

THE UNITED STATES CONFERENCE OF MAYORS – SODEXHO, INC.

HUNGER AND HOMELESSNESS SURVEY

A Status Report on Hunger and Homelessness in America's Cities
A 23-City Survey, December 2006

2006




Sodexho



This Report is Dedicated to the Memory of

Michael A. Guido

July 3, 1954 - December 5, 2006

Mayor of Dearborn, Michigan

64th President of The United States Conference of Mayors

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SUMMARY

To assess the status of hunger and homelessness in America's cities during 2006, The U.S. Conference of Mayors surveyed 23 major cities whose mayors were members of its Task Force on Hunger and Homelessness. The survey sought information and estimates from each city on 1) the demand for emergency food assistance and emergency shelter and the capacity of local agencies to meet that demand; 2) the causes of hunger and homelessness and the demographics of the populations experiencing these problems; 3) exemplary programs or efforts in the cities to respond to hunger and homelessness; 4) the availability of affordable housing for low income people; and 5) the outlook for the future and the impact of the economy on hunger and homelessness.

Among the findings of the 23-city survey:

HUNGER

- Officials in the survey cities estimate that during the past year requests for emergency food assistance increased by an average of 7 percent, with 74 percent of the cities registering an increase. Requests for food assistance by families with children increased by an average of 5 percent. Requests for emergency food assistance by elderly persons increased by an average of 18 percent during the last year, with 74 percent of the cities reporting an increase.
- On average, 23 percent of the requests for emergency food assistance are estimated to have gone unmet during the last year. For families alone, 18 percent of the requests for assistance are estimated to have gone unmet. In 26 percent of the cities, emergency food assistance facilities may have to turn away people in need due to lack of resources.
- Forty-eight percent of the people requesting emergency food assistance were members of families - children and their parents. Thirty-seven percent of the adults requesting food assistance were employed.
- The overall level of resources available to emergency food assistance facilities increased by 13 percent during the last year in the cities registering an increase. Fifty-three percent of the survey cities reported that emergency food assistance facilities are able to provide an adequate quantity of food. Sixty-three percent of the cities' emergency food assistance facilities have had to decrease the number of bags of food provided and/or the number of times people can receive food. Of these cities, 52 percent have had to increase the limit of food provided. Ninety-five percent of the survey cities reported that the food provided is nutritionally balanced.
- In 100 percent of the cities, families and individuals relied on emergency food assistance facilities both in emergencies and as a steady source of food over long periods of time.
- Unemployment and other employment-related problems lead the list of causes of hunger identified by the city officials. Other causes cited, in order of frequency, include high housing costs, poverty or lack of income, medical or health costs, substance abuse, utility costs, transportation costs, and the lack of education.

HOMELESSNESS

- During the past year, requests for emergency shelter increased in the survey cities by an average of 9 percent, with 68 percent of the cities registering an increase. Requests for shelter by homeless families alone increased by 5 percent, with 59 percent of the cities reporting an increase.
- An average of 23 percent of the requests for emergency shelter by homeless people overall and 29 percent of the requests by homeless families alone are estimated to have gone unmet during the last year. In 86 percent of the cities, emergency shelters may have to turn away homeless families due to lack of resources; in 77 percent they may also have to turn away other homeless people.
- People remain homeless an average of eight months in the survey cities. Thirty-two percent of the cities said that the length of time people were homeless increased during the last year.
- In 55 percent of the cities, families may have to break up in order to be sheltered. In 54 percent of the cities families may have to spend their daytime hours outside of the shelter they use at night.
- Mental illness and the lack of needed services lead the list of causes of homelessness identified by city officials. Other causes cited, in order of frequency, include lack of affordable housing, substance abuse and the lack of needed services, low-paying jobs, domestic violence, prisoner re-entry, unemployment, and poverty.
- Officials estimate that, on average, single men comprise 51 percent of the homeless population, families with children 30 percent, single women 17 percent, and unaccompanied youth 2 percent. The homeless population is estimated to be 42 percent African-American, 39 percent white, 13 percent Hispanic, 4 percent Native-American and 2 percent Asian. An average of 16 percent of homeless people is considered mentally ill; 26 percent are substance abusers. Thirteen percent are employed; nine percent are veterans.
- The average percentage of homeless families headed by single parents in the survey cities is 71 percent; and, on average, children represent 24 percent of the entire population in emergency shelters in the cities. Eighty-seven percent of the survey cities say that there was an increase in homeless children in the emergency shelter system.
- Ninety-five percent of the cities have developed plans to end chronic homelessness; twenty-five percent of those cities say that their plans have led to a reduction in the number of people living on the streets. While the outlook seems promising, most cities say it is too early to say what impact their plans will have on ending chronic homelessness especially with regard to cost savings spent on a chronically homeless person.

- Requests for assisted housing by low-income families and individuals increased in 86 percent of the cities during the last year.

THE OUTLOOK

- Officials in 72 percent of the responding cities expect requests for emergency food assistance to increase during 2007. Ninety-five percent expect that requests for emergency food assistance by families with children will increase during 2007. Officials in 68 percent of the cities expect that requests for emergency shelter will increase next year. Seventy-five percent expect that requests by homeless families will increase.

Introduction

In October 1982, The U.S. Conference of Mayors and The U.S. Conference of City Human Services Officials brought the shortage of emergency services -- food, shelter, medical care, income assistance, energy assistance -- to national attention through a 55-city survey. That survey showed that the demand for emergency services had increased in cities across the nation, and that on average only 43 percent of that demand was being met. Since that time the Conference has done numerous reports on hunger, homelessness and poverty in cities. These reports have documented the causes and the magnitude of the problems, how cities were responding to them and what national responses were required. They include:

- Hunger in American Cities, June, 1983
- Responses to Urban Hunger, October, 1983
- Status Report: Emergency Food, Shelter and Energy Programs in 20 Cities, January, 1984
- Homelessness in America's Cities: Ten Case Studies, June, 1984
- Housing Needs and Conditions in America's Cities, June, 1984
- The Urban Poor and the Economic Recovery, September, 1984
- The Status of Hunger in Cities, April, 1985
- Health Care for the Homeless: A 40-City Review, April 1985
- The Growth of Hunger, Homelessness and Poverty in America's Cities in 1985: A 25-City Survey, January, 1986
- Responding to Homelessness in America's Cities, June 1986
- The Continued Growth of Hunger, Homelessness and Poverty in America's Cities in 1986: A 25-City Survey, December, 1986
- A Status Report on Homeless Families in America's Cities: A 29-City Survey, May, 1987
- Local Responses to the Needs of Homeless Mentally Ill Persons, May, 1987
- The Continuing Growth of Hunger, Homelessness and Poverty in America's Cities: 1987. A 26-City Survey, December, 1987
- A Status Report on The Stewart B. McKinney Homeless Assistance Act of 1987, June, 1988
- A Status Report on Hunger and Homelessness in America's Cities: 1988. A 27-City Survey, January, 1989
- Partnerships for Affordable Housing an Annotated Listing of City Programs, September, 1989
- A Status Report on Hunger and Homelessness in America's Cities: 1989. A 27-City Survey, December, 1989
- A Status Report on Hunger and Homelessness in America's Cities: 1990 A 30-City Survey, December, 1990
- A City Assessment of the 1990 Shelter and Street Night count. A 21-City Survey, June 1991
- Mentally Ill and Homeless. A 22-City Survey, November 1991
- A Status Report on Hunger and Homelessness in America's Cities: 1991, A 28-City Survey, December 1991
- A Status Report on Hunger and Homelessness in America's Cities: 1992 A 29-City Survey, December 1992
- Addressing Hunger and Homelessness in America's Cities, June 1993
- A Status Report on Hunger and Homelessness in America's Cities: 1993 A 26-City Survey, December 1993
- A Status Report on Hunger and Homelessness in America's Cities: 1994. A 30-City Survey, December 1994
- A Status Report on Hunger and Homelessness in America's Cities: 1995. A 29-City Survey,

December 1995

- A Status Report on Hunger and Homelessness in America's Cities: 1996, A 29-City Survey, December 1996
- A Status Report on Hunger and Homelessness in America's Cities: 1997, A 29-City Survey, December 1997
- A Status Report on Hunger and Homelessness in America's Cities: 1998, A 26-City Survey, December 1998
- A Status Report on Hunger and Homelessness in America's Cities: 1999, A 25-City Survey, December 1999
- A Status Report on Hunger and Homelessness in America's Cities: 2000, A 29-City Survey, December 2000
- A Status Report on Hunger and Homelessness in America's Cities: 2001, A 29-City Survey, December 2001
- A Status Report on Hunger and Homelessness in America's Cities: 2002, A 25-City Survey, December 2002
- A Status Report on Hunger and Homelessness in America's Cities: 2003, A 25-City Survey, December 2003
- A Status Report on Hunger and Homelessness in America's Cities: 2004, A 27-City Survey, December 2004
- A Status Report on Hunger and Homelessness in America's Cities: 2005, A 24-City Survey, December 2005

To spearhead the Conference's efforts to respond to the emergency services crisis in cities, the President of The Conference of Mayors appointed 20 mayors to a Task Force on Hunger and Homelessness in September, 1983. That Task Force was chaired by New Orleans Mayor Ernest "Dutch" Morial. It is now co-chaired by Des Moines Mayor Frank Cownie⁰ and San Francisco Mayor Gavin Newsom and has 23 members.

Methodology

This report provides information on the current status of hunger, homelessness and the conditions which have affected them in the 23 cities whose mayors serve on the Task Force. A copy of the survey instrument sent to the cities is contained in the Appendix.

To respond to the survey, the city officials consult with and collect data from community-based provider and government agencies. The data is compiled by the individual or agency in the city government designated to be the Conference of Mayors' contact for the survey and it is reviewed by a senior-level manager before it is submitted to the Conference of Mayors.

The data was collected from the cities for the period of November 1, 2005 to October 31, 2006 during November and December, 2006. It was supplemented with data on population, poverty and unemployment available from the Bureau of the Census and the Bureau of Labor Statistics. The reader should note that in no case do the percentages reported for a survey question include a city unable to respond to that question. In a few instances percentages do not total 100 due to rounding. Tables, which provide city-specific data, appear at the back of chapters on Hunger, Homelessness and Housing.

Hunger

The Demand

Emergency Food Assistance Requests

During the last year, requests for emergency food assistance increased in 74 percent of the survey cities. Across the cities, requests increased by an average of 7 percent. Increases ranged from 29 percent in Phoenix, 25 percent in Los Angeles, 18 percent in Philadelphia, 12 percent in Charlotte, 8 percent in Nashville and Norfolk, 5 percent in Santa Monica, and 3 percent in Chicago. Requests decreased in Cleveland, Kansas City and Miami, but remained the same in Des Moines, Portland and Trenton.

Among the comments from the city officials on requests for emergency food assistance:

Boston: The lack of vigorous job growth in Massachusetts and the continued high cost of housing, heating and health care, especially prescription drugs, continue to cause hunger in economically distressed low-income and working poor families.

Charleston: Seventy three percent of the households served are below the poverty level. The Lowcountry Food Bank serves some of the most vulnerable populations in the area. Seventy five percent report incomes below the official federal poverty level. Forty six percent report having to choose between food and rent.

Charlotte: The actual number of people fed by Loaves & Fishes in Charlotte/Mecklenburg is 12 percent higher than last year.

Chicago: According to the Greater Chicago Food Depository, the total requests for emergency food assistance has increased only slightly since last year. During the period July 1, 2005 – June 30, 2006, there were 2,875,916 individual visits to food pantries supplied by this organization, an increase of 3.3 percent from the previous fiscal year.

Cleveland: Overall demand has decreased during the past year. However it is still much higher than in 2000 before the economic downturn from which the region has not fully recovered. Demand at suburban sites has continued to grow as poverty becomes more widely disbursed geographically. Within City of Cleveland, the number of food stamp recipients has increased by 29 percent from 2000 to 2005.

Denver: Agencies in this area have seen a large increase in the request for assistance, especially food boxes and meals. The number of individuals served has increased over most of the city. This is partly due to prevention of homelessness as a result of higher housing and the low wages in the area-Within the City of Cleveland, the number of food stamp recipients has increased by 29 percent from 2000 to 2005. Individuals are diverting more money toward their housing costs and utilizing food resources more. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: Numbers served remain consistent at food pantries located in City of Des Moines site offices. Other outside agencies providing emergency food assistance may have different data. In general, 1,193 families were served along with 2,764 individuals.

Kansas City: According to Mid America Assistance Coalition's MAACLINK data management system, the actual number of services (requests) decreased by 11 percent. However, the number of clients receiving services increased by one-half of one percent. The value of the services provided increased by 6.5 percent. In other words, more clients received fewer services, but the services had a higher dollar value in 2006 over 2005.

Louisville Metro: The city's 3.5 percent increase is based upon data provided by the Dare to Care Food Bank Distribution Center Network and major emergency kitchens, the most reliable local indicator of need. Emergency food requests (unduplicated) increased from 99,133 to 102,614 over the previous year. Over the year, the pattern of requests followed an up and down trend. A significant increase in requests seen from November, 2005, through May, 2006, may have been caused in part by increased utility costs.

Miami: The year before last we had a very active hurricane season, and several weeks without power, that increased the number of requests for food assistance. Last year we did not have that problem

Nashville: Although the majority of the respondents noted a modest increase, Second Harvest saw a decrease of one percent. One agency (Loaves & Fishes) said that part of their increase was due to Hurricane Katrina evacuees coming into town.

Philadelphia: We conducted a survey with 168 food cupboards in October and identified the following reasons for the increase in emergency food assistance requests: people are not earning enough money to cover their bills, including food costs; lack of jobs; food stamps being insufficient for an entire month; many grandparents responsible for raising young children; changes in welfare; lack of living wage jobs; cutbacks from other programs; seniors on fixed incomes choosing medicine over food; unemployment; an increase in young families requesting services; local businesses closing; prices continuously increasing for food, gas, and heat. In fact, some food cupboards are seeing 20 to 30 new individuals and families a month requesting food assistance.

Phoenix: Requests for food assistance in the metropolitan area have increased by 30 percent during last year. Increases are based on reports from Desert Mission Food Bank, St. Mary's / Westside Food Bank Alliance and United Food Bank which are regional food bank warehouses based in the metropolitan area and serve approximately 600 agencies.

Portland: Although the number of people seeking emergency food remained stagnant over the past year, the plateau it has reached is high. In Portland, 402,743 duplicated people ate from an emergency food box last year. This is approximately 160,455 unduplicated people. There continues to be a high need for emergency food assistance, despite the leveling out of numbers.

San Francisco: The San Francisco Food Bank has received a 27 percent increase in requests for the Emergency Food Box program when comparing July-Sept. this year with last.

Santa Monica: The number of visits to Santa Monica food pantries served by Westside Food Bank has gone up by 5 percent. Service providers indicate that the number of working poor requesting assistance is still high.

Seattle: The total number of requests for food assistance at food banks and meal programs vary monthly. The data and information gathered for this report are from programs receiving city funds only.

St. Paul: This is based on the number of visits reported from soup kitchens, food shelves and shelters in the St Paul area.

Trenton: According to Mt. Carmel Guild, the number is about the same. The difference is that there are many new people coming for the first time and we are seeing people who haven't been here for a number of years.

Emergency Food Assistance Requests by Families

The number of families with children requesting emergency food assistance increased in 70 percent of the survey cities. Across the cities the average estimated increase was 5 percent. Increases ranged from 28 percent in Los Angeles, 24 percent in Des Moines, 23 percent in Philadelphia, 16 percent in Denver, 10 percent in Boston and St. Paul, 8 percent in Norfolk and Salt Lake City, 5 percent in Phoenix, Santa Monica and Trenton, and 3 percent in Chicago. The requests remained the same in Nashville, Portland and San Francisco. Decreases occurred in Kansas City, Miami and Seattle.

Among the comments from the city officials on the number of families with children requesting food assistance:

Boston: The lack of vigorous job growth in Massachusetts and the continued high cost of housing, heating and health care, especially prescription drugs, continue to cause hunger in economically distressed low-income and working poor families.

Charleston: Twenty two percent of Lowcountry Food Bank clients are elderly.

Charlotte: The overwhelming percentage of our clients is families with children.

Chicago: According to the Greater Chicago Food Depository, the number of families with children requesting emergency food demonstrated a similar increase.

Denver: Households with three or more children have increased over the last year largely attributed to the increase in housing, utility, and gas prices and the chronically low wages associated with basic employment. The alcohol and drug use within the city has increased slightly as well. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: We saw a 24 percent increase in children 0-3 years of age, an 11 percent increase in children 4-5 years of age, and an 8 percent increase in children 6-11 years of age.

Kansas City: Single headed households with children decreased by 52 percent from 2005-2006. Dual household headed families with children decreased by 45 percent from 2005-2006.

Louisville Metro: The network of food assistance providers reported an increase in the number of families requesting assistance as rising from 22,481 to 25,775 over the past year.

Miami: The year before last we had a very active hurricane season, and several weeks without power, that increased the number of requests for food assistance. Last year we did not have that problem

Nashville: Five out of seven responding agencies reported no change. However, The Salvation Army reported an increase of 25 percent for this population, and the Nashville Rescue Mission saw a 5 percent increase.

Philadelphia: Similarly to last year, both two parent and single parent families are impacted by the reduction in the number of hours they are working and losing their health care benefits. Their resources are limited and other family members that could once provide a support network are now having their own difficulties paying their bills. Families have to make choices that are almost impossible – feed my children, take them to the doctor and pay for their prescriptions, or keep a roof over their heads. Food is one of the resources that families can access without a lot of difficulty. The food cupboard system was created to help families experiencing a crisis; unfortunately the food cupboards are now utilized as a maintenance program for many families in need. The increase in gas is another factor that has negatively impacted the economically disadvantaged.

Phoenix: Agencies in the metropolitan area reported slight increases in the number of families with children requesting assistance. Many agencies do not track this type of detail and therefore information is more anecdotal. Reports show that many of the families have someone who is employed (skilled and unskilled).

Portland: We can assume that since the number of children is an estimate of how many are being served, the numbers would be stagnant for his category as well.

Seattle: Of the individuals served by food banks, nearly 25 percent are children 0-18 years of age.

St. Paul: The increase in St Paul is based on total households served by food shelves in the area. One can assume that households with children will increase at a parallel rate.

Trenton: Mt. Carmel Guild stated that they are seeing more families relocating to Trenton from other countries and they have many young children.

The People Requesting Food Assistance

Across the survey cities it is estimated that 48 percent of those requesting emergency food assistance were either children or their parents. In Boston, Louisville Metro, Philadelphia, Salt Lake City and Santa Monica two thirds or more of those requesting food assistance were members of families with children.

Officials in the survey cities reported that 37 percent of adults requesting emergency food assistance were employed. The percentage of employed adults requesting food assistance ranged from 64 percent in Philadelphia, 60 percent in Nashville, 44 percent in Salt Lake City, 30 percent in Miami and 25 percent in Boston and Cleveland.

Emergency Food Assistance Requests by the Elderly

The number of elderly persons requesting emergency food assistance increased in 73 percent of the survey cities. The number remained the same in Boston, Portland and San Francisco. There was a decrease in Des Moines, Kansas City and Miami.

Across the cities reporting increases, requests for emergency food assistance by elderly persons increased by 18 percent. Increases ranged from 23 percent in Philadelphia, 22 percent in Los Angeles, 16 percent in Louisville Metro, 12 percent in St. Paul, 9 percent in Denver, 4 percent in Santa Monica, and one percent in Seattle.

Among the comments for the city officials on the number of elderly persons requesting emergency food assistance:

Boston: Boston Elderly Commission data on congregate and home delivered meals have remained the same in the past year. In Federal Fiscal Year 2006, more than 4,869 seniors were served. We served approximately 2151 meals per day in Boston.

Charleston: Twenty two percent of Lowcountry Food Bank clients are elderly.

Charlotte: We are assisting more families consisting of older adults raising grandchildren.

Chicago: The Greater Chicago Food Depository does not collect data on emergency food recipients by age.

Cleveland: The number of elderly persons in Cuyahoga County seeking food assistance has increased by 15 percent since 2000.

Denver: Many agencies that support the homeless population attribute this nine percent increase to an increase in healthcare costs and the barriers associated with obtaining a State issued ID in order to acquire benefits such as Aid to the Needy and Disabled and Old Age Pension. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: This is only for food pantries located in City of Des Moines site offices and data may be different for different reporting agencies. The DMARC (Des Moines Area Religious Council) operates 9 food pantries which serve the Greater Des Moines Area. Also, the "Client Needs Assessment Survey", a more comprehensive survey will be completed by January 15, 2007 by the Iowa Community Action Partnership and will provide us with more complete data.

Kansas City: According to Mid America Assistance Coalition's MAACLINK data management system, 5,040 persons 55 and older received food assistance in 2006, and 9,870 seniors received food assistance in 2005.

Louisville Metro: Data provided by Dare to Care Food Banks' reliable core assistance network reported a rise in seniors requesting emergency food assistance from 5,315 to 6,180 over the past year. Supporting this are anecdotal reports from direct service agencies. They state an increase in the past year of seniors seeking food assistance who are raising their grandchildren who now live with them either with or without official guardianship. It is also assumed that the increased utility costs of last winter would have a disproportionate impact on the senior population who primarily live on fixed incomes. The local results of

the Hunger in America 2005 study report that 40 percent of the clients receiving assistance from the Dare to Care Food Bank Network had to choose regularly between paying for food and paying for medicine or medical care. It is further assumed that this percentage is higher for the senior population.

Miami: The year before last we had a very active hurricane season, and several weeks without power, that increased the number of requests for food assistance. Last year we did not have that problem.

Nashville: Loaves & Fishes saw an increase of 10 percent. “The number of elderly neighbors near our feeding site coming to join us has increased. Many of the folks would not be eligible for mobile meals, but maybe a nutrition site if they knew where one was that was close to them.”
The Nashville Rescue Mission also saw an increase and Second Harvest- “As we see the number of elderly increase we plan on providing more services to Senior Citizens. Through a collaborative grant we provide food to 150 senior households a month in three different areas of Davidson County.”

Philadelphia: According to a survey conducted with 168 food cupboards there has been a significant increase in the volume of elderly persons requesting food assistance. The reasons include fixed income, rising cost of goods and services; and taking care of their grandchildren with no additional resources for their care. The changes in Medicare (prescriptions) have also had a devastating impact on seniors.

Phoenix: More than 17 percent of those served by food banks based in the metropolitan area, along with the agencies they serve, are elderly. More than half, or 56 percent, of households seeking emergency assistance with elderly members are found to be food insecure, a number significantly higher than the rate of food insecurity of senior households in the general population (1.8 percent).

Portland: We know that seniors constitute a certain percentage of the whole and if the whole remains stagnant, this population does as well.

Salt Lake City: The elderly poor are being hard hit by the rising cost of health care, especially prescriptions, and utilities and have less to spend on food.

Seattle: On the average, nearly 31 percent of persons served by food banks are seniors 55 years of age or older.

St. Paul: The senior population served by Second Harvest Heartland CSFP program has not changed but food self statistics show that they are serving more seniors. Some food shelves have commented that they are getting more requests from elderly on fixed incomes who cannot afford the overall increases in the cost of living.

Causes of Hunger

Officials in the survey cities say hunger is due to a number of factors, many of them are interrelated. Those most frequently identified by the survey cities in response to the survey’s open-ended question are unemployment and other employment related problems, high housing costs, poverty or lack of income, medical or health costs, substance abuse, utility costs, mental health problems, transportation costs, and lack of education.

- Eighteen cities cited **unemployment and other employment related problems:** Charlotte, Chicago, Cleveland, Denver, Detroit, Des Moines, Kansas City, Los Angeles, Louisville Metro, Nashville, Philadelphia, Phoenix, Portland, Salt Lake City, Santa Monica, Seattle, St. Paul, and Trenton.
- Eleven cities identified **high housing costs:** Boston, Charlotte, Chicago, Denver, Des Moines, Los Angeles, Louisville Metro, Nashville, Portland, Santa Monica, and Seattle.
- Nine cities cited **poverty or lack of income:** Boston, Chicago, Cleveland, Detroit, Los Angeles, Louisville Metro, Nashville, Norfolk, and Philadelphia.
- Eight cities identified **medical or health costs:** Boston, Los Angeles, Louisville Metro, Norfolk, Philadelphia, Phoenix, Portland, and Salt Lake City.
- Eight cities identified **substance abuse:** Denver, Detroit, Louisville Metro, Nashville, Philadelphia, Phoenix, Seattle, and Trenton.
- Eight cities cited **utility costs:** Boston, Denver, Des Moines, Louisville Metro, Nashville, Norfolk, Philadelphia, and Salt Lake City.
- Four cities identified **mental health problems:** Chicago, Detroit, Phoenix, and Seattle.
- Four cities cited **transportation costs:** Nashville, Philadelphia, Portland, and Trenton.
- Four cities cited **lack of education:** Chicago, Detroit, Louisville Metro, and Nashville.

Capacity to Meet the Need

Emergency Food Assistance Facilities

During the last year, the number of emergency food assistance facilities increased in 41 percent of the survey cities. The increase occurred in Charlotte, Los Angeles, Miami, Nashville, Philadelphia, Phoenix, Portland, San Francisco and St. Paul.

