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NOTE: A separate addendum to this report, provided to The Salvation Army, contains information specific to Safe Harbor Shelter and the Bloomington Corps.

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1. Executive Summary

The Salvation Army of Bloomington, Illinois, plans to rebuild its current homeless shelter, Safe Harbor. In August 2002, The Salvation Army commissioned the Applied Social Research Unit (ASRU) of Illinois State University to conduct research about homelessness, housing needs and availability, and resources and needs for supportive services. The primary goal of ASRU's research and this report is to inform The Salvation Army's plans for shelter design, utilization, and associated programming. (A separate addendum to this report released to The Salvation Army contains information specific to the Bloomington Corps's and Safe Harbor Shelter's operations and facilities.) A potential outcome of this report—one called for by study participants—is increased community awareness about homelessness issues. Increased awareness can strengthen connections among people experiencing homelessness, community organizations and services (e.g., health and human services, government, faith-based), and McLean County residents to address homelessness and related issues.

Research activities

This research updates some information published in *Assessment 2000: Health and Human Services in McLean County* and the *Consolidated Housing and Community Development Plan* of the City of Bloomington.^{1.1} ASRU also collected additional information using the following qualitative and quantitative research methods:

- Review of public data collected by government and social service agencies; and review of organizational information, local reports, directories, and planning documents regarding homelessness, housing, and supportive services.
- Key informant interviews with 19 individuals and a group of 4 people regarding needs, resources, and improvements to local facilities and services. Key informants included people experiencing homelessness and representatives of local organizations.
- Five focus groups—two groups with The Salvation Army's Safe Harbor Shelter clients and other people experiencing homelessness, and three groups with representatives of community-based organizations—regarding the needs of people experiencing homelessness in Bloomington-Normal, the reputations of The Salvation Army's Bloomington Corps and its Safe Harbor Shelter, and potential improvements to the Shelter's facilities and services. A total of 48 people participated in focus groups.
- Brief review of models for providing housing and services to people experiencing or in transition from homelessness.

Note that this study did not *count* the number of people experiencing homelessness in Bloomington-Normal, nor did it project numbers of people who will experience homelessness in the future. And

^{1.1} Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000); City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).

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although homelessness is by no means exclusively an urban issue, this study focused on resources and needs in Bloomington-Normal, rather than in McLean County as a whole.

ASRU worked with The Salvation Army staff to define the project and to identify study participants and protocol for interviews and focus groups. Although ASRU solicited participation from a range of individuals and organizations, the majority of study participants were social service providers. In all, more than 100 individuals and 50 organizations participated directly in research activities.

Challenges and resources

Despite, or perhaps because of, its many assets, Bloomington-Normal is confronted with homelessness. Although homelessness disproportionately affects those who are poor, people experiencing homelessness come from all backgrounds: homelessness has no socio-economic boundaries. The McLean County Continuum of Care tracks in its Regional Online Service Information System (ROSIE) those people experiencing homelessness who receive services.^{1,2} According to PATH (Providing Access to Help), cases tracked in ROSIE are the majority—but not all—of persons experiencing homelessness in Bloomington. These numbers, however, do not include the number of those at risk for homelessness.

The total number of individuals served by the McLean County Continuum of Care increased 53 percent, from 535 to 819, from fiscal year 2000 to fiscal year 2002. The number of singles not in families increased 84 percent over the three years, from 192 to 354. In addition, from fiscal year 2000 to fiscal year 2002, the number of adults in families increased by 35 percent, from 141 to 190, and the number of children in families increased by 36 percent, from 202 to 275. The number of people *not in families* grew at a much faster rate than the number of people *in families* served by the McLean County Continuum of Care from fiscal year 2000 to fiscal year 2002.

Adults (aged 18 and older) constitute the majority of those served by the McLean County Continuum of Care for whom age data are available (83 percent), although Project Oz reports increasing numbers of youth requiring assistance. An extremely disproportionate number of African-Americans experience homelessness: of McLean County Continuum of Care clients for whom race data are available, 52 percent were African-American in fiscal year 2002. The U.S. Census Bureau reports that in 2000, only 8.6 percent of Bloomington's population and 7.7 percent of Normal's population were African-American.^{1,3} Data regarding the sex of adults served were not available for this report; PATH (Providing Access to Help) will prepare these data in June 2003.

The McLean County Continuum of Care records information at intake about the special characteristics of those served. For fiscal year 2002, 161 people served by the McLean County Continuum of Care reported mental illness at intake, 147 reported alcohol abuse, and 130 reported drug abuse.^{1,4} Smaller numbers of individuals reported veteran status, physical disability, domestic violence, or developmental

^{1,2} According to PATH, the following organizations and individuals provide data for ROSIE: PATH, The Salvation Army's Safe Harbor Shelter, University of Illinois Extension Life Skills Worker, Career Link Job Developer, Housing Authority of the City of Bloomington Transitional Housing Case Manager, and the Continuum of Care Independent Case Manager. PATH adds that the Community Health Care Clinic, Partners for Community's Recycling for Families, and The Children's Foundation's Crisis Nursery also provide data to ROSIE for their clients experiencing homelessness.

^{1,3} U.S. Census Bureau, *Quick Tables, Public Law 94-171 Table, Race, Hispanic or Latino, and Age: 2000*, [Internet], <http://www.census.gov>, (accessed February 2003).

^{1,4} These numbers may include duplications, e.g., one person reporting more than one characteristic.

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disability. Because all of these characteristics are self-reported, actual incidence of these conditions is likely higher than these numbers indicate.

Clearly, people experiencing homelessness in McLean County do not fit a single profile. They have, however, a common need for shelter and supportive services. Figure 1.1 highlights the shelter, housing, and supportive services challenges facing Bloomington-Normal that emerged through research activities.^{1.5}

Figure 1.1: Challenges and Resources for Shelter, Housing, and Supportive Services in Bloomington-Normal

Challenges	Resources
Need facilities for various populations of people experiencing homelessness.	McLean County Continuum of Care as a tool for communication and coordination so that none fall through the cracks. Organizations currently providing shelter, with possibility to increase capacity.
Conflicting or insufficient estimations of the number and characteristics of people experiencing homelessness.	Organizations' willingness to share information. Potential to eliminate some uncertainty by improving and integrating intake and tracking systems.
Increase in number of people experiencing homelessness.	Organizations already serving people experiencing homelessness and/or focusing on prevention, with capability to increase efforts.
Enhancement of emergency shelter resources.	Experienced providers. Community's commitment to inclusive, stable, and safe emergency shelter. Community's financial donations, input about essential shelter features, and other contributions.
Shortage of supportive housing.	Housing with supervision and case management currently provided, with possibility to increase capacity and share expertise with other organizations.
Lack of affordable housing.	Community organizations addressing this issue and/or creating affordable housing options. Potential incentives for developers.
Barriers to services for people experiencing homelessness.	Providers' recognition of barriers and commitment to overcoming them. McLean County Continuum of Care as catalyst for co-location of services and training of providers. Plans to improve public transportation. Possible/existing partnerships with child care, health care, and dental care providers.
Social isolation of people experiencing homelessness.	People experiencing homelessness with knowledge and skills to contribute. Multiple opportunities for outreach from faith-based and other organizations. Army of volunteers. Dedicated social service staff.
Need for day center.	Plans to renovate church space, with fundraising underway. Possibility for expanded hours/services at emergency shelters.
Need for supportive employment and job coaching.	Businesses needing all kinds of workers. McLean County Continuum of Care interest in these issues. Unlimited number of potential mentors in workforce.

Figure 1.1 continued on next page

^{1.5} Figure 1.1 echoes some of the same issues found in Applied Social Research Unit, *Assessment 2000*, 2-6.

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Figure 1.1 continued

Challenges	Resources
Lack of affordable and timely substance abuse and mental health treatment options.	Possible partnerships among health care organizations, social service providers, and educational institutions. Community wealth to contribute to existing services and to develop new resources.
Some lack of knowledge of services available.	PATH (Providing Access to Help), McLean County Continuum of Care, and other organizations serving as points of referral. Organizations' desire to share information.
Need for community awareness of circumstances of people experiencing homelessness.	Media attention. Efforts of local organizations to raise awareness, e.g., through Homeless Awareness Week.

