

# Homelessness



The Hidden Face of Homelessness  
in DuPage County  
(November 2017)

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## EXECUTIVE SUMMARY

This community profile on homelessness in DuPage County is an update on the original Homeless Profile published in 2003. In many ways homelessness itself has not changed in DuPage County. However, the landscape around homelessness—e.g. the coordination efforts between the Continuum of Care and homeless service providers—and our knowledge of the issues and barriers facing those experiencing homelessness in DuPage County and the solutions to those roadblocks have drastically altered in the decade following the Federation’s last report on homelessness in our community. Therefore it is time to revisit the homelessness in DuPage County to see what has changed for the better, what has altered for the worst, and what has remained constant over the years.

Starting in early 2016, the Federation collected qualitative data in the form of interviews with leaders in homeless services and focus groups with those that had experienced homelessness in DuPage County. We also analyzed large datasets collected by DuPage County’s Homeless Management Information System (HMIS) database. The breadth and depth of the data and information provided to the Federation by community members and leaders in the field provided for a comprehensive—if not an exhaustive—view into the homelessness in DuPage County. The information provided in this profile was aggregated in order to facilitate discussions and actions around beneficial policy and systems change on the issues that continue to impact the future prospects of those currently facing homelessness as well as those at-risk of homelessness in DuPage County. We hope that the information provided in this profile will bring DuPage County closer to the ultimate goal to bring homelessness in our county to a functional zero—i.e. at any point in time, the number of those experiencing sheltered and unsheltered homelessness will be no greater than the current monthly housing placement rate for those experiencing homelessness.<sup>1</sup>

### KEY FINDINGS:

1. **Homelessness in DuPage County disproportionately impacts certain subpopulations.** African Americans only make up 5% of DuPage County residents and yet they account for 61% of all individuals in families that used emergency shelters in 2015. This suggests a racial component to DuPage County’s homelessness issues that is not currently well studied at a local level. Additionally, women are disproportionately likely to experience homelessness within families. This is likely an expression of the lower wages and other additional difficulties single mothers face.
2. **Homelessness is inextricably linked to mental illness and substance use disorders in DuPage County.** From 2005 to 2015 an average of 14.5% of all those experiencing homelessness suffered from a severe mental illness. During the same time an average of 15.5% of all those experiencing homelessness were reported to have a substance use disorder.
3. **A lack of affordable housing coupled with low wage employment opportunities create a large ‘at-risk of homelessness’ population.** The annual living wage—which is a measure of how much money a household needs to cover all their living costs such as food and housing costs for a year—was \$69,817 in 2015 for a two-working-adult, two-child household in DuPage County. Unfortunately, 47,840 family households in 2015 in DuPage County made \$49,999 or less, and an additional 35,646 family households in 2015 in DuPage County made between \$50,000 and \$74,000.
4. **A key strength of DuPage County’s homeless services system is its ability to collaborate.** Almost all key informants made it a point to mention that they felt that the overall greatest positive change in the

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<sup>1</sup> [https://www.community.solutions/sites/default/files/final\\_zero\\_2016\\_metrics.pdf](https://www.community.solutions/sites/default/files/final_zero_2016_metrics.pdf)

homeless services system in our community has been the increase in collaboration. Many key informants stated that this was the key to the successes they saw within the system.

5. **Total homelessness in DuPage County has not seen a lot of change since 2011.** Since 2011 total homelessness in DuPage County has fluctuated between 676 and 665. However, during that same time there has been a precipitous drop in chronic homelessness. This could be partially related to a change in the definition of homelessness, but it could also suggest that DuPage County's homeless services network has been successfully targeting this population in order to bring them into permanent housing or other long term solutions.

## INTRODUCTION

The DuPage Federation on Human Services Reform published its first profile of the Homeless in DuPage County in July 2003. Over the past 13 years much progress has been made – most notably with the more sophisticated coordination of services made possible by maturation of the DuPage County Continuum of Care (CoC). There are a number of improvements that can still be accomplished however. Federal programs for homeless are now much more targeted toward housing and funding requirements have become more “proscriptive,” incentivizing state and local programs to focus on services that address the causes and consequences of homelessness – treatment for mental illness, alcohol and substance abuse, domestic violence, veterans’ needs, etc.

The purposes of this profile are to update the 2003 profile and to:

- Provide facts about persons who are homeless in DuPage Community with respect to;
  - The numbers,
  - Cause(s) of becoming and being homeless, and
  - Their needs;
- Describe existing and potential resources devoted to homelessness;
- Identify gaps where the available resources are inadequate to meet current needs; and
- Make recommendations to decision makers on approaches to better meet the needs of individuals and families who are homeless.

## HOW WE DEVELOPED THIS REPORT

This Profile is the product of an extensive interactive process of research, writing, consultation with experts, revision and review.

Findings are based on three major primary sources, and several secondary sources<sup>2</sup>. The three primary sources include:

- Key Informant Interviews
- Homeless Management Information System (HMIS) DuPage County Data
- Point-In-Time (PIT) Counts

The Key Informant Interviews provide rich background information from the perspective of DuPage homelessness experts. HMIS Data provides an in-depth examination of how those experiencing homelessness interact with the participating network of services. Finally the PIT Counts provide a supplement to certain gaps in the HMIS Data and allow us to compare DuPage County to other Collar Counties.<sup>3</sup>

Comments and suggestions for improvement are welcome.

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<sup>2</sup> Secondary sources can be found in footnotes as well as the Reference List in the Appendices.

<sup>3</sup> More details on the primary sources can be found in the Methodology Section of the Appendices.

## RECOMMENDATIONS

The goal of these recommendations is to eventually bring all homelessness in DuPage County to a functional zero. While we recognize that this ambitious goal will not happen overnight, this profile has demonstrated that there are very concrete steps that can be taken to propel DuPage County toward effectively ending homelessness. These are just a few informed recommendations that can help.

### INCREASE THE AVAILABILITY OF AFFORDABLE HOUSING

DuPage County has a serious cost of living problem that directly affects homelessness. It is imperative that DuPage County finds a way to increase housing affordability. Currently there are ongoing efforts to explore how we can increase housing affordability countywide. One such effort is the Impact DuPage Affordable Housing Workgroup. The Workgroup recently utilized technical assistance provided by the Chicago Metropolitan Agency for Planning (CMAP) to produce a detailed report on the issue of affordable housing in DuPage County. The findings of this report are being widely distributed and future work by the Impact DuPage Workgroup on Affordable Housing—in addition to any other similar efforts—should be supported. If we don't solve this issue, then it is difficult to see how we can effectively eliminate homelessness.

### INCREASE EARNING POTENTIAL

Another way to combat DuPage County's high cost of living problem is to increase the earnings of at-risk populations. Attracting higher paying jobs and training and educating at-risk residents to fill these positions can increase their earnings and make housing that is currently unaffordable more affordable in the near future. Policy options that increase the lowest wages should also be examined. Jobs that offer below living wage compensation increase the likelihood of periods of homelessness by putting people in precarious financial situation.

### INVEST IN PUBLIC TRANSPORTATION

DuPage County's inadequate public transportation system isolates at-risk residents from the jobs, services, treatments, and other opportunities that can keep them housed. Mobility is key. If at-risk populations are restricted from services due to physical distance and lack of transportation, then access to cost-effective preventive services is effectively denied. There needs to be an investment in resources to specifically study DuPage County usage of public transportation. Unlike affordable housing, there doesn't appear to be a coordinated effort at this time to do so. Therefore it is suggested that community partners be gauged for potential to support studying the DuPage County public transportation system.

### INVEST IN TREATMENT FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

A significant portion of DuPage County's homeless population suffer from severe mental illness, substance use disorders, or both. These health concerns must be treated if we expect people to stay housed. We know that there is not enough capacity for health programs that treat mental illnesses and substance use disorders to keep up with demand in DuPage County. Fortunately, the State of Illinois is in the process of implementing several policies such as the 1115 Medicaid Waiver that could transform this system. County level stakeholders should look to take advantage of these policies even as they look for local level ways to deal with this problem.

### CONTINUE INVESTING IN DATA COLLECTION ON HOMELESSNESS

The DuPage County Continuum of Care (CoC) has invested a significant amount of resources in their Homeless Management Information System (HMIS). As other CoCs across the country struggle to develop their own HMIS networks, DuPage County is already profiting from data evaluations that help maintain federal funds for

homelessness. However, if DuPage County wants to stay ahead of ever-changing homelessness needs, then it needs to continue to adequately support data collection and evaluation through dedicated staff support at the DuPage County Continuum of Care.

### **CONTINUE BUILDING COLLABORATIVE RELATIONSHIPS**

DuPage County's greatest strength for combating homelessness is its agencies' abilities to productively collaborate. Relationships need to be maintained through joint projects, professional development opportunities, funding requests, and other relationship building activities. The DuPage County Continuum of Care should continue to provide the community with opportunities to come together through strategic use of meetings and committee participation.

### **LOOK FOR NEW FUNDING STREAMS**

DuPage County's homeless services network has traditionally relied on federal and state funding. However, ever-changing federal priorities and state political crises have shown that an overreliance on these funding streams is not sustainable. County and municipal funding entities should be evaluated and pursued. Additionally, more private foundations and social enterprise opportunities should be considered. It would be helpful to bring together a group of community partners with development expertise to act as a sustainability advisory committee to direct coordinated grant and other fundraising opportunities.

### **INCREASE TRAINING FOR COMMUNITY PARTNERS**

Homelessness in DuPage is not contained with social service networks. Community institutions such as libraries, police departments, and schools all work with persons experiencing homelessness. Specific training on issues about homelessness for staff can help make sure that interactions in public institutions are safe and considerate for everyone involved. It might be beneficial for social service organizations that specialize in training efforts to come together and either create or customize a curriculum that focuses on providing community institutions with the tools and resources they need to adequately address those experiencing homelessness.

### **FURTHER RESEARCH INTO CULTURAL BARRIERS TO SUSTAINABLE HOUSING**

Data shows that some populations are disproportionately impacted by homelessness in DuPage County. Certain races make up a much higher percentage of those in homelessness services than in the community as a whole. For instance, while African Americans make up only 5% of DuPage County's population, they accounted for 61% of all individuals in families that used emergency shelters in DuPage County in 2015. Additionally gender disparities seem to impact types of homelessness. For instance, women tend to experience homelessness in families, while men tend to experience homelessness as individuals. Further targeted research would help shed light on what exactly is creating these inequalities in DuPage County.

### **INCREASE THE CAPACITY OF THE HOMELESS SERVICES SYSTEM**

Homeless services in DuPage County are not currently able to keep up with demand. Additional emergency housing beds and permanent supportive housing spots are just a few specific programs that need to increase capacity. Raising additional funds and looking into different housing models could help to increase the number of beds available for those experiencing homelessness in DuPage County.

