THE PROBLEM OF HOMELESSNESS IN THE UNITED STATES

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Approved: _____ Date: __09-16-2016____

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A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

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In Partial Fulfillment of the

Requirement for the Degree

Masters of Science

in

Education

Adult Education

———————————————

by

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2016

Abstract

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Homelessness is a huge issue throughout the United States. This paper examines literature to identify the core causes of homelessness and strategies that have been implemented throughout the United States to address the problem of homelessness amongst individuals and families. Numerous factors were identified as directly linked to homelessness: a shortage of affordable housing, poverty, domestic violence, status as a displaced veteran, and alcohol and other drug abuse. The literature suggests that there has been some progress made in regard to addressing homelessness, however there is much more work that needs to happen in order to decrease the number of individuals and families who are forced to live in temporary or uninhabitable places due to circumstances that are often out of their control. There is also much work to be done to address the underlying needs of individuals who experience situational homelessness.

TABLE OF CONTENTS

Chapter One: Introduction

There is much concern about the problem of chronic homelessness in the United States. A chronically homeless individual is someone who has experienced homelessness for one year or longer or who has experienced at least four episodes of homelessness in the last three years and has a disability (Abele, 2015). In January 2014, there were 578,424 people who experienced at least one episode of homelessness on a given night in the United States. Of these individuals, 216,197 were families and 362,163 were individuals. About 15% of the homeless population is labeled as chronically homeless due to having experienced repeated homelessness (www.endhomelessness.org) Many of the individuals who experience chronic homelessness have disabilities or mental health challenges. Other challenges for this population of individuals also include physical health issues and lack of access to social service programs. Chronically homeless individuals routinely cycle through emergency rooms, jails, hospitals, inpatient units and detox centers. This results in a huge cost to the public (United States Interagency Council on Homelessness, n.d.).

Homelessness affects men, women and children of all races and ethnicities. Due to the fact that homeless individuals are more likely to become ill and have greater hospitalization rates, they are more likely to die at a younger age than the general population (Maness & Khan, 2014). The average life span for a homeless person is between 42 and 52 years of age, compared to 78 years of age in the general population (National Coalition for the Homeless, 2009). In addition, disability is often the result of the medical and psychiatric conditions that homeless individuals are faced with, and subsequently perpetuates, the cycle of homelessness (Maness & Khan, 2014).

Statement of the Problem

The problem to be addressed is the problem of homelessness throughout the U.S. What are the leading causes? What is being done to end the problem of homelessness? Are there specific populations that are more at higher risk of homelessness?

Definition of Terms

HMIS (Homeless Management Information System). A system used by multiple agencies that tracks services and statistics for those experiencing homelessness (The state of homelessness in Wisconsin, 2015)

Affordable Housing. An affordable unit is one which a household at the defined income threshold can rent without paying more than 30% of its income on housing and utility costs. A unit is affordable and available if that unit is both affordable and vacant, or is currently occupied by a household at the defined income threshold or below (Cadik, 2015)

Delimitations of Research

Some of the research evidence presented will be statistics for the state of Wisconsin.

Method of Approach

A review of the history of homelessness in the United States was conducted. Research includes a review of literature and evidence and statistics that detail the problem of homelessness throughout the United States as well as efforts/strategies being used to end homelessness in the country. Emphasis is placed on statistics for Wisconsin.

Significance of the Study

    Homelessness is a critical issue that needs serious attention. The results of the research

obtained will be useful for those who work directly with individuals who are at great risk of

becoming homeless due to circumstances that may be out of their control.

Chapter Two: Review of Literature

The Problem of Homelessness

According to information released by the National Coalition for the Homeless, there are two major issues that are ultimately responsible for the ongoing problem of homelessness: A shortage of affordable housing and an increase in poverty (National Coalition for the Homeless, 2009). As many as 3.5 million Americans are homeless each year. This number includes approximately one million children. In addition, many of these homeless individuals are in families with children. Often, unfortunately, circumstances result in homelessness ("Top causes of homelessness in America," n.d.). In general, there is a lack of affordable housing options, including subsidized housing for low-income families.

