

250,000 mentally Ill are Homeless. 140,000 seriously mentally Ill are Homeless

"No vision haunts America's conscience more than the sight of the street people... The irrationality and anguish that grip so many of these individuals leap out during any encounter, whether in Washington or Albuquerque."

—Senator Pete Domenici (R-NM)

SUMMARY:

In January 2015, **the most extensive survey** ever undertaken found 564,708 people were homeless on a given night in the United States. Depending on the age group in question, and how homelessness is defined, the consensus estimate as of 2014 was that, at minimum, 25 percent of the American homeless—140,000 individuals—were *seriously* mentally ill at any given point in time. Forty-five percent of the homeless—250,000 individuals—had *any* mental illness. More would be labeled homeless if these were annual counts rather than point-in-time counts.

Where do they live? Sixty-nine percent of the homeless (389,000) were sheltered (living in emergency shelters or transitional housing), but 31 percent (175,000) were unsheltered living on the streets or in abandoned buildings, vehicles, or parks. These estimates do not include homeless "couch-surfers," who camp out on the sofas of friends and families, move every few days, and have no permanent address. Source: US Department of Housing and Urban Development (HUD), *The 2015 Annual Homeless Assessment Report (AHAR) to Congress*, Office of Community Planning and Development, Abt Associates, November 2015,

<https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf> (accessed July 9, 2016).

BACKGROUND:

Mental illness is a major contributor to homelessness. In a 2008 survey performed by the U.S. Conference of Mayors, 25 cities were asked for the three largest causes of homelessness in their communities. Mental illness was the third largest cause of homelessness for single adults (mentioned by 48% of cities). For homeless families, mental illness was mentioned by 12% of cities as one of the top three causes of homelessness. (National Coalition on Homelessness)

Lack of treatment for the most seriously mentally ill causes the kind of delusions and bizarre behavior that makes living alone or at home with families untenable. As a result, many become people with untreated serious mental illness become homeless and communities are forced to bear the cost of that.

Other studies:

One study found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and 8 percent used garbage cans as a primary food source.

- The 250,000 homeless individuals are equivalent to the population of such cities as Dayton, Ohio; Des Moines, Iowa; Fort Lauderdale, Florida; Grand Rapids, Michigan; Providence, Rhode Island; Richmond, Virginia; or Salt Lake City, Utah.

• A 2007 survey by the National Alliance to End Homelessness reported that there were approximately 744,000 homeless persons in the US. Among these, approximately two-thirds were

36 percent of the discharges from state mental hospitals had become homeless within six months. It is also consistent with a study in New York that found that 38 percent of discharges from a state hospital had “no known address” six months later.

Markowitz FE. Psychiatric hospital capacity, homelessness, and crime and arrest rates. Criminology 2006;44:45- 72.

Belcher JR. Rights versus needs of homeless mentally ill persons. Social Work 1988;33:398-402.

Belcher JR. Defining the service needs of homeless mentally ill persons. Hospital and Community Psychiatry

1988;39:1203-1205. Drake RE, Wallach MA, Hoffman JS. Housing instability and homelessness among aftercare patients of an urban

state hospital. Hospital and Community Psychiatry 1989;40:46-51.

“Dumping” patients out of hospitals, saves mental health system money but increases overall cost to taxpayers by shifting care to more expensive jails and prisons.

.In 2001, a University of Pennsylvania study that examined 5,000 homeless people with mental illnesses in New York City found they cost taxpayers an average of \$40,500 a year for their use of emergency rooms, psychiatric hospitals, shelters, and prisons.”

Brinkman, P. Brown County Mental Health Center funding funnels into community placement; new trend impacts former, current institution residents. Green Bay Press Gazette, October 30, 2005.

Mangano PF, Blasi G. Stuck on skid row: L.A. should do what other cities already are: move the homeless into permanent housing, and stop just managing the problem. Los Angeles Times, October 29, 2007.

In many cities such as New York, homeless people with severe mental illnesses are now an accepted part of the urban landscape and make up a significant percentage of the homeless who ride subways all night, sleep on sidewalks, or hang out in the parks. These ill individuals drift into the train and bus stations, and even the airports.

Many other homeless people hide from the eyes of most citizens. They shuffle quietly through the streets by day, talking to their voices only when they think nobody is looking, and they live in shelters or abandoned buildings at night. Some shelters become known as havens for these ill wanderers and take on the appearance of a hospital psychiatric ward. Others who are psychiatrically ill live in the woods on the outskirts of cities, under bridges, and even in the tunnels that carry subway trains beneath cities.

