

Iowans Experiencing Homelessness

January-December 2013
Snapshot of Service
and Shelter Use



13,006

13,006 Iowans were homeless in 2013
and served by I-Count agencies



I-Count is the Statewide Homeless Management Information System (HMIS) used by most homeless agencies across Iowa. Approximately 75% of Emergency and Transitional beds are included in this information network.



THESE
ARE
REAL
PEOPLE

NOT
AN
ESTIMATE

During 2013

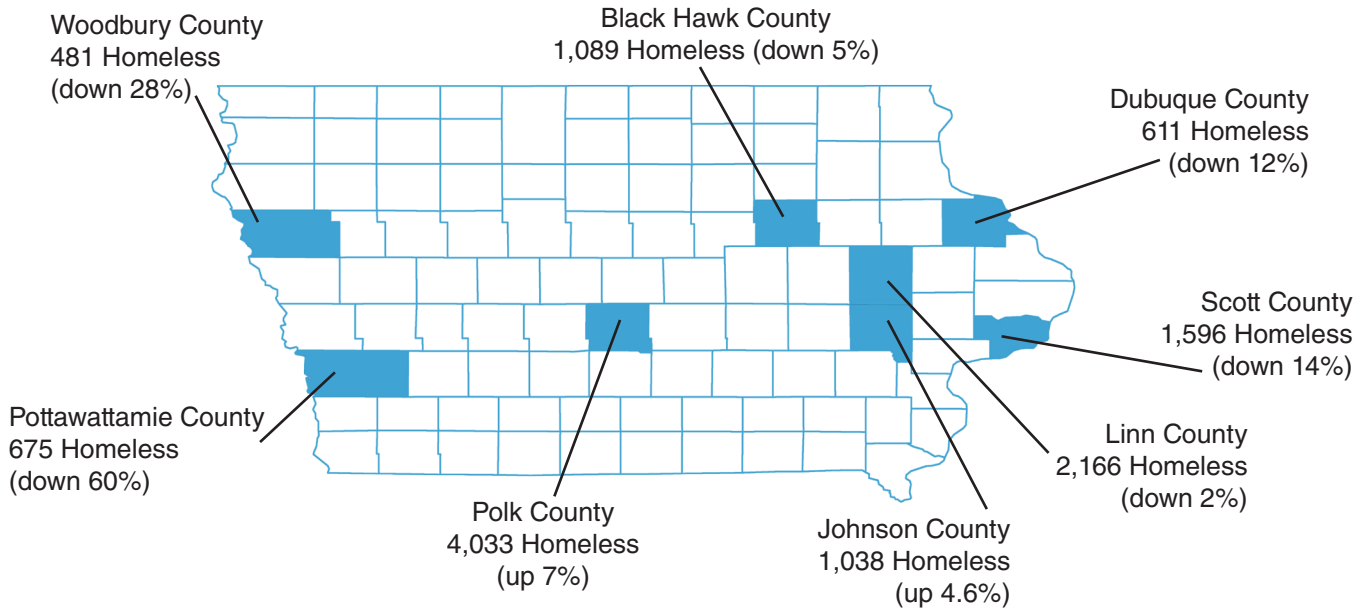
18,697
Iowans were at risk
of homelessness.

13,006
Iowans were
homeless.

28,747
people in total
were served

Each number is an unduplicated count, although a person may be counted within multiple populations if they were in multiple populations during the year. For example, a person may have been at-risk of homelessness and then become homeless during 2013. 2,956 people overlap the two populations. The total unduplicated population served in 2013 was 38,747.

Iowa Communities



These 8 Counties serve 88% of Iowa's homeless. Homelessness occurs in every part of the state, but it is difficult to locate it where there isn't a service provider. Iowans often have to travel a great distance to find the help they need.

Clinton, Cerro Gordo, Muscatine, Washington, Webster, Boone, Marshall, Story, Bremer, Sioux, Des Moines, Carroll, Warren, Plymouth, Union, Wapello, Dallas, Mahaska, Shelby, and Winneshiek counties also have service providers.

There are 796,744 families in Iowa, and another 430,304 non-family households, as of the last census. That totals to about 3,090,416 people. About 9% of Iowa's families are in poverty. That increases to 31% for families with a female head of household. 40% if there are children under 18. 49% if there are children under 5. Among people without a family, 25.4% are impoverished. And, this is all based on the federal definition of poverty; a definition universally considered inadequate for estimating the population with actual hardship resulting from economic hardship.

