

# Homelessness in Delaware

Twenty Years of Data Collection and Research

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# I. Introduction

In 1986, when homeless was just emerging as a national issue, the University of Delaware's Center for Community Research and Service<sup>1</sup> conducted the first statewide data collection and analysis project to determine the size and nature of the homelessness problem in the First State. That effort sparked the first statewide conference on homelessness held at the University in March 1988 where the major results of the study were presented. Later that year the research findings were published by the University in a report entitled *Homelessness in Delaware*.

This first data collected in 1986 was part of a "point prevalence" study; what is commonly referred to as a "point-in-time" study. This kind of study represents a snapshot; it told us how many homeless persons there were in the state on a specific night, who they were in terms of their personal and situational characteristics, what services they received, and what services were available. Additional point prevalence studies were done by the Center for Community Research and Service in 1995 and 2000.

Since the late 1990s there have been three important developments that have enhanced Delaware's ability to continue producing useful research on the homelessness problem, and planning effective programs and policies. The first was the establishment of the Homeless Planning Council of Delaware (HPC), the second was the creation of the Delaware Homelessness Management Information System, or DE-HMIS, and the third was the establishment of the Delaware Interagency Council on Homelessness (DICH).

Since 1998 the HPC has played a central role in planning for homeless services in the state. It has undertaken several point prevalence (point-in-time) studies on its own since 2000, and has been very successful in coordinating the efforts of many service agencies to bring sizable amounts of federal dollars into the state for homeless services through the "Continuum of Care" funding process. Beginning in 2000, the HPC began to partner with its member agencies, the University's Center for Community Research and Service, the Housing Capacity Building Program and others to create the DE-HMIS. This web-based information system is very powerful and is making the collection of homelessness related data on an everyday basis very systematic, accurate and inexpensive. As the reader of this report will see in Section VI, we now have, thanks to DE-HMIS, homeless data that spans the entire year for 2006. This is the first time we've been able to obtain such "period prevalence" data. Better yet, the system will soon be supplying us with "longitudinal" data. This type of data permits researchers and policymakers to learn how people move into and out of homelessness, what services they receive along the way, and what interventions work best for getting people out of homelessness.

This report summarizes what has been learned about homelessness people and homeless services in the state after twenty years of data collection and research. The authors hope that the facts presented in the pages that follow will help in the design of new and better programs and policies, and in the development of funding proposals that will attract the resources needed to effectively battle this serious problem.

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<sup>1</sup> The Center was initially known as the "Urban Agent Division." That first name was eventually changed to the "Center for Community Development" and then to the "Center for Community Development and Family Policy. It adopted its current name, "Center for Community Research and Service," in 2002.

## II. Profile of Delaware

### Overview of the State

Delaware is located on the eastern seaboard of the United States and is bordered by the Atlantic Ocean and the Delaware Bay, as well as the states of New Jersey, Pennsylvania, and Maryland. The state, which ranks 49<sup>th</sup> in geographical size among the 50 states, is only 100 miles long and 30 miles wide covering a land mass of 2,010 square miles. The state is divided into three counties (Exhibit 1). New Castle is the northern most county and is home to the state's largest city, Wilmington. Kent County lies just south of New Castle County. The city of Dover is located at its geographic center and has been the state's capitol since 1777. Lying immediately to the south of Kent County is Sussex County, the geographically largest of Delaware's three counties.

### Population Characteristics

In 2000 Delaware had a total population of 783,600, with females outnumbering males 51.4% to 48.6%. The median age was 36.7 years, with 25% of the population under age 18 and 13% age 65 and older. The size of the 65+ age group in Delaware increased 26% between 1990 and 2000, more than double the growth rate of 12% for this group nationally.

About 6% of the people living in Delaware in 2000 were foreign born. Of the remaining 94% of the state's residents who were born in the U.S, about half were born in Delaware. Whether foreign born or not, 9.5% of persons age 5 and older spoke a language other than English at home in 2000. Of those speaking another language, 48% spoke Spanish and 52% some other language. About a third of those speaking other languages at home reported that they did not speak English "very well."

The 2000 Census shows that 74.6% of Delawareans were White; 19.2% were Black or African American; 2.1% were Asian; 0.3% were American Indian or Alaska Native; less than 0.1% were Native Hawaiian or Other Pacific Islander, 2% were some other race, and 1.7% reported two or more races.

Delaware's Hispanic population grew by a substantial 136% during the decade of the 1990s, increasing from 15,820 persons in 1990 to 37,277 persons in 2000. By the end of the decade the Hispanic population constituted 4.8% of the state's total population, with the largest group being Puerto Ricans (37%), followed by Mexicans (35%) and Cubans (3%). The remaining 25% of the state's Hispanics were members of other subgroups, with Dominicans and Guatemalans having the largest numbers.

For the segment of the population that was five years of age or older, 2000 census data shows that 16% had a disability. The likelihood of having a disability varies by age – from 8.9% of people in the 5-20 year age group, to 18% for people 21-64 years of age, to a high of 37.7% of those ages 65 and older.

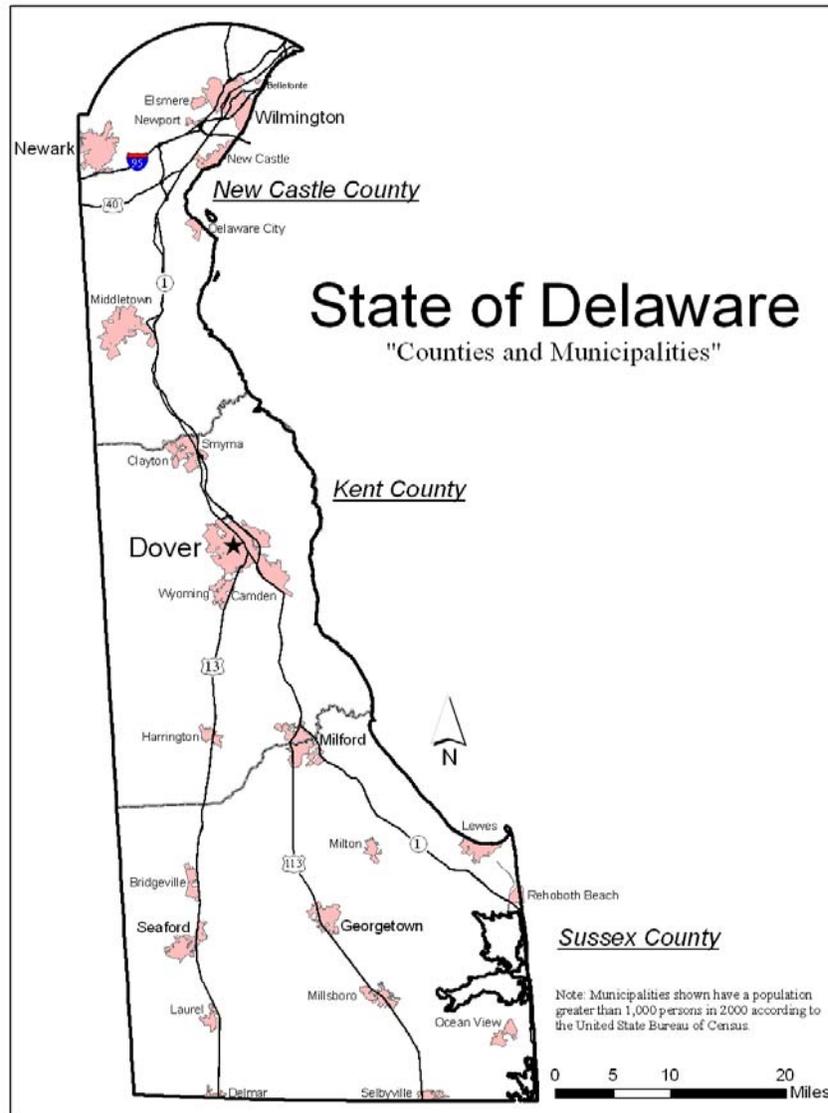
### Economy

For the employed population age 16 and older, the industry categories with the highest employment levels in Delaware in 2000 were "education, health and social services" (18%), "manufacturing" (13%), "retail trade" (12%), and "finance, insurance, real estate and rental and leasing" (12%).

The most common occupational categories were: "management, professional, and related occupations" (36%), "sales and office occupations" (27%), "service occupations" (15%), "production, transportation, and material moving occupations" (12%), and "construction, extraction and maintenance occupations" (9%). Eighty-two percent of the people employed were private wage and salary workers; 13% were federal, state, or local government workers; and 4% were self-employed.

In terms of wages, the largest industry categories in 2001 were "services" (26% of earnings), "finance, insurance, and real estate" (17%), and "nondurable goods manufacturing" (14%). Of the industries that

## Exhibit 1



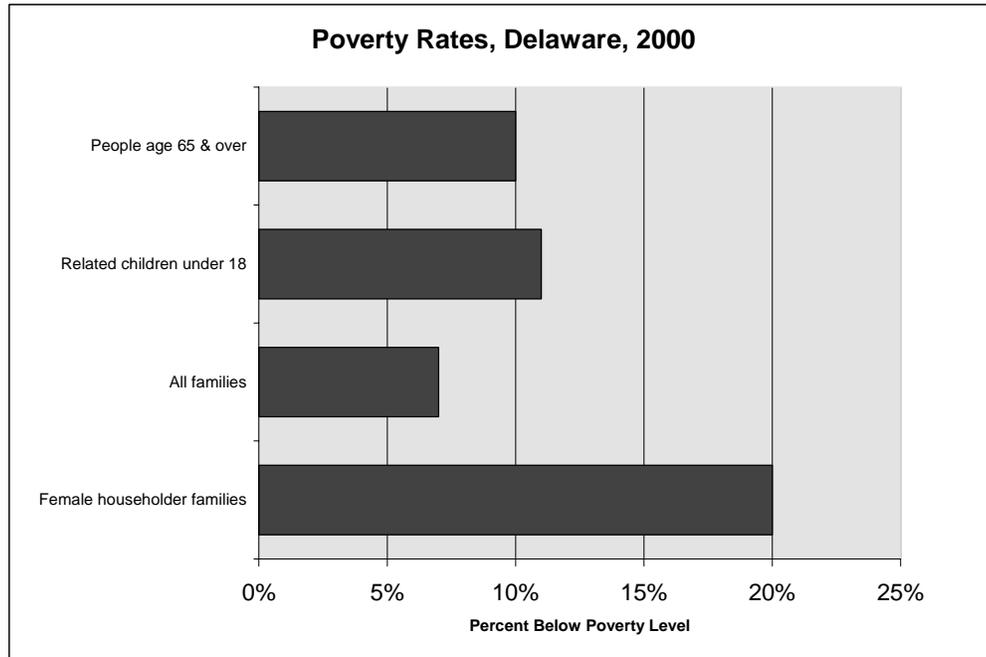
accounted for at least 5% of earnings in 2001, the slowest growing from 2000 to 2001 was “nondurable goods manufacturing,” which increased just 1.8%; the fastest growth was in “finance, insurance, and real estate,” which increased 10.4%. From the data on employment, occupation, and wages reported above, it is clear that the Delaware economy has a strong services orientation.