Among the comments from the city officials on the number of elderly persons requesting emergency food assistance:

Charlotte: Loaves & Fishes opened its 17th food pantry in Charlotte/Mecklenburg in September 2006.

Chicago: Overall, the number of member agencies of the Greater Chicago Food Depository has stayed the same.

Denver: While the actual quantity of emergency food services has perhaps increased slightly in some shelters, transportation to acquire the food has become more inaccessible, thus making it a barrier for many families and individuals. Nine Cares Colorado Shares (an annual community food drive sponsored by 9News) received a record-breaking amount of donated food in November 2006. From this effort, approximately 340,000 pounds of non-perishable foods will be distributed to food banks and shelters throughout the year to supplement other funding and donations. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: While the number of facilities has stayed the same, some facilities have had staff reductions and now must rely more heavily on volunteer workers.

Kansas City: In 2005, 109 social service agencies provided food assistance in Kansas City. In 2006, 101 social service agencies provided food assistance in Kansas City, according to MAACLink.

Louisville Metro: After adjustments made in the prior year, the number of major food assistance facilities in Louisville has stabilized. Ongoing gaps analyses may result in changes for next year.

Miami: Our indoor feeding Program has been a huge success, and the number of faith based and community based organizations that participate in the program has increased.

Nashville: This is only a slight increase. Locally the number of emergency food box programs at Second Harvest increased by one site in the Bordeaux area. They are now providing a mobile pantry program that will provide service 10-12 times per year. It is our hope by January 2007 to open an emergency food box facility at their main distribution site.

Philadelphia: In 1991 there were 101 food cupboards and today there are 514 food cupboards. Each year several cupboards close and about 20 new cupboards open.

Phoenix: Mergers of regional food bank warehouses have occurred during this time-period which makes it difficult to determine if there has been an increase or decrease. We know that as food banks become more efficient at servicing agencies and more agencies are directed to food banks to get food, it would appear that the number of facilities is increasing.

Portland: Oregon Food Bank has brought on five new emergency sites in Portland, with two becoming inactive. Our continual goal is to search for underserved areas and ensure that emergency food is available in reasonable proximity to those in need.

Salt Lake City: Some food pantries are added while others drop out of food distribution programs.

San Francisco: The SF Food Bank has partnered with additional community based organizations to serve people needing emergency food assistance on a regular basis through out Pantry Program.

Seattle: Two local programs--one of which operates a food bank and the other operates both a food bank and a meal program--received city funds for the first time in 2006.

Level of Resources Available to Emergency Food Assistance Facilities

During the last year, the level of resources such as food and/or volunteers available to emergency food assistance facilities increased by 13 percent in the cities reporting increases. The level of resources increased in 30 percent of the cities, decreased in 30 percent of the cities and remained the same in 39 percent.

Among the comments from the city officials on the level of resources available:

Boston: The Commonwealth of Massachusetts Emergency Food Assistance Program (MEFAP) received an increase for the first time in four years, nearly doubling from \$6.5 million to 12 million state-wide. Approximately 72 percent of these funds come to emergency food assistance programs in eastern Massachusetts, many of them in Boston.

Charlotte: Funds, donated food and volunteer time have increased to meet the rising need so far.

Chicago: Emergency food resources have remained fairly constant. In fiscal year 2005-06, the Greater Chicago Food Depository distributed more than 40 million pounds of food. The facility allows the organization the capacity for increased food distribution in the future. Revenue stayed level at over \$14 million.

Cleveland: Local private donations were significantly reduced at the end of 2005 because of resources going to assist hurricane victims.

Denver: According to many agencies who supplied information for this survey, grant revenues and food have appeared to have decreased. Volunteers have slightly increased, but for distribution tasks only. Businesses who previously donated large amounts decreased their yearly contributions in 2006. Denver Department of Human Services has seen an increase in the amount of emergency non-program food assistance in 2006 partly as a result of increased homeless outreach services and better community education and awareness. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services).

Des Moines: While need has increased, the level of resources has stayed the same. Because most area food pantries are dependent on donations, the overall economic health of the community greatly impacts availability of resources. We have had some good community events to assist in replenishing food pantries.

Louisville Metro: Funds – 41 percent of pantry agencies and 50 percent of emergency kitchen agencies report problems related to funding that threaten the stability of their programs.

Volunteers - 26.9 percent of pantry agencies and 8.9 percent of emergency kitchen agencies report problems related to volunteers that threaten the stability of their programs.

Food - Emergency food inventory provided to core emergency food distributors increased 31 percent in the past year. During the same period, the volume of USDA commodities provided by USDA decreased by 21 percent. Also during this period, the amount of food contributed to the Dare to Care Food Bank through community food drives declined from 486,180 pounds to 362,439 pounds. This 25 percent decrease

matched with an increased demand from food service agencies compelled Dare to Care Food Bank to increase its purchased food program causing it to go over budget.

Nashville: Responses from agencies were mixed. Most stayed the same, with two agencies (The Salvation Army and the Nashville Rescue Mission) citing increases. Second Harvest, on the other hand, reported decrease: "Our food drives, food donations are down and have steadily gone down through the years. Our food bank is putting tremendous efforts toward coordinating more food drives with corporations, religious and education organizations and civic groups."

Philadelphia: SHARE has experienced an increase in volunteers of 25 percent as families devote time to helping the economically disadvantaged. We have also experienced a 25 percent increase in food donations through food drives from corporations. However, we have also experienced a decrease in monetary donations by 25 percent. Even though we have seen increases in volunteer support and in food donations, these are insufficient to meet the increased demand for service. Many food donors require their donations to be picked up as it is costly for them to deliver which in turn increases our budget expenses. We currently have volunteers that pick up some of our donations and are looking for funders to pay for the increase in transportation cost.

Phoenix: Over the last year, regional food banks based in the metropolitan area and the agencies they serve have not seen a dramatic increase or decrease in resources.

Portland: From November 1, 2005 through October 31, 2006, Oregon Food Bank has distributed 5,798,826 pounds of food through our warehouse to emergency sites in Portland. One year prior, 5,865,410 pounds of food were distributed. This is a one percent decrease in food distributed. This is not a significant change. Once again, we would like to point out that this is a tremendous amount of food being distributed to serve a huge number of limited resource Portland residents.

Salt Lake City: Food donations have increased by three percent while volunteer hours donated have increased two percent.

San Francisco: St. Anthony Foundation Dining Room states less food has been available from the food bank, particularly protein (meat) product from the USDA.

Santa Monica: Funding for food assistance has increased, but that has been offset by a reduction in donated food.

Seattle: In 2006, a city council initiative increased the emergency food programs budget by \$200,000 to fund grocery and meal deliveries to homebound seniors and to clients who have chronic or long-term illnesses.

St. Paul: St Paul food shelves report either deficiencies in funding, or the struggle to find adequate volunteer help.

Trenton: According to Mt. Carmel Guild, the expansion of the Mercer Street Friend's new warehouse has enabled the distribution of larger allocations of USDA foods. We also received food for families through a state of hunger grant.

Philadelphia: Food cupboards are no longer used only during emergencies. Families in need are increasingly turning to them on a regular basis. In a survey of 120 cupboards, three percent of their clients are in need of food assistance due to an emergency situation, while 97 percent of their clients return

monthly for assistance. Families are increasingly relying on the food cupboard system. This reliance allows them to use their limited monetary resources for other household expenses.

Portland: Although the vast majority of households only access emergency food assistance in times of serious need, the rise in low paying jobs coupled with increased rent and energy costs have forced some to include the emergency food box as part of their monthly food planning.

Salt Lake City: More and more working poor are receiving a substantial portion of their food from food pantries.

San Antonio: Some programs, such as Project HOPE (Healthy Options Program for the Elderly), Kids Cafe after school programs, and the Food Stamp and Nutrition Education Program aim for long term support. Food Pantries, Soup Kitchens, and Shelters provide emergency food.

Santa Monica: Chronic food insecurity has forced many families to rely on supplementary food from pantries for extended time periods.

Seattle: Many of the food banks are able to provide enough food to feed a family or individual for one or two days per week. Often times, families must make a choice between paying rent, mortgage, medical, child care, or using the food bank in such emergency situations. Food banks and meal programs are necessary for families to help make ends meet. For many homeless clients, the meals are their only source of sustenance.

Trenton: Catholic Charities provide emergency food assistance to individuals and families three times per week. Clients can only receive assistance once a month. Mt. Carmel Guild reports that there is a population that finds it necessary to come for food on a regular basis.

One hundred percent of the survey cities reported that emergency food assistance facilities were used both for emergencies and as a steady source of food over long periods of time.

Among the comments from the city officials on how emergency food assistance facilities were used:

Boston: According to the Greater Boston Food Bank, at local food pantries, the majority are emergency cases with about 10 percent being as a steady source for long periods. Homeless feeding programs often serve persons for long periods of time. Congregate lunch sites serve as a steady source of food for long periods of time for seniors in need. They provide a hot meal for seniors approximately 250 serving days of the year.

Charlotte: The largest emergency food pantry program, Loaves & Fishes, provides food no more often than once every 60 days to refer clients. Loaves & Fishes does not to become a regular source of food for families.

Chicago: The member agencies of the Greater Chicago Food Depository provide both emergency food services and on-going relief. Many agency staff members have noticed the number of people requiring food over a longer period of time has increased.

Cleveland: Persons that are recently unemployed or experiencing sudden illness may seek emergency assistance. Those with incomes below the poverty level may need assistance on a regular basis.

Denver: Most food assistance programs in the city are able to offer food as a supplement to a home pantry and not as a single source. Resources are relied upon to be both an emergency supplement as well as a

consistent supplement. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Louisville Metro: The Core Distribution Network for Dare to Care Food Bank strives to provide enough food for four days for the family. The food is nonperishable. The Network has access to limited resources from Dare to Care Food Bank to acquire and distribute some perishable items to these clients.

Miami: Two of the 4 indoor feeding facilities that provide a steady source of food also provide emergency assistance.

Nashville: Although the intention and the wish of most agencies are to provide food only in emergencies, the reality is that facilities are used routinely by some people. Several feeding programs are available on a regular basis or when food stamps run out at the end of the month.

Philadelphia: Food cupboards are no longer used for emergencies only, but on a regular basis by families in need. In a survey of 168 cupboards, they report that only two percent of emergency food assistance clients are coming to them for emergencies and 98 percent of their participants require these services on a monthly basis. The food cupboard system is used to sustain families so they can use their limited resources to pay for other basic household expenses, especially medical costs.

Phoenix: Regional food bank facilities are used for both supplemental and emergency food security programs.

Portland: The intention of the emergency food system is to provide a three to five day supply of food to those who have found themselves in an emergency situation. Many use the system to this effect, but this is and has been changing in Portland for many residents. There appears to be more reliance on these services on a regular basis than ever before. The amount of repeat clients at pantries seems to be on the rise and a more continual need for assistance is present.

Salt Lake City: Repeat clients are increasing at a steady rate while the emergency clients increase during the winter.

San Francisco: SF Food Bank: The majority of facilities are used as a steady source of food for long periods of time.

- 74 percent of guests have been eating at St. Anthony Dining Room for OVER 1 year.
- 26 percent from 1 - 3 years
- 12 percent from 4 – 5 years
- 37 percent over 5 years
- 26 percent of guests have been eating at St. Anthony Dining Room for LESS than 1 year
- 3 percent first time
- 11 percent less than 3 months
- 12 percent 3 months to less than 1 year

Santa Monica: Chronic food insecurity has forced many individuals and families to turn to emergency food assistance facilities to supplement a large portion of their food needs. Due to the discrepancy between those receiving food stamps and those eligible, and due to the depreciating value of food stamps in relation to food costs, many individuals have had to rely on emergency food assistance to supplement their food supply.

Seattle: Many of the food banks are able to provide enough food to feed a family or individual for one or two days per week. At times, families must make a choice between paying child care, medical bills, rent, or using the food bank in such emergency situations. Food banks often become a necessity for families to help make ends meet.

St. Paul: Increased layoffs, insufficient wages and higher living costs continue to contribute to chronic economic conditions where food is no longer affordable in a low-income family budget.

Trenton: According to Mt. Carmel Guild, we always try to be available when there is an emergency situation. Those who are on a fixed, low income and lack affordable housing have a real need to come for food on a monthly basis.

The Quantity of Food Provided

Fifty-three percent of the cities reported that emergency food assistance programs are able to provide an adequate quantity of food; 45 percent of the cities said they are not.

Among the city officials' comments:

Boston: According to the Greater Boston Food Bank, some food assistance programs in Boston need to limit the frequency of clients picking up due to inadequate space, volunteers or other resources. Elderly Title III congregate lunch sites are able to provide food consistently five days a week. They would like to be able to provide larger portion servings and second servings to those who need it. One congregate housing meals program suspended serving supper meals for seniors due to a lack of funds

Charleston: Mass feeding programs are able to keep up with the demand but food pantries are often low.

Charlotte: The bagging list of food provided is pro rated by size of family to ensure 21 nutritionally balanced meals for each family member.

Cleveland: Households may receive one 3-4 day supply of food each month. This is generally sufficient for those receiving food stamps. Others may have to seek assistance from other sources or go to hot meal programs.

Denver: Most facilities provide a limited amount of assistance and many families meet their needs by utilizing multiple sources including food banks, Public Food Assistance, and community resource center meals. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: We provide a three-day supply.

Los Angeles: Due to increase request for emergency food assistance, the quantity and frequency of distribution per household has decreased.

Louisville Metro: With assistance from Dare to Care Food Bank's Nutrition Education Director and Registered Dietician, food is provided to allow a balanced diet for a limited time (typically four days). Whether this amount is adequate is dependent on the unique circumstances of each client's situation.

Miami: They make sure there is enough for everyone. Usually second and third helpings are offered.

Nashville: Three agencies reported that they are not able to provide an adequate quantity of food. They report the need for more fresh fruits, vegetables and meat. Nashville CARES provides food bags to supplement monthly food resources. Food bags supply approximately 20 meals per month. Due to health conditions, a limited number of clients receive an additional 5 meals per week via a specialized home delivery program. Some clients, particularly the homeless, have no other resources for food and thus use this for their total food intake.

Norfolk: The amount of food available is cyclical, with greater amounts being available during the fall/winter holidays. Food availability drops significantly during the spring and summer months.

Philadelphia: In a survey completed in October 2006 with 168 cupboards, 48 percent of coordinators reported a reduction in the amount of food given and 52 percent reported giving the same amount as in the previous year. Coordinators of food cupboards do their utmost to provide families with some food when they request assistance. Coordinators respond in many different ways to meet the demand, including sometimes reducing the amount of food given to a family; paying out of pocket to purchase food; providing food from their own homes; and encouraging the community, family and friends to support the cupboards through food donations. The cupboard coordinators in Philadelphia are a very committed group of individuals who ensure that no one requesting services leaves empty-handed.

Phoenix: Seventy Four percent of pantries and 83 percent of kitchens never experienced the need to stretch food resources (reduce meal portions or reduce the quantity of food in food boxes) because of a shortage of food available to be distributed. Fifty-nine percent of food pantries and 55 percent of soup kitchens are faith-based organizations affiliated with churches, synagogues, mosques and other religious entities.

Portland: Emergency food assistance facilities, who are members of Oregon Food Bank, are required to provide a minimum of three to five days supply of food to clients. If sites are running low on food items, they may request emergency allocations of food from the Oregon Food Bank.

Salt Lake City: The Utah Food Bank reports it is able to meet all emergency food requests.

San Francisco: SF Food Bank: For the Emergency Food Box Program, people receive a 3-day supply of food. For our Pantry Program that addresses long-term or chronic need, people receive supplemental groceries.

- St. Anthony Dining Room is over capacity.
- Entrees are slightly smaller at the end of the month because of limitations on cooking facilities (only so much kettle space) and often vegetables and pastries run out before the end of the day.

Santa Monica: Food assistance is falling short of current requests.

Seattle: In general, yes. Clients are seeing a greater variety of products, especially fresh fruits and vegetables due in part to increased capacity for programs to receive more perishable food and produce. Most emergency meal programs are unable to provide three meals a day, seven days per week, and many only provide a meal once or twice a week.

Trenton: According to Mt. Carmel Guild, those who come for food assistance, say that they go to more than one food pantry each month. Our pantry limits food assistance to once a month.

Sixty-three percent of the survey cities report that emergency food assistance facilities have had to decrease the quantity of food provided and/or the number of times families or individuals can come to get food.

Among the city officials' comments:

Boston: Some pantries have had to limit the number of days per month that families can pick up food. One elder meals provider had to eliminate supper meals at a congregate housing site. Another had to limit the amount of food available for seconds at a congregate lunch site. Boston has not reduced the number of days served or the size of portions available for seniors.

Charlotte: In 31 years of operation Loaves & Fishes has not had to decrease the amount of food provided.

Chicago: The Greater Chicago Food Depository and its member agencies have an adequate supply of high-quality nutritious food to meet the need. This organization has further expanded distribution channels and has a registered dietician/nutritionist to guide acquisition and distribution of healthful foods and to help educate Chicago communities. However, some of the pantries that provide food in the Chicago area have seen a significant increase in the number of people requesting food. In order to ensure that everyone who requests food gets food, some pantries with limited facilities and staff/volunteers have cut back on the amount given to each individual or family in order to ensure that all who need food receive a reasonable supply. Some pantries this year have reported having to close their doors earlier than scheduled because they had run out of food for that day.

Cleveland: Households may access food pantries once a month for a 3-4 day supply. There is no limit on the use of hot meal programs.

Denver: The majority of providers report that they do have to limit the frequency and amount of assistance to families and individuals who utilize the programs in order to serve more households. While many families report that they receive adequate food, more than half also report that it is a constant stress or worry that they, and their families, will not have enough. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: On some occasions, we have had to decrease the quantity of food because we have run low on food donations.

Los Angeles: About one third of the agencies responding to the survey stated that they not only had to decrease the quantity of food but they also had to limit the number of times families could get food.

Louisville Metro: Our response is on the amount of food; but to manage the resources of the community, clients are requested to access the Food Bank no more than four times a year.

Nashville: Only one agency must limit their assistance; The Salvation Army limits to 3X/6mo or 6X/yr. providing an adequate quantity is not always easy. The local Mission reports foodstuffs from donors are getting tougher to get. They purchased more food last year than in the past, and have also budgeted for more money in 2007 to purchase more food.

Norfolk: Occasionally, suppliers have insufficient resources to meet the demand.

Philadelphia: If needed, food cupboard coordinators decrease the amount of food they give to families instead of turning them away.

Phoenix: Thirty-five percent of the pantries and 8 percent of the kitchens stated that they turned away clients, but the reasons for turning away clients vary: 45 percent of the pantries turned away clients at least once due to lack of food resources. Some turned away clients at least once because the clients were ineligible, or could not prove eligibility. Fifty-eight percent of the pantries turned away clients at least once because the clients abused the program or because they came too often.

Portland: In the past, certain agencies have been forced to curtail the number of times a client could receive a food box from that site or the site has decreased the number of days it is open to serve clients. This has not happened within the last year at Portland emergency food sites.

Salt Lake City: The quantity of food and the number of times families and individuals can access services have remained the same.

San Francisco: This varies among the facilities level of resources. This year, the Food Bank will increase our distribution from 25 to 26 million pounds of food. One out of three (36 percent) St. Anthony Dining Room guests skips a meal or goes hungry once a week or more because of the length of the meal line.

Santa Monica: Most pantries will give less to each individual/family in order to meet the needs of more or maintain the number of people previously served.

Seattle: Food bank consumers who go to a food bank outside their zip code area are given food items and are asked to visit a food bank where they reside. This is done to ensure that there is enough food for families, especially ones with small children, elderly, and/or persons with disabilities, who reside in that particular neighborhood. Also food bank participants are limited to once a week service. Meal programs and food banks try to set out products where clients can "pick out" what they like and/or can use. Donated products are often times very limited. Food banks also try to set out "grab bag area" so that what one family may not like, another may like, or know how to prepare.

St. Paul: Some food shelves have reported periodically decreasing the quantity of food provided because of decreased donations and smaller purchasing budgets.

Trenton: According to Mt. Carmel Guild, we must decrease the quantity, especially at the end of the month when we have large numbers of households requesting assistance.

Fifty-two percent of the cities which have had to decrease the quantity of food report that during the last year emergency food assistance facilities have had to increase further the limit on the number of food bags provided and/or decrease further the number of times families and/or individuals can come to get food.

Among the city officials' comments:

Boston: According to the Food Bank, some programs occasionally limit the number of bags or the number of visits per month as placed in order to ensure that pantries do not run out of food by the end of the month when demand increases.

Chicago: Some Greater Chicago Food Depository food pantries are rationing portions of food to ensure that everyone who needs the food gets at least some, and on some occasions have had to stop their distribution earlier than scheduled when the demand has proved to be greater than the supply of food. However, the Food Depository has expanded its direct distribution of food to individuals and families in high poverty areas.

Denver: A slight increase in the types and amounts of limits has been seen across the city. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: Typically individuals and families are able to get food every 30 days, but exceptions may be made.

Louisville Metro: The rule of four times a year applies to accessing the Distribution Center network. Other resources, such as USDA commodities, are available more frequently.

Nashville: Although Second Harvest has not had to increase the limit, The Salvation Army says that food has to stretch for families, giving a 3-day supply.

Norfolk: Our response is due to the seasonal fluctuations in the availability of food.

Philadelphia: In order to meet the demand, food cupboard coordinators reduce the amount of food in each bag and make adjustments as necessary to serve all those in need. The coordinators avoid turning anyone away and are always looking for other options. Most food cupboards are open at least one day a week and try to serve everyone at least once a month.

Phoenix: The majority of agencies did not report changing guidelines. There have been some isolated agencies that either increased the number of times families could get emergency food assistance or decreased the number of times anyone could access emergency food assistance. These changes were primarily due to demand, but the latter was due to limited resources.

San Francisco: This varies among the facilities level of resources. This year, the Food Bank will increase our distribution from 25 to 26 million pounds of food. For St. Anthony Food Bag Distributions, monthly distributions had to be capped at 1000 household distributions per month due to growing demand and capacity issues. Many households are turned away.

Santa Monica: In order to preserve the number of bags provided, maintain frequency of distributions and the number of individuals served, most facilities have reduced the quantity of food in each bag.

St. Paul: The majority of food shelves have not decreased the frequency of which families/individuals can seek assistance. Most shelves serve families/individuals about once a month.

Trenton: According to Mt. Carmel Guild, unfortunately, we can not give what we do not have. We receive food from the local food banks, hunger grants, USDA, and private donors.

The Quality of Food Provided

Ninety-five percent of the survey cities report that emergency food assistance facilities are able to provide nutritionally balanced food.

Among the city officials' comments:

Boston: The Greater Boston Food Bank serves nutritionally balanced food and has a nutritionist on staff to work with its member agencies. Food provided to seniors is nutritionally balanced. For seniors, Title III home delivered and congregate meals meet one-third of the recommended dietary allowances and federal regulations.

Charleston: There are mass feeding programs in our community but they exist using Crisis Ministries' Food Rescue Program, a small grass roots non-profit serving only the City of Charleston.

Charlotte: A Registered Dietician reviews the bagging list on a regular basis.

Chicago: The Food Depository works to distribute a range of fresh and packaged foods to meet the nutritional needs of seniors, adults and children. As previously mentioned, this organization recently hired a registered dietician/nutritionist to guide acquisition and distribution of healthful foods and to help educate the communities we serve. During FY 2005-06, the Greater Chicago Food Depository distributed 7 million pounds of fresh fruits and vegetables, all geared to raising the nutritional value of the meals for clients of our agencies. The Kids Cafe program provide hot meals that include a USDA-approved allotment of protein, grain, fresh vegetable, fresh fruit and milk to nearly 2,000 children every week.

Cleveland: The supply of food provided is based on guidelines developed by dieticians.

Denver: The most nutritionally balanced foods are provided through Human Services Food Assistance Programs (when utilized appropriately by clients) and Colorado Aids Project. All other providers and agencies strive to supply the best possible foods in a nutritionally balanced way, but reports indicate that there is a shortage of fresh fruits and vegetables--both as donations and funding for this food group. Most donated foods include pastas and other non-perishable foods high in carbohydrates. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: Fruit and vegetables (non-perishable items only) are provided to support nutritional cooking.

Los Angeles: Although most of the food assistance facilities stated that they did provide nutritionally balanced food, it really depended upon the food being donated and several agencies stated that they could not provide food specific for people with diabetes or other special diet requirements.

Louisville Metro: Food distribution is monitored by a registered dietician.

Miami: The indoor feeding facilities usually serve a balanced meal. However, the food banks are usually limited to donations.

Nashville: Generally, agencies are able to offer a balanced meal, with a meat, starch, vegetable or 2 and dessert. Second Harvest provides shelf stable items of the following items: Soup, Fruit, Vegetables, Rice, Canned Beans, Milk, Canned Meat, Crackers, Cereal, Pasta and Peanut Butter. Nashville CARES consults

with a registered dietician from Nashville's local HIV medical clinic to assure the most nutritionally-balanced items are provided. Renewal House has a transitional housing program that serves pregnant women and women with children. It is difficult to find food donations that include perishables such as milk, meat or vegetables.

