2025 Homelessness Report and Needs Analysis

June, 2025

Continuum of Care for Kane County









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The U.S. Department of Housing and **Urban Development** (HUD) mandates that each Continuum of Care (CoC) conduct **Needs Assessments** to evaluate the scope and nature of homelessness within its jurisdiction. This assessment is a cornerstone of HUD's system-wide planning model and is essential for ensuring that CoCs remain responsive to local needs while aligning with federal funding priorities.

Executive Summary

PURPOSE AND STRATEGIC ROLE

The Needs Assessment serves as a diagnostic tool that informs the CoC's strategic planning, funding allocation, and program development. It identifies service gaps, evaluates system performance, and supports evidence-based decision-making. The findings directly influence the CoC's annual application for HUD funding, including the prioritization of projects and the design of interventions such as Coordinated Entry, Rapid Re-Housing, and Permanent Supportive Housing.

CORE COMPONENTS

This comprehensive Needs Assessment includes the following elements:

- Quantitative Data Analysis: Utilizes Homeless
 Management Information System (HMIS) data,
 Point-in-Time (PIT) counts, and Housing Inventory
 Count (HIC) to assess trends in homelessness,
 service utilization, and housing outcomes.
- Qualitative Stakeholder Input: Gathers insights through surveys, interviews, and focus groups with service providers, people with lived experience, and other community stakeholders.
- Recommendations: Based on the findings, the assessment outlines strategic recommendations to address service gaps, improve coordination, and enhance system performance.



Executive Summary

INTEGRATION INTO COC PLANNING

This Needs Assessment is not a standalone document but a foundational input into the CoC's broader planning and compliance framework. It informs:

- The CoC's annual HUD application (NOFO)
- Local funding priorities and project scoring criteria
- System Performance Measures (SPMs)
- Coordinated Entry refinements
- Community engagement and advocacy strategies

KEY FINDINGS

The Continuum of Care distributed multiple surveys to over 100 agencies, as well as facilitated focus groups and personal interviews. Throughout the process, participants identified three major needs in Kane County:

- Permanent Supportive Housing
- Emergency Shelter Expansion
- Increased access to mental and behavioral health for individuals experiencing homelessness

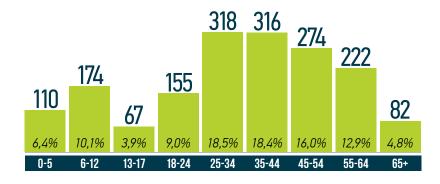


DEMOGRAPHICS

1,718 individuals experienced homelessness in Kane County during Federal Fiscal year 2024, with an average of 367 people staying in Emergency Shelters each night.

AGE

More than 350 children were housed in emergency shelters or transitional housing during the period. A growing number of the population experiencing homelessness were seniors (65+), compared to previous years.



HOUSEHOLD TYPES

The overwhelming number of people experiencing homelessness were single individuals.





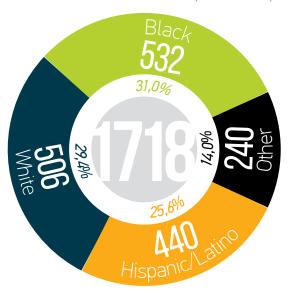
GENDER

The population experiencing homelessness was approximately 43,3% female, 55,6% male, 1,1% other gender.

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RACE/ETHNICITY

The population was predominantly made up of Black, White, and Hispanic/Latino persons. 19 identified as Asian, 9 as American Indian, Alaska Native or Indigenous, and one identified as Middle Eastern or North African. All others reported multiple races.



DISABILITY

DISABILITY CONDITIONS

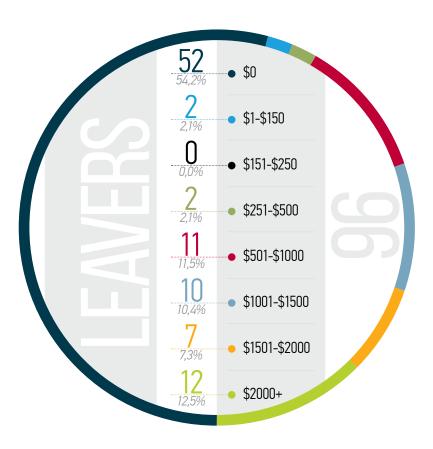
In total, 657 people – including 27 children – reported they were living with one or more disabilities. Many people were living with multiple disabilities (137 individuals reported 3+ conditions).

