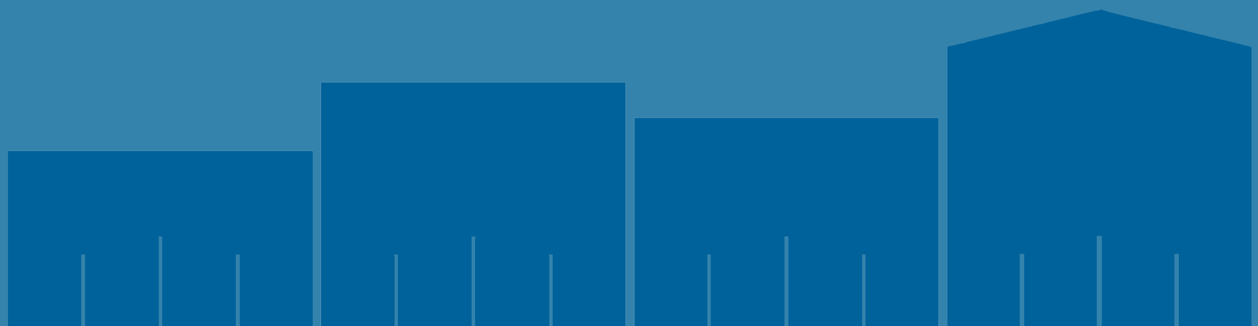
Institute for Community Alliances
25 YEARS

Iowans Experiencing Homelessness

Annual Summary of Service and Shelter Use

2014



11,638

Iowans were homeless in 2014 and served by I-Count agencies

additionally

10,557

Iowans were at risk of homelessness

In total

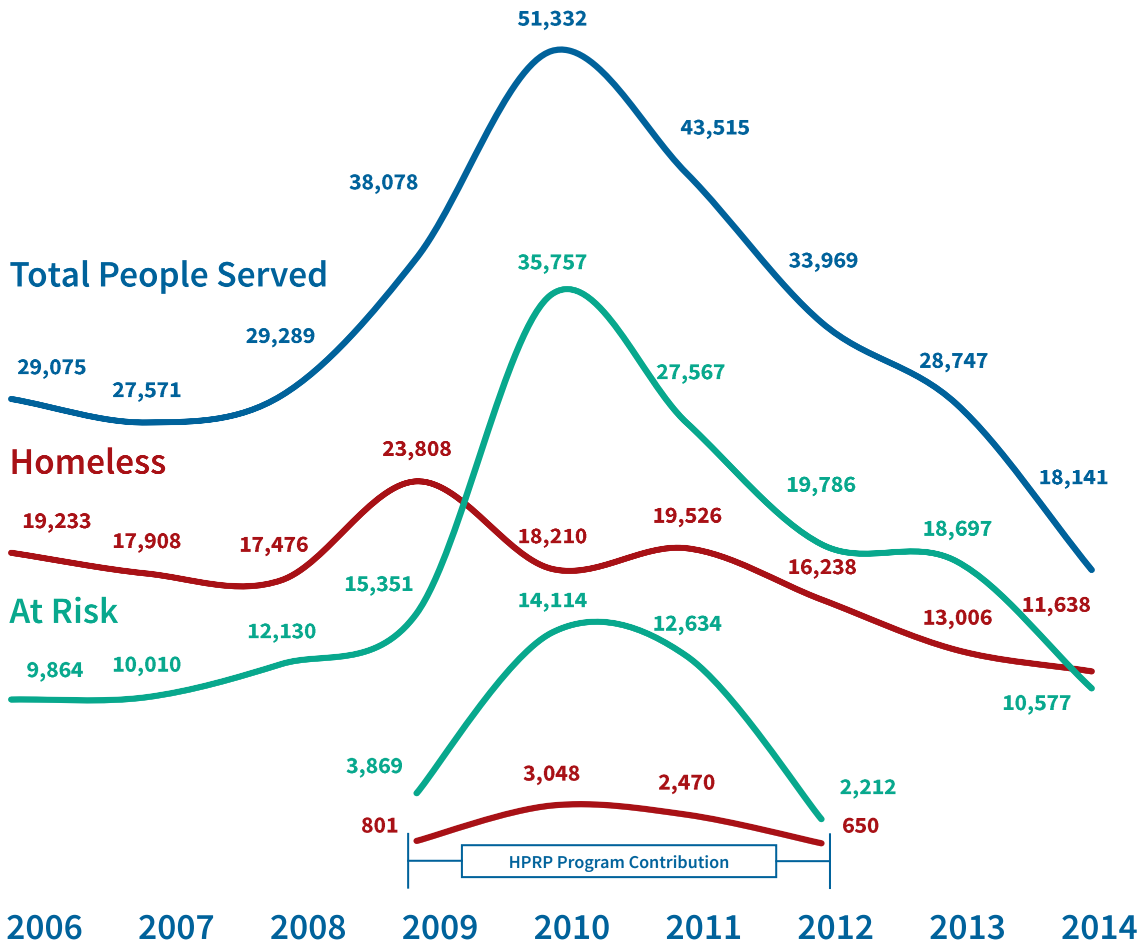
18,141

Iowans were served

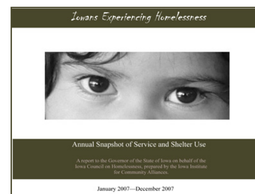
Each number is an unduplicated count, although a person may be counted within multiple populations if they were in multiple populations during the year. For example, a person may have been at-risk of homelessness and then become homeless during 2014. 4,074 people overlap the two populations, often in situations where one agency provides shelter and another provides case management. The total unduplicated population served in 2014 was 18,141.