### Per Capita Personal Income and Poverty

According to the U.S. Bureau of Economic Analysis, Delaware had a per capita personal income (PCPI) of \$31,092 in 2000. This PCPI ranked 14<sup>th</sup> nationally, and was 104% of the national average of \$29,760. PCPI is calculated as the personal income of the residents of a given area divided by the resident population of the area.

In 1999, according to the 2000 Census, 9.2% of Delaware’s residents had incomes at or below the federally defined poverty level. Eleven percent of related children under 18 were below the poverty line, compared to 10% of people age 65 and over (Exhibit 2). Seven percent of all families and 20% of families with a female head of household had incomes below the poverty level. Fourteen percent of the households in Delaware received means-tested public assistance or non-cash benefits.

### Exhibit 2



Sources: U.S. Census Bureau; University of Delaware Center for Community Research and Service

## Counties and Major Cities

### Population Characteristics

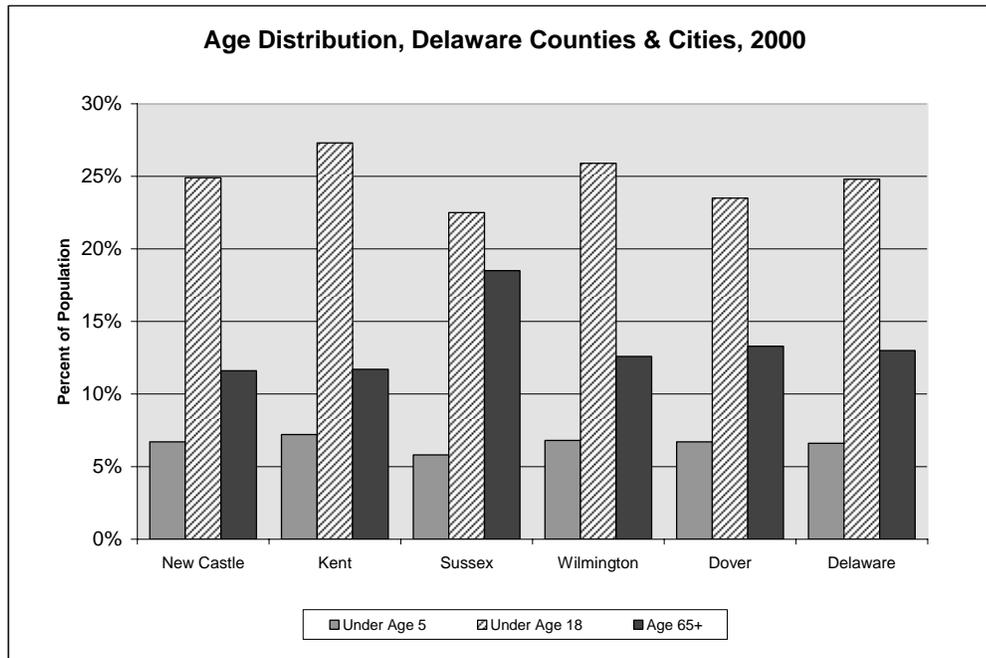
New Castle County had a total population of 500,265 in 2000, consisting of 52% female and 48% male. With a median age of 35.4 years, 6.7% of the population was under age 5 years, 24.9% was under age 18, and 11.6% was age 65 and older (Exhibit 3). The rate of population growth from 1990 to 2000 was 13.2%, the lowest of the three counties.

There were 126,697 people living in Kent County in 2000. This population was 51.8% female and 48.2% male. With a median age of 34.4 years; 7.2% of the residents were under age 5, 27.3% were under age 18; and 11.7% were age 65 years and over (Exhibit 3). With an increase of 14.1% in the size of its population between 1990 and 2000, the county grew slightly faster than New Castle County, but not nearly as fast as Sussex County.

Sussex County saw its population swell to 156,638 persons in 2000, an increase of 38.3% since 1990. It is now the second most populous county in the state and the one with the highest growth rate. The median age in 2000 was 41.1 years, which is considerably higher than that found in New Castle or Kent. The age distribution shows that 5.8% of the population was under age 5, 22.5% was under age 18 and 18.5% was age 65 and over (Exhibit 3). Females accounted for 51.1% of the population while males accounted for 48.9%.

According to the 2000 Census, Wilmington had a total population of 72,664, consisting of 52.3% female and 47.7% male. The median age was 33.7 years; with 6.8% of the population under age 5, 25.9% under age 18 and 12.6% age 65 and over (Exhibit 3). Dover was home to 32,135 persons in 2000, with 52.9% being female and 47.1% male. In 2000 6.7% of Dover’s population was under age 5, 23.5% was under age 18 and 13.3% was age 65 and over (Exhibit 3). The city’s median age was 32.9 years.

**Exhibit 3**



Sources: U.S. Census Bureau; University of Delaware Center for Community Research and Service

**Exhibit 4**

Race	New Castle	Kent	Sussex	Wilmington	Dover
White	73.1%	73.5%	80.3%	35.5%	54.9%
Black	20.2%	20.7%	14.9%	56.4%	37.2%
Asian	2.6%	1.7%	0.7%	0.7%	3.2%
American Indian & Alaska Native	0.2%	0.6%	0.6%	0.3%	0.5%
Native Hawaiian & Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Some Other Race	2.2%	1.3%	2.0%	5.2%	1.6%
Two or More Races	1.6%	2.2%	1.4%	2.0%	2.6%

Sources: U.S. Census Bureau; University of Delaware Center for Community Research and Service

In 2000 all three of Delaware’s counties had White populations of more than 70%. Sussex County reported the highest White percentage and lowest Black percentage. Wilmington had the smallest White population with 35.5%, and the largest African American population with more than 56% (Exhibit 4).

New Castle County is home to the majority of Hispanics in Delaware. The size of this group in 2000 was 26,293, accounting for 5.3% of the county's population. Approximately two-thirds of Delaware's Mexican population and four-fifths of Puerto Ricans reside in New Castle County, mostly in Wilmington. Sussex County has a Hispanic population of 6,915, representing 4.4% of its population. It is experiencing the fastest rate of growth in Hispanic arrivals. Kent County has the smallest Hispanic population among the three counties, numbering 4,069, which represents about 3.2% of its population. Wilmington was home to 7,148 Hispanics in 2000, representing 9.8% of its total population. The number of Hispanics residing in Dover was 1,327, which constitutes 4.1% of its residents.

The likelihood of having a disability varies by age. Among the three counties, Kent had the highest rate of disability among people age 5 to 20 as well as for the age group 65 and older, while Sussex County had the highest rate among those of ages 21 to 64. For all age groups, Wilmington reported a higher percentage of disability than Dover (Exhibit 5).

### Exhibit 5

<b>Percent Disabled by Age Group Delaware Counties and Cities, 2000</b>					
<b>Age Group</b>	<b>New Castle</b>	<b>Kent</b>	<b>Sussex</b>	<b>Wilmington</b>	<b>Dover</b>
Age 5 to 20	8.6%	9.6%	9.2%	11.4%	8.7%
Age 21 to 64	16.3%	19.2%	22.5%	23.8%	19.1%
Age 65 & older	37.3%	40.6%	37.0%	46.5%	36.4%

Sources: U.S. Census Bureau; University of Delaware Center for Community Research and Service

### Per Capita Personal Income and Poverty

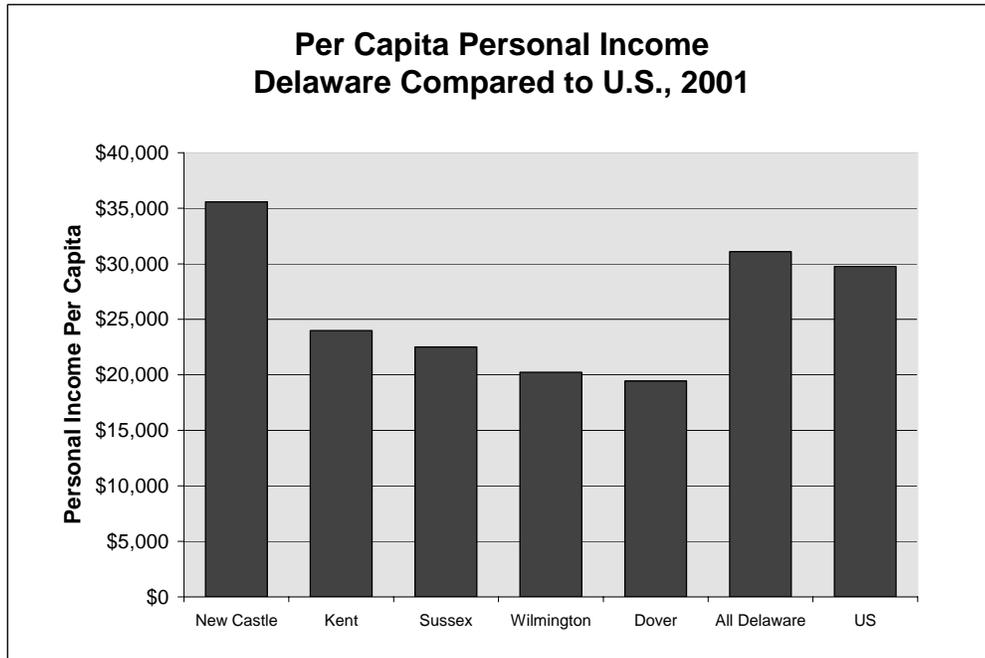
New Castle had a per capita personal income (PCPI) of \$35,587 in 2000. This PCPI ranked first in the state, and was 114% of the state average, and 120% of the national average (Exhibit 6). New Castle County's 2000 PCPI reflected an increase of 6.8% from 1999. The 1999-2000 increase for the state was 6.1%, and for the nation was 6.7%.