Conclusions and recommendations

In light of the current sluggish economy, government budget shortfalls, and the aftermath of welfare reform, the community may find its numbers of individuals and families experiencing homelessness continuing to increase. Bloomington-Normal's existing network of services, both mainstream and specifically for people experiencing homelessness, is clearly a strength to be built upon.

Four overlapping themes that can guide efforts to address homelessness pressures emerged from this study. In response to rising demands to serve people experiencing homelessness and those at risk for homelessness, local organizations should continue to improve *communication*. Computer technology, active outreach to other organizations, and use of available training sessions can improve information sharing. The McLean County Continuum of Care and its member organizations can continue to solicit an increased level of *collaboration* within and outside of their network. Specifically, joint efforts of social service organizations, church congregations, businesses, government entities, and individual volunteers (including those experiencing homelessness) can overcome the challenges listed in Figure 1.1. One of the most powerful conclusions of this report is that people experiencing homelessness need *social connection*, to each other and to others in the community. These connections can grow through outreach from individuals and organizations, as well as recognition of the contributions and potential of people experiencing homelessness. *Community education* can spur Bloomington-Normal residents to get involved—in advocacy, in direct service, in prevention, and most importantly, in compassion.

Research activities and resulting information suggest the following recommendations for strengthening Bloomington-Normal's work with people experiencing homelessness. A general recommendation is to *use* this report and existing community reports (e.g., *Assessment 2000*) to stimulate discussion and planning, to identify needs, and to document needs for grant proposals.

Expand/ensure resources for multiple populations. By carefully considering the supply of and demand for community resources (e.g., various types of housing), organizations can determine which of several specific populations to address with new and/or expanded services. Participants in this study mentioned the need to support the following populations: single men and women; women with children (especially several children); families; ex-prisoners reentering the community; those with substance abuse disorders, mental illness, and/or other disabilities; and teens under age 18. Seemingly everyone is included in this list. The point is that organizations need to be clear about whom they wish to serve and to work together to ensure that no one slips through the cracks.

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Implement day center. The collaborative efforts of the Bloomington Coalition for the Homeless are an excellent start at working together to address an ongoing community need. Combining this day center with Homeless Services Center HUB programs, within a one-stop shop, will facilitate outreach, case management, and service provision. Organizers should consider how screening and/or services for those with substance abuse and/or mental health problems could be provided on-site.

Initiate supportive employment. Information from research activities suggests that supportive employment could assist people experiencing homelessness in attaining self-sufficiency. The McLean County Continuum of Care could expand its job development services to include not only training and job search assistance but also job coaching.^{1.6} Stronger relationships among businesses, nonprofit organizations, and emergency shelters could increase opportunities for supportive job placements in a variety of environments. The Occupational Development Center's work can provide ideas for how services to people experiencing homelessness might be structured.

Improve access to disability services. *Assessment 2000* and this study identified gaps in availability of care for uninsured and low-income people with mental and substance abuse disabilities (including those dually diagnosed).^{1.7} The McLean County Health Department, organizations directly providing these services, and organizations targeting people experiencing homelessness should consider how they can work together to expand/extend services to low-income people with disabilities.

Locate services with housing. As recommended in *Assessment 2000*, service providers can enhance their effectiveness by “co-housing information and services.”^{1.8} For organizations working with people experiencing homelessness, suggestions include strengthening case management and tying it to emergency shelter, locating services within a day center (as mentioned above), and developing additional supportive housing options (which potentially cost the same as or less than, and are more effective than, supporting persons experiencing homelessness through emergency shelter facilities and revolving social services).^{1.9}

Intensify focus on prevention. Communities can begin to craft long-term solutions to homelessness by considering and addressing its “root” causes. In addition to existing rental, utility, and other emergency assistance programs, as well as the McLean County Continuum of Care's efforts to help people experiencing homelessness access mainstream programs (e.g., Food Stamps), local providers may need to help renters reach mediated solutions with landlords. Furthermore, Bloomington-Normal must continue to address affordable housing issues (as suggested in *Assessment 2000* and the Community Advocacy Network's recent study of affordable rental housing needs), which will help to prevent homelessness and provide resources for those transitioning out of homelessness.^{1.10} Relationships with and incentives to landlords and developers can result in mutually beneficial

^{1.6} A January 28, 2003, letter from PATH (Providing Access to Help), the lead McLean County Continuum of Care organization, requests proposals from local organizations to provide job developer and employment support services, including “on-the-job coaching services.”

^{1.7} Applied Social Research Unit, *Assessment 2000*, 128-129.

^{1.8} *Ibid.*, 128.

^{1.9} Burt, M.R., “Washington News and Views: Time for a Common Sense Policy on Homelessness,” *Shelterforce Online*, 122, [Internet], <http://www.nhi.org/online/issues.html>, (March/April 2002); Corporation for Supportive Housing, [Internet], <http://www.csh.org/index.html>, (accessed January 2003).

^{1.10} Applied Social Research Unit, *Assessment 2000*, 52; Community Advocacy Network, *A Comprehensive Study of Affordable Rental Needs in the Bloomington-Normal Community*, (Bloomington, IL, Summer 2002).

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arrangements. The National Housing Institute asserts that 15 years of research support the importance of housing, above all else, in ending homelessness:

Providing housing helps currently homeless people leave homelessness; in fact, without housing, virtually nothing else works. Housing often needs to be accompanied by supportive services, at least for a time, but such services without the housing do not end homelessness.^{1.11}

Investigate models. Knowledge of model shelters and supportive services can help Bloomington-Normal organizations improve upon others' successes. These models and best practices can give a sense of the range of approaches to homelessness and stimulate new ideas. Use of models, particularly those that have been evaluated as successful, can strengthen fund-raising efforts.

^{1.11} Burt, M.R., "Common Sense Policy."

2. Acknowledgements

In all, more than 100 individuals and 50 organizations directly participated in this research project, and many more were invited to participate. The Applied Social Research Unit (ASRU) deeply appreciates the research, experiences, and insights that participants shared. ASRU wishes to recognize the following individuals and organizations, whose representatives took part in one or more of the research activities that informed this report:

People Who Are Experiencing or Have Experienced Homelessness

Participating Organizations

- ◆ Bloomington Public Library ◆ Bloomington Public Schools-District 87
- ◆ BroMenn Regional Medical Center ◆ Calvary United Methodist Church ◆ Career Link
- ◆ Chestnut Health Systems ◆ City of Bloomington, Fire Department ◆ City of Bloomington, Planning and Code Enforcement Department ◆ City of Bloomington, Police Department
- ◆ City of Bloomington Township ◆ Clare House of Hospitality ◆ Collaborative Solutions Institute
 - ◆ Community Advocacy Network ◆ Community Connections (Washington, D.C.)
 - ◆ Community Mental Health Council ◆ Countering Domestic Violence/Neville House, Mid Central Community Action ◆ First Christian Church ◆ First Presbyterian Church of Normal
 - ◆ Habitat for Humanity of McLean County, Inc. ◆ Heart House and Heartline (Eureka)
 - ◆ Helping Hands of Springfield ◆ Home Sweet Home Mission ◆ Homes of Hope, Inc.
 - ◆ Housing Authority of the City of Bloomington ◆ Human Service Center (Peoria)
 - ◆ Illinois Department of Human Services ◆ Illinois Institute for Addiction Recovery
 - ◆ Illinois State University (multiple departments) ◆ Jesus Coffeehouse
 - ◆ LIFE Center for Independent Living ◆ Marc Center ◆ Mayors Manor, Mid Central Community Action ◆ McLean County Center for Human Services, Inc.
- ◆ McLean County Chamber of Commerce ◆ McLean County Continuum of Care ◆ McLean County Health Department ◆ Mid Central Community Action ◆ Office of Rehabilitation Services, Illinois Department of Human Services ◆ Olde Towne Neighborhood Association
 - ◆ Partners for Community ◆ PATH (Providing Access to Help) ◆ Project Oz
- ◆ Regional Office of Education ◆ Second Presbyterian Church ◆ Social Security Administration
 - ◆ South Side Mission (Peoria) ◆ The Baby Fold ◆ The Children's Foundation
- ◆ The Salvation Army, Bloomington Corps, including its Safe Harbor Shelter ◆ Town of Normal
 - ◆ Uniquely Bloomington and Bloomington Coalition for the Homeless ◆ Unit 5 Schools
- ◆ United Way of Central Indiana ◆ United Way of McLean County ◆ University of Illinois Extension
 - ◆ Veteran's Assistance Commission ◆ West Twin Grove Christian Church
- ◆ Western Avenue Community Center ◆ YouthBuild of McLean County ◆ YWCA of McLean County

