

The United States Conference of Mayors

HUNGER AND HOMELESSNESS SURVEY

A Status Report on Hunger and Homelessness in America's Cities

A 38-City Survey / December 2016



THE UNITED STATES CONFERENCE OF MAYORS



National Alliance to
END HOMELESSNESS



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The U.S. Conference of Mayors is the official nonpartisan organization of cities with populations of 30,000 or more. There are 1,393 such cities in the country today, each represented in the Conference by its chief elected official, the Mayor.

This is the first year the U.S Conference of Mayors is working with the National Alliance to End Homelessness on the Status Report on Hunger and Homelessness in America's Cities.



National Alliance to
END HOMELESSNESS

The National Alliance to End Homelessness is a leading voice on the issue of homelessness. To accomplish its mission of ending homelessness, the Alliance uses data and research to identify the nature of, and solutions to, the problem. It analyzes policy, to determine how best to advance these solutions. And, it helps build the capacity of communities to implement strategies that help them end homelessness.



The Homelessness Research Institute (HRI), the research and education arm of the National Alliance to End Homelessness, works to end homelessness by building and disseminating knowledge. The goals of HRI are to build the intellectual capital around solutions to homelessness; to advance data and research to ensure that policymakers,

practitioners, and the caring public have the best information about trends in homelessness and emerging solutions; and to engage the media to promote the proliferation of solid data and information on homelessness.

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EXECUTIVE SUMMARY


The U.S. Conference of Mayors' *Report on Homelessness and Hunger* serves as a measure of the housing and food needs of the most vulnerable citizens in U.S. cities. It is intended to serve as a reference for policy makers and journalists on the extent of and solutions to hunger and homelessness in U.S. cities.

Report contents:

This report presents the number and characteristics of people experiencing homelessness and hunger in cities across the United States, trends in homelessness and hunger over time, and information on the city responses to both social issues. Data reported to the U.S. Department of Housing and Urban Development and survey results from mayors who serve on the U.S. Conference of Mayors' Task Force on Hunger and Homelessness are used in this report. More information on the methodologies used for this report can be found in Appendix A.

Report Highlights:

Hunger

- Forty-one percent of survey cities reported that the number of requests for emergency food assistance increased over the past year. Across the survey cities, emergency food assistance increased by an average of 2 percent.
- Among those requesting emergency food assistance, 63 percent were persons in families, 51 percent were employed, 18 percent were elderly, and 8 percent were homeless.
- Low wages led the list of causes of hunger cited by survey cities;  followed by high housing costs and poverty.
- City officials said that more affordable housing, more jobs and increase in SNAP benefits are actions that should be taken to reduce hunger. Employment training programs, better paying jobs, affordable childcare, higher wages are other important actions to take to reduce hunger.
- The cities reported a 5 percent average increase in the number of pounds of food distributed during the last year.
- Across the responding cities, the average increase in the budget for emergency food purchases was 8 percent.
- Across the survey cities, 13.8 percent of the demand for emergency food assistance is estimated to have been unmet.
- In forty-seven percent of survey cities, the emergency kitchens and food pantries had to reduce the quantity of food persons could receive at each food pantry visit or the amount of food offered per meal at emergency kitchens. In twenty-nine percent of the cities, they had to reduce the number of times a person or family could visit a food pantry each month. Also, because of lack of resources in forty-seven percent of the cities, facilities had to turn people away.

Homelessness

On a single night in January 2016, 544,084 people experienced homelessness in the United States.¹ In the sample of U.S. cities² examined for this report, 171,520 people experienced homelessness representing 31.5 percent of all people experiencing homelessness in the nation.

¹ National estimates of homelessness in this report include the 50 states and the District of Columbia, but does not include data from Guam, Puerto Rico, or the Virgin Islands.

- The rate of homelessness in study cities was 51 people experiencing homelessness per 10,000 people in the general public. This is higher than the national rate of homelessness of 17 people per 10,000.
- The majority (75 percent) of study cities had rates of homelessness higher than the national rate of homelessness. Rates of homelessness in cities studied ranged from 11 people in Wichita, KS to 124 people in Washington, D.C.
- For the most part, homelessness in the U.S. overall looks relatively similar to homelessness in the study cities, but there was great variation amongst and between cities.
- The percent of people who are unsheltered in the study cities (24.7 percent) is lower than in the U.S. overall (31.6 percent). Only nine of the study cities had rates of unsheltered homelessness higher than the national average, but these cities alone account for approximately one of every five people experiencing unsheltered homelessness in the country.
- Nationally, homelessness has been declining for several years—a 12.9 percent decrease from 2009 to 2016, including a 2.6 percent decrease from 2015 to 2016. Two-thirds (65 percent) of study cities followed the long-term trend, reporting decreases from 2009 to 2016, and two-thirds (62 percent) also reported decreases from 2015 to 2016.
- For the most part, trends in homelessness in the study cities followed trends seen nationally, with some notable exceptions, particularly in trends in unsheltered, individual, and chronic homelessness where increases in study cities either contradict national trends or are driving increases nationally.

Homeless Assistance

Communities, regardless of being an urban, suburban, or rural locality, respond to homelessness with a variety of housing and service programs, including emergency shelters, rapid re-housing, permanent supportive housing, and transitional housing. A shift in homelessness toward permanent housing solutions—namely rapid re-housing and permanent supportive housing—has been seen since 2013. Cities have mainly followed this trend:

- The permanent housing solutions to homelessness—permanent supportive housing and rapid re-housing combined—serve as the largest component of both the nation’s and study cities’ responses to homelessness.
- Permanent supportive housing is currently the bed type in which the homeless assistance system nationally and in study cities has the most capacity.
- Following national trends from 2009 to 2016, permanent supportive housing capacity grew and transitional housing capacity decreased significantly both in the U.S. and in study cities.
- Rapid re-housing capacity more than tripled in the study cities between 2013 and 2016.
- In study cities, even if every emergency shelter bed and transitional housing bed were to be filled, over 34,000 people would still be unsheltered on a given night.
- Nearly all surveyed city officials identified the need for more mainstream housing assistance and more affordable housing as the most needed and currently insufficiently resourced tool to reduce homelessness.
- Surveyed cities identified a variety of exemplary programs intended to improve the efficiency of homeless assistance systems; end chronic, veteran, youth, and unsheltered homelessness; and connect individuals and families experiencing homelessness to housing and services.

² A total of 32 cities in 24 states were included for the analysis of homelessness in U.S. cities. These cities are not representative of all U.S. cities, but do have great diversity in geography and population size. For more information on the cities included in the sample and how they were chosen, refer to Appendix A.

Introduction

Background

History of This Report

Since October 1982, the U.S. Conference of Mayors and The U.S. Conference of City Human Services Officials first brought the shortage of emergency services – food, shelter, medical care, income assistance, and energy assistance – to national attention through a survey of cities of all sizes across all regions of the country, the Conference of Mayors has continued to report each year on the problems of hunger and homelessness in America's Cities. That first groundbreaking report described increasing demand for emergency services in cities and the cities' inability to meet even half of that demand. Each succeeding report has updated the nation on the severity of the problems and the adequacy of the resources available to respond to them.

In September 1983, to spearhead the Conference of Mayors' efforts to respond to the emergency services crisis, the President of the Conference of Mayors appointed 20 mayors to a Task Force on Hunger and Homelessness. The first Task Force chaired by New Orleans Mayor Ernest "Dutch" Morial, assembled a group of cities that would be the focus of the surveys to be conducted in future years. This group would constitute the core of the cities that would provide information each year on the magnitude and causes of these problems, the local responses to them, and the national responses that city leaders believed were needed for the problems to be adequately addressed.

Currently, the Task Force is chaired by Santa Barbara Mayor Helene Schneider.

Data and Analysis

Only cities whose mayors are members of the Conference of Mayors Task Force on Hunger and Homelessness were invited to submit information for the hunger section and two questions on homelessness. A total of 32 cities in 24 states were included for the analysis of homelessness in U.S. cities. These cities represent all cities whose geography aligns with their respective Continuum of Care (CoC), the local or regional entity that coordinates services and funding for homeless programs, as well as cities which have a population (as of July 1, 2015) that represents at least 75 percent of the total population in the CoC geography. These cities do not constitute a representative sample of U.S. cities, and the data reported reflect only the experience of the cities responding to the survey. This report, therefore, should not be interpreted as a national report on hunger or homelessness. For a full listing of study cities, see Appendix A.

The Task Force cities included in the survey vary greatly in size and in their approach to collecting data on Hunger.

Cities were asked to provide information on the data sources they used to answer each question and any clarifying information that would aid data analysis. Of the cities responding to this year's survey, some left individual questions on the survey unanswered. In calculating survey results for an individual survey question, counts and percentages are based on the number of cities answering that question.

A list of contacts for each city's hunger staff person is provided in Appendix B. These contacts are available to provide more information on each city's data and its approach to alleviating hunger.

Additionally, the full results of the hunger portion of the surveys is provided in [Appendices A](#). This Year's hunger survey instrument is found in [Appendix C](#). A list of all the past reports is found in [Appendix E](#).

Hunger in U.S. Cities

This section provides information on persons receiving emergency food assistance and the availability of that assistance among the Task Force survey cities between September 1, 2015 and August 31, 2016. It includes brief descriptions of exemplary programs or efforts underway in the cities which prevent or respond to the problems of hunger.

Need for Food Assistance

Forty-one percent of surveyed cities reported that the number of requests for emergency food assistance increased over the past year. Across the cities, the overall number of requests for food assistance increased by an average of 2 percent. The rate of increase ranged from 15 percent in Des Moines and 10 percent in Providence, 7 percent in Saint Paul, 6 percent in Charleston, 3 percent in San Francisco and Santa Barbara and 2 percent in Philadelphia. The rate decreased ranged from 9 percent in Los Angeles, 7 percent in Norfolk, and 6 percent in San Antonio. It remained the same in Chicago, Cleveland, Dallas, Nashville, Salt Lake City and Seattle.

Among those requesting emergency food assistance, 63 percent were persons in families, 51 percent were employed, 18 percent were elderly, and 8 percent were homeless. (These categories are not mutually exclusive and the same person can be included in more than one.)

Seventy-one percent of the cities reported an increase in the number of people requesting food assistance for the first time. Among these, 92 percent characterized the increase in first-time requests as moderate; 8 percent characterized it as substantial.

Increased requests for food assistance were accompanied by more frequent visits to food pantries and emergency kitchens. Forty-one percent reported an increase in the frequency of visits to food pantries and/or emergency kitchens each month. Among these, 86 percent characterized the increase in frequency as moderate; 14 percent said it was substantial.

When asked to identify the three main causes of hunger in their cities, 88 percent named low wages; also 59 percent said high housing costs and poverty. Forty-one percent cited unemployment and 23 cited medical or health costs.

Availability of Food Assistance

The survey cities reported a 5 percent average increase in the number of pounds of food distributed. Ninety-four percent saw an increase in the number of pounds of food distributed, and only one city reported that the number of pounds decreased.

Fifty-nine percent of the cities reported that their total budget for emergency food purchases increased over the last year; 11 percent said it decreased; and 18 percent said it remained the same. Across the responding cities, the average increase in the budget for emergency food purchases was 8 percent.

Donations from grocery chains and other food suppliers accounted for the largest portion (53 percent) of the food distributed. This source was followed by purchased food, which accounted for 18 percent of the food distributed; federal emergency food assistance and donations from others each accounted for 17 percent; and donations from individuals, which accounted for five percent.

Forty-one percent of the cities reported that they had made at least some significant changes in the type of food purchased. Those changes generally involved the purchase of fresher, healthier foods, more nutritious foods, particularly fresh produce and foods high in protein and low in sodium and sugar.

Unmet Need for Emergency Food Assistance

In forty-seven percent of survey cities, the emergency kitchens and food pantries had to reduce the quantity of food persons could receive at each food pantry visit or the amount of food offered per meal at emergency kitchens. In twenty-nine percent of the cities, they had to reduce the number of times a person or family could visit a food pantry each month. Also, because of lack of resources, in forty-seven percent of the cities, facilities had to turn people away. Five of the survey cities were able to estimate the overall demand for food assistance that went unmet during the past year; they reported that an average of 13.8 percent of the need went unmet.

City	Percent Unmet Need
Cleveland	13
Des Moines	22
District of Columbia	24
Los Angeles	5
Philadelphia	5

Exemplary Programs that Respond to Hunger

Back Pack Programs:

Charleston: In 2015, the Lowcountry Food Bank (LCFB) in partnership with the Charleston County School District's Office of Services for Displaced Families identified that the majority of children experiencing homelessness were not being served by the LCFB's child feeding programs including Backpack Buddies. Since 2006, the Backpack Buddies program has helped to alleviate weekend hunger among food-insecure public school children by distributing backpacks full of nutritious and kid-friendly food each Friday during the school year (38 weeks total). For many public school children in the City of Charleston, the food they receive through the National School Lunch Program is the most, if not all of the nutritious food they have to eat. The consequences associated with food insecurity and poor nutrition especially for children are great and enduring. Without access to nutritious food, children face risk factors for obesity, cardiovascular disease, stroke and type 2 diabetes early in life. Studies have also shown that food insecurity negatively affects children's cognitive development, overall health, and behavior which impede their success in school and ultimately life. The Backpack Buddies program is a significant first step in improving these short-and long-term outcomes. The Backpack Buddies program is ideal for children experiencing homelessness because the kid-friendly foods that are provided can be eaten without preparation. Before the 2015-2016 school year, children experiencing homelessness were a vulnerable population of children that the LCFB was not able to serve and during the pilot year of the program the children received more than 20,000 pounds of nutritious food. The Backpack Buddies program can be eaten without any preparation.

Innovative Partnership-School Based Strategies:

Chicago: Innovative partnerships with city and county government have been identified among some of the best solutions to sustainability and cost effectively reduce hunger. Most of them involve reaching the most vulnerable populations by distributing food in non-traditional locations. Below are several examples:

School Based Food Pantries – To keep kids focused on homework and not on hunger, Chicago Public Schools and City Colleges partnered with the Greater Chicago Food Depository in 2010 to launch **Healthy Kids Markets**, market-Style food distributions located inside of schools. These markets provide nutritious food to students and their families who may not be able to visit a traditional food pantry due to work hours or location. By 2014, the program was so successful, the decision was made to replace existing “backpack” programs with more markets. Significantly increasing access to fresh produce in a “client choice” format. In fiscal year 2015-2016, 27 Healthy Markets distributed more than 1.6 million pounds of quality, nutritious food to more than 66,400.

Chicago Public Libraries, Parks and Housing Sites – During summer months, many children lose access to the free and reduced-price nutritious meals they receive during the school year. We partner with select Chicago Public Schools libraries and housing locations to offer nutritious meals over the summer while providing enrichment programming.

Enrolling Students & Families in Food & Health Benefits – Through the Office of Student Health & Wellness. The Chicago Public Schools (CPS) Has helped expand access to health, nutrition, income supports and other tool that help lift families out of poverty. One of the instrumental actions CPhas taken is to connect families to the Supplemental Nutrition Assistance Program (SNAP) and medical benefits. During the 2016-2017 school-year, The Chicago Public Schools and the Greater Chicago Food Depository (GCFD) Will enter into a collaboration contract. GCFD’s benefits outreach staff will Screen CPS families for program eligibility and assist in completing the SNAP and medical applications. The Office of Student Health & Wellness will coordinate the marketing and strategic communication of the benefits opportunities to parents. This partnership will enable the CPS team to focus on broader strategic student health initiatives while enabling GCFD to bring the efficiency and technical support.

Health Center Based Pop-Up Pantries – The Greater Chicago Food Depository partnered with the Cook County Board and a network of community stakeholders to launch the Cook County Food Access Task Force, tasked with carrying out 3 collaborative interventions; 1. Expanding food insecurity screening at fresh produce access points at Cook County Health & Hospital systems locations; 2. Increasing student access and participation in school breakfast and summer meals programs; and 3. Increasing the use of SNAP (food stamp) benefits at farmers markets and farm stands.

Senior Population Food Programs

Cleveland: One of the emerging issues facing the Greater Cleveland area is the growth in the senior population, also known as the silver tsunami. According to researchers at Miami University, the senior population is expected to grow significantly in Cuyahoga County, swelling from 21% in 2010 to 31% in 2030. With this increase in populations, we have also seen an increase in the number of seniors accessing emergency food Assistance from hot meal and pantry programs. In 2015 20% of people visiting foodPantry and hot meal programs were seniors (60 and older), compared to 24% in 2016.

In response to this increase, the Greater Cleveland Food Bank has developed a new program, the Senior Market Program, designed specifically for seniors at risk of hunger.

The Senior Market Program brings a truck full of food to organizations where seniors reside or are being served and the food is distributed to those seniors and others in the community. Clients can pick up food as they would from a regular pantry. Senior Markets are regularly scheduled in coordination with the organization’s staff and volunteers, usually on a monthly basis. These distributions often include health and wellness activities, food demonstrations and nutrition education, along with the fresh nutritious food – including fresh produce, yogurt, bread, and other healthy food items. In 2016 we piloted this program at one senior living community and served 320 new seniors.

Providence: This year, Rhode Island implemented the federal Commodity Supplemental Food Program for low-income

senior adults. The program has several distribution sites in Providence. A survey of seniors found that food insecurity decreased after they enrolled in the program.

Mobile Food Programs

Des Moines: Summary provided by Des Moines Area Religious Council (DMARC)

In July 2016 DMARC unveiled its first Mobile Food Pantry. This innovative effort was made possible by the Polk County Board of Supervisors and the Partnership for a Hunger-free Polk County. In addition, two individual bequests provided initial seed monies. The goal of the Mobile Pantry is to reach those food insecure residents that might not otherwise have access to food through traditional methods e.g. “brick and mortar” pantry. Five to six of every ten visitors to the Mobile Pantry are new to our network and thus our goal is being achieved. That tells us that the hunger problem is not going away. Instead we’re discovering individuals who have unmet need. As of the date of completing this survey the Mobile Pantry visits 7 different locations with an initial goal of visiting a location each morning and afternoon Monday through Friday. Plans to expand into evening and weekend hours is contingent upon resourcing additional staff and food products. We will continue to evaluate the results from the efforts behind the Mobile Pantry in order to better serve our community.