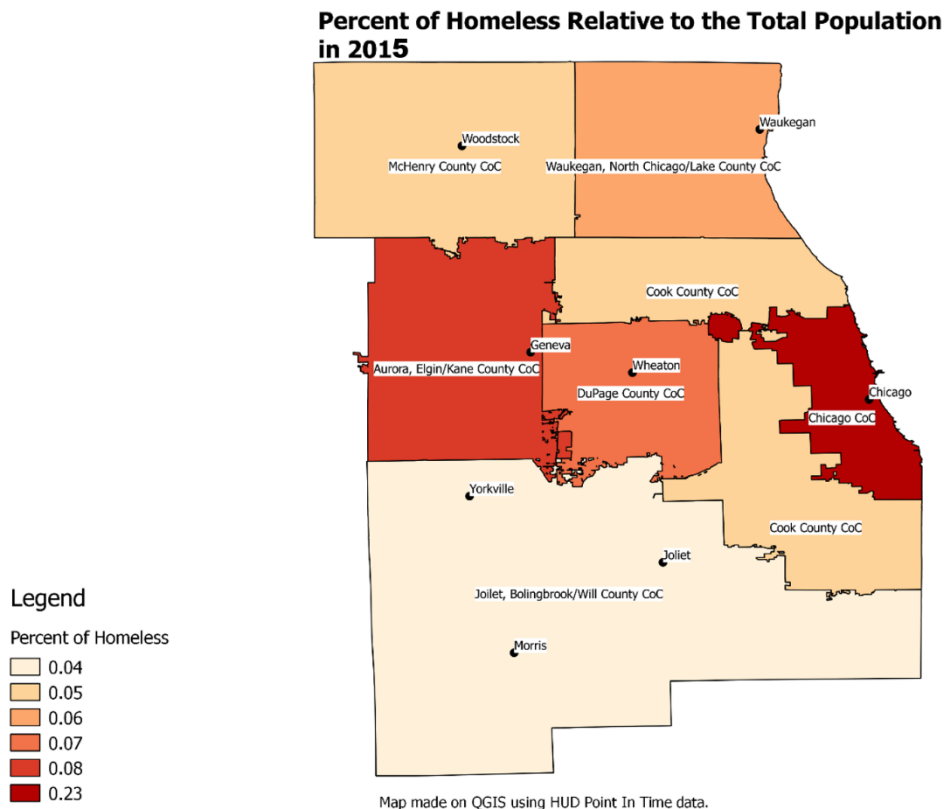


## OVERVIEW OF HOMELESSNESS IN DUPAGE COUNTY

According to the 2015 Point-In-Time (PIT) Count, there were 672 people experiencing homelessness in DuPage County on January 28, 2015. That includes those people who were living in places not meant for human habitation as well as those that had found shelter for the night at emergency shelters and transitional housing programs. Given that DuPage County had a population of over 930,000 residents in 2015, that means that less than 1% of DuPage County residents were homeless on January 28, 2015.

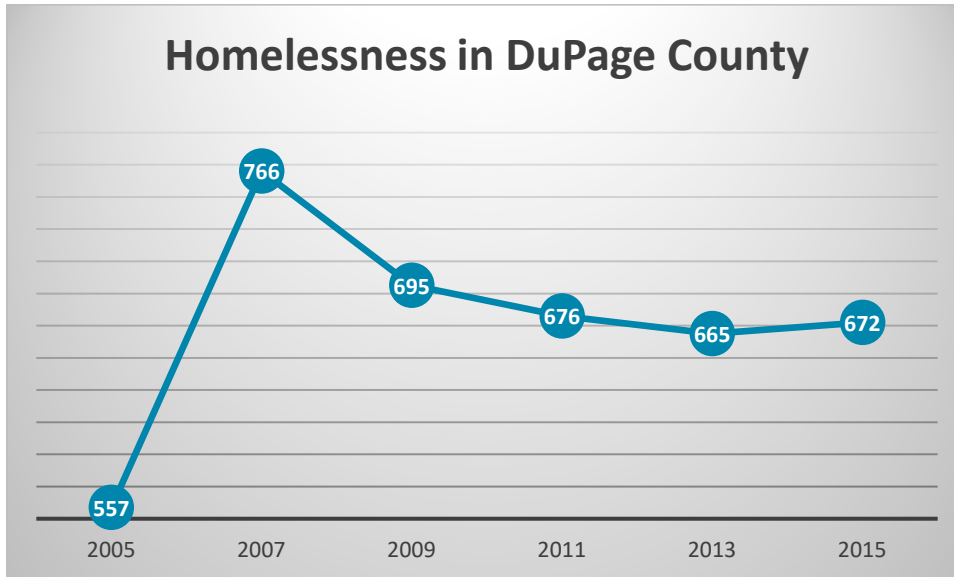
However, when compared to neighboring Continua of Care (CoC), DuPage County had the third highest concentration of homelessness in the region in 2015. Only the Aurora, Elgin, Kane County CoC and the Chicago CoC had a higher concentration of homelessness (Figure 1).

*Figure 1: Percent of Homeless Relative to the Total Population According to 2015 PIT Counts*



DuPage County has also had to counter a large increase in homelessness between 2005 and 2007. Homelessness in DuPage County increased from 557 homeless in 2005 to 766 homeless in 2007 (Chart 1). There was a subsequent effort to decrease homelessness in DuPage County. As a result the homeless population decreased from 766 persons to 695 persons from 2007 to 2009. While DuPage County has continued to combat homelessness, recent trends show a plateau that suggests a declining return on efforts to decrease the homeless population.

Chart 1: Total Homelessness in DuPage According to 2005 to 2015 PIT Counts.<sup>4</sup>



This decreasing return on investment suggests that—in order to effectively lower the number of DuPage County residents experiencing homelessness—efforts must now be more targeted than ever. In order for DuPage County to effectively target those most in need, the prevalent types of homelessness DuPage County residents are experiencing as well as the common characteristics of those who are experiencing homelessness in DuPage County must be explored.

### PREVALENT TYPES OF HOMELESSNESS IN DUPAGE COUNTY

There are many ways to classify specific types of homelessness. Each type of homelessness has its own unique challenges that should inform strategies for reducing homelessness in DuPage County. While certain types of homelessness like both the chronic and unsheltered populations tend to be related, differentiating between these separate populations can help illuminate useful tactics that might help address the needs of these specific populations.

#### CHRONIC, EPISODIC, & CRISIS HOMELESSNESS

Every situation of homelessness is unique. However, these unique experiences of homelessness often have common components that can impact the length and severity of homelessness. Formally, experiences of homelessness are classified as either chronic or not. Yet, key informants suggest that there are actually three discrete categories of homelessness that include:

- Crisis
- Episodic
- Chronic

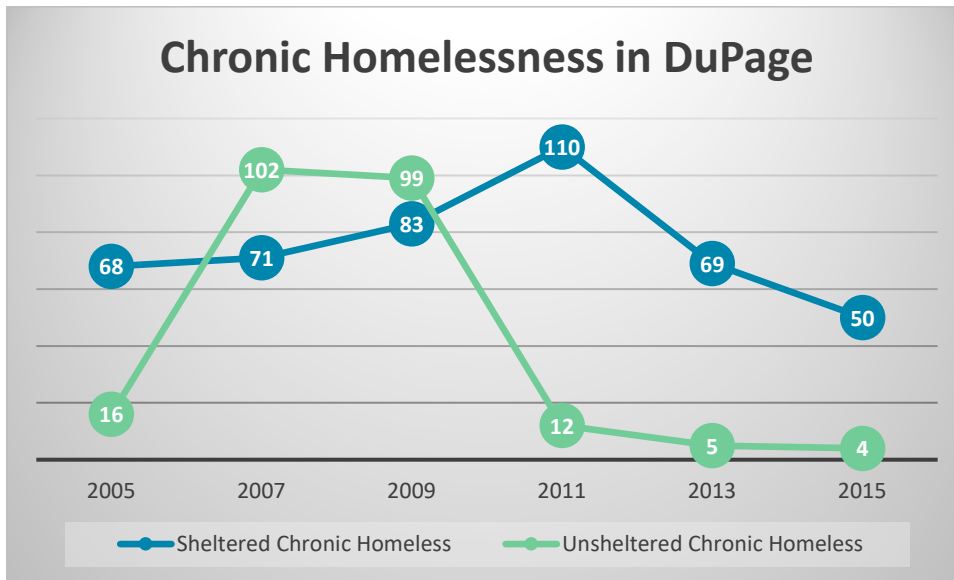
#### CHRONIC HOMELESSNESS

Approximately 8% to 18% of those experiencing homelessness in DuPage County are experiencing chronic homeless – both sheltered and unsheltered (Chart 2). The spike in those experiencing chronic homelessness in DuPage County

<sup>4</sup> Data compiled from PIT Count data available from HUD.

between 2007 and 2010 is difficult to explain; it may reflect the onset of the 2008 recession, a change in the definition of chronic homelessness affecting the counts, or some combination of both. The important point is that persistently there are 50 – 150 people experiencing chronic homelessness in DuPage County.

*Chart 2: PIT Counts & Chronic Homelessness<sup>5</sup>*



These 50 to 150 persons experiencing chronic homelessness in DuPage County present a unique issue. To be considered as experiencing chronic homelessness the person experiencing homelessness must have at least one disability and must experience homelessness for extended periods of time.<sup>6</sup> Informally, those experiencing chronic homelessness often present with several barriers such as severe mental illnesses, substance use disorders, and/or legal issues that complicate these cases. Those that experience chronic homelessness can spend years without housing and—while they tend to be a small percentage of everyone experiencing homelessness—they tend to require the most resources from the social service safety net.<sup>7</sup> In fact, research has found that, due to their high resource usage, the cost of housing those individuals can be almost entirely offset by the reduction in social service costs. One study even found that “95 percent of the costs of the supportive housing (operating, service, and debt service costs) [for those experiencing chronic homelessness and a severe mental illness] are compensated for by reductions in collateral service attributable to the housing placement.”<sup>8</sup> Or in the words of one key informant, “Costs can be radically reduced when the chronic homeless are housed. Therefore, it is most rational to focus solutions on the chronically homeless.”

*CRISIS & EPISODIC HOMELESSNESS*

It is difficult to determine the extent of crisis and episodic homelessness in DuPage County, as there is no direct measure of episodic or crisis homelessness in either the PIT Count or HMIS datasets. However, the length of stay in

<sup>5</sup> Data compiled from PIT Count data available from HUD.

<sup>6</sup> See Appendix for full HUD definition of chronic homelessness.

<sup>7</sup>

[http://repository.upenn.edu/spp\\_papers/148/?utm\\_source=repository.upenn.edu%2Fspp\\_papers%2F148&utm\\_medium=PDF&utm\\_campaign=PDFCoverPages](http://repository.upenn.edu/spp_papers/148/?utm_source=repository.upenn.edu%2Fspp_papers%2F148&utm_medium=PDF&utm_campaign=PDFCoverPages)

<sup>8</sup> [https://shnny.org/uploads/The\\_Culhane\\_Report.pdf](https://shnny.org/uploads/The_Culhane_Report.pdf)

HMIS-participating emergency shelters is a useful indicator for the extent of episodic and crisis homelessness. The HMIS dataset captures how many nights out of the 2015 reporting year that persons used homeless shelters (Table 1). Those who utilized emergency shelters for 7 nights or less are a good indicator for those experiencing crisis homelessness. The 8 to 30 nights and 31 to 90 nights populations are more likely to be experiencing episodic homelessness, while those utilizing emergency shelters for more than 90 nights out of the year are more likely to be experiencing chronic homelessness.

*Table 1: Length of Time in Spent in 2015 HMIS-Participating Emergency Shelters<sup>9</sup>*

Family Emergency Shelter Projects		Individual Emergency Shelter Projects	
Length of Stay	Percent of Project Population	Length of Stay	Percent of Project Population
7 Nights or Less	28%	7 Nights or Less	38%
8 to 30 Nights	23%	8 to 30 Nights	17%
31 to 90 Nights	38%	31 to 90 Nights	22%
91 to 270 Nights	11%	91 to 270 Nights	17%
271 to 365 Nights	0%	271 to 365 Nights	5%

If this indicator holds true, then it can be concluded that a large percentage of DuPage County residents experiencing homelessness specifically experience crisis and episodic homelessness. Upwards of 89% of family homelessness and 78% of individual homelessness in 2015 were either cases of crisis or episodic homelessness in DuPage County.<sup>10</sup> This suggests that a greater investment in homeless prevention programs targeting crisis and episodic homelessness could significantly reduce emergency shelter utilization.

#### SHELTERED OR UNSHELTERED

Homeless persons can be categorized as either being sheltered or unsheltered. The unsheltered population is composed of those persons living on the street, in condemned buildings, cars, etc.<sup>11</sup> Unsheltered homelessness is correlated with worse individual outcomes than sheltered homelessness<sup>12</sup> and—as homelessness outcomes deteriorate—rising costs to the community accrue.<sup>13</sup> It is therefore critical that DuPage County residents experiencing homeless are sheltered.