There is a direct correlation between homelessness and poverty. Having limited financial resources results in families making crucial decisions in terms of prioritizing what basic necessities to meet, which often result in individuals choosing to feed their families rather than concerning themselves with housing (National Coalition for the Homeless, 2009). Although many experts agree that poverty is the main cause of homelessness, poverty also has many dimensions. Economic factors, which include a combination of a lack of education, unemployment and underemployment, can lead to poverty and homelessness. An interim Housing and Urban Development report put out in 2013 included an ongoing study of 2,307 homeless families and showed that only 17% of the adults were working at the onset of the study and many of those were working 30 hours a week or less (Katel, 2014). Other factors that contribute to homelessness include violence in the home, mental health challenges, lack of social connections and involvement with the child welfare system (Aratani, 2009).

Shortage of Affordable Housing

Affordable housing programs began to decrease in the 1980's. It was during this time that federal assistance for housing was on the decline. Housing assistance fell by 50% between 1976 and 2002. During this time affordable single rooms and occupancy units were being replaced by more expensive co-ops and condo units that were for home ownership versus for rent (Covert, 2014).

The number of lower income renters currently far exceeds the number of affordable safe rental units available throughout the U.S., which often makes it necessary for families to resort to shelter care or habiting with family (Nunez, 2012). Each year the National Low Income Housing Coalition (NLIHC) conducts a study to determine the amount of affordable housing options available to extremely low income families. The findings are that the gaps in affordable housing have grown drastically. The recent foreclosure epidemic and recession has contributed to this. Federal assistance is available to assist families who qualify, however, a lack of funding makes it available to only a limited number of low-income families. For those families who are forced to pay fair market for rent, they would need to earn an hourly wage of $15.37 per household in order to afford a quality two-bedroom apartment. Households which are under this threshold are more at risk of experiencing homelessness (www.nlihc.org).

Poverty and Homelessness

Poverty is a worldwide phenomenon, which is prevalent in almost all areas. With poverty, there are always certain key factors such as the country's low economic growth rate, high levels of unemployment, low levels of education, recessions, overall lack of skills, dismissals and the inability of management corporations to plan and implement appropriate programs, all of which

have a huge impact on poverty issues. The factors that contribute to poverty not only affect the millions of people that live below the minimum standard of living, but also the millions who are forced to lower their standards of living and subsequently face a housing crisis due to their circumstances (Green, 2014). The number of households living in poverty paying more than 50% of their monthly income toward housing was around 6.4 million in 2013. This number has increased by 25% since 2007. These families are experiencing a severe housing cost burden, which puts them at high risk of homelessness ("Snapshot of Homelessness," n.d.).

In 2013, the median household in the United States was $51,939, not statistically different in real terms from the 2012 median. This was the second consecutive year that the annual change was not statistically significant, following two consecutive years of annual declines in median household income. In 2013, real median household income was eight percent lower than in 2007, the year before the most recent recession, and 8.7 percent lower than the median household income peak ($56,895) that occurred in 1999. The percentage changes of eight and 8.7 are not statistically different. The 2013 real median earnings of men ($50,033) and women ($39,157) who worked full time, year round, were not statistically different from their respective 2012 medians. The 2013 female-to-male earnings ratio was 0.78, not statistically different from the 2012 ratio. Between 2012 and 2013, the number of men and women who were working full time, year round increased by 1.8 million and 1 million respectively. The differences between the increases were not statistically significant. Between 2010 (the year following the most recent recession) and 2013, the number of workers, regardless of work experience, increased by 4.5 million to 158.1 million. For those working full time, year round, the increase was 6.4 million to 105.8 million. While the number of all workers in 2013 was not statistically different from the

peak that occurred in 2007, the number of full-time year round workers in 2013 was less than it was during the 2007 peak of 108.6 million (DeNavas-Walt & Proctor 2014).

In 2013, the official poverty rate was 14.5 percent, down from 15.0 percent in 2012. This was the first decrease in the poverty rate since 2006. In 2013, there were 45.3 million people living in poverty. For the third consecutive year, the number of people in poverty at the national level was not statistically different from the previous year's estimate. The 2013 poverty rate was 2.0 percentage points higher than it was in 2007, the year before the most recent recession. The poverty rate for children under the age of 18 fell from 21.8 percent in 2012 to 19.9 percent in 2013, while the poverty rate for people aged 18 to 64 was 13.6 percent. Due to individuals under the age of 15 being excluded from the poverty statistics, there are 430,000 fewer children in the poverty universe than in the total civilian noninstitutionalized population. Of those 65 years and older the poverty rate was 9.5 percent. Neither of these poverty rates were statistically different from the 2012 estimates. Statistics showed a decrease in poverty for Hispanics during 2013. Despite the decline in the national poverty rate, the 2013 regional poverty rates were not statistically different from the 2012 rates. While these are great strides made to end the problem of homelessness, there is still much work to be done (DeNavas-Walt & Proctor 2014).