Applied Social Research Unit, Illinois State University

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2. Acknowledgements

3. Introduction

Background on homelessness

Characteristics and causes

It is estimated that on any given day, more than 800,000 persons experience homelessness in the United States.^{3.1} Of that total, approximately 200,000 are children.^{3.2} Homelessness is experienced by single men and women, families with or without children, and accompanied or unaccompanied youth. Homelessness is experienced in urban areas, the suburbs, smaller cities and towns, and in rural regions. Poverty, low educational attainment, few job skills, lack of social supports, alcohol or substance abuse, severe mental illness, or experiences of violence, victimization, or incarceration may put people at greater risk for homelessness; this risk increases when a person has a personal or financial crisis.^{3.3} In addition, systemic or social issues including the lack of affordable housing, lack of living-wage jobs, and lack of health care and supportive services (e.g., due to unavailability, unaffordability) perpetuate homelessness.^{3.4}

National response to homelessness

In the 1980s and 1990s, the United States saw increases in the number of people experiencing homelessness. The federal government first responded to homelessness specifically with creation of a task force on homelessness to provide information to communities about obtaining surplus federal property. The Homeless Persons' Survival Act, introduced in Congress in 1986, addressed emergency relief and prevention measures as well as long-term solutions; small parts of this Act were enacted into law. The Homeless Eligibility Clarification Act of 1986 removed some barriers to accessing "mainstream" programs such as Supplemental Security Income, Aid to Families with Dependent Children, Veterans Benefits, Food Stamps, and Medicaid.^{3.5} The Homeless Housing Act (1986) created the Emergency Shelter Grant program and a transitional housing demonstration program, both administered by the U.S. Department of Housing and Urban Development. The Urgent Relief for the Homeless Act was signed into law in 1987; it was renamed the Stewart B. McKinney Homeless Assistance Act for its chief Republican sponsor.^{3.6} In 2000, it was renamed the McKinney-Vento Homeless Assistance Act as a memorial to the late Representative Bruce Vento.^{3.7}

^{3.1} Burt, M.R., "What Will It Take to End Homelessness?," [Internet], <http://www.urban.org>, (Washington, D.C.: Urban Institute, October 1, 2001), 1.

^{3.2} Ibid.

^{3.3} Burt, M.R., L.Y. Aron, T. Douglas, J. Valente, E. Lee, and B. Iwen, *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Summary*, (Washington, D.C.: Urban Institute, December 1999), 13.

^{3.4} Chicago Coalition for the Homeless, "Homelessness: The Causes and the Facts," *The Facts Behind the Faces*, [Internet], <http://www.chicagohomeless.org/factsfigures/facts.htm>, (Chicago, IL, Summer 2002); Burt, M.R., "What Will it Take to End Homelessness?" For a full literature review, see H. Sommer, "Homelessness in Urban America: A Review of Literature," [Internet], <http://urbanpolicy.berkeley.edu/pdf/briefbook.pdf>, (Berkeley, CA: Institute of Governmental Studies Press, 2000).

^{3.5} In 1997, the Temporary Assistance to Needy Families program replaced Aid to Families with Dependent Children.

^{3.6} Paragraph summarized from National Coalition for the Homeless, "NCH Fact Sheet #18: The McKinney Act," [Internet], <http://www.nationalhomeless.org/mckinneyfacts.html>, (Washington, D.C., April 1999).

^{3.7} Housing Assistance Council, "HAC News," 29:23, (Washington, D.C., November 17, 2000), 1.

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The Homeless Assistance Act and subsequent amendments define “homeless” and “homeless individual” as:

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is (A) a supervised publicly operated shelter designed to provide temporary living accommodations . . . ; (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.^{3,8}

This Act established the Interagency Council on the Homeless and authorized programs administered by various federal agencies to provide services (and grants) related to: emergency shelter and transitional housing, some permanent housing, job training and education, food stamps and emergency food, and primary and mental health care.

In 2002, the Bush Administration made public its plan to “better coordinate the nation’s response to homelessness” and to provide funding for “permanent housing and critical services to end chronic homelessness.”^{3,9} The plan includes a focus on: prevention; increasing access to mainstream services (including Medicaid, Temporary Assistance to Needy Families, Food Stamps, and mental health and drug and alcohol addiction programs); education and support through school districts for children experiencing homelessness; and removing barriers to grassroots community- and faith-based organizations’ access to federal funding.

The National Coalition for the Homeless (NCH) has expressed opposition to the government’s “chronic homeless” initiative, asserting that the “terminology distorts the history, causes, and nature of homelessness; that the [initiative’s] policies . . . pit vulnerable populations against each other in competition for scarce federal resources; and that . . . the initiative as a whole—terminology and policy—is short-sighted and likely to exacerbate, rather than end, homelessness. . . .” The NCH adds: “People who are homeless and who have disabilities do not need yet another stigmatizing, pathologizing label [chronic homeless]. Homelessness is primarily an economic condition, not a medical condition.” The NCH has urged Congress and the White House to focus on the “underlying causes of homelessness: lack of affordable housing, insufficient incomes, and inadequate health care.”^{3,10}

McLean County’s response to homelessness

McLean County’s wealth includes its network of health and human service organizations: its hospitals, clinics, social and civic organizations, governmental agencies, schools, faith-based institutions, and other community-based organizations. Its wealth also includes the staff and volunteers who serve the community through these organizations. Poverty, homelessness, and other problems—as well as the organizations addressing these issues—are not new to Bloomington-Normal and the County. The Salvation Army has had a social service presence in the County since approximately 1887; Home Sweet

^{3,8} *Title 42 USC, Chapter 119—Homeless Assistance, Subchapter I, Section 11302*, [Internet], <http://uscode.house.gov/usc.htm>, (January 1, 2001).

^{3,9} U.S. Department of Housing and Urban Development, “Martinez Outlines Bush Administration Strategy to Combat Chronic Homelessness,” [Internet], <http://www.sdhda.org/prudhmls.doc>, (July 19, 2002). In this case, the term “chronic homelessness” refers to those who have an addiction or a physical or mental disability and have been continuously homeless for a year or more—about ten percent of the population of people experiencing homelessness.

^{3,10} National Coalition for the Homeless, “NCH Announces Opposition to ‘Chronic Homeless’ Initiative,” [Internet], <http://www.nationalhomeless.org/chronic/index.html>, (accessed January 2003).

Home Mission opened in 1917.^{3.11} Both organizations continue here today. Others have been replaced. For instance, when the Connection House Shelter closed, other organizations stepped in to meet the need. According to one of its brochures, Project Oz started its Host Homes Program in 1990 to provide “emergency services for runaway and homeless youth and their families,” in part through Host Home families who open their homes to young people needing shelter.

In the late 1980s, the community also witnessed about 12 adults—the “chronic homeless” according to one study participant—living on the streets. The United Way of McLean County, with input from community organizations and members, distributed a request for proposals to start an emergency shelter. The Salvation Army was the only organization to respond with a proposal. The Salvation Army’s Safe Harbor Shelter began in 1991 to provide food and an overnight stay from October through April to individuals experiencing homelessness who were not eligible for other services. Since that time, Safe Harbor’s program has expanded to year-round operation and can accommodate up to 52 adults per night.

The McLean County Continuum of Care was established in 1997 to coordinate both housing and services for people experiencing homelessness. According to its Homeless Services Center HUB brochure, the Continuum, “a consortium of local homeless service providers, . . . [exists] to help homeless individuals and families transition from homeless [*sic*] to permanent housing by increasing their self-sufficiency through the provision of necessary supportive services.”^{3.12} In McLean County, PATH (Providing Access to Help) Crisis Center serves as the Continuum’s lead agency; the City of Bloomington administers federal funding coming to the Continuum. McLean County’s Continuum of Care is part of the 13-county Central Illinois Continuum of Care.