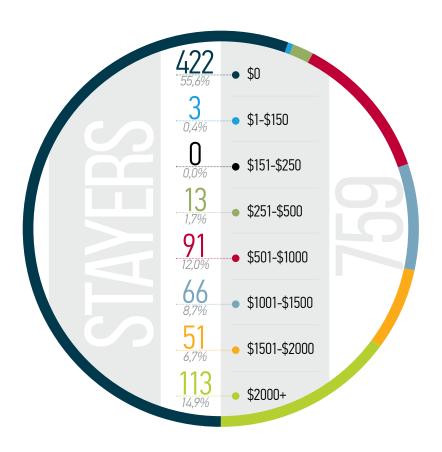




Most members of Kane County's homeless population had very low income during the year.

INCOME









MEDIAN INCOME

People enrolled in outreach, shelter and transitional housing programs for a year or more (Stayers) reported monthly income of between \$1 and \$150 (interpolated median - \$4.35), while those who exited these programs during the year (Leavers) had monthly income that, while still between \$1 and \$150, was slightly higher (interpolated median - \$43.50).

HIGHER INCOME

Roughly three in ten reported more than \$1,000 in monthly income (Stayers: 29.9%, Leavers: 28.9%). 12.4% of Stayers reported more than \$2,000 in monthly income, compared to 14.2% of Leavers.

According to the Massachusetts Institute of Technology's Living Wage Calculator, a single adult in Kane County must earn \$4,499.73 each month to meet their basic needs, based on local housing, transportation, food and other costs.

INCOME TYPES

The most common types of income for people experiencing homelessness during the year were earned Income, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), retirement income from Social Security, and child support. Stayers were more likely to have income from unemployment insurance, and Leavers were more likely to receive Temporary Assistance for Needy Families (TANF).



Housing Outcomes

EMERGENCY SHELTER

LENGTH OF TIME IN SHELTER

People stayed in shelters in Kane County longer than recommended by the U.S. Department of Housing and Urban Development. The median length of stay for those who moved out of shelters during the period was 91 days; for those who were in shelters on the last day of the period, the median length of stay was 44% longer, at 131 days.

OUTCOMES FOR CLIENTS IN SHELTER

More than one third of the 1,073 people who moved out of shelters in Kane County during the period left for positive housing destinations, including:

- Rental by client, with ongoing housing subsidy 229 people
- Rental by client, no ongoing housing subsidy 86 people
- Staying or living with family, permanent tenure 43 people
- Staying or living with friends, permanent tenure 15 people
- Owned by client, no ongoing housing subsidy 9 people

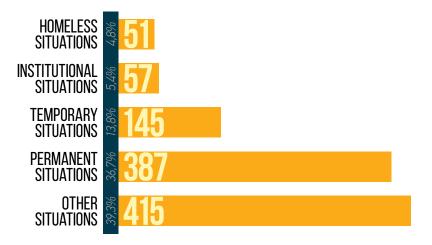
Around 5 percent of people leaving shelter went to institutional situations, such as a hospital, long term care facility, psychiatric hospital, substance abuse treatment facility, jail or prison. Another five percent returned to the street, a place not meant for habitation, or entered a different shelter.



Housing Outcomes

EXIT DESTINATIONS

Nearly 400 people moved from homelessness to permanent housing during the year. A smaller number gained temporary housing, such as staying with friends or family for a limited period. About 50 returned to the streets or a place not meant for human habitation.



"Other Situations" included disappearance, death, and a decision not to disclose destination.





This Needs **Assessment explores** six subpopulations: domestic violence survivors, families with children, seniors, unsheltered people, and military veterans. **Outcomes for these** subpopulations varied widely, with Veterans and families with children having the best housing outcomes, and unsheltered people experiencing the most difficulty obtaining housing.

Subpopulations

DOMESTIC VIOLENCE SURVIVORS

POPULATION

During the 12 months ending September 30, 2024, the Kane County CoC Coordinated Entry system assisted 438 people who reported surviving domestic violence. More than half (56.2%) said the violence occurred within the last 3 months, while nearly three in ten (29.7%) said the violence occurred more than a year ago.