Foreshadowing a grim future

- There have been harbingers of an impending homeless crisis for individuals with untreated brain disorders since the early 1970s. Large numbers of ill people began forming psychiatric ghettos in cities such as Long Beach, New York, near Pilgrim State Hospital; San Jose, California, near Agnews State Hospital; and Tacoma, Washington, near Western State Hospital.

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Quality of life

Living in shelters or on the streets is likely to be difficult, even for a person whose brain is working normally. For those with schizophrenia or manic-depressive illness, this kind of life is often a living hell.

- The majority of homeless individuals with untreated psychiatric illnesses regularly **forage through garbage cans and dumpsters for their food.**
 - A 1988 survey of 529 homeless people divided them into those who had been previously psychiatrically hospitalized and those who had not. The previously hospitalized individuals were three times more likely to obtain some of their food from garbage cans (28 percent versus nine percent) and much more likely to use garbage cans as their "primary food source (eight percent versus one percent).

Gelberg, L. & L.S. Linn. Social and Physical Health of Homeless Adults Previously Treated for Mental Health Problems. Hospital and Community Psychiatry, 39, 510-516.

Victimization

- In New York, 949 homeless men were interviewed regarding having been assaulted or injured. Twelve percent of the men were psychotic, and this group was significantly more likely than the nonpsychotic men to have been robbed, beaten, threatened with a weapon, or injured (concussion or limb fractures).

Padgett, D.K., and E.L. Struening Victimization and traumatic injuries among the homeless: Associations with alcohol, drug, and mental problems. American Journal of

- A 1989 study of homeless women in Baltimore found that nearly one-third of the women had been raped

Breakey, W.R., P.J. Fischer, M. Kramer, G. Nestadt, A.J. Romanoski, A. Ross, R.M. Royall, and O.C. Stine. Health and mental health problems of homeless men and women in Baltimore. Journal of the American Medical Association 262: 1352-7 (1989).

- A 1988 report on homeless women in San Francisco noted the women were being raped and sexually assaulted at an alarming rate, with some women being raped as many as 17 times. To protect themselves from attack, homeless women were known to wear 10 pairs of panty hose at once and bundle up in layers of clothing

Cooper, C.J. Brutal lives of homeless S.F. women, San Francisco Examiner (December 18, 1988).

- Rape also exposes these women to deadly infection with the HIV virus that causes AIDS, especially since most of the men committing the rapes are drug addicts among whom HIV infection is common. No study has been done to date of the HIV infection rate among homeless women who have a severe mental illness. A 1993 study of HIV infection among psychiatrically ill men in a New York City shelter, however, found that 19 percent of them were HIV positive. Clinical AIDS will, therefore, become an increasing problem in the near future among the homeless psychiatrically ill.

Susser, E., E. Valencia, and S. Conover. Prevalence of HIV infection among psychiatric patients in New York City men's shelter. American Journal of Public Health 83: 568-570 (1993).

Death

- There is evidence that those who are homeless and suffering from a psychiatric illness have a **markedly elevated death** rate from a variety of causes. This is not surprising since the homeless in general have a three times higher risk of death than the general population and severely ill individuals have a 2.4 times higher risk of death during any year.

Howard, K. 2 suspects arrested in homeless death. The Tennessean. Aug. 25, 2006.

- In 1993, three men and a woman, ages 19 to 22, beat a homeless man to death with baseball bats as part of a gang initiation. Randall Townsend, 42, had a severe mental illness and was living under a bridge. One assailant hit him in the face so hard that the bat broke. The other assailants then punched and kicked him and dropped a boulder on his face. Townsend never regained consciousness and died from head injuries.

Four charged in beating death of homeless man, The News Tribune (April 16, 2003).

- In 1989, three young men savagely beat Van Mill, a 110-pound man with paranoid-schizophrenia who was living in a tent in Des Moines, IA, to death. After robbing and assaulting him, the *Des Moines Register* reported that “they threw him into an empty wading pool at the park and at least one of them jumped up and down on his chest, crushing his small frame, police said.”
- In a 1988 case in Washington, DC, Ella Starks, a psychiatrically ill woman who had been homeless for 10 years, was raped and according to a news story in the *Washington Post* was “stabbed repeatedly, and died of asphyxiation when an umbrella was forced down her throat.”

Man charged in homeless woman's death: D.C. killing raised concern about vulnerability of street people, The Washington Post (August 30, 1988).

