

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**EMERGENCY SHELTERS FOR  
HOMELESS FAMILIES**



OCTOBER 1992

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This report was prepared in the Kansas City Regional Office under the direction of Don McLaughlin, Regional Inspector General, and Jim Wolf, Deputy Regional Inspector General.  
Project staff:

#### **Kansas City**

Dennis Tharp, Project Leader  
Tim Dold, Team Leader

#### **Headquarters**

Susan Hardwick, Program Specialist

To obtain a copy of this report, call the Kansas City Regional Office at (816) 426-3697.

Department of Health and Human Services

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OCTOBER 1992 OEI-07-91-00400

# EXECUTIVE SUMMARY

## ***PURPOSE***

To assess the quality of living conditions and services in emergency shelters for homeless families.

## ***BACKGROUND***

The Assistant Secretary for Planning and Evaluation, representing the Secretary of the Department of Health and Human Services as a member of The Interagency Council on the Homeless, requested us to perform this inspection in order to better understand conditions in shelters which serve homeless families.

We visited 24 homeless family shelters in eight cities of varying sizes and locations. We interviewed shelter directors and caseworkers, homeless program coordinators, and 172 homeless families.

## ***FINDINGS***

### **Shelter Environment**

Most shelters were clean, but sanitation was a problem in some.

Shelter security and safety in the neighborhood was not a substantial problem with most residents. However, 20 percent of families said that they were concerned for their safety.

### **Shelter Services**

Shelters provided or made arrangements for a variety of services for their residents.

Seventy percent of families were participating in workshops/classes to help them towards self-sufficiency. Case management was provided in 60 percent of the shelters reviewed. Children's education was not greatly disrupted. Most children were enrolled in local public schools within 48 hours after arrival at the shelter. Emergency health care was available to all shelter residents and "Health Care for the Homeless" programs were operational in 7 of the 8 cities we visited. Some shelters had referral systems with child protective services bureaus.

Only 25 percent of the shelters had access to a day care for its residents.

## **Income and Benefits**

Most homeless families were already connected with public assistance service before they arrived at the shelters. Sixty-nine percent of families were on Aid to Families with Dependent Children and 77 percent were receiving Food Stamps.

## **Factors Affecting Homelessness**

Of the factors contributing to a family's homelessness, "problems with family" or "problems with relatives with whom they resided" was cited as the most frequent predisposing factor. Other contributing causes, often in combination with "problems with family," include eviction, domestic violence, and job loss.

Shelter directors in 25 percent of the shelters said that most of their residents were drug abusers.

## **Availability of and Access to Shelters**

Seven of 8 city representatives of homeless coalitions in the 8 cities felt there were not enough homeless family shelters in their cities. Two-third's of the shelter directors concurred with this finding.

Most shelters had rules which the families must agree to before being allowed admittance to the shelters. Typically, these involved prohibitions against drugs and violence, curfews, and requirements to help with chores.

Two-thirds of the shelters deny admittance for older males. This causes family separations in some cases.

Federal dollars accounted for 18 percent of funding sources for the sampled shelters. Most shelters were funded through donations and other sources.

## ***RECOMMENDATIONS***

Overall, the shelters we visited are effectively providing important services to homeless families. However, some deficiencies need attention. Our results suggest that State and local officials, shelter operators, homeless program coordinators, and others wishing to improve shelters for homeless families should focus on:

- o ensuring cleanliness and security where they are lacking;
- o arranging for day care to be provided to families with children who are attempting to find work while living in a shelter;

- o developing policies and effective practices to prevent family separations due to restricting admissions of older males.

At the federal level, the Interagency Council on Homeless could be instrumental in providing information and technical assistance to those planning and running shelters for homeless families in the areas we have identified. The Council could also promote research on the topic of family separation in shelters.

# TABLE OF CONTENTS

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## EXECUTIVE SUMMARY

INTRODUCTION ..... 1

FINDINGS ..... 3

- Shelter Environment
- Shelter Services
- Income and Benefits
- Factors Affecting Homelessness
- Availability of and Access to Shelters

RECOMMENDATIONS ..... 9

## APPENDICES

A. Tabular Presentations of Shelter Life ..... A-1

- Observations of Living Conditions
- Homeless Families' Perspectives
- Shelter Directors' Perspectives
- Demographics of Homeless Families
- Sources of Funding

B. Descriptions of Shelters Visited ..... B-1

# INTRODUCTION

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## *PURPOSE*

To assess the quality of living conditions and services in emergency shelters for homeless families.

## *BACKGROUND*

According to a U.S. Conference of Mayors report issued in December 1991, requests by homeless families for emergency shelter are increasing. Such requests increased by an average of 17 percent in 1991 in 28 surveyed cities. Of the homeless population, the report estimates that homeless families with children comprise 35 percent of the total homeless population, with an average of 60 percent of the family members being children.

Our study was requested by the Assistant Secretary for Planning and Evaluation, representing the Secretary of the Department of Health and Human Services as a member of The Interagency Council on the Homeless. It was undertaken to determine first hand the quality of living conditions and availability of services in emergency shelters which serve homeless families.