Among the three Delaware counties in 1999, Sussex and Kent Counties were essentially tied for having the highest overall poverty rates of 10.5% and 10.7% respectively. Female-headed families experience the highest poverty rate as a group, but the county with the highest rate for this type of family was Sussex. Kent County had the highest poverty rate of the three counties for all families and for elderly persons. For all age groups and household types, Wilmington reported a much higher poverty rate than Dover, and these two cities had poverty rates for all groups that were higher than any of the three counties (Exhibit 7).

### Rent Burdened Households

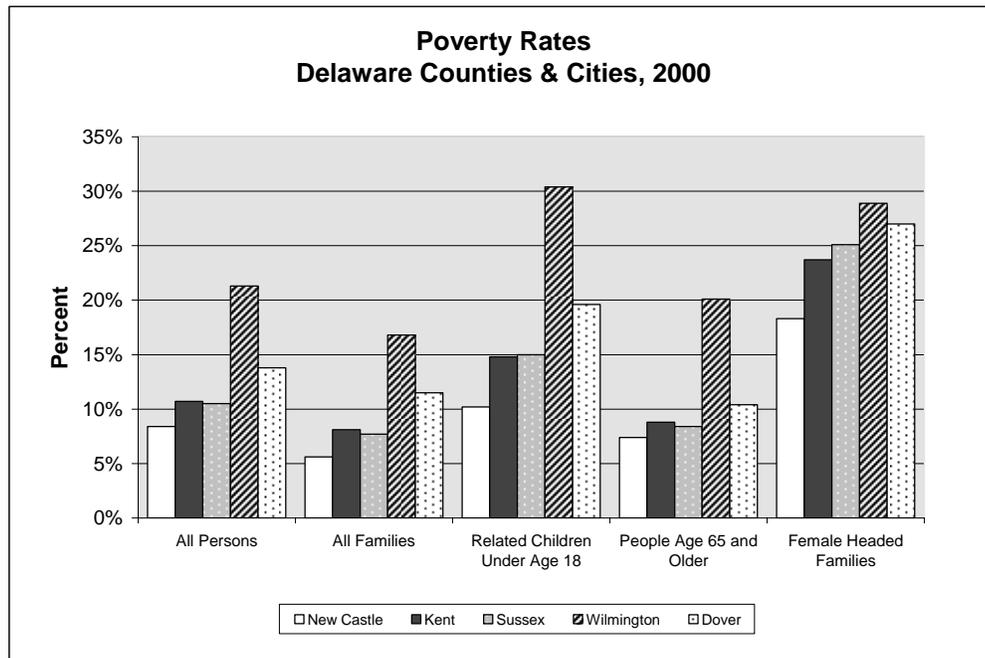
In 2000, the census reported 8,890 rental units in Delaware occupied by households with incomes under 30% of the median income for the area (approximately poverty level) and paying over 50% of their income on housing. Of this total, 12% were located in Sussex County, 16% in Kent County, 24% in the City of Wilmington, and 49% in New Castle County outside the City of Wilmington. These are households that are not currently in subsidized housing and, due to their extremely low income level and severe rent burden, are at increased risk of homelessness.

**Exhibit 6**



Sources: Bureau of Economic Analysis, U.S. Dept. of Commerce (2003);  
University of Delaware Center for Community Research and Service

**Exhibit 7**



Source: U.S. Census Bureau; University of Delaware Center for Community Research and Service

### III. A National View of Homelessness

Inquiry into the problem of homelessness in the United States, while advancing rapidly in sophistication and accuracy, is still a relatively young field of research, only formally begun in the past 25 years. Much like other topics of its kind, research on homelessness faces a number of challenges to its validity due to a variety of definitional, methodological and practical difficulties. However, despite these roadblocks, studies of homelessness have greatly expanded our knowledge, which in turn has driven advancements in policy that have improved the quantity and quality of services available to the homeless and other people in need.

National point prevalence estimates of homelessness have varied considerable over time. The first broadly reported estimate in 1983 pegged the number of homeless persons at between 2.2 and 3 million a night. More recent estimates place the number somewhere between 600,000 and 850,000 (Exhibit 8).

**Exhibit 8**

<b>History of Major Point Prevalence Estimates of the Size of the Homeless Population in the U.S.</b>			
<b>Year</b>	<b>Point Prevalence Estimate</b>	<b>Method</b>	<b>Source</b>
1980	Not released	Evening shelter count. Daytime public places sampling, interviews with providers	Census Bureau
1983	2.2 to 3 million	Estimates by local informants extrapolated to national figure, method of extrapolation unknown	Center for Creative Non-Violence (CCNV)
1984	250,000 to 350,000	Estimates by local informants, selected city street and shelter counts	U.S. Dept. of Housing and Urban Development (HUD)
1987	567,000 to 600,000	Surveys and counts by homeless service providers	Urban Institute
1990	228,000	Nighttime street and shelter count (S-night)	Census Bureau
1996	444,000 to 842,000	National Survey of Homeless Assistance Providers and Clients (NSHAPC)	Urban Institute
2005	744,313	Compilation of Continuum of Care Point-in-Time studies from throughout the U.S. on January 24, 2005	National Alliance to End Homelessness

Source: National Alliance to End Homelessness (2007)

The most recent national study of homelessness was conducted by the National Alliance to End Homelessness (NAEH). The findings are presented in a report entitled “Homelessness Counts” (January, 2007). The point prevalence data used by NAEH is an aggregation of all the most recent point prevalence (point-in-time) studies conducted by Continuum of Care (CoC) organizations from across the country. Every other year CoCs are required by HUD to conduct these counts in order to receive funding. Individual CoC organizations cover one or more cities and counties, and together they cover the entire U.S. The data used in the NAEH report pertains to January 24, 2005. On that night the study estimates that there were 744,313 homeless people in the United States, and that:

- 56% were living in shelters and transitional housing,
- 44% were unsheltered,
- 59% were single adults,
- 41% were in families, and
- 23% were reported as chronically homeless (using HUD's definition).

## **Characteristics of the National Homeless Population**

This section elaborates on the description of the size of the homeless population above by providing a profile of some of their social and economic characteristics, concentrating on the urban homeless. It reports what researchers have found about the characteristics of the homeless population regarding household type, sex, race, age, education, employment, income, substance abuse, and mental illness. The data is from the National Survey of Homeless Assistance Providers and Clients (NSHAPC) conducted by the Urban Institute in 1996. This is the most recent detailed data available for the U.S.

### All Persons:

- 49% were in their first episode of homelessness, 34% had been homeless 3 or more times.
- 71% were in central cities, 21% in the suburbs and 9% in rural areas
- 29% of families and 46% of single (solo) adults were not living in the same city or town where they became homeless

### Adults:

- Most homeless clients (85%) are single (solo) adults
- 77% of the single (solo) adults are male and 23% are female
- 50% were never married, 44% are separated, divorced, or widowed, and 7% were married
- 41% were white, non-Hispanic, 40% were black non-Hispanic, 10% were Hispanic and 9% were categorized as "other"
- 37% have less than a high school education, 36% completed high school and 28% had some education beyond high school
- 23% were in homeless spells lasting less than 3 months, 34% were in homeless spells lasting more than 2 years

### Households with children:

- 15% of homeless clients were adults and children in families
- 84% of the single adults were female and 16% were male
- 41% were never married, 36% were separated or divorced, and 23% were married
- 38% were white, non-Hispanic, 43% were black non-Hispanic, 15% were Hispanic and 4% were categorized as "other"
- 53% have less than high school education, 21% completed high school and 27% had some education beyond high school.
- 20% of the children were 0-2 yrs., 22% were 3-5 yrs., 20% were 6-8 yrs., and 33% were 9-17 yrs.
- 51% of the children were in households receiving AFDC (since replaced by TANF)
- 49% were in homeless spells lasting less than 3 months, 13% were in homeless spells lasting more than 2 years

### Health and Disability Conditions:

- 38% reported indicators of alcohol use problems
- 26% reported indicators of drug use problems
- 39% reported indicators of mental health problems
- 66% reported indicators of one or more of these problems
- 3% reported having HIV/AIDS
- 46% reported having chronic health conditions such as arthritis, high blood pressure, diabetes, or cancer
- 55% had no medical insurance

Income:

- 44% had some form of paid work during the prior month
- 52% of homeless households with children received AFDC (since replaced by TANF)
- 9% of homeless adults received General Assistance
- 11% of homeless adults received SSI
- 6% of homeless veterans received veteran disability payments and 2% received veteran-related pensions
- 30% of homeless adults received Medicaid and an additional 7% received medical care from the VA

## **IV. Point Prevalence Estimates for Delaware, 1986–2006**

This section provides information about the social and economic characteristics of Delaware's homeless population using time series data, which consists of point prevalence (point-in-time) data collected in 1986, 1995, 2000 and 2006. The data collected in 1986 were obtained from multiple surveys conducted by the Center for Community Research and Service. Combined, these surveys produced the first comprehensive view of the nature and magnitude of the homelessness problem in Delaware, and the size, structure and characteristics of the shelter system that existed at that time. The findings were published in a report in 1988 entitled *Homelessness in Delaware*.

In 1995 another statewide data collection and analysis effort was undertaken by the University of Delaware's Center for Community Research and Service. This study also consisted of a survey of homeless persons, an inventory and description of the state's shelter system, and, for the first time, made a distinction between chronically and episodically homeless persons. A particular emphasis of this data collection effort was to obtain detailed information on drug and alcohol use so that rates of substance abuse and dependence could be calculated. The results were published in several reports and articles, including *Homeless In Delaware Revisited* (1995), *The Homeless in Delaware* (1996), and "*The Prevalence and Treatment of Alcohol and Other Drug Abuse and Dependence Among the Sheltered Homeless in Delaware*" (1997)

The statewide study done in 2000 was produced as a masters thesis through the University of Delaware's Center for Community Research and Service. The author, Jeffery Kerrigan, surveyed all known homeless shelters located in the state of Delaware and asked them for information about the number of persons and households that received shelter services on the night of January 25, 2000. They were also asked to report the number of individuals and families who were turned away from their program on that night due to lack of space. Each homeless person was categorized as either a member of a particular household type or as a single adult or child and by whether they received emergency shelter or transitional housing on the night of the estimate. The results were published in his master's thesis entitled *Homelessness in Delaware 2000*.