Purpose of this resources and needs assessment

The Salvation Army of Bloomington, Illinois, plans to rebuild its current homeless shelter, Safe Harbor. In August 2002, The Salvation Army commissioned the Applied Social Research Unit (ASRU) of Illinois State University to conduct research about homelessness, housing needs and availability, and resources and needs for supportive services. The primary goal of ASRU’s research and this report is to inform The Salvation Army’s plans for shelter design, utilization, and associated programming. (A separate addendum to this report contains information specific to The Salvation Army.) A potential outcome of this report—one called for by study participants—is increased community awareness about homelessness issues. Increased awareness can strengthen connections among people experiencing homelessness, community organizations and services (e.g., health and human services, government, faith-based), and McLean County residents to address homelessness and related issues.

Research methods

This research updates some information published in *Assessment 2000: Health and Human Services in McLean County* and the *Consolidated Housing and Community Development Plan* of the City of

^{3.11} Throughout this report, “The Salvation Army” refers specifically to the Bloomington Corps of The Salvation Army, unless otherwise noted.

^{3.12} Throughout this report, “Continuum” or “Continuum of Care” refers specifically to the McLean County Continuum of Care, unless otherwise noted.

3. Introduction

Bloomington.^{3.13} ASRU also collected additional information using the following qualitative and quantitative research methods:

- Review of public data collected by government and social service agencies; and review of organizational information, local reports, directories, and planning documents regarding homelessness, housing, and supportive services.
- Key informant interviews with 19 individuals and a group of 4 people regarding needs, resources, and improvements to local facilities and services. Key informants included people experiencing homelessness and representatives of local organizations.
- Five focus groups—two groups with The Salvation Army’s Safe Harbor clients and other people experiencing homelessness and three groups with representatives of community-based organizations—regarding the needs of people experiencing homelessness in Bloomington-Normal, the reputations of The Salvation Army’s Bloomington Corps and its Safe Harbor Shelter, and potential improvements to the Shelter’s facilities and services. A total of 48 people participated in focus groups.
- Brief review of models for providing housing and services to people experiencing or in transition from homelessness.

ASRU worked with The Salvation Army staff to define the project and information needs and to identify study participants and protocol for interviews and focus groups. In all, more than 100 individuals and 50 organizations participated directly in research activities. This report is a culmination of the information they shared.

Report structure

This report comprises narrative and figures related to the experience of homelessness in Bloomington-Normal and facilities and services available and necessary to address this issue. Sections 1 and 2 provide a brief Executive Summary and acknowledge contributions to the project. Section 3 (this section) provides an introduction to homelessness perspectives, resources, and the project’s purpose and methods. Section 4 provides detail about the project’s methods, questions, and limitations. Section 5 provides a profile of people experiencing homelessness in McLean County and suggests populations of people that could be better served with improvements to facilities and services. Section 6 outlines shelter, supportive housing, and affordable housing options in Bloomington-Normal and discusses needs for additional housing. Section 7 discusses availability of and access to supportive services for people experiencing homelessness. Section 8 includes conclusions and recommendations, informed by research activities and study participants. Several models for housing, services, and organization and delivery of these resources are included in this section. Finally, section 9 provides a Bibliography of general literature, data, and other documents that were consulted in the course of the project. A separate addendum released to The Salvation Army provides information specific to the Bloomington Corps and its Safe Harbor Shelter.

^{3.13} Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000); City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).

4. Methods and Limitations

The Applied Social Research Unit (ASRU) combined quantitative and qualitative research approaches to best inform The Salvation Army's plans for shelter design, use, and associated programming. Working within the parameters set by its contract with The Salvation Army, ASRU collected public data, interviewed key informants, conducted focus groups, and identified models. More than 100 individuals and 50 organizations directly participated in this research project.

Methods

- **Public data collection.** ASRU staff identified and updated over 90 data points in both *Assessment 2000: Health and Human Services in McLean County* and the *Consolidated Housing and Community Development Plan* of the City of Bloomington and sought supplementary data from local organizations.^{4.1} ASRU made direct requests to local and state organizations and reviewed Internet sources. ASRU staff also attended the Homelessness and Affordable Housing public forum on March 13, 2002, the Homeless Awareness Week luncheon and Homeless Services Center HUB open house in November of 2002, and three McLean County Continuum of Care meetings. Sections 2 and 9 of this report reflect the broad range of public data sources consulted by ASRU.
- **Key informant interviews.** Over the course of four months, ASRU staff met with 19 individuals and a group of 4 people at locations convenient for the interviewees. Key informants included people experiencing homelessness and representatives of local organizations. ASRU identified these informants through governmental agencies, social service organizations, community associations, and other local networks. Key informant interviews explored current service provision to individuals and families experiencing homelessness; identified trends, opportunities, and barriers associated with service planning and provision; offered diverse perspectives on how challenges can be addressed; and followed up on main issues emerging from other research activities. Interviews were semi-structured, in that interviewers worked from the following list of questions but encouraged participants to discuss what they believe to be important.

General questions:

1. What do individuals experiencing homelessness need from local service providers?
2. What are the strengths of service provision to people experiencing homelessness in Bloomington-Normal?
3. What kinds of improvements might be made to local services and facilities to better meet the needs of people experiencing homelessness?

^{4.1} Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000); City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000).

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4. Are there any underused facilities and resources in Bloomington-Normal that could better serve these individuals and families? (If so, describe them.)
5. Is there any duplication of services provided to people experiencing homelessness in Bloomington-Normal? (If so, describe.)
6. What are some of the barriers that might keep people experiencing homelessness from using existing local services?

The Salvation Army/Safe Harbor Shelter questions:

7. How would you describe The Salvation Army's/Safe Harbor's reputation in Bloomington-Normal? Among social service providers? And among people experiencing homelessness?
8. What are the strengths of Bloomington's Salvation Army/Safe Harbor? What are its weaknesses?
9. How would you evaluate The Salvation Army's/Safe Harbor's relationship with other service providers in Bloomington-Normal? How does The Salvation Army/Safe Harbor work with these organizations?
10. What can you tell me about the services that The Salvation Army provides? What about its services and facilities specifically for people experiencing homelessness?
11. How effective is The Salvation Army/Safe Harbor in meeting the needs of persons experiencing homelessness? What about individuals or families moving from emergency shelters to transitional housing? Or from transitional housing to permanent housing?
12. Are there any specific populations of people experiencing homelessness who could be better served by The Salvation Army/Safe Harbor? If so, who and how?
13. What recommendations do you have regarding The Salvation Army's facilities and services for people experiencing homelessness? Is there any need to expand or shrink specific facilities or services?
14. Have you used The Salvation Army/Safe Harbor facilities to provide services? If so, how?

Closing questions:

15. Do you or your organization have any data or reports relating to homelessness, shelter or transitional housing, or other basic services for people experiencing homelessness? Can you share them with us?
16. Can you suggest people who should be included in other interviews or focus group discussions about these issues?
17. What haven't I asked you that I should have asked? Do you have any other thoughts that could inform this study?

Most interviews lasted approximately one hour, but some were longer. ASRU staff also conducted follow-up interviews with a few participants.

- **Focus groups.** ASRU conducted five focus groups on two days in November 2002. Two of the groups, held at the Bloomington Public Library, were with a total of 16 people who were experiencing or had experienced homelessness; most were staying at The Salvation Army's Safe Harbor Shelter. ASRU staff distributed flyers advertising these focus groups at Safe Harbor Shelter, Home Sweet Home Mission, and the Homeless Services Center HUB. The other three focus groups, held at the Normal Public Library, were with a total of 32 representatives of social service agencies and other local organizations. ASRU staff asked the same questions of all five groups:

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1. Which key issues would you target first to better meet the needs of people experiencing homelessness in Bloomington-Normal? Why?
2. How would you describe the reputations of the local Salvation Army and its Safe Harbor Shelter?
3. What advice would you give the local Salvation Army and its Safe Harbor about how to improve facilities and services for people experiencing homelessness?

Focus groups met for one and a half hours. Participants had the opportunity to speak individually with ASRU staff and to write down any comments that they did not wish or have a chance to share with the group.

- **Models.** ASRU staff selected models for shelter facilities and services based on the themes that emerged from research activities. These models may be from communities of a different size and region than Bloomington-Normal, but each contains elements that could be replicated here. Additionally, ASRU staff collected information about several effective practices and organizations mentioned by key informants and focus group participants.

ASRU works within the guidelines established by Illinois State University's Institutional Review Board. Participation in this study was strictly voluntary. ASRU is committed to maintaining study participants' confidentiality at all times. Specifically, ASRU has not used participants' names in project reporting either to identify participants or to identify specific comments.