Salt Lake City: Utah Food Bank’s Mobile School Pantry program provides monthly food pantry services to students and their families at their local school. In its first year (FY 2016) it provided food assistance to 3,000 households each month throughout the school year at 33 high-need schools. In FY 2017, we expect to reach 5,000 households each month (duplicated) at 50 high-need schools. This program has proven to be tremendously effective because it is more cost-efficient than other childhood hunger programs. By serving all members of the family, it recognizes that even if a child has enough food, if their family is going without, they are still being negatively impacted by hunger. By providing food at a location frequented by the family, it also addresses some of the major barriers to accessing food assistance: the very narrow window of time many food pantries are open, lack of transportation, lack of knowledge about available resources, and discomfort making use of available services. This has proven to be especially useful to working parents whose work hours prohibit use of local food pantries and recently immigrated households. In response to school requests, in addition to food, we provide hygiene items like laundry detergent, diapers, soap, and shampoo. Because these items are comparatively expensive, many low-income families have to go without them. Providing these hygiene items increases healthy and self-esteem; it also reduces the amount of bullying poorer children experience.

Corner Stores Located in Food Desert Programs:

District of Columbia: DC Central Kitchen’s Healthy Corners program sustainably expands healthy food access in DC by equipping corner stores located in food deserts with the materials, infrastructure, and technical support necessary to begin offering fresh produce while also providing nutrition education and purchasing incentives to consumers to increase demand. Gradually, as produce sales increase, corner stores transition from participating in the program to procuring produce directly from for-profit wholesalers.

Healthy Corners operated in 67 corner stores located in food deserts in the past year. Three levels of program participation are offered to meet the needs of different corner stores: the typical model provides refrigeration, produce, technical assistance, and nutrition education to stores with space to create a standing produce display; the promotional model aims to increase sales at stores with existing produce offerings; and the pop-up model delivers \$5 bags of fruits and vegetables to stores with restricted layouts.

Consumers who frequent corner stores are encouraged to purchase fruits and vegetables through cooking demonstrations and recipe cards.

Regional Food Bank Programs:

Los Angeles: The Los Angeles Regional Food Bank serves 600 other nonprofit organizations throughout the Los Angeles County with many of these agencies located in the City of Los Angeles. It is estimated that nearly 1.4 million residents of

Los Angeles County (of a total population of 10 million people) experience food insecurity with 40 percent of those residents living in the City of Los Angeles. A primary issue for many residents is the high cost of housing which leads to many residents struggling to maintain their housing while others lose their housing and become homeless.

The Food Bank has launched several programs and initiatives to reduce hunger among families, children, seniors and individuals. Among these initiatives is the focus on acquiring and distributing fresh fruits and vegetables. In many local communities access to fresh produce is limited. In addition, for families and individuals who experience food insecurity, their food purchases tend to focus on calories instead of nutrients given their limited food budgets.

The majority of fresh produce acquired by the Food Bank is donated by local produce companies and other donors. Los Angeles has a vibrant food economy, and the Food Bank has established strong relationships with local food companies that have surplus, wholesome produce. In addition, the Food Bank receives fresh produce through the California Association of Food Banks Farm to Family Program, a model program linking California growers and farmers to food banks through the state. Produce received through this program has a longer shelf life since it is acquired directly from farms, and this produce allows the Food Bank to increase the variety of fresh fruits and vegetables available to agencies served throughout the year.

St. Paul: For Saint Paul, Second Harvest Heartland is an exemplary organization that continually responds the problems of hunger. In 2015, Second Harvest Heartland – one of the nation’s largest, efficient, and innovative food banks – delivered food for more than 77 million meals to over 1,000 food shelves, pantries and other agency partner programs serving 59 counties in Minnesota and western Wisconsin. To improve the region’s larger hunger relief system, Second Harvest Heartland mitigates the pains of hunger by sourcing, warehousing and distributing food in conjunction with data-driven thoughtful leadership and community partnerships.

Second Harvest Heartland also recognizes the fiscal reality that persons living in poverty lack access to healthy foods. Simply speaking, hungry residents often must pay the rent before buying fresh foods. Moreover, their food purchases are driven by price. That said, food insecurity and chronic disease are highly correlated, and health problems are often exacerbated by poor nutrition,

In response, Second Harvest Heartland proactively works with its partners, volunteers, and donors to seek sources of fresh fruits and vegetables for our neighbors in need. In 2015, more than 53% of the food that Second Harvest Heartland distributed was fresh food, including, fruits, vegetables, baked goods, meat, and dairy items. With its *Share Fresh Minnesota* program, farmers donated more than 9.8 million pounds of produce in 2015. Second Harvest Heartland also secures agricultural surplus by implementing a just-in-time harvest-through-delivery system – ensuring that agricultural surplus is not left behind in the field. Second Harvest Heartland has also developed its distribution capacity by using sophisticated logistics with the support of its partners, such as Hunger-Free Minnesota, Cargill, Seneca Foods, Pinnacle Foods, Inc., General Mills, C.H. Robinson, SUPERVALU, and other growers.

Most importantly, Second Harvest Heartland delivers the food to our neighbors-in-need using innovative delivery methods. Second Harvest Heartland worked with Saint Paul community partners, such as Keystone Community Services and Neighborhood House, to develop “free markets” that provides surplus produce grown by Minnesota farmers to the tables of low-income residents. Keystone’s Foodmobile also travels to areas of high need where residents have difficulty getting to a food shelf. Furthermore, when a Saint Paul food shelf suddenly closed its door in a high-need neighborhood of Saint Paul, Second Harvest Heartland coordinated free produce distribution events at two local elementary schools. With its *Food + You* program, Second Harvest Heartland partners with Saint Paul elementary schools, such as the Bruce F. Vento Elementary School, to distribute monthly family food boxes so that students-in-need have fresh fruits, vegetables and food items.

Finally, food insecurity often means a higher likelihood of chronic disease and poor health for our neighborhoods-in-need. As an innovative response, Second Harvest Heartland recently launches its FOODRx – a new food prescription pilot project for low-income patients in Minnesota. Simply, its FOODRx pilot program essentially treats food as medicine as many people access health care systems yet not visit a food shelf. To bridge this gap, its FOODRx works with health

care providers to provide resources such as Neighborhood House Food Shelf in Saint Paul (with multi-lingual staff), to assist people who may not use existing hunger and resources.

Philadelphia: The Eat Right Now Program, Vetri Ristorante, and Independence Blue Cross partner to offer the SHARE Package Program and Farmers Markets at a total of 17 Philadelphia schools every month. In addition to food packages and farmers markets there is nutrition and cooking component at each site. Working with local doctors, SHARE Food Program created 3 meal packages that address health concerns, specifically for people with kidney problems, diabetes, and immune health concerns.

The Greater Philadelphia Coalition Against Hunger created the Victory in Partnership (VIP) Project to the network local food pantries soup kitchens within five regions of Philadelphia, so they could strategically work together to fight hunger in their communities. With funding from corporate sponsors and the William Penn Foundation, the VIP Project has since provided more than 70 feeding programs with funding, kitchen equipment, training and other tools to feed more people in need more efficiently.

The Anti-Hunger Committee of the Food Policy Council completed the Philly Food Finder, in spring of 2015, found at <http://www.phillyfoodfinder.org/>. The Philly Food Finder is a food resource guide by Council Districts that will include every food resource in the district. This guide is available on line as well as in hard copy.

San Antonio Food Bank's FINI Pilot Project

The San Antonio Food Bank (food Bank) received a Department of Agriculture (USDA) Food Insecurity Nutrition Initiative (FINI) grant, which supports projects that increase the consumption of fruits and vegetables among low income populations. The project plan was to complete pre and post outcome surveys bi-weekly or monthly nutrition classes by qualified nutritionists for a total of 3 or 6 months. Each class, the participants receive \$40 worth of vouchers to be used for the purchase of fruits and vegetables as an incentive totaling \$240 per participant. The produce incentive is ten vouchers (\$4 value) to be redeemed at the San Antonio Food Bank's farmers markets to purchase fruits and vegetables. Educational topics for curriculum to promote the intake of fruits and vegetables among SNAP participants are selected following the USDA science based recommendations (6 topics to be delivered with 6 voucher distributions). Education and voucher distribution is planned to take place once or twice a month, taking into consideration that \$40 participant is enough produce for two weeks. The Fruit and Vegetable Intake Screener from the National Cancer Institute was selected to measure the outcome of the intervention. Other data being collected include demographics, redemption and retention rates, as well as reasons for not accessing the incentive. The time frame to operate the incentive program is set from May 2 to December 15, 2016. Promotion of the program is taking place by means of flyers, which were also translated in Spanish. Educational sessions, distribution and redemption of vouchers are taking place at five farmers markets operated by the San Antonio Food Bank's Farmers Market Association. Promotional flyers are distributed at outlets targeting SNAP recipients. The operation of the FINI Incentive Program began on May 2, 2016.

City with Multiple Programs:

San Francisco:

Home-Delivered Groceries

For people with limited mobility who are unable to attend a pantry but who are able to prepare and cook food for themselves or have in-home support, a new citywide Home Delivered Groceries (HDG) program addresses a critical need in San Francisco. The HDG program maximizes seniors' ability to remain in their homes, as opposed to requiring residential care, and allows the city to extend community-based services through known service providers. It is a close collaboration between the County who funds the program and augments the hours of In-Home Support workers to pick up food, the Food Bank who provides the food and community-based organizations who organize volunteers to deliver the food.

Summer Pantries

When schools closed down for the summer, some of them were also forced to close their doors to hundreds of

recipients of our on-campus Healthy Children pantries. To fill that void, the SF-Marin Food Bank started the Summer Pantries program. Two sites, one in the Chinatown the other in the Bay View, opened up their doors weekly, serving families from several different schools. The idea was to bridge the gap until the Fall semester began. Overall the program worked, with hundreds of affected families receiving fresh, nutritious food through the summer months.

Therapeutic Pantries

Food can be a powerful tool when it comes to nutrition and helping to prevent diseases and managing other ailments. That became the basis of another pilot program started in 2016 called Therapeutic Pantries. Originally intended for the San Francisco General Hospital campus, public health-food bank collaborative eventually launched at the city's Maxine Hall Health Center in San Francisco's Western Addition. The program leveraged the public health system to provide screening and referrals of patients with active diabetes as well as staff and volunteers to distribute the food. The focus was not just on the fresh produce delivered twice a month from the Food Bank, but also on how recipients could maximize that food for healthy gains. Each session included special medical screenings, food security referrals and application assistance, fresh recipes, and educational talks led by public health officials and nonprofit partners.

Produce Pop-Ups

To some, the words "food panty" conjure up images of canned vegetables and boxes of spaghetti, but the SF-Marin Food Bank's new Produce Pop-Up program turned that notion on its head. All summer long, the Food Bank loaded up their delivery vans and ventured into San Francisco neighborhoods to showcase the fresh produce that makes up 60 percent of the food they distribute at their pantries. Over 1,500 people received fresh season produce and referral information to food pantries and the SNAP program during the pilot program.

Interactive Nutritional Programs:

Santa Barbara: To determine community need and meal gaps, we utilize our **Guide to Nutrition Programs** tool – an interactive map overlaying food distribution points, schools with over 50% Free and reduced price Meals, total children living in poverty, and total population living in poverty across various County census tracts.

<http://foodbanksbc.org/guide-to-nutrition-programs/>

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Multicultural Food Programs:

Seattle: El Centro de la Raza serves the needs of its community, offering over 40 programs to men, women, youth and families, including a food bank and free congregate meal program. For over 40 years, El Centro de la Raza has served as a food lifeline to local, low-income and ethnically diverse communities. Reflecting Beacon Hill's diverse neighborhood, the Food Bank's culturally diverse staff and volunteers welcome all including Latino, Asian/API and Filipino community members. Residents can choose from culturally appropriate food and culturally responsive services.

In addition, to the food bank program, El Centro de la Raza's Hot-Meal program serves our most vulnerable residents most who have no access to a hot, nutritious meal. Wholesome and delicious lunches are prepared on-site by dedicated kitchen staff who greet their guests in a warm and inviting dining room. To better serve our Hot-Meal clients, El Centro de la Raza partners with King County's Mobile Medical Unit to offer a wide range of free medical services in a familiar, safe and welcoming space. Depending on need, participants also have access to Healthcare Enrollment (another El Central de la Raza program), as well as emergency support services.

Homelessness in U.S. Cities

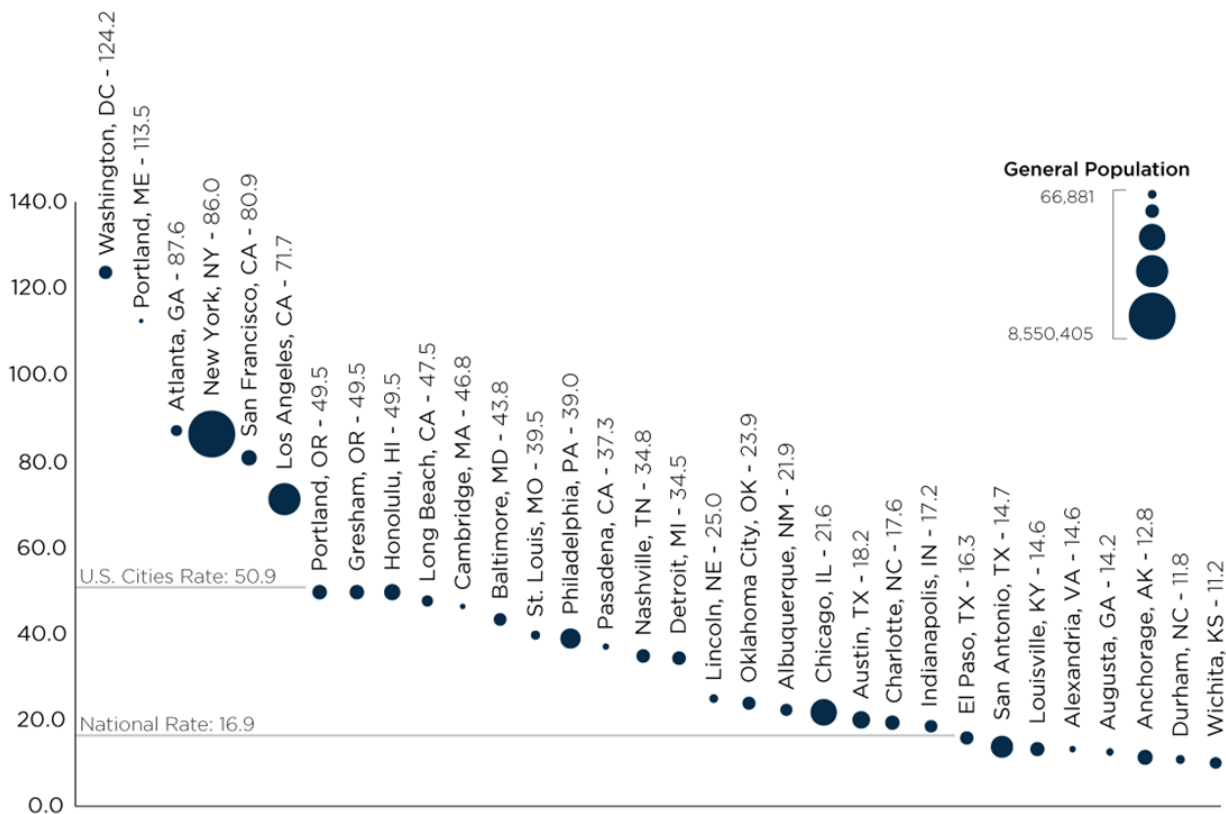
This chapter provides a snapshot of homelessness in U.S. cities studied, presents longitudinal trends in subpopulations, and compares homelessness in study cities to national averages. This chapter uses the most recently available data from the U.S. Department of Housing and Urban Development and the U.S. Census Bureau. More information on the methodology used for this chapter can be found in Appendix A.

HOMELESS POPULATION AND SUBPOPULATIONS

The January 2016 point-in-time count³ identified 544,084 people experiencing homelessness in the 50 U.S. states and the District of Columbia. This translates to a rate of 16.9 people experiencing homelessness per 10,000 people in the general population. In the U.S. cities studied, 171,520 people were identified in January 2016. This represents 31.5 percent of all homelessness in the U.S.

The rate of homelessness in study cities is higher than the national rate at 50.9 people experiencing homelessness per 10,000 in the general population. But, this higher rate is not universal. Three-quarters of study cities (24 of 32) have rates of homelessness higher than the national rate, but only six study cities have rates higher than the rate of homelessness across all study cities. Rates in individual study cities range from 11 in Wichita to 124 in Washington, D.C. The general population size of a city does not appear to have an impact on the rate of homelessness with homelessness rates varying across city population sizes.