The data collection and research done in 2006 by the Homeless Planning Council of Delaware looked at both the sheltered and unsheltered populations. All known homeless emergency shelter, transitional housing and permanent supportive housing programs were asked to report the number of persons and households that received services on the night of January 26, 2006. In addition, teams and individuals who work in homeless outreach conducted counts of the unsheltered population using a service-based model. Locations where services to the unsheltered are offered were surveyed between January 27, 2006 and February 3, 2006. These locations included dining rooms, state service centers, hotels/motels, detoxification (detox) centers and hospitals. The results of this research can be found in the report entitled *Homelessness in Delaware: 2006 Point-in-Time Studies*.

It is important to note that the 2006 study included many subpopulations not included in previous studies. In addition to those residing in emergency and transitional shelters and using motel vouchers, the 2006 study also counted persons who were doubled-up, those visiting drop-in centers, and those in permanent supportive housing. The total number of homeless persons across all these subgroups was found to be 1,834 on January 26, 2006.

### **Characteristics of Sheltered Homeless Persons**

A "sheltered homeless person" is defined as an individual who was housed within the state of Delaware in an emergency or transitional shelter or through a motel voucher program on the date the survey was conducted. In 2006, the typical homeless person in the state was an African-American male in Wilmington between the ages of 31 and 49 with a high school diploma/GED with either a mental illness

and/or substance abuse problem. While there are many such individuals like this in the state, this “typical” profile does not reflect the fact that homeless people as a group are very diverse in terms of their personal characteristics and histories, and the issues and problems they face. This section describes several of these differences and also reports on the size of the sheltered homeless population that existed on the specific survey dates in 1986, 1995, 2000 and 2006. Data on the variables of interest are available for most, but not of these years.

Looking only at those staying in emergency shelters, the total number increased markedly in the state between 1986 and 1995, dipped somewhat between 1995 and 2000, and has remained fairly constant since 2000 (Exhibit 9). The increase that occurred from 1986 to 1995 was due to both an aggregate increase in the number of available shelter beds in the state and a high rate of the utilization of these beds (i.e., low vacancy rates).

### Exhibit 9

<b>Point Prevalence Estimates of the Number of Persons and Multi-Person Households In Emergency Shelters in Delaware on Selected Dates in 1986, 1995, 2000 and 2006</b>				
<b>Persons &amp; Households</b>	<b>February 25, 1986</b>	<b>January 25, 1995</b>	<b>January 25, 2000</b>	<b>January 26, 2006</b>
Adults	178	398	385	427
Children (under 18)	88	254	164	116
Total Persons	266	652	549	543
Percent who are Children	33.1%	39.0%	29.9%	21.4%
Total Multi-Person Households	46	130	81	62

Sources: University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware

While there has not been dramatic change in the aggregate number of persons residing in emergency shelters since 2000, there has been a shift in the proportions of adults and children. For the survey conducted on January 25, 1995, 39% of the individuals residing in the emergency shelter system were children under the age of 18. By January 26, 2006, this percentage had dropped to 21.4%. Consistent with this finding, as the percentage of children peaked in 1995 and then declined in 2000 and 2006, so did the number of multi-person households.

When people who utilized transitional housing services are added to the analysis, the picture looks similar to that described above. The aggregate number of people residing in emergency and transitional housing combined remained steady from 1995 to 2000 and from 2000 to 2006. What did change is the geographic distribution of these sheltered homeless persons, especially between 2000 and 2006. Kent and Sussex Counties increased their share of the state’s sheltered homeless population over this six year period from 14.0% and 5.9% to 19.9% and 17.1% respectively. Conversely, Wilmington’s share decreased from 70.6% to 53.0% between 2000 and 2006 (Exhibit 10). This increase in the proportion of the state’s shelter homeless population residing downstate is due in part to the increase in the number of transitional shelters in Sussex County, which went from one in 2000 to seven in 2006.

Looking at the composition of homeless households, data show that the number and proportion of one-person (solo) adult households has been slowly and steadily increasing statewide. The number of solo adults (male and female) went from 534 in 1995, to 559 in 2000, to 572 in 2006 (Exhibit 11).

### Exhibit 10

Total Persons Residing in Emergency and Transitional Housing For Selected Dates by Location						
Location	January 25, 1995		January 25, 2000		January 26, 2006	
	Number	Percent	Number	Percent	Number	Percent
New Castle Co	62	6.0%	73	7.0%	84	8.5%
Kent Co	120	11.6%	146	14.0%	196	19.9%
Sussex Co	167	16.2%	61	5.9%	169	17.1%
Wilmington*	682	66.1%	734	70.6%	523	53.0%
Milford*	n/a	n/a	26	2.5%	14	1.4%
Total	1,031	100.0%	1,040	100.0%	986	100.0%

\* Data for Wilmington and Milford are not included in the county data, making the columns additive.

Sources: University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware

In 2000, the number of “solo males” totaled 463 statewide, which was 62.8% of all homeless households in the state (Exhibit 11). The corresponding numbers and percentages for 2006 were 429 and 60.4%, which constitutes an improvement. The situation for “solo females” however is different. While living alone is much less common for homeless women than for homeless men, there was a sizable increase in the number of solo women using the shelter system in the state between 2000 and 2006 (Exhibit 11). Clearly, people living alone, especially men, make up a very large share of the sheltered homeless population.

### Exhibit 11

Sheltered Homeless Households by Type						
Type of Household	January 25, 1995		January 25, 2000		January 26, 2006	
	Number	Percent	Number	Percent	Number	Percent
Solo Male	403	57.4%	463	62.8%	429	60.4%
Solo Female	131	18.7%	96	13.0%	143	20.1%
Single Female Parent	123	17.5%	130	17.6%	88	12.4%
Single Male Parent	7	1.0%	5	0.7%	8	1.1%
Two Parents	11	1.6%	22	3.0%	26	3.7%
Other	27	3.8%	21	2.8%	16	2.3%
Total	702	100.0%	737	100.0%	710	100.0%

Sources: University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware

The several estimates of the number of sheltered homeless person in the state that have been generated through the several studies conducted since 1986 allows us to calculate the *rate of sheltered homelessness* in the state. This rate stood at .14% on January 25, 1995, remained unchanged for the January 25, 2000 count, and decreased to .12% for the January 26, 2006 count (Exhibit 12). This reduction in the rate of homelessness is due more to the growth in the state’s total population (increase in the size of the denominator used to calculate the rate) than it is to a reduction in the number of sheltered homeless persons (the numerator).

## Exhibit 12

<b>Point Prevalence Estimates of the Rate of Sheltered Homelessness in Delaware For Selected Dates in 1995, 2000 and 2006</b>									
Location	January 25, 1995			January 25, 2000			January 26, 2006		
	Total Population	Sheltered Homeless Population	Rate of Sheltered Homeless	Total Population	Sheltered Homeless Population	Rate of Sheltered Homeless	Total Population	Sheltered Homeless Population	Rate of Sheltered Homeless
Statewide	718,721	1,031	0.14%	760,693	1,040	0.14%	843,524	986	0.12%
Wilmington	72,171	682	0.95%	72,848	734	1.01%	72,786	523	0.72%
New Castle Co (net Wilm)	398,002	62	0.02%	491,409	73	0.02%	450,222	84	0.02%
Kent Co	120,869	167	0.14%	126,275	159	0.13%	143,968	196	0.13%
Sussex Co	127,679	120	0.09%	143,009	74	0.05%	176,548	183	0.10%

Note: 2006 population estimates are using 2006 US Census Bureau estimates for 2005.

Sources: University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware.

The survey conducted in 2006 was the first serious attempt to estimate the number of unsheltered homeless persons in the state; more specifically, it counted people living on the street, in automobiles and other places not intended for human habitation. Taking the 2006 sheltered homeless count of 986 (Exhibit 12), and adding to it the 213 non-sheltered homeless identified, produces an overall total homeless population estimate of 1,199 (using the federal definition). This brings Delaware's rate of homelessness to 0.14% of the total state population. Martha Burt of the Urban Institute has found through her research that the typical rate of homelessness across U.S. communities is between .15% and .25%. Given that the 2006 count certainly missed some of the unsheltered due to the difficulty of the task, Delaware's overall rate of homelessness appears to be consistent with rates found in many other places.

While the state's overall rate is typical, Wilmington's rate of homelessness is very high. Fortunately, the city's rate has been dropping somewhat, going from 1.01% in 2000 to .72% in 2006 (Exhibit 12). Still, the city shelters a very high proportion of New Castle County's and the state's homeless population. With 8.6% of the state's total population in 2006, Wilmington currently shelters 53.0% of the state's homeless population. Conversely, the portion of New Castle County outside of Wilmington has 53.4% of the state's total population yet shelters only 8.5% of the state's total homeless population; the lowest percentage of any of the jurisdictions studied. Clearly, shelter and many other needed services are concentrated in Wilmington, and therefore many of homeless people from New Castle, Kent, and even Sussex Counties go there seeking assistance.

### Age, Race and Ethnicity

In 1986, 33.1% the sheltered homeless population in the state was age 18 or younger. This percentage increased to 39.1% in 1995, but then decreased to 29.9% in 2000 and to 21.4% in 2006. Clearly the trend is that younger people are making up a smaller and smaller proportion of sheltered homeless persons in the state (Exhibit 13).

In Delaware, as well as in many other places in the U.S., Blacks have historically been overrepresented among the ranks of the homeless. The percentage of Blacks among Delaware's homeless is three times higher than the percentage of Blacks in the general population. Conversely, the proportion of homeless persons who are White has been dropping over the last twenty years. In 1986 whites accounted for

53.4% of the total homeless population, by 2006 it was 32%. Hispanics accounted for 4.4% in 1986, 3.6% in 1995 and 7% in 2006 of the total homeless population. With Delaware's growing Hispanic population, this number is expected to rise (Exhibit 13).

### Exhibit 13

Point Prevalence Estimates of the Socio-Economic Characteristics of Sheltered Homeless Persons on Selected Dates in 1986, 1995, and 2006				
Characteristic		February 25, 1986	January 25, 1995	January 26, 2006
<b>Gender:</b>	Female	62.6%	44.5%	40.0%
	Male	37.4%	54.5%	60.0%
<b>Race:</b>	Black	42.4%	61.3%	60.0%
	White	53.4%	43.8%	32.0%
	Other	0.8%	5.0%	7.3%
<b>Ethnicity:</b>	Hispanic	4.4%	3.6%	7.0%
	Non-Hispanic	95.6%	96.4%	93.0%
<b>Age:</b>	0 -18	33.1%	39.1%	21.4%
	Over 60	1.6%	0.9%	4.0%
<b>Income:</b>	No income	44.4%	n/a	32.0%
	Some income	55.6%	n/a	68.0%
<b>Education:</b>	No HS Diploma	51.0%	19.8%	28.0%
	HS Diploma/GED	26.0%	42.7%	41.0%
	Some College	18.2%	33.3%	15.0%
	College Graduate	4.6%	4.0%	5.0%

Sources: University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware.