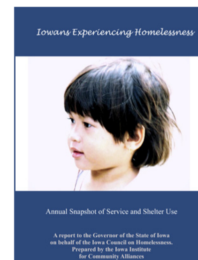
I-Count is the Statewide Homeless Management Information System (HMIS) used by most homeless agencies across Iowa. Approximately 75% of beds in Emergency Shelters and Transitional Housing programs in Iowa are included in the I-Count information network.

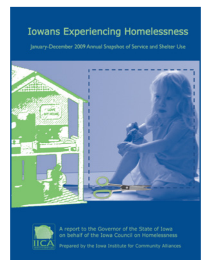
60,000
50,000
40,000
30,000
20,000
10,000
0

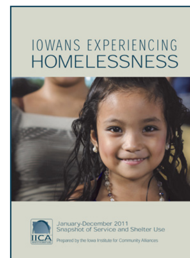


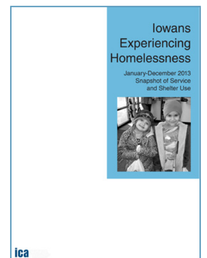
This year marks Institute for Community Alliance's 25th year in operation and the 9th edition of this Iowa report. Past editions are available at icalliances.org









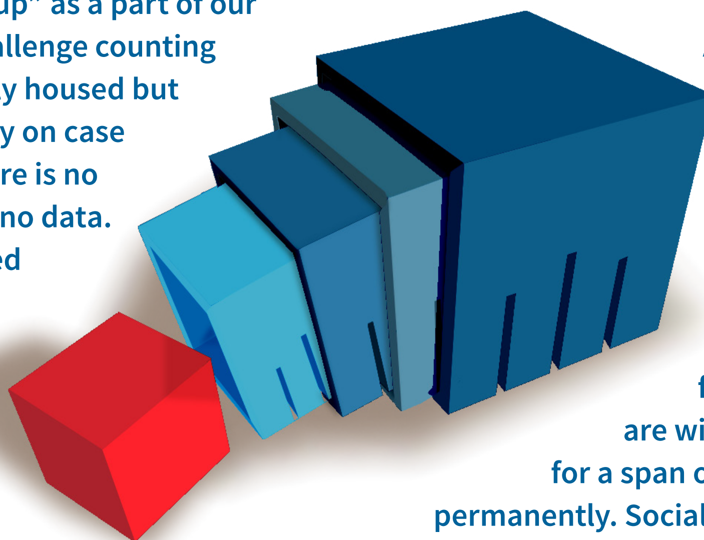


Homeless?

To say that a person experienced homelessness is a hard idea to define. Even among advocates there is debate about what it means to "be homeless" or to avoid treating housing status as a defining quality of a person or family, then "to experience homelessness."

There is, for example, the perennial debate about whether to include "doubled up" as a part of our count. There is a logistical challenge counting people when they are privately housed but not in their own house. We rely on case managers to enter data. If there is no case manager present we get no data. Not all people who are doubled up are homeless. This is why we include "doubled up on a permanent basis" among the destinations to which a client may exit permanently. Think of adult children living at home, elders living with children and adult siblings living together. Extend your thought beyond genetic families to include families-of-choice. What is lost, though, are people are experiencing instability. People who almost became homeless, but had enough of an intact social network to avoid it one more time, don't get included in our count.

It may be more useful to view homelessness as a nesting-doll. There is a large doll that includes everyone who is in extreme poverty. We can consider that doll 30% of area median income. 30% of area-median-income (AMI) means the person or family has enough money coming in to qualify for low income housing. This doll often includes families who use Supplemental Nutrition Assistance (SNAPS) and visit the food pantry. They are vulnerable to economic shocks. If something bad happens; a car breaks down, someone gets sick, or disability challenges arise, that is called an economic shock. Economic shocks expose the next nested-doll.



A person with low income experiencing economic shocks may weather those shock if they have sufficient social resources. Social resources include family or friends who are willing to share housing for a span of time, or even permanently. Social resources may even be short term assistance, like general relief or Low Income Home Energy Assistance Program (LIHEAP). Managing life with income half or less of the 30% AMI becomes incredibly precarious. If disabilities complicate life or social networks are worn thin, or if people are unwilling to further exercise those resources, then a person or family can find themselves in a position where they have no place to call home, and we look further into the nest of dolls.

If a person spends the night in a car, a camp or any other place described as "not meant

for human habitation" then that person is experiencing homeless. Clearly there is a lot of pain and discomfort deserving of humanitarian intervention long before a person experiences what we call homelessness. And even in the situation we are describing, this person may not be included. For us to include them, they need to have an encounter with an outreach worker or decide to go into shelter. If either of those happen, we open the doll and find in it the first opportunity for inclusion in the I-Count Homeless Management Information System (HMIS).

