

# A Profile of Homelessness in DuPage County

2006 Update



## Key Points

- ▶ The demand for housing the homeless continues to exceed the supply. DuPage County social service providers reported referring 240 individuals, 77 youth and 289 families elsewhere due to lack of bed space.
    - ▶ Transitional housing capacity is 563 beds - 424 family beds and 139 individual beds.
    - ▶ Permanent supportive housing capacity is 216 beds - 154 family beds and 62 individual beds.
      - Twenty eight of these beds are designated for the chronically homeless.
    - ▶ Emergency shelter capacity is 220 beds - 55 family beds and 165 individual beds.
- (For additional information, see [www.dupagehomeless.org](http://www.dupagehomeless.org).)

## Introduction

Since the 2002 release of *A Profile of Homelessness in DuPage County*, the Federation has been working in conjunction with the DuPage County Continuum of Care to assess current resources, needs, and gaps related to the County's homeless population and services.

This effort supports the DuPage Continuum of Care's commitment to end homelessness by 2010 through developing community plans to end homelessness, working to connect mainstream benefits with the individuals they were meant to serve, creating long term solutions including a supportive infrastructure addressing homelessness issues.

## Methodology

For the last several years, the Federation has conducted surveys on behalf of the Continuum who assess annual as well as point in time data from local organizations working in the areas of shelter, housing, or prevention measures. The Department of Housing and Urban Development (HUD) requires a point

in time count of sheltered and unsheltered homeless. The DuPage County Continuum sheltered point in time count was completed on Thursday, January 26, 2006.

January 26, 2006				
	Children	Youth alone	Adults alone	Families
Emergency Shelter	39	13	159	21
Transitional Housing	165	29	226	93
Permanent Supportive Housing	63	0	95	29
<b>TOTAL</b>	<b>267</b>	<b>42</b>	<b>480</b>	<b>143</b>

Questionnaires were mailed in early January, and after January 26<sup>th</sup>, providers were contacted and interviews were scheduled. Face-to-face interviews were conducted in February and March, 2006. At this time, information was clarified, questions were asked, and issues were discussed.

No unsheltered / street count was conducted this year. The next unsheltered / street count will take place January 25, 2007 with the sheltered population count.

## **FINDINGS**

- Over 1,200 persons received emergency shelter this year.
- Five hundred fifty seven homeless persons were served on a given night (one-night count, January 2005).
- In 2005, over 1,300 received emergency assistance (including food, clothing, and rent) to prevent homelessness.

## **DuPage County Homeless SERVICES**

### **Emergency Shelter**

(For more details, see [www.dupagehomeless.org](http://www.dupagehomeless.org) and click on Homeless Demographics - Housing Inventory Charts.)

On the night of January 26, 2006, providers reported 159 adults, 13 youth, and 39 children in emergency shelter. DuPage County's total emergency shelter capacity is 220 beds, which includes 55 family beds and 62 individual beds. Serving both individuals and families, *DuPage P.A.D.S.* and *DuPage Emergency Shelter* are important foundations of the housing and shelter network because they serve the widest range of homeless individuals and families and they are the only providers of shelter to multiple needs populations, and represent 71% of all emergency beds within the county. Other resources for specific populations and situations, which at times can coincide with homelessness include the *DuPage County Health Department's Crisis Unit*, serving individuals in psychiatric crisis, *Family Shelter Service* and *Hamdard Center*, serving women and children in domestic violence situations, *Metropolitan Family Services' Knuepfer Guest House*, which serves clients over the age of 65 in which includes homeless individuals at times, and *NCO Youth and Family Services*, serving unaccompanied male youth under 18 years of age.

During the 2004 - 2005 season, DuPage P.A.D.S. reports serving 1,214 persons which is a 2% increase from last year. DuPage P.A.D.S. has been steadily expanding the capacity of its overnight shelter with a goal of being able to provide 365 nights per year shelter. The Overnight Shelter program is currently 96% toward reaching this goal. DuPage Emergency Shelter reports serving 184 persons over the past year.

### **Transitional Housing**

Transitional housing is a stepping stone for homeless individuals to move from a temporary shelter situation into permanent housing usually within 24 months. Currently, DuPage County transitional housing capacity is 563 beds which includes 424 family beds and 139 individuals beds. In transitional housing programs, 524 of 563, or 93% of the beds are in the HMIS system.

DuPage County transitional housing programs include *Bridge Communities* and *Catholic Charities - Daybreak* that serve families with children. *DuPage P.A.D.S.* serves single individuals. *Serenity House* is a transitional housing substance abuse program and *Canticle Ministries* uses its HOPWA funding to facilitate a program serving those with HIV/AIDS. *Family Shelter Service* and *Hamdard Center's* programs serve women and children in domestic violence situations. *NCO Youth and Family* serve males between the ages of 18 and 21 years of age that are struggling with substance abuse, mental health, and former incarceration issues. *World Relief*, DuPage facilitates transitional housing for refugees and *Outreach Community Services* program serves young females with children and young females without children.