Homeless

A homeless person lacked a fixed, regular, and adequate night time residence or had a primary nighttime residence that was a supervised temporary shelter or a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A person is considered "at-risk" of homelessness if they sought services to prevent homelessness but did not qualify as homeless. See hudhre.info for more details on the definition of homelessness.

The census definition of poverty changes according to family size. For a family of four with a single mother, \$22,891 per year is poverty. With a second parent it raises \$26,844. For an adult living alone it is \$11,484.

Area Median Income (AMI) in Iowa is \$50,502 per year. Most “low income” housing is targeted at those making 30% of AMI, \$15,150 per year. A rental would have to be under \$380 per month to be affordable.

When entering homelessness 55% of Iowans have no income at all. 0% of AMI. The 45% of people with income average only \$744 per month. 17.7% of AMI.



Half of one percent of Iowans are homeless over the course of a year. But the average homeless person with income makes only \$213 per month less than the poverty line. 9% of Iowa families and 25.4% of Iowa non-family households are in poverty so why isn't the homeless number higher? Though it is certainly unacceptably high, why don't more people become homeless?

Homelessness is best understood as a failure of coping strategies. Most people in poverty have strategies they use every day to live in an economy where they are extremely disadvantaged. For people who experience homelessness those strategies have failed. More than 49% of Iowans who became homeless in 2013 had no history of homelessness. And 76.5% go either to a permanent (36%) destination or don't share where they are going with their case workers. Only 9% of entries were “recidivistic,” meaning that they had exited programs to permanent destinations in the previous 2 years.

So what is the difference between impoverished and homeless populations? A simple failure of coping strategies.

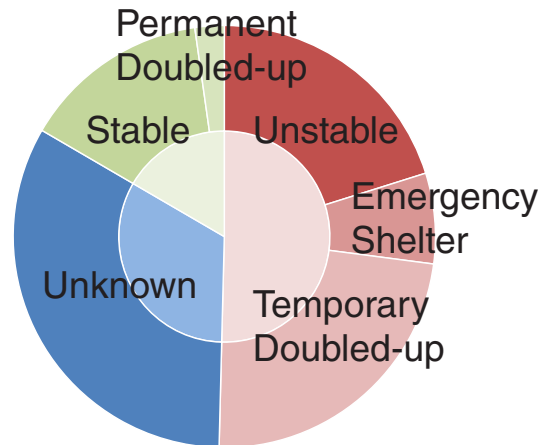
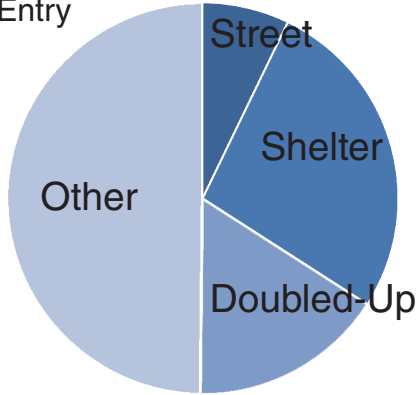
Outreach

2,068



Outreach is meant to get people who are in places not meant for human habitation into safe locations. It often involves providing resources like food and medicine in place until program entry can be achieved.

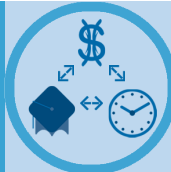
Night Before Entry



Destination

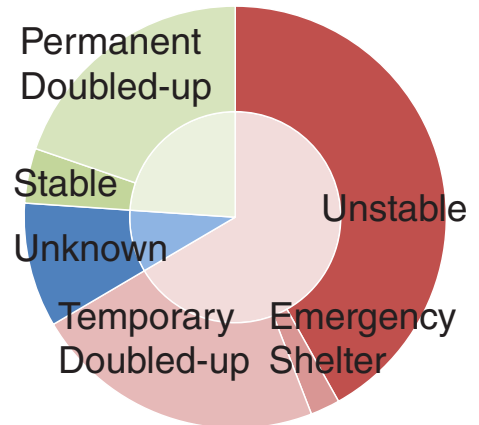
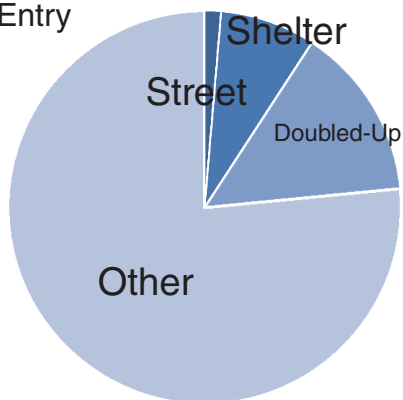
Transitional

3,432



For people who lack the necessary skills and resources to achieve long term independence, transitional housing is a place they can live for up to two years while they address those issues.

