all Chicago
making homelessness history

The Case for Ending Homelessness

Over 8,810 households were experiencing homelessness in Chicago in July 2018. These individuals were sleeping in places not meant for human habitation, in emergency shelters, transitional housing, or safe havens.[1,2] The number is higher when considering individuals who live with friends or relatives due to economic hardships, which is known as being "doubled-up."[3] More people are at risk of becoming homeless every year as housing affordability worsens, costs outpace wages, and availability of public subsidies decreases.[4,5]

Homelessness is damaging to health, economic stability, and other factors that contribute to quality of life. Homelessness also creates costly burdens for communities.

Fortunately, we know how to prevent and end homelessness. This case statement summarizes why communities should invest time and funding in strategies to prevent and end homelessness, which include resources for housing those experiencing homelessness, services to support housing stability, and cross-sector activities that prevent homelessness from occurring in the first place.

Who is experiencing homelessness in Chicago?

1,286 are youth between 18-24 years old.

1,428 are in families with children.

683 people are **veterans.**

I.   Housing is the foundation for quality of life.

Safe and stable housing is essential for people to succeed in all parts of life, including health, employment, and education.[6]

Challenges

- Homelessness can exacerbate preexisting physical, mental health, and substance use issues, as well as lead to new health problems.[7] People experiencing homelessness have a **mortality rate** that is three to four times higher than people who are stably housed.[8] Data from more than 20,000 caregivers found that homelessness before and after birth increased the risk of **developmental disabilities** in children by 59% and the risk of **child hospitalization** by 42%.[9]

- Homelessness creates barriers to economic stability and employment. [10,11,12] Housing instability can also have long-term effects on children. Moving three or more times total before the age of 15 lowered **future earnings** by almost 52%.[13]

- The physical, mental, and emotional toll of homelessness negatively affects students' ability to learn. Students experiencing homelessness are at least twice as likely to be **chronically absent** from school than their peers, missing 10% or more of the school year.[14] In Washington State, 45% of students experiencing homelessness graduated from high school, compared to 78% of housed students. [15]

Solutions: Increase Resources for Vouchers and Rapid Re-housing

- **Housing vouchers** are subsidies that help low-income families, the elderly, and the disabled afford housing in the private market. Researchers have found that vouchers **nearly eliminated homelessness**: Only nine percent of low-income families given vouchers to help pay for housing experienced homelessness. In comparison, 45% of low-income families who were eligible for vouchers but did not receive any experienced homelessness.[16]

- **Rapid Re-housing (RRH)** is a housing solution that helps people exit homelessness and enter permanent housing as quickly as possible through housing location services, short- term subsidies, and case management. A national evaluation of RRH programs in multiple cities found that 94% of families reported similar or improved health for their child after exiting from the RRH program.[17]

II. Solving homelessness is cost-effective.

Investing in permanent housing and services benefits not only people experiencing homelessness, but also the broader community.

Challenges

- Chronically homeless people often have disabling health or behavioral health conditions and cycle through crisis services, costing taxpayers an average of **$35,578 per chronically homeless person per year.** [18]

- Reliance on emergency shelters is relatively costly, averaging **$4,819 per family per month**.[19]

- People experiencing homelessness were found to have almost **four times the rate of hospitalization and emergency room use** than the average Medicaid recipient.[20]

Solutions: Increase Permanent Housing Units and Invest in Prevention

- Institutional costs, such as mental health institutions, nursing homes, and jails, are more costly than **Permanent Supportive Housing**. Tools such as **pay for success** can leverage the cost savings of PSH to help resource-constrained communities solve for homelessness.[21]

  Table 1. Costs of Permanent Supportive Housing Compared to Institutionalization

Permanent Supportive Housing (PSH) $27,600	VS.	Mental institutions $39,739 Nursing homes $52,083 Jails $52,195

  Note: PSH costs are for per person or unit, per year, and represents a high estimate of annual operating costs, rental assistance, and supportive services. Institutional costs are averages for per person per unit.
  Source: Illinois Housing Task Force, 2017. http://bit.ly/2BfAm0G

- **Rapid Re-housing and subsidies,** such as housing vouchers, have average monthly costs per family of $880 and $1,172, respectively, which is lower than the average per family monthly cost of emergency shelter, $4,819. [22] Stable housing combined with case management reduced hospitalizations by 29% and emergency room visits by 24%.[23]

- **Prevention services** help people avoid homelessness altogether by providing funds to address financial crisis. In Chicago, temporary financial assistance reduced the likelihood of families entering a homeless shelter by 76%.[24]

III. Supportive services improve outcomes.

Case management is a critical component of helping people experiencing homelessness. Case management involves assessing and coordinating services such as health care, employment support, housing location assistance, and other strategies help people overcome barriers to housing and employment and decrease the risk of entering or re-entering homelessness.