Norfolk: This is done to the best of each agency's ability, because food is often times donated, agencies can only work with the food options available.

Philadelphia: In Philadelphia, the cupboards provide nutritious food for breakfast, lunch, and dinner. Items include rice, cereal, oatmeal, beef stew, tuna, juice, pasta, beans, canned chicken and beef, dry milk, fruit and vegetables.

Phoenix: Eight-three percent of adult emergency food recipients said they were either "somewhat satisfied" or "very satisfied" with the quality of food they receive from their local emergency food assistance facility.

Portland: Emergency food assistance facilities, who are members of Oregon Food Bank, follow basic guidelines provided by Oregon Food Bank to ensure clients receive nutritionally balanced food boxes. In addition, we ensure that our local agencies offer culturally appropriate foods, as well as being able to address dietary concerns such as diabetes or vegetarianism.

San Francisco: The Emergency Food Box provides a nutritionally balanced, three-day supply of food. The Pantry Program provides supplemental groceries that include fresh produce. A nutritionist regularly reviews meals at the St. Anthony Dining Room.

Santa Monica: Santa Monica facilities rely to a greater degree on food purchases rather than on food donations, therefore allowing for greater quality control.

Seattle: Food programs make a real effort to provide foods that can be used to prepare nutritionally-balanced meals. Several of the meal programs have a nutritionist on site to assist them with meal and menu planning so that the meals meet certain dietary restrictions. Meal programs and food banks pool their funds to make bulk purchases of nutritious foods, such as fruits and vegetables, or other holiday fare, which alone, would not be able to purchase using their own funds.

St. Paul: Nutritionally balanced food is offered. Many food shelves either pre-pack nutritionally balanced food bags or offer clients the choice of picking the products they need from an available inventory.

Trenton: According to Mt. Carmel, this is something that is very important. We make an effort to provide a variety of foods and foods that are nutritionally balanced.

Unmet Need

Estimated Overall Demand for Emergency Food Assistance Which Goes Unmet

An average of 23 percent of the demand for emergency food assistance is estimated to have gone unmet in the survey cities in the last year. The unmet need ranges from 59 percent in San Francisco, 35 percent in Louisville Metro, 25 percent in Los Angeles, 13 percent in Denver, 8 percent in Boston, and two percent in Nashville.

For families alone an average of 18 percent of the demand for emergency food assistance is estimated to have gone unmet in the survey cities during the last year. The unmet need ranges from 35 percent in Louisville Metro, 28 percent in Los Angeles, 15 percent in Santa Monica, 12 percent in Boston, 5 percent in Denver, and two percent in Nashville.

Among the city officials' comments:

Boston: There are few prepared or cooked meal sites that are open to families. As a result, there is more food insecurity for families with children than for elders, people with disabilities or the homeless.

Cleveland: Families with children generally have their needs met through the combination of food stamps and the once a month assistance from the food pantries. Those needing a more frequent distribution of food are most often homeless single adults. They are able to access hot meal programs.

Denver: Many providers reported having increased access to food giveaways for families with children. Hot meals served in the city were not impacted by the household composition. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Louisville Metro: This is a difficult gap to quantify at this point. Many factors come into play that cause a failure by potential clients to access needed services. Using federal definitions of food insecurity, the Dare to Care Food Bank looks at census information and overlays its statistics on those. According to those numbers, 176,610 citizens in Jefferson County are at risk of suffering food insecurity. Local results for Hunger in America 2005 indicate that the Dare to Care Food Bank network serves 115,000 different clients annually, representing 65 percent of the total USDA at risk figures.

Nashville: The Salvation Army was the only agency reporting unmet demand, at 7-8 percent only if they are over their limits or specialized food needed- have to make referrals.

Philadelphia: Forty-two percent of the 168 cupboards surveyed said the need for emergency food assistance will greatly increase during 2007. In order to meet this increased demand, coordinators felt they would need about 40 percent more in food resources.

Portland: We are unable to identify the unmet need in Portland. We could hypothetically assume that there are many limited resource community members who are unaware of services available to them. It is impossible to estimate the percentage of this population.

San Francisco: · 59 percent of St. Anthony Dining Room guests experience hunger once a week or more due to difficulty obtaining food. St. Anthony Dining Room does not serve many families with children as many children are in school/daycare during St. Anthony’s lunch time meal service. Additionally, they are identified as a “priority population” and St. Anthony Social workers assist families to more stable food and housing sources whenever possible.

Santa Monica: Pantries are reporting unmet need.

Seattle: This information is not formally tracked by food banks and meal programs.

St. Paul: Statewide only about 14 percent of children who receive summer lunches are also enrolled in free and reduced lunch programs. The inferred 86 percent gap is speculation at this point.

People Turned Away

Twenty-six percent of the cities report that emergency food assistance facilities may have to turn people away in need because of lack of resources; 74 percent report that they do not.

Among the comments from the city officials which may have turned people away:

Boston: Food pantries do not have data to respond definitively to this question. There are no waiting lists for any congregate lunch sites or home delivered meals.

Charlotte: Loaves & Fishes has not had to turn anyone away in 31 years of operating.

Chicago: The Greater Chicago Food Depository reports that some organizations have not been able to fill all requests. This, however, has been minimal. The Greater Chicago Food Depository works with their food agencies to help them manage their resources to ensure that no one is denied the food he/she needs.

Cleveland: Some recipients need more than a 3-4 day supply of food each month, primarily those without food stamps.

Denver: People are generally not turned away, but the amount received is sometimes less than at other times of the month. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Detroit: They have had to decrease the number of times a family and/or individual can receive food assistance due to the increase.

Los Angeles: Although a majority of the facilities surveyed stated that they did not have to turn people away, about a third stated that they did have to turn people away. Others stated that they provided less food so that they could give to everyone present.

Louisville Metro: The reduction in USDA commodities provided to this community has required some denial of client requests for this product. Agencies have been able, however, to replace the commodities with another product though not always of comparable value and quality.

Nashville: Some agencies report that some people are turned away requesting specialized food for diet, or lack of proper ID required by Second Harvest.

Philadelphia: Coordinators avoid turning people in need away at all costs. If a families food needs are not adequately met due to available resources, they leave the cupboard with some food and the offer to return as needed.

Phoenix: Twenty-six percent of the pantries and 17 percent of the kitchens indicate that they sometimes or always had to stretch food resources.

Portland: Oregon Food Bank conducts annual site monitoring for all member sites. One of the questions asked each year is whether or not the agency has had to turn anyone away due to a lack of food. The answer is consistently “no”. There are times where agencies are unable to provide the variety of product they wish to supply to recipients, but the sites are required to provide a minimum of three days of food supply. Emergency allocations are made if agencies are unable to fulfill this minimal guideline.

San Francisco: SF Food Bank: Occasionally, agencies do not have enough bags of groceries or meals for the unexpected number of people waiting in line. For St. Anthony Food Bag Distributions, monthly distributions had to be capped at 1000 household distributions per month due to capacity issues. Many households turned away. One out of three (36 percent) of guests skip a meal or go hungry once a week or more because of the length of the St. Anthony Dining Room line.

Santa Monica: In order to meet the need of a larger segment of the population, many facilities may follow stricter poverty guidelines.

Seattle: Meal programs and food banks try to serve everyone that comes to their program for assistance.

St. Paul: We are not aware of anyone seeking direct assistance being turned away by emergency facilities

Trenton: According to Mt. Carmel Guild, we do not have to turn people away.

Exemplary Programs

Among the comments from the city officials on an exemplary program or effort underway which prevents or responds to the problems of hunger.

Boston: The Medical-Legal Partnership for Children Food Stamp Application Assistance Project
The Medical-Legal Partnership for Children (MLPC) at Boston Medical Center promotes children's health and well-being by ensuring that their basic needs--including housing, food, and education--are met through partnership between pediatricians and lawyers. MLPC combines the strengths of law and medicine to address non-biologic factors (food, housing, education, and safety) known to influence child health.

In February 2004, with support from the U.S. Department of Health and Human Services and State Street Bank, MLPC initiated a weekly Food Stamp Application Assistance Clinic (the “Clinic”) in conjunction with BMC’s on-site Food Pantry. The BMC Food Pantry serves populations at BMC that are at high risk for hunger, including children and families, the elderly, and chronically ill and disabled individuals. It

serves approximately 3,500 people per month.

The MLPC Food Stamp Application Assistance Project was developed in response to a survey of Food Pantry participants, which revealed that while over 60 percent (or over 2,000) of Food Pantry clients were at or below the federal poverty level and potentially Food Stamp-eligible, only about 10 percent (or 350) were actually receiving Food Stamps.

K was referred to the Clinic by the BMC WIC Office. K has 4 children, ages 12mos – 15 years, and works in the hospitality industry full-time. She was struggling financially but did not think that she would be eligible for any assistance because she was working. MLPC counseled her, screened her for Food Stamps, submitted her application, and she is now receiving \$282/month in Food Stamps. Her Food Stamp receipt means that she is eligible for a low-income discount on her utilities, which helped her zero out an arrearage.

Overview of Activities:

Since 2004, MLPC staff has screened hundreds of eligible families, offered hundreds of consultations, and offered intensive application assistance to over 300 families. In 2006, MLPC secured over \$60,000 in total food stamp benefits for pediatric patient-families. MLPC has trained over 75 health care providers about Food Stamps. MLPC created a report summarizing findings about specific system problems and shared it with the media and the Department of Transitional Assistance. BEST PRACTICE – MLPC recruits, trains and mentors pro bono attorneys to handle Food Stamp cases.

Policy Implications:

MLPC estimates that approximately 50 percent of failed applications are a result of the administrative disincentives presented by frontline workers. MLPC has a unique perspective into the application process and the strategic levers for change.

MEDICAL-LEGAL PARTNERSHIP FOR CHILDREN

Raising the bar for child health
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F 617 414 3629

www.MLPforchildren.org

Charleston: WINGS develops strategies, practices and materials for social and emotional learning to take place within after school programs. Our flagship program is at Memminger Elementary School right in the middle of downtown Charleston. It serves 120 kids every day; almost all come from economically poor families. At WINGS our kids get help with their homework, participate in a variety of fun activities like dance, history, music, computers, reading and writing, etiquette, science, games like chess or visual and verbal puzzles, art, sports, photography, etc.

Food is also a very important part of WINGS. Our goal is to teach kids and parents the value of good nutrition and exercise. We always have games and activities to teach these values. Examples include our

Sports Café where kids learn about making healthy shakes, jazzercise, running club, microwave cooking and gardening.

In addition to teaching our kids, we feed our kids! Every day they get a nutritious snack at the beginning of WINGS and at the end of the day Wing Mart, stocked with snacks, is open for business. Wing Bucks are the only currency kids can use at Wing Mart; they get this “money” as a reward for doing well in our homework centers. This is our way of making sure our kids don’t go home hungry.

WINGS has received lots of recognition including:

- The field’s pre-eminent journal, *New Directions for Youth Development*, showcased WINGS in a January 2006 article titled “Giving Youth the Skills to Succeed.”
- WINGS has been recognized as a “best practice” by: The Academy for Educational Development (Washington, DC); the founder of the National Institute of Out-of-School Time (Wellesley College), and the National Association of Elementary School Principals.
- Scholastic Magazine (April 2005) featured WINGS as one of the most innovative and high quality programs in the United States.
- Charleston Magazine and the Coastal Community Foundation (Charleston, SC) named WINGS the outstanding nonprofit organization of 2006 for “exceptional efforts” to serve the community and partner with other programs.
- Yale University research indicated that WINGS increases attachment to school and decreases misbehavior, major factors for success in and out of school.

For more information about WINGS – www.wingsforkids.org

Chicago: During 2001, produce delivery to neighborhoods in need expanded as the Greater Chicago Food Depository launched the Produce Mobile. With food distribution needs rising, a second Produce Mobile took to the streets of the city in 2005. These brightly colored, beverage-style trucks take donated fresh fruits and vegetables directly to hundreds of hungry people across Chicago on a weekly basis. Many of these individuals live in areas where produce is difficult or costly to obtain. The Produce Mobiles enhance our mission while streamlining the delivery process and reducing the strain on member agencies to secure transportation. In addition, Produce mobile allow for a decrease in collection and distribution time, while increasing the amount, variety and nutritional value of food assistance available to hungry people in Chicago and greater Cook County.

Denver: The federal school lunch program has been noted by agencies who replied to the survey because it ensures that one of the most vulnerable populations will be fed and it is broad based. There are several other notable programs in this city that include: Emergency food boxes, travel lunches and sack lunches for those employed or on work-searches, grocery gift cards for special diets (i.e.: diabetes) and emergency food vouchers for families and individuals in temporary crisis, fresh produce availability and hot meals served. There have been increased efforts through private and public Outreach teams and partnerships to ensure that people at risk are well-educated in regard to the many locations where they may receive assistance and they are provided the means to access services. There has been an enormous response within the community to support Denver's Road Home (the Ten-year Plan to End Homelessness in Denver).

Des Moines: The Des Moines Public Schools Summer Food Service Program addresses the need for nutritional meals when school is not in session by offering free meals to ALL children 18 years of age or under residing in the areas served by Des Moines Public Schools. There are 29 locations; all sites serve lunch, some sites serve both breakfast and lunch. Another successful program is our Community Gardening Coalition which is facilitated by our Parks Department. Because the purpose of the community gardening project is self-sufficiency, major activities have included building 120 raised-bed gardens in six low-income neighborhoods and creating nine edible landscapes, including fruit tree orchards, at central city neighborhood-based institutions.

Louisville Metro: Yum! Brands continues to offer year-end shared maintenance rebates to Dare to Care Food Bank network members who have complied with reporting requirements. This is the only rebate program in over 200 food banks across the country belonging to the America's Second Harvest Food Bank Network.

The Kroger Company works with Dare to Care provides a Check out Hunger program allowing its customers to donate at the cashier an amount that directly buys food for clients in need of emergency assistance.

With an expansion grant from Wal-Mart, the Dare to Care Food Bank Backpack Buddy program, now in its third year, has expanded to 15 schools serving nutritious snacks to 750 elementary school students each weekend during the school year.

Patrol Against Hunger, the only program of its kind in the country, is a collaboration of Dare to Care Food Bank and Metro Police where beat officers identify homebound seniors at risk for food insecurity and deliver a 30 pound box of nonperishable food to the senior each month. Nearly 200 seniors are currently served in this program.

Miami: The city's 24 hour. outreach program along with a state of the art 500 bed homeless assistance center and our new indoor feeding program ensure that most of the city's homeless are sheltered and fed.

Nashville: Second Harvest has many programs that address hunger every day for different needs.

- Senior Helpings: We have a collaborative grant with three non profit agencies that pays for the food and transportation. With these dollars every month 150 senior households receive food and personal care items. This allows them more money for medicines, insurance, etc.
- Kids Café and Backpack Program: We collaborate with several community centers and children's programs to provide breakfast and dinners as well as food for the children to take home. If we want children to succeed we must provide nutritional foods so that they can learn better.
- Community Kitchen provides job training for men and women from low income or at risk backgrounds. We give them the skills to get a job. The first graduate now works at Second harvest Food bank. We have placed graduates of this program at Centennial Hospital and Senior Citizens. This is true success story of Welfare to Work.
- Nashville's Table picks up perishable food items every day and distributes to non-profit agencies. We collect approximately 90,000 pounds of food a month that would normally be discarded.
- Rural Delivery Program delivers food to 23 centralized locations in our service area. Allowing for easy access to non profit agencies to receive and distribute food.

Nashville CARES- Our food bag program is currently available to any client who presents a need for supplemental food sources. Our home delivered meal program assists clients who have difficulty with daily meal preparation due to frailty and chronic illness. We also have a specially designed food bag for clients who are homeless and/or have no access to cooking facilities. The bag is made entirely of food items that can be open without a can opener and eaten without cooking.

Norfolk: Kids Cafe: Hot nutritious meals provided with existing after school programs [i.e. Boys and Girls Clubs, YWCA, Church programs, etc.] prior to children going home in the evenings. Last year, over 220,000 hot meals were served.

Philadelphia: The SHARE Food Program provides healthy, nutritious food for an affordable price. The program is designed so that a family contributing \$16 and two hours of their time can receive food valued at \$35-\$40. The food package includes meat, fresh fruits and vegetables, and staple items. Families can use food stamps and Farmers Market Nutrition checks between June and November to can purchase fresh produce. The SHARE Food Program also has a volunteer component; through purchasing a food package, the community can participate in a meaningful way.

Phoenix: Representative Pete Hershberger, District 26, sponsored HB 2714 in the 2006 legislative session to expand and create state funding for the Arizona Farmers Market Nutrition Program as a year-round voucher program that would allow women and children enrolled in WIC, and seniors enrolled in Food Plus or Tribal Meals for the Elderly to shop for locally-grown fresh vegetables and fruits at targeted Farmers Markets around the state. It is an important opportunity to increase access to healthy foods for vulnerable people while supporting Arizona's family farms and farmers markets.

The bill passed the House of Representatives but was not heard in the Senate. Community Food Connections is preparing to continue efforts to get funding for this program in 2007 General Program Information.

The Arizona Farmers' Market Nutrition Program (AZ FMNP) is a program that was launched in May 2002. The program goals include: Increasing fruit and vegetable consumption among low-income women and children; and, supporting local farmers' markets.

Arizona growers and Farmers' Markets were selected to participate in the fourth year of the program from March 2006 through September 2006. The program provided opportunities for Authorized Growers to sell their fresh locally-grown fruits and vegetables at approved farmers' markets throughout the state during these months.

Participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) will receive a \$30 booklet of checks (10 checks in \$3 allotments) to use to buy locally-grown produce at Approved Markets around the state. Approximately 8,000 WIC clients will receive AZ FMNP checks during the 2005-06 seasons.

AZ FMNP is administered by the Arizona Department of Health Services, Office of Nutrition Services, in collaboration with the Association of Arizona Food Banks, Community Food Connections, and Inter Tribal Council of Arizona, Inc. Funding for the program is provided by the Arizona State Legislature, the Nina Mason Pulliam Charitable Trust and the U.S. Department of Agriculture. Supporting partners for the program include the Arizona Department of Agriculture, the Arizona Department of Economic Security, the University of Arizona Cooperative Extension and Arizona's farmers' markets and growers.

Portland: An exemplary program in Portland which responds to the problems of hunger is the Portland/Multnomah Food Policy Council. The Food Policy Council is a citizen-based advisory council to the City of Portland and Multnomah County. The Council brings citizens and professionals together from the region to address issues regarding food access, land use planning issues, local food purchasing plans and many other policy initiatives in the current regional food system.

San Francisco: The Food Security Task Force (FSTF) is a body that was established by the city's Board of Supervisors to provide guidance on ways and means to increase participation in programs, and to provide the Board with advice and assistance concerning funding priorities, legislative actions, and city policies addressing hunger and enhancing the food security of San Francisco residents. Comprised of representatives from city human services organizations, local government, non-profits and community members the Food Security Task Force has developed a list of actions for the Board of Supervisors to take in order to address hunger in San Francisco. Members of the Food Security Task Force have already secured a \$1 million federal grant to increase access and participation in the Food Stamp Program.

Increased Enrollment in Food Stamps: California leaves \$1 billion of Federal funding on the table each year for Food Stamps. Food Stamps allow low-income people to purchase food or eat in local restaurants, increasing food security. Twenty-two percent of Dining Room guests already receive Food Stamps, and 30 percent are ineligible because they receive SSI. As many as half our guests could be eligible for Food Stamps. Solution: Streamline enrollment process for Food Stamps, helping every Californian who is eligible to receive them.

Food Stamps in a Day: This streamlining has already begun locally with St. Anthony's collaboration with the San Francisco Food Stamp Office for monthly "Food Stamps in a Day" events. At these events, applicants can quickly determine if they are eligible for food stamps. Upon approval, they can pick up their electronic benefit card (EBT) as soon as the following day. Approximately 162 applicants (75 percent of participants) have been approved to receive food stamps at the four events held so far. St. Anthony's is working with the city's Food Stamp Office to expand these programs to take place on a weekly basis.

Santa Monica: The Westside Food Bank provides approximately 30 Westside agencies (21 of which serve Santa Monica families and individuals). The Food Bank is able to turn every dollar donated or granted into five pounds of food. This translates into 1.6 million pounds annually, in Santa Monica.

Seattle: OPERATION: Sack Lunch has been serving the food insecure community in Seattle since 1989.

In March of 2006 OPERATION: Sack Lunch was able to realize a long time goal and formalized a career training, paid internship, and program for homeless individuals, called OCCUPATION: NextStep.

With the serendipitous arrival of Chef Paul, a Hurricane Katrina evacuee, OCCUPATION: NextStep opened its "doors" for five interns. Chef Paul worked as a pastry specialist for 22 years and lost everything he had in the storm, yet he found a passion to change the lives of those considered by society to be an "invisible population.

The pilot program--OCCUPATION: NextStep--is designed to train homeless individuals not to just get a job in a kitchen, but to gain the skills necessary to attain a sous-chef, pastry chef, or culinary chef status, guaranteeing a more livable wage.

All interns are paid \$12.50 an hour while they attend the 26-week intensive internship and additional 26-week apprenticeship. The first six months are spent in the classroom and the lab learning the skills of the

profession, and the second six months focus on self-esteem, re-integrating into the work force, and practice, practice, practice.

If the pilot proves successful and OPERATION: Sack Lunch can continue to find funding for this program, staff plan to extend the career training internship into other fields such as computer technicians, welding, office management, and other career areas as OPERATION: Sack Lunch develops partners in the greater community.

The first graduates passed the final exam last week and have moved into the apprenticeship phase. Currently, OPERATION: Sack Lunch is screening for the next five interns.

St. Paul: Merrick Community Services Emergency Services Program is dedicated to connecting families and individuals with community resources to help eliminate long-term causes of hunger. They operate two food shelves on St. Paul's east side as well as numerous grocery and meal distributions to seniors and a Kids Café which provides meals to hungry children.

Trenton: The local food bank has expanded their facilities in order to increase the capacity for USDA foods etc. This is a help to all the local food pantries.

City Data on Hunger

City	Percent Increase in Demand for Emergency Food	Percent Increase for Families' Demand for Emergency Food	Percent Requesting Emergency Food Assistance as Members of Families with Children	Level of Resources	Food Assistance Facilities Provide		Are People Being Turned Away	Percent of Need Unmet
					Adequate Quantity of Food	Nutritionally Balanced Food		
Boston	14	10	80	Increased	No	Yes	No	8
Charleston	0	6	22	Stay the Same	Yes	Yes	Yes	0
Charlotte	12	na	0	Increased	Yes	Yes	No	0
Chicago	3	3.30	47	Stay the Same	Yes	Yes	No	0
Cleveland	0	-5	48	Decreased	Yes	Yes	Yes	0
Denver	16	16	31	Decreased	No	No	No	13
Des Moines	na	24	43	Stay the Same	No	Yes	No	0
Detroit	0	na	0	Decreased	No	Yes	Yes	0
Kansas City	0	-45 to 52	45.3	Stay the Same	Yes	-	No	0
Los Angeles	25	28	48	Stay the Same	No	Yes	No	25
Louisville Metro	4	14.6	78	Decreased	Yes	Yes	No	35
Miami	-3	-5	18	Increased	Yes	-	No	0
Nashville	8	na	55	Stay the Same	No	Yes	Yes	2
Norfolk	8	8	0	Stay the Same	Yes	Yes	No	0
Philadelphia	18	23	96.2	Increased	No	Yes	No	29
Phoenix	29	5	29	Stay the Same	Yes	Yes	No	0
Portland	na	na	51	Decreased	No	Yes	No	0
Salt Lake City	7	8	69	Increased	Yes	Yes	No	0
San Francisco	0	na	3	Decreased	No	Yes	Yes	59
Santa Monica	5	5	67	Stay the Same	No	Yes	Yes	10
Seattle	6	-1.62	25	Increased	Yes	Yes	No	0
St. Paul	0	10	50	Decreased	Yes	Yes	No	0
Trenton	na	5	45	Increased	No	Yes	No	0

Homelessness

The Demand

Emergency Shelter Requests

Sixty-eight percent of the survey cities report an increase in requests for emergency shelter during the last year. The number remained the same in Portland and Seattle. Cleveland, Kansas City, Philadelphia and San Francisco had a decline in the number of requests for shelter during the last year.

Across the survey cities, the average increase was 9 percent. The increases ranged from 43 percent in Louisville Metro, 30 percent in Los Angeles, 28 percent in Trenton, 18 percent in Denver, 14 percent in Des Moines, 9 percent in Nashville, and 13 percent in Chicago.

Among the comments from the city officials on the number of people requesting emergency shelter:

Boston: There continue to be more individuals in search of emergency shelter than there are beds in Boston. It is estimated that seasonally there are as many as five persons for every four beds for individual adult shelters. The most recent tracking report for family shelter by the State Dept. of Transitional Assistance showed that 44 percent of applicants for family shelter were denied for categorical reasons.

Charleston: In the early fall; Eastside neighborhood associations began patrolling the streets. People found loitering on the streets were asked to move along, if they had no place to go they were being faced with the choice of arrest or local shelters. Crisis Ministries, the only barrier free shelter in the City, saw increases of 15 percent over this period. Over the year, however, there was a sustained increase of 7 percent.