Night Before Entry

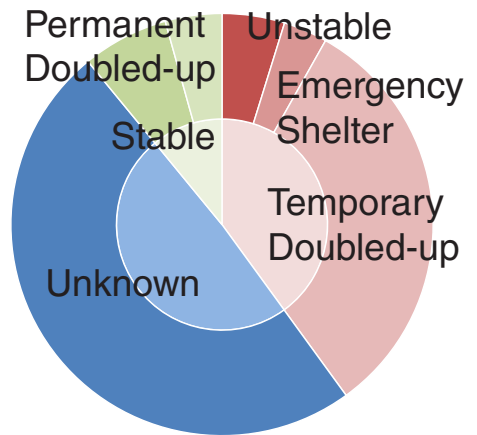
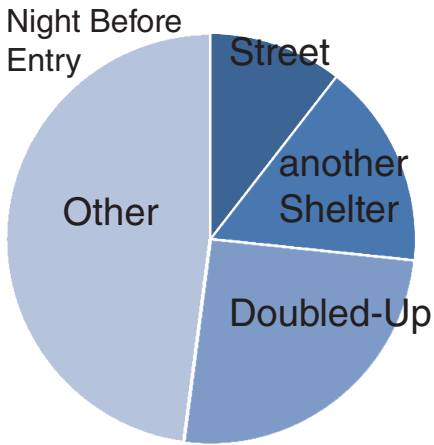


Destination

Emergency Shelter is a bed of last resort. The goal is to provide a safe location when no other location is available. The time spent in Emergency shelter should be as short as possible.



Emergency 7,636

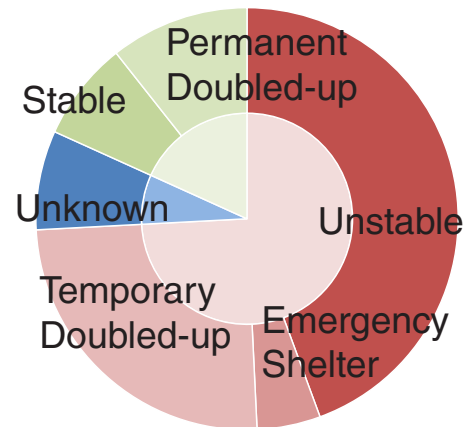
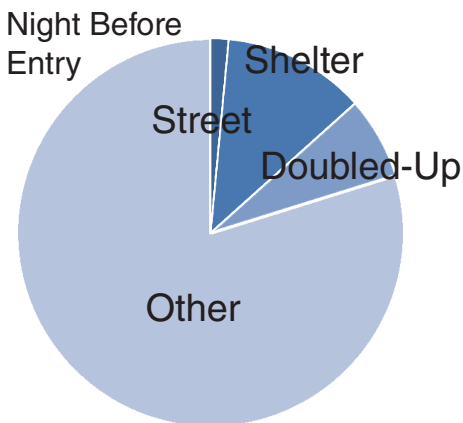


Destination

Permanent supportive housing has many variants, but in essence is a way for people who can live independently but for financial need, to do so with minimal necessary supports.



Permanent Supportive 1,252



Destination

Permanent Supportive Housing

		Leavers	Stayers
Most Iowans, when they experience homelessness, get help and get on with their lives as quickly as they can.	Under 180 days	6%	24%
	Over 180 days	20%	50%

Emergency & Transitional

		Leavers			Stayers
		Don't Know	Permanent	Temporary	
Emergency Transitional	Emergency	44%	23%	24%	9%
	Transitional	6%	40%	18%	35%

The goal of the homeless services system is to get people housed and on with their lives as quickly as possible and with as little intervention as is absolutely necessary, without failing to provide any vital services.

This is not a simple task. It requires identifying those people who are going to be fine on their own, giving them a place to sleep while they sort out their needs, then getting out of their way. For people who need more intervention: fiscal, legal, counseling, life-skills or other services, the current thought is that immediate housing should be provided then services should be “wrapped around” that housing provision.