Limitations

The Salvation Army commissioned this report to assess the needs and resources of Bloomington-Normal in relation to homelessness. Such a study is required by policies of The Salvation Army prior to strategic planning and capital development for construction of a new building, in this case a new emergency shelter for people experiencing homelessness. ASRU collaborated with The Salvation Army in selecting research activities and sought to tailor research to meet The Salvation Army's needs (e.g., asking questions about The Salvation Army's reputation). ASRU's goal was to balance a general study of homelessness in this community with a more focused examination of the facilities and services The Salvation Army provides.

To achieve this balance, ASRU solicited participation from a range of individuals and organizations (see section 2 of this report). The majority of study participants, however, were social service providers—a logical source of information given ASRU's charge to assess the needs of people experiencing homelessness in Bloomington-Normal and the resources available to meet those needs. That being said, social service providers may have a view of the causes of and remedies for homelessness that is not shared by everyone in the community. Furthermore, although homelessness is by no means exclusively an urban issue, our focus was on resources and needs in Bloomington-Normal (where the majority of service providers are located), rather than in McLean County as a whole.^{4.2}

In addition to balancing the perspectives of study participants, ASRU also sought to balance quantitative and qualitative methods. Used alone, quantitative methods may lead to depersonalized reporting, and,

^{4.2} Applied Social Research Unit, *Assessment 2000*, 35.

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with people experiencing homelessness, they can be particularly problematic. The National Coalition for the Homeless reports that attempts to count people experiencing homelessness may overlook significant numbers of people: “by its very nature, homelessness is impossible to measure with 100 percent accuracy.”^{4.3} At the same time, qualitative methods yield data that cannot be statistically generalized to a broader population. By employing both methods, ASRU seeks to give a sense of the scope of homelessness in Bloomington-Normal without losing sight of the day-to-day struggles of people experiencing homelessness in this community. Note that this study did not *count* the number of people experiencing homelessness in Bloomington-Normal, nor did it project numbers of people who will experience homelessness in the future.

ASRU staff members are not experts in the experience of homelessness, but we are experts in applied social research. This report is the result of objective, thoughtful analysis of what the experts—the social service providers, the people experiencing homelessness, the statisticians, the advocates, the church and business leaders, the civil servants, and the downtown residents—have told us. We hope this report serves the community well.

^{4.3} National Coalition for the Homeless, “NCH Fact Sheet #2: How Many People Experience Homelessness?,” [Internet], <http://www.nationalhomeless.org/numbers.html>, (Washington, D.C., September 2002).

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McLean County population

McLean County, the largest county in Illinois with approximately 762,240 acres, encompasses some of the richest farmland in the nation.^{5.1} At its metropolitan center are the twin cities of Bloomington-Normal. The City of Bloomington and Town of Normal lie at the intersection of Interstates 39, 55, and 74, just 125 miles southwest of Chicago.^{5.2} State Farm Insurance Companies, headquartered in the twin cities, is the major employer.^{5.3} Other major employers include Illinois State University, Mitsubishi Motor Manufacturing of America, Country Insurance and Investment, and BroMenn Healthcare.^{5.4} Bloomington-Normal is also home to Heartland Community College, Illinois Wesleyan University, and Lincoln College-Normal.

The population of McLean County is growing rapidly. The 2000 Census indicates that McLean County's total population was 150,433, up 16 percent from 129,180 in 1990.^{5.5} McLean County's population is also on the move. More McLean County residents (53.6 percent) than Illinois residents (43.2 percent) aged five and older included in the 2000 Census had moved within the last five years.^{5.6} Only 5.4 percent of McLean County's housing units were vacant in 2000.^{5.7}

Of the total 2000 population in McLean County, 110,194 residents (or 73 percent) lived in Bloomington-Normal.^{5.8} Bloomington's population grew between 1990 and 2000 by 25 percent, from 51,972 residents to 64,808 residents.^{5.9} Normal's population also grew during that decade from 40,023 residents to 45,386 (a 13 percent increase).^{5.10} The Economic Development Council of the Bloomington-Normal Area projects that growth will continue through the year 2020.^{5.11}

^{5.1} City of Bloomington, *About the City: City Profile*, [Internet], <http://www.cityhall.ci.bloomington.il.us/cityhall>, (accessed January 2003).

^{5.2} Ibid.

^{5.3} Economic Development Council of the Bloomington-Normal Area, *Demographics*, [Internet], <http://www.blmnmilchmbr.com/demographics/index.html>, (accessed January 2003).

^{5.4} Ibid.

^{5.5} U.S. Census Bureau, *Geographical Comparison Table, Table P8, Population in Households, Families, and Group Quarters: 2000*, [Internet], <http://www.census.gov>, (accessed October 2002); U.S. Census Bureau, *Geographical Comparison Table, Table PA, Age, Sex, and Group Quarters: 1990*, [Internet], <http://www.census.gov>, (accessed October 2002).

^{5.6} Calculated from U.S. Census Bureau, *State and County QuickFacts*, [Internet], <http://www.census.gov>, (last revised September 24, 2002).

^{5.7} U.S. Census Bureau, *Demographic Profiles, Table 1, Profile of General Demographic Characteristics: 2000*, [Internet], <http://www.census.gov>, (accessed December 2002).

^{5.8} U.S. Census Bureau, *Geographical Comparison Table, Table P8, Population in Households, Families, and Group Quarters: 2000*.

^{5.9} Ibid.; U.S. Census Bureau, *Geographical Comparison Table, Table PA, Age, Sex, and Group Quarters: 1990*.

^{5.10} Ibid.

^{5.11} Economic Development Council of the Bloomington-Normal Area, *Demographics*.

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McLean County poverty

The unemployment rate in McLean County remains low—just 2.7 percent in December of 2002.^{5.12} It has increased slightly over the past year, up from 2.1 percent in December of 2001.^{5.13} While unemployment is low and the County is affluent, with a median household income in 1999 of \$47,712, McLean County is not without poverty.^{5.14} The U.S. Census Bureau estimates that 9.7 percent of McLean County individuals had 1999 incomes below the poverty level.^{5.15} For the twin cities, the U.S. Census Bureau estimates that 7.8 percent of Bloomington’s population and 19.3 percent of Normal’s population had incomes below the 1999 poverty level.^{5.16}

Female-headed families in McLean County were estimated to be over four times as likely (at 18.3 percent) as all families in McLean County (at 4.1 percent) to have 1999 incomes below the poverty level.^{5.17} Furthermore, for Unit 5 Schools, 8.2 percent of the projected population of children 5 to 17 years of age was estimated to be poor in 1999.^{5.18} Of the projected population of children 5 to 17 years of age in Bloomington School District 87, the U.S. Census Bureau estimated that 12.7 percent were poor in 1999.^{5.19}

Despite, or perhaps because of, its many assets, Bloomington-Normal is confronted with homelessness. Although homelessness disproportionately affects those who are poor, people experiencing homelessness come from all backgrounds: homelessness has no socio-economic boundaries. In Normal Mayor Kent Karraker’s 2002 Proclamation for Homelessness Awareness Week, he noted that more than 800 individuals experience homelessness locally each year.^{5.20} In a recent *Pantagraph* article, Bloomington Mayor Judy Markowitz added, “These are not just homeless men walking around—these are homeless women with their kids . . . we are going to have to come together and help these people because there but for the grace of God go I.”^{5.21}

^{5.12} Illinois Department of Employment Security, *Local Area Profile*, [Internet], <http://www.ilworkinfo.com/default.asp>, (accessed February 2003).

^{5.13} Ibid.

^{5.14} Ibid.

^{5.15} U.S. Census Bureau, *Geographical Comparison Table, Table P14, Income and Poverty in 1999: 2000*, [Internet], <http://www.census.gov>, (accessed October 2002). Note that these numbers are based on the official government poverty level, a controversial measure of actual poverty. In addition, these estimates are based on data from one out of six households, and therefore they are subject to sampling error.

^{5.16} Ibid.

^{5.17} U.S. Census Bureau, *Demographic Profiles, Table 3, Profile of Selected Economic Characteristics: 2000*, [Internet], <http://www.census.gov>, (accessed October 2002). These estimates are based on data from one out of six households, and therefore they are subject to sampling error.