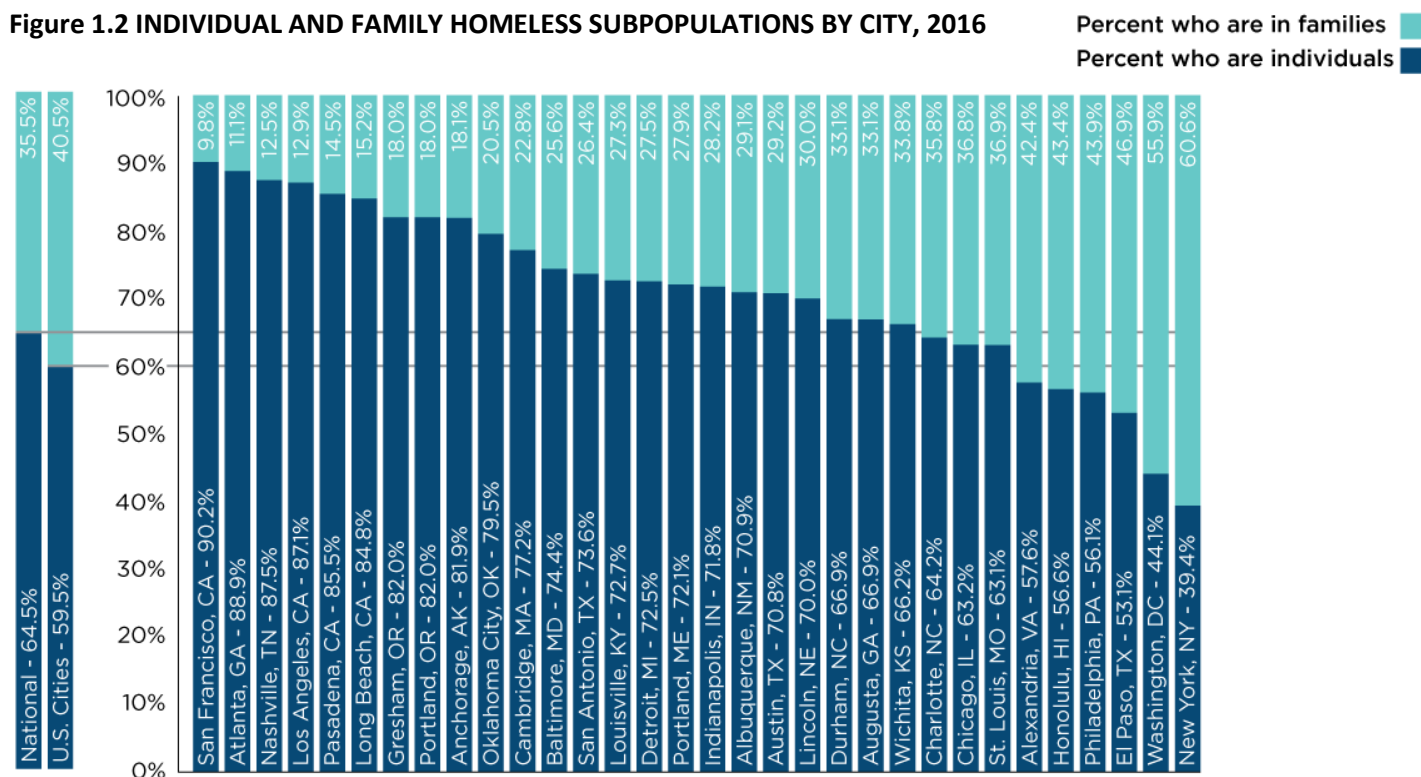
Figure 1.1 CITY RATES OF HOMELESSNESS (PER 10,000 PEOPLE IN GENERAL POPULATION), 2016



³ Every year during the last 10 days of January, communities across the country conduct an enumeration of homeless persons living in emergency shelter, transitional housing, or on the street, in what is commonly known as a point-in-time count. For more information: <http://www.endhomelessness.org/library/entry/fact-sheet-point-in-time-counts>

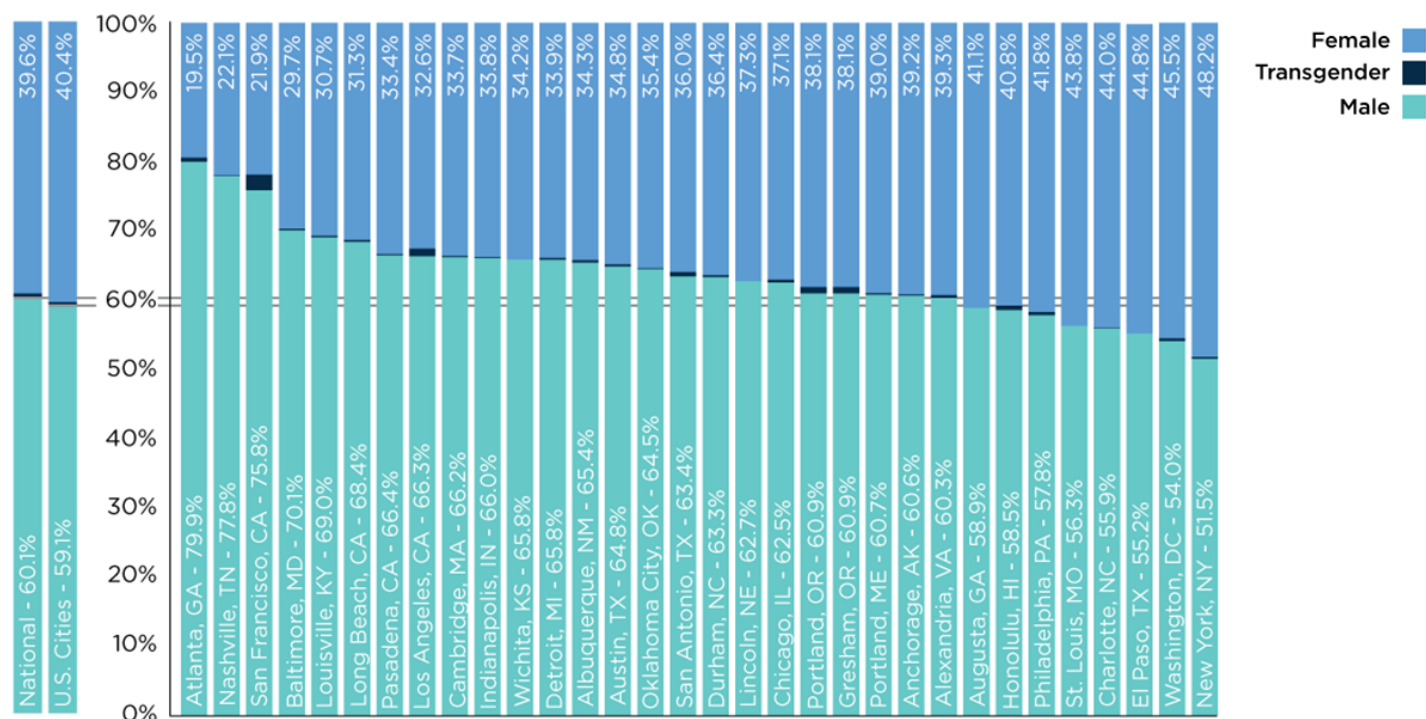
Most people (64.5 percent) experiencing homelessness in the U.S. are individuals. In the study cities, individuals made up 59.5 percent of the homeless population, a slightly smaller percentage than nationally, but 23 of the 32 study cities have a higher proportion of individuals than the national rate. New York City had the lowest proportion of individuals at 39.4 percent; San Francisco the highest at 90.2 percent.

Figure 1.2 INDIVIDUAL AND FAMILY HOMELESS SUBPOPULATIONS BY CITY, 2016



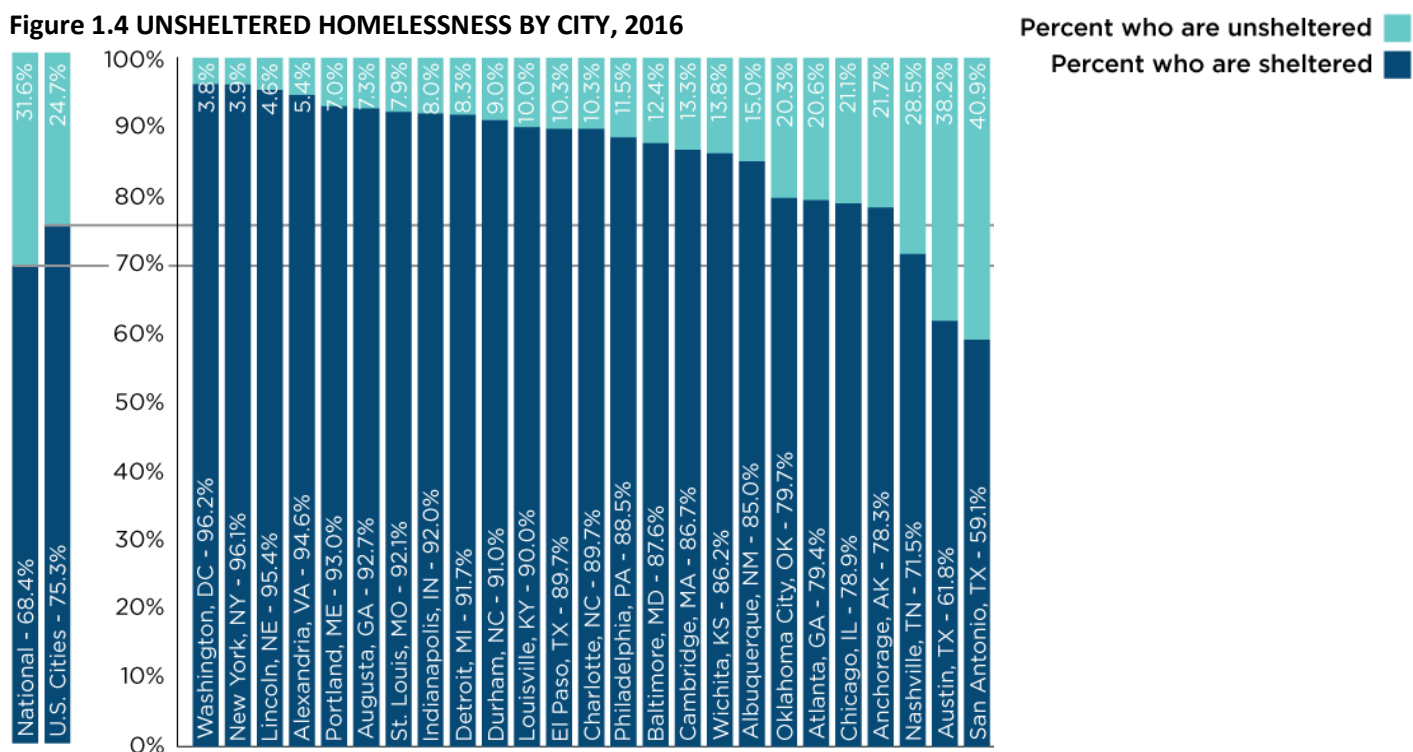
In the U.S., 39.6 percent of people experiencing homelessness are female, 60.1 percent are male, and 0.3 percent are transgender. The study cities have approximately the same gender proportions (see Figure 1.3), with 40.4 percent female, 59.1 percent male, and 0.5 percent transgender. In all study cities, a person experiencing homelessness is more likely to be male than female, but the percentage varies widely. New York City has the highest percentage of people experiencing homelessness who are female at 48.2 percent. San Francisco, Nashville, and Atlanta have the highest percentages of people experiencing homelessness who are male at 75.8, 77.8, and 79.9 percent respectively.

Figure 1.3 GENDER PROPORTIONS BY CITY, 2016



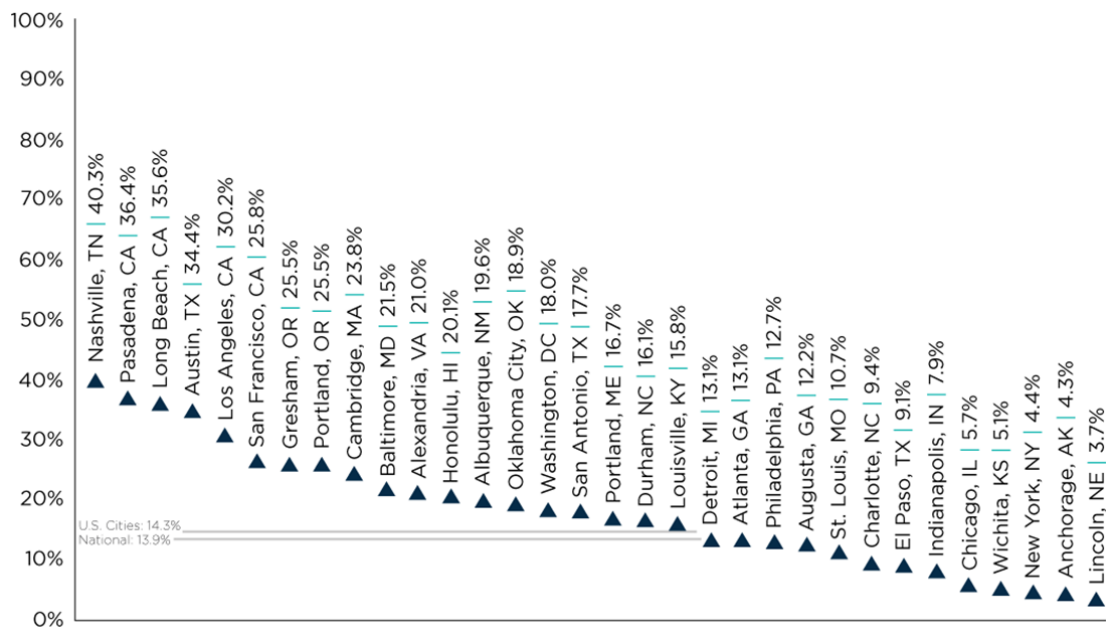
The percent of people who are unsheltered in the study cities (24.7 percent) is lower than in the U.S. overall (31.6 percent). Only nine of the study cities had rates of unsheltered homelessness higher than the national average, but these cities alone account for approximately one of every five people experiencing unsheltered homelessness in the country: Los Angeles, CA (21,338 people); Long Beach (1,513 people); Pasadena, CA (352 people), San Francisco, CA (4,358 people); Portland and Gresham, OR (1,887 people combined); Honolulu, HI (2,173 people); San Antonio, TX (1,137 people); and Austin, TX (816 people). The study cities with the lowest proportions of unsheltered homelessness are Washington, D.C. and New York City with only 3.8 percent and 3.9 percent of people unsheltered respectively.

Figure 1.4 UNSHELTERED HOMELESSNESS BY CITY, 2016



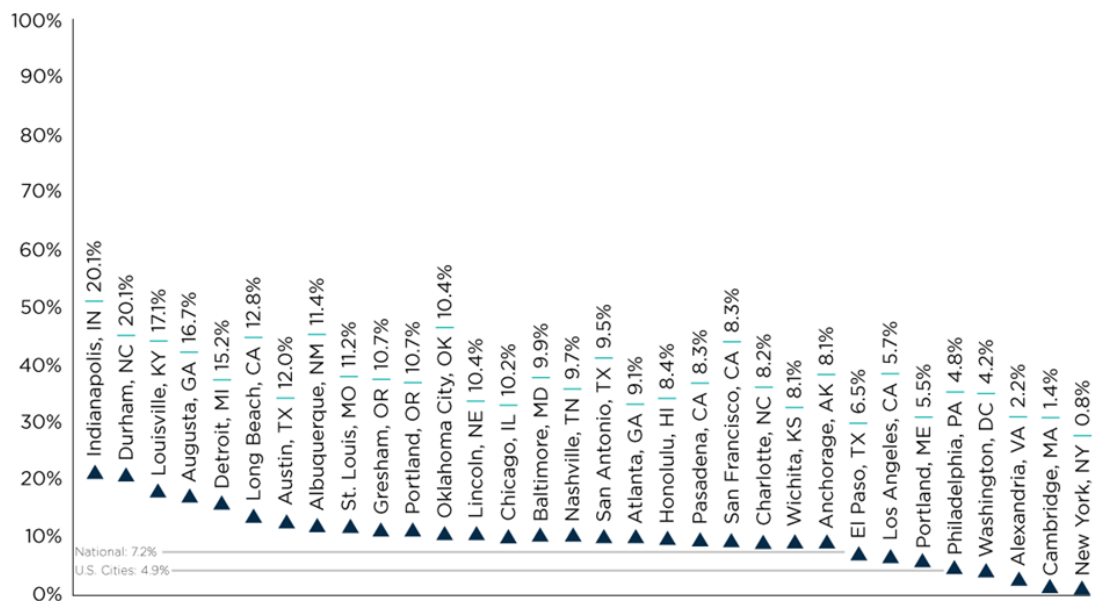
Chronic homelessness is defined as people who have a disability—including serious mental illness, chronic substance use disorders, or chronic medical issues—and who are homeless repeatedly for long periods of time. Individuals experiencing chronic homelessness account for 13.9 percent of U.S. homelessness and 14.3 percent in the study cities. 19 of 32 study cities have higher proportions of chronic homelessness among individuals than the U.S. overall, though the proportions varied widely across cities, from 3.7 percent in Lincoln, NE to 40.3 percent in Nashville, TN.

Figure 1.5 INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS BY CITY, 2016



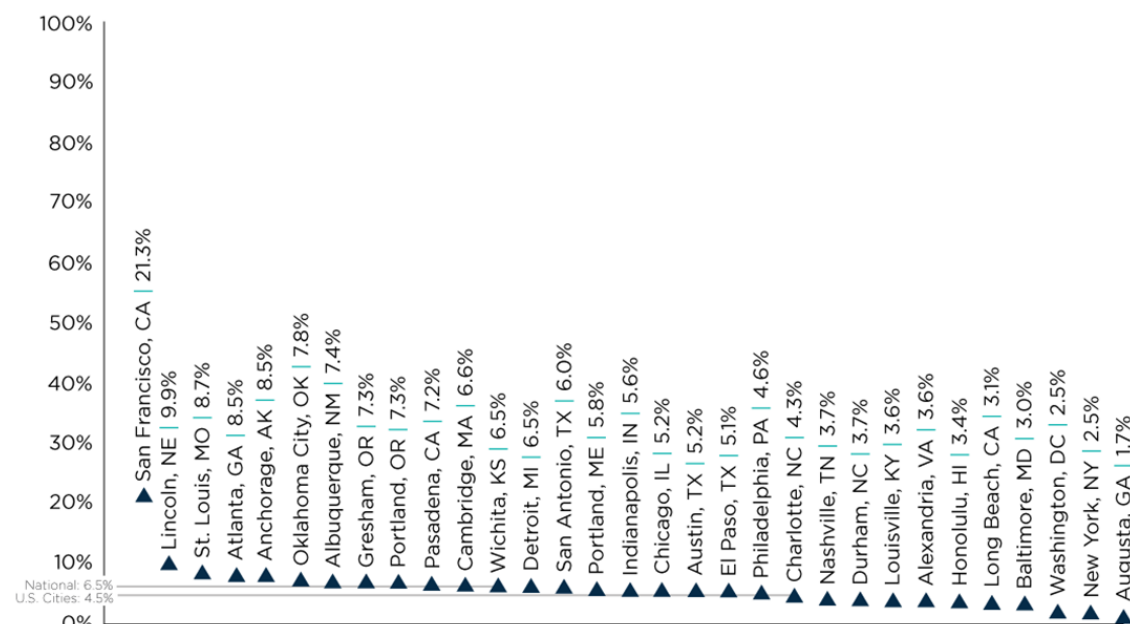
Nationally, 7.2 percent of people experiencing homelessness are identified as veterans. In the study cities, 4.9 percent of people experiencing homelessness were veterans, but 24 of 32 study cities had higher-than-national rates. Durham and Indianapolis have the highest proportion of veterans experiencing homelessness at 20.1 percent. New York City has the lowest proportion of veterans at 0.8 percent.