To that end, a key indicator is the ability to move people out of programming as quickly as possible in emergency and transitional situations and to maintain service beyond three months for people receiving permanent supportive housing. Stayers are people who are still in service at the end of the year. Leavers have exited the program.

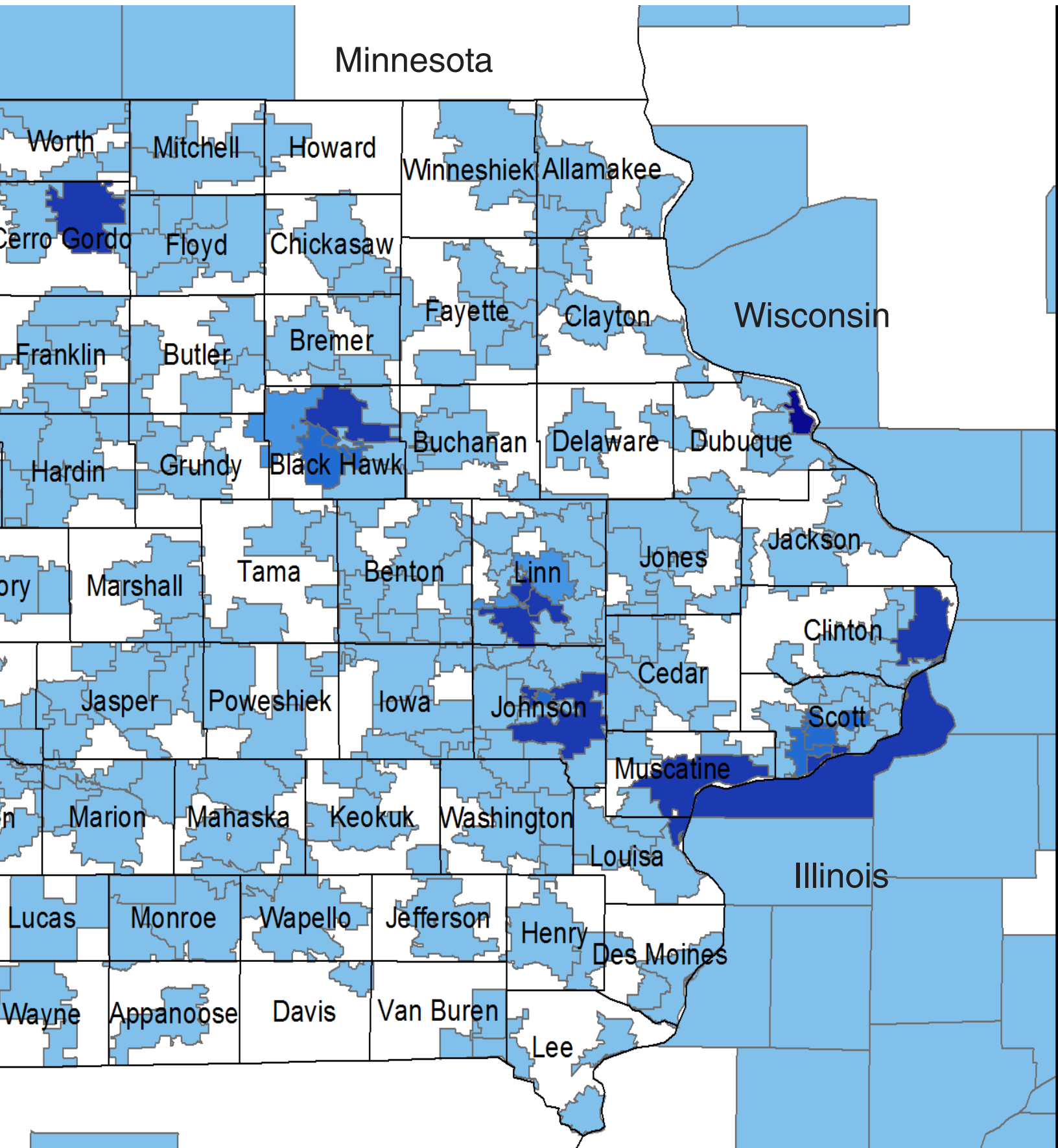
Average length of episode

	Unaccompanied	Family
Emergency	42 days	48 days
Transitional	170 days	242 days
Destination		
to permanent	94 days	150 days
to homelessness	48 days	70 days
to other	33 days	49 days
to unknown	49 days	109 days