Homelessness and Mental Health Struggles

Mental health issues have shown to have a huge impact on homelessness. A study conducted by the National Coalition for the Homeless (2009), found that 20-25% of homeless individuals in the U.S. are currently suffering from severe and persistent mental illness. It should be noted that only six percent of all Americans are severely mentally ill according to information released in 2009 (National Institutes of Mental Health, n.d.). If not properly treated and managed, mental

7

illness can have devastating effects on those who suffer from it as well as on their loved ones. Mental illness can result in individuals becoming estranged from their family members, which ultimately results in them experiencing homelessness. The everyday stressors of living with mental illness make these individuals more prone to become homeless. Many will also face re-occurring episodes of homelessness due to the ups and downs of managing their illness, which often happens with those who are living with a mental health diagnosis (www.nationalhomeless.org).

Major depression, bi-polar disorder and schizophrenia are common mental health diagnoses for homeless individuals. In addition, the higher risk of experiencing suicide ideation is greater for those who are 30 years of age and younger, of Hispanic ethnicity, of lower education level, and who have more days of homelessness. Cognitive disorders and traumatic brain injuries amongst homeless individuals is also estimated to be more than five times the rate of those in the general population. There is also the issue of traumatic experiences such as domestic violence, rape and physical assaults that often result in the onset of many of the mental health challenges experienced by individuals who are homeless (Maness and Khan, 2014).

The proportion of the homeless population suffering from mental illness has steadily increased since the 1970's. This has been prevalent in all major cities as well as smaller areas. Studies continue to show that individuals released from psychiatric hospitals are often found to have no address six months later, and are often the victims of crimes in which they have been assaulted and/or injured. Many of the homeless individuals who are suffering from mental illness are not being regularly treated by a mental health professional. They often lack the skills needed

to seek out help. In addition, the stigma attached to mental illness also keeps them from getting treatment for their mental health needs (Hammock & Adams, 2007).

Not only are homeless adults experiencing mental health struggles, but homeless youth are as well. Mental health problems contribute to the number of youth who run away from home or become homeless. Youth who are homeless are more likely to struggle with depression and have other mental health issues in comparison to youth who have stable housing. It should be noted that the above struggles are often present before a youth even experiences an episode of homelessness (Aratani, 2009). Life in a shelter, exposure to violence, poverty and inadequate health care can present very challenging circumstances for homeless individuals, particularly children, which ultimately puts them at a greater risk of needing mental health services than other youth who have a more stable living environment. Researchers at North Carolina State University compiled data on more than 300 homeless children between the ages of two months and six years of age who were residing at eleven shelters in the surrounding areas. Their long-term study found that 25% of the children studied were in need of mental health services (Collins, 2015).

Homelessness and AODA Issues

The proportion of individuals who are homeless and also have AODA issues ranges from 20% to 50%. For these individuals, the lack of collaboration between service provider systems results in high recidivism, poor retention, poor treatment outcomes and increased burdens. Past studies indicate that for persons with mental health and/or co-occurring concerns who enter treatment for their AODA or mental health issues, only a small percentage of these individuals

receive treatment for both conditions and most receive no treatment (Foster, LeFauve, Kresky-Wolff & Rickards 2010).

Those with AODA issues have even greater barriers in reaching their goal of overcoming homelessness. In addition, to having very limited or no income, they are also dealing with the stigma that comes with drug addiction and the need to receive holistic services, including treatment for their addiction. In addition, they need supports to be able to successfully manage a home (American Psychological Association, 2015). Homeless women with children have been found to have higher rates of alcohol and substance abuse than other women. Substance abuse makes them more prone to diseases such as HIV and Hepatitis. They are also more at risk for sexually transmitted diseases due to risky behaviors they often engage in to get their basic needs met while homeless (Dawson, Jackson & Cleary, 2013).