Challenges

- Many people experiencing homelessness have physical and mental conditions that make it difficult to afford a home or maintain or gain employment.[25] The U.S. Department of Housing and Urban Development found that adults with **disabilities** are almost four times more likely to experience homelessness than adults without disabilities.[26] Over 70% of adults in Permanent Supportive Housing have a **mental health condition, substance use history**, or both.[27]

- In the City of Chicago, almost one in four people who become permanently housed **return to homelessness** within two years due to challenges of remaining housed, such as insufficient income, disabilities, or unemployment or underemployment.[28]

Solutions: Invest in Services and Case Management

- **Permanent Supportive Housing** (PSH) subsidizes housing costs and provides individuals with services for severe physical and mental conditions. Participants in PSH are less likely to need emergency health services than non-participants. For example, researchers in San Francisco found that participation in a housing program that provided medical and supportive services reduced the likelihood of hospitalization by 11 to 19% among people with mental and substance use challenges.[29]

- PSH is also cost-effective: Supportive housing for chronically homeless people has been shown to *reduce* average costs by 49.5% by improving health outcomes.[30]

- Nearly 9,000 adults studied, reported that **on-site service coordinators** at federally subsidized senior housing reduced hospital admissions by 18 percent.[31] **Critical Time Intervention (CTI)** delivers case management services for people with severe mental illness before and after a person has become permanently housed. CTI has been associated with a 67% reduction in time spent homeless and a 60% reduction in likelihood of experiencing homelessness.[32]

IV. Employment is critical to maintaining housing.

People who are not stably housed as well as being unemployed/ underemployed have trouble breaking the chain of events that lead to homelessness. Living wage employment – employment that pays sufficient income for basic needs – is essential for securing and maintaining safe, stable housing. Yet, there are many barriers to employment, including but not limited to, lack of a stable address or phone, lack of transportation, low education, lack of workforce skills, child care costs, low self-esteem, and poor health.[33]

Challenges

- A majority of individuals experiencing homelessness want to be employed. In a survey of approximately 5,400 people experiencing homelessness in Chicago, **65.9% of respondents indicated that they want to work.**[34] However, only 17 percent of people who exited the homeless system in 2016 increased their income through jobs, suggesting a disconnect between those who want to work and those who are able to find jobs.[35]

- The living wage for a person in the Chicago metro area was $13.05.[36] In Cook County, a minimum wage employee earning $8.25 would have to **work 95 hours every week** to afford a one-bedroom at fair market rent (FMR) of $1,014 per month.[37]

$$\$8.25 \text{ /hr} \quad \times \quad 95 \text{ hrs/wk} \quad = \quad 1 \text{ BR at FMR}$$

Solutions: Invest in Partnerships with Employment Services Providers

- Strong partnerships with Rapid Re-housing and employment service providers creates a **continuum of employment, training, and supportive services**, with each housing provider and employment services provider leveraging their specific expertise to increase the likelihood that people experiencing homelessness obtain skills (i.e., technical proficiency skills and life skills like money management) to obtain and maintain a job and housing.[38]

- **Individualized placement support** is an evidence-based model that helps people with mental illness find and keep employment through one-on-one support.[39] Randomized control studies with 1,690 people found that IPS participants found jobs more quickly than people in control programs (138 days versus 206 days).[40]

V. Solving homelessness requires all hands on deck.

Many factors contributing to homelessness are reflective of flawed systems beyond any one person's control: insufficient safe and affordable housing; lack of access to living wage jobs, quality education, or affordable health care; a decline in public assistance for housing and health care; and other needs and safety nets.[41] Current and historic racial and gender discrimination continue to negatively impact people of color and women, creating challenges for them to obtain and maintain housing, employment, or fair wages.[42,43,44,45]

Ending homelessness ultimately means working across multiple systems to tackle deficiencies and racial and economic inequity.[46,47]

Challenges

- The demand for **affordable housing** by lower-income households continues to outpace supply. In the Chicago metropolitan area, only 26 affordable rental units are available per 100 extremely low-income households.[48] A study looking at data from 338 metropolitan areas found that a $100 increase in median rent was associated with a 15% increase in homelessness.[49, 50]

- A **crisis**, like a job loss, broken vehicle, or illness, can be financially devastating for many families.[51,52] In Chicago, 62% of families are financially insecure, with less than $2,000 in savings; financially insecure households are 14 times more likely to be evicted.[53]

Solutions: Invest in Prevention Services and Affordable Housing

- Partnerships with education, child care, health care, criminal justice, and other sectors are critical to ensure that families and individuals facing imminent crisis do not end up homeless.[54] Partnerships can involve sharing of informational (e.g., policies, data, etc.) and financial resources, coordinating activities to ensure people exiting a system enter into permanent housing and aligning goals.