State of the Art

Who is homeless? One way to answer is "anyone who needs a home is homeless". Anyone who does not need a home is not homeless. So, homeless service providers should silo themselves and only provide housing. The solution to being homeless is a home. There is a debate in the homeless service provision community between whether to focus exclusively on housing or to address underlying problems causing homelessness.

Most of the time, when people talk about systems, silos are bad. Silos happen when a system is not in communication with other systems. Silos don't approach decision making holistically. The silo advocates argue housing providers should not think about mental health care provision or substance counseling, or economic development, or employment services while they are providing housing. Just house people because housing is exceptional, like food and clothing. No one needs to be "food ready" or "clothing ready".

This feels antithetical to some providers. They say, "But, if we don't address the causes of instability, housing is throwing money down a hole." But, the thought among housing first-advocates is that even in the worst scenarios, active drug users with mental health problems, housing them first and then addressing the causes of instability is better. It is more likely to produce a success and there should be positive systems-level outcomes. Putting people in group living tends to exacerbate problems and embed people in scenarios where personal instability compounds group instability. That worst case scenario may require extensive intervention. But most people are not facing that may barriers.

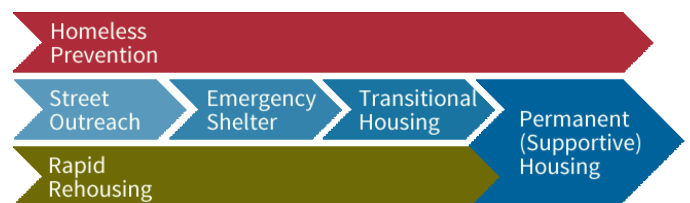
In fact, current thought addressing meager resources suggests that precariousness is not enough. Homelessness is not enough. Our research shows that a large part of the homeless population will stabilize themselves without our help. Many more need only those resources and services they request; perhaps a bus ticket or rental assistance for a few weeks. There are systems in place that do those things. So, a case manager should approach people who experience homelessness after some set time span, and simply place them in housing. Based

on established methodologies, that housing may be for any number of months. It may be accompanied by a request or requirement for additional services, but the first delivery is housing.

Being homeless is not a monolithic experience. Being homeless because of economics is different than being homeless because of mental health. And yet there is a lot of covariance. Economic difficulties definitely have some causal effect on mental health. Mental health can easily lead to economic problems. People who experience homelessness because they are escaping domestic violence experience homelessness differently than people who are homeless for other reasons. There is something different about being homeless in Iowa, as opposed to other states. There is something different about being homeless in Des Moines than being homeless in Davenport or Cedar Rapids.

But there is one truth we can say about all people who are homeless. They need a place to be. The provision of housing services for people experiencing homelessness has a history of keeping people in shelter long after it would be best for them to be housed, driven by the notion that they need more life skills to remain housed. This is often referred to as housing-ready. The housing first model says, in essence, that people do not need to be housing ready any more than they need to be homeless ready. The stability of being housed will facilitate efforts to solve other life problems, and insisting it be done in the other order is the worst sort of paternalism.

Even the simple approach is in need of boundaries. When does a person warrant housing? When are they actually experiencing homelessness? That is complicated by the question of "doubled-up." Does a person who is in a precarious place but not yet actually on the street count as homeless? For our data purposes, they are different. Prevention services are handled separately from housing. Different approaches have been taken at different times. Some would call a person who has a letter of eviction, or a notice to vacate, homeless. Some advocates feel that if a person will be on the streets in some number of days, then they can be counted as homeless. Prevention is not preventing just homelessness but it prevents a person labeling their selves as homeless. If a person becomes literally homeless, there is likely to be some tangible change in their mental outlook. A person's expectation of their options in life can narrow. This concept is referred to as habitus. The change in habitus that results from a person beginning to think of themselves as homeless can make long term stability much more challenging.



The I-Count Network

Starting in the mid-1990s, ICA began collecting paper forms for quantifying homelessness in Iowa. Then spreadsheets were mailed on floppy disks. In the 2000s the I-count network launched. I-count is a web-enabled secure relational database and case management tool used by all HUD funded providers and many independent providers in Iowa. We are now able to look inside that final nested doll and discover a diversity of populations experiencing homelessness. Often unified by their experience of poverty, we know now that homelessness is different for different people. It has many causes, many faces and many solutions.

Service Provision

The Continuum of Care is a phrase with many meanings. It is a funding stream from HUD, the name of a block of grants provided to operate programs to assist people experiencing homelessness. There is also an idea represented in the Continuum of Care, meant to incorporate the holistic community of people interested in serving the needs of those experiencing homelessness. This includes the people experiencing homelessness or those who experienced it in the past, agencies, funders, government, education and health care, policing, and advocate populations as well as any other population or citizen who feels they belong in the continuum. It also includes the idea of a progression through an orderly series of steps from sleeping on the street to stable independence. This is not to say the person in crisis must start at the bottom or that they must enter and exit programs in order, but the logic helps order the system of services so no one gets left out.

People who are sleeping in places not meant for human habitation, but not yet sheltered, are entered into a street outreach program when they are encountered. This lets a case manager connect them with resources, like veteran benefits or social security insurance, if they are unable or unwilling to come into shelter or rapid-rehousing.