Figure 1.6 VETERAN HOMELESSNESS BY CITY, 2016



Nationally, unaccompanied children and youth account for 6.5 percent of the overall homeless population. Unaccompanied children and youth accounted for a slightly smaller percentage of the overall homeless population in the study cities⁴: 4.5 percent. San Francisco reported a much higher percentage of unaccompanied youth, 21.3 percent, than any other cities. However, only 11 study cities reported percentages of unaccompanied youth higher than the national level of 6.5 percent. Augusta, New York City, and Washington, D.C. had the lowest proportion of youth (1.7, 2.5, and 2.5 percent respectively). There are questions as to the accuracy of these data as youth are thought not to be enumerated effectively with current point-in-time count methods because, among other reasons, homeless youth and children tend not to congregate in the same areas as older homeless adults that are typically targeted during counting efforts.

Figure 1.7 HOMELESS UNACCOMPANIED CHILDREN AND YOUTH BY CITY, 2016



Trends in Homelessness in Cities⁵

Examining point-in-time counts in jurisdictions over time is one of the ways in which progress in ending homelessness can be measured.⁶

OVERALL HOMELESSNESS

The number of people reported to be experiencing homelessness in the U.S. decreased 12.9 percent from 2009 to 2016, including a 2.6 percent from 2015 to 2016. The majority of study cities followed these national trends.

From 2009 to 2016, approximately two-thirds of study cities (20 of 31) reported decreases in the number of people experiencing homelessness. These decreases ranged from 3.0 percent to 53.7 percent. The largest decrease was in Long Beach, CA, which reported 1,659 fewer people (a 42.4 percent decrease). Pasadena, CA; Long Beach, CA; and Augusta, GA also reported decreases of more than 40 percent. Reported increases in overall homelessness in cities ranged from

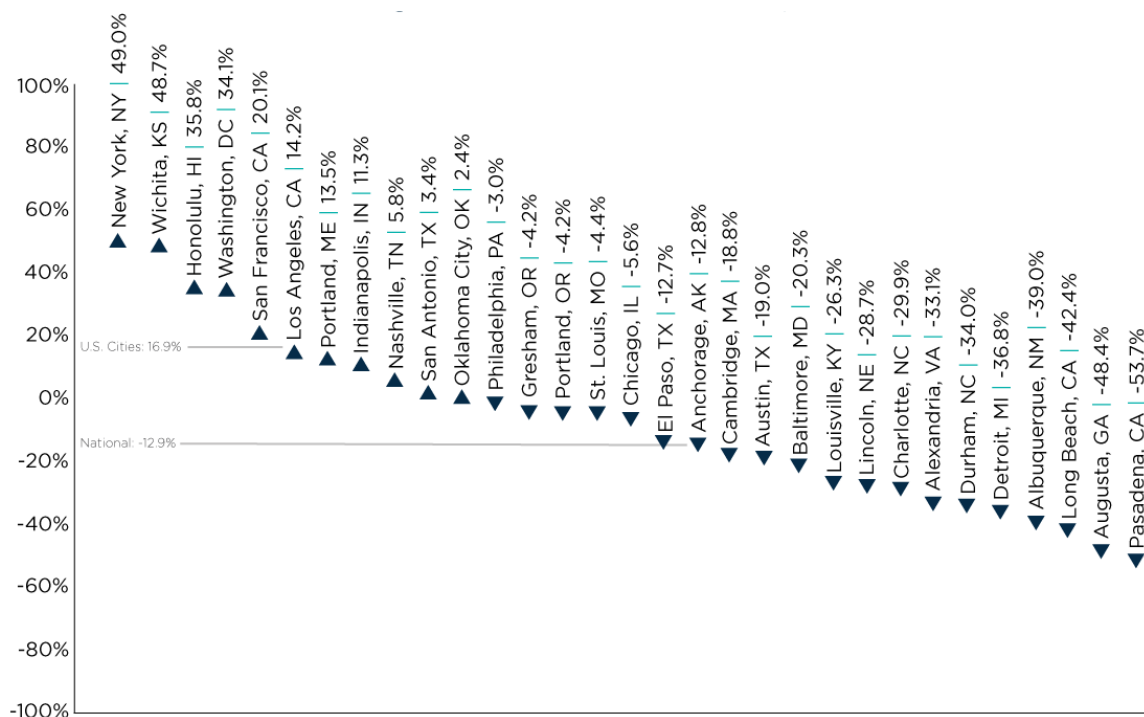
⁴ In this analysis, the City of Los Angeles is not included because city-level data was not available.

⁵ Trends in homelessness among unaccompanied children and youth are not presented because of the before mentioned concerns with the accuracy of the enumerations of this population.

⁶ Due to variation in the geography of Continuums of Care, frequency of counts, and changes in methodology, year-to-year and longitudinal comparisons are not always possible. Prior to 2013, Atlanta was part of a Continuum of Care with a broader geography meaning city-level data is not available; therefore, Atlanta is excluded from all comparisons to 2009 and 2011 (veterans). For the City of Los Angeles, data is not available for youth experiencing homelessness during any year or for individuals and people in families in 2009. Six cities (Portland, OR; Gresham, OR; Albuquerque, NM; Baltimore, MD; Long Beach, CA; and San Francisco, CA) did not conduct an unsheltered count in 2016 and thus are excluded from any analysis regarding changes between 2015 and 2016.

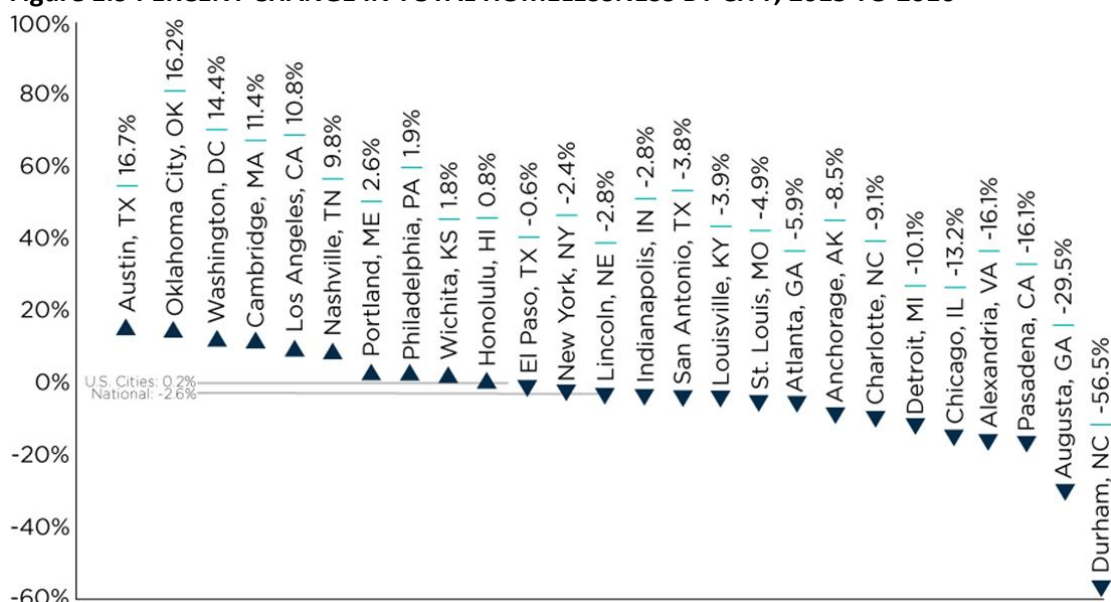
2.4 percent to 49.0 percent. The largest reported increase was in New York City by both number and percent, with an increase of 24,180 people (49.0 percent increase). Wichita, KS; Honolulu, HI; and Washington, D.C. reported increases of more than 30 percent.

Figure 1.8 PERCENT CHANGE IN TOTAL HOMELESSNESS BY CITY, 2009 TO 2016



From 2015 to 2016, approximately two-thirds (16 of 26) of study cities reported fewer people experiencing homelessness, with reported decreases ranging from 0.6 percent to 56.5 percent. The largest reported decrease in overall homeless persons was in New York City, with a decrease of 1,800 people (a 2.4 percent decrease). Cities reported increases ranging from 0.8 percent to 16.7 percent. The largest increase in overall homelessness was in the City of Los Angeles, with an increase of 2,778 people (a 10.8 percent increase). Austin, Oklahoma City, and Washington, D.C. reported increases of more than 14 percent.

Figure 1.9 PERCENT CHANGE IN TOTAL HOMELESSNESS BY CITY, 2015 TO 2016

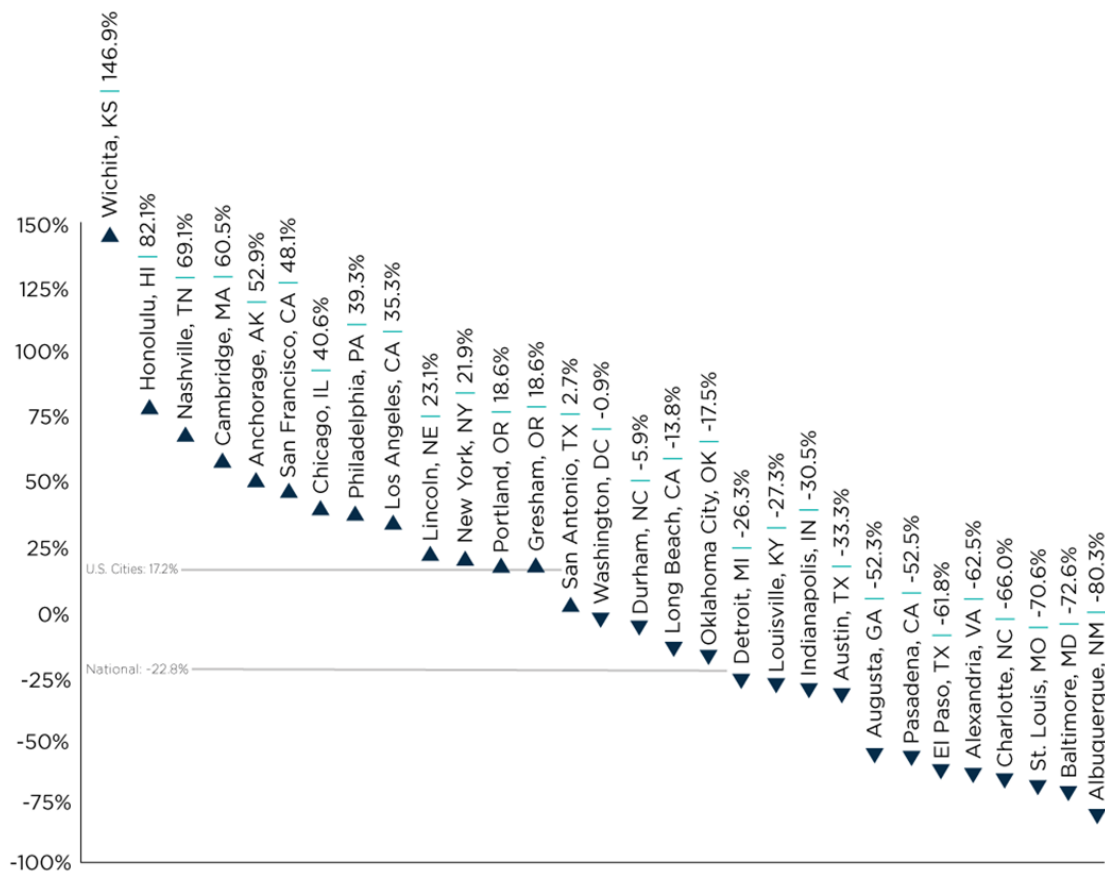


UNSHELTERED HOMELESSNESS

The number of people reported to be experiencing unsheltered homelessness in the U.S. decreased 22.8 percent from 2009 to 2016. In contrast, nationally, from 2015 to 2016, unsheltered homelessness was reported to have increased 2.0 percent. The trends in study cities were not as clear and increases in some study cities were likely a driving force in the reported national increase in unsheltered homelessness from 2015 to 2016.

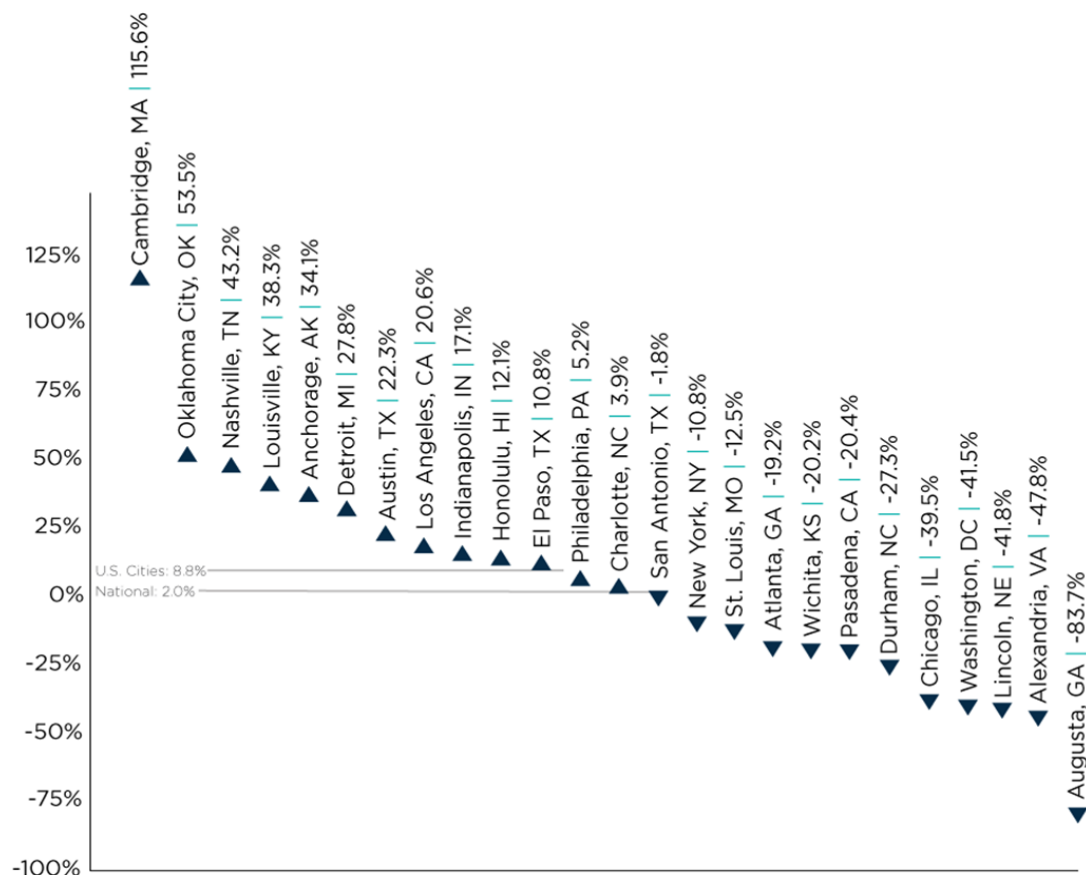
From 2009 to 2016, about half (16 of 31) of the cities studied reported decreases in unsheltered homelessness. Decreases ranged from 1.0 percent to 80.3 percent. The largest decrease in unsheltered homelessness was reported by Baltimore, MD—a decrease of 891 people (72.6 percent decrease). Albuquerque, NM; St. Louis, MO; and Charlotte, NC also reported decreases of more than 65 percent. The other half of study cities reported increases in unsheltered homelessness, in some instances very large increases. The largest increases in the number of people experiencing unsheltered homelessness more than eclipse the largest decreases seen in other study cities with the City of Los Angeles reporting an increase of 5,568 people; San Francisco, CA an increase of 1,416 people; and Honolulu, HI an increase of 980 people.

Figure 1.10 PERCENT CHANGE IN UNSHELTERED HOMELESSNESS BY CITY, 2009 TO 2016



From 2015 to 2016, more than half (14 of 26 cities) of study cities reported increases in unsheltered homelessness. Increases ranged from 3.9 percent to 115.6 percent (see Figure 1.11). The largest increase in unsheltered homelessness was reported by the City of Los Angeles: an increase of 3,651 people (a 20.6 percent increase). Cambridge, MA; Oklahoma City, OK; Nashville, TN; and Portland, ME also reported large percentage increases. Study cities reported decreases ranging from 1.8 percent to 83.7 percent. Among the cities that reported decreases, Chicago had the largest decrease—812 less people unsheltered (a 39.5 percent decrease). Augusta, GA; Alexandria, VA; Lincoln, NE; and Washington, D.C., reported percent decrease larger than 40 percent.

Figure 1.11. PERCENT CHANGE IN UNSHELTERED HOMELESSNESS BY CITY, 2015 TO 2016



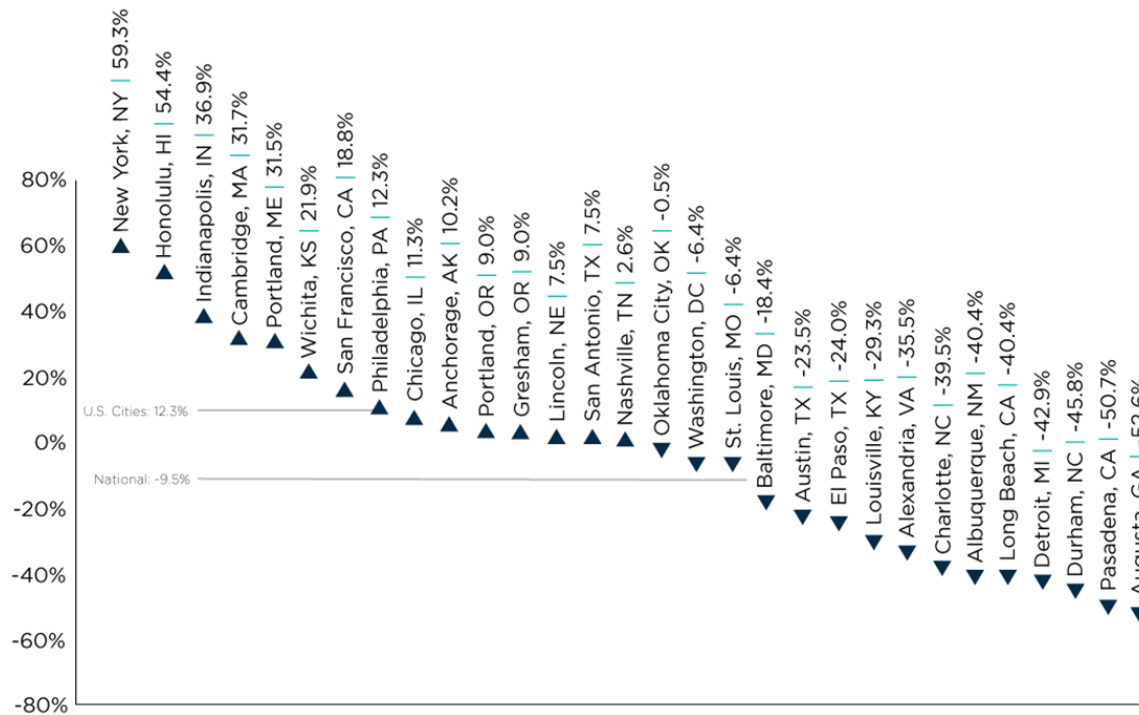
INDIVIDUALS

The number of individuals reported to be experiencing homelessness in the U.S. decreased 9.5 percent from 2009 to 2016. From 2015 to 2016, homelessness among individuals decreased 0.8 percent nationally. Trends in study cities were not as clear and increases in large study cities outpaced smaller decreases in other study cities.

