

Summary of March Meeting

The goal of the meeting was to further educate task force members on the sizes of the homeless and those at risk of homelessness population in Evanston.

A Model for Estimating the Size of the Homeless/Those At Risk Populations

Sue Calder described the methodology used to develop “the funnel” of homelessness. Although developed three years ago prior to the recession, it still provides useful information. There are five stages in the funnel:

- 1) Those at risk due to financial reasons (est. = 2,000-2500 per year)
- 2) Those at risk due to non financial reasons (est. = 500-1,000 per year)
- 3) Those unstably housed/doubled up (est. = 350-500 per year)
- 4) Those living in a shelter or temporary housing (est.= 350-400 per year)
- 5) Those who are persistently on the street (est. = 50-100)

The funnel is a fluid one with people and families moving in and out of the various stages. A goal of those working with the homeless is to shut the back door (level 5) to prevent homelessness and open the front door (level 1) so that people return to housing stability.

Number of Homeless in Evanston

Paul Selden provided the number of people who were counted on one day during the last week of January (a Point-In-Time count is required by HUD for any communities that receive funding for homeless projects). The results are:

Total 120 (Male 75 Female 38 Undetermined 7)

Chronic homeless 45

Have a felony conviction 57

Paul also provided results gathered throughout the year by the agencies which receive funding from HUD. Those agencies are: Housing Opportunity Development Corporation (6), Housing Options (19), YWCA (19) Evanston HPRP (a federal stimulus program) (150) and Connections for the Homeless (747). Since many of these people have progressed from one program to another or to a different level of housing, the total unduplicated number is 764. The highest number served (547) is in the Connections’ program EntryPoint, which is an outreach program to help homeless persons connect with other agencies, services, housing and entitlements like Medicaid or Social Security.

Paul also explained that the historically the numbers of those who are homelessness has grown since the de-institutionalization of mentally ill persons and the rapid depletion of Single Room Occupancy facilities and fewer units of affordable housing due to the conversion of many rental units to condominiums in the area. He provided a chart that showed that the total number of homeless in Evanston increased from about 275 in 2007 to 550 in 2011.

Suburban Cook County

Jennifer Hill, Executive Director of the Alliance to End Homelessness in Suburban Cook County, stated that in other areas of suburban Cook County there are a range of services from PADs, overnight shelters, transitional and permanent housing programs serving about 6,000. She stated that Suburban Cook does its count after 10 pm thus its number of 1200 for the rest of the suburban county (other than Evanston) is lower/different than Evanston's which does its count during the day. She also stated that Evanston may have a higher percentage of homeless because the community provides excellent services and has a good public transportation system. She pointed out that Evanston does not have a "shelter" system.

Summary of April Meeting

At this meeting there were several speakers who addressed the numbers of homeless families and youth in Evanston and what is being done to address their needs.

Joyce Barts-District 65

Problem increased 100% in last year. Approximately 225 kids registered as homeless.

Causes of homeless families:

Spouse abuse

Loss housing/income

Incarceration of a parent

Death of a parent

Foreclosures

Poor financial management

Hard to connect people to right services, especially housing since it is most critical.

Britt Shawver from HOW

Uses community integration model to work with homeless families

First stabilizes housing and then focus on economic/residential stability and income enhancement

Prevention is key: big focus on prevention counseling

Priority of case management and services is on education and skill development

Don Baker of Youth Umbrella Organization

They have about 50 kids coming to them at a point in family crisis

Absence of resources to help kids when families in crisis

Many kids are couch surfing

Come from homes where domestic abuse

Need for more group homes to house kids (up to 21 days) and then help re-stabilize in their own homes if possible

There are only few emergency shelters for youth

Only 1 transitional home for girls in Evanston-the Harbor room for 6-8: none for boys

YOU has had to cut youth case management staff dramatically

Paul Hamm from Night Ministry

Youth are invisible

10,000 children aged 14-22 on streets in Chicago area

Causes:

Runaways

Abuse in home

Addiction

Lock-outs

Teen pregnancies

Issues:

Very few services specifically directed to youth, especially if not wards of state

Trust building hard

Total collapse of safety net

Shelter system adult centered

Housing first is a difficult model for youth

Lack of emergency beds

60% LGBT-kicked out and not a lot of services

No ID, credit

Oscar Hawthorne/District 202

40% of students on free/reduced lunch program

Crisis level

Some alternative education programs and Saturday school helps with graduation rate

Seeing increased in multiple families living together with difficulty finding housing

Need more housing and support and resources information in schools

Turns out school is the place that kids want to be when families/housing are unstable

Keeping kids in school is a prevention program

Especially difficult to access services if not US citizens

Other key points:

- How do we help foster interconnectedness coordination of resources

- There is good coordination between school and agencies but on a case by case basis
not systematic

- Lack of services for non-citizens

- Effective programs/housing for youth include aftercare workers who follow youth

- Schools need more dedicated social workers

Summary of May Meeting

The focus of the meeting was to learn more about chronically homeless persons, the closing of the Institutions of Mental Diseases in Illinois, and the activities of the Evanston Vet Center.

Chronically Homeless

Definition: A chronically homeless person is an individual who has been homeless for more than one year or has had four episodes of homelessness in the last three years, and has a disabling condition.

Debbie Bretag, Executive Director of Housing Options, explained that mental health is part of a continuum of wellness and that some people recover from their illness and then are able to participate fully in the community. In fact, Housing Options has had ten persons (of 85 residents in the HO program) who have left the supportive housing and moved out on their own. Research has shown that trauma early in life contributes significantly to an individual

developing mental illness; when Housing Options administers a standardized test the results show that 95% of their residents had trauma(s) when they were young. She also pointed out that people with mental illness have a life expectancy 20 years less than the general population.

Institutions of Mental Diseases

Ken Nickele of the Department of Human Services, Division of Mental Health, reviewed the 2010 Williams vs. Quinn agreement developed in federal court between the State those individuals who are housed in IMDs – about 4,500 individuals. About 450 persons live in Greenwood House and Albany Care in Evanston. An IMD is a nursing home with 50% +1 person with a mental illness. The consent decree will allow these individuals to make a decision to leave the IMD with the support from a team to help them adjust to their new homes in the community of their choice. One of the major changes that has occurred and helped to move this decision is the improved medications that are available, rather than in the past when nursing homes may have opted to sedate persons rather than have medications that could help them recover from their illness. The transition to community-based settings will take place over five years; it is anticipated that about 250 will move out during this first year and about 5-750 per year after that. Some of those in the IMDs will choose to remain in a nursing home setting. Those that choose to move will pay 30% of their income toward their housing and Catholic Charities has been named to oversee the remaining subsidy. It is also anticipated that these actions will help the state's bottom line as while in a IMD the state is responsible for the costs of housing and care, but when people move to a community-based setting Medicaid will pay for medications and other health-related illnesses.

Veterans

The Veteran's Administration will supply support for all veterans who have not been dishonorably discharged. There are three divisions of the Veterans Administration: health, benefits and cemeteries. The health division is now much more community based and provides primary care and some specialty care. There is also a temporary outreach to veterans of Vietnam who are underserved. Vet Centers also provide mental health counseling with 60% of the staff being veterans.

The new Secretary for Veterans' Affairs has announced that homelessness among veterans must end. The goal of the new Five-Year Plan to end homelessness among vets is to reduce the number of vets in the overall homeless population from 30% to 20% and will employ a "housing first" model. Once housed, the vets will receive counseling and there will be an emphasis on employment programs. There is also a Veterans' Court which when determining outcomes, mandates case management for the offender.