Chicago: The number of people requesting emergency shelter has increased by 3.3 percent during the past year according to statistical reports prepared by CDHS shelter providers.

Cleveland: Most smaller shelters continue to operate at full capacity. The two primary shelters for men and women, which do not turn anyone away, have shown small decreases in demand over the past year.

Denver: There is an incredibly high rate of mortgage foreclosures in the Denver area this year (fifth highest in the nation) and there have not been enough shelter beds for single women needing emergency housing. Denver Department of Human Services assists in supplementing this gap in services by providing emergency short-term shelter through a motel voucher program. Several plans for increases in beds for single women within the shelter system are slated to be completed by spring of 2007. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: According to the Iowa Council on Homelessness/Iowa Statewide Homeless Survey approximately 21,280 Iowans were homeless in 2005/2006 an increase of 2,688 people. In addition, it is estimated that 40 percent of homeless adults and children had a mental health, substance abuse, or disability issue.

Kansas City: According to the Homeless Services Coalition of Greater Kansas City, the city experienced a 13 percent decrease in requests by single women and families, and a 7 percent increase in requests for shelter from single men. The to the Hotline for the Homeless, operated by the City Union Mission, the total number of women and families requesting shelter through the shelter system for the current year was 4,050, a 13 percent decrease from the previous year's total of 4,660. However, the total number of men seeking shelter at City Union Mission men's emergency shelter increased by 7 percent.

Louisville Metro: Because the shelter system tracks only families served, not those turned away, for the last few years Louisville has used data from its HUD-funded Homeless Response Team as a measure of people requesting emergency shelter. The team takes referrals from the emergency shelters and through the Neighborhood Place one-stop service sites. The families and individuals seen are either homeless or on the brink of becoming homeless.

For the period of October 2005 through September 2006, the Homeless Response Team reported an increase in the number of homeless assessments. As opposed to the decrease seen in the prior year, this year's increase is due primarily to higher utility costs and lack of affordable housing. The number of assessments for families increased from 186 to 337 (or 45 percent) and for individuals increased from 84 to 125 (or 33 percent). Using an average family size of three people, the total number of individuals and families requesting services has increased from 642 to 1136 or 43 percent. These individuals and families receiving homeless assessments are persons who are not in emergency shelters, either due to lack of shelter space or other barriers that prevent them using a shelter. The assessment team's goal is first to prevent eviction if a client is in an acceptable housing situation, or if the client is already homeless to get the get the family or individual into transitional or, preferably, permanent housing.

Miami: Please note that we show a slight decrease do to the previous year's unusually high requests for assistance because of the hurricanes we had.

Nashville: This is an average from the larger shelter programs.

Norfolk: Calls seeking shelter have increased by approximately 10 percent, this is consistent with the point in time count in which the number of homeless persons increased by approximately 10 percent.

Philadelphia: In response to reduced shelter capacity, for this first time Family Intake facility's case management staff has been assisting families to "make their own arrangement" and divert families from entering shelter whenever possible through contacting extended family and exploring other housing options. Short-term follow-up case management services are provided to all.

Phoenix: Shelter demand is measured on a regional basis through calls made to a central shelter referral service (CONTACTS) and through the regional HMIS data system which provides data for 75 percent of the county bed coverage.

Portland: Portland: Due to a number of factors including data base conversions, HMIS participation and HMIS implementation statuses, we do not have a city wide count of people who request emergency shelter. We look at an annual count of persons who are sheltered on a specific night during January. In 2005 the count was performed January 26 where 2752 individuals received shelter and 1020 were turned away in 2006 the numbers reported were 1872 receiving shelter while 664 were turned away. These changes are due in part to several new rent assistance programs and wait list case managers.

Salt Lake City: Data from The Road Home, the largest shelter in Utah, show that a total of 5,389 unduplicated persons were either staying in the shelter or were on wait lists for fiscal year 2006. By

comparison, the unduplicated total for those staying in the shelter and on wait lists was 4,951 persons for fiscal year 2005. This is an 8 percent increase from the previous year.

San Francisco: The total number of people requesting emergency shelter in the single adult shelter system of the city has decreased by 5.31 percent.

Santa Monica: According to anecdotal data provided by service providers, there has been a recent influx of people into Santa Monica from other parts of Los Angeles County. This has resulted in an increase in demand for services including emergency shelter placement.

Seattle: We are unable to determine the number of unduplicated persons turned away because there is no centralized intake for shelter in our community. We expect to address this through the enhancement of our region's HMIS.

St. Paul: The increase of homelessness is documented by the longitudinal study of intakes at the various shelters in St Paul. It is based on counts of unduplicated individuals.

Trenton: According to MCBOS, they are averaging 43 applications in 2006 per month for Emergency Assistance.

Emergency Shelter Requests by Families

Requests for emergency shelter by homeless families with children increased in 59 percent of the survey cities during the last year. Charleston, Cleveland, Portland and Seattle reported that the number of requests by homeless families remained the same. Kansas City, Philadelphia and Phoenix said that the number declined.

Across the survey cities, the average increase in requests for emergency shelter by homeless families with children was 5 percent. The percentage of increased requests ranged from 28 percent in Boston, 20 percent in Los Angeles and Nashville, 15 percent in Trenton, 10 percent in Denver, Norfolk and San Francisco, and one percent in Chicago.

Among the comments from the city officials on requests for shelter by homeless families with children:

Boston: Boston's one night point-in-time census last December 19th showed a substantial increase in the number of men, women and children in families in family shelter, from 1906 the prior year to 2425. Advocacy to overcome barriers to shelter access and a restoration of eligibility from 100 percent of poverty to 130 percent of poverty accounts for this increase. It should be noted that even households with income eligibility for Emergency Assistance family shelter at 130 percent of the federal poverty guideline (\$24,500/year for a family of four) are far from earning sufficient income to afford market rate housing, pay their utilities, and access adequate health care and childcare without housing assistance supports.

Charleston: The number of families increased last year and that number has remained steady throughout this year. The Family Center at Crisis Ministries reports being at capacity 98 percent of the year in spite of a new shelter opening in North Charleston for women and children. A shelter in Dorchester County has expanded capacity for families and is located in a suburban bedroom community. The city would have

predicted that both of those shelters would ease the demand for emergency beds inside the city but they have had no effect on the Family Center census.

Chicago: The number of families with children requesting emergency shelter in Chicago has increased by 1.2 percent during the past year according to statistical reports prepared by CDHS shelter providers.

Denver: This information is based upon number and frequency of calls received through family centers and crisis lines. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Kansas City: The number of families with children requesting shelter was 827 families, a decrease of 195 from the previous year.

Louisville Metro: The number of Homeless Response Team assessments for families increased from 186 to 337 (or 45 percent) over the previous year.

Miami: Please note that we show a slight decrease due to the previous year's unusually high requests for assistance because of the hurricanes we had.

Norfolk: Calls seeking shelter have increased by approximately 10 percent; this is consistent with the point in time count in which the number of homeless persons increased by approximately 10 percent.

Phoenix: The number of calls within the region dropped from 8,295 families in 2005 report to 6,894 this year.

Portland: Similar to the issues mentioned above. We look at an annual count of persons who are sheltered on a specific night during January. In 2005 the count was performed January 26 where 1720 household received shelter and 451 were turned away; in 2006 the numbers reported were 2840 receiving shelter while 353 were turned away. These changes are due in part to several new rent assistance programs and wait list case managers. Our HMIS reflects a small decrease in children seeking services, however our best estimates indicate demand may have increased.

Salt Lake City: This information was provided by The Road Home, Utah's largest provider of shelter for homeless persons. It includes each family who signed up on the waiting list during the year, as well as those who were able to get a room in the Family Shelter.

San Francisco: The wait list of families needing to access shelter held by the centralized intake agency experienced an average increase of 8-10 families.

Santa Monica: There has been an influx of calls from other social service agencies around the county asking for assistance in placing families. An example is INFO Line (211) emergency service center. Los Angeles Homeless Services Authority's (LAHSA) outreach also calls and refers families to local agencies.

St. Paul: The data comes from the on-going nightly study of shelter users and their problem profiles. The percentage is based on counts of unduplicated individuals.

Trenton: According to MCBOS- Housing is unaffordable. There was an increase in families becoming homeless due to violence by either a family member or gang related.

Length of Time People Are Homeless

People remain homeless for an average of 8 months in the survey cities. The average length of time people remain homeless is 22 months in Trenton, 12 months in Charleston, Kansas City and Salt Lake City, 6 months in Denver, Des Moines, and San Francisco, 3 months in Phoenix, 2 months in Salt Lake City, and one month in Los Angeles.

Thirty-two percent of the cities report that the length of time people are homeless increased. Forty-two percent report a decrease.

Among the comments from the city officials on the length of time people are homeless:

Boston: The City of Boston, the Metropolitan Boston Housing Partnership, our Regional Housing Non-profit and a multi-agency partnership emphasizing homelessness prevention have worked hard to keep hundreds of families out of shelter. Among agencies serving individuals, an emphasis on ending homelessness among long-term street dwellers and shelter residents is beginning to result in a small decrease in the average length of shelter stays. However, the greatest single factor in shortening lengths of stay is the availability of rental housing assistance in the form of subsidies. Limited availability of such subsidies continues to result in shelter stays for more than one year for far too many persons.

Charleston: Many of the individuals seeking shelter are disabled but are not receiving any mainstream benefits. Social workers walk homeless clients through the process and find pro bono legal council to assist individuals to gain income when they are unable to work. This is a long process. In all cases, individuals have no choice but to remain in the shelter while they wait for cases to be settled.

Chicago: By comparing CDHS Annual Reports for FY 2005 to FY 2006 Homeless Services and Prevention Programs, the average length of stay in a homeless program (includes overnight, transitional, interim and second-stage) decreased from three months to 2.3 months, overall.

Cleveland: For single men and women, the length of stay has been decreasing because of a greater emphasis on moving people to transitional or permanent housing.

Denver: This has slightly decreased for people experiencing first-time homelessness, but it has stayed the same for individuals who are chronically homeless or episodically homeless. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: Approximately 7 percent of our homeless are chronically homeless.

Detroit: Due to the lack of housing stock and affordable housing, emergency shelters stays are longer.

Kansas City: Case managers in Kansas City report that the average length of time people are homeless has not changed over the last year.

Los Angeles: Although the length varies from agency to agency, the average length of time people remain homeless is one month. However, there were some agencies that reported clients stating that their length of time was between 6 and 8 months.

Louisville Metro: There is a waiting list for Section 8 housing and also a waiting list for Shelter Plus Care and TBRA slots. Until recently, Public Housing had also maintained a substantial waiting list due to: residents remaining in their apartments for longer periods of time; a new HOPE VI project; increased foreclosure rate on homes; and lack of affordable rental housing units.

Miami: This is not something we track, however the Miami-Dade County Homeless Trust which heads our local Continuum of Care, has a policy that no family with children will be left on the streets. If shelter beds are not available they will be placed in a hotel.

Philadelphia: Last year, 40 percent of clients stayed in shelter for less than 6 months, 42 percent of clients had shelter stays between 6-12 months, and 18 percent had stays of 1 year or longer. For this year, 53 percent of clients stayed in shelter for less than 6 months, 35 percent had shelter stays between 6-12 months; and 12 percent of clients had stays of more than 1 year.

Phoenix: The number of people experiencing homelessness in the region for 1-3 months increased to 14 percent this year compared to 10 percent last year. People reporting homelessness longer than 3 months increased from 8 percent to 13 percent during the same period.

Portland: We do not track length of homelessness systematically; however, we do track length of time served. In the homeless family system, the length of time served is 4.33 months same as 2005. In the homeless youth system, the length of time served is 7.33 months down from 7.83 in 2005. Using this as a proxy measure for length of homelessness, our community has experienced a decrease in time.

Salt Lake City: The average length of stay, which is the most accurate measure available for length of time of homelessness, was 59 days in both fiscal years 2005 and 2006 for all populations at The Road Home, Utah's largest provider of shelter.

San Francisco: On average families spent less time on the wait list prior to shelter placement and less time in shelters prior to exit, slightly decreasing the length of time of homelessness.

Seattle: Based on data collected with respect to the average length of current episode of homelessness, there has been a slight overall shift towards shorter term episodes of homelessness. Episodes lasting 12 months or more decreased by 3 percent and episodes lasting less than 12 months increased by 2 percent.

St. Paul: The number of people staying a week or less is down marginally in St Paul. Those staying up to 2 weeks in shelter are up marginally, and the number of those using shelter more than 30 days is up significantly.

Trenton: According to MCBOS, the clients receiving Emergency Assistance due to welfare reform measures are less capable of sustaining permanent housing. We see more mentally ill and substance abuse clients than previously. According to Adult & Family Services, it is difficult to locate housing which is decent, safe, and affordable for individuals and families.

Case Studies of Homeless Families and Individuals

The city officials were asked to describe the conditions faced by an actual homeless family or individual in their city. Following are **brief case studies of homeless families and individuals**:

Boston: In May, Mayor Thomas Menino launched a new “housing first” initiative to assist elders living without shelter in obtaining housing and case management with funding from Citizen’s Bank Foundation. Mr. J. is an 80 year-old male who has been living on Boston’s streets in the neighborhood where he was born and raised for the past 6 years. He is a well-recognized community character known for his gregarious nature. He receives social security retirement benefits and Medicare, but has had difficulty securing appropriate subsidized housing due to his transience, which has caused him to miss application and interview deadlines. He found overnight shelter predominantly in the Automatic Bank Teller vestibules of three or four banks in the community, with a night’s sleep usually interrupted by customers or being moved from one bank to another by security staff. Staff of the city’s Emergency Shelter Commission and an outreach caseworker from an elder homeless agency made repeated appeals in order to keep his case active with the local housing authority. Due to his advanced age Mr. J was a priority constituent for the Mayor’s Elder Street Homelessness Initiative. A coordinator from the Emergency Shelter Commission served as a connector between outreach providers and the Boston Housing Authority on Mr. J’s behalf. Collaborative coordination of case management, advocacy, and appeals enabled him to obtain senior assisted housing through the Boston Housing Authority after six years both on and off the waiting list and on and off the streets. The Mayor’s leadership has heightened citywide awareness of a growing number of elderly persons living without shelter on the streets of Boston.

Charleston: Jerry McKoy has an engaging personality. He speaks fast with confidence and authority. The military honed those skills. Jerry was stationed at Fort Bragg, North Carolina. He made Sergeant rank in 19 months and served active duty for four years. For three years, he served in Europe, acting as the noncombatant evacuation operations head for his battalion. He completed 2 years in the reserves before entering the civilian workforce. Jerry quickly climbed the employment ladder as well, rising to site supervisor in charge of 70 security officers at a Fayetteville hospital. Life at home was also going well. He had a “family,” as he puts it, “a wife and kids with three cars and a home we owned.” Over the next several years, Jerry’s battle with drugs and alcohol would cause him to lose everything. By mid-2005, Jerry’s self-destruction was “totally out of hand.” His wife divorced him after 11 years of marriage. His relationship with his children crumbled. He lost everything but a truck given to him by a family member. He drove to Myrtle Beach and spent nearly four months living out of his vehicle.

It took a long time for Jerry to become homeless, but his “moment of clarity” came in an instant. One morning, he drove to the beach and went for a swim. He says during that morning swim, it became clear that he’d had enough.

Jerry drove straight to the Myrtle Beach VA clinic. But, the clinic was closing. The receptionist directed him to the Ralph Johnson VA Medical Center in Charleston. “I only have \$4,” he told her. She asked him to wait while she took up a \$75 collection from her coworkers. He says he will never forget that kind gesture, nor how hard it was to use it for the gas to get to Charleston.

At the Veterans Administration in Charleston, Jerry received supportive services but still needed a place to live. For that, he was directed to Crisis Ministries.

After spending his first night in the Men's dorm, Jerry met Willie Collier, Crisis Ministries' Director of Veterans Services. A veteran himself, Willie shares Jerry's pointed demeanor. "I have a bed for you in the Trans Dorm, McKoy," he said, "if you can pass a drug test." Jerry's says he shot it straight with Willie from the beginning. The drugs he'd used in Myrtle Beach would still be present. "I'm going to take a chance on you, McKoy, because you look serious," Willie told him.

For the next four months, Jerry lived in the Trans Dorm at Crisis Ministries with 13 other men. Every week and sometimes more often, Jerry passed Willie's drug test. In a short time, Jerry started looking for work.

A temporary service placed him in a labor foreman position. While there, he met a superintendent for The Muhler Company who seemed very interested in offering him a job. But he had a familiar question for Jerry: "Can you pass a drug test?" He answered with a confident yes and has been working in a full-time permanent position with Muhler ever since.

Jerry moved into a North Charleston apartment in September. His 15-year old son moved in with him. Jerry says he is enjoying getting to know his son again. They are spending a lot of time fishing and crabbing.

Chicago: Roberto Rodriguez is a native of Puerto Rico. Upon the death of his mother last year, he traveled to Chicago to live with his sister. Both were dismayed to learn under the agreement of his sister's housing program, Roberto could not take up residence with her. Without a job or other support he was facing life in a shelter or on the streets. Roberto's sister sent him to the Trina Davila Center, operated by the Chicago Department of Human Services. He was assigned a case manager who immediately recognized his potential. The two worked diligently to get him connected with a local Puerto Rican organization specializing in finding employment, a move that led to a permanent job at Chicago's O'Hare International Airport. Roberto continued his relationship with his Chicago Department of Human Services case manager and was soon able to secure affordable housing. Today, he is thriving on the job and in his personal endeavors. He was elected to a leadership role with his union at work and has built a strong network of friends and contacts in Chicago.

Denver: Colorado Coalition for the Homeless (CCH) Family Support Services staff has worked continuously with one family over the past few years. When we first met this family, the mother, father and two children came in for motel vouchers through our emergency services. Through intake we were able to help them locate a family member that they stayed with while we put them on the waiting list for affordable housing through CCH.

Currently they are living in our Off-Broadway Lofts housing. The father and mother are both working and the two children are in school. The parents continue to stop by our front office and occasionally we are able to help them with bus tokens and referrals to services for at-risk and low-income families within the city. They seem to be stable in their housing and are very comfortable coming back to CCH for assistance.

Kansas City: Ms K. had been a victim of abuse for more than a year when she decided to leave. Initially she went to another shelter closer to home, but came to City Union Mission because it was further away from the abuser and because the city offered more options. She came to the City Union Mission specifically because she had been through once before, long ago. She came intending to go through the mission's program. Her focus was on recovery from past abuse, as well as parenting and general life skills. Her faith has also become a priority for her.

Los Angeles: A client was referred to the HCFP through a referral from Public Counsel. The client was a single woman with one child. At entry she was employed but became homeless due to an unstable housing situation with her family. She was diagnosed with a severe chronic persistent mental illness. In spite of this diagnosis and her unstable housing arrangements, she was able to maintain employment and continue to provide for her child with the assistance of the Homeless CalWORKS Families Project. She was successfully placed in permanent housing and provided with important skills to juggle the responsibilities of maintaining permanent housing, single parenthood, and employment. She continues to work and was recently married.

Louisville Metro: At the veterans Stand Down this October, a Permanent Supportive Housing Staff member was at a booth giving out information. A shelter resident, Jesse, stopped by to ask questions and was interested. The worker encouraged him to call her the following week. That Monday when the worker returned to the office the client had already left a message. Since the client met the criteria for the Safe Haven SMI vouchers with Kentucky Housing Corporation, the worker was able to begin the process and the individual was housed within the month. He is cooperating with case management and is very pleased with his new stable housing.

Nashville: J.S. came into the Safe Haven on 3/9/06 from the hospital. He had been found collapsed outside the mission. Up to that point he had been homeless and on the streets for more than 5 years. Upon entering the Safe Haven, J.S was immediately set up with case management, a regular doctor, access to DRA meetings, and IOP. He was set up with TennCare, and filed for disability benefits. Before becoming homeless, J.S had worked on air conditioners, and around the beginning of June, he was able to find a job in the same field. The company that hired him was able to give him a full time job, and help him obtain his driver's license. J.S moved out of the Safe Haven on July 1st, and into his own apartment. He is currently still on his own and working.

LM was 46 y/o white female who was chronically homeless for many years and lived in a "camp" on the Cumberland River bank. She had a very long history of alcohol abuse and though she had been placed in permanent housing several times, she was unable to sustain for a variety of reasons. She attended our HUD funded day treatment program and began to maintain a period of sobriety. She was approved for a SPC voucher and found an apartment. While she was still homeless she was able to remain connected to services and through the day program and case management she was able to begin to address the issues that have prevented her from succeeding in permanent housing in the past. She had no income though at one time she was receiving SSI due to a mental health diagnosis. She was reluctant to reinstate the SSI process due to a mistrust of the system however her case manager continued to address her need for income and support.

LM was placed in housing via a Shelter Plus Care voucher. She was working limitedly cleaning up at Interfaith Ministries to help with her portion of the rent and utilities. She was very happy to have an apartment and continued to be involved in the A&D day treatment program. Shortly after moving into her apartment, LM went into the hospital with HIV related pneumonia and was also diagnosed with lung cancer. She died in the hospital. Her case manager was able to locate her estranged family in Crossville, TN. They claimed her body and took her home to be buried. She was laid to rest in a family plot on Happy Top Hill.

Norfolk: A 30 year old mother of three children ages 15, 11 and 4 was evicted for nonpayment of rent after losing her job recently. Her 15 year old is on dialysis. She and her children have been staying with a friend in public housing although she frequently sleeps outside as she once had a problem with the public housing authority and is worried about jeopardizing her friend's housing. Her only income is the SSI she

receives for the 15 year old and she has exhausted her cash welfare benefits. Without securing a safe housing situation soon, she will likely lose her children to the foster care system.

Philadelphia: Ms. A is a 23-year-old mother of three children who entered emergency shelter in 2005. While in emergency shelter, she was referred to the Family and Shelter Support Team (Fasst) because she had discontinued therapy and was not taking her medication. Because of her depression she was not properly taking care of herself or children and had subsequent involvement with the child welfare system leading to her children living in foster care. Through the program, she was reconnected to therapy and supervised medication, as well as intensive weekly counseling. Ms. A's mental health is currently stable and she has enrolled in a high school diploma program starting in the fall. The family will be moving into transitional housing in the spring.

Phoenix: While you are reading this, 20-year old Natalie is probably studying for a college exam. Things are good for her. She is eight months sober and in her third semester at college. She has made peace with parts of her childhood and continues to work at resolving issues that interfere with her progress. Using the coping skills she has learned to manage her schizophrenia and emotions, she takes care of her sobriety, socializes with people and is making new friends. She finally feels right about her place in the world. Her recent past includes numerous hospitalizations for trauma and problems resulting from her addiction to methamphetamines. Her childhood history includes serious physical and sexual abuse and neglect. She was homeless before entering a residential program for women. After she completed her residential treatment, she was helped to find transitional housing while she continued working on an outpatient basis. Natalie now lives in a permanent setting and is doing quite well.

Portland: "Steve", an honorably discharged US veteran, and his son "Devon" entered a family shelter after a year of living on the street or car. Devon had only recently been returned to Steve because of a situation in which Devon had gotten quite sick and a Child Welfare concern that there was inadequate housing for him to receive needed care. Steve had also recently received a dual diagnosis from a mental health provider. The shelter provider helped Steve and Devon find housing despite past evictions and criminal record, and connected Steve to mental health and alcohol treatment services. Over time, Steve and his Family Advocate built a trusting relationship. Steve accessed funds for furnishing his apartment and utilities, and received problem-solving and parenting coaching. Devon has consistently attended school for the first time in years and is excelling academically, as well as becoming involved in sports, with his Dad as one of the team's coaches. Steve recently began a part time job. This family is well on their way to housing stability and income self- sufficiency!

Salt Lake City: Jim is a 64-year old Caucasian male who has spent the past 19 years of his life battling homelessness. Adopted at a young age, Jim entered the Navy while still an adolescent. Unfortunately, Jim received a dishonorable discharge. After this, repeated run-ins with the law resulted in his imprisonment for nearly a decade. While incarcerated, Jim earned his GED through a prison program and completed his sentence. Upon his release, Jim did his best to find his niche in society. Restlessly moving from state to state, Jim tried a variety of jobs from cooking to cattle wrangling, yet struggled to hold a permanent position. After nine years of cycling in and out of shelter in Salt Lake City. Jim was selected to participate in a state pilot project focusing on providing housing to chronically homeless individuals. Upon entering the program, Jim was still battling cycles of drug and alcohol abuse. However, after fifteen months of maintaining his own housing, he has moved into permanent senior housing. Showing signs of complete self-sufficiency, Jim has exemplified how a "Housing First" model can provide a perfect option for those for whom many thought no other options existed.