HOUSING OUTCOMES

Nearly half of the survivors (49.7%) exited to positive housing destinations during the period, with permanent situations being the most common positive outcome.

Most survivors who obtained permanent housing did so through rental arrangements, particularly with ongoing housing subsidies.

- Rental by client (with subsidy): 53 survivors
- Rental by client (no subsidy): 21 survivors
- Staying or living with family (permanent): 16 survivors
- Staying or living with friends (permanent): 7 survivors
- Owned by client (no subsidy): 3 survivors



Subpopulations



VETERANS

POPULATION

44 military veterans experienced homelessness in Kane County during the Needs Assessment analysis period.

HOUSING OUTCOMES

13 of these people (72.2% of those leaving the homeless population during the reporting period) exited to positive housing destinations. A dozen moved to permanent housing.

Most veterans who obtained permanent housing did so through rental arrangements, particularly without ongoing housing subsidies.

- Rental by client (no subsidy): 7 veterans
- Rental by client (with subsidy): 3 veterans
- Staying or living with family (permanent): 2 veterans

FAMILIES WITH CHILDREN

POPULATION

164 families with children, comprising 561 people, experienced homelessness in Kane County during the 12 months covered by this analysis. The average family size was 3.4 people.

HOUSING OUTCOMES

339 people (72.3% of those leaving Kane County's homelessness services system during the period) exited to positive housing destinations.

The majority of families with children who obtained permanent housing did so through rental arrangements, particularly with ongoing housing subsidies.

- Rental by client (with subsidy): 168 families
- Staying or living with family (permanent): 23 families
- Rental by client (no subsidy): 36 families
- Staying or living with friends (permanent): 7 families
- Owned by client (no subsidy): 5 families

Here are the types of subsidies families used to obtain housing:

- Rapid Rehousing (RRH) or equivalent subsidy: 132 families
- Public housing unit: 19 families
- Housing Choice Voucher: 12 families
- Permanent Supportive Housing: 5 families



Subpopulations



SENIORS

POPULATION

82 seniors experienced homelessness during the oneyear period that was analyzed. Only sixteen of them left the homeless services system during the period, and only 25% of those exits were to positive destinations.

HOUSING OUTCOMES

Four seniors moved to permanent housing during the year:

- Rental by client, no ongoing housing subsidy: 2 people
- Owned by client, with ongoing housing subsidy: 1 person
- Staying or living with family, permanent tenure: 1 person

TRANSITION AGE YOUTH (18-24)

POPULATION

155 youth ages 18 through 24 experienced homelessness in Kane County during the 12-month period ending September 30, 2024.

HOUSING OUTCOMES

25% of the homeless youth population exited programs during the year. Most of these people went to permanent housing, but nearly half found temporary places to stay, including emergency shelter.

Here are the types of permanent housing that youth obtained:

- Rental by client, with ongoing housing subsidy: 11 youth
- Rental by client, no ongoing housing subsidy: 6 youth
- Staying or living with friends, permanent tenure: 3 youth
- Staying or living with family, permanent tenure: 1 youth

UNSHELTERED PEOPLE

POPULATION

372 people lived unsheltered in Kane County at some point between October 1, 2023 and September 30, 2024. Less than one percent of these people obtained permanent housing during the period.

HOUSING OUTCOMES

Three people who were living unsheltered found housing during the period. Each needed assistance, and received a Rapid Rehousing or Housing Choice voucher, or moved into subsidized permanent housing.



The Continuum of
Care for Kane County
acts as a pass-through
for about \$6,000,000
annually for variety of
housing and homeless
service-related
activities. These funds
are a mixture of State
and Federal dollars for
the following types of
projects:

Funding and Available Resources

PERMANENT SUPPORTIVE HOUSING

Long term rental subsidy with high levels of supportive services. There are approximately 140 households receiving this service in Kane County. However, the turnover on units is very low. Most households stay in the program for a significant length of time. On average 10 new households receive a PSH placement annually in Kane County. The need far exceeds the availability of the program. There are over 150 households who currently qualify for PSH and are waiting for a housing placement.

RAPID REHOUSING

Medium term rental subsidy (12-24 months) with moderate levels of supportive service. Approximately 200 households receive this service annually in Kane County, and while the turnover is much quicker than PSH, the demand for the service is also higher. In 2024 there were over 500 households that met eligibility for the program but did not receive a housing placement due to lack of available resources.

