charts below. There has been a 20% increase in those between 55-64 and a 33% increase in those 64 and over.





References:

Nutmeg Consulting Point-In-Time Count Dashboard for an interactive view of trends from 2016-2025:
<https://cthmis.com/pit/pit-dashboard/>



Nutmeg Portal – Point-In-Time Count Application

- Counted PIT Client IDs
- HDX Homeless Populations (XLSX): CT-503 | CT-505
- HDX Homeless Populations (XLSX): CT-503 | CT-505

CTHMIS: <https://home.cthmis.com/cceh.caseworthy>

- APR FY 2024 v. 1.0 (Org) – Homeless Profile Reports, BOS and ODFC, ES and SO

HUD Data Exchange: <https://hudhdx2.info/>

- HIC Tables: https://modules.hudhdx2.info/hic/all?_ga=2.96255580.1572608990.1719499061-453298987.1710164298
- PIT Tables: <https://modules.hudhdx2.info/pit/all>

Acknowledgements:

We would like to recognize the Point In Time Count Leadership Team, State of Connecticut Department of Housing, State of Connecticut Department of Mental Health and Addiction Services, Housing Innovations, Data Strategy Board, Balance of State Continuum of Care, Opening Doors Fairfield County Continuum of Care, The Coordinated Access Networks, Nutmeg Consulting, and all the Street Outreach teams, Homeless Service Provider agencies and all staff who made this year's CT PIT Count possible.

The PIT Leadership Team:

- Lindsay Fabrizio, The Housing Collective, Opening Doors Fairfield County CoC
- Shannon Quin-Sheeran, Housing Innovations, Balance of State CoC
- Lauren Pareti, Housing Innovations, Balance of State CoC
- Suzanne Wagner, Housing Innovations, Balance of State CoC
- Leigh Shields-Church, Department of Housing
- Mollie Machado, Department of Mental Health and Addiction Services
- Jim Bombaci, Nutmeg Consulting

We are grateful to everyone for their hard work, and we thank all agencies who contributed staffing resources to this endeavor.

Any questions related to this report, feel free to contact Jim Bombaci at Nutmeg Consulting
jim@nutmegit.com

Glossary of Terms:

Continuum of Care (CoC): A regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Coordinated Access: A standardized assessment and referral process to access community resources within a geographic region for people experiencing a housing crisis or homelessness. Connecticut has seven regional Coordinated Access Networks.

Department of Housing and Urban Development (HUD): The U.S. government agency which supports the housing market and homeownership.

Emergency Shelter (ES): A facility whose primary purpose is to provide temporary or transitional shelter for people experiencing homelessness.

Households with Adults and Children is HUD terminology and generally relates to **Families**. The key detail being that there must be at least one person over 18 and at least one person under 18 in the household.

Households with Adults only is HUD terminology that generally refers to those 18 and older. The Adult only household can be any of the combinations below:

- Single adult presenting alone
- Co-habiting adults – related or unrelated
- Parent with an adult child or children 18 or older

Households with children only is HUD terminology that refers to anyone under the age of 18 presenting alone or with other related or unrelated persons who are also under 18. This could also include a parenting child scenario where the parent is under 18.

Homeless Management Information System (HMIS) – this is the statewide database required by HUD for the purpose of handling all data related to homeless persons.

Permanent Supportive Housing (PSH): A form of housing offered at low, affordable rent. Tenants are provided services to help them build independence. There is no time limit on how long a person can stay.

Place Not Meant for Human Habitation: Abandoned buildings, under bridges, in a park, in a car, and similar.

Rapid re-housing: Rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid rehousing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term.

Safe Haven: A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services.

Sheltered refers to those counted in Emergency Shelters (ES), Safe Havens (SH) or Transitional Housing (TH).

Street Outreach refers to specific programs designed to provide services and support to those experiencing unsheltered homelessness.

Transitional Housing (TH): A supportive, temporary accommodation meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support (for addictions and mental health, for instance), life skills, and, in some cases, education and training.

Unsheltered refers to those counted who were found in places not meant for habitation; parks, cars, abandoned buildings and/or encampments.

Non-Cash Benefits:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)
- TANF Child Care Services
- TANF Transportation Services

Income Types:

- Earned Income
- General Assistance (GA)
- Pension or retirement income from a former job
- Private Disability Insurance
- Retirement Income from Social Security
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Insurance
- VA Non-Service-Connected Disability Pension
- VA Service-Connected Disability Compensation
- Worker's Compensation

Data Not Collected: In HMIS if no information is collected for a data point it can be represented as 'Data Not Collected', 'Client Refused', 'Unknown' or 'Don't Know'. For the purpose of the report, Data Not Collected represents any of these conditions.