 Ending Youth & Chronic Homelessness

Homelessness doesn’t always look like someone sleeping on a park bench.

A homeless individual may be sleeping in the woods, crashing on a couch at a friend's apartment, or living in an emergency shelter.

Where it started (2017)

The Ending Chronic Homelessness Community Collaboration funded by United Way of Charlotte County has made drastic reductions in the number of chronically homeless individuals in our community since its inception in 2017.

Chronically homeless individuals are those who are literally homeless for at least one year or are literally homeless on at least 4 separate occasions in the last three years.

The program uses a collaborative approach to address the root causes of chronic homelessness, which can include:

- mental health/substance use issues,
- chronic health conditions, and/or
- a physical or developmental disability.

By providing health, housing, and financial stability through integrated care, our community’s most vulnerable are able to better maintain safe housing.
Annual PIT Count (PIT) of all persons experiencing chronic homelessness in Charlotte County

As of the 2021 PIT Count, Charlotte County effectively ended chronic homelessness (having no more than 3 people in the community experiencing chronic homelessness), and reduced the count down to 0 by the beginning of 2022.

Steven applied for social security benefits prior to COVID-19 with the help of a SSI/SSDI Outreach, Access, and Recovery (SOAR) specialist. After a grueling two year wait, his application was approved and he received $20,000 to cover his retroactive benefits. With the addition of Medicaid coverage and other supports, Steven was able to receive needed medical care; he joined AA, and now has stable housing. With these life changes, Steven is currently working a part-time job, taking his medications consistently, and has a hope for his future once again.

Where it is headed

Moving forward, the Collaboration is increasing resources to services for our community’s unaccompanied homeless youth (ages 18-24). Not only will this reduce overall costs in juvenile justice, hospitals, and crisis centers, but it will stop the loss of unrealized potential these young people can contribute to our community.