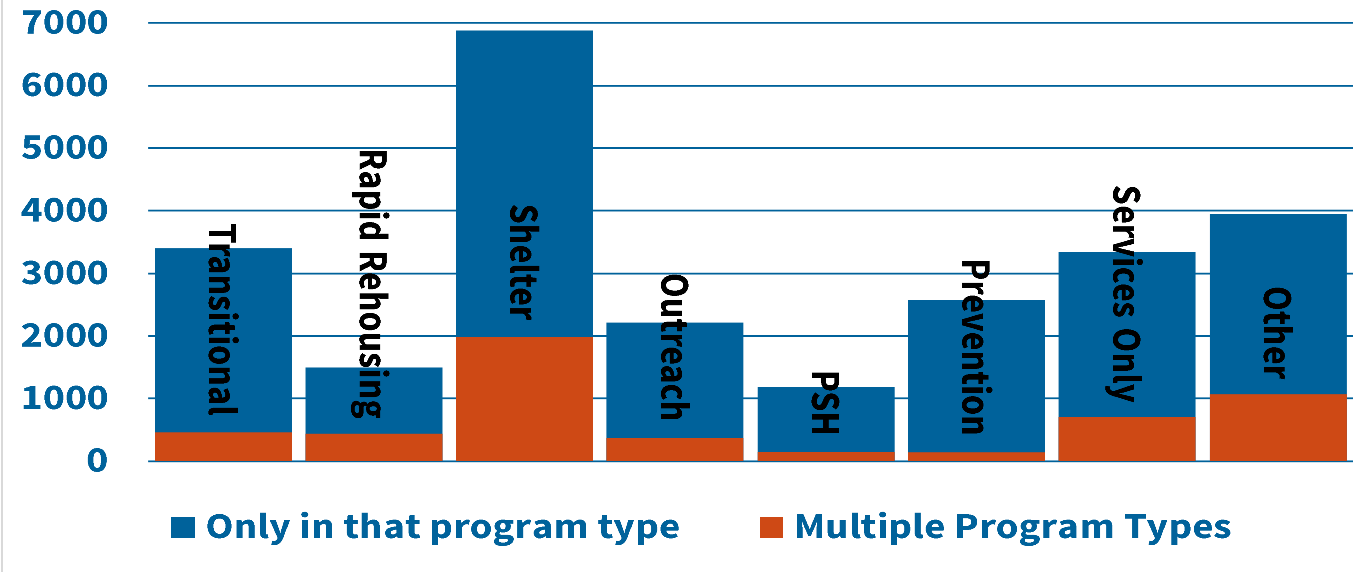
Within the population of persons experiencing homelessness, most people have an experience of short duration. When faced with this exhaustion of coping mechanisms, the majority of people will spend a week or two in emergency shelter. Then they move on, of their own initiative, and become stably housed with little or no intervention from a case manager. Some others have a serious deficit of capital, human or social, that makes it necessary for them to stay sheltered for up to two years. This category often includes young people, youthful parents,

and substance addicted persons. In these circumstances a person, sometimes a family, will be entered into a transitional housing program.

The emerging best practice involves getting people housed as quickly as possible. Often termed a housing first model, this can involve homeless prevention through case management and targeted financial assistance. Once a person or family has lost their housing and become classified as literally homeless, if they spent more than a week or two in shelter or spend time living in a place not meant for human habitation, a case manager will ideally assist them with rapid-rehousing. If a person or family is otherwise stable but needs fiscal assistance to get through a period of instability, they can move into a rapid-rehousing program. Rapid-rehousing is classed as permanent housing, and once placed in housing the person or family is no longer considered to be literally homeless. In rapid-rehousing a family will often receive fiscal assistance with rent and utilities for a period of time and often some case management, but they are otherwise stable. Ideally, the family will assume responsibility for their financial needs quickly. However, if a disability is indicated as a key cause of their housing instability, permanent supportive housing is generally the best option.

Permanent supportive housing is a program for people who need long term assistance and case management in order to stay housed. An effort is made to maximize independence and control over one's own life, with ideals of tenant choice in housing where people are maximally integrated into the community around them. In most cases the family will gradually take over the responsibility for whatever assistance they are receiving as their situation and stability improve. However, this program can be permanent. Some people with extreme disabilities will stay in Permanent Supportive Housing for a long time. Generally, the success of these programs is measured on their ability to either transition people off the program to stable situations or to keep them housed for as long as possible.

A person may go through many service providers on their way to stability. They may go through periods of stability and instability before entering into a lasting stability.



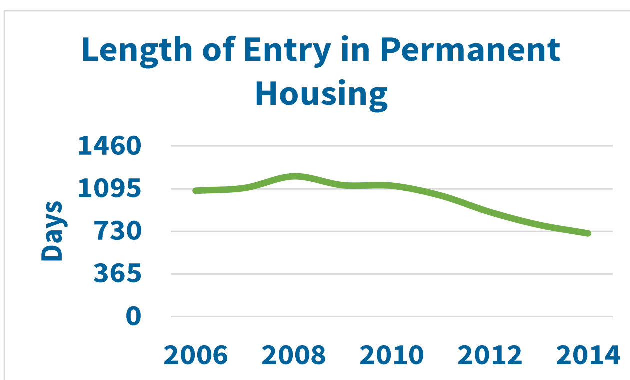
The Big Picture

In 2014, 18,141 people were served by I-Count agencies. 11,638 of those clients were homeless; 2,218 people were seen by outreach agencies, 6,878 people in shelters, 3,400 used transitional housing agencies and 1,493 were served with rapid rehousing. Some were seen by multiple programs. 96 overlapped transitional housing and emergency shelter. 72 people were seen by outreach and shelter. 641 were seen at shelter and rapid rehousing. Those overlaps change the distribution of services. 5,326 people were seen in multiple program types. Where to assign them without double or triple counting them? If we distribute those people across the program types where they were seen, rapid rehousing appears to have served fewer clients than PSH, but this year PSH actually served fewer clients than Rapid Rehousing, which has experienced a tremendous growth. But because so many clients in rapid rehousing were also served in emergency shelter, it appear to be a smaller portion because so many of those clients are also served in with emergency shelter.