San Francisco: Ronald was born in Louisiana and spent much of his adult life there. His sisters had moved to San Francisco and they invited him to come join them so that they could start a family business

and open a restaurant. The restaurant never took off, but Ronald found work as a cook. Ronald met a woman and eventually they started a family. Their son, Adam, was two years old when Ronald and Adam's mother separated. Ronald had gone back to live with his sisters when he was contacted by Child Protective Services about allegations of abuse against Adam's mother. Ronald was awarded custody of Adam, but there was not enough room for both of them at Ronald's sisters. Ronald called the centralized intake agency for families, and got on the waiting list for one of the city's full-services shelters. In the meantime, he and Adam stayed at the family emergency center, where the communal environment of the center was difficult for Adam due to the trauma he had experienced. Ronald and Adam were placed in the Compass Family Center shelter, where they had a private room where they could live for six months while receiving intensive case management. Due to the abuse he had suffered, Adam had developed many behavioral issues. The family's case manager linked them with a therapeutic program designed specifically for abused children, while providing Ronald with the support he needed as a new single parent with a special needs child. Together, they found housing options for the family. Today, Ronald and Adam live in their own apartment in a public housing complex. Adam has flourished in his new, stable environment – he is in kindergarten and has grown into a charming little boy. He has many friends and, most importantly, feels safe and secure in the home that he shares with his father.

Santa Monica: Through a series of events, Jeanetta lost her home in 1999 and started using drugs and alcohol. During her five years of homelessness, Jeanetta had been in and out of jail on charges of possession and other misdemeanors. One judge who recognized that she had a close family support system altered her path. Using this to motivate her to change her life, she was court ordered into a drug and alcohol rehabilitation program. After completing the program and maintaining her sobriety for two years she was referred to St. Joseph Center's Affordable Housing program and received a Shelter Plus Care voucher. She was reunified with her children and moved into a Santa Monica apartment in January 2005. She has successfully maintained permanent housing for herself and her two children for two years.

Seattle: A couple of years ago, Jana fled an abusive relationship and moved to Seattle with her children, where she stayed with a friend. Several months later, she moved into a transitional housing unit operated by Seattle Emergency Housing Services and funded in part by Sound Families. By the time Jana reached transitional housing, her eldest child had attended four different schools in one year. In the transitional home, Jana and her children received wrap-around services including medical home care and case management. She set goals to have long-term housing, have her children in the same schools, and find a job for herself or enroll in school. She was later able to use a Section 8 rent subsidy voucher to move into a house. Social Security was still her primary source of income but she enrolled in a vocational program at a local community college and her children were able to stay in the same school for a full school year. Finally, Jana and her family are stable, happier, and under much less stress.

St. Paul: After 12 years of living outside with an alcoholic, physically abusive boyfriend (Sally) agreed to rent a room in a P-HOP house just as an escape from the madness. Within two months she began living there full-time, and her boyfriend has followed (Sally's) example and has moved into a supportive housing program for late stage alcoholics. Meanwhile, (Sally) has reduced her drinking, and is contemplating a return to work.

Trenton: Veron, a single male with impulse control issues and a history of physical assault, has been terminated from two transitional housing programs. He has also now been asked to leave two motels because of his behavior. There is no appropriate housing available to suit his need. Source: MCBOS

The Population

The survey cities* estimate that single men comprise 51 percent of the homeless population, families with children 30 percent, single women 17 percent, and unaccompanied youth 2 percent.

Survey city officials estimate that 42 percent of the population is African-American, 39 percent is white, 13 percent is Hispanic, 4 percent is Native-American and 2 percent is Asian.

The cities also estimate that persons considered mentally ill account for 16 percent of the homeless population; substance abuse account for 26 percent. Thirteen percent of the homeless in the survey cities are employed in full-or part-time jobs. Nine percent are veterans.

Homeless Families and Children

The average percentage of homeless families headed by single parents in the survey cities is 71 percent. The percentage ranged from 99 percent in Cleveland, 92 percent in Charleston, Chicago, and Nashville, 80 percent in Seattle, 60 percent in Santa Monica, 50 percent in Portland, 45 percent in Des Moines, 38 percent in Denver, 29 percent in Philadelphia, and 15 percent in Los Angeles.

The average percentage of members of homeless families who are children in the survey cities is 55 percent.

Among the comments from the city officials on number of homeless children in emergency shelter system:

Boston: In the past year, the State Department of Transitional Assistance increased emergency shelter capacity in Boston for families as part of an effort to discontinue the use of costly hotels or motels to shelter homeless families.

Charleston: This is the number of unduplicated records currently active in the Homeless Management Information System and does not include records collected by the Charleston County School Systems.

Denver: This exact number is not tracked for the city of Denver alone. According to the MDHI Point-in-Time survey, however, there were approximately 3,260 in January 2006 for the entire Metro area which includes seven cities. For Denver alone, the number of homeless children was approximately 1,020 during the Point in Time Survey. Of the single parent households, 94 percent had the mother as the head of household.

Kansas City: According to the Homeless Services Coalition of Greater Kansas City's point-in-time census, 254 children were counted in a single 24 hour period. Mid America Assistance Coalition's HMIS system (MAACLINK), reported 925 homeless children in shelter over the course of the year.

Louisville Metro: The 2005 homeless census listed 911 children who were in families and 490 unaccompanied youth.

Nashville: This is the number from a point-in-time shelter survey.

Norfolk: Numbers supplied are according to Norfolk's 2006 Point in Time Count

Phoenix: The number reported is based upon regional HMIS data representing 75 percent of available beds.

Portland: The numbers reported come from HMIS and an annual count of persons who are sheltered on a specific night.

Salt Lake City: This is the unduplicated total of homeless children served by The Road Home, Utah's largest emergency shelter during fiscal year 2006. Other shelters in Salt Lake County including Salt Lake Interfaith, South Valley Sanctuary, and the YWCA also provide shelter for families, for a total of 223 family beds available on any given night.

San Francisco: Approximately 180-200 children can be accommodated in the system at any given time.

Santa Monica: Our emergency shelter does not have the capacity to house homeless children. We refer families with children out to appropriate shelters in other cities.

Seattle: Of the 523 homeless households in 2005, 419 were single parent households (80 percent).

St. Paul: The vast majority of children remain in St. Paul shelters for less than a month.

* The population results are based on surveys from half of the cities as all were not able to provide estimates in all categories.

The average percentage of homeless children of the entire population in emergency shelters in the survey cities is 24 percent. The percentage ranged from 78 percent in Trenton, 66 percent in Chicago, 52 percent in Portland, 36 percent in Philadelphia, 26 percent in Denver, 19 percent in Phoenix, 11 percent in Seattle, 5 percent in Nashville, and 2 percent in San Francisco.

During the last year, 87 percent of the survey cities say that there was an increase in homeless children in the emergency shelter system; 13 percent of the cities said that there was no increase.

Among the comments of the city officials:

Boston: With barriers to shelter access and the denial rate for shelter brought down, more households are in shelter than one year ago. Many households that would have previously been denied emergency shelter due to restrictive eligibility criteria are now able to access the system.

Charleston: The number of women and single female headed households remained the same. The Family Center and the Reid Christian House, two of the largest family emergency shelter providers reported being full 98 percent of the time.

Chicago: In FY 2006, total number of children under age 18 was 5,592. In FY 2005, the total was 5,048 (5,592-5048=544). This rose 10.7 percent between FY 2006 and FY 2005.

Louisville Metro: In 2004, the homeless census 1,108 children who were in families (unduplicated) and 942 unaccompanied youth (may have been duplicated count). The 2005 homeless census was unduplicated and listed 911 children who were in families and 490 unaccompanied youth.

New York: Decreased by 12 percent (monthly average FFY05 = 14009 -> monthly average FFY06 = 12363)

Philadelphia: Proportionally, the percent of homeless children in shelter increased between this year and last.

Phoenix: The number of children tracked in the region's HMIS system rose from 2,129 to 2,897.

Salt Lake City: The number of children served by The Road Home, Utah's largest shelter, increased by 13 percent over the previous year.

Santa Monica: Our emergency shelter does not have the capacity to house homeless children. We refer families with children out to appropriate shelters in other cities.

St. Paul: The number of children increased by 10 percent over the previous year.

Trenton: According to MCBOS, if the number of families increased, so did the number of children. According to Adult & Family Services, it increased due to lack of decent, affordable housing, mental illness, drugs and alcohol.

Services for Homeless People

Emergency Shelter Beds for Homeless People

Across the survey cities the overall number of emergency shelter beds for homeless people is estimated to have increased by 8 percent last year. The number of emergency beds increased in 36 percent of the survey cities.

Among the comments from the city officials on the number of emergency shelter beds for homeless people:

Boston: The system includes year-round beds for individuals and families as well as seasonal overflow beds for individuals. While the number of emergency beds for individuals appears to have decreased from 1561 to 1350, this change is due to improved categorization of transitional beds and respite previously listed as emergency shelter. Family emergency beds have increased to meet rising demand. The number of winter overflow beds is unchanged from one year ago.

Charleston: The need is not for more shelter beds but for shelter beds for individuals with specific needs. Homeless single women are currently housed with homeless families. Many of these women may have mental illness or substance abuse difficulties while moms and dads are trying to parent to families already traumatized by their circumstances. Chronically homeless elderly and disabled men are lumped together

with young men who may be coming from jail for their first offense. All thrown together in a high drug use neighborhood with little to keep them busy during the day but wait to see social workers and wait to attend substance abuse treatment meetings. Crisis Ministries, the largest shelter in our city was hailed for innovative solutions in 1991, for its "One stop shop" approach. Today, it struggles to keep pace meeting the needs of all the special populations in an aging facility with an aging population. Affordable housing and transitional housing need to be increased, not shelter beds. The number of shelter beds is adequate - it is the facilities that are not adequate to deal with the special needs of the populations.

Cleveland: There are an additional 110 beds at a Veteran's Administration domiciliary in a suburban location. The shelter total does not include an additional capacity of 241 for overflow use. The increase in beds resulted from an agency redefining its program as shelter rather than transitional housing. One agency reduced capacity from 57 to 40.

Denver: There has been an increase of 140 shelter beds this year in the city. According to MDHI, roughly 900 beds are in the city of Denver and an additional 1100 are in the surrounding Metro area (seven cities). These numbers vary based upon need and weather.

Louisville Metro: Using figures from the last two Continuums of Care (Exhibit 1), there was a slight decrease (by 5 beds) in emergency shelter beds; essentially the number of emergency shelter beds remained the same.

Miami: Thirteen hundred and fifty is the number of emergency shelter beds countywide.

Nashville: This number does not include 270 seasonal beds that open up during the winter months at the Room in the Inn program.

Norfolk: This number reflects beds specifically for homeless adults; it does not include the number of family beds.

Philadelphia: Due to a recent fire in one of the city's shelters and strong community resistance to the opening of new shelters, the city is only able to provide 2,598 beds of the budgeted 2,800 beds. The increased capacity is attributed to expensive, short-term placement options, such as hotels and a personal care facility.

Phoenix: New overflow emergency shelter facilities were opened for 300 single men near the main shelter campus. In addition, a facility that housed up to 100 single women was opened March 2006 through November 2006.

Portland: We are now relying on HMIS and the McKinney Continuum of Care application Housing Information Chart (HIC) to report these numbers. We are improving our HMIS participation and the HIC survey response rates.

Salt Lake City: Five hundred eleven beds for single men and women, and 223 beds for family members, for a total of 734 year-round beds. These totals are from the Continuum of Care for Salt Lake County. During cold winter months, The Road Home operates the Community Winter Shelter; where up to an additional 452 beds are available from November through April each year.

San Francisco: During this period, some shelter beds were reduced due to city building code issues or neighborhood issues. We also increased shelter beds to accommodate for some of the losses.

Santa Monica: The City funds the operation of a 110 bed year-round shelter (20 emergency shelter beds and 90 short term transitional shelter beds). In addition to the 110 shelters there are 24 emergency detox beds for rehab clients, and 15 emergency beds for victims of domestic violence. Also, there are two county funded cold weather shelters on the Westside which operate from December to March. The two shelters account for 325 emergency beds.

Seattle: The figure includes facility-based and tent city beds for single adults, families with children, and unaccompanied youth. Last year's bed count also included hotel/motel vouchers. There is not a comparable figure for these vouchers for this year.

Emergency Shelter Beds for Homeless Families

Emergency shelter beds for homeless families remained virtually the same in all the survey cities.

Among the comments from the city officials on the number of emergency shelter beds for homeless families:

Boston: Family shelter eligibility is determined by the State Department of Transitional Assistance. As part of its program to move homeless families out of hotels and motels, the state has added 104 units of additional shelter capacity for families in Boston. Demand for family shelter continues to rise as additional housing assistance such as the Federal Section 8 vouchers or Massachusetts Rental Voucher Program (MRVPs) subsidies remains scarce. In addition, as unduly restrictive barriers to shelter eligibility have been mitigated, more households previously shut out of the system have been able to access shelter.

Charleston: The Continuum of Care reports 32 added shelter beds and includes communities in close proximity to the city limits.

Cleveland: The increase in beds resulted from an agency redefining its program as shelter rather than transitional housing.

Denver: Day shelters and existing emergency shelters have been improved to accommodate more families and provide additional services. Again, Denver Department of Human Services is able to address some gaps in services through an emergency motel voucher program. This program is short-term and limited. A total of 423 new units for housing have been added from all categories (i.e.: SRO, transitional, and family residences).

Louisville Metro: The 2005 Continuum of Care Exhibit 1 lists 190 beds for people in families.

Philadelphia: Due to a recent fire in one of the city's shelters and strong community resistance to the opening of new shelters, the city is only able to provide 1,345 beds of the budgeted 1,621 beds.

Phoenix: A new overflow shelter that housed up to 20 families was opened March 2006 to November 2006. The capacity at the winter overflow shelter was increased from 10 families to 19 families.

Portland: Multnomah County winter shelter programs were integrated to create a systematic approach to ending family homelessness. The shelter stays have decreased in time and residents are offered housing

placement services with rent subsidies. This has created considerable cost savings and efficiencies in the system.

San Francisco: The integration of two shelter programs into one building resulted in a slight decrease in the number of beds. The costs savings netted by the integration were used to fund a pilot rental subsidies program. Capacity is actually greater as children under three often sleep with a parent, thereby putting two people in one bed.

Santa Monica: Homeless families are referred out to cities with the appropriate resources to assist them.

Seattle: There is a minor difference in the bed count compared to last year as a result of the closure of one very small program that was not operational. Hotel/motel vouchers are not included.

St. Paul: Forty percent (40 percent) of these beds are in church facilities that change monthly. The host churches take turns in housing homeless families.

Transitional Housing Units

Transitional housing units did not increase significantly in the survey cities.

Among the comments from the city officials on the number of transitional housing units:

Charleston: The largest numbers of transitional units are provided by the City of Charleston Housing Authority. Their program has a HUD Supportive Housing Program and provides case management services. They have had a very successful program and can provide after 18 months of occupancy Section 8 vouchers for permanent housing. They have had program participants go on to homeownership after moving from the shelter, to transitional housing and on to Section 8 housing. It is a model program.

Chicago: Please note that last year the number of transitional and second stage beds was given. This year only transitional housing units are being reported.

Louisville Metro: The 2005 Continuum of Care Exhibit 1 lists 844 transitional housing units. The 164 unit increase is due in part to HOME TBRA vouchers. In addition, 20 new units were developed in three different agencies.

Philadelphia: This is the number of persons who can be served when programs/facilities are at capacity. The reduction in Transitional Housing beds between 2005 and 2006 is due to a number of factors, including contracts being reduced as a result of poor performance. Some Behavioral Health beds serving both homeless and non-homeless clients.

Portland: The number of transitional housing units has not increased in the last year.

Salt Lake City: Eight hundred nineteen beds for single adults and 321 beds for family members, for a total of 1,140 beds.

San Francisco: One hundred nine transitional beds for single adults - Some units contain bunk beds and multiple occupants.

Seattle: The decrease resulted from a reporting difference between 2005 and 2006 in which an adult rehabilitation center was no longer considered transitional housing so not included in the count.

St. Paul: The number of units does not include the large number of sober houses in the city which do not require homelessness as one of the criteria for entry.

Transitional housing units specifically for homeless families did not increase significantly during the last year.

Among the comments from the city officials on the number of transitional housing units specifically for homeless families:

Boston: Additional scattered site units have been brought on as demand has increased. There are approximately 228 units providing 560 transitional beds for homeless men, women and children in the city.

Charleston: The Charleston County Human Services agency runs a program called Road to Stability. This program has 10 units and provides very intensive case management with a high emphasis on financial management. The program works on a scattered site model and has had clients resulting in homeownership. Shelters to transitional housing to permanent housing to homeownership can work for individuals but it requires intensive community supports and a community that is willing to give what individuals need.

Cleveland: Our response is based on one agency that redefined its program as shelter rather than transitional housing.

Louisville Metro: The 2005 Continuum of Care Exhibit 1 lists 210 transitional housing units specifically for families. The 92 unit increase is due in part to HOME TBRA vouchers. In addition, the 20 new units in three different agencies were developed to serve families.

Norfolk: This number represents the number of transitional housing units for families; there are 49 beds available.

Philadelphia: This is the number of persons who can be served when programs/facilities are at capacity. The decrease in Transitional Housing beds specifically for homeless families is largely due to some contracts being reduced as a result of poor performance.

Portland: Transitional housing units did not increase in the last year. The community is working on a 4-county initiative, Bridges to Housing that will create permanent housing with supportive services for high-need homeless families. These are families whose needs cannot be met within the existing HUD McKinney-funded transitional housing programs.

Seattle: New development of family transitional housing came on-line, funded in part by the Sound Families program.

St. Paul: Six of these units are for homeless teenagers who, in turn, are parenting their own children.

Single Room Occupancy Units

The survey cities did not report a significant increase in single room occupancy units during the last year.

Among the comments from the city officials on the number of SRO units:

Boston: There are 4306 SRO Units in 184 licensed lodging houses in the city. It is estimated that any loss of existing SRO units has been offset by production of new single person occupancy residences in the past year.

Charleston: Charleston does not provide single residence units in the city. There are licensed residential care facilities but no SROs.

Cleveland: While the availability of SRO units is limited, Cleveland is very successfully using scattered site rental subsidy programs to provide permanent housing for formerly homeless persons in private market units. The Shelter Plus Care Program and the Gateway Program, which uses a set aside of Housing Choice Vouchers are currently funding over 3000 Units of housing. There are also now under development four new multifamily buildings to provide permanent supportive housing for long term homeless persons with disabilities. The first 52 units will open in December 2006. An additional 116 are under construction, and 78 will start construction in 2007.

Kansas City: We have 1,061 units of permanent supportive housing for homeless people; however, none of them are classified as SRO units.

Louisville Metro: Though the number of permanent units for singles (2005 Continuum of Care Exhibit 1) decreased slightly from 482 in 2005 to 480, overall permanent housing for homeless people (all groups) increased from 555 to 663, an increase of nearly 20 percent.

Nashville: One hundred twenty units are HUD SRO; 40 SRO units (not funded by HUD) opened in 2000 at the Nashville Rescue Mission. Including these SRO units, there are 698 units of permanent housing specifically for homeless people in Nashville.

Norfolk: The nation first regional SRO opens its doors in December 2006. This facility will house 60 homeless individuals.

Phoenix: The city does have other SRO units, but are not targeted specifically to homeless persons.

Salt Lake City: The number of SRO units continues to decrease; the percentage of decrease is unknown. Two SRO hotels, the Regis and Cambridge, are in serious jeopardy of being lost. As tenants move out, new tenants are not placed in these units.

Santa Monica: There are 247 permanent supportive beds of which 36 are SRO units.

Seattle: Permanent housing specifically for homeless households (266), permanent supportive units (1,598), and Shelter Plus Care (390) are reported. The increase in permanent supportive units is attributable to Ten-Year Plan strategies and includes units for chronically homeless people.

Family Break-Up-A Requisite for Shelter

In 55 percent of the cities, homeless families may have to break up in order to be accommodated in emergency shelters.

Among the explanations by city officials for families having to break-up in order to be sheltered:

Boston: Sometimes an adult male has to seek shelter in a single adult shelter while a mother and children are in family shelter.

Charleston: The Family Center at Crisis Ministries allows moms and dads to stay together.

Chicago: The Chicago Department of Human Services and delegate homeless providers make every effort to keep families intact. However, in rare instances, there may be extenuating circumstances in which families may be temporarily split up.

Cleveland: One shelter can accommodate two parent families. If that shelter is full, couples may have to go to separate shelters. The state shelter standards have been changed to prevent publicly funded shelters from continuing policies that separate teenage boys from their mothers.

Denver: Some shelters are more able to provide housing for women and children, thus separating the family from the adult men.

Los Angeles: There are age requirements in several programs that require families to separate in particular with teenage boys. The other situation occurs when there are both parents involved. In this case, the man has to go to a different program and leave the mother and children in one program while he goes to another for men.

Louisville Metro: Male children 14 years or older must sleep in the single men's shelter. Most shelters also require homeless parents to split up according to gender.

Miami: Two of the 4 emergency shelters do not accommodate intact families

Nashville: At the Nashville Rescue Mission, men and older boys stay at the men's shelter, and women and younger boys and girls stay at the women's shelter.

Norfolk: Adult families without children cannot be accommodated in emergency shelters and must sleep in separate units or beds.

Philadelphia: As we have a limited number of shelter accommodation for couples, clients entering as a couple may have to be placed separately depending on capacity.

Phoenix: In some cases. Some emergency shelters do not allow women and children in the same location as the men.

Salt Lake City: At The Road Home, Utah's largest shelter, families may stay together; other shelters have restrictions on adult men and male children over age 10. The Road Home is the only shelter to accept two parent families, single male headed families and male children over age 10.

San Francisco: Family members may stay together as a unit in congregate settings or in private rooms.

Santa Monica: We do not have emergency shelter beds for families. Most families in need of assistance choose to leave the city or are referred out to appropriate shelters in other cities.

St. Paul: In St Paul/Ramsey County, natural families do not have to break up in order to receive shelter. However, families where one of the adults is not the biological parent, nor is not married to the biological parent, these families have to separate in order to be accommodated.

Trenton: One shelter accepts males only under the age of twelve. One will accept males of any ages. Some do not accept any male adults in their shelter.

Limitations on the Use of Shelter Facilities/Alternatives during the Day

Officials in 54 percent of the survey cities report that homeless families may have to leave shelters in which they are staying during the day. The rest of the survey cities homeless families do not have to leave shelters in which they are staying during the day.

Among the city officials' comments on the necessity of leaving shelters and where homeless people go during the day:

Boston: There are housing search, employment search or education and training program requirements at most family shelters. Fulfilling these requirements often means families leave shelter during the day.

Charleston: The Family Center at Crisis Ministries is open 24 hours a day 7 days a week.

Cleveland: Most shelters do not require families to leave during the day. Children are expected to go to school. Adults can participate in services or seek housing and employment.

Denver: While several shelters are developing resources in order to maintain families and individuals during the day, many programs require that the guests participate in work and housing searches as well as benefits acquisition activities throughout the day. Day shelters have expanded many of their services and have accommodated additional hours for families.

Kansas City: Homeless families may be able to stay together in emergency shelter, providing there is space available. In Kansas City, unfortunately, some families have to break up to be accommodated in the shelter system if they do not have proof of marriage or if they have teenage sons who are considered a risk to younger children or if the only emergency space available is in one of the shelters that restricts participants to only women and young children. There is one shelter that will allow families to stay together without proof of marriage.

Los Angeles: There are programs that stated that both families and single individuals had to leave during the morning.

Miami: In two shelters house only women and children

Norfolk: These families are encouraged to seek employment, maintain employment, and seek available community resources to better their situation.

Phoenix: Families work with caseworkers to develop a plan to establish temporary or permanent housing solutions. While families may stay at the shelter, they often do leave to work on goals within their individual case plans.

Portland: Homeless families who stay in church-based shelters that are open only during winter months leave during the day to receive services at a day shelter program funded by Multnomah County. Transportation is provided to the day center space, where families receive case management support, food, housing placement services, recreation services, “ready to rent” classes, and more.

Salt Lake City: Families may stay at The Road Home Family Shelter during the day.

Santa Monica: Individuals residing in emergency shelters are required to attend support groups, job training classes, search for work or are employed.

Seattle: Many shelters are multi-purpose buildings or locations that are utilized for other purposes during the day. Some families participate in work searches or attend school. Others work or address issues associated with homelessness such as seeking permanent housing, treatment, childcare or schools for their children, meal programs and resources for their families. In addition, homeless people utilize day centers, libraries, and local parks when nothing else is available.

St. Paul: In St Paul, those who stay in a church shelter do have to leave at 6 am from the shelter. They are bused to the Family Place for breakfast and a central pick-up for transportation to school.

Trenton: Family shelters allow the families to stay during the day. Some leave to go to their WFNJ activity. The single adults must leave the shelter during the day. Some go to their WFNJ activity, some go to the Soup Kitchen and some go to local churches.

Unmet Need

People Turned Away From Emergency Shelter

Estimated Requests by All Homeless People for Emergency Shelter which Go Unmet

An average of 23 percent of shelter requests by homeless people is estimated to have gone unmet throughout the survey cities. The percentage of unmet requests range from 54 percent in Phoenix, 43 percent in Salt Lake City, 29 percent in Kansas City, 16 percent in Charleston, 12 percent in Denver, and 10 percent in St. Paul.

An average of 29 percent of the shelter requests by homeless families is estimated to have gone unmet during the last year in the survey cities. The percentage of unmet family requests range from 62 percent in Salt Lake City, 55 percent in Phoenix, 44 percent in Boston, 34 percent in Portland, 20 percent in St. Paul, 13 percent in Des Moines, 5 percent in San Francisco and Trenton, and 4 percent in Charleston.