Frustration with inability to treat

- Most homeless individuals with severe psychiatric disorders are not being treated. Most of them have anosognosia and are not aware that they are sick, but legally we protect their right to remain sick. As one news reporter noted: “It’s as if we suddenly decided to respect the ‘right’ of Alzheimer’s patients to wander wherever they please. Sounds ridiculous, but that’s basically the situation with so many of the people we call ‘homeless.’”

Homelessness and Housing

[samhsa.gov/homelessness-housing](https://www.samhsa.gov/homelessness-housing)

Overview

Stable housing provides the foundation upon which people build their lives. Without a safe, affordable place to live, it is almost impossible to achieve good health or to achieve one's full potential. But, per the Department of Housing and Urban Development (HUD), on a single night in 2016, more than 549,900 people, including 120,819 children, experienced homelessness. Of those people, more than 176,357 were unsheltered. While the number of people experiencing homelessness has declined since 2007, much work remains to be done to reach the goal of ending homelessness in the United States.

The circumstances of homelessness take different forms. People experiencing homelessness may find themselves in one of the following groups:

- Unsheltered—living on the streets, camping outdoors, or living in cars or abandoned buildings
- Sheltered—staying in emergency shelters or transitional housing
- Doubled up—staying with friends or family temporarily

People with mental and/or substance use disorders can be particularly vulnerable to becoming homeless or being precariously housed. According to HUD's [2016 Annual Homelessness Assessment Report \(link is external\)](#), of those who experience homelessness, approximately 202,297 people have a severe mental illness or a chronic substance use disorder. In January 2016, one in five people experiencing homelessness had a serious mental illness, and a similar percentage had a chronic substance use disorder. However, efforts to combat homelessness are having an impact, particularly among veterans and people experiencing chronic homelessness.

SAMHSA works closely with the [U.S. Interagency Council on Homelessness \(USICH\)](#). Its mission is to coordinate the federal response to homelessness, creating a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the federal government in ending homelessness. In June 2010, USICH published [Opening Doors](#), the federal strategic plan to prevent and end homelessness. Amended in 2012 and 2015 to reflect the latest data, this plan establishes four goals:

- Prevent and end homelessness among veterans in 2015
- Finish the job of ending chronic homelessness in 2017
- Prevent and end homelessness for families with children and youth in 2020
- Set a path to ending all types of homelessness

Rural Residents

Understanding homelessness among rural populations requires a more flexible definition of homelessness. There are far fewer shelters in rural areas, so people experiencing homelessness are more likely to live in a car or camper or with relatives in overcrowded or substandard housing. Defining homelessness to include only those who are literally homeless—living in a shelter or on the streets—does not fit with the rural reality. Rural homelessness, like urban homelessness, is the result of poverty and lack of affordable housing. Studies have shown that people experiencing homelessness in rural areas are more likely to be white, female, married, and currently working. Homelessness among American Indians and migrant workers is also more common in rural areas.

While research on behavioral health and homelessness among rural populations is limited, there is growing evidence indicating the likelihood of behavioral health problems among this population. In California, adults experiencing homelessness were screened for the probability of lifetime major mental and/or substance use disorders. Compared to the two urban counties in the test, the homeless populations in the rural county had higher rates of severe mental illness. In a similar study in Montana, 18% of the rural population experiencing homelessness admitted to having been diagnosed with mental illness and 15% admitted to an alcohol or drug use disorder. About 26% of those who participated in the study reported that chronic drug or alcohol use was a cause of their homelessness.

Learn more about [homelessness among rural populations](#) and available [federal resources](#).

Veterans

In 2016, approximately 39,500 veterans experienced homelessness on a single night, down from more than 75,000 in 2009. Many veterans who remain homeless or who are at risk of experiencing homelessness live with lingering effects of post-traumatic stress disorder. For many, their situation is further complicated by co-occurring substance use. Mental illness and substance use disorders have been identified as strong risk factors for veteran homelessness.

Learn more about homelessness and the other challenges faced by our [veterans and military families](#). Find federal resources for [veterans experiencing homelessness](#).

Outreach and Engagement

Meeting people where they are—geographically, philosophically, emotionally—is the essence of effective outreach to people experiencing homelessness and the beginning pathway to engaging them in treatment and services. Rather than expecting people to access services on their own, outreach workers across the country take services to where people are. These outreach workers are often the first and only point of contact for people who might otherwise be disconnected. In 2015, SAMHSA lead an expert panel on the [role of outreach and engagement in ending homelessness](#).