Length of episode is a key indicator of the success of homeless services programs. It is desirable for the clients as well as for the program, that the length of service be as short as possible. This is not just to minimize cost. The less time a person or family spends homeless, the less likely they are to

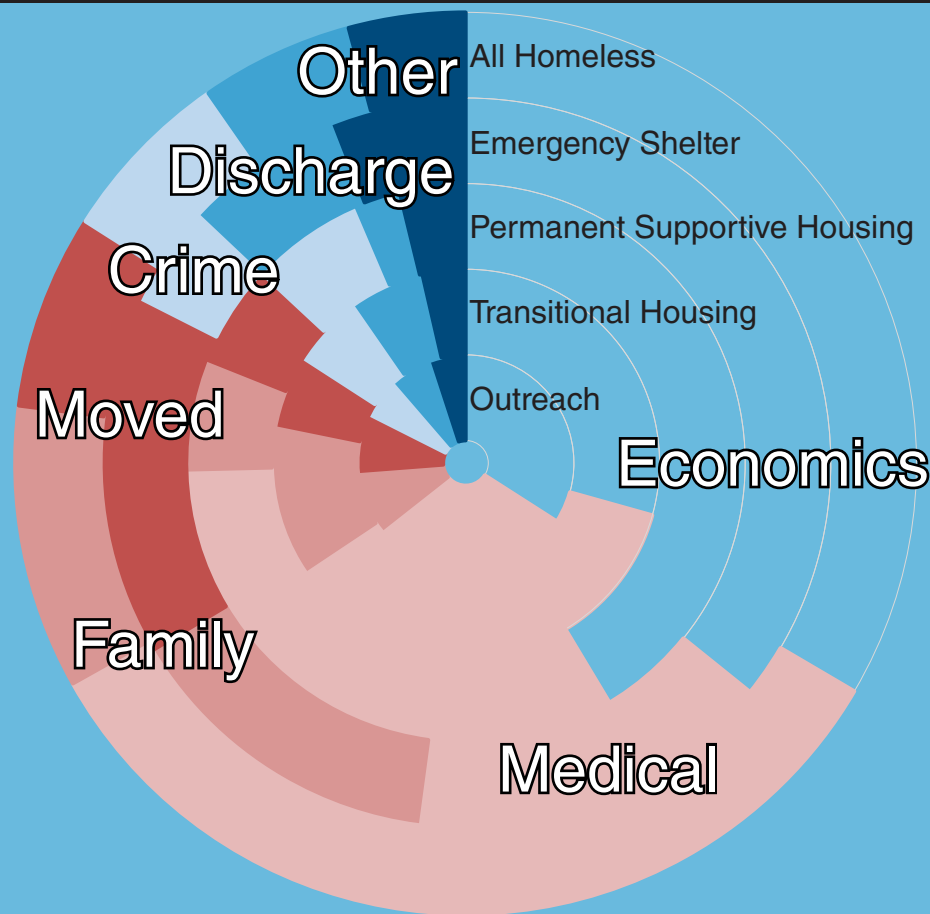
acquire a homeless identity. It is beneficial to the long term health of children and the long term stability of adults that they never begin to think of themselves as homeless, but continue to feel that their current situation is a temporary and that there has been a momentary failure of their coping mechanisms, not that they are a failure but that they are instead a valuable member of their community.





Causes of homelessness

58% of households report economics as the primary or secondary cause of their homelessness.



What causes a person to become homeless? The best theory of homelessness describes the process as a failure of coping strategies. People who face the same difficulties that anyone else does, but lack sufficient resources, both social and material, to rectify their precariousness when bad leads to worse and they find themselves without a place to sleep. One question people are asked is “what is the cause of your homelessness?” And, while we know perfectly well that the cause of their homelessness is a failure of strategies, a momentary lack of funds sufficient to secure a domicile, what we are really asking is “what condition for which your strategy failed, immediately precipitated this particular instance of homelessness?” Respondents are allowed two responses. If we aggregate first and second causes, more than half of people say economics.