From 2009 to 2016, half (15 of 30) of study cities⁷ reported decreases in homelessness among individuals experiencing homelessness (see Figure 1.12). Decreases ranged from 0.5 percent to 52.6 percent. The largest decrease was reported by Long Beach, CA with a decrease of 1,292 people (a 40.4 percent decrease). Augusta, GA; Pasadena, CA; and Durham, NC reported decreases greater than 45 percent. In study cities reporting increases in homelessness among individuals from 2009 to 2016, increases ranged from 2.6 percent to 59.3 percent. The largest increase was reported by New York City, NY: an increase of 10,777 people (a 59.3 percent increase). Honolulu, HI also reported an increase of more than 50 percent.

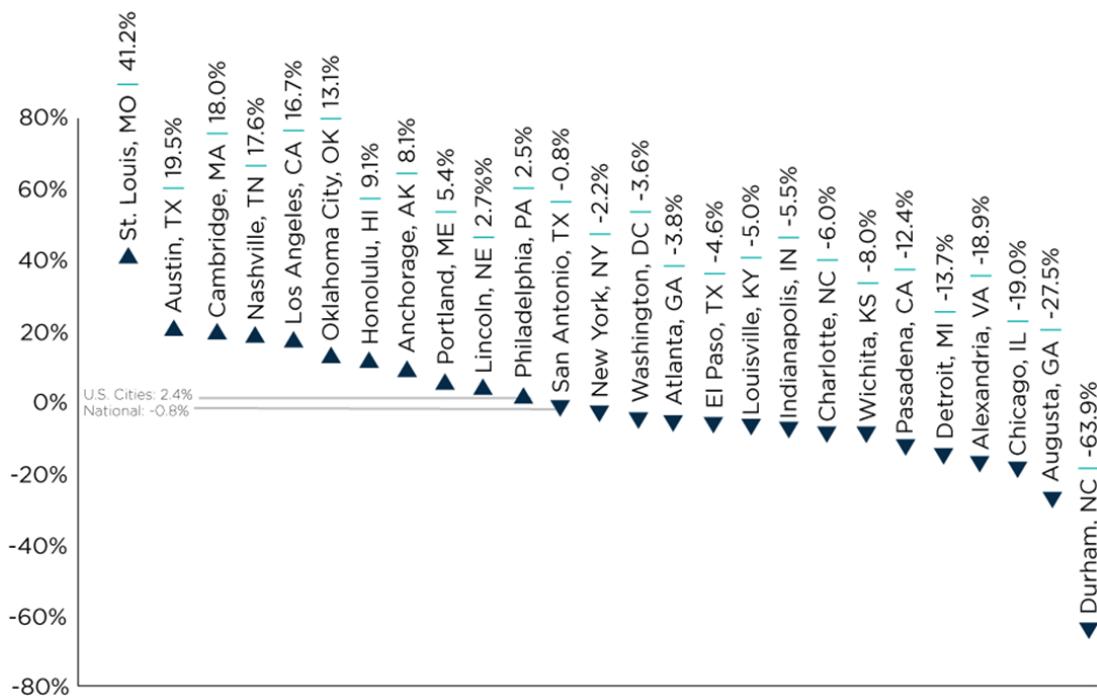
⁷ The City of Los Angeles is excluded from this analysis because city-level data on homelessness among individuals was not available for 2009.

Figure 1.12. PERCENT CHANGE IN HOMELESS INDIVIDUALS BY CITY, 2009 TO 2016



From 2015 to 2016, nearly two-thirds (15 of 26) of study cities studied reported decreases in homelessness among individuals, but large increases in the City of Los Angeles more than offset those decreases. Reported decreases ranged from 0.8 percent to 63.9 percent. The largest decreases was reported by Chicago: 871 people (19.0 percent decrease). Durham, NC also reported a large decrease: 419 people (63.9 percent). In study cities that reported more homeless individuals in 2016 than in 2015, increases ranged from 2.5 percent to 41.2 percent. The largest increase was reported by the City of Los Angeles, CA: an increase of 3,552 people (a 16.7 percent increase).

Figure 1.13. PERCENT CHANGE IN HOMELESS INDIVIDUALS BY CITY, 2015 TO 2016

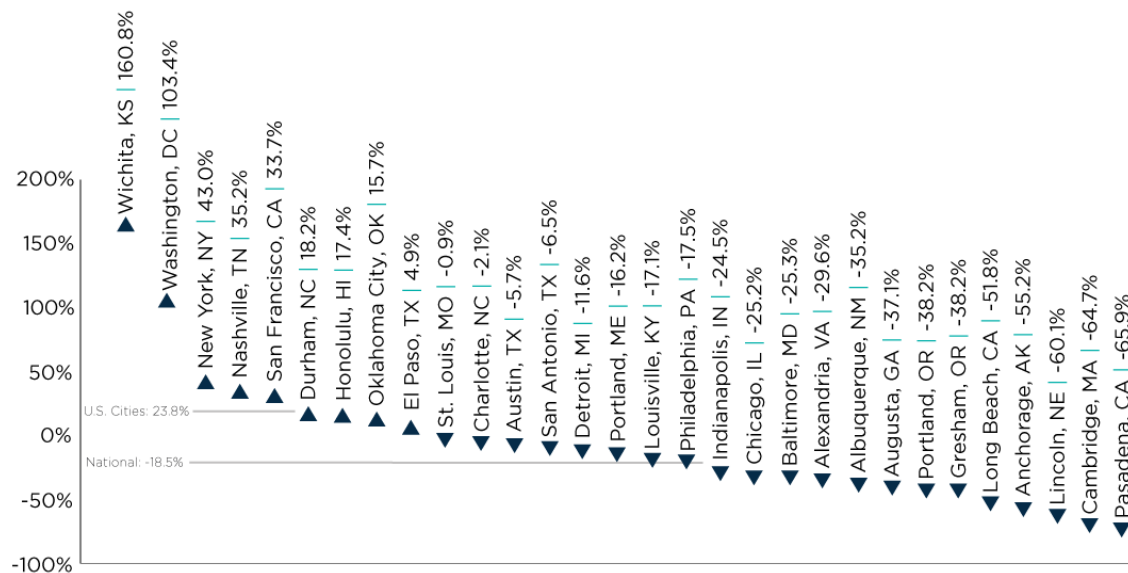


PEOPLE IN FAMILIES

The number of people in families reported to be experiencing homelessness in the U.S. decreased 18.5 percent from 2009 to 2016. From 2015 to 2016, homelessness among people in families decreased 5.6 percent nationally. For the most part, trends in the study cities followed the same pattern with a couple notable exceptions.

From 2009 to 2016, more than two-thirds of study cities (21 of 30)⁸ reported decreases in the number people in families experiencing homelessness. Decreases ranged from 0.9 percent to 65.9 percent. The largest decrease was reported by Chicago, IL with a decrease of 730 people (a 25.2 percent decrease). Pasadena, CA; Cambridge, MA; and Lincoln, NE reported large percent decreases with decreases larger than 60 percent. Of the study cities that reported an increase, increases ranged from 4.9 percent to 160.8 percent. The largest increase was reported by New York City: 13,403 people (a 43.0 percent increase). Wichita, KS and Washington, D.C. reported increases large in magnitude, with the homeless families population more than doubling in that time.

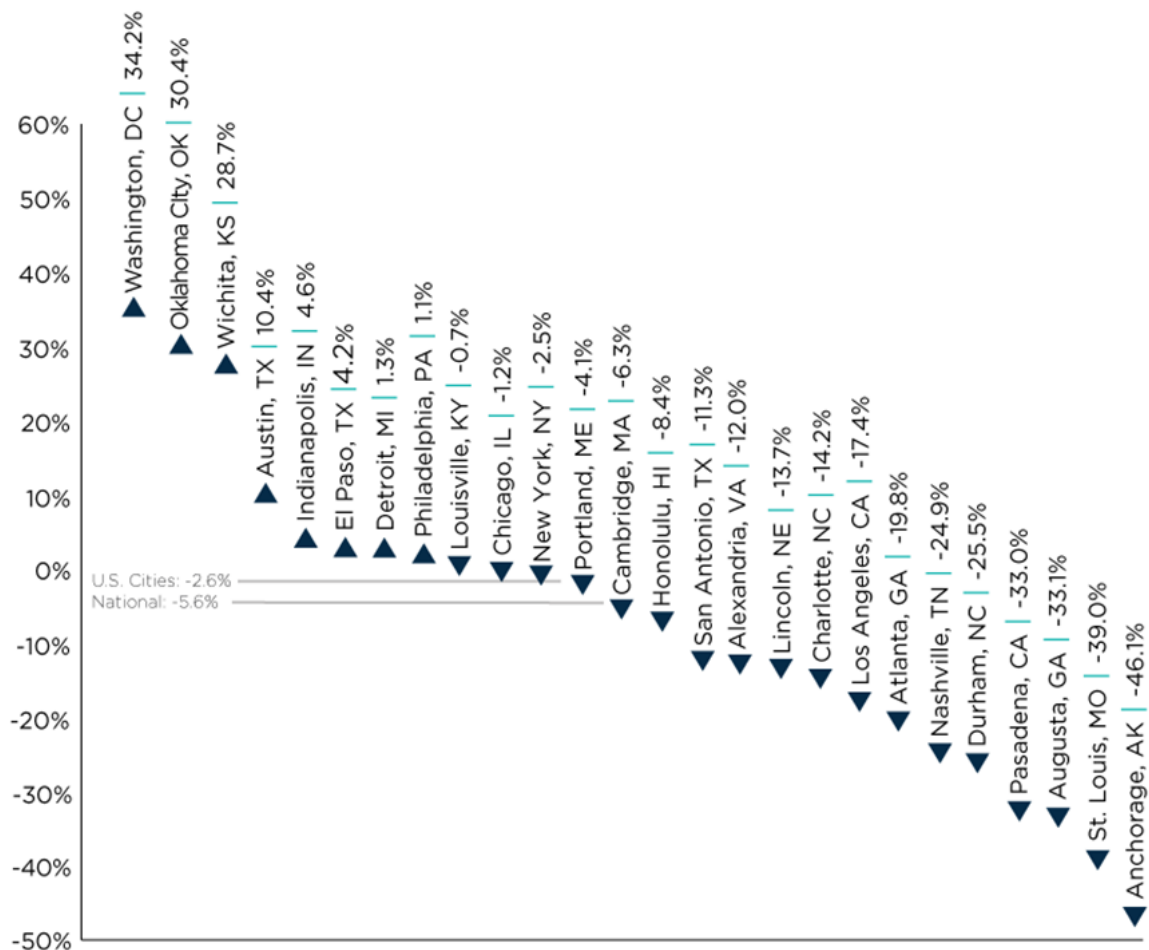
Figure 1.14. PERCENT CHANGE IN HOMELESS PEOPLE IN FAMILIES BY CITY, 2009 TO 2016



From 2015 to 2016, more than two-thirds of the study cities (18 of 26) reported decreases in the number of people experiencing homelessness as part of a family unit (see Figure 1.15). Decreases ranged from 0.7 percent to 46.1 percent. The largest decrease was reported by New York City, with a decrease of 1,153 people (a 2.5 percent decrease). Anchorage, AK; St. Louis, MO; Pasadena, CA; and Augusta, GA reported decreases greater than 30 percent. Of the study cities that reported an increase, increases ranged from 1.1 percent to 34.2 percent. The largest increase was Washington, D.C.: 1,190 people (a 34.2 percent increase). Oklahoma City, OK and Wichita, KS also reported increases greater than 25 percent.

⁸ The City of Los Angeles is excluded from this analysis because city-level data on family homelessness was not available for 2009.

Figure 1.15. PERCENT CHANGE IN HOMELESS PEOPLE IN FAMILIES BY CITY, 2015 TO 2016

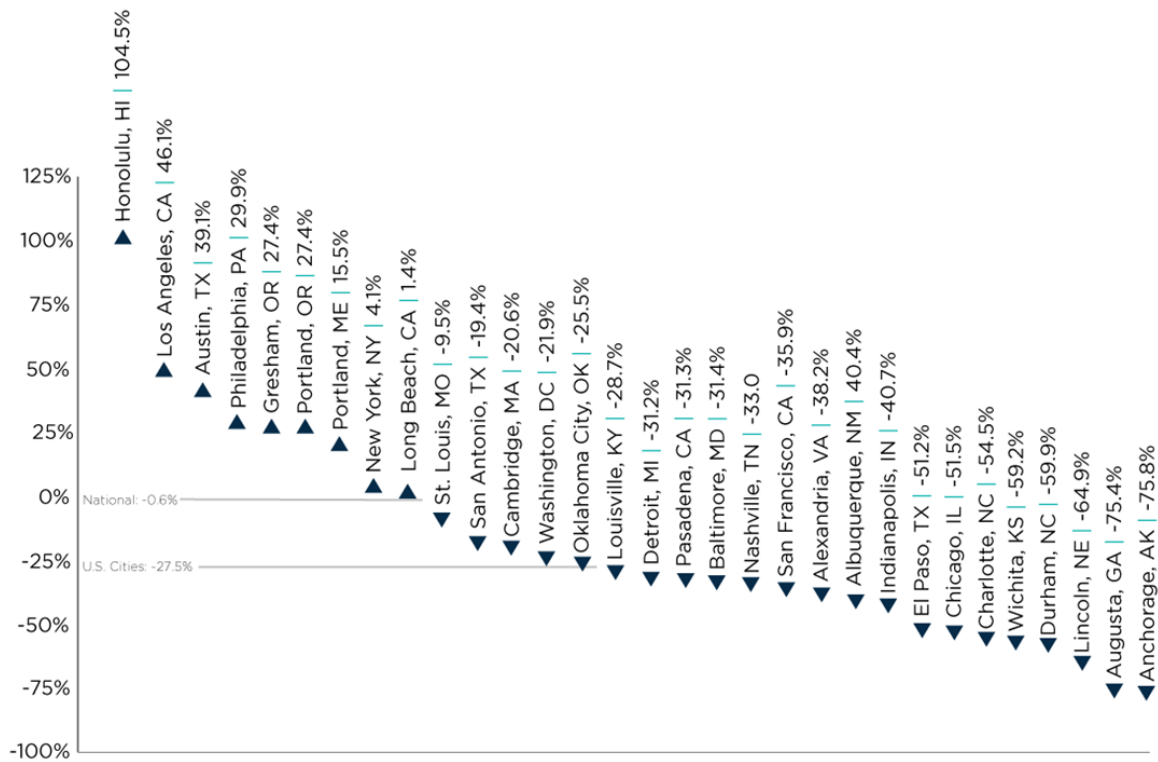


CHRONICALLY HOMELESS INDIVIDUALS

The number of individuals reported to be experiencing chronic homelessness in the U.S. decreased 27.5 percent from 2009 to 2016. From 2015 to 2016, the number of individuals reported to be experiencing chronic homelessness decreased 7.0 percent nationally. While, the majority of study cities followed the national trend from 2009 to 2016, most study cities reported increases in chronic homelessness among individuals from 2015 to 2016.

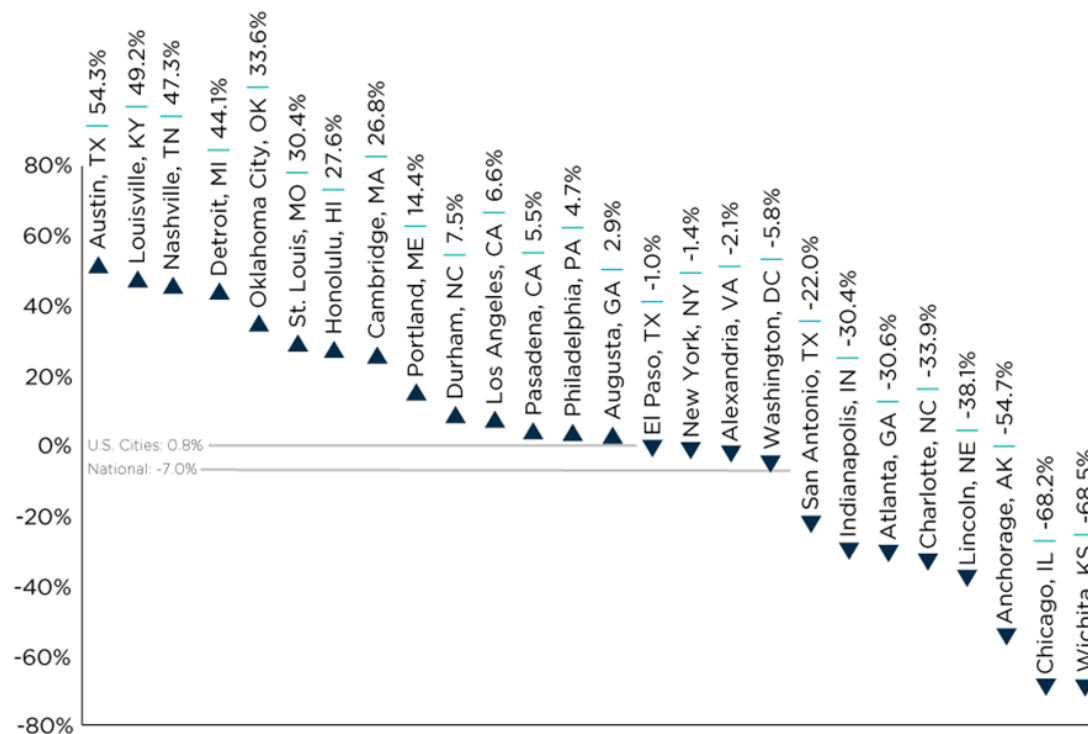
From 2009 to 2016, nearly three-quarters (22 of 31) of study cities reported decreases in chronic homelessness among individuals (see Figure 1.16). Decreases ranged from 9.5 percent to 75.8 percent. The largest decrease in chronically homeless individuals was reported by San Francisco, with a decrease of 1,011 people (a 35.9 percent decrease). Anchorage, AK and Augusta, GA reported decreases of more than 75 percent. Of those cities that reported an increase in chronic homelessness between 2009 and 2016, increases ranged from 1.4 percent to 104.5 percent. The largest increases were in the City of Los Angeles, with an increase of 2,710 people (a 46.1 percent increase), and Honolulu, HI, with an increase of 508 people (a 104.5 percent increase).