## *METHODOLOGY*

We performed field work in eight cities. These were purposively selected to ensure representation in our sample of cities both large and small and in various geographic areas. The selection of cities was based on information from the Conference of Mayors report, discussions with preinspection contacts, and other groups.

We went to two large metropolitan cities (Los Angeles and Chicago), four "medium-sized" cities (Atlanta, Boston, Cleveland, and Minneapolis), and two smaller cities (Little Rock and Louisville.) We conducted telephone interviews with city officials responsible for programs for the homeless to obtain a profile of the city's homeless shelters, networking of homeless services, and whether or not the city had "Health Care for the Homeless."

We selected three family shelters in each city from a list provided by the local homeless official or the local coalition for the homeless. We visited these shelters and conducted interviews with each of their directors or responsible staff. We used an observation checklist which we developed expressly for the purpose of assessing the living conditions of each shelter. We also obtained a copy of shelter policies/rules.

We completed up to 10 interviews at each family shelter with families currently receiving services within the shelter. These families were selected randomly, based



upon lists of families we received from the shelter director or case manager. We interviewed 172 heads of homeless families across the eight sampled cities.

Finally, we interviewed shelter directors, case workers, and coordinators of homeless programs in each of the eight cities in order to gain their perspectives about the availability of shelters for homeless families.

We conducted our review in accordance with the *Interim Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

# FINDINGS

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Our goal in presenting our findings is to provide, as we were requested, an accurate, first hand account of life in the shelters for homeless families. We have tried to do so as insightfully, completely, accurately, and vividly as possible. To achieve this, we present our data in three separate forms.

First, in this section we give a synthesis of what we found, discussing topics that were identified as being of interest to the Secretary of Health and Human Services and his staff. We then make recommendations on areas that we believe deserve attention by those working to prevent, alleviate, and overcome homelessness among families.

We recognize that several interpretations of our data are possible and that program and policy analysts may have varied interests in what we found. Therefore, we have attached tables and charts reflecting more precisely what kind of information we gathered and from what sources.

Finally, we provide descriptions of the shelters we visited. We have deliberately left these in a somewhat "rough" form, very close to the notes we took while on site. Our goal here is to ensure that we convey the flavor as well as the facts of what we saw and heard.

## SHELTER ENVIRONMENT

### Cleanliness

Based on our own observations, we found most shelters to be clean. However, sanitation was a problem in some. In these few exceptions, rooms were dirty and bathrooms were in disrepair.

### Security

Based on our observations, shelter security and safety in the neighborhood was generally not a substantial problem. However, there were exceptions. Thirteen percent of the shelter directors and twenty percent of families said they were concerned with family safety. Eighteen percent of families had items stolen from them at a shelter.

## SHELTER SERVICES

### General Service Orientation

Generally, shelters provided more than just room and board. Other services which families are receiving in the shelters include:

Counseling  
Goal-setting  
Budgeting  
Parenting  
Co-dependency training and recognition  
Alcoholics Anonymous  
Drug rehabilitation program  
Graduate Equivalency Degrees  
Day care  
Local Head Start program  
"Reading is Fundamental" program  
Self-esteem classes  
Housing assistance  
Recreational programs for children  
Food pantry  
Clothes closet  
Personal hygiene items  
Follow-up

Only one or two shelters had all of these types of services. A few shelters generally offered just bedding and a couple of meals a day. Some of those shelters did not offer any additional services. If the resident wanted to look for an affordable apartment or find a job, the resident was on her own. The resident's motivation and initiative determined the success of her endeavors.

Even when these services were offered in shelters, it was up to the resident to take advantage of them.

Among the services which were of special interest were the following:

#### Workshops/Classes

Seventy percent of families were participating in workshops or classes. These included such areas as budgeting, parenting, drug rehabilitation, and counseling.

#### Case Management

Sixty percent of homeless families received case management. A homeless family would meet with a counselor or social worker once weekly to go over problems, goals, and housing.

#### Health Care

Emergency health care was available to all health care residents. Almost one-third of the shelters have written medical emergency policies. The others have emergency protocol which they follow, basically consisting of contacting emergency medical

services or, for example, getting a van to transport a pregnant woman to a public hospital. These remaining shelters did not have anything in writing in the rules hand-out or in the office regarding medical emergencies.

We were informed that shelter staffers had current cardiopulmonary resuscitation (CPR) certification in some of the shelters, and that staffers are trained in emergency response techniques. If a crisis arose which warranted trained personnel, the staffers would simply call emergency medical services.

Non-emergency health care was also available in 7 of 8 cities. There was a "Health Care for the Homeless" program in 7 of the 8 cities.

### Education

A school-age child's education was not disrupted because he or she was in a homeless family shelter. Most shelters were able to connect children with a local public school within 48 hours of coming into the shelter.

### Child Welfare

We did not find evidence of children being taken away from families while in the shelter. A few shelters did have a referral system established with the local child protective services bureau.

### Day Care

Only 6 of 24 shelters had access to a day care. Mothers were experiencing difficulties when they were forced to take children along on job interviews and housing searches.