3,384

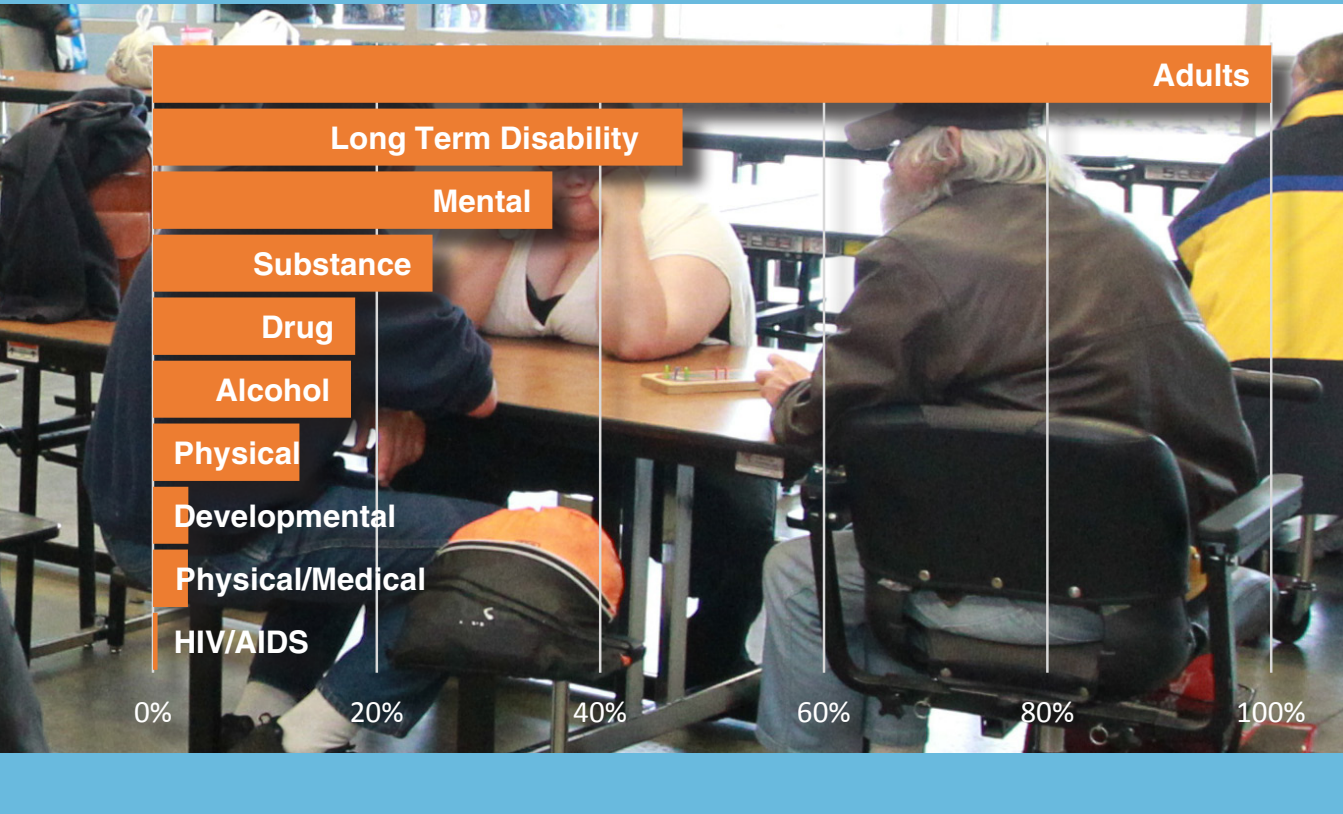
children were homeless in Iowa in 2013. Over 83% were under 12 years old. This sort of adverse childhood experience will have lifelong impacts on these children, emotionally and physically. There is compelling evidence that being homeless as a child not only dramatically increases the chances of being homeless as an adult, but it actually shortens the child's lifespan due to health challenges resulting from having been homeless as a child.



Children and Families



Adults experiencing homelessness with disabilities



Disabilities are a major factor complicating long term stability for many people who experience substantial housing instability. As much as 35% of people experiencing homelessness in Iowa attribute their homelessness to their disability. For many more, issues like substance abuse, mental health, and physical complications make it hard to cope with any difficulties that arise in their lives.

When most people experience moments of instability they can turn to cultural and social resources. For people with long term disabilities, moments of instability are likely to come along more often and those social and cultural resources that most people rely upon are more difficult to acquire. The result is more frequent instances of homelessness, and instances that last longer. As such, experiencing a disability is a requirement for classification as “chronically homeless.”