Within the 2014 calendar year, from the 11,638 people who were homeless, 69% of transitional clients were seen just once as compared to 72% of permanent supportive housing clients. 34% of shelter clients are seen once. Shelter clients are more likely to be seen twice. Most of the overlap is with service programs and other case management and service enhancement agencies. This is not the ideal. Aside from rapid rehousing, this trend suggests siloing and poor employment of a progressive engagement model, where a client would get what they need from one program and move on to another which will serve them better based on the advances they made at the first program.

It has long been suspected that in most experiences of homelessness, a person or family will approach and engage the resources they know about, or if they phone 211 to find resources, the one that best fits their need. But, then the person or family has to "call around" and "take what they can get". Recently HUD and our local communities have strongly embraced a coordinated access model. In practice the details are still being tuned to local situations, but there are several agencies up and running with coordinated access.

With coordinated access when a person experiences instability, wherever they turn for help, that agency will connect them with a coordinated access case manager. The case manager uses the Service Prioritization Data Analysis Tool, a nationally evaluated objective analytic questionnaire, along with their own subjective case management experience, to connect that person with the best program for their needs, rather than the program they happened to contact first. This represents a major change in service delivery, and it may lead to significant outcomes in the future.

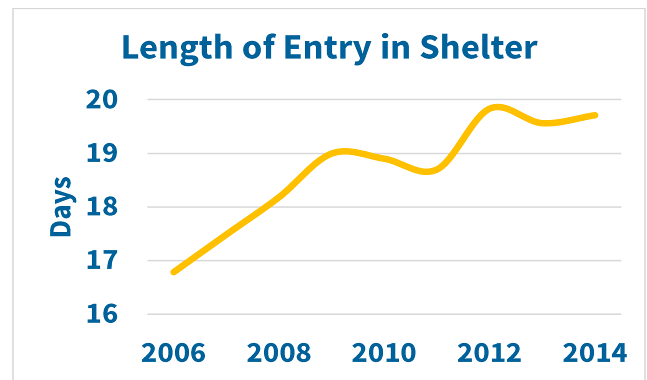


9 Years

Looking across the last nine years of data, there are 94,237 unique individuals entered into the I-count system. In a state of just over 3.1 million persons, that is around 3% of the total population. Not all of those people become homeless. Many were served in ways intended to prevent homelessness.

35,985 people were served in preventative capacities, and then they were not seen again in the I-Count network. It is reasonable to assume they did not become homeless. It is hard to ever know for certain if they would have become homeless, had they not received a preventive intervention. Most economic coping strategies are complex, and it is very hard to measure their outcomes quantitatively.

58,252 people have been homeless in I-Count over the last 9 years. Homeless entries can include street outreach, emergency shelter, transitional housing, or rapid-rehousing. People are often seen in multiple programs across the continuum, if they are seen more than once.



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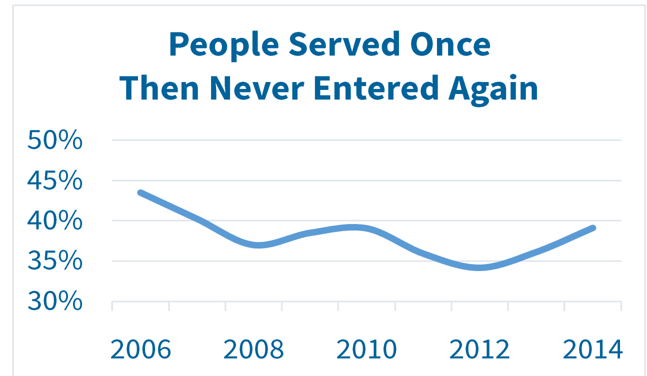
56,944 people were seen one time and never seen again. 37,293 people were seen multiple times. Overall, 60% of clients are seen only once and do not appear again, allowing of course for the structure of a 9 year data pull to give more opportunity for clients seen in 2006 to return than for clients seen in 2014.

In some cases multiple system encounters is a good thing. For a person to move from shelter to rapid rehousing or to permanent supportive housing is good. We want prevention to see people once then never again if possible.