#### Education and Income

Educational attainment, income and sustainability are directly related; therefore, it is important to understand how these elements affect Delaware's homeless population. In 1986, 26% of the homeless adults had obtained a high school diploma or GED. By 1995 this figure had increased to 42.7%, and then dipped a little to 41.0% by 2006. At the same time, the number of persons with a four-year college degree has remained steady standing at 4.6% in 1986 and 5% in 2006. This improvement in the percentage of homeless persons completing high school is actually disturbing because it appears that it has not helped to prevent homelessness among Delawareans (Exhibit 13).

It is disturbing to note that the income of Delaware's homeless population has not increased over the last twenty years. In 1986, 80.9% of all households had incomes of \$450 a month or lower, which translates in to \$5,400 a year. In 2006, 56% of all of Delaware's homeless households had an income of \$500 a month or less, and the median income was \$123 a month. After adjusting for inflation, these income levels are no better now than they were in 1986.

## **Veterans**

Veterans have consistently been overrepresented among the ranks of the homeless, but the percentage has been falling. In 1995 just under 25% of homeless adults surveyed were veterans; in 2006 this number stood at 13%.

## **Substance Abuse and Mental Health**

In 1986, 26.1% of surveyed head of households indicated that they had been treated for a mental health condition. This number remained consistent in 2006 as 25.6% of homeless Delawareans reported a mental health condition. Consistently, programs targeting those with mental health conditions in 2006 operated at 100% capacity. Indications are that more treatment and housing-based options are needed as 27% of the unsheltered population self-reported a mental health condition.

In 1986, 25.3% of respondents indicated that they had been *treated* for a substance abuse condition. According to the in-depth 1997 study *“The Prevalence and Treatment of Alcohol and Other Drug Abuse and Dependence Among the Sheltered Homeless in Delaware”*, 46.3% of Delaware’s sheltered population could be diagnosed as having a substance abuse or dependency problem. In 2006, the figure for self-reported addiction alone was 39% for persons in emergency or transitional shelters. The rate of drug and alcohol problems among the “street,” or non-sheltered, homeless population is even higher – 49% self-reported a substance abuse addiction problem in the 2006 survey.

## **Chronic Homelessness**

Over the last six years there has been a strong federal emphasis on ending chronic homelessness. Based on the work by homeless researchers such as Dennis Culhane at the University of Pennsylvania, the U.S. Department of Housing and Urban Development (HUD) began targeting new funding initiatives towards programs that aimed to end chronic homelessness. A person who is chronically homeless, according to HUD, meets the following definition: "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years." Qualifying disabilities include mental illness, substance abuse addiction, HIV/AIDS, and any one of a variety of developmental and physical disabilities. Note that persons in families do not meet these criteria.

In Delaware on any given day there are about 300 persons who meet this definition. This is a rate of 16%, which is higher than the national rate of 10%. Before this federal definition of chronic homelessness existed, the 1986 *Homelessness in Delaware* study found that those persons with a mental health and/or substance abuse condition were more likely to report that they had been homeless before. The study found that 62.5% of the persons who had reported four to seven previous episodes of homelessness had also reported that they were dealing with either a mental health or a substance abuse problem. It is estimated by Culhane and others that chronically homeless persons use about 50% of all the resources dedicated to homelessness, including emergency shelter, treatment and outreach. The primary type of program recommended for serving the chronically homeless is permanent supportive housing.

## **Permanent Supportive Housing**

The service model known as “Permanent Supportive Housing” provides rapid access to long-term affordable housing (‘housing first’) and also includes wrap-around supportive services to help people with disabling conditions to overcome or manage these conditions so that they can stabilize their lives and their housing situation.

In Delaware, permanent supportive housing has been growing over the last ten years. The state currently maintains 277 beds. These beds target persons with HIV/AIDS, children transitioning from foster care with severe mental illness, persons with substance abuse conditions, and people with a dual diagnosis of mental illness and substance abuse. These units operate at 100% capacity due to their need

and permanent nature. In 2006 the people living in these units were surveyed. Given the nature of the clients that this housing is intended to serve, it is not surprising that the rates of mental illness and substance abuse are very high (Exhibit 14).

#### Exhibit 14

<b>Subpopulations Residing in Permanent Supportive Housing in Delaware</b> (Groupings Not Mutually Exclusive, client may have more than one condition)	
Mental Illness	76%
Substance Abuse	45%
HIV/AIDS	19%
Veteran	6%
Domestic Violence Victim	1%

Source: Homeless Planning Council of Delaware,  
January 26, 2006 Point-in-Time Study

The point prevalence data reported in this section has great relevance to the state's current service delivery system and the needs of that system, which is the next topic to be covered in this report. This is because the service delivery system must be able to accommodate the service needs of homeless persons on a day-by-day and night-by-night basis. The system must be able to offer the type of needed assistance at the time and location it's needed. Point prevalence data is very useful for gaining insights about what the service needs are, and how these needs match up with the capacity of the service delivery system.

## V. Delaware's Homeless Service Delivery System

This section of the report provides an overview of the characteristics of the homeless service delivery system in Delaware and the costs associated with providing services to the homeless.

The 2006 information reported in this chapter was collected by the Homeless Planning Council of Delaware during the week of August 28 – September 1, 2006 as part of its bi-annual point-in-time (point prevalence) survey process, and through the work of the Delaware Interagency Council on Homelessness (DICH). All known emergency shelters, transitional housing facilities and permanent supportive housing programs in Delaware participated in this data collection. Data provided for the years 1995 and 2000 were collected and analyzed by the University of Delaware's Center for Community Research and Service.

### Recent Federal Policy Changes

With the increasing attention paid to homelessness during the 1980s, the U.S. Congress established the Interagency Council on Homelessness in 1987 with the passage of the McKinney-Vento Homeless Assistance Act. In addition to creating the Interagency Council, the McKinney-Vento legislation authorized fifteen programs to combat homelessness. Among these were the Supportive Housing Program, the Shelter Plus Care Program, the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program.

The federal Interagency Council on Homelessness is responsible for the planning of homeless policies and programs at the national level, the monitoring and evaluation of homeless service providers, the provision of technical assistance to local communities and the dissemination of information about homelessness to society at large. The Interagency Council maintained a low profile until its revival in 2001. Part of this revival involved the creation of local interagency councils across the nation whose main charge was, and still is, to design ten-year plans to end chronic homelessness. This focus stemmed from a growing body of research conducted by Dennis Culhane and others who found key differences among different homeless subpopulation. The Delaware Interagency Council on Homelessness was formed in 2005 with the goal of completing a ten-year plan to end chronic homelessness within the state.

The federal "Continuum of Care" (CoC) process was developed in 1994 so that communities around the country would use a single, comprehensive planning process when applying for HUD's homeless assistance funding. In introducing the CoC, HUD recognized the importance of having all stakeholders – government agencies, service providers, and advocates – present when communities create plans to prevent and end homelessness. HUD also sought to create a uniform planning process for communities around the country. In Delaware, the Homeless Planning Council of Delaware was established in 1997 and incorporated in 2000 to serve as the local CoC entity. Since the Homeless Planning Council of Delaware began coordinating the CoC, Delaware has been awarded over \$35 million through the HUD Supportive Housing Program (SHP) application. Recently, the SHP process has been used to advance the goals of the federal Interagency Council on Homelessness, which are strongly focused on eliminating chronic homelessness. To receive funding, new projects must now serve that population and be based on the model of permanent supportive housing.

### Models of Service Delivery

Over the past ten years CoC jurisdictions across the country have developed and experimented with a variety of different service delivery models. These include the traditional, shelter-based approach and the newer "housing first" model which seeks to get people into stable residential arrangements, and then, in a coordinated way, to provide them with the services they need so that they can move toward higher and higher levels of self sufficiency, keeping in mind that some people, because of the problems

they face, cannot be expected to attain total self-sufficiency. In Delaware the system consists of a blend of emergency shelter and housing first strategies.

To be more precise about the definitions of different service models, “emergency shelters” are programs that offer short term (30–60 day) access to a bed and food and some amount of case management services. A “transitional housing” program offers housing for a longer period of time, typically 18 to 24 months, and also provides clients with various services that address their needs and problems so that they will be better able to live independently in the community and avoid being homeless in the future. “Permanent supportive housing” couples rapid access to long-term affordable housing (‘housing first’) with wrap-around supportive services to help people with disabling conditions, including those who are chronically homeless, to get and keep long-term affordable housing that meets their needs (Exhibit 15).

According to national research (Culhane, 1998), the use of permanent supportive housing is most beneficial for clients who are chronically homeless or who have a long-term behavioral or physical health condition. This type of housing in Delaware operates at 100% capacity year-round and is scarce, but growing, in Kent and Sussex Counties. In 2006, eighteen beds of permanent supportive housing in Kent and six beds in Sussex were opened. Across the state, there is an estimated need for 2,003 beds of transitional and permanent supportive housing.

**Exhibit 15**

<b>Summary of Differences in Service Models</b>		
<b>Type of Homelessness</b>	<b>Nature of Homeless Spells</b>	<b>Policy</b>
Brief	1 <sup>st</sup> time or short-term crisis	Emergency assistance to tide them over, services such as transportation, child care and short term rental assistance
Episodic	Multiple episodes over many years	Assistance finding more affordable housing, developing support networks, treatment for alcohol/drug use, role for subsidized housing
Chronic	Long term, continuous	Long term mental health treatment including medications, remedial education and basic life skills training, most important is subsidized housing with appropriate supportive services

Source: Rosalind Kotz, adapted from Burt (1996)

### **Homeless Programs**

Throughout Delaware there are 77 emergency shelter, transitional housing and/or permanent supportive housing programs. These programs are operated by 28 agencies. In addition, there are four motel voucher programs<sup>2</sup>. It is important to note that permanent supportive housing programs were not surveyed in 1995 or 2000. Exhibit 16 below shows the types and numbers of homeless housing programs that were operating in the state in 1995, 2000 and 2006. As can be seen, the trend in Delaware has been a shift away from emergency shelter in favor of more transitional and permanent supportive housing.