There is much work to be done to overcome barriers in providing adequate care for individuals with AODA issues who are also homeless. There needs to be more trained clinicians to provide treatment for individuals with AODA issues and who are homeless. Until this happens, programs will continue to have poor outcomes with this population. Also, clinicians and case managers need to be fully trained to recognize and work with individuals who are in all stages of recovery. In addition, because so many homeless individuals experience trauma, there needs to be more training specific to trauma informed care that is available to all direct service providers, such as outreach workers and case managers. There also needs to be more financial support available to treat this population of individuals (Foster, LeFauve, Kresky-Wolff and Rickards 2010).

Correlation with Domestic Violence

There is much evidence that persons who are homeless are likely to have a history of trauma and will subsequently need trauma informed services. Trauma informed services recognize the significance of violence and victimization in understanding client problems and constructs a trauma framework that emphasizes physical and emotional safety and opportunities to build a sense of control and empowerment. Individuals with a history of trauma are often at risk of losing their housing. Victims of domestic violence are included in this group. Often times, victims of domestic violence leave the situation with only the clothes on their backs (Foster, LeFauve, Kresky-Wolff and Rickards 2010).

According to a study conducted a few years ago, 16% of homeless persons have been a victim of domestic violence and 50% of women who are homeless state that being abused is the main cause of their experiencing homelessness. In addition, 84% of homeless women also state they have been the victim of severe physical or sexual abuse at one point or another in their lives ("Leading facts and statistics," 2015). Of those women who are homeless with children, 80% have experienced domestic violence at some point in their life. Women with children in general population shelters and domestic violence shelters tend to have similar characteristics, such as exposure to traumatic experiences (Aratani, 2009). Also, women and children living in shelters are under overwhelming amounts of stress and often feel insecure and vulnerable. Shelter conditions can also hinder a parent's sense of control and independency over their life (Hinton & Cassel, 2013).

Women who flee from violent domestic environments often become homeless due to their financial dependency on their abuser and often lack work skills. It is often a struggle for women

to get back on their feet after leaving a toxic relationship. In addition to their financial

limitations, they are often dealing with other psychological issues due to the abuse (mental and

physical) that they have been victim to (McNulty, Crowe, Kroening, Vanleit & Good, 2009).

Children and Families

As with other populations of those homeless, poverty and a shortage of affordable housing is

a huge contributor to the problem of homelessness among children and families. During the

years of 1981 and 1986, the federal budget for housing assistance was drastically reduced from

$33 billion to under $10 billion. During this time property owners in the more impoverished

areas were abandoning their properties. The number of families that were in need of housing

assistance continued to increase during this time, while subsidized units available continued to

decrease (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013).

Of all the individuals who are classified as homeless, approximately one-third are part of

a family. Homelessness has even more devastating effects on children, than on parents. Infants

born into homelessness tend to have low birth weights and are nine times more likely to die

within the first 12 months of life than are babies in the general population. Homeless children are

sick four times more often than children who are not homeless, and have increased incidences of

asthma, iron deficiency, lead poisoning, respiratory infections, ear infections and gastrointestinal

problems. In addition, they are also at a greater risk for stunted growth and learning disabilities

than other children and are at greater risk of being abused, neglected, and separated from love

ones and have poor nutrition (Maness, & Khan 2014). Young children who are subjected to

experiencing homelessness are twice as likely to experience learning disabilities and three times

as likely to experience an emotional disturbance, compared to children who have a stable

environment. Children from homeless families often have high anxiety and issues with trust. Many have experienced chaos with family dynamics due to homelessness and the situations that have resulted in their family's homelessness (Hinton & Cassel, 2013).

More than 1.5 million children are living with families who do not have a home. Approximately 42% of these children are under six years old. African American children disproportionally experience homelessness and children of American Indian and Alaska native backgrounds have a slightly higher proportion of homelessness, compared with their representation in the population (Aratani, 2009). A single mother who is in her twenties with young children is at a greater risk of being homeless than other women, primarily due to the lack of maturity, social supports, and often, traumatic experiences. Homeless families and youth are a diverse and high needs population that deserves the urgent attention of clinicians and mental health researchers. The situation demands decisive action from policy makers to assist with preventing further homelessness (Biel, Gilhuly, Wilcox & Jacobstein 2014).