*Chart 3: PIT Count by Shelter Type<sup>14</sup>*

<sup>9</sup> Data compiled from HMIS Datasets provided by the DuPage County CoC.

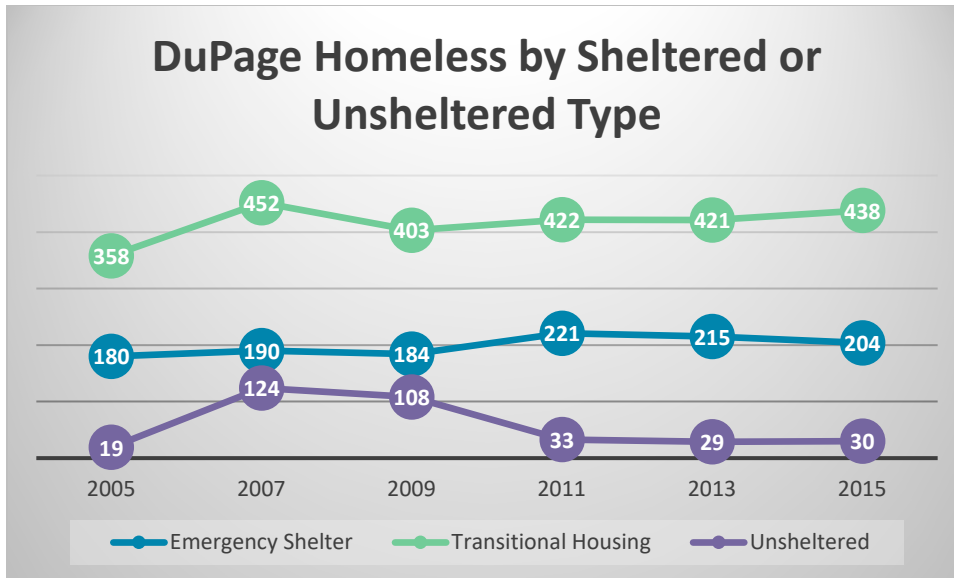
<sup>10</sup> It should be noted that these percentages likely represent the upper bounds on the range of episodic and crisis homelessness. HMIS data does not include unsheltered people—a population more likely to experience chronic homelessness.

<sup>11</sup> See Appendix for full HUD definition of unsheltered homelessness.

<sup>12</sup> <http://onlinelibrary.wiley.com/doi/10.1046/j.1525-1497.2000.07007.x/full>

<sup>13</sup> [http://repository.upenn.edu/spp\\_papers/148/?utm\\_source=repository.upenn.edu%2F spp\\_papers%2F148&utm\\_medium=PDF&utm\\_campaign=PDFCoverPages](http://repository.upenn.edu/spp_papers/148/?utm_source=repository.upenn.edu%2F spp_papers%2F148&utm_medium=PDF&utm_campaign=PDFCoverPages)

<sup>14</sup> Data compiled from PIT Count data available from HUD.



Most of those experiencing homelessness in DuPage County are sheltered (Chart 3). According to PIT Counts, more people in DuPage County that experience homelessness are sheltered than not. While 2007 to 2009 witnessed a spike in the unsheltered homeless population, unsheltered homelessness rapidly decreased after 2009. Currently, only 4% of those identified as experiencing homelessness in DuPage County are unsheltered.

The comparatively low level of unsheltered homelessness in DuPage County is a good indicator that the homelessness services system is successfully locating unsheltered persons and enrolling them into shelter. This is likely due to DuPage County’s robust referral system and recent street outreach programs. Several key informants stressed that DuPage County’s culture of collaboration and the strong referral system that developed from agency collaboration directly and positively impact the homeless population by ensuring that fewer people “slip through the cracks.”

Street outreach programs are an important part of the referral system. Street outreach programs bring social service workers to unsheltered persons in their place of habitation. Street outreach workers are often the first point of contact for many unsheltered homeless, and they often create the first referrals that eventually move people into shelter.<sup>15</sup> Due to their role as the original referral source, street outreach programs are an important part of any robust referral system that aims to reduce the number of people experiencing homelessness.

#### SHELTER TYPES

The different shelter types that serve DuPage County’s homeless and at-risk of homeless populations can help illuminate the strategies that are working and the areas where improvement or change is necessary. HMIS data and key informant interviews provide information on the workings of three shelter types:

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing (PSH)

<sup>15</sup> <http://homelesshub.ca/solutions/emergency-response/outreach>

It should be noted that persons within PSH are not considered homeless under the HUD definition, but rather at-risk of homelessness.<sup>16</sup> However, because PSH provides a critical exit from homelessness, it is important to examine it with the same scrutiny as the shelter projects that serve the defined homeless population.

*Table 2: 2015 HMIS Project Counts by Project Type<sup>17</sup>*

Shelter Type	Total Unduplicated Persons in Family Projects	Total Unduplicated Persons in Individual Projects
Emergency Shelter	212	679
Transitional Housing	467	337
Permanent Supportive Housing	186	185

### *EMERGENCY SHELTERS*

More people used emergency shelters than any other type of HMIS-participating shelter in 2015 (Table 2). These sheltering projects are often the last line between people experiencing homelessness and the streets. Proof of this can be seen by the significant portion of those who enter DuPage County emergency shelter projects that had either been living unsheltered or in another emergency shelter the night before entry (Table 3).

While many people use emergency shelters, they are often the shelter choice of last resort. A large segment of both families and individuals that eventually utilize DuPage County emergency shelter projects first double-up with friends and family. Nearly a third of families and a quarter of individuals that used DuPage County emergency shelter projects in 2015 had been living with friends or family the night before entry into the emergency shelter (Table 3). Focusing homelessness prevention services on outreach to these doubled-up living situations could significantly lower the population of emergency shelters in DuPage County.

Sometimes, though, those who lose their housing don't have friends or family who can shelter them. This situation is represented by the families and individuals who moved straight from unsubsidized housing to emergency shelter projects. Nearly one out of every five individuals and over a quarter of families that utilized an emergency shelter project in 2015 were living in unsubsidized housing the night before entering the project (Table 3).

These cases represent situations where persons were either unaware of emergency services such as those provided by homelessness prevention services; unable to access these services; or these services were not enough to offset the crisis. Focus groups composed of DuPage residents who have utilized homelessness services state that DuPage County's multiple open door system and immediate assistance programs were efficient and helpful. However, the short-term nature of the immediate assistance programs and certain eligibility requirements made them less useful during long-term or special crises situations. This suggests that DuPage County's current crisis intervention system could be improved by addressing these gaps.

It should also be noted that subsidized housing appears to be a buffer between people and the need for emergency shelter. Only 2% of families and 1% of individuals that used a DuPage County emergency shelter project in 2015 were

<sup>16</sup> See the Appendix for the full definition of Permanent Supportive Housing.

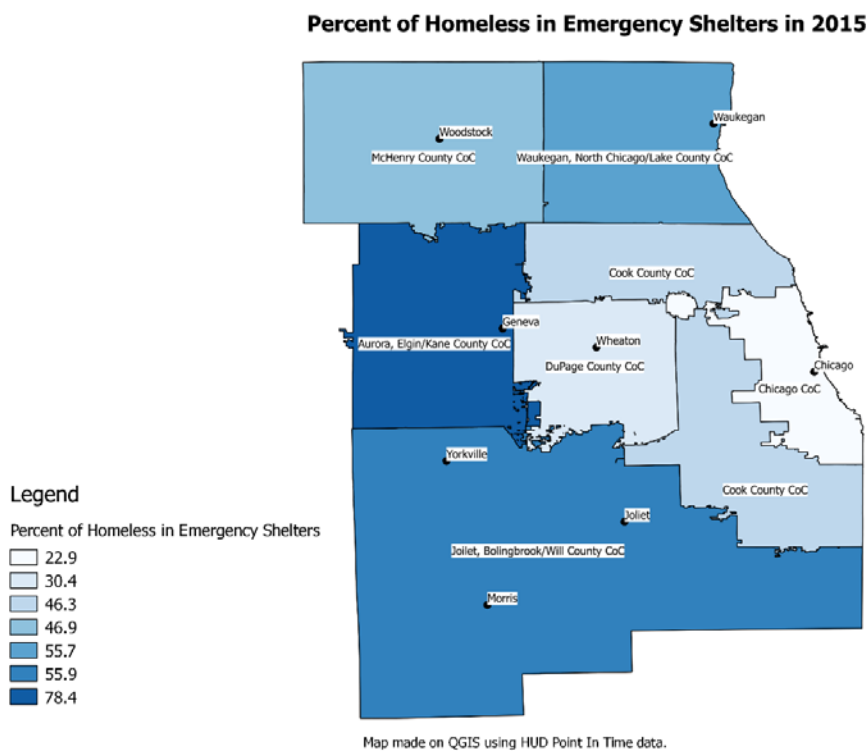
<sup>17</sup> Data compiled from HMIS Datasets provided by the DuPage County CoC.

housed in subsidized housing the night before entering the project (Table 3). While this isn't direct evidence that subsidized housing keeps people out of homelessness, the disparity between those who lived in unsubsidized housing and subsidized housing suggests that subsidized housing allows people to more easily stay housed.

*Table 3: 2015 HMIS-Participating Emergency Shelters by Selected Previous Living Arrangements<sup>18</sup>*

Selected Previous Living Arrangements	Percent of Family Emergency Shelter Project Population	Percent of Individual Emergency Shelter Project Population
Family or Friends	30%	23%
Unsubsidized Housing	26%	19%
Subsidized Housing	2%	1%
Emergency Shelter	27%	23%
Unsheltered	13%	22%
Institution	0%	9%

*Figure 2: PIT Count Percent of Homeless in Emergency Shelters<sup>19</sup>*



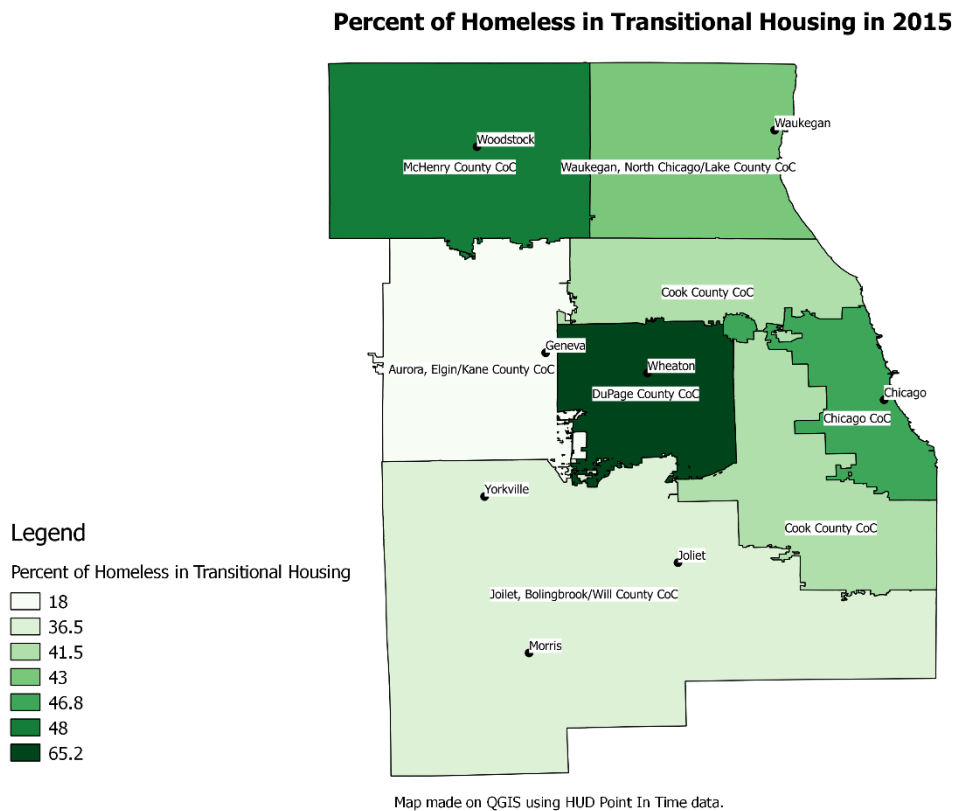
<sup>18</sup> Data compiled from HMIS Datasets received from the DuPage County CoC. Previous living arrangements refers to where the person utilizing the emergency shelter project was residing the night before they entered into the HMIS-participating emergency shelter. Percentages will not add to 100% as these are only selected living arrangements.