Figure 1.16. PERCENT CHANGE IN CHRONICALLY HOMELESS INDIVIDUALS BY CITY, 2009 TO 2016



From 2015 to 2016, more than half (14 of 26) of the study cities reported increases in chronic homelessness among individuals (see Figure 1.17). Increases ranged from 2.9 percent to 54.3 percent. The largest increase was reported by the City of Los Angeles, with an increase of 531 people (a 6.6 percent increase). Austin, TX; Nashville, TN; and Louisville, KY reported increases of more than 45 percent. Of the cities that reported fewer chronically homeless individuals in 2016 than in 2015, decreases ranged from 1.0 percent to 68.5 percent. The city that reported the largest decrease was Chicago, IL, with a decrease of 716 people (a 68.2 percent decrease). Wichita, KS and Anchorage, AK also reported decreases in chronic homelessness among individuals greater than 50 percent.

Figure 1.17. PERCENT CHANGE IN CHRONICALLY HOMELESS INDIVIDUALS BY CITY, 2015 TO 2016



VETERANS

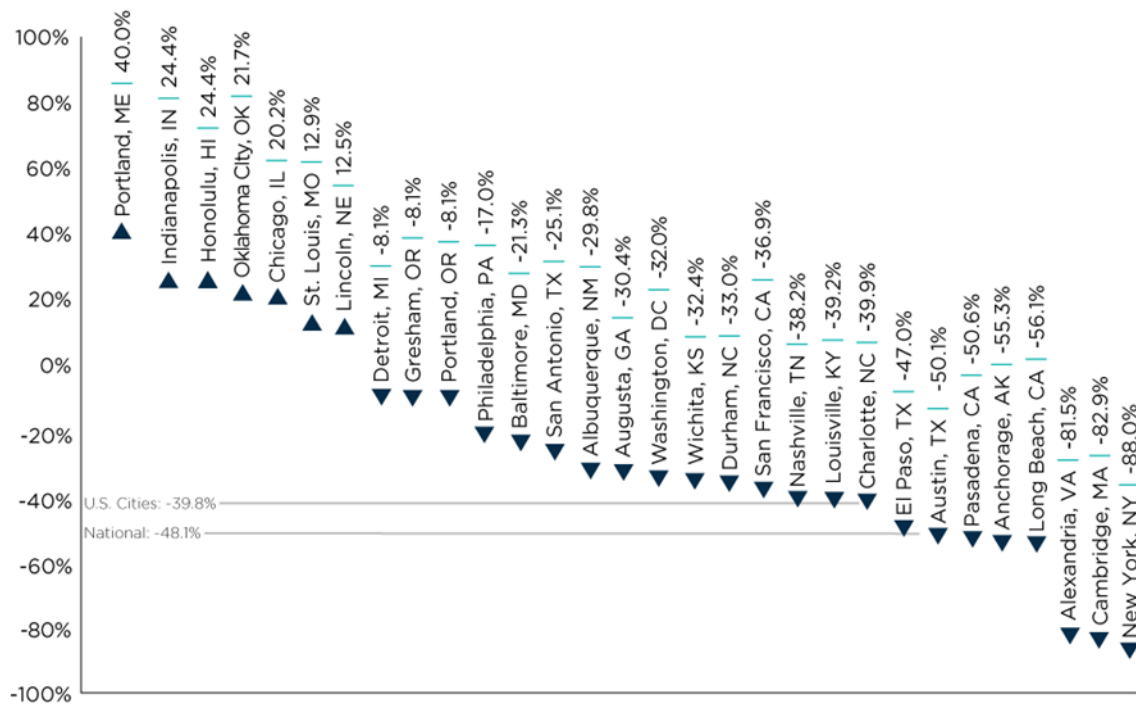
The number of veterans reported to be experiencing homelessness in the U.S. decreased 39.8 percent from 2011 to 2016.⁹ From 2015 to 2016, veteran homelessness was reported to decrease 17.3 percent nationally. A large majority of study cities conformed to the national trends, with some study cities reporting significant progress in addressing veteran homelessness.

From 2009 to 2016, three-quarters (23 of 30)¹⁰ of study cities reported decreases in veteran homelessness (see Figure 1.18). Decreases range from 8.1 percent to 88.0 percent over this period. The largest decrease reported was in New York City, NY: a decrease of 4,118 veterans (an 88.0 percent decrease). Cambridge, MA and Alexandria, VA also reported decreases greater than 80 percent. In the study cities that reported increases, increases ranged from 12.5 percent to 40.0 percent. The largest increase was reported by Chicago, IL, with 101 more veterans reported to be experiencing homelessness in 2016 than in 2015.

⁹ Trends for veteran homelessness are reported from 2011 to 2016 instead of 2009 to 2016 because 2011 is the first year reliable data is publicly available nationally and on the city-level.

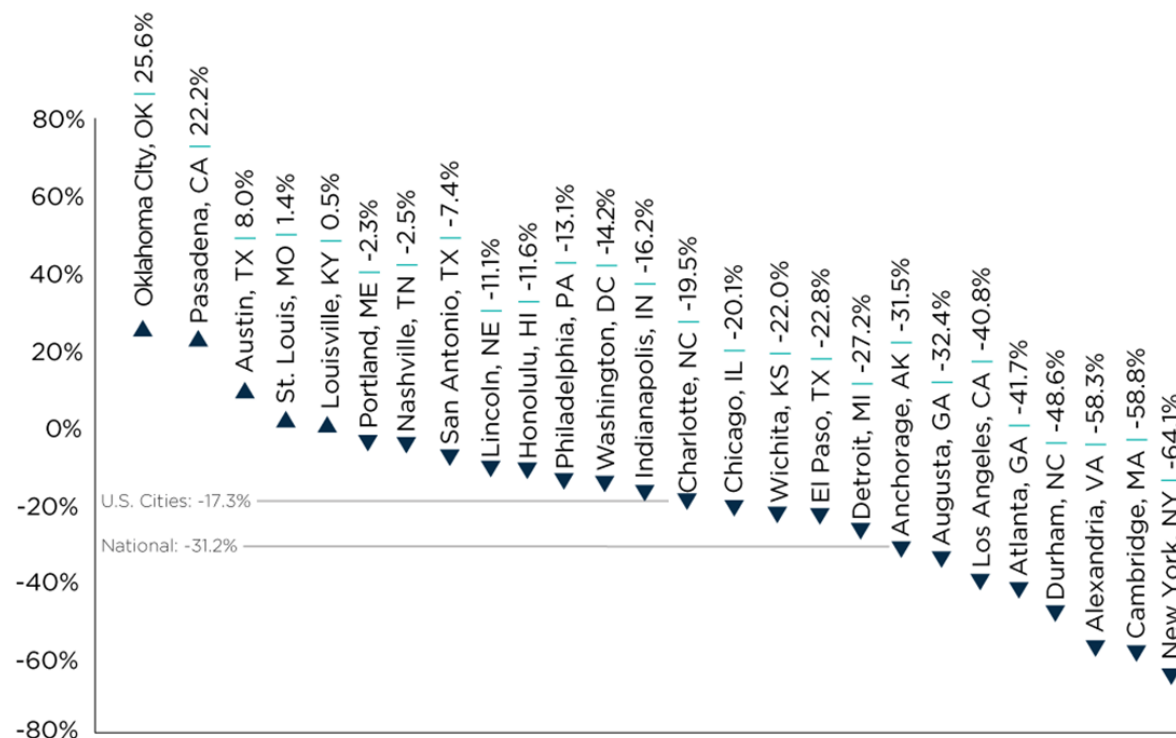
¹⁰ The City of Los Angeles is not included in this analysis because city-level data was not collected for 2011.

Figure 1.18. PERCENT CHANGE IN HOMELESS VETERANS, 2011 TO 2016



From 2015 to 2016, nearly all study cities (21 of 26) reported decreases in homelessness among veterans. Decreases ranged from 2.3 percent to 64.1 percent. The largest decreases in homeless among veterans were reported by the City of Los Angeles, CA, with a decrease of 1,116 veterans (a 58.8 percent decrease), and New York City, NY, with a decrease of 999 veterans (a 64.1 percent decrease). Alexandria, VA also reported a decrease in veteran homelessness greater than 50 percent. In study cities that reported an increase, increases ranged from 0.5 percent to 25.6 percent. Oklahoma City reported the largest increase in veteran homelessness, with an increase of 32 people (a 25.6 percent increase).

Figure 1.19. PERCENT CHANGE IN HOMELESS VETERANS BY CITY, 2015 TO 2016



Homeless Assistance in Cities in 2016

This chapter presents a snapshot of homeless assistance in U.S. cities, longitudinal trends in housing inventory available to assist people experiencing homelessness, responses from surveyed city officials as to what is most needed to reduce homelessness, and examples of exemplary programs in surveyed U.S. cities. This chapter uses the most recently available data from the U.S. Department of Housing and Urban Development as well as answers from a survey of the offices of mayors who sit on the U.S. Conference of Mayors' Task Force on Hunger and Homelessness. Data on bed capacity includes all beds dedicated to homelessness regardless of funding source.

HOMELESS ASSISTANCE SYSTEM CAPACITY

In January 2016, there were a total of 824,929 beds designated for people experiencing homelessness across the nation. In the study cities, there were 256,309 beds dedicated to homeless assistance accounting for 31 percent of the national inventory. Permanent housing interventions—permanent supportive housing and rapid re-housing—account for about half of the beds both in the U.S. overall (50.4 percent) and in the study cities (46.4 percent). Permanent supportive housing is currently the intervention which has the most capacity, both in the homeless assistance system nationally and in study cities. Rapid re-housing is a relatively new intervention, with data on capacity only collected since 2013. Nationally it accounts for nearly one in ten beds, but in the cities studied, it only accounts for about half that.

In the U.S. cities studied, there was also a slightly higher proportion of emergency shelter and slightly lower proportion of permanent housing interventions than in the nation overall. To a certain extent this is skewed by one outlier jurisdiction—New York City. New York City has a legal right to shelter requirement, meaning it must provide every homeless person with a place to stay. As a result it has more emergency shelter than other jurisdictions. With New York City excluded from the analysis, study cities are more heavily invested in permanent solutions to homelessness than the nation is overall with 58 percent of capacity accounted for by permanent supportive housing and rapid re-housing.

Table 2.1 PERCENT OF BED CAPACITY BY BED TYPE, 2016

	U.S.	U.S. Cities Studied	U.S. without NYC	U.S. Cities Studied without NYC
Emergency Shelter	32.0%	40.7%	27.0%	23.2%
Transitional Housing*	17.6%	12.9%	19.5%	18.7%
Permanent Supportive Housing	41.1%	41.1%	43.0%	49.9%
Rapid Re-Housing	9.3%	5.3%	10.5%	8.1%

*Transitional housing bed inventory in this report includes Safe Haven beds.

HOMELESS ASSISTANCE TRENDS

From 2009 to 2016, a shift occurred in homeless assistance that is reflected in the housing inventories nationally and in study cities. Longitudinal trends in bed inventory show an increasing shift in homeless assistance toward permanent housing solutions. For the most part, the shifts in the study cities studied closely mirror the changes seen nationally (see Table 2.2). Permanent supportive housing capacity grew significantly nationally and in study cities. Simultaneously, transitional housing capacity decreased as federal funding increasingly focused on interventions that are more cost effective and have better outcomes for most people.

In 2013, data on the number of rapid re-housing beds was collected for the first time. Rapid re-housing is a relatively new permanent housing intervention and capacity nearly tripled (289 percent increase) in the U.S. between 2013 and 2016. While rapid re-housing accounts for a smaller proportion of beds dedicated to homelessness in the study cities in 2016, rapid re-housing more than tripled (348 percent increase) from 2013 to 2016.

Table 2.2 CHANGE IN HOMELESS ASSISTANCE BED CAPACITY BY BED TYPE

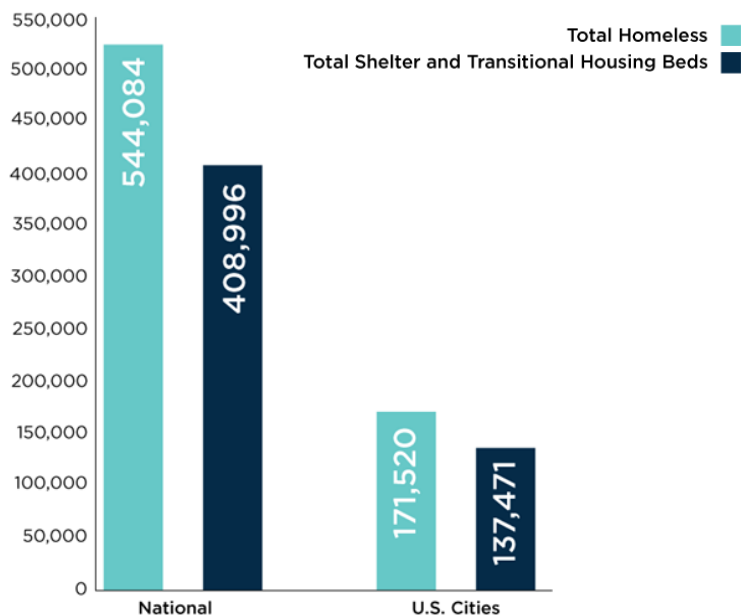
	U.S.			Cities studied		
	Total Beds in 2016	Percent Change from 2015	Percent Change from 2009*	Total Beds in 2016	Percent Change from 2015	Percent Change from 2009*
Emergency Shelter	263,767	0.1%	23.4%	104,389	0.2%	46.6%
Transitional Housing	145,229	-9.4%	-30.1%	33,082	-7.8%	-28.4%
Permanent Supportive Housing	338,872	7.0%	55.3%	105,336	12.5%	30.0%
Rapid Re-Housing	77,061	28.3%	289.0%**	13,502	0.6%	347.9%**

*Atlanta excluded

**For rapid re-housing, the change in capacity reported is from 2013 to 2016. The City of Los Angeles is excluded because city-level data was unavailable for 2013.

UNMET NEED

People living in permanent supportive housing and rapid re-housing are no longer considered homeless for the purposes of the point-in-time count. As such, emergency shelter and transitional housing reflect the bed capacity available to serve those people who are homeless on any given night. Nationally, emergency shelter and transitional housing beds can shelter approximately 75 percent of the homeless population on a single night. The study cities could shelter approximately 80 percent of their homeless population. This deficit means that, even if every emergency shelter and transitional housing bed was filled, more than 34,000 people would still be unsheltered in study cities.

Figure 2.1 HOMELESS ASSISTANCE SYSTEM BED DEFICIT, 2016

When city officials were asked to identify what was most needed to reduce homelessness in their cities, the overwhelming response was more mainstream housing assistance and/or affordable housing. City officials also listed the need for more permanent supportive housing, better employment and employment training opportunities, and better coordination with mental health and substance abuse services.

EXEMPLARY PROGRAMS IN U.S. CITIES

When surveyed, city officials identified exemplary programs that they believe are working to build effective homeless assistance systems; end chronic, veteran, youth, and unsheltered homelessness; and connect homeless individuals and families with acute needs to housing and services.¹¹

Build Effective Homeless Assistance Systems

Providence, RI – Coordinated Entry

Providence, RI participates in the Zero 2016 campaign. Providence re-tooled the homeless assistance system to focus on a Housing First approach and implement a coordinated entry system. Providence utilizes a vulnerability assessment to decide on homeless persons' needs for permanent supportive housing, rapid re-housing resources, or diversion out of the homeless assistance system. As a result, Providence housed 363 veterans and 413 chronically homeless persons since January 2015. The city is focused on ending family homelessness as well.

San Francisco, CA – Office Dedicated to Homelessness

Through the provision of coordinated, compassionate, and high-quality services, the Department of Homelessness and Supportive Housing strives to make homelessness in San Francisco rare, brief, and one time.

The Department of Homelessness and Supportive Housing launched on July 1, 2016. The department combines key homeless serving programs and contracts from the Department of Public Health, the Human Services Agency, the Mayor's Office of Housing and Community Development, and the Department of Children Youth and Their Families (DCYF). This consolidated department has a singular focus on preventing and ending homelessness for people in San Francisco.

Salt Lake City, UT – Coordinated Entry and Resource Centers

For the past two years Salt Lake City and Salt Lake County have been involved in a Collective Impact process which has resulted in numerous changes to our homeless services system. This includes improving the coordinated entry process and the planned development of additional resources centers for individuals and families experiencing homelessness. The additional resource centers include two new rehab facilities for those experiencing homelessness, one for single men and the other for women with children. Each of these facilities will serve 70-90 individuals. It also includes additional emergency shelters to serve distinct subpopulations. This is important due to the fact that current shelters are operating near their capacity. The City is also working diligently on increasing the affordable housing stock in the community, including permanent supportive housing for the most vulnerable of our residents.

Salt Lake City, UT - Diversion

A new program that has been very successful is the Division program that began operating approximately one year ago. The program is run by the Salt Lake Community Action Program. They are currently operating out of The Road Home Family Shelter. The program has successfully diverted 164 out of 347 families assessed, giving it a 47 percent success rate. This program has significantly reduced the burden on the family shelter allowing staff and case managers to focus on the clients who do not have the social resources for diversion. Salt Lake CAP is now in the process of hiring two new diversion specialists to expand the program to work with The Road Home Community Shelter for single adults. This expansion of the program should further reduce the need for emergency shelter in the community and help with the capacity issues while the new emergency shelters are being created.