Homelessness Among Youth

The population of homeless children and youth fall into two categories: Children and youth who experienced family homelessness and those who are identified as unaccompanied youth. Approximately 1.7 million youth join the ranks of unaccompanied homeless youth each year. Unaccompanied youth are categorized into the following subgroups: Those who run away from home and stay away overnight without their parent's permission, those who leave home because their parents locked them out of the house or encouraged them to leave, and those who feel they have no home to return to due to chaotic, dysfunctional home environments. The Department of Education defines homeless youth and children as those who do not have a stable and consistent

dwelling at night. The McKinney-Vonto Homeless Assistance Act describes homeless youth and children as those who are sharing housing with others because of the loss of housing, financial difficulties, those who are living in motels, hotels, trailer parks or camping grounds due to the lack of adequate accommodations. It also includes youth who are living in emergency or transitional shelters, those abandoned at hospitals and those waiting foster care placement. Children and youth living in cars, parks, bus and train stations, abandoned buildings also fall into the category of homelessness (Aratani, 2009).

Many of the youth who transition from the foster care system find themselves unprepared for adulthood. Many have experienced numerous housing placements and have attended many schools. A study conducted in Oregon and Washington in 2005 found that 65% of youth in foster care had at least seven school transitions during their life. For many, this has proven difficult in allowing them to graduate high school, which ultimately makes them more vulnerable to experiencing poverty issues as well as potential homelessness (Blazavier, Foster, Halverson, Hildebrand, Magnino, & McCormack, 2014).

Homelessness Among Veterans

There are many veterans who are among the population of homeless individuals in the United States. In a census conducted in 2012, 13% of homeless individuals were veterans. To further elaborate, 63,000 veterans were homeless on a given night in January 2012. The study goes on to state that mental health issues related to trauma is a contributing factor to homelessness amongst veterans. Approximately 70% of veterans who are homeless have AODA issues and 45% have a diagnosed mental illness. One of the main mental health issues faced by veterans is Post Traumatic Stress Syndrome (Carson, Garvert, Macia, Ruzek & Burling 2013). In

addition, women veterans are more likely to be suffering from sexual trauma as well (Perl, 2014).

Veterans are more prone to becoming homeless than nonveterans, particularly male veterans who are between 45 and 54 years of age. They make up 41% of the total homeless veteran population (Fargo, Metraux, Byrne, Munley, Montgomery, Jones, Sheldon, Kane, Culhane 2012). In addition, in terms of gender, 92.2% of homeless veterans are men and 7.8% are women. In terms of race and ethnicity, 35.5% of those homeless are African Americans, 7% are Hispanic and 52% are non Hispanic Whites. Some of the cited causes of increased homelessness among veterans include fewer single rooms available for rent, a lack of affordable housing, fewer seasonal jobs for veterans, less benefits and inadequate treatment of mental health issues (Perl, 2014).

Homelessness in Wisconsin

In 2013 there were 27,556 individuals in Wisconsin served by HMIS (Homeless Management Information System) agencies who experienced homelessness. This is up 18% from 2010. Of these individuals, 42% were from Dane or Milwaukee County. Also, 64% were newly homeless, having not received any services or shelter from HMIS agencies in the past two years and six percent were sleeping outdoors or in places not meant for human habitation ("The state of homelessness in Wisconsin," 2015)

According to the state report card on child homelessness, Wisconsin ranks 7th in the nation in child homelessness. This rank is a composite of the number of children currently homeless in the state, an assessment of how children are faring in various domains (i.e., food security, health,

education), the risk of children becoming homeless, and the state planning and policy efforts (Bassuk, DeCandia, Beach & Berman 2014).

A large percentage of Wisconsin youth who age out of foster care are at risk of homelessness. Statistics indicate 6.5% of these youth who were involved in the system during the years of 2005 and 2011 have experienced homelessness. Studies have shown that African American foster care youth are at higher risk than youth of other races. The youth who had the opportunity to remain in contact with their biological family tended to be more successful once they transitioned from foster care (Blazavier, Foster, Halverson, Hildebrand, Magnino, & McCormack, 2014).

Initiatives to end homelessness

The federal government has a plan in place to prevent and also end homelessness. The plan is called Opening Doors. There has been a significant decline in homelessness since the plan was introduced, however there is still much work to be done to end the problem of homelessness. Strategies include communities pulling together, developing interventions and targeting specific groups that are more at risk for homelessness. The U.S Department of Housing and Urban Development has awarded $1.6 billion in grant funds to support approximately 7,100 programs throughout the U.S that are focused on serving the homeless population. The funds are used for transitional housing, employment training, health care, mental health treatment, AODA treatment and child care assistance (Johnston, 2014).