<sup>19</sup> Data compiled from PIT Counts available from HUD.

*TRANSITIONAL HOUSING*

Transitional housing projects are meant to act as an intermediary step between homelessness and stable, long-term housing. Transitional housing projects provide participants with services for up to 24 months designed to help overcome any barriers to accessing and maintaining permanent housing. Transitional housing is an important shelter type in DuPage County. Transitional housing projects house the most families experiencing homelessness in DuPage County with 467 persons in families using transitional housing in 2015 (Table 2). Additionally, the majority (65%) of those experiencing homelessness in DuPage County during the 2015 PIT Count were sheltered in transitional housing projects. In fact, DuPage County has the highest concentration of homeless in transitional housing in the region (Figure 3).

*Figure 3: PIT Count Percent of Homeless in Transitional Housing<sup>20</sup>*



<sup>20</sup> Data compiled from PIT Counts available from HUD.



DuPage County’s reliance on transitional housing projects to shelter homeless residents poses a significant challenge in the near future. HUD is currently shifting to a housing-first model. The housing-first model emphasizes moving those experiencing homelessness out of emergency shelters and transitional housing and into permanent housing as quickly as possible. The housing-first model calls for services traditionally delivered in transitional housing projects to be provided within the permanent housing setting.<sup>21</sup> While the housing-first model doesn’t call for the abandonment of the transitional housing model, it does create a situation where resources once designated for transitional housing projects are redirected to rapid-rehousing and other permanent housing allocation projects.

As more federal resources are shifted away from transitional housing projects, DuPage County will have to find a way to move significant portions of the transitional housing population into permanent housing. Key informants have confirmed a reduction in HUD funding for transitional housing projects and a need for housing units for rapid-rehousing and permanent supportive housing projects in DuPage County due in part to the shift to the housing-first model.

*PERMANENT SUPPORTIVE HOUSING (PSH)*

PSH projects have the smallest populations of any shelter type in DuPage County (Table 2), yet they provide an important path out of poverty for those with significant barriers to attaining and maintaining stable housing. PSH projects provide stable housing and long-term supportive services to people who experienced homelessness and have at least one disability. PSH projects provide the only viable path out of homelessness for some of the most complicated and entrenched cases of homelessness.

*Table 4: 2015 HMIS-Participating PSH Projects by Selected Exit Destination<sup>22</sup>*

Selected Previous Living Arrangements	Percent of Family Emergency Shelter Project Population	Percent of Individual Emergency Shelter Project Population
Family or Friends (Permanent)	40%	30%
Family or Friends (Temporary)	15%	7%
Unsubsidized Housing	20%	22%
Subsidized Housing	20%	15%
Emergency Shelter	0%	4%
Unsheltered	0%	0%
Institution	5%	15%
Other	0%	7%

Some residents will likely stay in PSH projects for the rest of their lives due to their need for continuing, long-term services. However, some PSH residents will eventually be able to move into and maintain stable housing outside of PSH projects. A total of 20 persons in families and 32 individuals—or 11% and 17% of their respective project populations—in HMIS-participating PSH projects left PSH in 2015. Four out of every five persons in families and at

<sup>21</sup> <http://www.endhomelessness.org/library/entry/frequently-asked-questions-about-housing-first-for-individuals-and-families>

<sup>22</sup> Data compiled from HMIS Datasets received from the DuPage County CoC. Exit destination refers to where the person utilizing the PSH project was residing after they left the HMIS-participating PSH project. Additionally, those who exited because they were deceased as well as those for whom the information was missing were not factored into the percentages in Table 4.

least 67% of individuals exited into a permanent, stable living situation. Only 20% of persons in families and 26% of individuals left PSH for a temporary living situation and no one in either population exited to an unsheltered living situation (Table 4). The fact that a majority of those exiting permanent supportive housing went to permanent stable living arrangements suggests that DuPage County is successfully running its PSH projects. However, the fact that the remaining PSH participants exited into temporary living situations suggests that there is still room for improvement.

*Table 5: Number of Persons Who Exited & Entered HMIS-Participating PSH Projects in 2015<sup>23</sup>*

PSH Population Type	Entered PSH	Exited PSH	Replacement Rate
Persons in Families	19	20	95%
Individuals	32	31	103%

Due to the long-term nature of PSH projects, there is a naturally low turnover rate for participants. In DuPage County, whenever someone leaves PSH projects, replacement participants are quickly identified through the coordinated entry and units within PSH projects are filled with those that are identified by the system as most in need of the units. The high replacement rate of exiting participants to entering participants suggests that the coordinated entry system is efficiently working to fill PSH vacancies.

## COMMON CHARACTERISTICS OF THOSE EXPERIENCING HOMELESSNESS IN DUPAGE COUNTY

### RACE

According to the 2015 American Community Survey conducted by the U.S. Census Bureau, residents in DuPage County are predominantly White, Non-Latino. Specifically, Non-Latino or Non-Hispanic Whites made up 67% of the DuPage County population. Latinos or Hispanics made up 14% and Asians made up 11%. Black or African American residents made up 5% and those who identified as two or more races were 2% of the total population. If there were no socioeconomic barriers related to race present in DuPage, then it could be expected that the homeless population would have similar racial proportions. This is not the case in DuPage.

*Table 6.1<sup>24</sup>*

2015 Census Breakdown of Race in DuPage County	
Race	Percent of Population
White, Non-Hispanic or Non-Latino, Alone	67%
White, Hispanic or Latino, Alone	14%
Black or African-American, Alone	5%
Asian, Alone	11%
American Indian or Alaska Native, Alone	0%
Native Hawaiian or Other Pacific Islander, Alone	0%
Multiple Races	2%

<sup>23</sup> Data compiled from HMIS Datasets received from the DuPage County CoC.

<sup>24</sup>

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_1YR\\_DP05&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_DP05&prodType=table)

Table 6.2<sup>25</sup>

Family Emergency Shelter by Race		Individual Emergency Shelter by Race	
Race	Percent of Project Population	Race	Percent of Project Population
White, Non-Hispanic or Non-Latino, Alone	14%	White, Non-Hispanic/Non-Latino, Alone	60%
White, Hispanic or Latino, Alone	13%	White, Hispanic/Latino, Alone	4%
Black or African-American, Alone	61%	Black of African-American, Alone	30%
Asian , Alone	19%	Asian, Alone	2%
American Indian or Alaska Native, Alone	0%	American Indian or Alaska Native, Alone	0%
Native Hawaiian or Other Pacific Islander, Alone	0%	Native Hawaiian or Other Pacific Islander, Alone	0%
Multiple Races	10%	Multiple Races	3%

Table 6.3<sup>26</sup>

Family Transitional Housing by Race		Individual Transitional Housing by Race	
Race	Percent of Project Population	Race	Percent of Project Population
White, Non-Hispanic or Non-Latino, Alone	26%	White, Non-Hispanic/Non-Latino, Alone	69%
White, Hispanic or Latino, Alone	20%	White, Hispanic/Latino, Alone	8%
Black or African-American, Alone	45%	Black of African-American, Alone	21%
Asian , Alone	3%	Asian, Alone	1%
American Indian or Alaska Native, Alone	0%	American Indian or Alaska Native, Alone	0%
Native Hawaiian or Other Pacific Islander, Alone	0%	Native Hawaiian or Other Pacific Islander, Alone	0%
Multiple Races	6%	Multiple Races	1%

<sup>25</sup> Data compiled from HMIS Datasets received from the DuPage County CoC.

<sup>26</sup> Data compiled from HMIS Datasets received from the DuPage County CoC.

Table 6.4<sup>27</sup>

Family Permanent Supportive Housing by Race		Individual Permanent Supportive Housing by Race	
Race	Percent of Project Population	Race	Percent of Project Population
White, Non-Hispanic or Non-Latino, Alone	37%	White, Non-Hispanic/Non-Latino, Alone	69%
White, Hispanic or Latino, Alone	13%	White, Hispanic/Latino, Alone	4%
Black or African-American, Alone	40%	Black or African-American, Alone	19%
Asian, Alone	2%	Asian, Alone	3%
American Indian or Alaska Native, Alone	0%	American Indian or Alaska Native, Alone	1%
Native Hawaiian or Other Pacific Islander, Alone	0%	Native Hawaiian or Other Pacific Islander, Alone	0%
Multiple Races	9%	Multiple Races	4%

While self-identified African Americans compose a small percentage of the DuPage County population (5%), they make up a significant percentage of persons who used homeless and housing projects during the 2015 reporting period (19%-61%) (Tables 3.1 to 3.4). The data doesn't provide an explanation for the overrepresentation of self-identified African Americans within DuPage County's homeless population and key informants were not able to identify any specific reason for this issue. Therefore, further research into the issues of race and homelessness in DuPage County could be very beneficial to improving the local homelessness services network.

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<sup>27</sup> Data compiled from HMIS Datasets received from the DuPage County CoC.

## AGE COHORTS

Different homeless age cohorts have different needs and outcomes. Determining how the different age cohorts experience homelessness in DuPage County could lead to more effective strategies for decreasing homelessness in general.

*Table 7: Homeless Age Cohorts in 2015 HMIS-Participating Projects<sup>28</sup>*

Age Cohort	Population Type	Emergency Shelter	Transitional Housing	PSH
17 Years Old & Younger (Minors)	Persons in Families	122 (58%)	284 (61%)	108 (58%)
18 to 24 Year Olds (Youth)	Persons in Families	22 (10%)	50 (11%)	12 (6%)
25 to 50 Year Olds	Persons in Families	64 (30%)	128 (27%)	56 (30%)
51 to 61 Year Olds	Persons in Families	3 (1%)	5 (1%)	5 (3%)
62 Years Old & Older (Seniors)	Persons in Families	1 (>1%)	0 (0%)	0 (0%)
17 Years Old & Younger (Minors)	Individuals	14 (2%)	3 (1%)	0 (0%)
18 to 24 Year Olds (Youth)	Individuals	59 (9%)	64 (19%)	7 (4%)
25 to 50 Year Olds	Individuals	329 (48%)	166 (49%)	85 (46%)
51 to 61 Year Olds	Individuals	216 (32%)	29 (9%)	74 (40%)
62 Years Old & Older (Seniors)	Individuals	61 (9%)	3 (1%)	19 (10%)

The populations of the HMIS-participating organizations are divided into four distinct age cohorts:

- Minors (17 years old and younger)
- Youth (18 to 24 year olds)
- Younger Adults (25 to 50 year olds)
- Older Adults (51 to 61 year olds)
- Seniors (62 years old and older)

Of all the age categories, 31 to 50 year olds were the most numerous adult age group for all types of HMIS projects and populations except for the individual transitional housing project where 18 to 24 year olds made up the largest adult age group.

Recently HUD has made 18 to 24 year olds who are experiencing homelessness a priority. In DuPage, 291 persons aged 18 to 24 years used emergency shelters, transitional housing, and/or permanent supportive housing. Most of these young adults were not in families. A full 209 (69%) were individuals who used emergency shelters, transitional housing, and/or permanent supportive housing. Of these 202 individuals, 136 (67%) had used a transitional housing project during the 2015 reporting period. It appears that DuPage is doing a good job of moving unaccompanied youth (18 to 24 year olds) to transitional housing.