Seattle, WA – Create a Framework for Improving the Effectiveness and Efficiency of the System

Addressing homelessness has been a central tenet of Mayor Murray's administration since taking office in 2014. The Pathways Home Initiative, developed by the Seattle Human Services Department in response to findings and recommendations from Focus Strategies and Barbara Poppe and Associates, provides a comprehensive understanding of Seattle's homelessness system. It lays a framework that the City must implement to reduce unsheltered homelessness

¹¹ Included text describing the exemplary programs in cities is pulled directly from survey responses. It is edited only for length and style.

and increase the speed and the efficiency in which people move from homelessness to permanent housing. These goals can be accomplished by:

- Expanding funding for program approaches that are most effective at exiting people from homelessness, such as diversion, rapid re-hiring and permanent supportive housing.
- Prioritizing shelter and housing access for people living unsheltered and people who have the longest histories of homelessness.
- Orienting all aspects of the homeless response system toward exits to permanent housing.
- Working together urgently and boldly to implement meaningful solutions.

Each of these recommendations includes many actions, which represent a critical element of Seattle's ability to implement system improvements and move us closer to the goal of housing as many people experiencing homelessness as quickly as possible.

Investment principles include creating a person-centered response to homelessness, investing in models with demonstrated success, and addressing racial disparities. Priority actions include commitment to families living unsheltered, expanding 24 – hour shelter options, actively solving wait lists, connecting people to services, making rental units accessible, and ensuring good government and performance.

End Chronic Homelessness

Chicago, IL – Chronic Homelessness Pilot

In the spring of 2016, Mayor Emmanuel launched an Interagency Homelessness Task Force to focus on coordination of homeless services across all agencies to improve delivery and reduce homelessness of individuals and families. As part of the focus on providing housing and services to chronically homeless residents, the Task Force, under the leadership of the Department of Family Support Services, and using Ending Veteran Homelessness Initiative lessons learned, launched a Chronic Homelessness Pilot program. On April 5th and 6th, as part of the pilot program in partnership with other agencies, conducted a two day assessment of Wilson, Lawrence, Foster and Irving Park viaducts which are located under Lake Shore Drive on the Northside of the City. Assessments were conducted to get a better idea of how many people were living in those areas and to find out what their specific needs were. From these assessments, an initial list of 75 chronically homeless residents was created. With the assistance from partner agencies, implementation of coordinated outreach and housing match strategy with service providers, the housing process is currently in progress. As of October 17, 2016 the pilot housed 43 formerly homeless residents. Thirteen additional pilot participants have self-resolved and are not currently in need of housing.

Santa Barbara, CA – Coordinated Outreach Team

The Central Coast Collaborative on Homelessness in partnership with the Housing Authority of the City of Santa Barbara, shelter providers, County Public Health, County Behavioral Wellness, County Social Services, business leaders, law enforcement, and volunteers facilitates a weekly Coordinated Outreach Team that focuses on a Housing First solution to chronic homelessness. Over the last two years, this group has housed 21 people, and continues to case manage 20 (11 of whom are currently housed).

The program consists of daily interactions with the identified clients, offering them the next step toward their placement in permanent support housing: medical care, help with IDs and paperwork, housing applications, travel to appointments, showering and cleaning up for interviews, employment assistance, alcohol and drug treatment, and a host of other services.

Clients are identified through a consensus process utilizing the following criteria – they must score high on vulnerability using the Vulnerability Index and Service Prioritization and Decision Tool (VISPDAT); they must have presented problems for business owners on State Street or Milpas Street; they must have an overuse of emergency services; and, they must be chronically homeless.

End Veteran Homelessness

Des Moines, IA – Mayor’s Challenge to End Veteran Homelessness

In 2013, the U.S. Conference of Mayors renewed its resolve to prevent and end homelessness among veterans by 2015. In late 2014, with the clock ticking toward the target date to end Veteran homelessness, First Lady Michelle Obama issues her own challenge to members of the U.S. Conference of Mayors to end Veteran homelessness in their cities. Des Moines was one of the first to sign on the Challenge.

Following priorities identified in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, a highly collaborative and experienced team of local providers, advocates, researchers, data analysts, and technical advisors devoted to ending Veteran homelessness was quickly assembled. Guided by sharing and analyzing data collected through the Homeless Management Information System (HMIS), the Veteran response team set goals and performance measures, and developed evidenced-informed strategies designed to quickly return Veterans and their families to stable housing.

Over the course of 14 months, the Challenge team met twice a month with sessions often lasting three hours or more. Core to the work was an up-to-date list of all known Veterans experiencing homelessness in Des Moines, as generated through the homeless management information system. The HMIS data reports helped provide a fundamental understanding of the individual circumstances of Veterans being served, while also measuring their progress and success. At each meeting, HMIS data was broken out from the date of the original count of Veterans experiencing homelessness and since the last session. The team was able to quickly assess how many Veterans had exited homelessness, how many had newly entered the system, and if any had returned. The data also provided information about how long the Veteran had been homeless and the length of time it took to place him or her into housing. The status of each Veteran was discussed and a service plan and follow up actions set in place. At each meeting that followed, the updated list was reviewed and the process continued.

This strategy and commitment, combined with substantial housing assistance and vouchers from the Veterans Administration, brought the collective resources of the community to bear in ending homelessness among Veterans in Des Moines/Polk County, Iowa. In total, 388 Veterans and their families were placed into permanent housing. On February 25, 2016, Mayor Frank Cownie received confirmation that Des Moines and Polk County “have effectively ended homelessness among Veterans.” At that time, the City was one of just eighteen communities or states to have achieved this goal.

It has been suggested that a logical next step to address homelessness in Des Moines and other Iowa cities is to quantify the resources that would be required to replicate the project for other sub-populations of persons who are experiencing homelessness, such as youth and families. The successes demonstrated in Des Moines certainly provide a template by which to begin this process.

Nashville, TN – Low Barrier Affordable Housing

Whispering Oaks Apartment complex is an exemplary program underway in Nashville that prevents and responds to the problems of homelessness. The complex currently houses over 60 homeless Veterans, 3 times as many as any other apartment complex in Nashville. They provide recovery group meeting rooms, offices for VA social workers and available assistance to any homeless Veteran referred. They have a highly skilled professional staff with a no-nonsense approach. Homeless Veterans know what to expect when they are accepted in the Whispering Oaks community. Davidson County lacks any other agency that provides this level of access to affordable housing, low barrier placement, excellent units, location, transportation, & VA coordination. This commitment to ending Homelessness among Veterans is, according to a VA staff member, “second to none in the Nation”.

San Antonio, TX – Mayor’s Challenge to End Veteran Homelessness

In January of 2015, Mayor Taylor pledged her commitment to the Mayors Challenge to End Veteran Homelessness

White House Initiative. On May 6, 2016, the City received confirmation that it effectively Ended Veteran Homelessness in San Antonio.

Led by the Department of Human Services (DHS), this milestone was achieved through the work of the Homeless Veterans Community Collaborative a cross-sector group of partners including the Veterans Administration, South Alamo Regional Alliance for the Homeless (SARAH), American G.I. Forum, Family Endeavors, Haven for Hope, SAMMinistries, and USAA. The Collaborative implemented a system that continues to prevent Veteran homelessness whenever possible or ensures it is rare, brief, and non-recurring.

Through participation in the Mayors Challenge, San Antonio's homeless system has undergone dramatic systems change. Additionally, community awareness of homelessness has increased tremendously along with commitment to ending homelessness. DHS continues to lead the initiative and convene partners bi-weekly to review ongoing cases and update our "by name" list of homeless Veterans. Through this effort, SARAH accelerated implementation of the Homeless Coordinated Entry System, which ensures those with the greatest needs are prioritized for services. Coordinated Entry and Veteran homelessness systems are working and San Antonio continues to achieve the federal benchmarks established by USICH for effectively ending Veteran homelessness.

Washington, DC – Housing Vulnerable Homeless Veterans

The Department of Human Services also funds a unique and exceptional locally funded Veterans PSH program that provides housing for homeless Veterans and who otherwise not be eligible for a Veteran Affairs Supportive Housing (VASH) voucher. Veterans eligible for this program include those who have been dishonorably discharged, in the Reserves, or do not have an extensive length of service history. The agency staffs in-house case managers to support the clients by providing wrap-around services and individual case management. The Local Veterans Program has housed over 150 Veterans.

End Youth Homelessness

Philadelphia, PA – Energizing a Movement to End Youth Homelessness

Philadelphia has cultivated an active Youth Coalition, comprised of youth service providers, government entities like the School District and Office of Homeless Services, community stakeholders, philanthropy, and young people with lived experience. Three years ago, the City requested a strengthened collaboration with youth serving non profits, with the first goal to obtain a more accurate and agreed-collaboration upon count of young adults experiencing homelessness and housing insecurity. The Coalition developed Philadelphia's youth point-in-time count, conducted quarterly, to gather information about the extent of youth homelessness in our city, the demographics of young people experiencing homelessness, and information about the factors that lead to their homelessness.

The Youth Coalition advocates for improved cross-system collaboration; increased resources dedicated to serving youth experiencing homelessness; the development of system-wide policies to prevent youth from exiting institutional settings, such as child welfare and juvenile justice system, to homelessness; and developing a culturally competent, inclusive system of care for young people by adopting evidence based practices, such as Positive Youth Development, and training staff on specific youth populations, such as LGBTQ youth. Youth serving providers and young people with lived experience advocated for a City Council hearing in April 2016 dedicated to the needs of youth and housing, which resulted in a new City commitment of funding for youth programs.

Youth Coalition members play a leading role in Philadelphia's 100 Day Challenge to end Youth Homelessness, launched in June 2016 with the Rapid Results Institute model, ahead of A Way Home America's 100 Day launch. Philadelphia's 100 Day Challenge Team has set audacious 100 Day goals, and is catalyzing the adoption of data-sharing agreements between and among major stakeholders in the city and piloting of the TAY-VISPDAT assessment tool for Philadelphia's Coordinated Entry and Assessment Based Housing Referral System. A major accomplishment of the Youth Coalition has been breaking down barriers and silos between and among private and public youth-serving entities in the City.

End Unsheltered Homelessness

San Francisco, CA – Encampment Resolution Teams

San Francisco, like many communities along the west coast, has seen a significant increase in homelessness encampments. In responses to the crisis on our streets the Department of Homelessness and Supportive Housing began an Encampment Resolution Team (ERT). The purpose of the ERT is to offer a coordinated, consistent, and strategic approach to addressing encampments across San Francisco. Participating city departments include: the Department of Homelessness and Supportive Housing, the Department of Public Health, Public Works, the Police Department and others. The ERT will work with a range of City departments to collaborate on outreach, services, clean-up, and resolution of encampments. A particular focus will be on ensuring that the most vulnerable members of a camp are connected with the services they need to end their homelessness.

The ERT will follow the standards established by our federal government partners at the US Interagency Council on Homelessness which include:

- Prepare with adequate time for planning and implementation
- Collaborate across sectors and systems
- Perform intensive and persistent outreach and engagement
- Provide low-barrier pathways to shelter, services and housing

Over the course of a multi-week engagement process people living in the camps are assessed and offered opportunities to move off the streets and into safer locations. To date three encampments have been addressed under this model. Through this approach approximately 75 people who were living in encampments and were disconnected from services, have able to access shelters, navigation centers, or other residential programs.

Connect Individuals and Families to Housing and Services

Charleston, SC – Housing and Services for People with Disabilities

The Shelter + Care (S+C) Program is a U.S. Department of Housing and Urban Development funded program. The goal of the program is to help disabled people experiencing homelessness achieve self-sufficiency through the following:

- Residential Stability:
- Increased Skill Level and/or Income
- Greater Self-Determination

As the S+C grantee through LHC, the City of Charleston's DHCD is responsible for the overall administration of S+C grant funds and the project itself. They oversight the Grant Agreement and the Amendment to the Grant Agreement executed, by the City of Charleston and the Department of Housing and Urban Development, which includes the fiscal oversight of all grant funds. City of Charleston construction staff also inspects the apartments rented by the client prior to occupancy to ensure the apartments are safe, decent and meet the Housing Quality Standards. The Charleston Dorchester Mental Health Center (CDMHC) is committed to providing mental health services to the residents of Charleston, Berkeley and Dorchester Counties. They provide outpatient counseling, psychiatric treatment and support services for adults and children regardless of a person's ability pay. CDMHC, as the "Supportive Services Provider" for the S+C program, is the point of origin for all program participants. CDMHC, will identify clients who are disabled along with being homeless for referral to Origin for placement in housing. Origin SC (*formerly known as Family Services, Inc.*) is a leading non-profit human service organization, providing professional financial and housing counseling services. They provide quality advocacy, counseling and education to individuals and families in the Charleston Tri-County area. Their mission is to empower individuals to achieve financial and housing stability through advocacy, counseling and education. As the "**Contractor**" Origin's role in the S+C is to place individuals or families in permanent housing who have been referred by CDMHC. Origin's implements the following strategies for the S+C grant:

- Receiving new participants into the program
- Providing housing information and search assistance

- Determining participant income and rent contributions
- Processing housing assistance payments to landlords
- Payroll expenses related to the allowable administrative activities
- Operating expenses for administering the rental assistance

Additionally, Origin manages client funding through Representative Payee Program (RPP). The RPP insures that the individuals have a place to live, have utilities and is receiving all of the benefits that each person is entitled to receive. Over the last five years, the partnership has assisted thirty (30) households for families.

Nashville, TN – Family Empowerment Program

Safe Haven has been partnering with Catholic Charities and the local United Way 2.5 years on a collaborative program call the Family Empowerment Program, an evidence-based case management model funded in part by the Siemer Institute for Family Stability. Services are offered to both the literally homeless (HUD definition) and families who meet the broader U.S. Department of Education’s definition of homeless. Thus far, they have served nearly 250 families, housed over 175 families and prevented 20 families from becoming homeless. Along with an array of other local providers, these service agencies play an active role in the developing a foundation for Coordinated Entry System in Nashville – a critical shift that will move the city from a disjointed response to homelessness to a collaborative, system-level approach. Data on families served is entered regularly into the city’s Homeless Management information System (HMIS).

Nashville, TN – Outreach and Engagement

Vanderbilt and Park Center are collaborating on the Street Psychiatry Program. Each Wednesday, outreach workers and SOAR coordinators from Park Center join with psychiatrists from Vanderbilt to provide services to individuals experiencing homelessness wherever they are – in encampments, alleyways, under bridges, on street corners. Services include acute wound care, crisis resolution, medication management (with a mobile pharmacy through Vanderbilt), psychotherapy, housing navigation, connection to basic needs & assistance navigating the approval process for disability benefits. The program has funding to administer outreach supplies including tents, sleeping bags, socks, hygiene products, clothing & medical supplies like bandages, ointments, dental hygiene products, glucometers and nutritional supplements. As a result, homeless individuals are diverted from local emergency rooms, offered follow-up care if they are recently discharged from hospitals or ERs, and connected to resources leading to stability, including permanent housing.

St. Paul, MN – Adequate Shelter and Connections to Housing

The new Dorothy Day Center Higher Ground is an exemplary facility that responds to the needs of homeless residents living in downtown Saint Paul.

In response to the constant overcrowding at the existing Dorothy Day Center – the City’s adult emergency shelter in downtown Saint Paul, Mayor Coleman created a Community Task Force to evaluate the needs of homeless residents at the Dorothy Day Center with recommendations for a more permanent community solution. Coleman said “We want to be a community that treats people experiencing homelessness with respect and gives them the support they need to be successful.”

As a result of these community discussions and the herculean work by Catholic Charities, the Dorothy Day Center Higher Ground is a \$40 million housing project that will soon open for occupancy. The Dorothy Day Center Phase I will provide a new emergency shelter, pay-for-stay housing, respite medical care housing, and 193 permanent supportive housing units in downtown Saint Paul – using the “Higher Ground” housing model which empowers St. Paul homeless residents to move from homelessness into permanent stability. To further achieve this goal, team members of Cermak Rhoades Architects volunteered at the existing Dorothy Day Center to understand the needs and preferences of homeless Saint Paul residents before designing the new facility.

Most importantly, Dorothy Day Center Higher Ground is built with a major financial commitment of \$25 million from the State of Minnesota and private financial support from local business leaders and local foundations. Together, “the [State of Minnesota] investment being made here in Saint Paul will help ensure the dignity of all people through new and improved shelters, preservation of existing housing and construction of new affordable housing opportunities all of which are vital to the city’s future growth and success,” said Mayor Chris Coleman in a statement. Tim Marx, CEO and president of Catholic Charities of St. Paul and Minneapolis also said “Sometimes we want to be shy and timid, and not think big.” Marx continues “In this effort, in the heart of St. Paul, we put all of our hearts and minds and souls into it. And we hope to inspire others to do things they might not otherwise do.” During May 2016, Catholic Charities announced that more than 75 percent of the private fundraising goal has been secured for the new vision for the Dorothy Day Center in Saint Paul. Contingent upon securing all necessary financing, Catholic Charities will also develop the Dorothy Day Center Phase 2 which will include the Saint Paul Opportunity Center and the Dorothy Day Residence. Together, the new vision of the Dorothy Day Center (Phase 1 and Phase 2) may be the largest public-private social-services partnership in Minnesota history. With such broad support and funding from both public and private sources, the new Dorothy Day Center will provide dignified shelter, permanent supportive housing, and pathways out of poverty – a truly transformational project.

Washington, DC – Increasing Permanent Supportive Housing Capacity

The District of Columbia Department of Human Services (DHS) is using an innovative and collaborative approach in the Permanent Supportive Housing Program (PSH). Since the inception of the program in 2008, the agency has housed and provided case management to over 2,000 individuals and families. To continue these efforts, the Department of Human Services has been allocated more funding to contract additional case management providers and has received an increase of housing vouchers.