### **Permanent Supportive Housing**

HUD places emphasis on funding for the development of permanent housing for homeless persons. However, there are situations when more than "a roof over a head" is needed. Permanent Supportive Housing and Shelter + Care programs provide critical funding targeted to homeless individuals or families with disabilities that need this extra support. This type of housing is targeted to homeless persons with disabilities and provides individuals and families with counseling, medication, case management, specialized treatment and other extra supports that help them to remain housed.

Currently, permanent supportive housing programs (various facilities administered by the *DuPage County Health Department, Catholic Charities, and DuPage P.A.D.S.*) include 216 beds. Thirty-three new permanent supportive housing beds were developed this past year, including Shelter + Care's 26 beds and 7 from DuPage P.A.D.S. Both anticipate to be fully operational by September, 2006. All 216 of permanent supportive housing's beds (McKinney-Vento funded only), or 100%, are in HMIS. McKinney Vento funds require that thirty percent of funding be used for permanent supportive beds.

In 2005, the DuPage County Health Department's Permanent Supportive Housing 48 bed program served 14 DuPage County chronically homeless individuals. This is a decrease from last year in which 23 of the 48 beds targeted to the homeless were being used by individuals that meet the definition of being chronically homeless. Beginning in 2006, the DuPage County Health Department has committed to serving the chronically homeless in 50% of their HUD permanent supportive housing beds. This will be implemented as beds come open.

DuPage County's first Shelter + Care program, operated by the DuPage County Health Department, opened its first unit in Wheaton on March 10, 2006. The Shelter + Care program is a vital resource for housing individuals and families with specific needs. The combination of rental housing assistance and supportive services fills a significant gap for persons who are seriously mentally ill, have chronic alcohol and/or drug issues, or have acquired HIV or other related diseases, populations that traditionally have been difficult to serve in DuPage County. As of June 2006, 3 family units and 12 out of 14 individual units are occupied. The remaining two units are expected to be operational by September, 2006.

### ***Challenges***

Continuum of Care homeless fund regulations require that persons who are served in permanent supportive housing enter from the streets, emergency shelters or transitional housing (if entry into the transitional housing was originally from the streets or emergency shelters). In order to ensure this funding is being used properly, the point of entry into this housing should be evaluated. It remains important that the social service providers place emphasis on linking the homeless from these entry points with HUD funded permanent supportive housing beds.

HUD's goal to end chronic homelessness in the next 10 years, has placed an emphasis on permanent supportive housing options for the chronically homeless. Unfortunately, HUD's definition only includes chronically homeless individuals, not families, and local social service providers have experienced a flux of chronically homeless families who would benefit from permanent housing. Catholic Charities SHIFT program which provides permanent supportive housing for families currently has a wait list of 60 to 70 families.

## **N E E D S o f t h e D u P a g e C o u n t y H o m e l e s s P o p u l a t i o n**

*To gain a broader knowledge of clients who have more difficulty accessing and retaining housing or shelter, it is important to track who is not served, the volume of those not being served, and where these individuals are being referred. Better data would allow a better sense of these numbers. Filling the gap between the complex technological possibilities of Service Point (otherwise known as HMIS) and the ability of staff to effectively navigate the difficult system would help significantly. If this is not viable on a day-to-day basis or feasible in the near future, during the street count in January, 2007, data should be gathered from those on the streets regarding their situations, where they came from, and why they were not served. The street count will begin answering these questions in 2007.*

One hundred seventy-six of 220, or 80%, of DuPage County emergency shelter beds are tracked through entry in the HMIS system. The HMIS system is designed to gather information about individuals who access services, as well as provides unduplicated data which is used for planning and funding purposes. Data gathered by the system is critical to ensure HUD funding is appropriately targeted. DuPage County's domestic violence programs

have been reluctant to participate due to confidentiality concerns. Awaiting the final federal ruling based on the Violence Against Women Act, Family Shelter Service continues to not participate in HMIS. However, Hamdard Center will begin participation in July, 2006.

During 2005 the agencies participating in the DuPage Homeless Continuum continued to find that there are unmet needs in the community. Individuals are turned away from shelter and housing options for reasons other than lack of bed space. This year, 563 individuals and 1,183 families were referred elsewhere for reasons including the shelter or housing program did not serve the population seeking services (654), persons did not meet eligibility criteria (113), or persons did not agree to comply with guidelines (195).

For individuals and families in certain situations, shelter and housing resources can be more difficult to obtain. Single, pregnant women are still difficult to place due to the inability to retain employment; they find themselves unable to adhere to traditional shelter program guidelines. DuPage Emergency Shelter staff and other organizations in the county are working to try to develop resources and housing for pregnant or newly post-partum women, since a shelter is not the best location for a newborn infant.