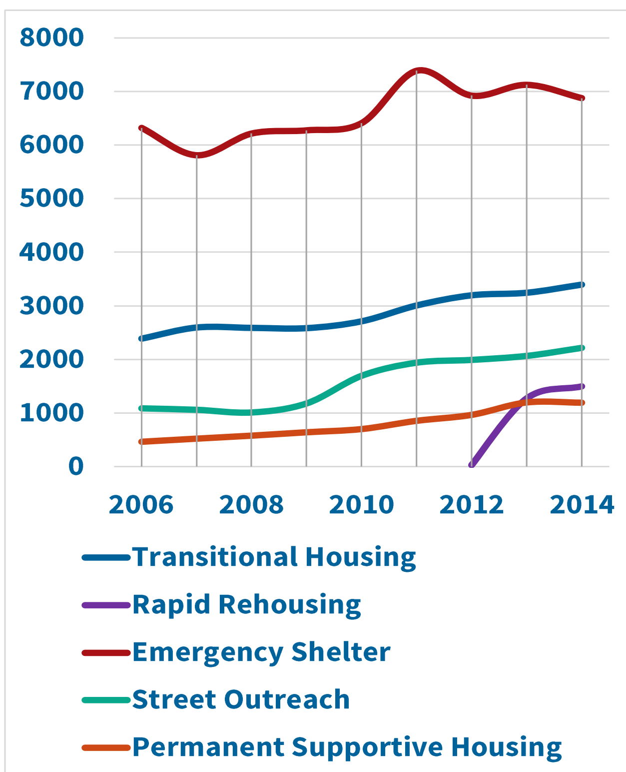
About 40% of clients served by prevention agencies return to service. By looking within program types, it emerges that a good portion of repeat visits are coming from positive repeat encounters. Roughly 51% of clients served in

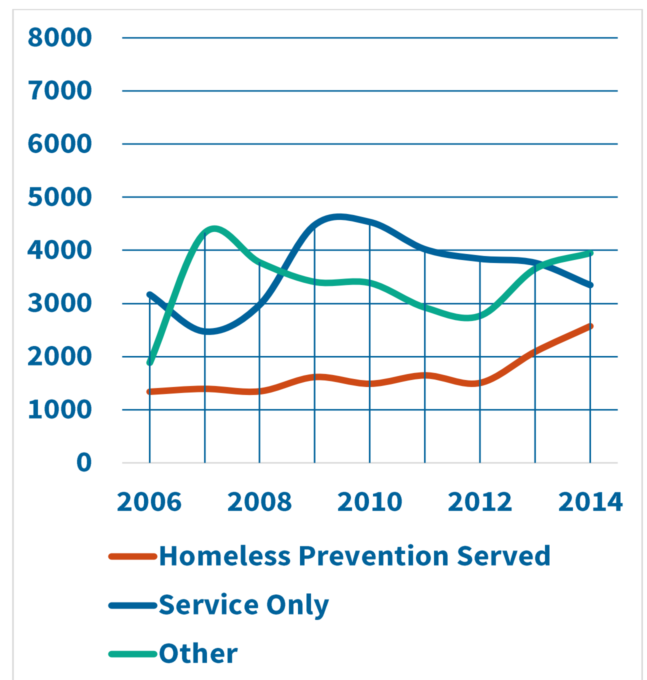


2014 in permanent supportive housing programs were previously homeless in Iowa. 34% of rapid rehousing clients had earlier been homeless in Iowa.

Another metric that emerges from a longitudinal look is the length of entries. It is best if the stay in shelter is minimized and the stay in permanent housing is maximized. Unfortunately, both lines are trending in the wrong direction.