Current thought is that housing first models of service provision are particularly effective for people with disabilities because it takes away the need to overcome the potentially disastrous presence of a disability before focusing on housing stability.

EMERGENCY SHELTER—5,600 (down 33% from 2012)

<18	26%	Living On Street at Intake	%
Female	41%	First Time Homeless	35%
Minority Race	46%	Economic Cause	41%
\$0/month	47%	Medical Cause (Mental Health)	8%
Employed at Intake	18%	Some College or More	13%
Veteran Status	7%	GED or Diploma	38%
Substance Abuse	%	Less than GED	15%
Mental Health	%		

TRANSITIONAL HOUSING—3,571 (down 7% from 2012)

<18	40%	Living On Street at Intake	%
Female	56%	First Time Homeless	30%
Minority Race	31%	Economic Cause	30%
\$0/month	33%	Medical Cause (Mental Health)	21%
Employed at Intake	17%	Some College or More	12%
Veteran Status	7%	GED or Diploma	34%
Substance Abuse	%	Less than GED	12%
Mental Health	%		

PERMANENT SUPPORTIVE HOUSING—1,257 (up 19% from 2012)

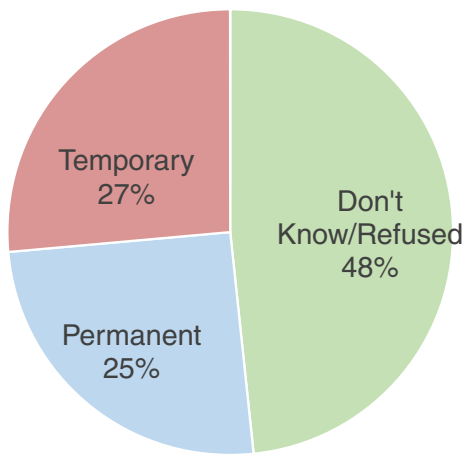
<18	38%	Living On Street at Intake	%
Female	49%	First Time Homeless	30%
Minority Race	32%	Economic Cause	30%
\$0/month	25%	Medical Cause (Mental Health)	21%
Employed at Intake	20%	Some College or More	12%
Veteran Status	8%	GED or Diploma	34%
Substance Abuse	%	Less than GED	12%
Mental Health	%		

RAPID REHOUSING—650 (down 74% from 2011)

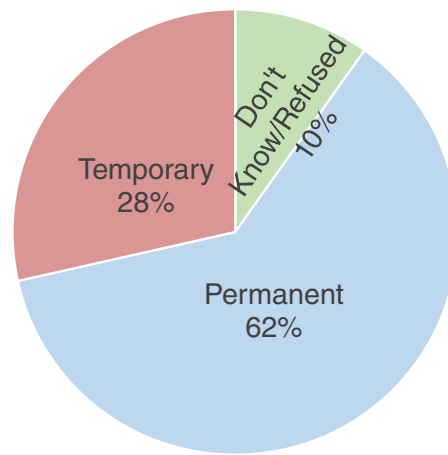
<18	42%	Living On Street at Intake	%
Female	55%	First Time Homeless	31%
Minority Race	58%	Economic Cause	31%
\$0/month	22%	Medical Cause (Mental Health)	6%
Employed at Intake	22%	Some College or More	10%
Veteran Status	3%	GED or Diploma	31%
Substance Abuse	%	Less than GED	13%
Mental Health	%		

Destination at exit

Destination at exit is the most commonly employed outcome measure. It is difficult, in the best of circumstances, to systematically follow up with clients at 6 months or a year after exiting service. So, as a proxy, we turn to destination at exit. The destination is reported by the case manager according to the best understanding of where the client is going given what the client reports or what the case manager knows independently. Shelter tends to be much more of a difficult situation for exit interviews. Frequently clients will disappear without informing the case manager. This does not necessarily mean a bad outcome, but a disconnection. The client does not feel the case manager needs to know, or the client does not want to engage any further with the shelter.