Among the comments from the city officials on requests for emergency shelter specifically by homeless families which go unmet:

Trenton: According to MCBOS, the Homeless Hotline places homeless families for one night or weekend. If clients are not eligible for placements, they are referred to non-profit agencies who assist the homeless.

In 86 percent of the cities emergency shelters may have turned away homeless families due to a lack of resources.

Among the comments from the city officials on emergency shelters having to turn away homeless families in need because of lack of resources:

Boston: Homeless families who cannot get into state-funded shelter often call for community rooms. As numbers of families in shelter reach record levels, the State Department of Transitional Assistance has contracted for these scarce community rooms. This means families that cannot be placed by the State have very few options. Some Boston families are being referred to Traveler's Aid Family Services a short-term basis for temporary placement. Others must split up or stay with relatives, friends or rely upon the kindness of strangers.

Charleston: Most social workers from hospitals, DSS and individuals call early in the day inquiring about space in the shelter. If a family cannot be accommodated they are usually referred to another shelter or program. If a hospital calls and finds no vacancy in the shelter stay is prolonged until a bed can be found. Families report sleeping in cars, prolonging stays with relatives or using the last of their funds for motels. Many times they try and move to other locations with available shelter beds.

Chicago: All persons who are in need of emergency shelter have access to the 311 system which can provide homeless individuals the necessary resources for shelter placement.

Cleveland: Families that can not get into a full service family shelter are housed overnight at the Community Women's shelter. They are moved to a full service family shelter as soon as there is a vacancy.

Denver: On some occasions shelters are unable to accommodate entire families and men need to be separated from the rest of the family in order to provide shelter for the women and children. Again, Denver Department of Human Services is able to address some gaps in services through an emergency motel voucher program. This program is short-term and limited.

Kansas City: Shelters do turn away requests for shelter when the shelters have reached capacity for that day. Families that are not accommodated in shelters often turn to family or friends for a place to stay. Others turn to churches and community assistance organizations that may provide a hotel voucher. Others sleep in cars, parks, under bridges, etc.

Louisville Metro: The Coalition for the Homeless estimates that for every family who seeks emergency shelter, one is turned away. Louisville Metro Human Services assesses families and individuals unable to get into emergency shelters. Three hundred thirty seven families and 125 individuals sought services as an alternative to entering the shelters.

Miami: They are placed in a hotel.

Nashville: The Nashville Rescue Mission never turns anyone away. However, the Nashville Safe Haven family Shelter reports having to turn away more than 1,000 families this calendar year.

Norfolk: Families are encouraged to seek shelter with family and friends. If there are no other options the city's Department of Human Services will accommodate families with short term stays in hotels.

Philadelphia: This year, for this first time, our Family Intake facility's case management staff have been assisting Families to "make their own arrangement" and divert families from entering shelter whenever possible through contacting extended family and exploring other housing options. Short-term follow-up case management services are provided to all.

Phoenix: Emergency shelter programs report they are over capacity and have long waiting lists. People who cannot be served are referred to CONTACTS shelter hotline. In the winter, homeless families are referred to the overflow shelter.

Portland: Most families that cannot be accommodated in emergency shelter or who do not receive vouchers for shelter in motels are living doubled up with family members or friends. Others camp outside or sleep in cars/vans. These arrangements are precarious, at best. If weather conditions are life threatening, families receive vouchers for motels.

Salt Lake City: Families are placed on waiting lists and must call in every day in order to maintain their place on the list. During the time families are waiting, some may be temporarily placed in motels by local service providers, and others live with friends or family. During cold months, no one is turned away. The Road Home operates the Community Winter Shelter from November through April and works with other community agencies to ensure that all who request shelter have a warm, safe place to sleep.

San Francisco: There is a wait list for full-service family shelters, and the family emergency center sometimes has turn away. Families often stay with family or friends, in SRO hotels, or at another emergency shelter that can accommodate a small number of families.

Santa Monica: Homeless families are referred to shelters in nearby cities. There is some assistance in the form of motel vouchers but this is a very limited resource that is primarily used to assist families or individuals that are in the final stages of obtaining permanent accommodations or while waiting for shelter accommodations in other cities equipped to work with homeless families.

Seattle: Although the city has allocated significant resources in recent years to increase and then maintain shelter capacity, local shelter providers under contract with the city continue to report turn-away.

St. Paul: There is no clear picture of what happens to those who are turned away. Most probably they travel 10 miles to Minneapolis and find shelter there or double park with family or friends.

Trenton: They are placed in motels or must move in with families or referred to non-profit agencies that assist with the homeless.

In 77 percent of the survey cities, emergency shelters may have to turn away homeless people other than families because of a lack of resources.

Among the comments from the city officials:

Boston: There are insufficient beds for the many homeless individuals with disabling conditions and co-occurring behavioral health needs living on the streets. Four years ago, the State offered overflow shelter year-round, adding approximately 330 additional beds in the city. This capacity was lost during the economic downturn and has yet to be restored. With only a partial funding for overflow beds during the five months of the New England winter, the number of unsheltered homeless individuals soars in warm weather months.

Charleston: Homeless people who cannot be accommodated in shelters sleep on the streets, abandoned houses, or wooded areas of the city. If they are turned away one night they will come back the next night even earlier to line up for shelter if they are serious about getting inside.

Chicago: The city operates an Emergency Shelter Clearinghouse, which identifies shelter bed availability in the Shelter Clearinghouse System on a 24 hour basis. At times when shelter capacity for homeless persons is insufficient to meet demand, the city expands its overflow capacity to accommodate the homeless. Additionally, during times when demand exceeds supply, shelter needs are absorbed by other shelter providers throughout the city.

Cleveland: It has been a community policy to accommodate all persons seeking sleeping space inside. There is currently sufficient overflow space to assure that no one has to be turned away.

Denver: While many programs have attempted to accommodate the growing needs of the community, many agencies who replied to the survey reported that there is still a lack of appropriate housing for single homeless women.

Louisville Metro: Many times there are no beds available for single men and women and they must sleep on mats or cannot get into the shelter at all. Volunteers working with the January 2005 Street Count found 95 people on the street that night.

Miami: Because of a lack of space, they remain on the streets.

Nashville: Several transitional housing programs have waiting lists, and the Room in the Inn beds are limited.

Phoenix: Emergency shelter programs report they are over capacity and have long waiting lists. People who cannot be served are referred to CONTACTS shelter hotline. In the winter, homeless families are referred to an overflow shelter.

Portland: Many who cannot be accommodated in emergency shelter are precariously doubled up with family members or friends or sleep in cars/vans. Portland has a large population of single adults who camp outside. During the winter months, there is limited space in inclement weather winter shelter.

Salt Lake City: Single adults are placed on waiting lists and must call in every day to maintain their place on the list at The Road Home. The Rescue Mission provides short-term emergency stays for single men. Other individuals may live with family or friends, stay at local motels, or camp outside during warm weather. During cold weather, The Road Home operates the Community Winter Shelter and provides additional beds so that everyone who requests shelter has a warm and safe place to sleep.

San Francisco: All shelters and resource centers in the city were queried regarding the number of “turn-away” logged for the period of 11/01/05 to 10/31/06. "Turn-away" is defined as individuals who, upon attempting to access a shelter bed, are unable to access a bed in the entire shelter system.

Santa Monica: Homeless individuals are placed on wait lists and referred to other shelters outside of the city where space is more readily available. Some homeless individuals may choose to live on the streets until such time that a bed becomes available in the city.

Seattle: Some shelter referral programs in our community report turn-away due to lack of resources. These individuals seek help from other shelters, end up on the street, or double up with family/friends if they have this option.

St. Paul: People are referred to shelter spaces in the adjacent City of Minneapolis

Trenton: The city of Trenton has a policy that during inclement weather, no residents will be denied shelter. Residents may turn down the accommodations which we provide, but none are turned away or denied housing.

Main Causes of Homelessness

A number of diverse and complex factors have contributed to the problems of homelessness in the survey cities. Many of these factors are interrelated. Listed in order of frequency, the following causes were identified by the cities in response to an open-ended question: **mental illness and the lack of needed services, lack of affordable housing, substance abuse and the lack of needed services, low-paying jobs, domestic violence, prisoner re-entry, unemployment, and poverty.**

- **Mental illness and the lack of needed services** were identified by 18 cities as a major cause of homelessness: Boston, Charleston, Chicago, Cleveland, Denver, Los Angeles, Louisville Metro, Miami, Nashville, Norfolk, Phoenix, Portland, Salt Lake City, San Francisco, Santa Monica, Seattle, St. Paul, and Trenton.
- **Lack of affordable housing** was identified as a main cause of homelessness in 17 cities: Boston, Charleston, Cleveland, Denver, Des Moines, Los Angeles, Louisville Metro, Miami, Philadelphia, Phoenix, Portland, Salt Lake City, San Francisco, Santa Monica, Seattle, St. Paul, and Trenton.
- **Substance abuse and the lack of needed services** were cited as a primary cause of homelessness by 16 cities: Chicago, Cleveland, Los Angeles, Louisville Metro, Miami, Nashville, Norfolk, Philadelphia, Phoenix, Portland, Salt Lake City, San Francisco, Santa Monica, Seattle, St. Paul, and Trenton.
- **Low-paying jobs** were cited by 13 cities as a main cause of homelessness: Boston, Chicago, Cleveland, Denver, Louisville Metro, Norfolk, Philadelphia, Phoenix, Portland, Salt Lake City, San Francisco, St. Paul, and Trenton.
- **Domestic violence** was identified as primary cause of homelessness by seven cities: Charleston, Chicago, Kansas City, Los Angeles, Salt Lake City, San Francisco, and Seattle.
- **Prisoner re-entry** was identified as major cause of homelessness by seven cities: Boston, Cleveland, Denver, Los Angeles, Louisville Metro, Phoenix, and San Francisco.
- **Unemployment** was identified as a main cause of homelessness by five cities: Charleston, Chicago, Denver, Des Moines, and Los Angeles.
- **Poverty** was cited by five cities as a main cause of homelessness: Cleveland, Phoenix, Seattle, St. Paul, and Trenton.

Exemplary Programs

Among the comments from the city officials on an exemplary program or effort underway which prevents or responds to the problems of homelessness:

Boston: Project New Neighbor- In response to the HUD McKinney-Vento Samaritan Act, the City of Boston and HomeStart requested permanent housing assistance through the US Department of Housing and Urban Development's Supportive Housing Program to provide housing for 35 chronically homeless individuals in scattered site apartments. This permanent housing for persons with disabilities received three years of funding. The funding will be used to lease 35 scattered-site one-bedroom apartments units in the private housing market for 35 chronically homeless individuals.

HomeStart, the New Neighbor Project sponsoring agency, works with Boston Health Care for the Homeless' street team network to identify and link chronically homeless individuals to permanent housing. HomeStart will leverage its existing Stabilization Team, health care support from Boston Health Care for the Homeless, and additional residential supports through the Massachusetts Behavioral Health Partnership to provide follow-up stabilization case management services to assure housing retention. The population to be served is 24 eligible chronically homeless individuals as defined by HUD, with many of the residents coming directly from the streets, shelters and respite facilities.

The first group of New Neighbor Project tenants had histories of chronic homelessness ranging from six to more than twenty years, with an average of over twelve years of homelessness each. The first fourteen persons housed through this innovative program ended some 180 years of homelessness. An additional nine candidates with similar histories, if they succeed in housing, will bring to end an additional 175 years of homelessness. Contact: Linda Wood-Boyle woodboyle@homestart.org Executive Director HomeStart 617-542-0338.

Charleston: In 1997, Florence Crittenton started its "Family Development Program," which provides comprehensive home-based services to at-risk, single parent families with infants and young children. This program serves approximately 50 families every year.

Florence Crittenton Programs established the Family Development Program in 1997 in response to Board and staff concerns for the incidence of poverty and increased risk of child abuse among young, single-parent families. Licensed social workers maintain the program focus on healthy child development while also addressing the constellation of risks facing families struggling with poverty.

The cluster of obstacles facing these young parents includes interrupted education, low income, poor work skills, weak social and financial supports and knowledge gaps in parenting and child development. Without a nurturing environment, many of the children of these families will likely suffer from neglect or abuse, be developmentally delayed and unprepared to begin school at age six, engage in negative or even criminal behavior, fail to complete their education, require public assistance, or become teen parents. Dealing with any of these risk factors is difficult enough for young, vulnerable parents, but when combined they create an environment that diminishes the opportunity for the healthy development of children.

The Family Development Program provides home-based supportive services to at-risk single parent families. Resilience can insulate children from the ravages of their environment, even catastrophes like war and famine. For those children exposed to poverty, drugs and violence, a nurturing relationship with a parent or other adult can provide the base for healthy development. It is in that relationship that values and

standards are established that the child will carry throughout life. Our primary goals are to strengthen parent-child relationships, promote healthy child development, and ensure adequate child and maternal health and to maximize educational achievement.

Parents can participate in our program for a maximum of 2 years. Developmental screening of the children can occur at 2-month intervals beginning at age 4 months. Any developmental delays or concerns are referred for further assessment and treatment, thus providing early intervention and increasing the opportunity for school readiness. Each parent and child is linked to a primary medical provider and inoculations and checkups are monitored. Group education sessions in maternal and child health, money management, and educational and employment counseling are held monthly. Each client, with staff assistance, develops an individual service plan that is reviewed every 60 days.

Florence Crittenton Programs of South Carolina, Inc. has been known for its work with unmarried pregnant women in Charleston County since its founding in 1897. The agency serves a clientele of single mothers and mothers-to-be, and provides screening and evaluation; counseling services, healthcare information, academic instruction, and acts as a liaison to other social service agencies within the community.

Traditionally, the agency helped young mothers through the stages of prenatal care, hospitalization, and post-partum care. More recently, it has shifted its focus to provide more services to mothers and children for up to two years after birth, to the critical early years of children's growth and development, and the crucial years of mothers learning how to grow and nurture their families – and themselves – in healthy ways.

Chicago: The city prevents and responds to the problems of homelessness in four primary areas: 1) Outcome Based Case Management; 2) Community Outreach via Service Fairs; and 3) Interim Housing Outreach Program; and 4) the Prevention Call Center.

Outcome Based Case Management

Since July of 1997, the intensive case management program has provided comprehensive services to clients. The main objective of such a comprehensive approach is to help clients become more self-sufficient by providing comprehensive services, resources, counseling and extensive follow-up. Case managers assess for the root causes of clients' problems, such as extreme poverty, limited or lack of education or job skills, mental and physical health issues, substance abuse problems and domestic violence. Case managers assist and motivate clients, through counseling, continuity of service provision, outreach (home and shelter visits), resource development and advocacy. The city is now making a significant shift in the service delivery system and approach to case management in the Human Service Centers. The primary emphasis is on outcomes that will lead families to increased self-sufficiency and reduction of dependency on public systems (e.g. income transfer programs).

Community Outreach via Service Fairs

The City of Chicago offers a wealth of resources for its residents. Chicago Works for You service fairs help low-income families cut through the clutter to access information and gain immediate results. Services relate to education, employment, health, finance, housing, senior citizens, special needs, transportation and small business. Six Chicago Works for you service fairs were held in 2006 at convenient locations throughout the city. Homeless agencies and the homeless population that they served were alerted and encouraged to attend.

Interim Housing Outreach Project

Funded from the Chicago Skyway Fund, a one-year Interim Housing Outreach Project is being funded

between interim housing and emergency response shelter programs. The additional staff funded by this project promotes movement in the homeless system by providing a short-term intervention with the goal of making an appropriate referral out of the emergency response shelters to interim housing, rental assistance funds, housing locator programs, or other available permanent housing.

Prevention Call Center

In collaboration with the city, providers of homeless prevention services got together to improve access to the types of emergency resources necessary to prevent vulnerable households from becoming homeless through the Prevention Call Center. This will be a single point of entry for those who are in danger of becoming homeless to access prevention resources. Call center staff will connect a household in immediate danger of becoming homeless with the assistance available and appropriate to their situation on the first attempt, to help them avoid homelessness and/or the shelter system altogether.

Denver: The homelessness problem is urgent and must be addressed aggressively. The immediate goal of Denver's Road Home is to reduce homelessness in Denver by 75 percent over five years. Over ten years, Denver's Road Home will meet the following eight goals:

1. Permanent & Transitional Housing

Develop 3,193 permanent and transitional housing opportunities.

2. Shelter System

Make safe and legal shelter beds and activities for all populations both day and night until adequate permanent housing is in place including the addition of 110 beds in year one of the Plan.

3. Prevention

Provide Denver residents facing homelessness more tools to keep them from ending up on the streets or in emergency shelters.

4. Services

Provide better access to supportive services that promote long-term stability and improved functioning.

5. Public Safety & Outreach

Improve public safety by increasing homeless outreach efforts to reduce panhandling, loitering and crimes.

6. Education, Training & Employment

Assist 580 people who are homeless to obtain skills and knowledge necessary to participate in the workforce.

7. Community Awareness & Coordinated Responses

Build community awareness and support for coordinated responses to eliminate homelessness.

8. Zoning, Urban Design & Land Use

Reform Denver's zoning, building and development codes to facilitate an adequate supply of emergency and affordable housing.

The 10 year plan to end homelessness—Denver's Road Home—has been "on the streets" for one year now. During this time, 423 new units of housing have been added, 701 homeless people have been assisted in finding work, 677 individuals received treatment services, 156 families received eviction assistance, and 121 families have been partnered with our faith-based mentoring teams.

In partnership with Comcast and Mile High united way Denver Human Services has held two events to offer a one-stop opportunity for Denver's homeless to access the services they need, including medical and dental care, employment services, legal assistance, permanent housing, vision screening, food, clothing, and social security benefit and food stamp applications. This event is known as "Project Homeless Connect".

Additionally, The Metropolitan Denver Homeless Initiative (MDHI) is a coalition working with homeless assistance agencies in the seven-county Denver metropolitan area to coordinate the delivery of housing and services to homeless families, individuals, youth and persons with disabilities. Each year MDHI conducts a survey and issues a report which captures the characteristics and size of homelessness in each of the metropolitan Denver counties. Independent from Denver's Road Home, the Metro Denver Homeless Initiative's annual Point-in-Time Survey measures the number of homeless living on the streets in the Denver metro area. This year, this survey showed a decline in homelessness of 11.4 percent from January, 2005 to January, 2006.

Des Moines: The Mayor recently participated in Reggie's Sleep Out (www.reggiessleepout.org) an event to raise funds for PAL (Preparation for Adult Living) a program that provides services to those aging out of foster care. Reggie's Sleep Out had 572 registered campers (sleeping outside in boxes or sleeping bags) and brought in over \$46,000 for Iowa Homeless Youth Centers. The event also raised community awareness of the critical problem of youth homelessness in Central Iowa.

Kansas City: Thanks to a large donation from an anonymous donor to the Mental Health Association of the Heartland (MHAH), the association is starting a new Peer Coaching Program. The program employs individuals who are formerly homeless and suffering from mental illness to work with or "coach" consumers who are currently working their way through the Continuum. This program is in its infant stage. However, the partnering agencies where the peer coaches are being placed have reported that the training is going very well and the initial client interactions are very positive. The community has high hopes for this program's success.

In an effort to meet the needs of the long term homeless, City Union Mission offers the New Beginnings Covenant. This is a month long program for single women and families staying in the emergency shelter that is designed to provide an environment for women and families to develop a new foundation for responsibility, accountability, and stability in life. Results after one year are very encouraging.

Los Angeles: The Los Angeles County Board of Supervisors has established an interagency Homeless Families Pilot Project in order to respond to the needs of CalWORKs-eligible homeless families whose parent(s) have mental health problems. As many as 3,450 adult family members with mental health problems are CalWORKs participants and have been homeless during a year. The purpose of this project is to provide services through a collaboration of the Department of Public Social Services, the Department of Mental Health, and the Los Angeles Homeless Services Authority. Through providing co-located staff in six different supervisorial areas of the county of Los Angeles, 350 homeless families are provided with the tools they will need to access and remain in permanent housing.

Louisville Metro: Kentucky's Homeless Prevention Pilot Project requires that people leaving foster care, mental health hospitals, and correctional facilities receive discharge planning services that include housing placement and links to other programs to assist the individual with re-entry into the community. The Project is testing the program in two places: Louisville Metro/Jefferson County and Cumberland County. Participation of persons being discharged from the institutions shall be voluntary with the goal that at least one of five persons discharged receiving services. The Kentucky Cabinet for Health and Family Services and the Kentucky Justice Cabinet have designated a homelessness prevention coordinator. Ninety days

prior to release of a person from a foster home, mental health facility, or correctional facility, the discharge coordinator develops a comprehensive discharge plan to address the housing, employment, health care, and other needs of the person to be released, subject to their consent. Each site collects data about the discharge plans, referrals, costs of services, and the rate of recidivism related to the homelessness prevention program. The site also submits an annual report to the Governor and a legislative committee that summarizes the data and makes recommendations to replicate the model.

Miami: The city's 24-hour outreach program along with a state of the art 500 bed homeless assistance center and our new indoor feeding program ensure that most of the city's homeless are sheltered and fed

Nashville: Nashville Mayor Purcell's Commission to End Chronic Homelessness has served as a dedicated funding source for the past two years to create permanent supportive housing and expand services such as intensive case management and expedited access to benefits. This funding stream is expected to continue, and already has reaped impressive results. Highlights include Housing First units and a program that assists chronic homeless persons as they apply for Social Security income due to disabilities. Thirty-four units of housing are being developed with funding from the first year of the Commission's term. Fifteen people have been approved for benefits (100 percent of those assisted!). Prior to this project, access to these benefits has often taken local agencies months to years. However, this pilot is averaging a mere 40 days to approve.

Park Center - Park Center's Housing Program, works great for the individuals that come to transitional housing program. People who come through the Safe Haven's are connected with mainstream resources on a fast track. Once they are connected with needed resources they can be referred to other areas of our housing program. Those that meet requirements can move into our Independent Housing Program, they get assistance with utilities etc... they are also given a housing started kit, which includes dishes, microwaves, pots & pans, cleaning supplies, bed linens etc... and we also follow-up with those that move on to permanent housing for up to 90 days.

Downtown Clinic-the Clinic has conducted a men's substance abuse treatment program for many years. In 2006, a program for women was started. At DTC the clients have the advantage of receiving primary medical care, mental health services, and dental services-- along with substance abuse treatment all in the same location.

Norfolk: In November, 2006, Harbor House, a permanent supportive housing program serving 16 non-violent ex-offenders opened in Norfolk. It is the first permanent housing project of its kind in the state that addresses employment, life skills, and housing needs of homeless ex-offenders.

Philadelphia: On December 8, 2005, Philadelphia launched its first Project Homeless Connect event. In keeping with the national model, there were services available on-site geared towards meeting the needs of chronically homeless individuals. Representatives from many city departments, and nonprofits gathered to provide free services ranging from shelter placements and medical and behavioral health services, providing food and free legal services, connections to benefits and barber services. A total of three hundred twenty six city workers, volunteers, state and federal agency staff, and non-profit organizations joined us to provide set up, clean up, escort, meal serving, entertainment, and services. At the end of this one-day event, there were 106 individuals sleeping in a bed who had slept on the street the previous night.

Phoenix: The city operates a Winter Overflow Shelter Program to provide respite from the cold during the winter months. The shelter provides a safe environment to sleep, a meal, showers and hygiene items for up to 19 families and 100 single females.

Portland: Home Again: a 10-year plan to end homelessness in Portland and Multnomah County was released in December 2004. First year outcomes exceeded the original goals of the 10-year plan. In 2005, 660 chronically homeless individuals were housed (the goal: 175) and 407 homeless families with children were housed, of which 208 were high-resource users (the goal: 250 families, including 50 high-resource users.) These outcomes, along with political will from the City and Multnomah County, resulted in the creation of new funding to fight homelessness. The City dedicated \$1 million dollars in new resources for the Key Not a Card initiative to move chronically homeless people off the street. The County dedicated \$1 million to support “Bridges to Housing,” a regional effort to create permanent supportive housing for homeless families throughout the Portland-Vancouver region. The City also created a \$9 million bond for permanent supportive housing to support plan goals. Many successful programs and initiatives that serve family and adult households are underway. They include:

A Key Not a Card – A key to a home, not just a business card

Since October 2005, outreach workers from four programs have offered chronically homeless family and adult households more than just their business card. In the first three months, they helped 58 households move into housing and retain that housing. The City of Portland made \$1 million in one-time funding available to A Key Not a Card to further demonstrate the success of the “housing first” model.

Increased supply of permanent supportive housing – Creating housing for chronically homeless people

Since 2003, the community has established a permanent supportive housing pipeline of 536 units. This is the result of significant changes in the way the City’s Bureau of Housing and Community Development, the County’s Department of County Human Services, the County Housing Office, the Housing Authority of Portland, and the Portland Development Commission do business when it comes to providing housing for homeless people. More coordination has spurred greater effectiveness and an increase in permanent supportive housing units. With the 10-year plan, the City and County have jointly agreed to create 600 units for families and 1,600 for adult households by 2015.