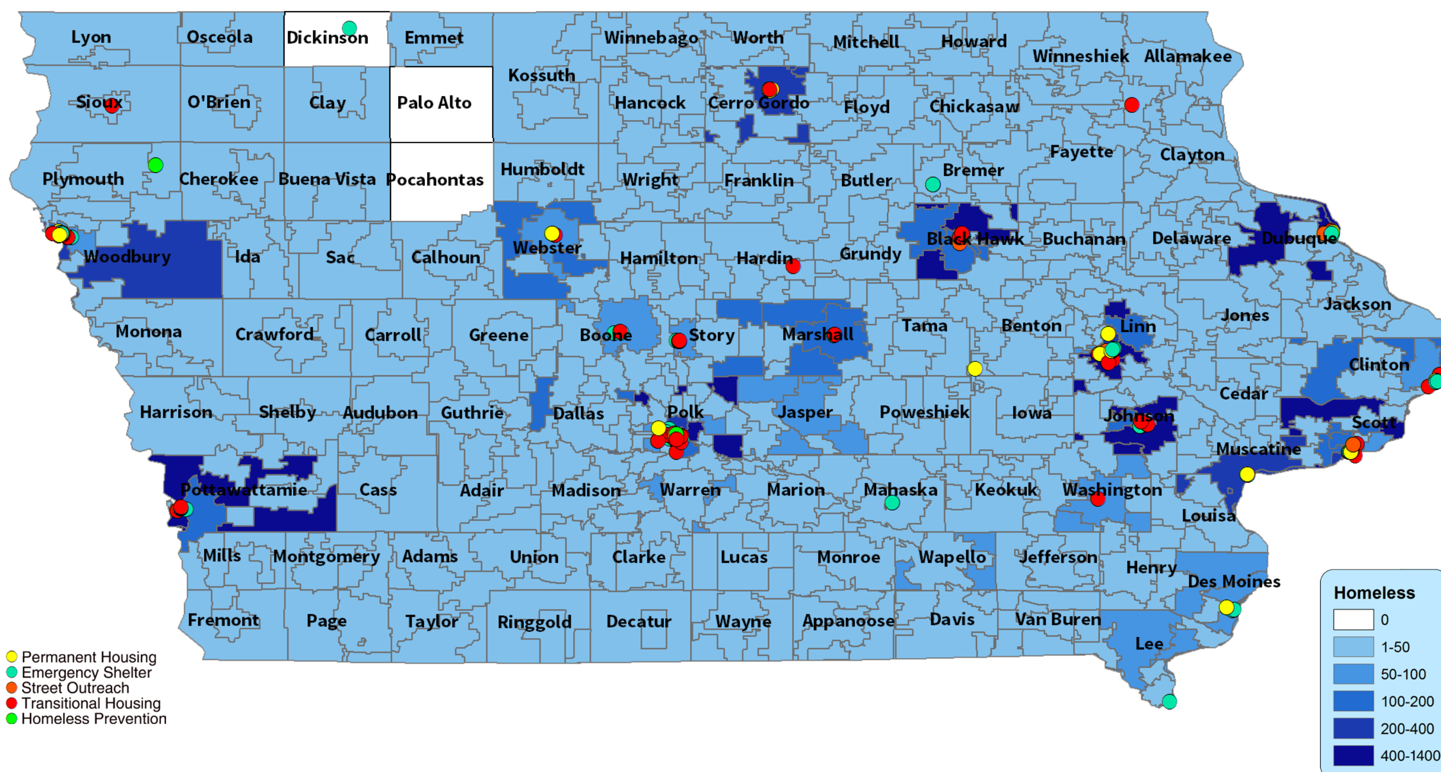
Persons Served Annually in Program Type





Homeless

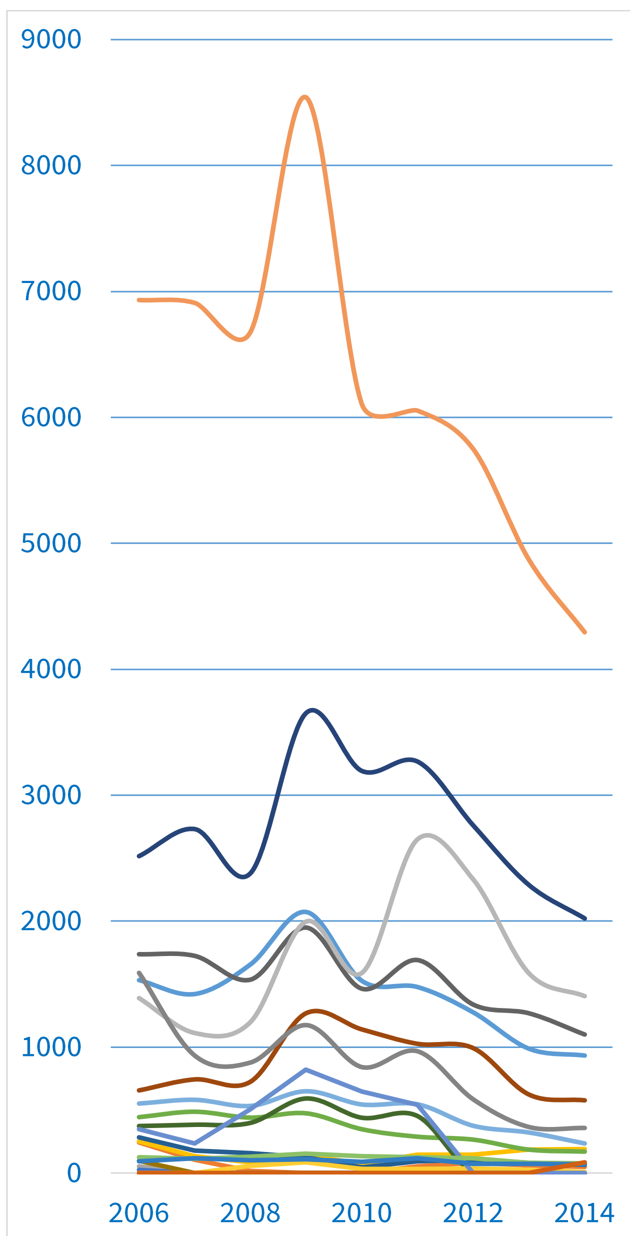
in 2014 by zip code of last permanent residence



Assigning a location to an experience of homelessness is a complicated process. A person who is experiencing homelessness has no fixed location. That is definitional in our understanding of the issue. When people are entered into service at an agency on the I-Count network, one of the questions they are asked is "where was the last place you resided for 90 consecutive days." That information is aggregated at the county level in the map seen here.

Most people who receive service in Iowa are from Iowa. It is a common assumption that people experiencing homelessness are transient. It may play on the myth of the wandering hobo, or it may be a desire to see our society's problems as having been caused by someone else, but the reality is that Iowa's homeless are from Iowa. They are our friends and neighbors, in the midst of a difficult time in their lives, but lacking the social resources that have gotten the stably housed through similar episodes.

Cumulative Homeless by County



Another way to approach the question of locality is looking at the location of the agency. Most years some agencies come on or go off of the network, but the general capacity of the network has remained fairly consistent although the bed capacity of the agencies has shifted dramatically. Some agencies change their status or the status of some of their programs and beds. Priorities change in line with the leadership of the Iowa Coalition on Homelessness and the Iowa Finance Authority, working with CoC partners in addressing the needs of the population facing housing in stability in Iowa, providing specific programmatic direction.