<sup>2</sup> The State Service Center motel voucher program, operated by the Delaware Department of Health and Social Services, is counted as one program and is statewide.

### Exhibit 16

Number and Types of Homeless Housing Programs, 1995, 2000, 2006				
	Motel Voucher	Emergency Shelter	Transitional Housing	Permanent Supportive Housing
1995	7	28	16	n/a
2000	8	26	23	n/a
2006	4	25	32	20

Sources: University of Delaware Center for Community Research and Service; Homeless Planning Council of Delaware

### Exhibit 17

Types of Homeless Programs in Delaware by Location, 2000 and 2006										
Type of Program	New Castle Co (net Wilmington)		Wilmington		Kent Co (net Milford)		Sussex Co (net Milford)		Milford	
	2000	2006	2000	2006	2000	2006	2000	2006	2000	2006
Emergency Shelter	6	2	16	12	7	4	4	6	1	1
Transitional Housing	0	3	17	19	2	3	1	7	3	n/a
Permanent Supportive Housing	n/a	3	n/a	15	n/a	1	n/a	1	n/a	0

Sources: University of Delaware Center for Community Research and Service; Homeless Planning Council of Delaware

The greatest concentration of shelter programs is in Wilmington. As was just mentioned, between 2000 and 2006 there has been a reduction in the number of emergency shelter program in New Castle and Kent Counties, and an increase in transitional housing programs in all three counties (Exhibit 17).

In addition to shelter-based programs, there are a significant number of non-shelter service providers that target their services to homeless persons or families. These non-shelter services include: day centers, substance abuse counseling, mental health counseling, HIV/AIDS testing and treatment, food and clothing, case management, job training and placement, and medical care. Like the shelter-based programs, these non-shelter service providers are also concentrated in Wilmington.

Many of the shelter-based programs across the state target specific subpopulations. These include victims of domestic violence, families with children, veterans, persons with a substance abuse addiction, those with a mental illness, and persons with HIV/AIDS. Exhibit 18 below shows the number of

programs that direct their services to specific subpopulations and which require clients to have a qualifying condition to be eligible to receive services.

### Exhibit 18

Programs by Subpopulation Exclusively Served								
Domestic Violence	Veterans	Families with Children	Mental Health	Substance Abuse	HIV/AIDS	Foster Care/Youth	Pregnant Women	Dual Diagnosis
4	2	10	8	6	4	4	1	1

Source: Homeless Planning Council of Delaware<sup>3</sup>

### Available Beds

In 2006 there were a total of 640 emergency shelter beds available across the state.<sup>4</sup> Of these beds 353 were for solo adults who do not fall into a specific subpopulation, six were for those that do, 76 were for families with children who face certain types of problems, and 117 were for those who face any type of situation. In addition, there were 619 transitional housing beds in the state. Of these beds 98 were for solo adults that do not fall into a specific subpopulation, 282 were for those that do, 18 were for families with children who face certain types of problems, and 214 were for those who face any type of situation. Last year there were 277 units of permanent supportive housing designed to meet the needs of specific subgroups, namely, those with a mental health condition, substance abuse problem and/or HIV/AIDS.

### Exhibit 19

Number of Beds Available by Population Served, 2006					
Type of Facility	Individual Beds			Family Beds	Total Beds
	Male	Female	Combo		
Emergency Shelter	200	68	119	253	640
Transitional Housing	134	38	215	232	619
Permanent Supportive Housing	53	16	193	15	277
Total	387	122	527	500	1,536

Source: Homeless Planning Council of Delaware

Exhibit 19 shows the mix of homeless service beds in Delaware by gender and household type. It is important to understand this division when analyzing the proportion of persons homeless by gender and household type compared to the number of beds available to them. Bed availability is further constrained by the aforementioned subpopulation requirements. Exhibit 20 below shows how these different types of beds are distributed across the state.

<sup>3</sup> Note: Many of these programs also serve persons who fall in to other subpopulation groups.

<sup>4</sup> Includes motel voucher programs.

## Exhibit 20

<b>Number Beds by Type and Location</b>					
<b>Type of Facility</b>	<b>Sussex</b>	<b>Kent</b>	<b>NCC</b>	<b>Statewide</b>	<b>Total</b>
Emergency	54	116	370	100	640
Transitional	83	102	434	0	619
Permanent Supportive	6	10	261	0	277
<b>Total</b>	<b>143</b>	<b>228</b>	<b>1,065</b>	<b>100</b>	<b>1,536</b>
<b>Percent</b>	<b>9.3%</b>	<b>14.8%</b>	<b>69.3%</b>	<b>6.5%</b>	<b>100.0%</b>

Source: Homeless Planning Council of Delaware

### Costs and Funding

For 2006, the Delaware Interagency Council on Homelessness estimates that \$19,956,020 in funding was provided to support emergency shelters, transitional housing, and permanent supportive housing across Delaware. The federal government accounted for 51.9% of this total and state government contributed 15.4%. Local government and private donations accounted for the remaining 32.7% (Exhibit 21).

## Exhibit 21

<b>Funding Sources for Homeless Service Providers by Type of Service</b>				
<b>Type of Service</b>	<b>Federal</b>	<b>State</b>	<b>Other*</b>	<b>Total</b>
Emergency	\$2,344,307	\$1,998,988	\$1,653,809	\$5,997,104
Transitional	\$4,062,482	\$899,204	\$2,374,777	\$7,336,463
Permanent Supportive	\$3,946,617	\$176,411	\$2,499,425	\$6,622,453
<b>Total</b>	<b>\$10,353,406</b>	<b>\$3,074,603</b>	<b>\$6,528,011</b>	<b>\$19,956,020</b>
<b>Percent</b>	<b>51.9%</b>	<b>15.4%</b>	<b>32.7%</b>	<b>100%</b>

\* Other funding is from local government and private donations  
Source: Delaware Interagency Council on Homelessness

For many years now service providers in the state have been very successful in winning federal dollars through the CoC funding stream. In fact, the \$4.5 - \$5.2 million in federal money that Delaware receives annually is considerably higher (\$2.6 million higher in 2006) than what would be expected based on the size of Delaware's population relative to other states. While this is a very positive situation, there is concern that changes in Delaware's corporate environment, including consolidations within the financial services industry, may mean fewer philanthropic contributions in the future.

It is important to understand that the costs associated with implementing a particular type of homeless service program varies considerably based on the length of stay, service intensity, and quality of the program. For example, a permanent supportive housing program that serves persons who are in the last stages of AIDS will cost significantly more than one that provides temporary emergency shelter during winter months only when the temperature drops below freezing. Different segments of the homeless population have different needs, so meeting those needs and getting people out of homelessness will be more expensive for some segments of the population than others.

Because emergency shelter is less intensive for a services point of view, the average annual cost of providing an emergency shelter bed in Delaware is lower than the cost of providing a transitional shelter bed. Transitional shelter programs typically provide more square footage of living space, and a more

comprehensive, coordinated and intensive bundle of services for their clients. Permanent supportive housing is very service intensive, and is designed for people who have serious problems that place them at high risk for chronic homelessness. The average cost ranges in Delaware for providing beds within each of these three different types of programs can be seen in Exhibit 22.

As Exhibit 22 shows, the average cost per bed in a permanent supportive housing program is about 2.5 times greater than the average cost of a bed in an emergency or transitional shelter program. Yes, permanent supportive housing is expensive. However, these units provide affordable and decent living space for persons with a disability or long-term medical condition, as well as ongoing supportive services. Research here in Delaware and around the country is showing that permanent supportive housing saves money in the long run because it reduces the use of hospital emergency rooms and beds, psychiatric services, emergency shelters, and stems the flow of people into the criminal justice system. It is also better for the clients. For example, a study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission costs. Their rate of psychiatric hospitalization was over 100 times higher than their non-homeless cohort. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person (McKay, 2007).

**Exhibit 22**

<b>Average Annual and Daily Cost Per Bed in Delaware by Type of Program, 2006</b>						
<b>Type of Program</b>	<b>Mean</b>		<b>Median</b>		<b>Range</b>	
	<b>Year</b>	<b>Day</b>	<b>Year</b>	<b>Day</b>	<b>Year</b>	<b>Day</b>
<b>Emergency Shelter</b>	\$10,904.00	\$29.87	\$10,593	\$29	\$3,361 - \$30,457	\$9.21 - \$83.44
<b>Transitional Housing</b>	\$11,409.74	\$31.26	\$5,394	\$15	\$1,434.13 - \$65,554.80	\$3.93 - \$179.60
<b>Permanent Supportive</b>	\$27,593.55	\$75.60	\$26,350	\$72	\$5,119.20 - \$102,980.25	\$14.04 - \$282.14

Source: Delaware Interagency Council on Homelessness

## VI. Annual Prevalence Estimates For Delaware in 2006

Section IV of this report provided information on the “point prevalence” of homelessness in Delaware. Given the current stage of development of the Delaware Homeless Management Information System (DE-HMIS), we are now able to produce valid estimates of the “period prevalence” of homelessness in the state as well. While point prevalence is the measurement of the frequency of something at a specific *point in time*, period prevalence is the measurement of something over a specific *period of time*. This section provides this type of data for calendar year 2006. What follows is information on the number of persons who experienced at least one episode of homelessness during 2006 and descriptions of their personal characteristics and experiences. This is the first time such data on the period prevalence of homelessness in Delaware has been available and analyzed.

DE-HMIS is a web-based data collection and management tool used by individual service providers that captures client-level information over time on the characteristics, needs and service utilization of men, women and children experiencing homelessness in the state. Homeless management information systems are now in place in all 50 states and many sub-state regions across the country. The U.S. Department of Housing and Urban Development (HUD) has mandated that communities operate a HMIS in order to receive federal funding for homeless programs under the federal “Continuum of Care” framework. Delaware has been a national leader in the establishment of a HMIS, beginning with a cooperative effort between a small group of emergency shelter agencies and the University of Delaware’s Center for Community Research and Service in 2000.

DE-HMIS creates a longitudinal database, which means that it captures information about specific individuals when they first enter the service delivery system, and then follows these same individuals over time as they continue to receive services from one or more providers and as they leave and reenter different parts of the service delivery system. DE-HMIS can produce an unduplicated count of persons for a specific date (point-prevalence), or for a specific time period, such as a month or a year (period-prevalence). Examples of the types of data (variables) collected include age, race, ethnicity, income, programs used, how many times the person entered into the system, living situation before becoming homeless, destination upon exit, and whether the person is chronically homeless. This data is extremely helpful in planning additional services to address gaps in the service delivery system, and to assess the extent to which people are (or are not) improving their level of housing security over time.