More plans that have been implemented to address homelessness include strategizing plans to get individuals into homes first versus addressing the more complex issues such as mental

health issues or substance abuse. Laura Zeilinger, who is the executive director of the United States Interagency Council on Homelessness, stated that the communities who are focusing on getting individuals into housing first are seeing the most progress. Rapid rehousing is another important component that has proven effective. With this plan, individuals receive assistance in getting back on their feet by having their first month of rent, security deposit and moving expenses covered (Covert, 2014).

As another step towards ending chronic homelessness, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Housing and Urban Development, the Department of Veteran Affairs, the Health Services and Resources Administration, and the U.S. Interagency Council on Homelessness developed the Collaborative Initiative to help end chronic homelessness program (CICH). As part of the program, SAMHSA awarded 13-year grants to 11 CICH projects across the country to provide supportive services to CIHC clients enrolled in the program. The target population of participants included persons who had a disabling condition and who had been homeless for a year or more or had had at least four episodes of homelessness during the last three years. A huge focus of the program was addressing underlying needs that were ultimately resulting in homelessness, such as AODA issues, mental health issues, and lack of education and employment skills. The program has been successful in assisting participants with experiencing fewer episodes of homelessness (McGraw, Foster, Kresky-Wolff, Botelho, Elstad & Tsemberis, 2010).

To specifically address the veteran population, ghe Housing and Urban Development Veterans Affairs Supportive Housing program (HUD-VASH) is one of the largest initiatives to end veteran homelessness. Mental health and AODA issues have however greatly impeded the

program's success due to a lack of supportive services in these areas for program participants. Some of the poorer outcomes can also be attributed to a huge increase in the number of veterans requiring services, which results in case managers having larger case loads of clients and subsequently less time to devote to each client. Although the program has seen some success and has resulted in 1000's of veterans securing housing vouchers, affordable housing for veterans continues to be a great need, due to the increasing number of veterans who are becoming homeless (Smelson, Chinman, McCarthy, Hannah, Sawh, & Glickman, 2015).

Summary

Homelessness remains a significant issue throughout the United States, with a shortage of affordable housing and poverty issues being the main contributing factors that results in individuals and families dealing with homeless. As stated, as many as 3.5 million Americans are homeless each year ("Top causes of homelessness in America," 2016). In addition, there are several other factors that continue to be directly correlated with homelessness, which include mental health issues, AODA issues, domestic violence, lack of social connections, youth who age out of foster care, and status as a veteran.

Throughout the United States, there is a growing initiative to focus on ending homelessness, however there is much progress that needs to occur to end the epidemic of homelessness. For example, Wisconsin had 27,556 individuals who were served by HMIS in 2013 ("The state of homelessness in Wisconsin," 2015). In addition, Wisconsin ranked 7th in the nation in child homelessness (Bassuk, DeCandia, Beach & Berman, 2014).

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Chapter Three: Conclusions and Recommendations

In summary, this paper defined the meaning of chronic homelessness and summarized research to identify the leading causes of homelessness throughout the United States and examined strategies that have been implemented to address homelessness. The research identified the main causes of homelessness. The lack of affordable housing was identified in numerous studies. The literature highlighted the time frame when affordable housing options began to decrease and gave a breakdown on how the number of lower income individuals who were looking to rent affordable houses/apartments greatly exceeded the number of affordable rentals. Households need to have an employed person earn $15.37 per hour in order to afford a quality two-bedroom apartment. Because the minimum wage is significantly less than this amount in most states, lower income families are more at risk of becoming homeless. A greater emphasis must be placed on finding ways to incorporate many more subsidized housing units into county budgets. This is crucial for individuals who are on fixed income such as SSI, disability or state-issued assistance. Individuals who are on a fixed income and will not be able to increase their income by working, must have affordable housing options available to them.

Poverty was another huge indicator that was identified in much of the research. Although the research shows that there has been some progress made that provides hope that ending chronic homelessness can become a reality, local communities and agencies need to become more vigorous in their efforts to reach homeless individuals and families and get them engaged in services. This will include meeting individuals in places convenient to them, which often will be on streets, in shelters, under bridges, or in terminal areas. Professionals who choose to work with this vulnerable population need more training in providing non-judgmental, person

centered care. Homeless individuals, particularly those who are struggling with other issues such as a mental health or co-occurring diagnosis may not be at a point in their lives where they will be trusting of strangers, particularly those in the helping professions. There will need to be some trust and rapport established before many may be willing to accept help that is being offered.