Bridges to Housing – Housing and services for homeless families using private & public funds

Bridges to Housing (B2H) will serve high-need homeless families throughout the 4-county, Portland-Vancouver metro area. B2H is leveraging new resources (\$20 million in private funds and \$50 million in public resources) to fund community-based organizations that will provide permanent housing linked to services. The first phase will begin in spring 2006. B2H, an innovative combination of permanent housing and short-term intensive services, builds on national data. It is being developed by a core group representing local governments and housing authorities from Multnomah, Washington and Clackamas Counties in Oregon, and Clark County in Washington, as well as providers of social services and housing. Expected outcomes include creating 300 units of housing with services over 10 years.

Shelter Wait List Case Manager – Skip shelter and go directly to housing

In July 2004, the largest shelter provider in Portland, Transition Projects Inc., hired a case manager to work with clients on the wait list for one of their three shelters. In 2005, that case manager, and another hired in July 2005, worked with 309 men and women – successfully placing 65 people (half of whom were chronically homeless) directly into permanent housing, preventing homelessness for 17, and placing 8 in transitional housing.

Housing Connections – Find permanent, affordable housing fast

Housing Connections (www.housingconnections.org) is a web-based housing locator that helps low-income individuals and agency staff locate affordable, accessible and special needs housing. The user-friendly site allows customized search criteria and detailed unit listings, helping people find housing that meets their needs. More than 56,000 units are listed for the Portland metro area and approximately 3,500 searches are performed each week.

Volunteers of America Home Free DV Program – Housing First & DV

In 2003, to better serve their clients, VOA closed its 77-year-old domestic violence shelter program to focus on outreach-based services including transitional and emergency housing, home visits, children’s services, support groups and individual advocacy. With no additional funding, VOA was able to serve five times as many clients with services and emergency housing and improve the housing stability of the clients they serve. Of the 285 households served with emergency housing, 60% went directly into permanent housing and the other 40% went to longer-term shelter or residential treatment programs. Their new transitional housing program (home services and rent assistance) places 80-100 households per year in a private apartment, with retention rates between 70-80 percent at 6 months.

Short-term rent assistance re-designs – Six funding sources and three funders streamlined into one

During 2005 and following an extensive community process and negotiations between partners, the City of Portland, Multnomah County, and the Housing Authority of Portland streamlined what had been a complex array of short-term rental assistance programs. The new model consolidates six different funding sources and three administrative entities into one. It also changes the rent assistance model previously used into one that supports flexibility, requires success, and makes “housing first” and homelessness prevention a priority. Approximately \$2 million is allocated through this streamlined model for agencies and individuals who need rent assistance.

JOIN – Moving people into housing first

JOIN is a nonprofit agency that uses a “housing first” approach to achieve their goal of rapid re-housing. Their seven outreach workers engage people who are sleeping outside—on the street, camping, or in their car. In 2005, JOIN helped 373 people in 233 households move into permanent housing directly from the street. Overall, JOIN was able to help 151 people in families and 79 kids 17 & under. Outreach workers engaged 894 new people, continued street outreach to many more, and provided ongoing support to those they housed. 12-month housing retention was 76 percent.

Joint Access to Benefits & SB 913 – Connecting qualified offenders to benefits prior to release

Joint Access to Benefits (JAB) initiates the Social Security disability application process for incarcerated individuals being released into Multnomah County or who have been released and are homeless. Four months prior to release, JAB staff works with corrections counselors by phone to complete the application. In 2005, 90 percent of 77 applications were approved. JAB is a collaboration of the Multnomah County Department of Community Justice’s Transition Services Unit, the Oregon Departments of Corrections and Human Services, Multnomah County’s Sheriff’s Office, Department of County Human Services, and the Social Security Administration district office. In 2005, the Oregon Legislature passed a bill making it possible for the Department of Human Services to make a “presumptive determination” for chronically mentally ill persons to receive medical benefits upon release or to suspend benefits, not terminate them, for less than 12 months incarceration.

Fresh Start & Risk Mitigation Pool – Landlords partner to serve those with housing barriers

The “Fresh Start” program opens doors to housing for individuals and families with complex needs. Participating landlords and property managers agree to relax screening criteria and rent to people to whom they might not otherwise rent. In return, they receive a commitment from a support agency to assess tenant housing readiness, provide ongoing support, and a landlord guarantee fund if a client leaves without paying rent or significantly damages a unit. The “Risk Mitigation Pool” is the fund by which the City of Portland provides coverage for landlords and property managers who incur damage or financial loss as a result of renting to homeless or formerly homeless people. Final administration procedures are being established for the pool. It is expected that the \$800,000 fund will be available to approved landlords requesting reimbursement for excessive expenses not covered by their operating budget.

Housing Rapid Response: Police, neighborhood, service-provider house homeless repeat offenders

Housing Rapid Response (HRR) houses chronically homeless persons who have repeat contact with Portland police or jail. Participants are referred to Central City Concern for housing and treatment via ACCESS, a project within the City of Portland’s Office of Neighborhood Involvement. Almost all participants have active chemical addictions or untreated mental illnesses. HRR began in October 2005 and in the first three months: 26 people moved into housing; 62 percent remained housed; 35 percent voluntarily entered substance abuse treatment; and experienced a 62 percent reduction in arrests.

Salt Lake City: The Pathways Project is a pilot project which provides housing and rich collaborative supportive services for people experiencing chronic homelessness. In this initial project, 17 individuals who had heavily used services from a number of provider agencies were assisted in moving from long-term homelessness directly into housing. The 17 individuals in the Pathways Project stayed at The Road Home shelters for a total of 10,170 nights over the last five years. On average, each individual in this program stayed in shelter for 598 nights. In contrast, the “short term” clients are those who have stayed in shelter for less than 180 days over the past five years. These clients represent 88 percent of all shelter clients, and each stayed in shelter for an average of 38 nights.

By moving the 17 Pathways clients into housing, space was opened up in shelter for 267 “short term” clients over the next five years, or an average of approximately 53 clients each year. Case management is the key component to the success of individuals being served by Pathways. Case managers from four agencies comprise the team that works with the 17 individuals. Fourteen of the seventeen individuals placed in Pathways were categorized as “heavy shelter night users.” A total of 60 individuals were placed in beds formerly occupied by these 14 heavy shelter users. Case managers visit each client at home several times per week, focusing on health care, addiction and substance abuse issues, basic needs daily living skills and relationship building. The relationship between client and case manager is essential to the success of this project. To date, all 17 of the original participants are still housed and continue to work with their case managers.

San Francisco: San Francisco Human Services Agency is under taking the implementation a Housing First Rental Subsidy Pilot Project. The philosophy and the goal of this pilot is the rapid re-housing of homeless families in the Bay Area. For many years this effort has been challenged by the lack of affordable housing and the very low income of homeless and marginally housed families. Part of the solution to this problem is the creation of shallow rental subsidies. In addition, greater flexibility and an expanded definition of rental assistance funds could assist more families in obtaining or maintaining housing.

Shallow Rent Subsidies

A shallow rental subsidy program designed to accomplish the primary goal of long-term housing sustainability by rapidly re-housing eligible families, supporting CalWORKS families in shelter in making

the transition to market rate housing and employment, providing intensive case management, and promoting vocational self sufficiency.

Rental Assistance Services for Families

A rental assistance program designed to house families, whether that involves preventing a housed family from losing their housing, assisting a homeless family in accessing housing, or providing short-term rental subsidy post-eviction prevention payment to stabilize a family's housing situation.

Santa Monica: In July 2004, the City and local service providers initiated the development and implementation of a collaborative pilot project to reduce the number of chronically homeless persons living on Santa Monica streets and other outdoor public places by helping them secure housing, benefits, supportive services, including mental health treatment and/or substance abuse treatment. To date, 90 people have been enrolled in the project, 27 are now in permanent housing and 21 are in temporary or transitional housing. The average age of a participant is 52, the oldest is 88. Fifty-one are male and thirty-nine are female. Eleven are veterans. The collective total time homeless is over 800 years. Services continue to be coordinated through monthly meetings of front-line staff facilitated by the Service Coordinator, a consultant to the City.

Seattle: Plymouth Housing Group's Plymouth on Stewart project, located in downtown Seattle, includes 20 "housing first" set-aside units for chronically homeless high need individuals being released from medical respite or referred by a street outreach program case management team. The project is having great success. All of the original tenants have remained housed after seven months and report that they are very happy in their homes. They are successfully engaged and connecting to medical services, benefits, and mental health services. Chemical dependency and nursing services are offered on-site. Nursing is frequently used for sub-acute care and proactive wound care. Because of the lower case load for housing case managers, more community building activities are occurring to strengthen relationships among all the building tenants. Overall, this is a very successful housing first program for chronically homeless individuals, many of whom are veterans.

St. Paul: The St Paul Police Homeless outreach Partnership (P-HOP) is providing a viable housing option for the single population that cannot rent. P-HOP has opened two houses, one each for single men and women, to help the homeless to learn to live more successfully. This supportive housing program does not require sobriety, but does not allow any using on site. The units are supported by P-HOP staff and police, as well as by community volunteers who seek to build ongoing relationships with residents. This approach is less costly than other models because it functions without on site staff, while relying on participants and community volunteers to help build a culture of support for participants. In over nine months of operation, the program continues to run well and there has yet to be any complaints from neighbors.

Trenton: The 24 hour Homeless Hotline is available for people who are homeless. The existence of homeless shelters for single adults and families were established so that clients are not placed at motels. Home Front and Family Preservation House are two of these shelters.

Ending Chronic Homelessness

Ninety-five percent of the survey cities have developed plans to end chronic homelessness. These cities include Boston, Charleston, Chicago, Cleveland, Denver, Detroit, Kansas City, Los Angeles, Louisville Metro, Miami, Nashville, New York, Norfolk, Philadelphia, Phoenix, Portland, Salt Lake City, San Francisco, Santa Monica, Seattle, St. Paul, and Trenton.

Twenty-five of the cities say that their plans to reduce chronic homelessness have led to a reduction in the number of people living on the streets.

Among the city officials' comments:

Boston: The city's master list of chronically homeless persons living without shelter has decreased significantly in each of the past three years. With the help of a generous grant from the Citizen's Bank Foundation, a new partnership led by City's Emergency Shelter Commission in collaboration with the Boston Interagency Street Outreach Network has identified an additional sixty chronically homeless elders over the age of sixty living on the streets. This cohort is now the focus of enhanced efforts to link outreach to housing opportunities, support and stabilization services.

However, there is still an issue with homelessness prevention and discharge monitoring for individuals coming from state systems such as mental health and substance abuse treatment or corrections. While Massachusetts has exemplary discharge planning protocols on the books, in practice many persons discharged from these systems end up with no residential options but the streets and shelters. There is also a cohort of high utilizes of emergency rooms and other high cost health care who lack the rental housing assistance, intensive case management and supportive wrap around services they need to end homelessness.

Charleston: The plan has lead to a reduction in the number of people on the streets but there are more people in our shelters and it has increased the awareness and urgency for additional units of affordable rental housing.

Chicago: The most recent Point-i-Time count (PITC) was conducted in January 2005, and revealed 1,727 unsheltered homeless city-wide. While the next PITC is not scheduled until January 2007, it is anticipated that the number of unsheltered homeless will have decreased. This decrease can reasonably be expected through the results of several new initiatives, such as: Street-To-Homes Initiative started in February of 2006 has housed 65 individuals as of the date of this survey; Chronic Homeless Initiative expects to have housed 204 individuals by year-end; Serial Inebriates Collaboration has housed 11 individuals to date.

Cleveland: It is too early to measure the impact. A major component of the plan is to move long term shelter residents into permanent supportive housing. A significant expansion of permanent supportive housing opportunities is underway.

Denver: According to the MDHI Point-in-time survey the number of people living on the streets has decreased from 10.9 percent to 7 percent in the last year.

Des Moines: An effort is in progress by the Mayor and the Polk County Housing Continuum to develop a plan that addresses chronic homelessness. This group will bring together community homelessness experts from the Iowa Homeless Youth Centers, Primary Health Care Homeless Outreach Project, Central Iowa Shelter and Services, Anawin Shelter Plus Housing, Hawthorne Hill Ministries & Beacon of Life Shelter, Hanson House, Hope Ministries, and Habitat for Humanity, American Red Cross of Iowa, Iowa Housing & Homelessness, and the City of Des Moines Housing Services Department. The first meeting of this group is planned for December 2006. The Mayor and members of this task force hope to develop a plan that will address the needs of the homeless in the city and effectively reduce the number of people living on the streets.

Detroit: Our 10-Year Plan to End Homelessness was finalized in October 2006 and the implementation phase has just begun. Therefore, the plan can not be directly linked to a reduction in chronically homeless persons.

Los Angeles: At this time, we do not have the data to be able to answer this question. After the homeless count is conducted in late January 2007, we will have data to compare but won't be able to provide an answer to this question until the summer 2007.

Louisville Metro: The number of people who are living on the street appears to have decreased. During the 2005 street count, the number of people living on the street dropped to 95 from the previous count of 175 in 2003. Since that is a one-night snapshot, it is difficult to tell whether this is a trend or simply a result of other conditions such as milder weather from one year to another. In January 2007 the Coalition for the Homeless will repeat the street count and will have a better sense of the trend line.

Miami: It is too soon to tell.

Nashville: We are still at the beginning stages of the Mayor's plan to end homelessness in 10 years.

Norfolk: The plan began one year ago, we will learn more about its effectiveness at the next point and time count.

Philadelphia: Between November 2005 and November 2006, the Center City street census decreased from 429 to 404, a 6 percent decrease. When averaging the street counts across seasons annually, in 2006 thus far the average is 375 in comparison to 323 in 2005.

Phoenix: The city participates in a regional intergovernmental planning process. While the overall capacity to shelter has increased, the general growth of the region has increased the number of people experiencing homelessness.

Portland: In the first 9 months of 2006 (January-September), a total of 277 chronically homeless people moved into permanent housing, including 32 people ages 24 & under. A total of 234 homeless families moved into permanent housing, including 110 "high-resource" families.

Salt Lake City: The plan to move chronically homeless individuals into housing was begun with the pilot Pathways project during the past year and it is expected to make space for 53 new clients each year. The Pathways program is expected to grow as two new housing developments, with a total of 184 new units will become available during 2007.

San Francisco: The continued growth of Project Connect services, the increase in single adult low-income housing units for homeless clients receiving County Adult Assistance Program benefits and the push to increase permanent housing units dedicated to the chronic homeless clients as new projects come on line.

Santa Monica: In addition to the City's Chronic Homeless Project, in September 2005, Santa Monica was selected by the U.S. Department of Housing and Urban Development (HUD) to receive \$948,000 for rental subsidies and housing search to house 30 persons who are chronically homeless and addicted to alcohol. This new resource has allowed the City to expand the CHP, working toward the goal of housing the most service resistant and hard to reach homeless in our community. Forty-three (43) of the 90 CHP participants are targeted for the Serial Inebriate Program. To date, six (6) people have been housed with SIP vouchers, three (3) have move-ins pending, and two (2) are searching for a unit.

Seattle: The King County Ten-Year Plan to End Homelessness includes strategies to help all homeless people, not just the chronically homeless. Since the adoption of the Plan in mid-2005, more than 900 units have been completed with over 700 in the pipeline. Of these, half are specifically targeted to the chronically homeless. We anticipate that the development of housing with appropriate services will be reflected in the results of the One Night Count.

St. Paul: Homelessness has grown over 20 years and has multiple origins such as de institutionalization and the federal withdrawn of affordable housing as the population grew over the years. Those forces continue to increase the numbers of homeless, and will continue to do so for many years until the federal government steps up to its responsibilities.

Trenton: The city through collaborative efforts of several state, local agencies, along with private funders and nonprofit organizations, is currently developing a three-year Housing First initiative, which will evaluate the social and economic benefits of utilizing a Housing First approach for those experiencing long-term homelessness.

Five percent of the cities say that their plans to reduce chronic homelessness have led to cost savings with respect to the amount spent on a chronically homeless person.

Among the comment of the city officials:

Boston: The Plan has lead to a redirection of HUD McKinney-Vento resources from supportive services and other programs to permanent housing programs. Over the past two years, \$2 million in new resources for permanent supportive housing was made available. City partners have applied for additional state funding for supportive services. Additional applications for HUD permanent housing resources are pending.

Charleston: We expect to see a difference in the amount the city spends on each chronically homeless person with the improvement to healthcare services at Crisis Ministries and the reconfiguration of their facilities. More units of housing like the ones developed by Humanities Foundation and homeownership initiatives by the Charleston Bank Consortium will have an impact on this population, but it will take time.

Chicago: Research analysis is underway to determine the cost effectiveness associated with providing permanent housing for the chronically homeless individual to include costs associated with detainment in correctional institutions and hospital facilities.

Cleveland: While cost savings may result over the long term, expanding permanent housing opportunities requires substantial current and future investments of public resources. The primary focus of the plan is on improving the lives of homeless persons, not on immediate cost savings.

Denver: Fewer individuals are in jail and/or detox facilities. Costs have been reduced by providing additional prevention services to families and individuals at risk as well.

Des Moines: The task force hopes to fine tune homelessness efforts in the city in order to become more effective and efficient in responding to the needs of the chronically homeless.

Detroit: Our 10-Year Plan to End Homelessness was finalized in October 2006 and the implementation phase has just begun. Therefore, the plan cannot be directly linked to any cost savings or cost effectiveness as it relates to the amount spent on chronically homeless persons.

Kansas City: We have seen no measurable effects as of yet according to the Homeless Services Coalition.

Los Angeles: Studies are underway but are not yet complete so at this time, we do not have the data to be able to answer this question. We hope to have data available December 2007 to be able to answer this question.

Louisville Metro: Louisville has actually increased spending on the chronically homeless in an effort to implement a “housing first” model. Last year we received a Continuum of Care bonus of \$596,176 because our plan addressed HUD’s goals of permanent housing for chronically homeless. We anticipate a similar bonus this year, so next year our funding for this population will increase once again. We have noted other efficiencies that we can attribute to our plan. Our Housing Options meeting, which gathers all service providers, has been reinstated to educate and problem-solve. The group looks at the internal policies we follow to determine whether they are working or need to shift, working within the confinements of the funding streams, to better respond to needs. In another effort to use every available resource, the Coalition for the Homeless uses its regular “e-newsletter” to send out a list of housing vacancies

Philadelphia: In the first year of the Ten-Year Plan we are not yet at a point where we can quantify this type of data.

Phoenix: The city participates in a regional Continuum of Care plan to address homelessness. The plan provides a mechanism to gain economy of scales and to leverage resources to their fullest potential.

Portland: After 6 months, 84 percent of chronically homeless persons and 85 percent of "high-resource" families contacted were still housed.

Salt Lake City: Data are being gathered on the pilot Pathways project and will be evaluated as more information becomes available.

San Francisco: This plan has allowed for the rapid placement of homeless clients into housing.

Seattle: Mechanisms to track savings to systems such as jails, the sobering center, and hospitals are being discussed.

St. Paul: It is too soon to calculate the cost effectiveness of our efforts. The first steps have just begun

City Data on Homelessness

City	Percent Increase in Requests for Emergency Shelter	Percent Increase in Requests by Families for Emergency Shelter	Shelter Beds	Transitional Housing Units	Family Break-up for Shelter?	Family Leave During Day	Percentage Need Unmet	Turn Away Families?	Turn Others Away?
Boston	12	28	Increased	Increase	Yes	Yes	15	Yes	Yes
Charleston	7	Na	Stay the Same	Stay the Same	No	No	16%	Yes	Yes
Charlotte	Na	Na	Na	Na	Na	Na		Na	Na
Chicago	3.3	1.2	Increased	Increase	Yes	No	0%	No	No
Cleveland	-1	Na	Increased	Decrease	No	No		No	No
Denver	18	10	Increased	Increase	Yes	Yes	12	Yes	Yes
Des Moines	14	14	Stay the Same	Decrease	No	Yes	13%	Yes	Yes
Detroit	0	0	Stay the Same	Increase	No	Yes		Yes	Yes
Kansas City	-13	-19	Stay the Same	Stay the Same	No	Yes	29%	Yes	Yes
Los Angeles	30	20	Stay the Same	Stay the Same	Yes	Yes		Yes	Yes
Louisville Metro	43	-36	Decreased	Increase	Yes	No	NA	Yes	Yes
Miami	0	0	Stay the Same	Decrease	Yes	Yes		Yes	Yes
Nashville	9	20	Stay the Same	Stay the Same	Yes	No	15	Yes	Yes
Norfolk	10	10	Stay the Same	Stay the Same	No	Yes		Yes	Yes
Philadelphia	-2.4	-2.8	Increased	Decrease	Yes	No	Na	No	No
Phoenix	7.35	-20.32	Increased	Increase	Yes	No	54%	Yes	Yes
Portland	Na	Na	Decreased	Increase	Yes	Yes	27%	Yes	Yes
Salt Lake City	8	12	Stay the Same	Increase	No	No	43	Yes	Yes
San Francisco	-5.31	10	Decreased	Stay the Same	No	No	0	Yes	No
Santa Monica	20	25	Increased	Decrease	Yes	Yes		Yes	Yes
Seattle	Na	Na	Stay the Same	Decrease	No	Yes	Na	Yes	Yes
St. Paul	7.7	10.8	Stay the Same	Stay the Same	No	Yes	10%	Yes	Yes
Trenton	28	15	Increased	Increase	Yes	No	Na	Yes	No

Composition of the Homeless Population

City	Families	Men	Women	Youth	African-American	White	Hispanic	Asian	Native American	Mentally Ill	Substance Abusers	Employed	Veterans	Single Parent Families	Family Members who are Children
Boston	37	52	11	0	44	31	20	5	0	21	39	44	7	90	56
Charleston	19	62	10	9	42	52	2	0	4	37	75	20	32	92	20
Charlotte	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chicago	26.2	57.4	16.4	0	80	10	9	0.3	1	6	23	11	6.9	92.9	66.8
Cleveland	12	56	32	0	74	21	4	0	1	22	56	0	20	99	65
Denver	54	29	13	4	31	37	22	2	8	28	41	15	6	38	31
Des Moines	61	18	18	3	24	61	10	1	2	21	9	32	19	45	37
Detroit	75	15	6.3	3.7	0	0	0	0	0	40	57	0	24	0	0
Kansas City	56	27	16	1	53.3	37.8	6.7	1.2	0.2	0	0	0	13	94	69
Los Angeles	29	56	23	2	48	25	20	0	0	36	49	0	18	15	20
Louisville Metro	14	61	21	4	39	36	2	0.2	0.3	8	11	28	25	90	59.6
Miami	14	69	17	0	0	0	0	0	0	0	0	0	0	0	0
Nashville	11	74	15	0	54	43	3	0	0	18	43	4	15	92	60
Norfolk	20	60	20	0	75	23	1.6	0	0.4	0	0	0	0	94	62
Philadelphia	36	44.3	17.23	0	77	11.59	5.4	1.43	0.22	21.33	34.28	0	0	29	66
Phoenix	32	53	13	0.8	13	45	25	0	3	25	26	0	4	0	66
Portland	41	35	22	2	18	56	20	2	4	18	24	10	8	50	51
Salt Lake City	19.7	66.5	13.8	0	10	63	18	2	7	13	21	16	14	56	60
San Francisco	20	63	17	0	37	30	17	4	12	0	0	0	0	56	54
Santa Monica	7	58	34	1	34	51	13	1	1	34	41	11.3	7.6	60	83
Seattle	38	45	16	0	28	35	9	2	4	23	24	9	11	80	23
St. Paul	21	62	12	4	44	39	9	2	2	47	34	30	26	90	61
Trenton	0	0	0	0	0	0	0	0	0	100	40	55	26	88	83

Shelter Beds, Transitional Housing Units, SRO Housing in the Survey Cities

City	Shelter Beds	Family Shelter Beds	Transitional Units	Family Transitional Units	Single Room Occupancy Units
Boston	2,649	1,303	1,577	228	4,306
Charleston	200	69	269	36	-
Charlotte					
Chicago	2,457	979	1,912	710	12,714
Cleveland	1,062	327	687	103	
Denver					
Des Moines	4,531	2,345	782	439	188
Detroit	1,313	267	1,081	144	
Kansas City	910	343	1,480	496	
Los Angeles	2,254	1,135	4,310	2,276	1,892
Louisville Metro	710	154	1,008	302	480
Miami	1,350				
Nashville	874	258	397	37	160
Norfolk	202	108	95	12	60
Philadelphia	2800 (budgeted)	1621 (budgeted)	3,926	2,023	633
Phoenix	1,747	947	4,358	2,394	
Portland	800	266	2,858	1,551	1,454
Salt Lake City	734 year round beds	223	1,140	264 units 819 beds	<200
San Francisco	1,549	335	N/A	105	3,450
Santa Monica	474	N/A	239	21	36
Seattle	2,237	526	1,651	441	2,254
St. Paul	507	211	624	292	418
Trenton	77 for single adults. Eff	375	565	463	402

Housing

Assisted Housing Requests

Requests for Assisted Housing by Low-Income Families and Individuals

During the last year, requests for housing by low-income families and individuals increased in 86 percent of the survey cities.