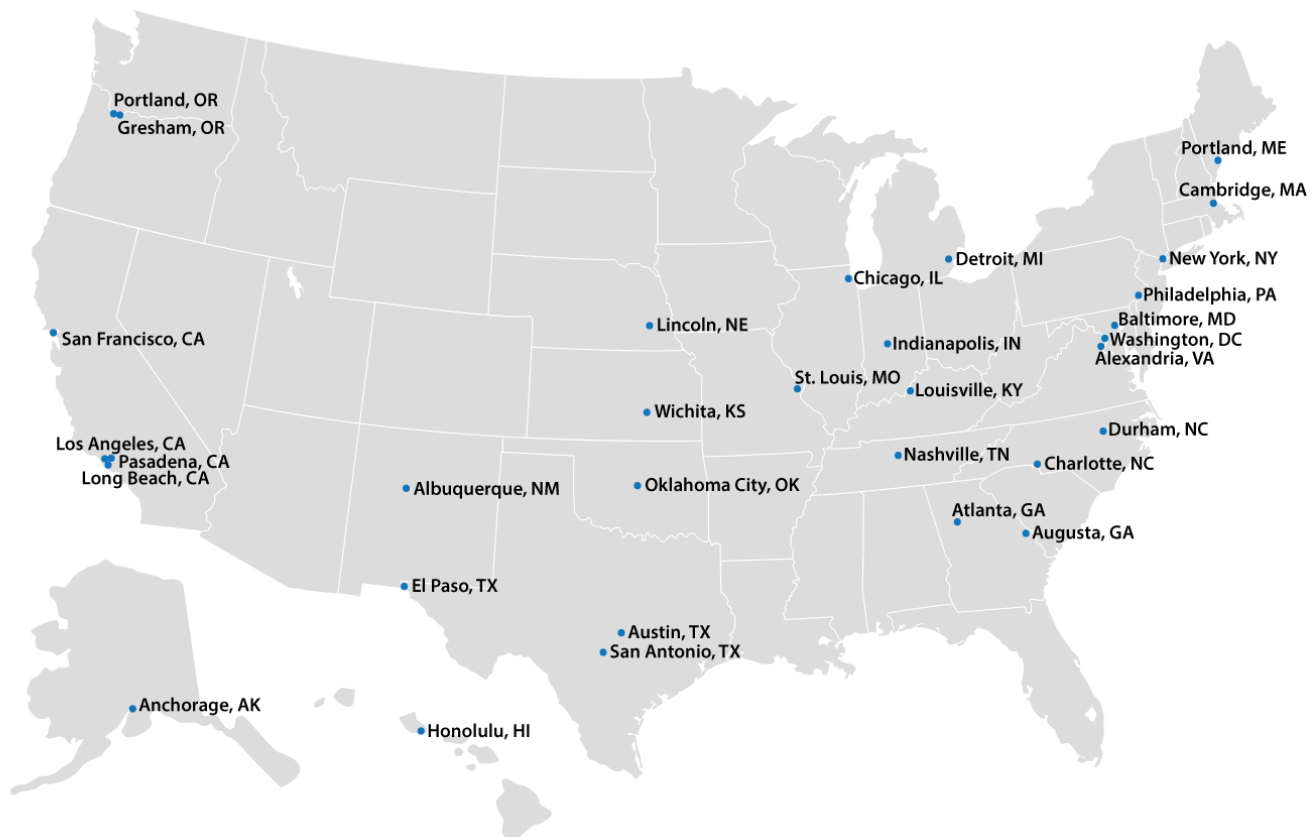
Appendix A: Methodology

Data reported to the U.S. Department of Housing and Urban Development and survey results from mayors who serve on the U.S. Conference of Mayors' Task Force on Hunger and Homelessness are used in this report.

Homelessness in U.S. Cities

A total of 32 cities in 24 states were included for the analysis of homelessness in U.S. cities. These cities represent all cities whose geography aligns with their respective Continuum of Care (CoC), the local or regional entity that coordinates services and funding for homeless programs, as well as cities which have a population (as of July 1, 2015) that represents at least 75 percent of the total population in the CoC geography. Portland and Gresham, Oregon are located in the same CoC and are both included in the sample as Portland comprises 80 percent of the CoC population. Some cities meeting this criteria were excluded on the basis of not being part of the U.S. Conference of Mayors or by request. The City of Los Angeles does not represent more than 75 percent of Los Angeles County (the CoC geography), but is included because data is available at the city level.

Map A.1 Cities included in the Report Sample



Data on homelessness overall and by subpopulation are based on annual point-in-time (PIT) counts conducted by CoCs. Data on homeless assistance unit inventories are based on annual Housing Inventory Chart submissions by CoCs for the same night as the PIT count. National numbers exclude Puerto Rico, Virgin Islands, and Guam.

Where CoC and city geography aligns, population data reflects the city population as of July 1, 2015, per the U.S. Census Bureau's Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2015 Population: April 1, 2010 to July 1, 2015. Where the CoC geography aligns with the county, population data reflects the county population as of July 1, 2015, per the U.S. Census Bureau's Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2015. Populations range from 66,881 in Portland, ME to 8,550,405 in New York City, with an average population of 1,086,238 and median of 674,471.

Prior to 2013, Atlanta was part of a broader CoC geography and data on homelessness is not available at the city level; therefore, Atlanta is excluded from all 2009 figures. For the City of Los Angeles, data is not available for youth experiencing homelessness during any year or for individuals and people in families in 2009. Six cities (Portland, OR; Gresham, OR; Albuquerque, NM; Baltimore, MD; Long Beach, CA; and San Francisco, CA) did not conduct a point-in-time count in 2016 and are excluded from any analysis regarding changes between 2015 and 2016.

APPENDIX B

CITY DATA ON HUNGER

POUNDS OF FOOD DISTRIBUTED OVER THE PAST YEAR

City	Pounds of food	Increase/Decrease/Stay the Same	Percent Change
Charleston, SC	2976897	Increase	5%
Chicago	70042934	Increase	3%
Cleveland	44270979	Increase	6%
Dallas	58434886	Increase	5%
Des Moines	3169359	Increase	11%
District of Columbia	14992142	Increase	2%
Los Angeles	62900000	Increase	6%
Nashville	7686782	Increase	6%
Norfolk	18075041	Decrease	-6%
Philadelphia	26975415	Increase	9%
Providence	4079234	Increase	3%
Saint Paul	92400000	Increase	3%
Salt Lake City	9093112	Increase	4%
San Antonio	59000000	Increase	6%
San Francisco	42032059	Increase	5%
Santa Barbara	10300000	Increase	6%
Seattle	13981000	Increase	15%

BUDGET FOR EMERGENCY FOOD ASSISTANCE OVER

City	Total Budget	Increase/Decrease/Stay the Same			Percent Change
Charleston	\$253,009	Increase			13%
Chicago	\$12,626,063	Stay the same			N/A
Cleveland	\$20,790,858	Increase			7%
Dallas	\$128,328,138	Increase			7%
Des Moines	\$2,171,964	Increase			22%
District of Columbia	\$23,860,923	Increase			8%
Los Angeles	\$17,000,000	Stay the same			N/A
Nashville	\$1,800,000	Increase			6%
Norfolk	\$6,200,000	Stay the same			N/A
Philadelphia	\$3,427,056	Increase			12%
Providence	\$2,717,195	Increase			14%
Saint Paul	\$129,272,000	Decrease			-1%
Salt Lake City	N/A	N/A			N/A
San Antonio	\$123,801,792	Increase			4%
San Francisco	\$13,715,146	Increase			9%
Santa Barbara	\$4,000,000	Decrease			7%
Seattle	\$3,057,000	N/A			2%

SOURCE OF FOOD DISTRIBUTED BY PERCENT

City	Federal	Donations	Donations	Purchased	Other
	Emergency	From Grocery Store	From	Food	
	Food Assistance	Chains/ Other Food Supplies	Individuals		
Charleston	14%	44%	3%	6%	33%
Chicago	28%	44%	1%	27%	N/A
Cleveland	20%	43%	4%	11%	22%
Dallas	24%	64%	3%	9%	N/A
Des Moines	9%	13%	13%	66%	N/A
District of Columbia	19%	61%	7%	13%	0%
Los Angeles	38%	58%	1%	3%	N/A
Nashville	11%	68%	6%	15%	NA
Norfolk	.05%	65%	5.4%	9.5%	20.05%
Philadelphia	26%	21%	6%	47%	N/A
Providence	10%	50%	5%	35%	N/A
Saint Paul	2%	78%	12%	7%	3%
Salt Lake City	17%	74%	5%	4%	N/A
San Antonio	10%	81%	2%	7%	N/A
San Francisco	16%	17%	1%	8%	58%
Santa Barbara	15%	55%	5%	20%	5%
Seattle	20%	72%	1%	8%	0%

NUMBER OF REQUEST FOR EMERGENCY FOOD ASSISTANCE

City	Increased /Decreased /Stayed the Same			Percent Change	
Charleston	Increased			6%	
Chicago	Stayed the same			N/A	
Cleveland	Stayed the same			N/A	
Dallas	Stayed the same			N/A	
Des Moines	Increased			15%	
District of Columbia	N/A			N/A	
Los Angeles	Decreased			-9%	
Nashville	Stayed the same			N/A	
Norfolk	Decreased			-7%	
Philadelphia	Increased			2%	
Providence	Increased			10%	
Saint Paul	Increased			7%	
Salt Lake City	Stayed the same			N/A	
San Antonio	Decreased			-6%	
San Francisco	Increased			3%	
Santa Barbara	Increased			3%	
Seattle	Stayed the same			N/A	

PERSONS REQUESTING FOOD ASSISTANCE BY CATEGORY

City	Percent In Families	Percent Elderly	Percent Employed	Percent Homeless	
Charleston	69%	19%	31%	10%	
Chicago	78%	18%	39%	9%	
Cleveland	58%	24%	N/A	N/A	
Dallas	N/A	N/A	N/A	N/A	
Des Moines	65%	10%	75%	1%	
District of Columbia	N/A	N/A	N/A	N/A	
Los Angeles	N/A	N/A	N/A	N/A	
Nashville	70%	20%	40%	6%	
Norfolk	N/A	10%	N/A	N/A	
Philadelphia	75%	11%	60%	20%	
Providence	N/A	N/A	N/A	N/A	
Saint Paul	37%	9%	68%	3%	
Salt Lake City	76%	7%	57%	8%	
San Antonio	67%	11%	N/A	N/A	
San Francisco	28%	47%	N/A	N/A	
Santa Barbara	70%	15%	40%	8%	
Seattle	62%	38%	N/A	N/A	

APPENDIX C

Cities Cited in The Survey

CITY	MAYOR
Albuquerque, NM	Mayor RICHARD J. BERRY
Alexandria, VA	Mayor MAYOR ALLISON SILBERBERG
Augusta, GA	Mayor HARDIE DAVIS, JR.
Austin, TX	Mayor STEVE ADLER
Baltimore, MD	Mayor CATHERINE E. PUGH
Cambridge, MA	Mayor E. DENISE SIMMONS
Charleston, SC	Mayor JOHN J. TECKLENBURG
Charlotte, NC	Mayor JENNIFER W. ROBERTS
Chicago, IL	Mayor RAHM EMANUEL
Cleveland, OH	Mayor FRANK G. JACKSON
Dallas, TX	Mayor MICHAEL S. RAWLINGS
Des Moines, IA	Mayor T.M. FRANKLIN 'FRANK' COWNIE
Detroit, MI	Mayor MIKE DUGGAN
District of Columbia	Mayor MURIEL BOWSER
Durham, NC	Mayor WILLIAM V. "BILL" BELL
El Paso, TX	Mayor OSCAR LEESER
Gresham, OR	Mayor Shane T. Bemis
Indianapolis, IN	Mayor JOE HOGSETT
Lincoln, NE	Mayor CHRIS BEUTLER
Long Beach, CA	Mayor ROBERT GARCIA

Los Angeles, CA	Mayor ERIC GARCETTI
Louisville, KY	Mayor GREG FISCHER
Nashville, TN	Mayor MEGAN BARRY
Norfolk, VA	Mayor KENNETH COOPER ALEXANDER
Oklahoma City, OK	MAYOR MICK CORNETT
Pasadena, CA	Mayor TERRY TORNEK
Philadelphia, PA	Mayor JIM KENNEY
Portland, OR	Mayor CHARLIE HALES
Portland, ME	Mayor ETHAN K. STRIMLING
Providence, RI	Mayor JORGE O. ELORZA
St. Paul, MN	Mayor CHRISTOPHER B. 'CHRIS' COLEMAN
Salt Lake City, UT	Mayor JACKIE BISKUPSKI
San Antonio, TX	Mayor IVY R. TAYLOR
San Francisco, CA	Mayor Edwin M. Lee
Santa Barbara, CA	Mayor HELENE SCHNEIDER
Seattle, WA	Mayor ED MURRAY
St Louis, MO	mayor FRANCIS G. SLAY
Wichita KS	Mayor JEFF LONGWELL

APPENDIX D

SURVEY INSTRUMENT

The U.S. Conference of Mayors

2016 Status Report on Hunger and Homelessness Survey Instrument

The deadline to submit information is Monday, November 2, 2016

CITY: _____

Contact information for the person(s) who can answer questions about the data submitted in this survey:

	Hunger Contact Person	Homelessness Contact Person
Name:		
Title:		
Agency:		
Address:		
Phone Number:		
Fax Number:		
Email Address:		

Part I: Homeless Assistance

The year covered by this survey is September 1, 2015 - August 31, 2016. If you do not have data for this 12-month period, what 12-month period are you reporting on? _____

1. What are the top THREE things your city needs to help reduce homelessness?

- ____ More permanent supportive housing for persons with disabilities
- ____ More mainstream assisted housing (e.g., Housing Choice Vouchers)
- ____ Better coordination with mental health service providers
- ____ More substance abuse services
- ____ More employment training programs
- ____ More or better paying employment opportunities
- ____ Other If other, please specify.

2. Please provide a brief description (250-500 words) of an exemplary program or effort underway in your city that prevents or responds to the problems of homelessness.

PART II: HUNGER

The following questions are addressed to the primary supplier of emergency food assistance in your city. In most cases this will be the food bank that supplies food pantries and emergency kitchens in your city. If there are multiple central distributors of emergency food assistance in your area, please distribute these survey questions to each of them and collate the results.

The year covered by this survey is September 1, 2015 - August 31, 2016. If you do not have data for this 12-month period, what 12-month period are you reporting on? _____

Persons Receiving Emergency Food Assistance

1. Has the total number of requests for emergency food assistance in your city or county ____ increased, ____ decreased, or ____ stayed the same during the last year?
 - a) If increased or decreased, by what percent? (If reporting a decrease, please put a minus sign before the number.) _____
2. If information is available: What percent of requests for emergency food assistance came from persons in the following categories? (NOTE: The categories are not mutually exclusive and the same person can be included in more than one group.)
 - a. Persons in families _____
 - b. Elderly persons _____
 - c. Persons who are employed _____
 - d. Persons who are homeless _____
3. Over the last year, has there been an increase in the number of persons requesting food assistance for the first time? ____ Yes ____ No
 - a. If yes, would you characterize this increase as moderate or substantial?
____ Moderate
____ Substantial
4. Over the last year, has there been an increase in the frequency of persons visiting food pantries and/or emergency kitchens each month? ____ Yes ____ No
 - a. If yes, would you characterize this increase as moderate or substantial?
____ Moderate
____ Substantial

Unmet Need for Emergency Food Assistance

5. Over the last year, have emergency kitchens and/or food pantries had to take any of the following actions? (Check all that apply)

____ Turn additional people away because of lack of resources

____ Reduce the quantity of food persons can receive at each food pantry visit and/or the amount of food offered per meal at emergency kitchens

____ Reduce the number of times a person or family can visit a food pantry each month

6. Please estimate the percentage of the overall demand for emergency food assistance in your city that was unmet over the past year. (NOTE: This is the percentage of all persons needing assistance who did not receive it.) ____

Causes of Hunger

7. What are the THREE main causes of hunger in your city?

____ Unemployment

____ Low wages

____ High housing costs

____ Inadequate benefits (e.g., TANF, SSI)

____ Medical or health costs

____ Substance abuse

____ Utility costs

____ Lack of SNAP benefits

____ Lack of education

____ Poverty

____ Other If other, please specify.

Supply of Emergency Food

8. How many pounds of food did you distribute over the last year?

Pounds of food _____

9. Did the total quantity of food distributed ____ increase, ____ decrease, or ____ stay the same over the last year?

a) If increased or decreased, by what percent? (If reporting a decrease, please put a minus sign before the number.) _____

10. What was your total budget for emergency food assistance this year? (Please include both private and public – federal, state, and local – funding.) _____

11. Did your total budget for emergency food purchases ____increase, ____decrease, or ____stay the same over the last year?

a) If increased or decreased, by what percent? (If reporting a decrease, please put a minus sign before the number.) _____

12. What percentage of the food you distributed came from the following sources? (NOTE: The sum of the food distribution by source must equal 100%)

a. Federal emergency food assistance_____

b. Donations from grocery chains/other food suppliers_____

c. Donations from individuals_____

d. Purchased food_____

e. Other_____

13. Over the last year, have you made any significant changes to the types of food that you purchase?

____Yes ____No

a) If yes, please explain.

14. What do you expect will be your biggest challenge in addressing hunger in your area in the coming year?

Policy and Programs Addressing Hunger

15. What are the top THREE things your city needs to help reduce hunger?

____Substance abuse/mental health services

____Employment training programs

____More jobs

____Utility assistance programs

____More affordable housing

____Increase in SNAP benefits

____Lower gas prices/ better public transportation

____Other If other, please specify.

16. Please provide a brief description (250-500 words) of an exemplary program or effort underway in your city that prevents, reduces, or otherwise responds to the problems of hunger.

APPENDIX E

LIST OF PAST REPORTS

Since 1982 the U.S. Conference of Mayors has completed 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
- A Status Report on Hunger and Homelessness in America's Cities: 2006, A 23-City Survey, December 2006
- A Status Report on Hunger and Homelessness in America's Cities: 2007, A 23-City Survey, December 2007
- A Status Report on Hunger and Homelessness in America's Cities: 2008, A 25-City Survey, December 2008
- Childhood Anti-Hunger Programs in 24 Cities, November 2009

- A Status Report on Hunger and Homelessness in America's Cities: 2009, A 27-City Survey, December 2009
- Strategies to Combat Childhood Hunger in Four U.S. Cities: Case Studies of Boston, New Haven, San Francisco, and Washington, D.C., November 2010
- A Status Report on Hunger and Homelessness in America's Cities: 2010, A 29-City Survey, December 2010
- A Status Report on Hunger and Homelessness in America's Cities: 2011, A 29-City Survey, December 2011
- A Status Report on Hunger and Homelessness in America's Cities: 2012, A 25-City Survey, December 2012
- A Status Report on Hunger and Homelessness in America's Cities: 2013, A 25-City Survey, December 2013
- A Status Report on Hunger and Homelessness in America's Cities: 2014, A 23-City Survey, December 2014
- A Status Report on Hunger and Homelessness in America's Cities: 2015, A 22-City Survey, December 2015