There were many children aged 17 and younger that utilized homelessness projects during the 2015 reporting period. Of particular concern is that 56% of persons that used emergency shelters—whether as an individual or

<sup>28</sup> Data compiled from HMIS Datasets received from the DuPage County CoC.

within a family—during the 2015 reporting period were children. Children experiencing homelessness have their own specific needs distinct from the adult population—especially in regard to education. Research has demonstrated that “children experiencing homelessness are at risk for developmental delays—especially in language functioning—and for social-emotional challenges.”<sup>29</sup> Other studies have found a link between children experiencing homelessness and academic underachievement—such being held back a year and failure to graduate. According to one such study, higher school mobility rates associated with homelessness were closely correlated with grade retention rates. Researchers found that of the participants in the study, “22% of formerly homeless children had repeated two or more grades in contrast with only 8% of those who had never been homeless.”<sup>30</sup>

The Illinois Education for Homeless Children Act (IEHCA) as well as the Federal McKinney-Vento Act were adopted to insure that the educational needs of children experiencing homelessness are met so as to reduce the negative impacts on academic achievement associated with homelessness. The McKinney-Vento Act protections and rights afforded to students experiencing homelessness can help avoid disruptions in education. However, there are complications with the act that will be discussed later in the school funding section.

*Table 8: Illinois Education for Homeless Children & McKinney-Vento Student Rights*

<b>Illinois Education for Homeless Children &amp; Federal McKinney-Vento Student Rights</b>	
1.	A free, appropriate public education including a priority to preschool programs.
2.	The choice of remaining in school of origin or transferring to a school nearest their current shelter or temporary housing option.
3.	Immediate enrollment regardless of ability to obtain medical records at time of enrollment.
4.	Transportation assistance as needed. In Illinois, this assistance is available for the full school-year if the student was a McKinney-Vento recipient at the start of that same year.

**GENDER**

On average individuals of different genders tend to experience homelessness slightly differently. Any difference that can be identified between how the genders experience homelessness can be used to advise outreach, intervention, and recovery services.

**FEMALE**

*Table 9: Self-identified Females 18 Years Old or Older in 2015 HMIS-Participating Projects*

Population Type	Emergency Shelter	Transitional Housing	PSH
Persons in Families	65 (72%)	164 (90%)	60 (77%)
Individuals	209 (31%)	126 (38%)	18 (23%)

**MALE**

*Table 10: Self-identified Males 18 Years Old or Older in HMIS-Participating Projects*

Population Type	Emergency Shelter	Transitional Housing	PSH
Persons in Families	25 (28%)	19 (10%)	68 (37%)
Individuals	456 (69%)	200 (60%)	117 (63%)

<sup>29</sup> <http://search.ebscohost.com/login.aspx?direct=true&db=a2h&AN=113485546&site=ehost-live>

<sup>30</sup> <http://webpage.pace.edu/yrafferty/yvonne/docs/Raffertyetal2004JSP.pdf>

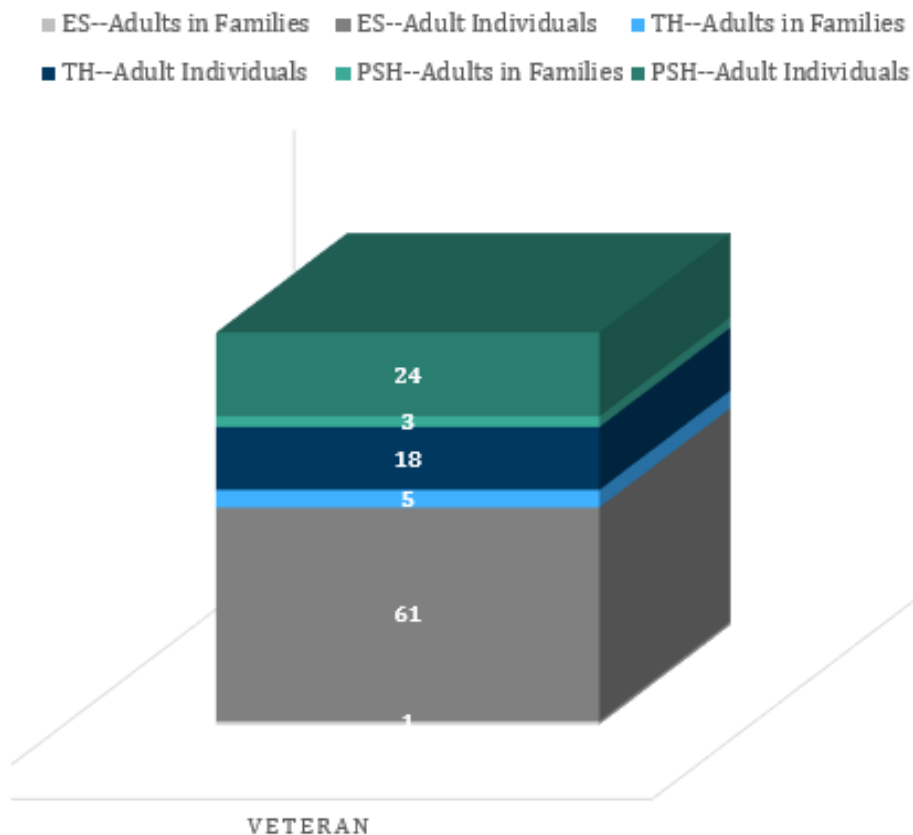
Females made up 82% of all adult persons in families who used at least one of the projects during the 2015 reporting period. Meanwhile males made up 65% of all adult individuals who used at least one of the projects during the same period. This means that adult females who are experiencing homelessness are most likely to be in a family group, while adult males who are experiencing homelessness are most likely to be on their own. There is nothing in the datasets to suggest why women experiencing homelessness in DuPage County tend to do so in families. However, this trend does suggest that targeting interventions for women at-risk of homelessness could have positive impacts on family homelessness.

### SPECIAL POPULATIONS

There are two special populations that present both unique challenges and opportunities to ending their experiences with homelessness.

#### VETERANS

*Figure 4: Veterans in DuPage County Who Used HMIS Projects During 2015 Reporting Period*



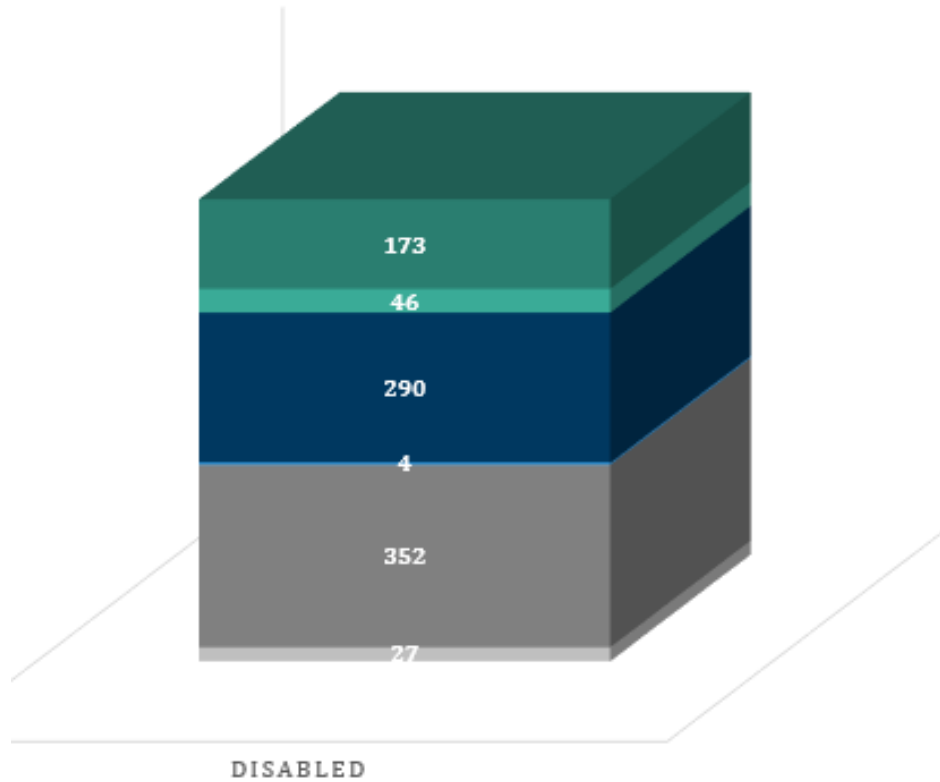
Veterans experiencing homelessness have access to Veteran’s Affairs (VA) benefits and programs that are unavailable to homeless non-veterans. And yet 62 veterans had to utilize emergency shelters in DuPage County in 2015. This could be due to strict eligibility requirements that make accessing these VA benefits challenging for veterans experiencing homelessness. Additionally veterans experiencing homelessness often face physical and mental disorders related to their service while experiencing similar lack of access to health care as other populations

that can complicate recovery from homelessness. This profile will further explore these issues in the access to services and health care issues discussed later.

**DISABILITY**

*Figure 5: Persons Living with a Disability Who Used HMIS Projects During 2015 Reporting Period*

- ES--Adults in Families   ■ ES--Adult Individuals   ■ TH--Adults in Families
- TH--Adult Individuals   ■ PSH--Adults in Families   ■ PSH--Adult Individuals



There are programs specifically designed to help those with disabilities maintain quality of life. Programs like the Social Security Administration’s Supplemental Security Income can provide stable income while Medicare programs are meant to help improve access to health care to address physical and mental disabilities. Still 379 people with at least one disability utilized emergency shelters in DuPage County in 2015. This might suggest that people with disabilities in DuPage County are having trouble accessing these programs.



## WHAT IS WORKING?

Key informants were asked to identify aspects of the DuPage County homelessness services network that they believe are positive and are positively impacting the issue of homelessness. Many key informants cited a culture of collaboration and accountability as the defining success of the DuPage County homelessness services network.

### COLLABORATION

In 2003, HUD prioritized and funded support services for things such as administration and operations management and development. The DuPage County CoC and participating organizations took this opportunity to build strong relationships and systems that—according to several key informants—continue to benefit the homelessness services network of DuPage County today. Several key informants attribute the relative success of DuPage County’s homelessness network to its strong web of local collaborations and all agreed that the collaborative nature of the local network has a positive effect on efforts to combat homelessness. Coordination and communication among DuPage homelessness service providers, other social service providers, and community institutions were generally rated highly by key informants. The following are three examples of DuPage County’s culture of collaboration and how it impacts local homelessness.



MANY KEY INFORMANTS CITED A CULTURE OF COLLABORATION AND ACCOUNTABILITY AS THE DEFINING SUCCESS OF THE DUPAGE COUNTY HOMELESS SERVICES NETWORK.

### DUPAGE HOMELESS VETERANS TASK FORCE

An example of DuPage County’s collaborative nature and how it positively impacts efforts to combat homelessness can be seen in the DuPage Homeless Veterans Task Force (DHVTF). In December 2015 the following several organizations came together to form the DHVTF in order to better coordinate efforts to serve homeless veterans:

- Midwest Shelter for Homeless Veterans
- DuPage PADS
- Catholic Charities
- Hines Veterans Administration (VA) Hospital
- DuPage County Veterans Assistance Commission (23)

All DHVTF members have signed letters of agreement and adopted mutually agreed upon operating procedures and protocols. The DHVTF currently meets monthly to review a list of veterans identified in DuPage County in need of homelessness and prevention services. Informants familiar with the task force stated that a list—known as the HMIS One List—provides DHVTF with “a profile of needs identified for each person on this list.” As long as the identified veteran has discharge papers that document a greater than “Dishonorable Conditions Discharge,” DHVTF uses the “No Wrong Door” approach to make sure that the veteran receives the best services available.

According to informants, this system, which allows veteran services providers to coordinate different eligibility requirements, is key to serving DuPage County veterans. By February 2016 there were only 15 veterans still on the HMIS One List due in part to the model’s successful implementation.