Among the comments from the city officials on the number of requests for assisted housing by low-income families and individuals:

Boston: All waiting lists for the BHA's housing programs (public housing, Housing Choice Voucher (Section 8), Special programs - Mod Rehab and Project Based Voucher) have increased since last year. In January 2006, the Boston Housing Authority had 11,224 households on the public housing waiting lists. To date, the BHA now has 15,859, a 42 percent increase this year alone. Also in January 2006, the Boston Housing Authority had 5,543 households on the Housing Choice Voucher waiting list including the Special programs -Mod Rehab and Project Based Vouchers. Today the BHA has 10,645 due to a two-week re-opening of their waiting list.

Charleston: There have been no increases in affordable rental housing inside the city in the past year. The increase is in homeownership but many homeless individuals take years to gain the skills and ability to sustain themselves independently into homeownership. The city lacks affordable rental units or units that provide support services.

Chicago: The Chicago Housing Authority (CHA) reports an increase in the number of walk ins and phone calls from last year requesting housing assistance by low-income families or individuals. This increase is due to the finalization of rehabilitated senior sites as well as completion of rental phases in several of the new mixed income developments.

Cleveland: The Public Housing waiting list increased from 8290 in 2005 to 9376 currently.

Denver: This information is based upon number and frequency of calls received through family centers, crisis lines, and housing organizations. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Kansas City: We have experienced a 40 percent increase in applicants for housing and housing assistance over the past year. Between October 1, 2004 and September 30, 2005 we received 3,371 applications; between October 1, 2005 and September 30, 2006 we received 4,725 applications.

Louisville Metro: There are waiting lists for both Section 8 housing and Shelter Plus Care slots. Public Housing has also maintained a substantial waiting list due to: residents remaining in their apartments for longer periods of time; a new HOPE VI project; increased foreclosure rate on homes; and lack of affordable rental housing units.

Nashville: MDHA, the city's public housing agency, definitely saw an increase in the number of applications for Section 8 (over 6000 since January), plus the hurricane victims. Nashville Safe Haven Family Shelter continued to see an increase due to families coming off the welfare rolls, and The Salvation Army had more requests, and sees longer waiting lists.

Philadelphia: The increase is largely due to families becoming unemployed, rent-burdened, living in substandard housing, and ultimately homeless.

Phoenix: The overall number of housing applications decreased from June 2005 to June 2006 for all housing programs except for the Scattered Sites Homeownership Program. It should be noted that the Section 8 Housing Choice Voucher wait list was closed June 30, 2005.

San Francisco: During the last year, requests for assisted housing by low-income families and individuals in San Francisco decreased. Single adults' low-income housing units increased by 32 percent. The requests for housing by single adults has decreased in the last year as shown in the drop in the number of homeless clients receiving County Adult Assistance Program benefits. Requests for assisted housing by low-income families stayed the same. There was little growth in the number of units of housing available to families as the planned growth of new housing is in the pipeline but will not be available until later this year. The number of families in the emergency shelter and transitional housing system has stayed relatively the same.

Santa Monica: According to the Santa Monica Housing Authority the demand for assisted housing by low-income families and individuals increased by over 4,400 based on the opening of the Section 8 waiting list in June 2006. It is estimated that it will take an average of 7-8 years to get to all new appointments.

Seattle: For the year ending September 30, 2006, the Seattle Housing Authority received an average of 470 housing applications per month for the Low Income Public Housing Program and the locally financed Seattle Senior Housing Program. This represents an increase of approximately 4.5 percent over the previous year.

St. Paul: The growth in poverty dictates that the request for assisted housing will increase.

Trenton: MCBOS attempted to place families in transitional housing to make the transition into affordable housing. Temporary Rental Assistance (TRA) provides assistances for approximately 470 families.

Outlook

Expected Requests for Food and Shelter

Requests for Emergency Food Assistance for 2007

Seventy-two percent of the survey cities expect that their requests for emergency food assistance will increase in 2007.

During 2007 requests for emergency food assistance by families with children are expected to increase in 95 percent of the survey cities.

Among the comments from city officials:

Chicago: The Greater Chicago Food Depository anticipates that the demand on member food pantries, soup kitchens, and shelters will certainly not decrease. According to the recently released USDA Household Food Security Study, food security among Illinois households has been relatively constant (with no statistically significant changes) in recent years.

While organizations such as the Greater Chicago Food Depository are unable to project whether food assistance in Chicago will increase, CDHS anticipate that the demand on our member food pantries, soup kitchens, and shelters will not decrease. According to the recently released USDA Household Food Security Study, during 2006, food security among Illinois households has been relatively constant (with no statistically significant changes) in recent years.

Cleveland: Demand for food assistance is closely tied to the state of the economy and employment. There has been modest improvement locally over the past year. If this continues, demand for food assistance could decrease. If the economy slows and unemployment increases, demand will go back up.

Denver: Based on the current economy and the outlook for utility costs and housing, we expect this demand to continue to increase. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: Rising costs of fuel and consumer goods (including food and medicine) coupled with low wages are putting more families at risk. We are seeing steadily increasing numbers accessing our services for low income households.

Detroit: Manufacturing industry is declining, which is a major employer for our citizens.

Louisville Metro: The statistical trend for the past twelve months continues to go upward and there is no indication that this trend will reverse.

Philadelphia: The demand for food assistance according to the 168 cupboards surveyed is going to increase greatly during 2007. The high demand for food assistance is symptomatic of a larger problem

-people being unable to find a full time job paying a living wage and health care benefits. It is easier for families to access food through available programs than to locate money for paying rent, utility bills or prescriptions. The causes of poverty and demand for food are not diminishing but appears to be increasing. Looking towards 2007, the data suggests that it will be increasingly difficult for families to survive.

Phoenix: As Arizona and Maricopa County populations continues to increase the number of people affected by hunger also continues to rise. Low paying jobs continue to plague people and families who struggle to rise above poverty.

Portland: Socioeconomic momentum has been picking up steam for years to further marginalize medium and low-income working class families. A decrease in the availability of health care; low paying jobs; increased housing costs and limited low income housing choices; increased child care cost that now are simply unattainable for a growing number of two income families; home energy costs that grow faster than inflation and many other economic factors lead us to the unmistakable conclusion that a growing number of Americans are turning to food assistance to meet their monthly food needs. Oregon Food Bank is developing new relationships with hunger-relief agencies in affluent communities that once appeared immune to the specter of hunger in the past. We believe this trend will continue into the future.

San Francisco: Our supply continues to not meet the demand, so we will continue to increase our services.

Santa Monica: If current trends are an indication, there will be greater demand for emergency food assistance in Santa Monica in 2007.

Seattle: Demand for food varies from one meal program to another and likewise, from one food bank to another. It is expected that the emergency food programs will be seeing more varying household needs, such as the needs of childcare, and/or care for senior members of the household, or the needs of caring for extend family members.

St. Paul: It is difficult to project the level of increased demand. Second Harvest Heartland expects to increase the volume of food distributed to local emergency food providers in 2007

Trenton: According to Mt. Carmel Guild, we are seeing more families with children this year and project it will be the same next year.

Forecast of Requests for Emergency Shelter during 2007

Sixty-eight percent of the survey cities expect that requests for emergency shelter to increase in 2007.

Seventy-five percent of the survey cities expect that requests for shelter by families to increase in 2007.

Among the comments from city officials:

Charleston: The number of families coming to the city for help and receiving the help they need will decrease because there is no place to put them. People come to Charleston because they believe we have the resources to help them. Our resources for families are severely limited. Because of cuts in Medicaid in our state, families are unable to take advantage of our outstanding medical facilities and there are no affordable places for them to live. The shelters are full, transitional housing is very limited, and permanent housing that is affordable on local transportation routes.

Chicago: Based on increased prevention efforts, the Chicago Department of Human Services expects to see the number of requests for emergency shelter to begin to decline. This trend is predicted to occur based upon several new homeless resources in Chicago, including the new Prevention Call Center and the Housing Locator Program. An increased focus on housing First Models, such as Chicago's interim housing program is also likely to contribute to a decline in the requests for emergency shelter.

In comparing the Types of Household served in Homeless Shelter programs in FY 2005 and FY 2006, the Female with Child was the only type of household that increased from 21.0 percent of the homeless population served to 23.7 percent, respectively. However, with the increased prevention efforts and new programming described above, the Chicago Department of Human Services anticipates a decrease in this population as well.

Cleveland: As with food assistance, the state of the local economy and the availability of employment opportunities will be a primary factor in determining the demand for shelter. New permanent housing opportunities coming on line should allow some long term homeless persons to leave the shelter system. It is also hoped that cooperative initiatives with the State Dept. of Corrections may result in fewer ex-offenders ending up in homeless shelters immediately after release from prison.

Denver: Again, based on the current economy and the outlook for utility costs and housing, we expect this demand to continue to increase. (All responses have been compiled and averaged from a city-wide survey sent to service agencies and providers. Numbers are based upon their data tracking as well as those of the Denver Department of Human Services.)

Des Moines: The 2005 Iowa Statewide Homeless Survey states: "In Iowa, as in the nation, the composition of the homeless population is changing. Families with children now make up the majority of all homeless households in Iowa." The survey also states: "While targeted efforts to improve supportive services to people with health problems and to families are important, without adequate wages and affordable housing the impact of these improvements in reducing homelessness may be limited."

Louisville Metro: There are waiting lists for both Section 8 housing and Shelter Plus Care slots. Until recently, Public Housing had also maintained a substantial waiting list due to: residents remaining in their apartments for longer periods of time; a new HOPE VI project; increased foreclosure rate on homes; and lack of affordable rental housing units.

Norfolk: There have been more than 100 new permanent supportive housing beds for the homeless that will be available by January 2007.

Philadelphia: We are launching a new Prevention program that seeks to provide a one-time cash grant to help families remain in their own homes. Additionally, a new Diversion program focuses on rapidly re-housing clients into the community with supportive services and appropriate resources. We

anticipate that these new programs will help decrease the number of families seeking shelter services in future.

Phoenix: As Arizona and Maricopa County populations continue to increase the number of people affected by homelessness also continues to rise. Low paying jobs continue to plague people and families who struggle to rise above poverty.

Portland: There are limited emergency shelter options for families with children in Portland. Emergency winter shelters open November-March. This year, shelters filled up more quickly than in previous years. Rather than increase emergency shelter, the community has chosen to invest in rent assistance and other alternatives to costly shelters, such as transitional housing. Also, Portland provides some emergency assistance for families through hotel/motel vouchers rather than facilities. However, with a lack of public housing and Section 8, and limited affordable housing, we can anticipate a greater request of emergency shelter and emergency assistance to try to fill in the gap.

We would also expect to see an increase in the number of people who request shelter over the next 1-2 years.. Recently with the announcement of a new program to provide significant financial assistance to chronically homeless adults, local providers reported a sharp increase in the number of new people who were coming to their agency to request services. Specifically with chronically homeless adults, we expect to see a sharp increase in the percent who are requesting services in the next two years as they learn about new opportunities, housing that does not mandate being clean and sober or in treatment in order to access housing, and see long time street friends getting homes.

San Francisco: Due to temporary and permanent closures of two primary city shelters and one smaller shelter. Due to the allocation of new and increased resources for rental assistance and rental subsidies for families as well as the adoption of a Housing First model, we hope to see a decrease in the number of chronically homeless families in the next two years.

Seattle: The Ten-Year Plan strategies are designed to move our systems from shelter-based to housing-based. We anticipate that we will begin to see the impact of these changes in late 2008 as the resources and implementation plans take effect.

St. Paul: Poverty and under-employment remains a constant provider of demand for emergency shelter. People are unable to rent in the first instance or often are evicted for non payment. The numbers of units coming on line that are affordable are not enough to address the need. The lack of "rental assistance vouchers" must be corrected if we want to stem the tide of homelessness in our cities.

Trenton: MCBOSSE stated that there is a lack of affordable housing. There are many people with mental health and substance abuse problems that are constantly looking for affordable housing. There are many apartments that are uninhabitable. Adult & Family Services stated that waiting periods for subsidized housing and Section 8 Vouchers have increased long waiting periods.

APPENDICES

- Hunger and Homelessness in America's Cities:
A Sixteen-Year Comparison
- Survey Cities And Their Mayors
- 2006 Survey Questionnaire

Hunger and Homelessness in America's Cities: A Sixteen-Year Comparison

Indicator	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
HUNGER																
Increase in Demand for Emergency Food	26%	18%	13%	12%	9%	11%	16%	14%	18%	17%	23%	19%	17%	14%	12%	7%
Cities in which Demand for Food Increased	93%	96%	83%	83%	72%	83%	86%	78%	85%	83%	93%	100%	88%	96%	76%	74%
Increase in Demand by Families for Food Assistance	26%	14%	13%	14%	10%	10%	13%	14%	15%	16%	19%	17%	18%	13%	7%	5%
Portion of Those Requesting Food Assistance who are families with Children	68%	68%	67%	64%	63%	62%	58%	61%	58%	62%	54%	48%	59%	56%	54%	70%
Demand for Emergency Food Unmet	17%	21%	16%	15%	18%	18%	19%	21%	21%	13%	14%	16%	14%	20%	18%	23%
Cities in which Food Assistance Facilities must turn people away	79%	68%	68%	73%	59%	50%	71%	47%	54%	46%	33%	32%	56%	48%	43%	26%
Cities which expect demand for Emergency Food to increase next year	100%	89%	100%	81%	96%	96%	92%	96%	84%	71%	100%	100%	87%	88%	90%	72%
HOMELESSNESS																
Increase in Demand for Emergency Shelter	13%	14%	10%	13%	11%	5%	3%	11%	12%	15%	13%	19%	13%	6%	6%	9%
Cities in which Demand increased	89%	88%	81%	80%	63%	71%	59%	72%	69%	76%	81%	88%	80%	70%	71%	68%
Demand for Emergency Shelter Unmet	15%	23%	25%	21%	19%	20%	27%	26%	25%	23%	37%	30%	30%	23%	14%	23%
Cities in which Shelters must turn people away	74%	75%	77%	72%	82%	81%	88%	67%	73%	56%	44%	56%	84%	81%	79%	77%
Cities which expect Demand for Shelter to increase next year	100%	93%	88%	71%	100%	100%	100%	93%	92%	72%	100%	100%	88%	88%	93%	68%
Composition of Homeless Population																
Single Men	50%	55%	43%	48%	46%	45%	47%	45%	43%	44%	40%	41%	41%	41%	43%	51%
Families with Children	35%	32%	34%	39%	36%	38%	36%	38%	36%	36%	40%	41%	40%	40%	33%	30%
Single Women	12%	11%	11%	11%	14%	14%	14%	14%	13%	13%	14%	13%	14%	14%	17%	17%
Unaccompanied Youth	3%	2%	4%	3%	4%	3%	4%	3%	4%	7%	4%	5%	5%	5%	3%	2%
Children	24%	22%	30%	26%	25%	27%	25%	25%	NA	NA	NA	NA	NA	NA	NA	24%
Severely Mentally Ill	29%	28%	27%	26%	23%	24%	27%	24%	19%	22%	22%	23%	23%	23%	22%	16%
Substance Abusers	40%	41%	48%	43%	46%	43%	43%	38%	31%	37%	34%	32%	30%	30%	30%	26%
Employed	18%	17%	18%	19%	20%	18%	17%	22%	21%	26%	20%	22%	17%	17%	15%	13%
Veterans	23%	18%	21%	23%	23%	19%	22%	22%	14%	15%	11%	10%	10%	10%	11%	9%

SURVEY CITIES AND THEIR MAYORS

Boston	Thomas M. Menino
Charleston	Joseph P. Riley, Jr.
Charlotte	Patrick McCrory
Chicago	Richard M. Daley
Cleveland	Frank G. Jackson
Denver	John W. Hickenlooper
Des Moines	T. M. Frank Cownie
Detroit	Kwame M. Kilpatrick
Kansas City	Kay Barnes
Los Angeles	Antonio R. Villaraigosa
Louisville Metro	Jerry E. Abramson
Miami	Manuel A. Diaz
Nashville	Bill Purcell
Norfolk	Paul D. Fraim
Philadelphia	John F. Street
Phoenix	Phil Gordon
Portland	Tom Potter
Salt Lake City	Ross 'Rocky' C. Anderson
San Francisco	Gavin Newsom
Santa Monica	Robert Holbrook
Seattle	Greg Nickels
St. Paul	Chris Coleman
Trenton	Douglas H. Palmer

2006 SURVEY QUESTIONNAIRE

City _____

STATUS REPORT ON HUNGER AND HOMELESSNESS INFORMATION QUESTIONNAIRE

Please complete the following survey and return it by NOVEMBER 27, 2006 to:

Eugene T. Lowe, Assistant Executive Director,
The U.S. Conference of Mayors
1620 Eye Street, N.W.
Washington, D.C. 20006 Phone
(202) 861-6710

A report will be published based on the responses to this questionnaire. Experience has shown that such survey reports are effective when they include examples of individual city data. If, however, you want your city's answers to any questions held confidential, please specify those questions by number:

NOTE: The year for which information is requested is November 1, 2005 to October 31, 2006. It is referred to as "the last year" in the survey questions. Homeless persons are defined as those who reside in shelters, on the streets, in cars or in other locations not intended as residences.

HUNGER

1. THE DEMAND

- A) Has the total number of requests for emergency food assistance in your city _____ increased, _____ decreased, or _____ stayed the same during the last year? By what percentage? _____ %
Please explain or expand upon your response, and include any other data which supports it.
- B) Has the number of families with children requesting emergency food assistance in your city _____ increased, _____ decreased, or _____ stayed the same during the last year? By what percentage? _____ %.
Please explain or expand upon your response and include any other data which supports it.
- C) What percentage of those requesting emergency food assistance are members of families with children? _____ %
- D) Has the number of elderly persons requesting emergency food assistance in your city _____ increased, _____ decreased, or _____ stayed the same during the last year? By what percentage? _____ %
Please explain or expand upon your response and include any other data which supports it.
- E) What percentage of those adults requesting emergency food assistance are employed? _____ %

2. THE CAPACITY

- A) Has the number of emergency food assistance facilities in your city _____ increased, _____ decreased or _____ stayed the same during the last year? Please explain.
- B) Has the level of resources (e.g. funds, volunteers, food, etc.) available to emergency food assistance facilities in your city _____ increased, _____ decreased, or _____ stayed the same during the last year? By what percentage? _____ %.
Please explain.
- C) Are emergency food assistance facilities in your city used _____ for emergencies only, _____ as a steady source of food for long periods of time, or _____ both? Please explain.
- D) For those who receive assistance, are emergency food assistance facilities able to provide an adequate quantity of

food? ____ Yes ____ No. Please explain.

- E) Do emergency food assistance facilities in your city have to decrease the quantity of food provided and/or the number of times families and/or individuals can come to get food? ____ Yes ____ No. Please explain.

If yes, have emergency food assistance facilities had to increase the limit on the number of bags provided and/or decrease the number of times families and/or individuals can come to get food during the last year?
____ Yes ____ No. Please explain.

- F) Is the food provided nutritionally balanced? ____ Yes ____ No. Please explain.

3. **FUNDING EMERGENCY FOOD ASSISTANCE**

- A) What is the amount of funds allocated to emergency food assistance in your city?
_____. Please comment if needed.

- B) Of this amount, how much comes from federal funds? _____. Please comment, if needed.

- C) How much of the total funding comes from state funds? _____. Please comment, if needed.

- D) Are there any other funding sources? How much of the total do they represent? _____. Please comment, if needed.

4. **THE UNMET NEED**

- A) Do emergency food assistance facilities in your city have to turn away people in need because of lack of resources?
____ Yes ____ No. Please explain.

- B) Please estimate the percentage of the overall demand for emergency food assistance in your city which goes unmet.
____ %

Please estimate the percentage of the demand by families with children for emergency food assistance in your city which goes unmet. ____ %

Please explain or expand upon your response, and include any data which supports it.

5. **THE CAUSES**

What are the main causes of hunger in your city?

6. **AN EXEMPLARY RESPONSE**

Please describe briefly an exemplary program or effort underway in your city which prevents or responds to the problems of hunger.

HOMELESSNESS

7. **THE DEMAND**

- A) Has the total number of people requesting emergency shelter in your city ____ increased, ____ decreased, or ____ stayed the same during the last year? By what percentage? ____%
Please explain or expand upon your response, and include any other data which supports it.

- B) Has the number of families with children requesting emergency shelter in your city ____ increased, ____ decreased, or ____ stayed the same during the last year. By what percentage? ____%
Please explain or expand upon your response, and include any other data which supports it.

- C) Has the length of time people in your city are homeless ____ increased, ____ decreased, or ____ stayed the same during the last year? Please explain.

- D) What is the average length of time that people in your city remain homeless? ____ months.

8. THE PEOPLE

- A) Please provide a brief case study (one paragraph) of an **actual** homeless individual or family in your city.
- B) Please describe the characteristics of your city's homeless population on the following chart:

Homeless Population	Number	Percent
Members of Families with Children		
Single Men		
Single Women		
Unaccompanied Youth (age 18 & under)		
Total		100% *
African-American		
White		
Hispanic		
Asian		
Native American		
Total		100% *
Mentally Ill		
Substance Abusers		
Persons with AIDS or HIV-related illness		
Employed		
Veterans		

* Please make sure that your total percentage adds up to 100%.

COMMENTS (please explain any significant changes which occurred in the composition of your city's homeless population during the last year):

- C) What percentage of the homeless families in your city are headed by single parents? ___%
- D) What percentage of the members of homeless families in your city are children? ___%
- 9. What is the number of homeless children in your city's emergency shelter system? _____. Comment if needed.
- 10. What is the percentage of homeless children of the entire homeless population in your emergency shelters? _____. Comment if needed.
- 11. Did the number of homeless children increase in your city emergency shelter system over the last year? _____. Please explain.

12. THE CAPACITY

- A) Did the number of emergency shelter beds for homeless people in your city ___increase, decrease, or ___stay the

same during the last year? By what percentage? ____%

How many shelter beds currently exist in your city for use by homeless people? _____
If necessary, please comment.

- B) Did the number of emergency shelter beds specifically for homeless families in your city ____increase, decrease, or ____stay the same during the last year? By what percentage? ____%

How many shelter beds currently exist in your city for use by homeless families? _____
If necessary, please comment.

- C) Did the number of transitional housing units in your city ____increase, ____decrease, or ____stay the same during the last year? By what percentage? ____%

How many transitional units currently exist in your city? _____
If necessary, please comment.

- D) Did the number of transitional housing units specifically for homeless families in your city ____increase, ____decrease, ____ or stay the same during the last year? By what percentage? _____%

How many transitional units specifically for homeless families currently exist in your city?
If necessary, please comment.

- E) Did the number of SRO units or other permanent housing targeted to homeless people in your city ____increase, decrease, ____or stay the same during the last year? By what percentage? ____%

How many SRO units currently exist in your city? _____
If necessary, please comment.

- F) Do homeless families in your city have to break up in order to be accommodated in emergency shelters? ____Yes
No. Please explain.

- G) Do homeless families have to leave the shelter in which they are staying during the day? __Yes __No. If yes, please explain why and tell where they go during the day.

13. FUNDING OF HOMELESS SERVICES

- A) What is the amount of funds allocated to homeless services in your city? _____Please comment, if needed

- B) Of this amount, how much comes from federal funds? _____Please comment, if needed

- C) How much of the total funding comes from state funds? _____Please comment, if needed

- D) Are there any other funding sources? _____Please comment, if needed

- E) Of the total amount, how much is earmarked for homeless families? _____Please comment, if needed

14. THE UNMET NEED

- A) Do emergency shelters in your city have to turn away homeless families in need because of lack of resources? Yes __No. Please explain, including information on what happens to the homeless families that cannot be accommodated in shelters.

- B) Do emergency shelters in your city have to turn away other homeless people in need because of lack of resources? Yes __No. Please explain, including information on what happens to the homeless people who cannot be accommodated in shelters.

- C) Please estimate the percentage of requests by all homeless people for emergency shelter in your city which goes unmet. ____%. Please explain or expand upon your response, and include any data which supports it.

D) Please estimate the percentage of requests for emergency shelter specifically by homeless families in your city which goes unmet. ____%. Please explain or expand upon your response, and include any data which supports it.

15. THE CAUSES

What are the main causes of homelessness in your city?

16. AN EXEMPLARY RESPONSE

Please describe briefly an exemplary program or effort underway in your city which prevents or responds to the problems of homelessness.

17. Has your city developed a plan to end chronic homelessness? Yes ____ No.

18. Has the plan led to a reduction in the number of people living on the streets? Please explain.

19. Has the plan led to any cost savings or cost effectiveness with respect to the amount spent on a chronically homeless person? ____ Please explain.

HOUSING

20. THE DEMAND

During the last year, did requests for assisted housing by low-income families and individuals in your city increase ___decrease or ___stay the same during the last year? Please explain.

THE OUTLOOK FOR THE NEXT YEAR

21. THE OUTLOOK

A) Do you expect the demand for emergency food assistance in your city to ____increase, ____decrease, or ____stay the same during 2007?

Do you expect the demand for emergency food assistance specifically by families with children in your city to increase, ____decrease, or ____stay the same during 2007?
Please explain.

B) Do you expect requests for emergency shelter in your city to ____increase, ____decrease, or ____stay the same during 2007?

Do you expect requests for emergency shelter specifically by homeless families with children to ____increase, ____decrease, or ____stay the same during 2007?
Please explain.

Contact information

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____