- The **supply of affordable housing** must increase so every household can afford quality homes throughout all stages of life. Public, private, and nonprofit entities including (but not limited to) government agencies, foundations, land banks, community development financial institutions, and community organizers must work together to support and implement land use, zoning, regulatory, and financial tools to increase the number of subsidized and market-rate affordable housing units.[55]

Glossary of Select Terms

Affordable housing – Housing is generally considered affordable if gross housing costs, including utilities, do not exceed 30 percent of income. While local definitions vary, housing affordability is particularly critical for lower income households to minimize risk of homelessness. Affordable housing can refer to subsidized or market-rate housing. (U.S. Department of Housing and Urban Development. "Resources." https://www.huduser.gov/portal/glossary/glossary_a.html)

Case management – Case management is a process where trained professionals outreach and engage with people experiencing homelessness to assess, plan, coordinate, monitor, and evaluate options and services to help meet the client's needs. (U.S. Department of Housing and Urban Development. "Case Management – Homeless Prevention and Rapid Re-Housing." *Homeless Prevention and Rapid Re-Housing Program,* https://www.hudexchange.info/resources/documents/HPRP_CaseManagement.pdf)

Chronic homelessness – A person or household is experiencing chronic homelessness if they are "homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years. The statutory definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability." (U.S. Department of Housing and Urban Development. "Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Defining 'Chronically Homeless.'" 24 CFR Parts 91 and 578, 5 December, 2015, https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf)

Doubled-up – Individuals or families who share housing with others "due to loss of housing, economic hardship, or a similar reason." (U.S. Department of Education. "Education for Homeless Children and Youths Program Non-Regulatory Guidance: Title VII-B of the McKinney-Vento Homeless Assistance Act." 27 July, 2016, https://www2.ed.gov/policy/elsec/leg/essa/160240ehcyguidance072716.pdf)

Homelessness – In the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, published in November 2011, the U.S. Department of Housing and Urban Development states that individuals or families qualify as homeless if they fall into one of these four categories: "(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or

other dangerous or life-threatening conditions." (U.S. Department of Housing and Urban Development. "Homeless Emergency Assistance and Rapid Transition to Housing: Defining 'Homeless.'" 24 CFR Parts 91, 582, and 583, 5 December, 2011, https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/)

Housing vouchers (also known as "housing choice vouchers") – Funded by the U.S. Department of Housing and Urban Development, vouchers cover a portion of the rent of a house or apartment in the private market for eligible participants. (Chicago Housing Authority. "Housing Choice Voucher (HCV) Program." 2018, http://www.thecha.org/residents/housing-choice-voucher-hcv-program/)

Individualized Placement and Support (IPS) – Employment model for people with behavioral health conditions to find and maintain employment through education, training, and supportive services. (The IPS Employment Center, "What is IPS?" 2018, https://ipsworks.org/index.php/what-is-ips/)

Living wage – Wages that enable an individual or family to meet a family's basic needs and maintain self-sufficiency, taking into account geographically specific expenses such as food, child care, health, housing, and transportation. (Glasmeier, Amy K., "Introduction to the Living Wage Model." Massachusetts Institute of Technology, 2018, http://livingwage.mit.edu/pages/about)

Pay for Success (a.k.a. Social Impact Bond) – A financing mechanism where third-party investors pay for the up-front costs of a social program and are repaid with potential positive returns if the program achieves pre-determined, measurable outcomes. (Urban Institute. "Pay for Success Glossary." 2018, https://pfs.urban.org/get-started/content/glossary)

Permanent Housing – Housing without time limit on how long a participant can reside in the housing or receive housing assistance. (Homebase for Housing. "Housing Type Definitions." 2018, http://homebaseforhousing.org/housing-education/housing-type-definitions/)

Permanent Supportive Housing (PSH) – Type of housing intervention that combines long-term (non time-limited) permanent housing with supportive services that help to build skills and connect to health care, treatment, and employment services. (United States Interagency Council on Homelessness. "Supportive Housing." 26 June, 2018, https://www.usich.gov/solutions/housing/supportive-housing/)

Prevention – Prevention services assist people with housing to prevent them from becoming homeless by paying for past due rent, mortgages, utility bills, or other financial needs. (Homebase for Housing. "Housing Type Definitions." 2018, http://homebaseforhousing.org/housing-education/housing-type-definitions/)

Rapid Re-housing (RRH) – Type of housing intervention where a participant experiencing homelessness is moved into permanent housing as quickly as possible through housing identification, rental and move-in assistance, and case management. (United States Interagency Council on Homelessness. "Rapid Re-housing." 26 June, 2018, https://www.usich.gov/solutions/housing/rapid-re-housing)

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