## INCOME AND BENEFITS

Most homeless families are already connected with public assistance services before they arrive at the shelters. However, every shelter encouraged AFDC participation and Food Stamps, and would help the families get hooked up with public assistance services if they were not already receiving benefits. They counseled or required the families to save the benefits in order to make a security deposit or rent payment in the future.

Only one shelter would not let the families receive AFDC checks or Food Stamps while staying in the shelter. Their justification for this was that the families were receiving three cooked meals daily and were not being charged for lodging, so they did not need those public assistance services while residing in the shelter. They did encourage working with the local AFDC caseworker and arranging for assistance benefits immediately upon dismissal from the shelter.

Sixty-nine percent of the families were on AFDC and 77 percent were receiving Food Stamps. Some of those not receiving AFDC had applied for benefits and were awaiting their first benefit check. Many others were not eligible for AFDC because of employment of one or both parents or because of income from other sources like Supplemental Security Income or Social Security.

Additional aspects of the accessibility of shelter families to AFDC are discussed in a companion OIG report, "Homeless Families and Access to AFDC" (OEI-05-91-00061).

## **FACTORS AFFECTING HOMELESSNESS**

### Reasons for Homelessness

We asked the homeless families what event precipitated their current experience with homelessness. Following are the reasons which they gave:

47 percent - problems with families

36 percent - eviction

18 percent - domestic violence

17 percent - job loss

(Some families had more than one reason for being homeless)

### Drug Abuse

Shelter directors in 25 percent of the shelters said that most of their residents were drug abusers. Our review team members were also told by some shelter residents of drug use in or in the vicinity of some of the shelters.

## **AVAILABILITY OF AND ACCESS TO SHELTERS**

### Availability of Shelters

Seven of eight city representatives of city homeless coalitions or mayor's offices indicated that there are not enough shelters in the city to satisfy the demands of homeless families. Two-thirds of the shelter directors said that there are not enough homeless shelters nor enough "emergency family" shelters. A couple of these directors stated that there are sufficient shelters, but not enough for families. One director said there are plenty of shelters, but very little affordable housing in the area.

Families are typically alerted to shelters by a homeless hot line, an AFDC caseworker, a city commission/coalition, a former resident, or word-of-mouth. Other modes through which families become aware of the availability of shelters include billboards, United Way, police departments, Red Cross, and churches and community groups.

Usually there is a central referral agency or hot line which tells families which shelters have vacancies, and also which shelters they might qualify for admittance.

Referrals by county welfare workers are extremely common and were the main source of referral in a couple of cities. In Boston, families are almost always referred through their AFDC caseworker. Families experiencing hardships or tragedies might be referred by the Red Cross or the police department.

Every city except Little Rock, AR had a city coalition or a mayor's office which coordinated homeless assistance and outreach. In Little Rock, our contact was the Salvation Army. They were able to inform us of all the shelters in that city. The Los Angeles mayor's office has contracted with an outside entity to perform homeless networking for the metro area.

### Entrance and Eligibility Policies

Every shelter had published rules which they either (1) read aloud to the head of the family, (2) handed out to the head of the family, (3) required the head of the family to agree and sign the rules, or a combination of these three methods. All families were aware of the rules.

Very few families are refused admittance if there is a vacancy and the family qualifies. However, in one city, certain "at-risk" families were not accepted because the mother, for example, had a history of violence at other shelters or if a member of the family was highly intoxicated or was carrying dangerous weapons.

Less than five percent of the families themselves refused admittance to shelters. The most common reason for a family to refuse admittance to a shelter is that they do not want to split up family members if the shelter has a policy of not accepting teenage and adult males. In rare circumstances, the family may refuse admittance if it does not like the appearance of the shelter or feels that it is not suitable to house their family. Very rarely, the family refuses because they do not want to perform chores or follow rules.

Violations which warrant a family's immediate dismissal include violence toward other residents or staffers, intoxication, drug abuse, drug or weapon possession, and unattended children. These rules were basically universal throughout all the cities, with infractions in any of the areas warranting immediate dismissal. In some shelters, three or four violations of other rules might accumulate to enough "warnings" that they would be kicked out if they received more than three or four warnings in a month. Probably the most abused rule or the subject of many "warnings" in the shelters was missing the established curfew. Mothers or heads of families would typically be given a "warning" for coming in late, regardless of their reason for being late.

When asked if families were allowed to re-enter the shelter if they have been released because of a prior violation, two-thirds of the directors said the family could re-enter if

circumstances were necessary to do this. Most of the shelter directors stated that re-entry is handled on a case-by-case basis and that if the resident or family had a history of violent behavior or noncompliance, they would not be allowed to re-enter. Only two directors stated that the families would not be allowed to re-enter. Three family shelters in one city claimed successful placement into permanent housing and that they had experienced no recidivism.

### Family Separation

Two-thirds of the shelters separate from the rest of the family or deny admittance for male children over 12 years old, husbands, and other adult male family members. These policies caused family separation for 10 percent of shelter families. (The percentage is relatively low because few homeless families in shelters included older adult males.)