### DUPAGE COUNTY SOCIAL SERVICES PROVIDERS & LOCAL POLICE DEPARTMENTS

Key informants indicated that there were good working relationships between some DuPage County social services providers and local police departments. For instance, several key informants described their police departments’ relationship with PADS as beneficial. As one interviewee said, “PADS is a valued program. Police are grateful that this service exists, otherwise there would be no place for homeless to go.” Additionally, according to key informants, their police departments often provide transportation to emergency housing services if—in the course of the encounter with the homeless individual—those services are requested.

*Table 11: Outline of a Typical Police & Homeless Citizen Encounter*

<b>Outline of a Typical Police &amp; Homeless Citizen Encounter</b>	
1.	Interactions with citizens experiencing homelessness on the street are usually initiated as a result of a resident complaint and/or standard wellness checks by police patrols.
2.	Officers are expected to handle situations respectfully and treat people with dignity. Officers must “preserve safety and protect civil rights.”
3.	Normally a dialogue with the homeless individual is started and a ride to the nearest service provider is offered.
4.	Should the individual refuse services, then it is suggested that they use park benches or other similar areas.
5.	As long as the situation does not “rise to a level of concern for public safety or health” then the encounter is ended. Citations are “generally not productive and officers are generally aware that this is not a useful intervention.”

### DUPAGE COUNTY SOCIAL SERVICES PROVIDERS & LOCAL PUBLIC LIBRARIES

DuPage County social services providers have collaborated extensively with local public libraries. These providers train employees of public libraries in order to better work with patrons experiencing homelessness and/or mental illness. One key informant stated that their library staff have previously gone through DuPage County Health Department and NAMI trainings. Another library had all staff that are part of their rotating “Person-In-Charge” System receive training from PADS and Hesed House. The third library received Mental Health First Aid training through Linden Oaks Hospital.

### ACCOUNTABILITY

According to key informants, a particular strength of the DuPage County’s homelessness services network is its dedication to accountability. This commitment can be seen through the network’s fund management and data collection and evaluation activities.

### THE REALLOCATION OF FUNDS PROCESS

Key informants credited the continuum’s commitment to accountability as a leading cause for sustained Federal funding to local homelessness services providers. Around 2010, according to informants, HUD “gave the CoC greater control over its projects.” At the same time HUD also asked the CoC to ensure that it was spending its allocated money. According to the key informants, “DuPage spends every penny” and it spends it responsibly. This accountability has led to “a few voluntary reallocations of funds”—i.e. some participating projects agree to accept greater or lesser funds from HUD—among participating DuPage organizations, but a continuation of HUD funds for DuPage County as a whole.

Reallocations of funds can be a difficult process. However, without this difficult process, DuPage County could lose vital Federal dollars for homelessness reduction projects. For this reason, reevaluation and reallocation of resources is a necessary component of DuPage County’s homelessness services network.

## DATA COLLECTION & EVALUATION

Some key informants believe that the strength of DuPage County’s accountability for the homelessness services network is directly related to the strength of its data coordination and evaluation efforts. During the same time that the DuPage CoC and its member organizations were strengthening their working relationships, they were also creating data sharing systems such as HMIS. According to several key informants, the data collected and the evaluations produced help to keep the DuPage CoC and its member organizations aligned with goals to reduce and eliminate homelessness in DuPage County.

However, this opinion wasn’t unanimous. One informant was less supportive of HMIS efforts. Whether or not the informant believes that HMIS helps increase coordination and collaboration, the informant stated that the time staff spent entering data into HMIS “took away time better spent on direct, meaningful interactions with clients.”

It is possible that the practice of data collection and evaluation will serve DuPage County well in future funding cycles. According to key informants, HUD is increasingly tying Federal funding for homelessness reduction efforts to specific metrics that must be backed with various data points that can only be effectively collected through a HMIS-like process. As long as DuPage County relies on Federal dollars to fund homelessness reduction efforts, data collection and evaluation will be an important part the DuPage County homelessness services network.

## WHAT ARE THE NEEDS AND GAPS?

There were several needs and gaps identified by key informants and upheld by data. Cost of living concerns, healthcare issues, funding concerns, community institutional training needs, and gaps in the current emergency shelter model are several needs and gaps that were identified by multiple key informants and data. These will be further explored below.

### COST OF LIVING CONCERNS

#### LIVING WAGE

In order to meet the basic expenses of life—such as food, clothes, shelter, etc.—DuPage County residents have to find both living wage employment and affordable housing. This can be difficult as both the living wage and housing prices are high in DuPage County. According to the Massachusetts Institute of Technology’s cost of living calculator,<sup>31</sup> the annual household income that a single working adult must make in DuPage County under 2015 living wage conditions is \$25,364. And according to the U.S. Census Bureau’s 2015 American Community Survey,<sup>32</sup> approximately 27,859 non-family households would fail to meet that annual living wage in DuPage County. As for a two-adult, two-child household with both adults working, that annual household income, according to MIT, must rise to \$69,817 to meet 2015 living wage conditions in DuPage County. Using this living wage standard and the American Community Survey, approximately 47,840 family households in DuPage County make less than \$50,000,

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<sup>31</sup> <http://livingwage.mit.edu/counties/17043> These numbers have been updated on the website for 2016 valuations and so will not match the profile. We decided to keep the 2015 values in the report to better match the rest of the data timeframe.

<sup>32</sup>

[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_1YR\\_S1901&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1901&prodType=table)

and an additional 35,646 family households make between \$50,000 and \$74,999. And, according to HUD, the affordable housing rate—i.e. the fair market rate (FMR)—for a 2 bedroom housing unit was \$1,093 in 2015.<sup>33</sup>

Given both the living wage and housing cost demands in DuPage County it can be difficult for DuPage residents to find jobs that pay enough to afford the local cost of living and housing that is affordable. In fact many participants from a focus group which included those who have experienced homelessness in DuPage County repeatedly stated that housing costs and a lack of well-paying jobs were two of the greatest hurdles they faced. Most of the jobs that participants could find were low wage jobs in the service sector like convenience store clerks. As one participant summarized, “low wage work means you need something affordable [for housing].” However, it is often difficult to find



AS ONE PARTICIPANT SUMMARIZED, “LOW WAGE WORK MEANS YOU NEED SOMETHING AFFORDABLE [FOR HOUSING].”

affordable housing. Participants also felt that Homeowner Association (HOA) fees make housing even less affordable. There were several participants that stated that HOA fees had made it impossible to rent several different properties that would have otherwise been affordable. Many key informants agreed that both living wage employment and affordable housing are difficult for a significant segment of DuPage County’s population to find. And when financial means are stretched to cover living expenses, key informants suggested that the risk for homelessness increases.

#### PUBLIC TRANSPORTATION

Inadequate public transportation was cited as a major concern by several key informants. According to key informants, the lack of adequate public transportation in DuPage County—while not a direct cause of homelessness—exacerbated issues related to cost of living and connection to important health and human services. Without a reliable, extensive public transportation network finding and maintaining adequate employment can be difficult. Additionally, at-risk populations can easily become separated from health and social safety-net programs. Key informants described clients that were unable to keep appointments or a regular work schedule due to DuPage County’s lack of adequate public transportation. Participants from a focus group that included individuals that had experienced homelessness in DuPage County also expressed frustration with the lack of adequate public transportation. As one participant stated, “if you don’t have a car, then you don’t have a way to get around.” Many participants felt that it was exceedingly difficult to find affordable housing near accessible public transportation. This meant that in order to live in a place they could afford, many participants had to sacrifice ease of movement to employment, education, and services.

#### HEALTH CARE ISSUES

Health care is vital for a large segment of those in DuPage County that experience homelessness. Those experiencing homelessness tend to have higher health care needs than their peers. As one study said, those experiencing homelessness “had higher rates of medical illness; psychopathology, including major depression and anxiety; and substance use disorders than did participants in a similarly aged general population sample.”<sup>34</sup> This trend occurs in DuPage County where, according to HMIS data, adult disability—a subset of those experiencing homelessness with high need for access to health care—appears to play a great role in most project and client types. Only family emergency shelter (30%) and family transitional housing (2%) had adult populations under 50% disabled. Disabled

<sup>33</sup> [https://www.huduser.gov/portal/datasets/fmr.html#2015\\_data](https://www.huduser.gov/portal/datasets/fmr.html#2015_data)

<sup>34</sup> <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2005.076190>

persons make up a significant portion of adult individuals in transitional housing (87%) and permanent supportive housing (94%).<sup>35</sup>

While the need for health care is great for this population, the barriers to access health care can be even greater. Key informants frequently discussed the lack of access to health care for DuPage County citizens currently experiencing homelessness. Most of these key informants identified two distinct gaps in health services. The first is related to a lack of health providers willing to accept Medicaid patients. The second is a lack of mental health services in general and substance abuse services specifically.

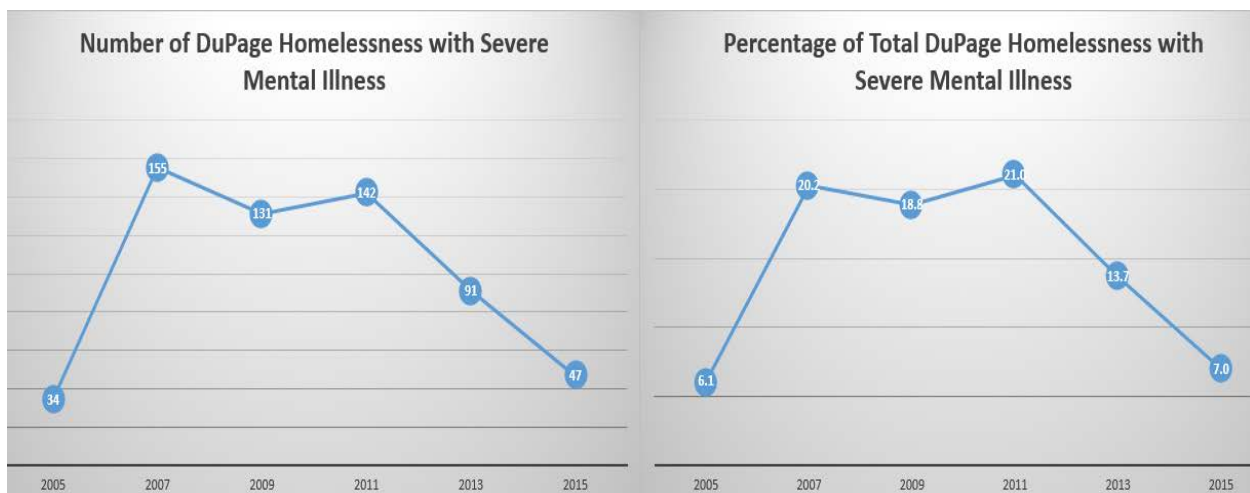
#### ACCESS TO PHYSICIANS

Although most people experiencing homelessness in DuPage County are eligible for Medicaid services, those experiencing homelessness are not always receiving medical attention due to a lack of health care providers willing to accept Medicaid patients. In a 2011 national study, 31% of physicians surveyed stated that they would not accept new Medicaid patients.<sup>36</sup> While the exact percentage of physicians refusing to accept new Medicaid patients in DuPage County isn't known, according to several interviewees, it isn't likely to be much lower than the national study's findings. Interviewees also stated that even those health care providers that do accept new Medicaid patients in DuPage County tend to have a large backlog of patients that makes it difficult to access health services. It is important to address this barrier to health care access in order to reduce negative health outcomes and increase positive stable housing outcomes for those in DuPage County experiencing homelessness.

#### MENTAL HEALTH & SUBSTANCE ABUSE

In addition to the lack of general health care providers willing and able to accept Medicaid patients, there is a lack of health care services specifically for mental health and substance abuse. Several interviewees stated that there weren't enough mental health care providers to handle the needs of DuPage County's homeless population and that substance abuse services were particularly overbooked and underrepresented. Given that those experiencing homelessness with severe mental illness and/or substance abuse disorders make up a large portion of DuPage County's homeless population, this is a significant gap.