^{5.18} Calculated from U.S. Census Bureau, *Small Area Income and Poverty Estimates: 1999 School District Files*, [Internet], <http://www.census.gov>, (last revised December 27, 2002). These estimates are subject to sampling error.

^{5.19} Ibid.

^{5.20} Town of Normal, Illinois, “Proclamation,” (Normal, IL, October 22, 2002).

^{5.21} Richardson, S., “No Place to Call Home,” *The Pantagraph*, (Bloomington, IL, November 10, 2002).

People experiencing homelessness

Estimating numbers

Usually, homelessness is a temporary state rather than a permanent condition. Therefore, it is more appropriate to measure homelessness in terms of the number of “people experiencing homelessness,” rather than the number of “homeless people.” While financial resources and methodological limitations restrict most studies of homelessness to counting only the people who are literally homeless (e.g., in shelters or on the street), many people without permanent housing are living with friends and relatives in temporary, crowded accommodations (e.g., “couch surfing”). In addition, some people experiencing homelessness, called the “hidden homeless,” are in places that researchers cannot easily locate (e.g., living in vehicles or tents). These studies therefore underestimate the number of people in need of assistance. Researchers also choose between “point-in-time counts” (the number of people homeless on a particular day or for a given week) and “period prevalence counts” (the number of people experiencing homelessness over a longer period of time). Point-in-time counts, while presenting a snapshot of current circumstances, may distort the extent of chronic homelessness because recent studies suggest that, although “many more people experience homelessness than previously thought . . . most of these people do not remain homeless.”^{5.22}

While it is impossible to know the exact number of people experiencing homelessness in the United States, let alone the number of people at risk for becoming homeless, a 1987 study conducted by the Urban Institute (and widely referenced) found that 500,000 to 600,000 people lived on the streets or in emergency shelters in the United States during a one-week period.^{5.23} Despite the nation’s thriving economy during the 1990s, homelessness seems to have increased.^{5.24} Based on the U.S. Census Bureau’s 1996 *National Survey of Homeless Assistance Providers and Clients*, experts estimate that more than 800,000 people experience homelessness in the United States each day.^{5.25} Of that total, approximately 200,000 are children.^{5.26} While almost 1 percent (more than 2.3 million individuals) of the nation’s population is likely to experience a period or periods of homelessness each year, that percentage rises to 6.3 considering only those living in poverty.^{5.27} The Illinois Coalition to End Homelessness estimates that in Illinois 150,000 people (children, women, and men) per year experience homelessness and that over 60 percent of these individuals are in suburbs, small cities, small towns, and rural areas.^{5.28}

^{5.22} Entire paragraph drawn from National Coalition for the Homeless, “NCH Fact Sheet #2: How Many People Experience Homelessness?,” [Internet], <http://www.nationalhomeless.org/numbers.html>, (Washington, D.C., September 2002).

^{5.23} U.S. General Accounting Office, *Homelessness: Barriers to Using Mainstream Programs*, GAO/RCED-00-184, (Washington, D.C., July 2000), 5.

^{5.24} Burt, M.R., “What Will It Take to End Homelessness?,” [Internet], <http://www.urban.org>, (Washington, D.C.: Urban Institute, October 1, 2001). According to Burt, the following structural factors have contributed to this increase: “1) Changing housing markets for extremely low-income families and single adults are pricing more and more people with below-poverty incomes out of the market; 2) Dwindling employment opportunities for people with a high school education or less are contributing to the widening gap between rich and poor; 3) The removal of institutional supports for people with severe mental illness, epitomized by drastic reductions in the use of long-term hospitalization for the mentally ill, are leaving many individuals with few housing options; and 4) Racial, ethnic, and class discrimination in housing, along with local zoning restrictions that exclude affordable housing alternatives, persists in many areas.”

^{5.25} Ibid.

^{5.26} Ibid.

^{5.27} Burt, M.R., and L.Y. Aron, “America’s Homeless II: Populations and Services,” [Internet], <http://www.urban.org>, (Washington, D.C.: Urban Institute, January 1, 2000).

^{5.28} Illinois Coalition to End Homelessness, “Facts About Homelessness in Illinois,” [Internet], <http://www.illinoiscoalition.org/facts.html>, (accessed January 2003).

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Homelessness in McLean County

An issue raised by several key informants and focus group participants is the perception that there are increasing numbers of people from other areas, particularly Chicago, using local facilities and services. While these data are not tracked by the Continuum of Care, key informants who provide services indicate that they are seeing more people from Chicago than in the past, and some focus group participants expressed concern about this issue. A *Pantagraph* article investigates and discredits the idea of “an organized effort to move Chicago Housing Authority residents to Bloomington-Normal as they are displaced by the Windy City’s tear-down of high-rise housing.”^{5.29} Still, informal information networks may lead to increased migration to this resource-rich community, with its low unemployment.^{5.30} *The Pantagraph* reported that “Twin City social workers agree there are more homeless in Bloomington-Normal than ever before, lured by the hope of landing jobs in the area’s good economy.”^{5.31} Some focus group participants talked about limiting services to the new arrivals and essentially using resources to “take care of our own.” Other study participants and a key informant highlighted another approach: rather than seeing these individuals and families as a liability, see them as an asset, both in terms of the diversity of this community and in terms of its need for human resources, for example to fill low-skill positions in the service sector.

How many people are experiencing homelessness in McLean County? The McLean County Continuum of Care tracks in its Regional Online Service Information System (ROSIE) those people experiencing homelessness who receive services.^{5.32} According to PATH (Providing Access to Help), cases tracked in ROSIE are the majority—but not all—of persons experiencing homelessness in Bloomington. PATH indicates that almost all clients of Safe Harbor Shelter and Home Sweet Home Mission come to the Homeless Services Center HUB (and are therefore tracked in ROSIE). Only the small number of people not receiving services from the Continuum agencies would not be tracked in ROSIE. For example, those not receiving services could include individuals who use only a bed at Safe Harbor Shelter, who remain on the street, or who are in outlying areas of the County. *Assessment 2000* found that many people experiencing homelessness “are housed informally in the community”; not all of these people may be receiving services.^{5.33}

Furthermore, ROSIE numbers do not include the number of those at risk for homelessness in McLean County. The Macon County, Illinois, Homeless Council Continuum of Care tracks and reports the number of people who are at risk for homelessness, which facilitates planning for shelter and services.^{5.34} In their 2002 Point in Time Study for Decatur/Macon County, they define “at risk” as “an individual/family who are one step away from being forced out [of] or fleeing their homes.” Examples given in their report include those with eviction notices, those experiencing domestic violence, those

^{5.29} Hansen, K., “Officials Dispute Housing Rumor,” *The Pantagraph*, (Bloomington, IL, December 22, 2002).

^{5.30} *Assessment 2000* highlights McLean County’s wealth. See especially page 127 of Applied Social Research Unit, Illinois State University, *Assessment 2000: Health and Human Services in McLean County*, (Bloomington, IL, January 2000).

^{5.31} Richardson, S., “HUB Prepares to Give Warm Holiday to Homeless,” *The Pantagraph*, (Bloomington, IL, December 15, 2002).

^{5.32} According to PATH (Providing Access to Help), the following organizations and individuals provide data for ROSIE: PATH, The Salvation Army’s Safe Harbor Shelter, University of Illinois Extension Life Skills Worker, Career Link Job Developer, Housing Authority of the City of Bloomington Transitional Housing Case Manager, and the Continuum of Care Independent Case Manager. PATH adds that the Community Health Care Clinic, Partners for Community’s Recycling for Families, and The Children’s Foundation’s Crisis Nursery also provide data to ROSIE for their clients experiencing homelessness.

^{5.33} Applied Social Research Unit, *Assessment 2000*, 52.

^{5.34} Magee, D., “Homeless Survey Cites Large Need for Housing: Shelter Space Ranks High Among Concern in City,” *Herald & Review*, (Decatur, IL, March 22, 2002).

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released from an institution without a plan, those with condemned residences, those asked to leave by family or friends, and those undergoing a personal crisis, such as job loss. Please see section 7 of this report for a discussion of services for those at risk for homelessness.