### Total Number of Homeless Persons During 2006

Using the DE-HMIS data and a sound methodology, we estimate that there were 6,997 unduplicated persons throughout Delaware in 2006 that were homeless at least once during 2006. To arrive at this estimate, it was necessary to take the number of people identified in the DE-HMIS and then adjust this number upward to account for the fact that DE-HMIS does not yet cover all the beds and service programs in the state’s homeless services system. This process of estimating is called “extrapolation.” Exhibit 23 which follows shows how this extrapolation was done.

Interestingly, this estimate of 6,997 homeless persons in the state during 2006 is very similar to an estimate made last year using a different methodology. Employing a nationally recognized equation from the Corporation for Supportive Housing, the Homeless Planning Council of Delaware estimated the period prevalence of homeless for 2006 to be 6,758.<sup>5</sup> This means that the new annual prevalence estimate of 6,997 for 2006 derived from DE-HMIS data is likely very accurate.

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<sup>5</sup> The equation used is:  $P = A + ((B*51)*(1-C))$

Where: P = Annual prevalence

A = number of currently homeless persons (not including those in permanent supportive housing)

B = number of persons who became homeless while in Delaware within last 7 days or who entered Delaware as homeless within last 7 days

C = % of clients that have had a previous homeless episode in last 12 months

### Exhibit 23

<b>Estimation of the Annual Prevalence of Homelessness in Delaware for 2006</b>			
Components of the Estimate	Number of Beds	Number of Persons Per Bed (based on DE-HMIS)	Number of Persons
Not in DE-HMIS: Emergency Shelters	284	9.05	2,570
Not in DE-HMIS: Transitional Housing	191	1.18	225
Not in DE-HMIS: Permanent Supportive Housing	73	1.15	84
Subtotal			2,880
Reduction for multiple entries (average 1.2 entries per year per person based on DE-HMIS data)			480
Subtotal: Not in DE-HMIS			2,400
In DE-HMIS			4,597
<b>2006 Total Estimate</b>			<b>6,997</b>

Sources: DE-HMIS (on 12-31-06); bed count from Homeless Planning Council of Delaware (on 1-31-06); and methodology from the U.S. Department of Housing and Urban Development (HUD), "Making the Most of HMIS Data" (July, 2005).

The estimated point prevalence of all homelessness in Delaware (sheltered and unsheltered) on January 26, 2006 discussed in Section IV was 1,834 (Homeless Planning Council of Delaware, 2006). The 2006 annual prevalence based on DE-HMIS data reported in this section is 6,997 (Exhibit 24). The values for these two different measures of prevalence in Delaware are consistent with national research findings which show that the annual prevalence tends to be 3.5 to 4.0 times larger than the point prevalence (Burt, 1996). The annual prevalence count more accurately measures the total number of people who need some form of assistance throughout the year and therefore more clearly indicates the magnitude of the homeless problem in Delaware.

### Exhibit 24

<b>Number of Clients and Service Entries in DE-HMIS for 2006<sup>6</sup></b>	
	<b>Number</b>
<b>Total Persons (individuals)</b>	6,997
<b>Total Records (service entries)</b>	8,525
<b>Program Entries in 2006 Per Person</b>	1.2

Source: DE-HMIS, Homeless Planning Council of Delaware

<sup>6</sup> Individuals can have multiple records; a new record is started for each entry into a program. Individuals are the unduplicated number of persons after elimination of duplicate records for the same person.

## Service Use During 2006

The Homeless Planning Council of Delaware and the Delaware Interagency Council on Homelessness have identified 1,540 emergency shelter, transitional housing, and permanent supportive housing beds in Delaware as of December 31, 2006. Of these, 640 (42%) are emergency shelter beds, 623 (40%) are transitional housing beds, and 277 (18%) are permanent supportive housing beds. As of December 31, 2006, DE-HMIS was tracking the use of 992 beds, which is 64.4% of all known beds in the state. There were also three “service-only” programs. An additional 61 beds and two new “service-only” programs are slated to come into the system over the first six months of 2007, which would raise the HMIS coverage rate to 68% of all beds.

During 2006 59% of all program entries were to emergency shelters, 8% to transitional housing programs, 29% to “service-only” programs and 5% to permanent supportive housing programs (Exhibit 25). As would be expected due to differences in their intended purposes, DE-HMIS data for 2006 tells us that turnover rates in emergency shelters are much higher than they are in transitional and permanent supportive housing programs. An emergency shelter bed in Delaware served an average of 9.05 persons over the course of the year, while a transitional housing bed served 1.18 persons per year. A permanent supportive housing bed on the other hand served an average of 1.15 persons.

**Exhibit 25**

<b>Types of Service Program Entries by Clients in DE-HMIS for 2006</b>		
<b>Type of Program</b>	<b>Number</b>	<b>Percent</b>
Emergency Shelter	5,012	59%
Transitional Housing	696	8%
Permanent Supportive Housing	385	5%
Service Only	2,432	29%
<b>Total: All Records</b>	<b>8,525</b>	<b>100%</b>

Source: DE-HMIS, Homeless Planning Council of Delaware

There were 8,525 total records (program entries) during 2006 for an average of 1.2 program entries per person (Exhibit 24). A substantial majority (75%) used one program, and the remainder used 2 or more homeless services during the year. Nine percent entered 3 or more programs during 2006 (Exhibit 26). This data is consistent with findings from national studies that show a substantial number of homeless people are “transitional”, which means this is either their first homeless episode or the crisis is of a limited nature and there is a lower chance that they will return to the system. A longitudinal study longer than one year will allow us to study program usage over time. Preliminary data shows that there were an additional 786 program entries prior to 2006 for people who entered or exited in 2006. Due to the limited reporting in prior years, prior year data was not included in this analysis. However, as time goes on more data will be added to DE-HMIS allowing for greater multi-year analysis.

## Exhibit 26

Numbers of Program Entries by Clients in DE-HMIS for 2006		
Number Program Entries	Number	Percent
1 Entry	5,260	75%
2 Entries	1,135	16%
3 Entries	399	6%
4 Entries	134	2%
5 or more Entries	68	1%
Total: All Persons	6,997	100%

Source: DE-HMIS, Homeless Planning Council of Delaware

### Characteristics of People Who Were Homeless During 2006

The following paragraphs describe the characteristics of people who were homeless one or more times during 2006 and who utilized services provided by service agencies that are using the DE-HMIS system. Collectively, Exhibits 27 – 34 provide a summary of the socio-economic characteristics of this population.

#### Solo Adults

Half (49%) of all the persons experiencing homelessness in 2006 were solo adults, meaning that they had sought homeless services and were unaccompanied by a mate or child(ren). This amounts to 3,416 persons, 1,921 of whom were solo adult males and 1,495 who were solo adult females. Of these 3,416 solo adults, 1,187 (34%) were over 45 years of age. This age group is at particularly high risk for serious physical and mental health problems due to their age, lack of access to primary health care, and the frequency and severity of their homeless episodes.

#### Families with Children

A total of 48% of all the persons who experienced homelessness during 2006 were members of a family that included one or more children. This group consisted of 3,353 persons, including 843 adults and 2,510 children. A very large percentage (88%) of these family households are headed by single females (688), and relatively few were headed by a single male or consisted of two parents (155). A substantial number of homeless persons are very young children (36%). There were 633 under the age of 2 and another 376 between 3 and 5 years old. Older children are also homeless, including 578 teenagers. This has important implications for early child development, early school success, and high school completion.

### Exhibit 27

<b>Age of Clients in DE-HMIS for 2006</b>		
<b>Age</b>	<b>Number</b>	<b>Percent</b>
0 to 2 years	633	9%
3 to 5 years	376	5%
6 to 12 years	922	13%
13 to 17 years	578	8%
Subtotal: Children	2,510	36%
18 to 24 years	696	10%
25 to 44 years	2,400	34%
45 to 64 years	1,330	19%
65 and above	61	1%
Subtotal: Adults	4,487	64%
Total: All Persons	6,997	100%

Source: DE-HMIS, Homeless Planning Council of Delaware

### Exhibit 28

<b>Types of Client Households in DE-HMIS for 2006</b>		
<b>Persons by Type of Household</b>	<b>Number</b>	<b>Percent</b>
Solo Adult Male	1,921	27%
Solo Adult Female	1,495	21%
Subtotal: Solo Adults	3,416	49%
Single Adult Females (with children present)	688	10%
Other Adults (with children present)	155	2%
Children (living with one or more adults)	2,510	36%
Subtotal: Persons in Households with Children	3,353	48%
Other Persons (classification unknown)	228	3%
Total: All Persons	6,997	100%

Source: DE-HMIS, Homeless Planning Council of Delaware

### Race/Ethnicity

African Americans make up a substantial majority (61%) of all homeless persons in Delaware, despite their proportion in the general population, which is only 19%. An even higher proportion of homeless children are African American (66%). Seven percent of homeless persons are Hispanic, which is roughly in line with the 4.8% of the state's general population that is Hispanic. White households are greatly

underrepresented at 29% given that they constitute 75% of the general population. These results are consistent with prior local and national estimates. It is clear from this data that special attention needs to be paid in particular to the economic and housing needs of African Americans in Delaware.

### Exhibit 29

<b>Race and Ethnicity of Clients in DE-HMIS for 2006</b>		
<b>Race/Ethnicity</b>	<b>Number</b>	<b>Percent</b>
White, Not Hispanic	2,001	29%
Black, Not Hispanic	4,281	61%
Other, Not Hispanic	203	3%
Hispanic, All Races	512	7%
<b>Total: All Persons</b>	<b>6,997</b>	<b>100%</b>

Source: DE-HMIS, Homeless Planning Council of Delaware

### Chronic Homelessness

Using the HUD definition, a chronically homeless person is an adult who has been homeless for over a year or who has had at least four homeless episodes over the previous three years. In addition, the person must have a mental health, substance abuse, cognitive, physical or other disability. Using this definition, 1,094 (16%) of the persons who were homeless sometime in 2006 can be classified as “chronically homeless.”<sup>7</sup> This rate is higher than the results of prior research conducted in homeless shelters in Philadelphia and New York City which showed a chronic homelessness rate of around 10% (Culhane, 2001). However, this 16% rate for Delaware is consistent with the 14%–16% rates found in previous point prevalence studies done in the state. What is particularly striking about the 2006 annual prevalence data is that 32% of all solo adults in the state can be classified as “chronically homeless.”