Find information about outreach to homeless populations and other [behavioral health and](#)

Continuum of Care
Member Agencies:

Champaign County Continuum of Care

Agencies Committed to Ending Homelessness

- American Red Cross
- Courage Connection
- Champaign County Regional Planning Commission
- Champaign-Ford Counties Regional Office of Education
- City of Champaign
- City of Champaign Township
- City of Urbana
- Community Service Center of Northern Champaign County
- Crisis Nursery
- C-U at Home
- Developmental Services Center
- Family Service of Champaign County
- Greater Community AIDS Project
- Housing Authority of Champaign County
- Prairie Center Health System
- Rosecrance-Champaign Urbana (formerly Community Elements)

Date: 6/21/2016

Contact: Mike Benner, Continuum Chair
Phone: 217. 351.2437

The Champaign County Continuum of Care, a consortium of agencies and governmental units committed to ending homelessness in Champaign County, with the assistance of community volunteers, conducted a survey of the area's homeless population on January 28th, 2016. The Point in Time Count is required by the US Department of Housing and Urban Development (HUD) as it gives a snapshot of the state of homelessness in the country. The data from this count is used by Congress to disseminate funds associated with homelessness. The count included people both sheltered (i.e. residing in temporary housing for the homeless) and unsheltered (living in places unfit for human habitation, such as cars or on the street).

According to the survey on January 28, 2016, 188 persons (including 30 children) in 146 households were homeless in Champaign County. 170 were sheltered while 18 were unsheltered. Of those surveyed, at least 5 individuals were classified as chronically homeless (i.e., homeless for over one year or 4+ times in 3 years and having a disabling condition); at least 23 persons were identified as having severe mental illness, 28 with substance abuse disorder, 2 with HIV/AIDS; 31 persons were identified as victims of domestic violence; and 18 single men were identified as veterans.

There were 25 households comprised of youth (persons under age 25), totaling 30 persons who were homeless youth. Out of the 25 youth households, 22 were unaccompanied homeless youth and 3 were households with a parent under age 25 with children. Of the 22 unaccompanied youth, 2 (9%) were under age 18, and 20 (91%) were between the ages of 18 and 24.

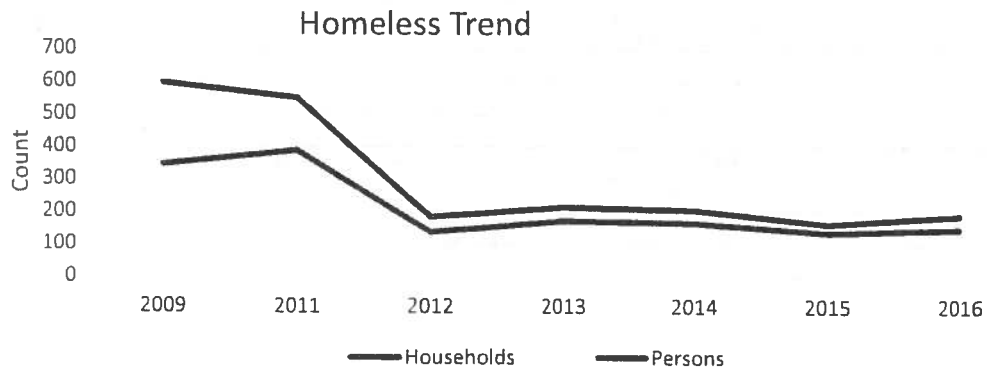
The homelessness point-in-time survey is completed annually so that local homeless providers can measure the effectiveness of existing services and identify additional approaches that are needed to address local needs for shelter and housing options. The previous count in January 2015 identified 163 homeless persons in Champaign County, and we see an increase by 25 this year. The number of persons identified with substance abuse disorder increased significantly from last year's total of 6 to 28 this year, and the number of unsheltered persons increased from 10 to 18. 10 of the unsheltered were surveyed. Below is a table showing reported conditions from the 10 individuals.

Table 1. Medical and Psychological Conditions Reported from street surveys

Conditions	Percentages
Use of Illegal Drugs and Alcohol	40%
Health or Medical Conditions	60%

Average Temp.(F)	35	25	22	26	26	25	26	26	26
Number of homeless persons	308	429	594	549	183	214	222	163	188
Number of households	-	-	345	389	137	171	176	136	146

Figure 1. Homeless trend from 2009 to 2016



As the graph shows, the homeless trend has been steady over the last four years. The sharp drop between 2011 and 2012 was due to the change in the definition of homeless by the Department of Housing and Urban Development, which excluded a large number of people from being counted. One has to be literally homeless to be counted as such, therefore anyone who was doubling or living with friends or relatives would not be considered homeless.

Figure 2. Trend in Homeless Subpopulations 2012 to 2016