HOMELESS PREVENTION

Service for people at imminent risk of homelessness. Allows for the payment of rental arrears, utility arrears, and security deposits. Specific funders may allow minimal forward rental assistance. In 2024 over 400 households received homeless prevention assistance in Kane County. While the State has significantly increased the amount of funds available for Homeless Prevention, agencies continue to fully expend their grants year after year with many households left to search elsewhere for assistance.



Funding and Available Resources



EMERGENCY SHELTER SERVICES

An emergency shelter is a temporary place for people to live when they cannot live in their previous residence. It is typically used by people fleeing a specific type of situation, such as natural or man-made disasters, domestic violence, or victims of sexual abuse. Emergency shelters provide support services and short-term stabilization for individuals and families before finding appropriate housing that meets their long-term needs. In 2024 more than 1,600 individuals utilized Emergency Shelter services in Kane County. In 2024 the largest emergency shelter in Kane County had to switch to a waitlist model due to the increased volume of clients. Additionally encampments around the continue to grow as space in shelter becomes scarcer and some program models screen people out.

STREET OUTREACH

Street Outreach activities are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Street Outreach services in Kane County are minimal due to funding constraints and the large geography of the County. The Continuum of Care has access to approximately \$250,000 for a combination of Emergency Shelter and Street Outreach services. This means that agencies who provider the service must look outside of the Continuum for funding opportunities.

SHELTER DIVERSION

Shelter diversion focuses on finding alternative housing solutions for individuals who are already in crisis or seeking shelter but haven't yet experienced homelessness. The goal is to avoid shelter placement by quickly offering alternative solutions. Shelter Diversion is a newer intervention in the State of Illinois. The Continuum receives about \$140,000 annually to provide this service. Over 150 households received shelter diversion services in Kane County in SFY24.



Affordable Housing

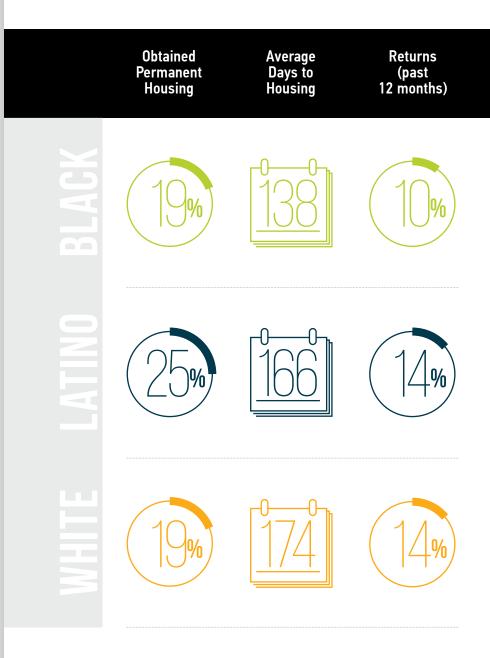
Kane County has one of the highest housing costs in Illinois. The National Low Income Housing Coalition (NLIHC) identified Kane County as the 2nd most expensive county for housing in the State of Illinois. While the general vacancy rate for rental units in Kane County is around 5%, the vacancy rate on affordable units is around 1%. This translates to clients and case managers competing for highly sought-after units. The high demand translates to rent increases and additional income requirements; with some landlords asking for 3-4 times the monthly rent for income. The rent for a two bedroom unit in Kane County is 73% higher (\$1,761) than the Illinois average (\$1,016), making most housing out of reach for low-income households.

Additionally when affordable housing is available, Lived Experience Focus Groups participants noted that the housing was not always safe or clean.



The table below displays important success statistics for the primary racial groups in Kane County's homeless population. During the year, people who identified as Hispanic/ Latino were more likely to obtain permanent housing and, along with people who identified as White, were more likely to return to homelessness within 12 months.

Race distribution in the Kane County Homeless Population





As part of our ongoing efforts to better understand and address homelessness in our community, the Continuum of Care conducted a survey to identify service gaps, emerging needs, and barriers faced by individuals experiencing homelessness.