*Chart 4 & 5: PIT Counts of Those Experiencing Homelessness with Severe Mental Illness*

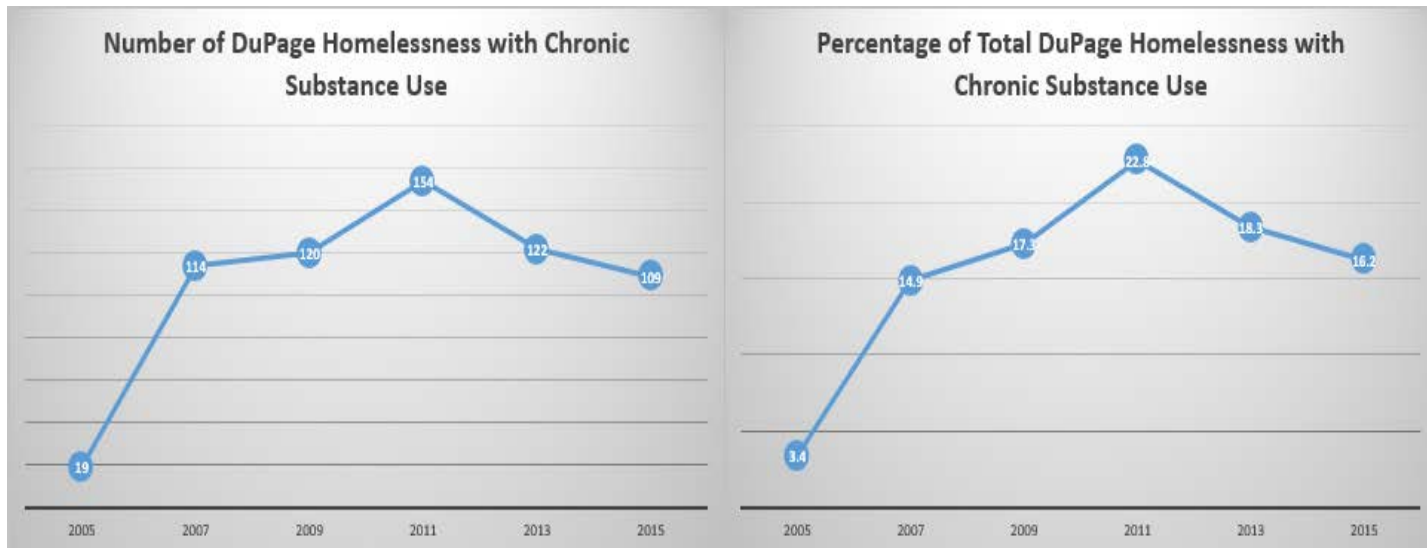


<sup>35</sup> Data compiled from HMIS Datasets received from the DuPage County CoC.

<sup>36</sup> <http://content.healthaffairs.org/content/31/8/1673.abstract>

On average mental illness accounts for 15% of the homeless in DuPage County, ranging from 6% - 22% and has been declining from 2012 to 7% at the beginning of 2015. While it is difficult to account for all of the unsheltered homeless, these data indicate that most of the homeless with mental illness are sheltered and receiving social services.

*Chart 6 & 7: PIT Counts of Those Experiencing Homelessness with Chronic Substance Use*



On average, substance use disorders account for 16% of the homelessness cases in DuPage County in 2015 and ranges from 3% to 26% of homelessness cases in DuPage County from 2005 to 2015. This is the chronic substance use is seen within all subtypes of homelessness in DuPage County and is strongly correlated to chronic homelessness. Notably, only a small fraction of this population are unsheltered and by inference receiving minimal or no social services.

## FUNDING

Key informants expressed concern with both federal and state funding. While concerns with federal funding were based on the restrictions that came with that funding, concerns with state funding were more focused on the uncertain nature of payments.

### FEDERAL FUNDING

Key informants expressed concern with relying predominantly on HUD funds. There are several reasons why over-reliance on HUD funds could be problematic for DuPage County. As one key informant explained, HUD is continually changing definitions and priorities at a federal level. While HUD changes its funding priorities based on national trends, DuPage County needs don't always exactly mirror national trends. If HUD were to prioritize a certain model for alleviating homelessness that didn't address or exacerbate DuPage County-specific concerns, then there would still be funding incentives for following a national model that hindered local efforts.

Part of prioritizing national models for reducing homelessness is tying federal funding to mandates. In fact federal funding often comes with mandates to spend the money and staff time on processes that some key informants found inefficient. It should be stated that the mandated processes one key informant found inefficient were seen as beneficial to other key informants. This discrepancy can be seen as an example of the larger issue of national models

to combat homelessness not always being a perfect fit for DuPage County. In this way an overreliance on federal funds can limit local process flexibility.

### STATE FUNDING

Key informants expressed a great concern with the state of Illinois' recent budget crisis and its impact on homelessness services. As one key informant stated in 2016, "[the] Illinois state budget impasse continues to create problems for social services." Key Informants were worried that some contracts with the state to provide homelessness services might not be paid in full. For instance there is one homelessness services organization in DuPage County that stated in 2016 that "the State of Illinois is about \$250,000 in arrears on services provided to date." The money owed to this organization equated to at least four housing slots that the organization could not provide to those either at-risk of or experiencing homelessness in DuPage County on their waiting list.

The political climate in the state also had some informants worried about future contracts for homelessness services. The full impact of this situation and the uncertainty surrounding it is not yet fully understood.

### SCHOOL FUNDING

The McKinney-Vento program provides access to education for students that experience homelessness. The program is meant to provide students and their families with protections and services to ensure that the student's education is not interrupted. One of these services include transportation. For instance, should a McKinney-Vento recipient require special transportation considerations such as a taxi to move between shelter and school, then the school district where the child is picked up pays half and the school district where the child goes to school must pay the remaining amount. School districts are eligible for a matched split from Illinois State funds. However, this funding is not guaranteed and doesn't include the entirety of the expense.



ACCORDING TO A KEY INFORMANT, "SOME DISTRICTS IN DUPAGE COUNTY RECEIVE AS LITTLE AS \$500 ANNUALLY TO BE COMPLIANT WITH MCKINNEY-VENTO... SOME DISTRICTS PAY AS MUCH AS \$250,000 ON TRANSPORTATION FOR MCKINNEY VENTO."

A lack of funding for the McKinney-Vento program is particularly stark in DuPage County. According to a key informant, "some districts in DuPage County receive as little as \$500 annually to be compliant with McKinney-Vento." This might not be a problem if provisions in the policy only cost school districts \$500. However, as the informant pointed out, "some districts pay as much as \$250,000 on transportation for McKinney-Vento." In order to adequately address the needs of McKinney-Vento recipients in DuPage County, adequate funding for McKinney-Vento compliance for DuPage County school districts is essential.

### BEHAVIORAL HEALTH TRAINING FOR COMMUNITY INSTITUTIONS

Although some key informants associated with DuPage County community institutions identified that their staff had been trained or were about to be trained, they also mentioned that additional training could be beneficial. One key informant stated that library staff "would be particularly interested in training in handling issues of needs associated with drop-off [i.e. aging, dementia, mentally ill adult family members, etc.] populations." Other key informants associated with DuPage County libraries voiced similar desires for continued training on how best to interact with homeless individuals and families. Additionally, some key informants associated with DuPage County police departments indicated that further training on mental illness could be beneficial.

## ACCESS TO SERVICES

DuPage County has many services for those experiencing homelessness. However, key informants did express concerns over barriers that some facing homelessness in DuPage County experience when they try to access these services.

## CAPACITY

Many key informants discussed a need for more project capacity to serve those experiencing homelessness in DuPage County. Many projects—especially permanent supportive housing and emergency shelters—in DuPage County are near capacity and some are even occasionally overcapacity as demonstrated by Bed Utilization Rates from the HMIS Datasets. The Bed Utilization Rate (BUR) is calculated by dividing the number of persons by the number of beds within the facility for a given night. When the BUR reaches 100% that means that for every bed there is a person to fill it. Once BURs go over 100% the project is overcapacity. The only projects that were consistently near or overcapacity during the 2015 reporting period were emergency shelters and permanent supportive housing.



ACCORDING TO KEY INFORMANTS, “VETERANS REQUIREMENTS ARE MORE STRINGENT THAN FOR OTHER POPULATIONS.”

There are also capacity concerns in DuPage County’s emergency shelters. On at least two occasions the BUR was over 100%. On those overcapacity nights, the facilities hosted more people than there were official beds. Meanwhile the average BUR for the individual emergency shelter population was overcapacity at 118%. These emergency shelter BURs suggest that procuring more capacity is a desirable goal.

According to some key informants, certain political and economic concerns can make it very difficult to raise the number of beds in permanent supportive housing projects. Therefore, having a BUR near 100% is to be expected. Emergency housing has its own special considerations that make increasing the number of beds difficult. However, as the last line of support before the street, it is critical that there be adequate capacity to accommodate clients in need.

## SPECIFIC PROGRAM REQUIREMENTS

Several participants of a focus group which included DuPage citizens that have experienced homelessness expressed appreciation for the ease of access to immediate or emergency assistance in DuPage County. Participants explained that DuPage County was “better equipped for people that are homeless” and that “immediate assistance” for things like clothing and transportation was readily available during times of crisis. Yet, there were still concerns about access to services due to certain program requirements.

For instance, some housing programs meant to help those experiencing homelessness find sustainable housing have on-going eligibility requirements that program recipients must meet. However, some focus group participants stated that specific eligibility requirements related to income can actually keep recipients from leaving programs, pursuing better paying jobs, and/or saving funds to buy or rent non-programmatic housing. Participants stated that some program income limits were unreasonable given the high cost of living in DuPage County. One participant even stated that she’d likely get more help if she quit her job even though she doesn’t make enough money to afford housing.

Many participants also felt that limits on the amount of money they could save while in certain housing programs is very problematic. People who could leave housing programs if allowed to save up for housing are instead forced to



stay in the housing programs. If these recipients could save money and move out of these housing programs, then that could open up much need spaces for other DuPage County residents.

Concerns about specific program requirements are especially difficult when serving veterans experiencing homelessness. Veterans' services providers can help veterans locate and access affordable housing, employment opportunities, and mental and physical health care, but eligibility barriers often keep veterans from connecting with these providers and their services. According to key informants, "veteran requirements are more stringent than for other populations."

#### Some Common Requirements for Veterans Seeking Homeless Services

- No criminal background.
- A confirmed mental illness diagnosis.
- No history of violence.
- No dishonorable or bad conduct discharges.

These requirements and others like them significantly limit the number of veterans that services providers can serve. Interviewees made sure to highlight that often times the veterans excluded by these requirements are the veterans most in need of these services.

Even if a veteran meets all the criteria for a certain service, they aren't always identified as eligible. A key informant estimated that a full "two-thirds of eligible veterans are not seeking services." Even when eligible veterans do seek out general homelessness services, as a key informant pointed out, "many veterans do not want to self-identify." This is an especially problematic issue as general homelessness service providers do not have access to veterans' status and/or service information. According to key informants, if general homelessness service providers suspect that one of their clients might be an eligible veteran, then they must initiate the request for services through the Hines VA Hospital in order to help the veteran access services. Additionally, if veterans are not identified, then they are not being reported on the HMIS One List and are therefore being overlooked by the DHVTF.

#### EMERGENCY SHELTER MODEL

The current emergency shelter model has served thousands of DuPage residents experiencing homelessness over the years. And while key informants expressed appreciation for what the current emergency shelter model does for the community, there were some concerns identified.


#### DO NOT ADMIT LISTS

According to key informants, emergency shelters sometimes have a Do Not Admit (DNA) list that can complicate situations for police officers. The DNA list is comprised of individuals that have been determined to be violent or sexual offenders that volunteer emergency shelter sites cannot handle. If the principal homeless shelter provider in DuPage cannot accept certain homeless citizens, then there is no place for police officers to take them. Interviewees were unable to provide a solution for the practice. Of course, if such individuals are not admitted to emergency shelters, they are likely to be found in the library, the park, the train station or other such public spaces.