### Funding

Funding sources include government, private, and charitable organizations. Less than one-fifth of funding sources used to sponsor shelters and shelter activities was federal dollars. Eighty-two percent of funding sources were non-federal. Two-thirds of the shelters were funded largely by donations.

## **RECOMMENDATIONS**

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Overall, the shelters we visited were effectively providing important services to homeless families. However, some deficiencies need attention. Our results suggest that State and local officials, shelter operators, homeless program coordinators, and others wishing to improve shelters for homeless families should focus on:

### **Ensuring cleanliness and security where they are lacking.**

Family shelters should not be dirty, unsanitary, or unsafe. Those few shelters that were not clean, or where safety was a problem, probably could have been clean or safe with greater attention by management and greater community support. Shelter managers and homeless program coordinators might want to visit other shelters themselves to get a sense of what can be done to overcome common problems of facility conditions.

### **Arranging for day care to be provided to families with children who are attempting to find work while living in a shelter.**

Difficulty in obtaining suitable day care was the single most common service lacking in shelters. This provides a major impediment to families obtaining good employment and ensuring the safety and welfare of children while the parents are at work. Shelter directors and homeless family program coordinators need to pay particular attention to this area.

### **Developing policies and effective practices to prevent family separations due to restricting admissions of older males.**

This is a complex problem for which we currently have no clear answer. There are obviously difficult and important tradeoffs here: the security risks inherent in allowing older males free access in shelters for homeless families and the need to prevent the separation of families. Additional research and insight are needed here.

At the federal level, the Interagency Council on Homeless could be instrumental in providing information and technical assistance to those planning and running shelters for homeless families in the areas we have identified. The Council could also promote research on the topic of family separation in shelters.



# APPENDIX A

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## TABULAR PRESENTATIONS OF SHELTER LIFE

Observations of Living Conditions	A-2
Homeless Families' Perspectives	A-3
Shelter Directors' Perspectives	A-4
Demographics of Homeless Families	A-5
Sources of Funding	A-6

**LIVING CONDITIONS IN EMERGENCY FAMILY SHELTERS  
(REVIEW TEAM'S OBSERVATION OF SHELTER CONDITIONS)**

	Cleanliness	Security	Fire Safety	Bunk Beds/ Cribs
Shel. 1	Y	Y	N	None
Shel. 2	Y	Y	Y	C
Shel. 3	Y	Y	Y	B, C
Shel. 4	Y/N	Y	Y	B, C <sup>1</sup>
Shel. 5	Y	Y <sup>1</sup>	Y	C
Shel. 6	Y	Y <sup>1</sup>	Y	B, C
Shel. 7	Y	N	Y	B, C
Shel. 8	Y	Y	Y	B, C
Shel. 9	Y	N	Y	C
Shel. 10	Y	Y	Y	B, C
Shel. 11	Y/N	Y	Y	B, C
Shel. 12	Y	Y	Y	B, C
Shel. 13	N	N	Y	C <sup>1</sup>
Shel. 14	Y/N	Y	Y	B, C
Shel. 15	N	N	Y	B
Shel. 16	Y	Y	Y	B, C
Shel. 17	Y	Y <sup>1</sup>	Y	B, C
Shel. 18	Y	Y	Y	C
Shel. 19	Y	Y <sup>1</sup>	Y	C
Shel. 20	Y	Y	Y	B, C <sup>1</sup>
Shel. 21	Y	Y	Y	B, C
Shel. 22	Y	Y	Y	B, C
Shel. 23	Y	Y	Y	B, C
Shel. 24	Y	Y	Y	B, C

Y<sup>1</sup> = Exceptional security system  
C<sup>1</sup> = only one crib available

B = Bunk Beds      C = Cribs

## QUALITY OF SERVICES AS PERCEIVED BY HOMELESS FAMILIES

(INTERVIEWS OF 172 HEADS OF HOMELESS FAMILIES)

QUALITY OF FOOD?	78% liked; 22% disliked
KITCHEN DUTY CHORES?	61% helped out; 39% did not
CLEANLINESS OF FACILITY?	96% clean; 4% unclean
CONCERNED W/FAMILY SAFETY?	20% concerned; 80% safety OK
BATHING/TOILET CLEANLINESS?	92% clean; 8% unclean
REST ROOM ACCESSIBILITY?	27% own rest room; 73% share
BABY BEDS/CRIBS?	50% received baby beds/cribs
BUNK BED ACCOMMODATIONS?	40% are sleeping on bunk beds
LIKED PRIVACY OF FACILITY?	68% liked; 32% disliked
LIKED THE RULES?	73% liked; 27% disliked rules
HAD ITEMS STOLEN FROM THEM?	18% yes; 82% no
CLASS PARTICIPATION?	70% attended; 30% did not
CASE MANAGEMENT?	60% received; 40% did not
SUFFICIENT SERVICES OFFERED?	63% yes; 37% want additional svcs*

\*A few of the additional services suggested include:

(in order of most requested)