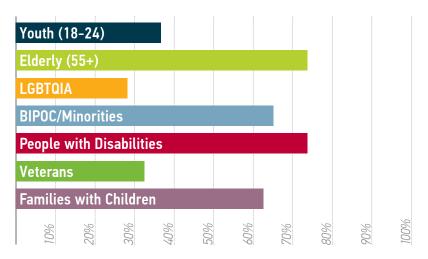
The survey was designed to gather input from community partners and stakeholders with firsthand knowledge of local systems and populations.

A total of 45 service providers responded to the survey, offering valuable insight into the challenges and opportunities within Kane County's homelessness response system.

Survey and Focus Group Results

Two focus groups for people with lived experience of homelessness were also conducted. Focus group participants were asked the same questions that were presented to homeless services providers in the survey.

Survey results shed light on the populations most impacted by housing instability. Seniors, individuals with disabilities, families with children, and people of color were consistently identified as groups facing the greatest challenges.

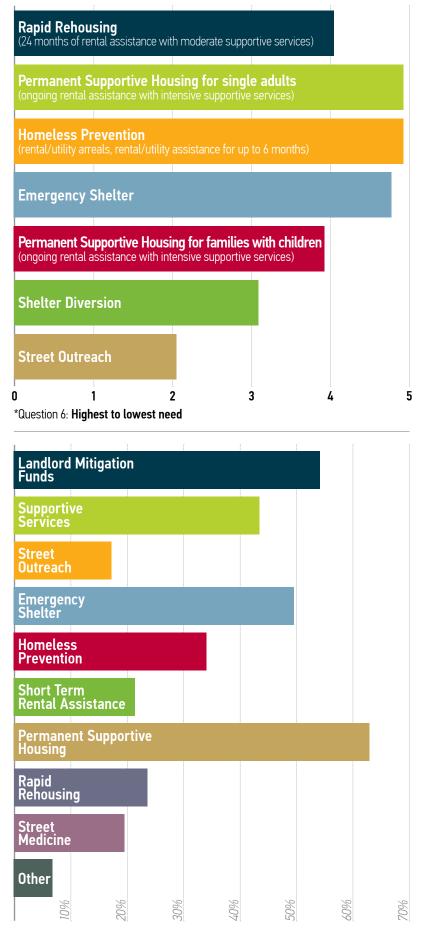


*Question 4: Population to believed most affected by homelessness in Kane County

Providers overwhelmingly prioritized permanent supportive housing as the most critical intervention, citing its effectiveness in serving individuals with high service needs and significant barriers to housing. Emergency shelter access was also highlighted as a vital need, particularly for those in crisis or lacking safe alternatives. Rental and utility assistance programs were identified as essential tools for preventing homelessness before it begins.



Survey and Focus Group Results

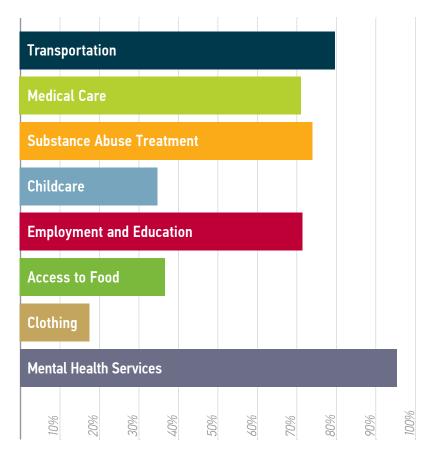


*Question 9: What services are missing or insufficient in the community



Survey and Focus Group Results

Mental health services and reliable transportation emerged as core service gaps, with providers noting that the lack of these supports limits individuals' ability to engage with housing and stabilization programs. Affordable housing was a recurring theme, with many respondents pointing to the lack of safe, low-cost units as a systemic driver of homelessness across the county.



*Question 8: Aside from housing what is the greatest need for individuals experiencing homelessness in our community

Providers identified systemic barriers that limit the effectiveness, these included restrictive shelter policies, a lack of culturally competent services, and limited coordination between housing and behavioral health systems. Many respondents emphasized that existing program and funding structures do not align with the needs of the population, leading to service gaps and missed opportunities for intervention.



Survey and Focus Group Results

COMPARISON SUMMARY

COMMON THEMES

Both Lived Experience Focus Group members and homeless service provider survey respondents identified affordable housing, mental health services, and transportation as critical needs. Safety concerns and barriers related to criminal histories were also highlighted by both groups.