The fact that there are millions of families who are living in poverty and paying more than 50% of their monthly income toward rent, needs to be given immediate attention. This in itself puts individuals at great risk of becoming homeless and does not leave them in position to have sufficient funds to take care of other imminent needs such as needed items for their children, utilities, food, clothing and household items. Although some states have raised their minimum wage over the past few yeas, the average minimum wage is still not sufficient for an individual to raise a family on, particularly if the individual is a single parent. The minimum wage across all states needs to be examined so that it aligns with the estimated cost of living for each specific state.

There also needs to be more free training opportunities for individuals to take up trades to increase their earning potential. This is crucial for those who are not in a position to complete a college degree program. This will allow individuals to obtain better paying jobs to assist with being able to maintain the expenses of keeping up their home, in addition to the other financial responsibilities they need to tend to.

Lastly, there needs to be adequate services and supports for those who are struggling with mental health and/or AODA issues. This population of individuals will most likely face interruptions in a stable living environment if they do not get the necessary treatment for issues that make them more at risk of losing their income and subsequently their housing. Homelessness in the United States is a chronic problem that research has shown can be

addressed, however the issue remains huge and will continue to increase until there are enough supportive services in place to fully address the issue.

The appendix lists available shelters and transitional housing options for individuals in the Milwaukee area. It also includes a list of national crisis lines available for individuals who are dealing with a housing or domestic crisis situation.

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Appendix

Resources for Milwaukee Area Homeless Individuals and Families

Shelters

Casa Maria (Women and children)
1131 N. 21ˢᵗ St. Milw WI
414-344-5745
*also has a program for undocumented individuals

Joy House (Women and Children)
830 N. 19ᵗʰ St. Milw, WI
414-344-3774

Rescue Mission Safe Harbor (Men only)
830 N. 19ᵗʰ St. Milw, WI
414-344-3774

Guest House of Milwaukee (Men only)
1216 N. 13ᵗʰ St. Milw, WI

Salvation Army (Men, women and children)
1730 N. 7ᵗʰ St. Milw, WI
414-265-6360

La Causa, Inc. Crisis Nursery
522 N. Walker St. Milw, WI
414-902-1620
*Provides care for children during times of family crisis

The Women's Center Inc. (only for victims of domestic violence)
505 N. East Ave Waukesha, WI
262-547-4600

Sojourner Family Peace Center (only for victims of domestic violence)
(confidential address)
414-933-2722

Repairers of the Breach (daytime shelter for men and women)
Operates Monday- Saturday 7am-4pm.
1335 W. Vliet St. Milw, WI
414-342-9323

Crisis Resource Center (adults experiencing a psychiatric crisis)
5409 W Villard Avenue Milw, WI 414-539-4024
2057 S. 14th St. Milw, WI 414-643-8778

Transitional Housing Programs

Daystar, Inc. (only for victims of domestic violence)
(confidential address)
414-385-0334

Center for Veterans Issues, LTD (serves veterans)
3330 W Wells St. Milw, WI
414-342-5000

Guest House of Milwaukee (Men only)
1216 N. 13th St. Milw, WI
414-316-2010

Pathfinders Youth Shelter
1614 East Kane Place Milw, WI
414-271-1560

Walker's Point Youth and Family Center (Youth ages 18-21)
2175 S. Layton Blvd Milw, WI
414-672-1360

Lissy's Place Transitional Housing (abused women ages 17.5-24)
6200 W. Center St. Milw, WI
414-874-2560

Community Advocates Autumn West Safe Haven (homeless men and women and mental health diagnosis)
3410 W. Lisbon Avenue Milw, WI
414-671-6337

Serenity Inn (Men in recovery from AODA issues, no mental health issues)
2825 W. Brown St. Milw, WI
414-873-5474
*$10 daily fee that can be waived until employed, must be employable

St. Catherine's Residence (single women or women with a baby 18 months and younger)
1032 E. Knapp St.
Milwaukee WI
414-272-8470

National Resources for Homeless Individuals

US Department of Veterans Affairs (Homeless veterans in need of help)
1-877-424-3838

Veteran's 24-hour Crisis line
1-800-273-8255

The National Domestic Violence Hotline
1-800-799-7233

National Coalition for the Homeless
1-202-462-4822