Emergency Shelter



Transitional Housing



Housing in Iowa



75% of clients exit shelter with no income and 70% of clients exit transitional housing with no income. Among those who do have income, it averages \$742/month for emergency shelter clients and \$736/month for transitional housing clients. Those are both down from a year ago. Even with 57% of emergency and 67% of transitional clients receiving SNAPs and 17% of emergency clients and 9% of transitional clients receiving either SSI or SSDI, and 6% of emergency clients and 10% of transitional clients receiving TANF making rent can be a challenge. It is no longer considered reasonable to assume 30% of income goes to housing. As an example, in Polk County last year there were 2,000 housing units available under \$700/month. More than half of those were above \$600 meaning that those clients who have income will, on average, pay 70% or more of their income to housing if they don't have roommates or subsidies, which have been a challenge to get in the last few years.

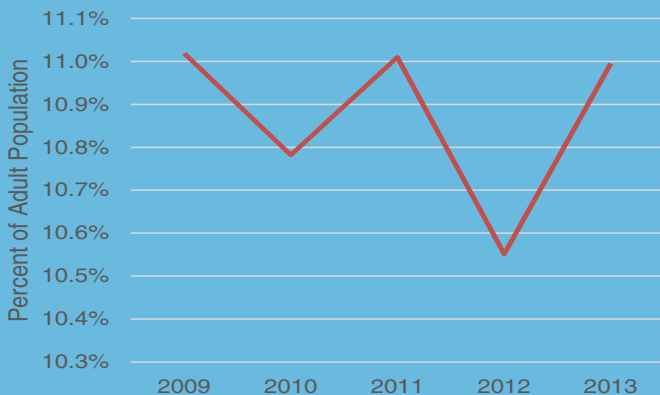
Military veterans



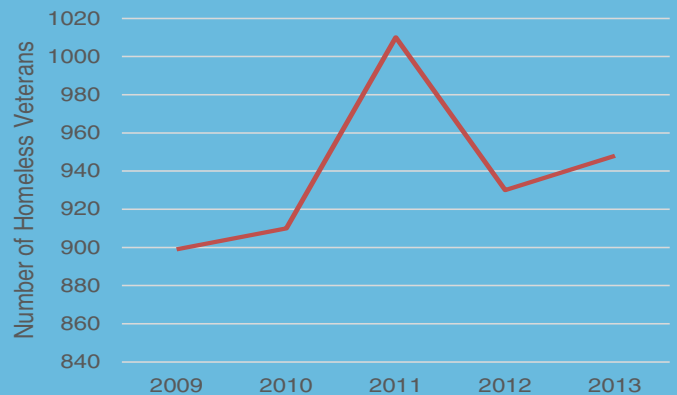
“The Mayors Challenge to End Veteran Homelessness is a way to solidify partnerships and secure commitments to end Veteran homelessness from mayors across the country” from hud.gov

Des Moines participated in the Veterans’ challenge this year. But veteran homelessness is a difficult problem. In Des Moines the veteran population fell from 12% to 11.6% between 2012 and 2013. Statewide, the veteran population has increased slightly, but as the total homeless population has fallen, the percent of veterans has gone from 10.5% to 11% of adults.

Homeless Iowa Veterans



Homeless Iowa Veterans



Summary Analysis

The paths through homelessness are varied. The phrase “continuum of care” seems to imply a logic that there is a path people are expected to take, from street homelessness through outreach to contact the system, emergency shelter to get off the street, transitional housing to gain skills and competencies that will assure long term stability, on to permanent supportive housing where a long term stability can finally be found.

While this may be the journey some people experience, it is not the common story. Most people have core competencies in place, and need only short term assistance to contend with unforeseen circumstances that resulted in failures of otherwise stable coping strategies for poverty. Homeless services are never going to end poverty. They are meant to, foremost, prevent death and accommodate housing. Stability is of course desirable, but services that help provide stability are best provided in a scenario where the recipient of services is housed.

It is informative to look at where clients are coming from, which programs they are entering into, and what destinations they are going to. The current best practices suggest ending homelessness by definition necessitates taking people from “places not meant for human habitation,” used in shorthand as “the street” but often including abandoned buildings, campgrounds and cars, then putting those people in housing immediately where they can work on issues of stability. But the emergency housing system is tasked with getting them housed. Frustrations of case management may tempt us to believe that a person must be ready to become housed, but best practices and current research show clearly there is no moment too soon for a housing placement – if the end goal is lasting stable housing.

The Iowa Institute for Community Alliances has worked in partnership with service providing agencies for more than 15 years and has been involved in the science of data collection during this period. Please contact our organization if you have any questions regarding this report or the work that we do.

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Everyone Deserves a Home