- On-site Day care
- More housing assistance services
- On-site G.E.D. classes
- Baby sitting
- Parenting classes
- Bus tokens
- Personal counseling
- More leisure activities for children
- Job training
- Career counseling
- Increased privacy (e.g. private rooms)

**SHELTER DIRECTORS DISCUSS ASPECTS OF THEIR FAMILY SHELTERS  
(INTERVIEWS OF 24 HOMELESS SHELTER DIRECTORS)**

<b>AVERAGE CUT-OFF DAY?</b>	<b>40 days</b>
<b>AVERAGE LENGTH OF STAY?</b>	<b>79 days</b>
<b>FAMILIES' NEEDS BEING MET?</b>	<b>92% yes; 8% no</b>
<b>CASE MANAGEMENT?</b>	<b>79% yes; 21% no</b>
<b>ADVISORY GROUP?</b>	<b>96% yes; 4% no</b>
<b>FAMILY SAFETY?</b>	<b>13% concerned; 87% OK</b>
<b>OCCUPANCY CAPACITY?</b>	<b>average is 49 beds</b>
<b>PERSONAL VIOLATIONS*?</b>	<b>58% yes; 42% none</b>
<b>FAMILIES GET OWN ROOM?</b>	<b>54% yes; 46% no</b>
<b>DENY HUSBANDS/MALES?</b>	<b>67% yes; 33% no</b>
<b>DAY CARE AVAILABILITY?</b>	<b>25% yes; 75% no</b>
<b>% OF FAMILY RECIDIVISM?</b>	<b>average is 8%</b>
<b>MAY RE-ENTER IF KICKED OUT?</b>	<b>67% yes; 33% no</b>
<b>FORMAL MEDICAL EMERGENCY POLICY?</b>	<b>29% yes; 71% no</b>
<b>FREE TRANSP. FOR MED EMERG?</b>	<b>79% yes; 21% no</b>
<b>AFFILIATED W/HOT LINE?</b>	<b>96% yes; 4% no</b>
<b>JOB PLACEMENT REFERRALS?</b>	<b>83% yes; 17% no</b>
<b>REFER TO TRANSIT. SHELTER?</b>	<b>75% yes; 25% no</b>
<b>REFER TO TRANSIT. HOUSING?</b>	<b>75% yes; 25% no</b>
<b>HOOK UP FAMILIES W/WELFARE?</b>	<b>96% yes; 4% no</b>
<b>SET GOALS W/FAMILY?</b>	<b>96% yes; 4% no</b>

\*Violations of personal security include percentage of families involved in:

- Physical Violence/Attacks
- Serious Threats to their Well-being
- Thefts of Money, Food Stamps, or Personal Belongings

## DEMOGRAPHICS OF HOMELESS FAMILY SHELTER POPULATION

(STATISTICS PROVIDED BY 172 HOMELESS FAMILIES)

AVERAGE FAMILY?	Mother with two children
HOMELESS FOR HOW LONG?	6 1/2 months
FAMILIES STAYED BEFORE?	9%
STAYED @ OTHER SHELTERS?	35%
HUSBAND/MALES PROHIBITED?	10% of families split up in shelter
MED EMERGENCY @ SHELTER?	24% experienced med.emerg.'s
HOW MANY FAMILIES EVICTED?	36%*
VICTIM/DOMESTIC VIOLENCE?	18%*
EMPLOYED BEFORE HOMELESS?	33%
LOST JOB, NOW HOMELESS?	17%*
QUIT JOB;MOVED?	16%*
PROBLEMS W/RELATIVES?	47%*
HAVE SOME FORM OF INCOME?	87%; e.g. employment,AFDC,SSI
FAMILIES RECEIVING AFDC?	69%
FAMILIES RECV'G FOOD STAMPS?	77%

\*Respondents could have more than one reason for being homeless.

**SOURCES OF FUNDING**

		Shelters																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Funding Sources																									
Foundations																			X				X		
Churches		X								X	X										X		X	X	
Donations	X	X		X		X	X	X	X	X	X						X				X		X		X
County	X	X	X		X		X	X					X	X		X				X					
City					X		X	X	X				X	X		X				X	X		X		
United Way	X					X	X				X								X						
Priv. Grant				X	X																				
Honoraria																							X		
Publ. Grant																		X							
State Funds								X						X	X	X	X	X	X	X	X				
FEMA				X				X	X				X							X	X				
HUD							X	X																	
CSBG (HHS)																X							X		
McKinney								X											X	X					

# APPENDIX B

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## DESCRIPTIONS OF SHELTERS VISITED

## DESCRIPTIONS OF SHELTERS VISITED

(Notes from Field Visits)

### Shelter 1 (which operated two facilities)

The first facility was a 4-plex with each family getting its own apartment. Shared facilities in the basement included a washer and dryer. The 4-plex was about 40 years old, but the conditions were clean and pesticides were used twice monthly.