### Exhibit 30

<b>Chronically Homeless Clients in DE-HMIS for 2006</b>		
<b>Chronically Homeless (HUD Definition)</b>	<b>Number</b>	<b>Percent</b>
Yes	1,094	16%
No	5,903	84%
<b>Total: All Persons</b>	<b>6,997</b>	<b>100%</b>

Source: DE-HMIS, Homeless Planning Council of Delaware

<sup>7</sup> In the future, HMIS administrators should consider reporting on chronic, episodic, and transitional homelessness for all household types using the number of homeless episodes and length of homelessness. Chronic homelessness is currently entered by service providers into DE-HMIS in the form of a Yes/No question. This may not be sufficient to produce reliable results. It may be beneficial to break the question into its constituent parts (length of homelessness, number of times homeless, and disability status) in order make a determination about whether someone meets the multiple criteria for being classified as chronic homeless. This would also permit researchers to construct other definitions of chronic homelessness which differ from the restrictive HUD definition.

## Incarceration

The 2006 period prevalence data is the first time we have been able to get a sense of the extent to which homeless persons have a history of incarceration, including jail, prison and juvenile detention. This information has not been consistently collected in the point prevalence studies done in the past. Of the 4,487 adults in DE-HMIS for 2006, service providers reported that 1,428 (32%) had been incarcerated at sometime in the past, and 339 (4%) of adults entered into the homeless delivery system directly from a corrections facility.<sup>8</sup> These high rates are not surprising given the economic and social problems and barriers faced by people with a prison record. Most are not eligible for housing assistance, have difficulty finding a job, and are dealing with a variety of personal and family issues. We also know that many prisoners exit with unresolved substance abuse problems, and research shows that there is a strong correlation between substance abuse and homelessness.

**Exhibit 31**

<b>History of Incarceration of Clients in DE-HMIS for 2006</b>		
<b>Incarcerated in Past?</b>	<b>Number</b>	<b>Percent</b>
Yes	1,428	32%
No	3,059	68%
Total: Adults	4,487	100%

Source: DE-HMIS, Homeless Planning Council of Delaware

## “Doubled-Up” and Other Unstable Living Situations

The 2006 data indicates that many people in Delaware experience long or frequent bouts of homelessness, and that many do not appear to be moving in the direction of increasing their level of housing stability. Only about one-third (34%) of all shelter exits during 2006 were to stable housing situations (defined as their own apartment or permanent supportive housing). Four percent of exits were to various treatment facilities (psychiatric, drug abuse, hospital) or jail, 24% were to other emergency or transitional housing programs, and 9% were to motels with no financial assistance (money or a voucher). Because of the limited number of beds, only 1% of exits were to permanent supportive housing. A substantial number, 27%, exited to live in a “doubled up” situation with friends or family. The limited research done on people who double-up tells us that it’s usually a short term solution at best and that the probability that the individual or family will end up back at a shelter or on the street is high. This conclusion is supported by our Delaware data which shows that 27% of the time people entering a shelter come directly from the home of a friend or family member. A positive finding derived from the data is that the percentage of people coming into the shelter system from places not met for human habitation (e.g., the street, automobiles, tents, viaducts, etc.) is higher than the percentage that is exiting to such dire conditions – 8% compared to 1%.

## Income

Almost half (44%) of homeless adults reported that they had no income during the month prior to entering the homeless services system. Only 2% (94 individuals) had incomes over \$2,000/month, which might place them at or slightly above the poverty level. Therefore it can be concluded that virtually all homeless people (98%) have extremely low incomes that are well below the poverty line.

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<sup>8</sup> The non-response rate for the incarceration question was 27%, with several individual program non-response rates exceeding 50%. Lack of response from specific programs could bias the results if they were more or less likely to serve this population. The results on incarceration history should be considered preliminary until future HMIS reports can confirm this rate of incarceration and increase response rates.

**Exhibit 32**

<b>Living Situation Prior to Service Entry of Clients in DE-HMIS for 2006</b>		
<b>Living Situation before Entry</b>	<b>Number</b>	<b>Percent</b>
Corrections Facility	339	4%
Domestic Violence	1,098	13%
Emergency Shelter	1,599	19%
Foster Care/Group Home	84	1%
Hospital	77	1%
House/Apartment	1,004	12%
Motel (without assistance)	532	6%
Permanent Housing for Homeless	65	1%
Place not meant for human habitation	715	8%
Psychiatric Facility	87	1%
Staying with Family	1,396	16%
Staying with Friends	961	11%
Substance Abuse Facility	284	3%
Transitional Housing for Homeless	284	3%
<b>Total Records</b>	<b>8,525</b>	<b>100%</b>

Source: DE-HMIS, Homeless Planning Council of Delaware

**Exhibit 34**

<b>Income of Clients in DE-HMIS for 2006</b>		
<b>Monthly Income</b>	<b>Number</b>	<b>Percent</b>
\$0	1,969	44%
\$1 to \$249	444	10%
\$250 to \$499	514	11%
\$500 to \$999	800	18%
\$1,000 to \$1,999	666	15%
\$2,000 and above	94	2%
<b>Total: All Adults</b>	<b>4,487</b>	<b>100%</b>

Source: DE-HMIS, Homeless Planning Council of Delaware

**Exhibit 33**

<b>Destination Upon Service Exit of Clients in DE-HMIS for 2006</b>		
<b>Destination on Exit</b>	<b>Number</b>	<b>Percent</b>
Corrections Facility	96	1%
Emergency Shelter	1,046	15%
Foster Care/Group Home	11	0%
Hospital	47	1%
House/Apartment	2,350	33%
Motel (without assistance)	621	9%
Permanent Housing for Homeless	40	1%
Place not meant for human habitation	25	0%
Psychiatric Facility	58	1%
Return to Partner	190	3%
Staying with Family	1,279	18%
Staying with Friends	621	9%
Substance Abuse Facility	92	1%
Transitional Housing for Homeless	621	9%
<b>Total Exits</b>	<b>7,097</b>	<b>100%</b>
No Exits	1,428	
<b>Total Records</b>	<b>8,525</b>	

Source: DE-HMIS, Homeless Planning Council of Delaware

## **Conclusions from the 2006 Annual Prevalence Data**

The analysis presented in this section is only a small sample of the types of detailed data that is available through DE-HMIS. The total number of 6,997 homeless people estimated in 2006 is fairly consistent with the period prevalence estimate based on the January 26, 2006 point-in-time study. Although the numbers are not growing, they are also not going down. Based on the entry and exit data in DE-HMIS we know that many people are cycling in and out of homelessness without truly becoming permanently housed. There are a considerable number of emergency shelter beds in the service system but far fewer longer-term housing options such as transitional or permanent supportive housing, which have been found to be more effective in the long run for certain populations such as chronically homeless solo adults and homeless families. Strategies are needed to reduce the total number of persons who become homeless during the course of a year in Delaware and put an end to the cycling in and out of homelessness that occurs.

In the future the DE-HMIS data base will also be used to conduct longitudinal studies which can help us identify the “paths” that people take in and out of homelessness in Delaware and will produce many insights into how programs and policies can be better tailored to preventing homelessness before it occurs, and stopping it quickly when it does. Already, DE-HMIS is producing critically important information and its usefulness will only grow as more homeless service providers use the system, and as more data is entered.

## VII. Major Findings and Future Research Needs

### Major Findings

**Major Finding:** Despite Delaware's relatively high per capita income and robust economy compared to many other states, its rate of homelessness is similar to that of the nation, and is not declining.

**Major Finding:** African-Americans are very much over-represented among the ranks of the homeless. Both point and period prevalence data show that African-Americans comprise about 60% of the homeless population, but they make up only 19% of Delaware's general population.

**Major Finding:** Homelessness in Delaware is growing in Kent and Sussex Counties. The percentage of Delaware's total homeless population residing in emergency and transitional shelters located in the state's two southernmost counties grew from 22% in 2000 to 38% in 2006.

**Major Finding:** Mental Illness among the homeless population continues to be a serious problem. In 1986 the rate of mental illness among the homeless was found to be 26.1%. In 2006, the number was a very similar 25.6%. Programs targeting this population, including permanent supportive housing, are operating at 100% capacity.

**Major Finding:** Now that we have good annual (period) prevalence data, we know that homeless families make up approximately 48% of all homeless households, and that a similarly high percentage of households consist of solo adults (adults living by themselves).

**Major Finding:** Delaware has a high rate of chronic homelessness compared to other localities and states.

**Major Finding:** Delaware's unsheltered population experiences high rates of mental illness, substance abuse conditions, chronic homelessness and consists largely of solo adults, especially men. Programs targeted at the unsheltered need to consist of long-term, permanent housing arrangements.

**Major Finding:** State contributions to permanent and long-term housing for the homeless is low at only 2.7% of total funding for this housing type.

**Major Finding:** Delaware has seen a significant change to the homeless service delivery system over the last ten years with more emphasis being placed on transitional and permanent supportive housing programs. The permanent supportive housing programs are primarily located in Wilmington. Moreover, the number of persons who are in emergency shelter in Wilmington has declined.

**Major Finding:** Median wages for Delaware's homeless have not risen in real or actual terms over the last twenty years. With inflation, high unemployment and low wages, the average homeless Delawarean is very poor.

**Major Finding:** We have an abundance of emergency shelter beds. Some additional transitional housing is needed, and substantially more permanent supportive housing is needed in all parts of the state as well.

## **Future Research Needs**

Homeless research in Delaware has grown significantly over the last twenty years. The addition of DE-HMIS as a data resource creates a wealth of opportunity for future research that is greatly needed. This needed research includes but is not limited to:

- Longitudinal analysis to better understand how people move into and out of homelessness and what services they use
- Cost-Benefit Analysis – to determine which programs produce the best outcomes for the least cost
- More frequent point and period prevalence counts using data extracted from DE-HMIS
- Research into the magnitude and nature of “doubling-up”
- Analysis of gaps in the service delivery system

The continued participation of homeless service agencies and dedicated researchers is key to the future success of homeless research in Delaware. As DE-HMIS continues to grow and develop, it will provide researchers, policy makers and program staff with critically important data that, when analyzed, will help us all design more effective ways of serving homeless persons and families and eliminating both chronic and periodic homeless in Delaware.

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