PATH recently reported that the number of people experiencing homelessness increased 35 percent between September 2001 and September 2002.^{5.35} Figure 5.1 shows the number of people experiencing homelessness served by the Continuum of Care for the last three fiscal years.^{5.36} The total number of individuals served increased 53 percent, from 535 to 819. The number of singles not in families increased 84 percent over the three years, from 192 to 354. In addition, from fiscal year 2000 to fiscal year 2002, the number of adults in families increased by 35 percent, from 141 to 190, and the number of children in families increased 36 percent, from 202 to 275. Note that the number of adults and children in families decreased in the 2001 fiscal year and then increased in the 2002 fiscal year. Whether or not this is the beginning of an upward trend remains to be seen—statistics for the 2003 fiscal year will provide additional insight. In any case, the number of people *not in families* served by the Continuum of Care grew at a much faster rate than the number of people *in families* served by the Continuum of Care from fiscal year 2000 to fiscal year 2002.

Figure 5.1: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Fiscal Years 2000, 2001, and 2002

Characteristic	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
Number of Singles not in Families	192	310	354
Number of Adults in Families	141	109	190
Number of Children in Families	202	168	275
Total People Served	535	587	819

Source: PATH (Providing Access to Help), “McLean County Continuum of Care Client County [*sic*] and Characteristics Based on New Client Intakes and Discharge Data Collected,” handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002); PATH, [personal communication], (January 28, 2003).

According to the Humanities Foundation, families with children are the fastest growing population of people experiencing homelessness.^{5.37} New York’s Homes for the Homeless, The Institute for Children and Poverty, reports that the average family experiencing homelessness is “a single mother in her 20s with two children under the age of 6.”^{5.38} One Illinois study found that 80 percent of agencies surveyed reported increased family homelessness in 2001.^{5.39} Families with children account for about 40 percent

^{5.35} Erickson, K., “Dome May Be Home in Cold,” *The Pantagraph*, (Bloomington, IL, February 8, 2003).

^{5.36} At the time of this report, data for numbers served *since* May 2002 were not available. Note that annual ROSIE numbers do not include those who were already receiving services before the start of a new year; however, an individual who does not receive service for 90 days and then returns for services is entered as a new case. The U.S. Department of Housing and Urban Development allows some information to be estimated (e.g., when clients provide incomplete data). Data estimates for fiscal years 2000 and 2001 mean that totals in Figures 5.2 and 5.3 will not match the totals in Figure 5.1 or each other’s totals. None of the data for fiscal year 2002 were estimated, and demographic data relating to age, race, etc., were not available (for 176 children) or were still being compiled (for 60 adults). For this reason, the fiscal year 2002 totals in Figures 5.2 and 5.3 are substantially lower than the total in Figure 5.1. Again, the totals in each of the figures may not match.

^{5.37} Humanities Foundation, “Homelessness Facts,” [Internet], <http://capwiz.com/humanities>, (accessed February 2003).

^{5.38} Homes for the Homeless, The Institute for Children and Poverty, “Facts About Homelessness,” [Internet], <http://www.homesforthehomeless.com/facts.html>, (accessed January 2003).

^{5.39} Chicago Coalition for the Homeless, “Putting Children First: Ending Family Homelessness in Illinois, A Statewide Survey of Family Homelessness in Illinois,” [Internet], <http://www.chicagohomeless.org/factsfigures/facts.htm>, (Chicago, IL, December 21, 2001).

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of people who experience homelessness.^{5.40} This is particularly disturbing in light of a report prepared for the Family Housing Fund that found that “the experience of homelessness inhibits the physical, emotional, cognitive, social, and behavioral development of children.”^{5.41} To give just a few examples, compared to children not experiencing homelessness, children experiencing homelessness have six times the chance for stunted growth, twice the rate of learning disabilities, and three times the rate of behavioral and emotional problems.^{5.42}

Age data

Figure 5.2 shows the number of people experiencing homelessness served by the Continuum of Care *for whom age data are available*. For each year, adults (aged 18 and older) constitute the majority of those served for whom age data are available: 69 percent for the first year, 71 percent for the second year, and 83 percent for the most recent year. Note that senior adults (aged 62 and over) constitute a very small number of those served for whom age data are available.

Figure 5.2: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Whom Age Data Are Available for Fiscal Years 2000, 2001, and 2002

Age in Years	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
Under 1	2	40	27
1-5	68	49	17
6-12	64	60	18
13-17	25	20	6
18-30	135	148	121
31-50	196	234	192
51-61	21	26	19
62 and Above	1	9	3
Total	512	586	403

Source: PATH (Providing Access to Help), “McLean County Continuum of Care Client County [sic] and Characteristics Based on New Client Intakes and Discharge Data Collected,” handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

The Chicago Coalition for the Homeless estimates that 26,000 young people in Illinois experience homelessness each year.^{5.43} Of that total, 46 percent (12,000 individuals) are believed to be chronically homeless, and 42 percent who sought shelter at state-funded homeless youth programs were refused due to lack of resources.^{5.44} While ROSIE shows that children (age 17 and under) are a relatively small percentage of those served, Project Oz’s data are not included in ROSIE. Project Oz has a Street Outreach Program for youth ages 16 to 21 who have unstable nontraditional living arrangements. According to statistics shared at the Homeless Awareness Week Luncheon on November 7, 2002, in fiscal year 2000, this program served 32 youth; in 2001, it served 41 youth; and in 2002, it served 52 youth. In the first three months of fiscal year 2003, Project Oz’s Street Outreach Program had already

^{5.40} National Coalition for the Homeless, “NCH Fact Sheet #3: Who is Homeless?,” [Internet], <http://www.nationalhomeless.org/who.html>, (Washington, D.C., February 1999).

^{5.41} Hart-Shegos, E., “Homelessness and its Effects on Children: A Report Prepared for the Family Housing Fund,” [Internet], <http://www.fhfund.org/Research>, (Minneapolis, MN: Family Housing Fund, December 1999), 2.

^{5.42} Ibid., 7-8.

^{5.43} Chicago Coalition for the Homeless, “Youth on the Streets and on Their Own: Youth Homelessness in Illinois,” [Internet], <http://www.chicagohomeless.org/factsfigures/facts.htm>, (Chicago, IL, September 13, 2001), 2.

^{5.44} Ibid.

served another 52 youth.^{5.45} Furthermore, the Homeless Services Center HUB reports an increase of 14- to 21-year-olds in recent months.^{5.46}

Race and gender data

In Bloomington-Normal, an extremely disproportionate number of African-Americans experience homelessness, as indicated in Figure 5.3. In fiscal years 2000 and 2001, 47 percent of Continuum of Care clients *for whom race data are available* were African-American. That percentage increased slightly to 52 percent for the most recent year. The U.S. Census Bureau reports that in 2000, only 8.6 percent of Bloomington’s population and 7.7 percent of Normal’s population were African-American.^{5.47} Conversely, while White people were 84.9 percent of Bloomington’s population and 87.6 percent of Normal’s population in 2000, they were only 48 to 51 percent of the people served in the last three years by the Continuum of Care for whom race data are available.^{5.48}

Figure 5.3: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Whom Race Data Are Available for Fiscal Years 2000, 2001, and 2002

Race*	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
American Indian or Alaskan Native	8	0	1
Asian	3	0	1
Black or African-American	153	195	183
Native Hawaiian or Other Pacific Islander	0	10	0
White	164	212	167
Total	327	416	351

* It is not clear whether people could claim more than one race. The U.S. Census Bureau found that only one to two percent of all Bloomington-Normal residents reported two or more races.^{5.49} Furthermore, the source for this table did not include numbers of those reporting “Latino” or “Hispanic” ethnicity.

Source: PATH (Providing Access to Help), “McLean County Continuum of Care Client County [sic] and Characteristics Based on New Client Intakes and Discharge Data Collected,” handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

The majority of studies find that single adults experiencing homelessness are more likely to be men than to be women.^{5.50} According to *Assessment 2000*, ROSIE data show that half of those persons receiving services in fiscal year 1999 were single men; almost one-quarter (23 percent) were women with two to four dependents.^{5.51} Additional data regarding the sex of adults served by the Continuum of Care were not available for this report; PATH (Providing Access to Help) will prepare these data in June 2003.

^{5.45} Project Oz additionally served over 300 youth last year in its runaway crisis intervention program.

^{5.46} Richardson, S., “HUB Prepares to Give Warm Holiday to Homeless.”