The second facility was an older home in a residential area. There was a couple that lived there on the first floor that oversaw operations, visitors, repairs, etc. Families were given their own rooms, and sometimes families would get two adjacent rooms. Occupancy was about 14-15 people upstairs sharing a 2-shower facility. Also, a couple of families could be housed downstairs. There was a large recreational room downstairs and house phone. We noted lots of donated furniture, toys, and bedding. (The average Length of Stay (LOS): 1-2 months.)

### Shelter 2

This shelter was adjacent to a school. A small building, it housed residents on the top two (2 of 3) floors. All shelter residents were single mothers. No husbands or teenage males were allowed. They had recently initiated a counseling program for the young children. This was a much-needed undertaking, the director thought, and was appearing to be successful. Just having someone listen to the kids was a priority of this shelter. The building was old, and the furnishings were very old, but clean. (Average LOS: 14 days.)

### Shelter 3

This was the only shelter which would not allow receipt of AFDC or Food Stamps. Families were informed that, since they receive 3 cooked meals a day, that they do not require Food Stamps, and since they don't have to pay to stay there, they don't need AFDC while staying in the shelter.

This shelter used to be a hotel. Residents were treated as "guests," except they had to leave their key at the front desk and pick it up when they re-entered. They had a high degree of privacy and were given a large amount of freedom. Each family got its own room. Cribs could be wheeled in for the young children.

We heard from some residents that some families were selling or were on drugs. There appeared to be very little monitoring of their needs, and few personal services were offered. (Average LOS: 45 days.)



#### Shelter 4

This was a dirty, very old building. The director thought it had been a law office in the '20s. The shelter was in the older part of downtown. During both days which we were there, at least 25-30 single men were loitering on the sidewalk outside the shelter.

Three to four families shared a large room. There was only one bathroom with a shower and a bathtub. The shower from the third floor (which housed single women as well as mothers) was broken, and all the residents (nearly 40-50 persons were using the same bathroom). There was a bathroom off the lobby downstairs which we noticed, by observation, that many residents were using as they were coming and going from the shelter.

There had been a tuberculosis outbreak a few weeks prior to our visit. Families here did not appear to be motivated. Some had been there over six months or had been bouncing from shelter to shelter in the city. (Average LOS: 45-90 days.)

#### Shelter 5

This shelter was renovated in December 1990. Formerly, it was a 3-story grammar school. Affluent families in the area had each sponsored a "classroom." Each "classroom" was converted into a family living unit. Each family got their own private bedroom. Teenage males were allowed inside the shelter, but had to lodge with their parents or in adjoining rooms with their families.

This was a very clean, very "posh" facility. The staffers appeared highly organized, and there were many part-time social workers (student interns in training) from the local college. This was a poor neighborhood, and was unsafe in the surrounding streets. However, the shelter itself was very secure, with camera-monitored entryway, and tight security. You had to be beeped in. (Average LOS: 60-75 days.)

#### Shelter 6

This was a brand-new facility built only fifteen months earlier. It was like a small roadside inn with 11 rooms for 8 families. (Large families were given 2 adjoining rooms).

It was a very nice, quiet facility and very private for the families. However, we heard complaints about the food kitchen across the street, which families must share with the other shelters in the complex. (Average LOS: 4-12 months)

#### Shelter 7

This family shelter was once a nursing home. As such, the shelter had a sprinkler system and fireproof doors on the bedrooms. Locks were not on the doors because

the director believed residents would start using, storing, and selling drugs. Therefore, lack of privacy was an issue with some clients.

Two families were in one room, based on the number of kids in the family and shelter occupancy. Large families had their own room. School-age kids were enrolled within one day. Education was very important to this shelter director. Eight of the 10 interviewed clients were working on their GED. (Average LOS: 7-14 days.)

### Shelter 8

This shelter was a converted 100-year-old house between a school and a church and was very clean and nicely renovated. The director was motivated to obtain all the possible funding for the shelter. Funding sources included McKinney, FEMA, State, county, and donations. The shelter employed three licensed social workers.

The shelter had a fire alarm system, smoke alarms, and fire extinguishers. Every room had bunk beds which, unlike bunk beds in other shelters, were very nice and had very sturdy side rails on both sides of the upper bunks. Multiple families were in each room, so privacy was an issue at this shelter.

Over half the mothers who resided in the shelter were currently on drugs. Because of the extensive drug problem, the director started a drug rehabilitation program. The curfew is 6 p.m. The director stated that they do not want the clients on the street with the selling and use of drugs. (Average LOS: 20 days.)

### Shelter 9

This shelter was in a 30-year-old, 2-story brick apartment building. The shelter was very clean and consisted of 4 units with 4 beds per unit. The bedroom doors did not have locks, but had smoke and fire alarms.

Funding for the shelter was 100 percent donations. The curfew was 6 p.m. and residents were required to attend nightly bible classes. (Average LOS: 30 days.)

### Shelter 10

This was a 2-story brick building built in the 1970's. Families received their own bedrooms, but they did have to share a communal shower/bathing facility down the hall. The shelter was near several temporary blue-collar jobs, e.g., factories, mills, construction companies which could employ the men while they were staying in the shelter and looking for a full-time job and affordable housing. One family staying there was situationally homeless because their car broke down on their way through the city. They couldn't afford to fix the car.