## FIXED-SITE SHELTER

Some key informants expressed a desire for fixed-site shelters in DuPage County. One key informant stated that it “would be nice to have a fixed shelter—somewhere to take [homeless citizens].” The prominent emergency shelter model in DuPage County rotates sites on a nightly basis to different churches throughout the county. According to key informants, this can make it difficult for police officers who want to drop off homeless citizens who request services to do so if those services are located in another community for the night.

The rotating nature of most emergency shelters also contributes to the transient nature of some of DuPage County’s homeless. According to the interviewees, clients experiencing homelessness travel from town to town in order to follow emergency shelter services. According to the interviewees, this transiency creates a problem for local police departments that want to identify homeless citizens in order to conduct wellness checks. One interviewee stated that in order to adequately check-in on these citizens there would have to be a countywide identification and support system developed that local police departments could utilize.



ONE KEY INFORMANT STATED THAT IT  
“WOULD BE NICE TO HAVE A FIXED  
SHELTER—SOMEWHERE TO TAKE  
[HOMELESS CITIZENS].”

## APPENDICES

### DEFINITION OF KEY TERMS

#### *ANNUAL HOMELESS ASSESSMENT REPORT (AHAR)*

A HUD report to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period. For the purposes of this report only AHAR data from DuPage was examined through HMIS Data.

#### *CONTINUUM OF CARE (COC)*

Local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

#### *CHRONICALLY HOMELESS*

People experiencing homelessness in which the head of the household has a disability and has either been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last three years.

#### *EMERGENCY SHELTER*

A facility with the primary purpose of providing temporary shelter for homeless persons.

#### *HOMELESS*

There are several working definitions of homeless used by different programs throughout DuPage County. Below are the two major definitions used in this report.

#### *THE HEARTH ACT & HOMELESS DEFINITION*

On January 18, 2012, the Department of Housing and Urban Development (HUD) issued the final regulation to implement changes to the definition of

homelessness contained in the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act enacted on May 20, 2009). The definition stipulates who is eligible for various HUD-funded homeless assistance programs and includes four broad categories of homelessness:

- People living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- People who are losing their primary nighttime residence within 14 days (it was previously 7 days), which may include a motel or hotel or a doubled up situation, and lack resources or support networks to remain in housing.
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

The HEARTH Act consolidated three previously separate homeless assistance programs administered by HUD into a single grant program, revised the Emergency Shelter Grants program and renamed that program the Emergency Solutions Grants program.

The HEARTH Act also strengthened Continuum of Care (CoC) planning, traditionally a part of HUD's grant application process to assist homeless persons by providing greater coordination of local services in responding to their needs.

#### *ANNUAL HOMELESS ASSESSMENT REPORT & HOMELESS DEFINITION*

Under the Annual Homeless Assessment Report (AHAR) homeless is defined as a person who lacks a fixed, regular, and adequate nighttime residence. For the purposes of this profile this is the definition of homelessness used in the HMIS Data and PIT Sections as well as by most homeless service providers in DuPage.

#### *HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)*

A software application designed to record and store client-level information on the characteristics and service needs of homeless people. Each CoC maintains its own HMIS, which can be tailored to meet local needs, but must also conform to HUD's HMIS Data and Technical Standards.

#### *HMIS DATA*

Provides an unduplicated count of people who are homeless in shelter and information about their characteristics and service-use patterns over a one-year period of time. These data are entered into each CoC's HMIS at the client level but are submitted in aggregate form for the AHAR.

#### *HMIS PROJECT TYPE*

A project type as discussed by HMIS data is a way to sort different programs into groups such as transitional housing, emergency shelters, etc. In the HMIS Section this term is used interchangeably with program.

#### *HOUSEHOLD TYPE*

The composition of a household upon entering a shelter program. People enter shelter as either an individual or as part of a family with children, but can be served as both individuals or family members during the AHAR reporting year. However, the estimates reported in the AHAR adjust for this overlap

and thus provide an unduplicated count of homeless people.

#### *HOUSING INVENTORY COUNT (HIC)*

Produced by each CoC and provides an annual inventory of beds in the CoC.

#### *LIVING ARRANGEMENT BEFORE ENTERING SHELTER*

Refers to the place a person stayed the night before the first homeless episode captured during the AHAR reporting year. For those that were already in shelter at the start of the reporting year; it refers to the place they stayed the night before beginning that current episode of homelessness.

#### *MCKINNEY-VENTO PROGRAM*

The McKinney-Vento Program stems from a Federal act. The program guarantees students who are experiencing homelessness the right to a public education. For the purposes of this profile the HEARTH Act is the definition of homeless that the McKinney-Vento Program uses.

#### *INDIVIDUALS*

People who are not part of a family with children during their episode of homelessness. They are homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

#### *RAPID REHOUSING*

A housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

#### *PERMANENT SUPPORTIVE HOUSING*

Program designed to provide housing and supportive services on a long-term basis for formerly homeless people, who have disabilities.

#### *PEOPLE IN FAMILIES*

People who are homeless as part of households that have at least one adult and one child.

#### *POINT-IN-TIME COUNTS*

Unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The 1-night

counts are conducted by Continua of Care nationwide and occur during the last week in January of each year.

*ONE-YEAR SHELTER COUNT*

Unduplicated count of homeless people who use an emergency shelter or transitional housing program at any time from October through September of the following year. The one-year count is derived from communities' administrative databases, or HMIS. For the purposes of this profile it was derived from HMIS.

*SAFE HAVENS*

Provide private or semi-private long-term housing for people with severe mental illness and are limited to serving no more than 25 people within a facility.

*SHELTERED HOMELESS PEOPLE*

Individuals who are staying in emergency shelters, transitional housing programs, or safe havens.

*TRANSITIONAL HOUSING PROGRAM*

Provide homeless people a place to stay combined with supportive services for up to 24 months in order to help them overcome barriers to moving into and retaining permanent housing.

*UNACCOMPANIED YOUTH (UNDER 18)*

People who are not part of a family with children during their episode of homelessness, and who are under the age of 18.

*UNACCOMPANIED YOUTH (18-24)*

People who are not homeless as a part of a family with children, and who are not accompanied by their parent or guardian during their episode of homelessness and who are between the ages of 18 and 24.

*UNSHeltered HOMELESS PEOPLE*

People who stay in places not meant for human habitation, such as streets, abandoned buildings, vehicles, or parks.

## PRIMARY SOURCE METHODOLOGY

### KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

Key informant interviews and focus groups provide a qualitative framework that complements the quantitative primary sources. All key informants were approached for their experience and expertise with homelessness in DuPage County. These informants range from public library administrators to homeless services providers to those who have experienced homelessness and provide a variety of unique lenses to examine the issues surrounding homelessness in Dupage County.

All materials were pulled from sixteen interviews that were conducted from January 19, 2016 to April 6, 2016 by the DuPage Federation as well as two focus groups conduct on June 18 and 23, 2016 by Northern Illinois University. Most interviews and both focus groups were conducted in-person. However, a few interviews were conducted over the phone and one was conducted via email.

#### Key Informant Interviewees:

- Mary Keating, Director of DuPage County Community Services (February 16, 2016)
- Peg Lijewski, DuPage Continuum of Care Technical Consultant (January 19, 2016)
- Janna Divito, Case Manager, DuPage Federation Open Door (February 3, 2016)
- Ryan Dowd, Executive Director, Hesed Comprehensive Homeless Resource Center (April 6, 2016)
- Amy Palumbo, MSW, Director of Community Services, [North] Catholic Charities Diocese of Joliet (March 23, 2016)
- Carol Simler, President & Chief Executive Officer, DuPage PADS (February 23, 2016)
- Heather Britton, Homeless Student Advocate, DuPage Regional Office of Education (February 23, 2016)
- Katy Leclair, Chief Executive Officer, 360 Youth Services (March 22, 2016)
- Debbie Robertson, Executive Director of Child Welfare Residence Programming, 360 Youth Services (March 22, 2016)
- Steve Fixler, DuPage County Veterans Assistance Commission [DuPage Homeless Veterans Task Force Member] (February 23, 2016)
- Jane Tyschenko-Mysliwicz, MSW, Executive Director, Midwest Shelter for Homeless Veterans [DuPage Homeless Veterans Task Force Member] (April 5, 2016)
- Dawn Bussey, Director, Glen Ellyn Public Library (March 8, 2016)
- Mary Beth Harper, Director, Elmhurst Public Library (March 8, 2016)
- Marcy Rodriguez, Assistant Director of Administrative Services, Elmhurst Public Library (March 8, 2016)]
- Julie Rothenfluh, Executive Director, Naperville Public Library (March 11, 2016)
- Brian Cunningham, Deputy Chief, Naperville Police Department (March 10, 2016)
- William Holmer, Deputy Chief, Glen Ellyn Police Department (March 10, 2016)
- Robert Tannehill, Deputy Chief, Elmhurst Police Department (March 8, 2016)

#### Key Informant Focus Groups:

- DuPage PADS clients from the Affordable Housing Focus Group conducted by the Northern Illinois University on June 23, 2016.
- DuPage County Family Self-Sufficiency Program Participants from the Northern Illinois University conducted by the DuPage Affordable Housing Council on June 28, 2016.

## HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATA

The DuPage Continuum of Care (CoC) provided the DuPage Federation with reports from the DuPage Homeless Management Information System (HMIS) along with some guidance on the intricacies of the database.

The HMIS is a database designed to capture information about persons who utilize projects that address homelessness within a specific geographic area. Participating providers that serve the homeless population of DuPage County collect key data on their clients that include Universal Data Elements and Project-Specific Data Elements. Some Universal Data Elements such as identification, certain demographic details, special population characteristics, project entry and exit date, and prior living arrangements as well Project-Specific Data Elements such as disability status and related questions and services provide a snapshot of the populations served by HMIS-participating agencies and organizations.

The DuPage Federation was given access to reports generated by HMIS. Persons were sorted by whether they were in family groups or individuals as well as by the type of project they were utilizing. This generated unique reports on specific, separate populations. Below are the discrete population types:

- Persons in Families Who Used Emergency Shelters.
- Persons in Families Who Used Transitional Housing.
- Persons in Families Who Used Permanent Supportive Housing.
- Individuals Who Used Emergency Shelters.
- Individuals Who Used Transitional Housing.
- Individuals Who Used Permanent Supportive Housing.

It should be noted that the people in permanent supportive housing aren't considered homeless by the U.S. Department of Housing and Urban Development (HUD). However, because a good portion of those in permanent supportive housing once experienced homelessness or were at serious risk of being so, this population is important to study. The DuPage Federation will therefore report out conclusions drawn from the permanent supportive housing reports within this homelessness profile.

Also of note, these HMIS reports summarize data only for the homeless who have accessed services at HMIS participating organizations within DuPage County. This data cannot tell us about those in DuPage experiencing homelessness that haven't accessed services at HMIS participating organizations.

The DuPage Federation concerned itself with the reports that were produced based on the 2015 reporting period for this profile. This reporting period covers from October 1, 2014 to September 30, 2015.

## POINT-IN-TIME (PIT) DATA

Point-In-Time (PIT) data is an important supplement to HMIS data. PIT data takes into account all those experiencing homelessness on one night regardless if they are receiving services from a HMIS-participating provider or not. Every odd year, CoCs must also count the unsheltered homeless population for their PIT Counts. Thus PIT data helps fill in the gaps in the HMIS data. And since HUD publishes PIT Counts from every CoC for several years, it is useful for tracking trends over time by location.

However, since PIT Counts are only conducted on one night of the year a lot of variables unrelated to homelessness such as weather and volunteer training can impact the data. Therefore PIT Counts should only be used as a supplement to the more rigorously collected HMIS data.

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