Also, it is increasingly difficult for individuals with poor credit, large families, those struggling with mental health issues, substance abuse, domestic violence issues and extremely low income individuals to connect with resources including transportation, employment, and access to affordable housing. Most of the individuals on DuPage P.A.D.S.'s *Do Not Admit List* remain on the list for reasons such as sexual predator classification or violation of rules and regulations. Shelter options for these individuals are incredibly difficult to establish. The DuPage County Health Department Crisis Unit reports a positive working relationship with DuPage P.A.D.S., one in which the Health Department completes screenings on all DuPage P.A.D.S. day site referrals and DuPage P.A.D.S. continues to work to reduce the *Do Not Admit List* to increase accessibility to mentally ill clients. Due to limited emergency capacity, as well as provider responsibilities to ensure the safety of residents, shelters have established policies regarding admittance. DuPage P.A.D.S. and DuPage Emergency Shelter report collaboration between the two agencies, including shared trainings, discussion of shared problems and referable shelters available for individuals not appropriate for either program.

### ***Accessing Changing Needs***

In 2005, following assessment of the changing needs of the homeless population in DuPage County and in order to better serve the community, the DuPage Emergency Shelter modified shelter criteria. Presently, the DuPage Emergency Shelter criteria allows individual progress, need, and effort to determine the client's length of stay. Currently, a client's typical stay is between 4 - 6 weeks. The new criteria for length of stay allows the individual and family a better opportunity to secure permanent housing upon discharge, but as noted earlier, reduces the total number of persons that can be served during the year.

Last year, emergency shelter agencies reported difficulty in connecting incoming and outgoing clients with public benefits due to the gap between release from the program and actual receipt of benefits. However, agencies report assisting clients complete public benefit forms and applications the first day in the program, which allows them to hopefully receive the benefits while they stay at the shelter, therefore securing this support by the time they leave.

DuPage Federation staff continue to conduct the *Making the Connection: Accessing Public Benefits* training series through the year. Recently, half day advanced topic trainings addressing *Medicaid Spenddown, Immigrants and Public Benefits, Appeals, Domestic Violence and Public Benefits, Public Benefits and Single Adults, and Public Benefits for Youths Up to 21* have been developed. To date, over 500 persons have attended the trainings. The objective being that attendees leave the training session feeling better educated and equipped to more effectively advocate for and connect clients to public benefits in all situations.

**Discharge Issues**

The Point-in-Time Survey indicated that there were 149 individuals discharged from a variety of public institutions on January 26, 2006. It is important to distinguish how many individuals were discharged as part of a plan or program, compared to the number of individuals that just showed up. In the latter situations it is more effective to discharge individuals into more permanent situations which would include the treatment and support persons often need. The number of individuals who could not be discharged from institutions because of lack of space should also be counted.

Currently, a discharge planning team consisting of individuals throughout the county has been convened to work on reducing and preventing homelessness in connection to institutional discharges. In order for discharged individuals to most effectively transition into day-to-day responsibilities, one must secure needed components of balance including access to health care including medication and some type of housing, etc. Thirteen to fourteen percent of inmates receive psychotropic medications while incarcerated, therefore it is imperative for discharged individuals to be connected to a medical home in order to continue medication dosage. Twenty-two to twenty-five percent of inmates need some type of prescription medication while incarcerated, and it is anticipated that this medication needs to continue after discharge. Data should be collected regarding discharged individuals and if the needs of this population increase or decrease and what effective solutions should be sought.

<b>Number of Homeless Individuals Discharged from an Institution</b>	
Department of Children & Family Services	3
Hospitals	12
Jail	20
Prison	8
Mental Health Facility	15
Substance Abuse Treatment Center	91

**RECOMMENDATIONS for the Future**

- ▶ Identify the number of person who need emergency housing options such as a Safe Haven. Safe Havens have minimal entry criteria, therefore individuals turned away from other emergency housing may have an option, particularly individuals discharged from jail, or for individuals who have significant barriers to being placed into transitional or permanent housing.
- ▶ Improve identification and tracking of individuals discharged from institutions such as jails, prisons, hospitals, child protective services, and mental health facilities. This tracking should include gathering information about the population’s needs, linkage to existing resources, and identification of gaps or lack of resources to address the needs.
- ▶ Enhance system linkage to track and move clients through services and improve transitions between programs. Often it is during the handoff from one system to another where service gaps occur.
- ▶ Target strategies to address the problems of homeless youth, including linking with the Regional Office of Education’s efforts to improve educational access for homeless youth.
- ▶ Increase the number of beds for the chronically homeless by beginning operation of new chronically homeless beds that have been funded and by designating beds in current permanent supportive housing projects to serve the chronically homeless.
- ▶ Increase the percentage of homeless persons staying in permanent supportive housing over 6 months.
- ▶ Increase the percentage of homeless persons moving from transitional housing to permanent supportive housing.
- ▶ Increase the percentage of homeless persons who become employed by 11% annually.