UNIQUE INSIGHTS

- Lived Experience Focus Group members shared personal experiences and emphasized the need for culturally competent services and improved shelter management, noting that the lack of these has a disproportionate negative effect on housing outcomes.
- Provider survey respondents offered a broader perspective on service needs and barriers, highlighting specific groups affected by homelessness (such as seniors and people with disabilities) and detailed housing needs. They placed the highest priority on permanent supportive housing, emergency shelter, and additional funding for rental and utility assistance to prevent homelessness.

This comparison underscores the importance of addressing both individual experiences and systemic issues to effectively tackle homelessness in Kane County.



While the Continuum of Care for Kane County maintains a robust network of nearly 30 member agencies, there are always opportunities to collaborate and develop cross-cutting solutions to better serve residents.

Opportunities for Collaboration

HEALTHCARE

- Expand the relationship between the Continuum and the Kane County Health Department by working together on initiatives relative to health issues prevalent in the homeless population.
- Invite hospitals to join the Continuum of Care general membership.
- Explore the possibility of "Street Medicine" and how the CoC can support the Health Department in accessing funds to provide those services.

WORKFORCE DEVELOPMENT

- Develop an effective referral system for appropriate candidates from Emergency Shelters or in housing programs.
- On-site outreach initiatives to reduce transportation barriers to clients.

HOUSING AUTHORITY

- Work together to develop a "Moving On" strategy for households who continue to need rental subsidy but no longer require supportive services.
- Explore the benefits and implications of implementing a "homeless preference" for Housing Choice Vouchers.
- Identify flexible funding for ongoing supportive services for clients who receive Housing Choice Vouchers.



Based on the input collected during the Needs Assessment process, the following recommendations have been made:

Recommendations and Strategic Planning

HEALTHCARE

Expand Partnerships:

Strengthen the relationship between the Continuum of Care and the Kane County Health Department to address health issues prevalent in the homeless population.

Hospital Involvement:

Invite hospitals to join the Continuum of Care general membership.

Street Medicine:

Explore the possibility of implementing "Street Medicine" initiatives to provide healthcare services directly to unsheltered individuals.

WORKFORCE DEVELOPMENT

Referral System:

Develop an effective referral system for candidates from emergency shelters or housing programs.

Outreach Initiatives:

Implement on-site outreach initiatives to reduce transportation barriers for clients.

HOUSING AUTHORITY

Moving On Strategy:

Develop a strategy for households that need rental subsidies but no longer require supportive services.

Homeless Preference:

Consider implementing a "homeless preference" for Housing Choice Vouchers.

Flexible Funding:

Identify flexible funding sources for ongoing supportive services for clients with Housing Choice Vouchers.



Recommendations & Strategic Planning

* **HUD** considers a «positive housing destination» to be one of the following:

Permanent Housing:

This includes moving into a permanent supportive housing unit, obtaining a housing voucher, or securing an affordable rental unit.

Transitional Housing:

This is a temporary housing solution that provides supportive services to help individuals move towards permanent housing.

Family or Friends:

Moving in with family or friends in a stable and safe environment.

Other Long-term Housing:

This can include other forms of long-term housing arrangements that are appropriate for the individual's needs

CONTINUUM OF CARE PLANNING

- **Positive Housing Destinations:** Emphasize moving individuals into permanent housing, transitional housing, or stable living arrangements with family or friends.
- Permanent Supportive Housing: Prioritize permanent supportive housing as a critical intervention for individuals with high service needs and significant barriers to housing.
- Emergency Shelter Access: Highlight the importance of emergency shelter access for those in crisis or lacking safe alternatives.
- Rental and Utility Assistance: Increase funding for rental and utility assistance programs to prevent homelessness before it begins.

ADDRESSING SERVICE GAPS

- **Mental Health Services:** Improve access to mental health services to support individuals' engagement with housing and stabilization programs.
- Reliable Transportation: Enhance transportation options to help individuals access services and employment opportunities.
- Affordable Housing: Increase the availability of safe, low-cost housing units to address systemic drivers of homelessness.

SYSTEMIC BARRIERS

Shelter Policies:

Review and revise restrictive shelter policies to better meet the needs of the homeless population.

Culturally Competent Services:

Develop and implement culturally competent services to improve housing outcomes for diverse populations.

Coordination Between Systems:

Improve coordination between housing and behavioral health systems to address service gaps and enhance intervention opportunities.