There were many summer activities for the children. A self-esteem class for children had recently been initiated. Local churches sponsored various programs for the

family residents. (Average LOS: 3 months.)

### Shelter 11

This shelter's operations were unique. Residents had to have two verifiable job interviews daily if they were not employed or were not enrolled in schooling. The IBM corporation had donated 20 computers and a training facility for homeless individuals who qualified. This 14-week training including computer software applications, various job employment and administrative skills, resume writing, and mock job interviewing.

The IBM corporation had also donated 2 software packages which could eventually bring a person with a 3rd-grade reading level up to a high school equivalent. These software programs cost approximately \$20,000 each (extremely sophisticated touch screen, talk-back menus, and color-coded alphabets and stories). Also, the shelter sponsored a small engine and appliance repair class if homeless individuals were interested.

The shelter's lodging, however, was of poor quality. Twenty men and 35 women and children were in one large gymnasium/theater, separated only by a dry-wall partition. Single men shared community living space and a kitchen with the families. (Average LOS: 45-60 days).

### Shelter 12

This shelter was basically for single men and single women. It only had three "family rooms." The family rooms were nice, however, and had their own rest room facility. Bunk beds and cribs were available. This shelter had the community food kitchen and the reputation for the best food in town. People start lining up at 4 p.m. for supper. The meals are free to anyone, and neighborhood residents sometimes eat there, also. The shelter had many community resources and volunteers. Most of the food and most of the budget were contributed by large companies. (Average LOS: 2 months.)

### Shelter 13

This facility was a firehouse in 1902. It was unclean; cockroaches were rampant. The front and back doors were not latched; kids were walking out the back door unattended. Everyone's kids were sick and sharing flu viruses. Women and children stayed in one large room on the second floor. This consisted of about 25 twin beds and one baby crib shared by all. Young children had fallen off of twin beds. There was no privacy whatsoever. When one child cried in the middle of the night, 40 other persons were awakened. We also heard claims by residents that some of the mothers were trading Food Stamps and AFDC dollars for drugs. We were informed by a couple of residents that drugs were easily available across the street. (Average LOS: 1 1/2 months.)

### Shelter 14

This was a 1912 mansion. It was huge (approx. 6,500 sq. ft.) Some of the rooms were unclean, and nearly all of the rooms were untidy. About 10-15 families could stay in this large house. Each family got its own room based on availability, and then there was a large "dorm" room where a few mothers with children could be lodged.

They did have two social workers full-time who helped families set goals and look for affordable housing. The family assessment and goal-setting program we were shown appeared comprehensive. They also had a day care for children, but did not have adequate staff to supervise. They were still accepting some children of formerly homeless residents, if the parents could not afford other day care. There was a \$10 a night charge for each family to stay in this shelter. (Average LOS: 1 month.)

### Shelter 15

This was a 1930's school building connected to a church. This facility reeked of foul odors. There were two components to the shelter: one for single and pregnant women, the other for women with children. No men were allowed into the shelter.

The women with children shelter was one large room, with rows and rows of bunk beds. (Probably about 15 women and 35 children were staying here). On the perimeter of the large room were four or five classrooms which housed families privately on a first-come-first-served basis. They were dirty, also, as was the rest of the shelter. Residents were responsible for finding employment and housing on their own. Little assistance was provided to the residents. (Average LOS: 4 months.)

*Note: Shelters 16-18 have a full-time housing coordinator. Shelters 16-18 also have "family life advocates" which set goals, perform case management, and follow up on the families after placement into housing.*

### Shelter 16

This shelter was built in 1941. It had been renovated in April of 1992. All-new windows were ordered and fitted (due to health concerns with former lead windows), the walls were painted, and brand new furniture was donated. It was a clean facility, although it was untidy. We heard from staff that many residents had recently been cited for not completing weekend cleaning chores. Four or five of the residents refused to speak with us. Perhaps because, the staff felt, the residents were angry and did not want to cooperate. (Average LOS: 5 months.)

### Shelter 17

This was an attractive and clean facility for families. There were four bedrooms for families - very private, with locks on the doors. Families were encouraged to be self-

sufficient and cook their own meals. A part-time baby sitter would come in nightly from 4 pm to 7 pm to watch the children while the mothers cooked and cleaned.

Shelter residents were very positive in their responses. There were numerous social and community activities available for the children. A Head Start worker even came on-site to sign up children for Head Start program. This was a very secure facility. One had to be buzzed in, and only families were allowed on the second floor. (Average LOS: 5-6 months.)

### Shelter 18

This was formerly a 1940's brick house. It was a very well organized facility. The director was past chair of a state homeless coalition and had been very instrumental in various homeless programs and advocacy. Health Care for the Homeless would come on-site whenever the director called to perform physicals and health screenings for residents.