^{5.47} U.S. Census Bureau, *Quick Tables, Public Law 94-171 Table, Race, Hispanic or Latino, and Age: 2000*, [Internet], <http://www.census.gov>, (accessed February 2003).

^{5.48} Ibid.

^{5.49} Ibid.

^{5.50} National Coalition for the Homeless, “NCH Fact Sheet #3: Who is Homeless?”

^{5.51} Applied Social Research Unit, *Assessment 2000*, 51.

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Special characteristics

In the fall of 1999, the Continuum of Care compared its inventory of resources for sub-populations of individuals and families experiencing homelessness to the estimated need and identified “high” priority gaps for individual chronic substance abusers, individuals who are seriously mentally ill, dually-diagnosed individuals, individual veterans, and individual youth.^{5.52} Figure 5.4 shows the special characteristics, self-reported at intake only, of those served by the local Continuum of Care *for whom these data are available*. These numbers are probably conservative due to characteristics present but not reported by clients. At the same time, one client may have reported more than one characteristic.

In Figure 5.4, numbers of people increase overall for mental illness, alcohol abuse, drug abuse, and physical disability. While actual numbers of people with these characteristics experiencing homelessness may be increasing (as has the overall number of those served in Figure 5.1), it is also possible that clients and service providers have become better at identifying these characteristics, that more clients with these characteristics are seeking services, and/or that the definitions have changed to include more people.

Figure 5.4: Number of People Experiencing Homelessness Served by the McLean County Continuum of Care for Whom Special Characteristics Data Are Available for Fiscal Years 2000, 2001, and 2002

Special Characteristics*	June 1999-May 2000	June 2000-May 2001	June 2001-May 2002
Mental Illness	20	15	161
Alcohol Abuse	11	44	147
Drug Abuse	6	0	130
Developmental Disability	22	6	7
Physical Disability	24	2	59
Domestic Violence	17	35	30
Veterans	1	46	74

* These characteristics are reported by people receiving services through the Continuum of Care during the intake process. Actual numbers are likely higher than what is self-reported. In addition, one client may have reported more than one characteristic.

Source: PATH (Providing Access to Help), “McLean County Continuum of Care Client County [sic] and Characteristics Based on New Client Intakes and Discharge Data Collected,” handout distributed during Homeless Awareness Week, (Bloomington, IL, November 2002).

The National Coalition for the Homeless reports: “Approximately 20 to 25 percent of the single adult homeless population suffers from some form of severe and persistent mental illness.”^{5.53} According to the Illinois Coalition to End Homelessness, 37,000 (25 percent) of the 150,000 people who will experience homelessness this year in Illinois are disabled by mental illness.^{5.54} In McLean County, the number of those reporting mental illness at intake to the Continuum has increased eightfold, as shown in Figure 5.4. Looking also at the total numbers served in Figure 5.1, one sees that in the most recent year, 20 percent (161 of 819) of those receiving services reported a mental illness at intake. While the number

^{5.52} City of Bloomington, Division of Community Development, and Applied Social Research Unit, Illinois State University, *City of Bloomington, Illinois: Consolidated Housing and Community Development Plan*, (Bloomington, IL, January 2000), 68. The only gaps analysis data available for 2000 are for the larger Central Illinois Continuum of Care, and the local Continuum of Care did not perform a gaps analysis in 2001. At the time of this report, the results of the 2002 gaps analysis were not yet available.

^{5.53} National Coalition for the Homeless, “NCH Fact Sheet #3: Who is Homeless?”

^{5.54} Illinois Coalition to End Homelessness, “Facts About Homelessness in Illinois.”

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of those reporting a developmental disability decreased overall, the number of those reporting a physical disability increased; therefore, accessibility may increasingly be an issue for local facilities. The Illinois Coalition to End Homelessness reports that over half of the adults experiencing homelessness are working or seeking work and that the majority of the remainder are disabled or have young children and no child care.^{5.55}

Nationally, of the total number of homeless adults, approximately 34 percent have substance abuse problems.^{5.56} The ROSIE data in Figure 5.4 show a dramatic increase in the number of individuals receiving services who indicated alcohol and/or drug problems at intake. For the most recent year, 18 percent (147 out of 819) of Continuum clients reported alcohol abuse problems and 16 percent (130 out of 819) reported drug abuse problems at intake. Additional clients may have had substance abuse problems that were not reported.

The term “dual diagnosis” can mean co-occurring substance abuse and mental health problems. A report for the U.S. Department of Health and Human Services asserts: “Any person providing care to individuals with mental health or substance use disorders should assume that there is a strong probability of a co-occurring disorder.”^{5.57} Their report highlights a study of *lifetime* prevalence rates for people experiencing homelessness that found 30 percent have mental health problems, 60 percent have substance abuse problems (47 percent for alcohol abuse, 34 percent for drug abuse), and 23 percent are dually diagnosed.

A six-year research project in Massachusetts by the National Center on Family Homelessness found that “violence is pervasive in the lives of homeless women.”^{5.58} Specifically, 92 percent of the women experiencing homelessness had also experienced severe sexual and/or physical assault *during their lives*.^{5.59} Another study found that 22 percent of homeless parents fled domestic violence at home.^{5.60} ROSIE data in Figure 5.4 show a small domestic violence percentage (4 percent, or 30 out of 819). Continuum clients may not mention a domestic violence situation at intake, especially if it did not immediately precede their current circumstances. Therefore, this statistic may underestimate the actual number of local women experiencing homelessness and dealing with domestic violence issues.

Approximately one-third of adults experiencing homelessness have served with the Armed Services.^{5.61} Most veterans experiencing homelessness are men (97 percent).^{5.62} The U.S. Department of Veterans Affairs reports that “similar to the general population of homeless adult males, about 45 percent of homeless veterans suffer from mental illness and (with considerable overlap) slightly more than 70 percent suffer from alcohol or other drug abuse problems.”^{5.63} The number of those reporting veteran

^{5.55} Ibid.

^{5.56} Chicago Coalition for the Homeless, “Homelessness: The Causes and the Facts,” *The Facts Behind the Faces*, [Internet], <http://www.chicagohomeless.org/factsfigures/facts.htm>, (Chicago, IL, Summer 2002).

^{5.57} Winarski, J.T., *Implementing Interventions for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders: A PATH [Projects for Assistance in Transition from Homelessness] Technical Assistance Package*, for Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, [Internet], http://www.pathprogram.com/tech_assist, (Sudbury, MA: Advocates for Human Potential, March 1998), 4.

^{5.58} National Center on Family Homelessness, “Violence in the Lives of Homeless Women,” [Internet], <http://familyhomelessness.org/policy/policy.html>, (accessed January 2003).

^{5.59} Ibid.

^{5.60} National Coalition for the Homeless, “NCH Fact Sheet #3: Who is Homeless?”

^{5.61} U.S. Department of Veterans Affairs, “Overview of Homelessness,” [Internet], <http://www.va.gov/homeless>, (updated November 15, 2002).

^{5.62} Ibid.

^{5.63} Ibid.

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status served by the Continuum has increased substantially over the last three years, up to 9 percent (74 out of 819) of the total number served for fiscal year 2002.

Furthermore, while the number of ex-offenders was not included in the source for Figure 5.4, materials distributed at the November 2002 Homeless Awareness Week Luncheon showed that, in fiscal year 2002, 20 people served by the Continuum reported living in jail or prison prior to receiving services. In fiscal year 2001, no one claimed this prior residence, while in fiscal year 2000, 21 individuals said that they lived in jail or prison before seeking Continuum services. The 1996 *National Survey of Homeless Assistance Providers and Clients* found that 49 percent of those served had spent at least five days in a county or city jail during their lifetimes.^{5.64} Of those served, 18 percent had been in a federal or state prison, and 16 percent had been in juvenile detention.^{5.65} In total, 54 percent had experienced some type of incarceration.^{5.66}

Clearly, people experiencing homelessness, across the nation and in McLean County, do not fit a single profile. They have, however, a common need for shelter and supportive services. Some people experiencing homelessness need this assistance only briefly; others need long-term care. The following two sections of this report outline needs for shelter and services in Bloomington-Normal and resources available to meet those needs.

^{5.64} Burt, M.R., L.Y. Aron, T. Douglas, J. Valente, E. Lee, and B. Iwen, *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Summary*, (Washington, D.C.: Urban Institute, December 1999), 25.

^{5.65} Ibid.

^{5.66} Ibid.