The director was also on the board of a neighborhood economic redevelopment group. This group had just constructed a row of 15-20 town houses in an impoverished area. Many of the families in this shelter were placed in these new town houses. Families themselves were involved in their own advocacy, with mothers lobbying at the State capitol, setting goals with AFDC caseworkers, and actively seeking permanent employment. This shelter was trying to restore the dignity of the families who had lost their jobs or had been kicked out of relatives' homes. The director felt that many homeless families were not dysfunctional, but rather had experienced various hardships. (Average LOS: 5-12 months.)

### Shelter 19

Seventy five years ago the shelter building was a hospital. We found the shelter was clean considering the age of the building. We found the neighborhood to be very dangerous as all the families told us of hearing gun shots almost every night from the many street gangs in the area. Several windows and walls in the shelter have been repaired because of stray bullets. This neighborhood was known for its drug abuse.

Each family had their own room with a lockable door. The families all reported that they had privacy. This was a very secure facility. Every room had a smoke alarm and we saw several fire extinguishers in the shelter. The shelter had two full-time case managers and one full-time case manager for follow-up services only. The shelter also had MSW interns. Shelter staff were used as interpreters to complete several interviews with non-English-speaking families. (Average LOS: 2 months.)

### Shelter 20

This shelter was a medical clinic in 1926. Families had to share living quarters including showers. The rooms did not have locks and all the interviewed families

stated they did not have privacy at this shelter. Families reported that the shelter and the rest rooms were clean because all participate in cleaning chores in the shelter. All the families slept on bunk beds. The shelter director stated that infants and young children were not allowed on the top bunk, and slept with their mother on the lower bunk. We found fire alarms and fire extinguishers in the shelter.  
(Average LOS: 3 months.)

### Shelter 21

This facility was a 50-year-old house. A mother and her children could stay at this shelter for up to 60 days. The shelter had two full-time case managers. During their stay, the families received room and board, clothing, if needed, and support services. The shelter had support classes which include: financial assistance, budgeting, parenting, and vocational counseling. The bedroom doors did not have locks. The majority of clients stated they did not have privacy because they slept in rooms with two or more families. The facility used both bunk beds and cribs for the mothers and their children. We found smoke alarms and fire extinguishers in the shelter.

We found this shelter to be clean. The house rules required the residents to perform daily chores as assigned including kitchen duty and cleaning the shelter and the rest rooms. (Average LOS: 2 months.)

### Shelter 22

This shelter, formerly a school, was used to house women with children and pregnant teens. This was a dormitory setting with all mothers and children on bunk beds in one large living area. The cut-off date was four months.

Many services, including parenting, budgeting, GED classes, preschool, alcohol/drug rehabilitation, clothing, literacy programs, and computer classes, were offered. All the mothers were on public assistance. Employment was encouraged, however, and a few of the mothers were working. The director took a "tough-love" approach to helping families because she was concerned about families becoming too dependent on shelter services.

A unique feature of this shelter was that all staffers lived on-site. Also, the shelter was a totally private, non-profit shelter funded by corporate donations, foundations, churches, and honoraria and lectures presented by the director.  
(Average LOS: 52 days.)

### Shelter 23

This was an old factory building converted into a community center and homeless shelter. The facility was very large and still undergoing renovation to make it a more livable shelter. Many persons were coming and going all day because of the

community center services (e.g. free meals, food baskets, clothing). The shelter was mainly funded by the city (\$250,000 annually).

Each mother had a "sponsor" which set goals with them, counseled them, and helped them towards self-sufficiency. This shelter provided free transportation, and the director believed this was the shelter's greatest asset. Other services offered include: day care, moving assistance, furniture, "Health, Hygiene, and AIDS workshops," legal assistance, Illinois child support caseworkers, recreational programs for children, Big Brothers, house meetings, and a "Personal Enrichment" program.

The shelter was a dormitory setting, with all the mothers and children on the second floor on bunk beds. Fifty-five persons were currently staying in this one, large room. There was no air conditioning; only four or five large fans. No teenage males or adult males were permitted in the 2nd floor family living area. A few families had rejected the shelter in the past year because they did not want their family split up. Another handful of families rejected admittance because they did not like the appearance of the shelter. (Average LOS: 3 months.)

#### Shelter 24

This was basically a gospel rescue mission which was originally established in 1877. The current homeless shelter facility had been in existence the past 60 years. The mission did not have a cut-off date, and would house families for many months if they deemed it necessary. The shelter had 13 beds for mothers and a few cribs. The director said that usually 7 or 8 families were housed at any one time.

Services provided include: Bible study (twice daily), GED classes, reading classes, flu shots, drug abuse counseling, Accelerated Christian Education literacy program, financial assistance, licensed psychiatrist once monthly, private physician 40 hours a week, childhood immunizations, dentists twice weekly, parenting, aerobics class, Weight Watchers, and Alcoholics Anonymous and its 12-step offshoots. All personal items were provided, including bus tokens and infant formula to anyone coming off the street as well.

The director said that most of the mothers were alcoholics and some were fourth-generation welfare recipients who had been living on the streets. Therefore, the director felt that the most beneficial service they provide was getting homeless families "spiritually introduced to the Lord." All interviewees stated that they did not mind the twice-daily religious classes and the mandatory evening worship services. (Average LOS: 15-30 days.)