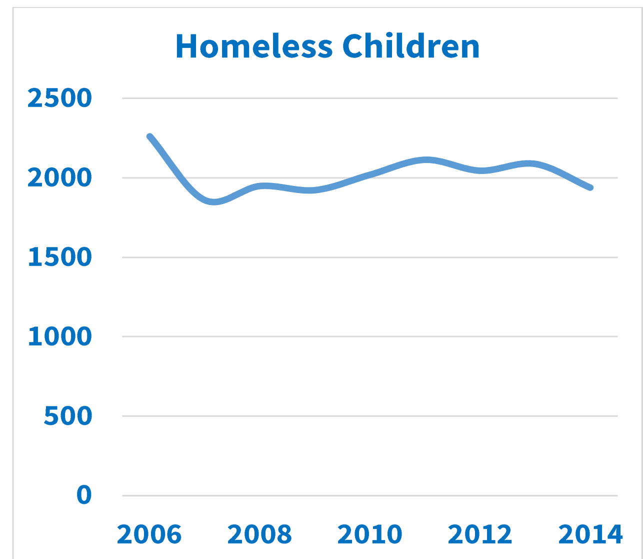
The map shows program location by program type. Prevention is not included in this table.

County	Homeless	Served
Polk	4291	7163
Linn	2023	2523
Scott	1404	1950
Johnson	1099	1265
Black Hawk	931	2134
Dubuque	576	833
Woodbury	357	796
Muscatine	235	272
Cerro Gordo	191	472
Clinton	171	190
Winnebago	84	117
Washington	77	77
Webster	69	167
Des Moines	67	140
Boone	50	50
Sioux	9	9
Benton		13

Family & Community

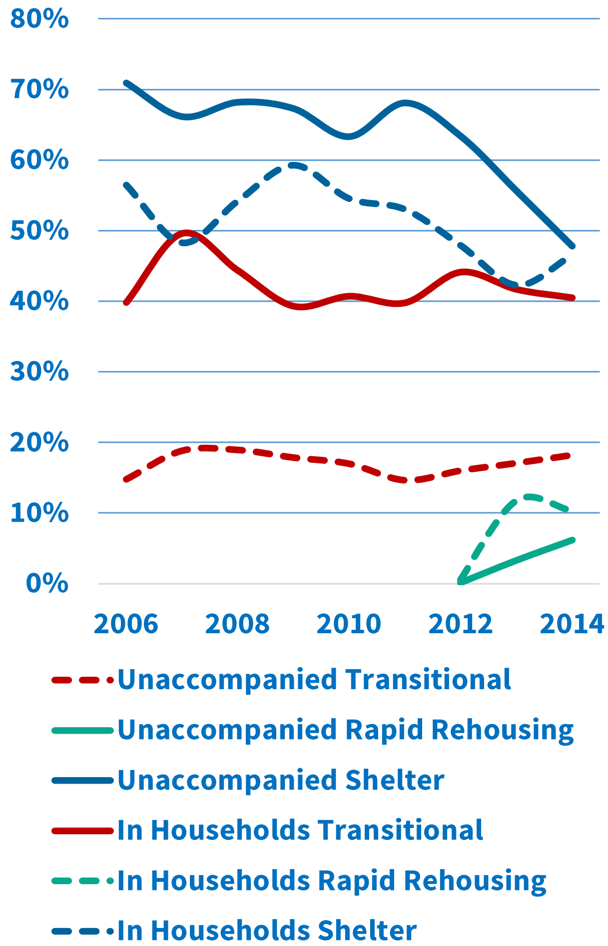
Homelessness is experienced in a localized fashion. Housing instability is experienced differently in rural areas than in urban areas. When a family becomes unstably housed in a rural area, and has exhausted whatever resources were available in their family and social networks, they are likely to start with doubling-up with less reliable acquaintance.

Then, if the family is still unable to become stable there is a good chance they will move into a car or abandoned building. The availability of camping and abandoned buildings in rural areas changes the profile of rural family homelessness. In urban areas people are more likely to move into shelter immediately.



1,898 of the people who were homeless this year were children under 18 years old.

One way to estimate these numbers is using census data. One of the category the census counts is called "other non family households." This excludes married couples and other families and people living alone. So, in the category people are living together but not related by



birth, marriage or adoption. That leaves about 6.5% of Iowans. This category includes same sex couples, but even then the estimate of doubled up people the census allows us to make is 180,000 people.

Being homeless as a child is truly terrible. There is current research around adverse childhood experiences (ACEs) showing that difficulties in childhood lead to lifelong health diminishment and even early death. Housing instability was not a factor in the original study, but factors are cumulative and there is reason to believe that housing instability will behave in the same way. Similarly, the cumulative nature of aspects of chronic homelessness serve as factors in the vulnerability index and service prioritization data analysis tool (VISPDAT), which is being used in coordinated intake programs introduced this year in Iowa. The VISPDAT is a test to determine a person's likelihood of dying as a result of their homelessness. It is most likely true that allowing children to become homeless shortens their lives, and causes health problems later in their lives, similar to what is indicated by ACE research.

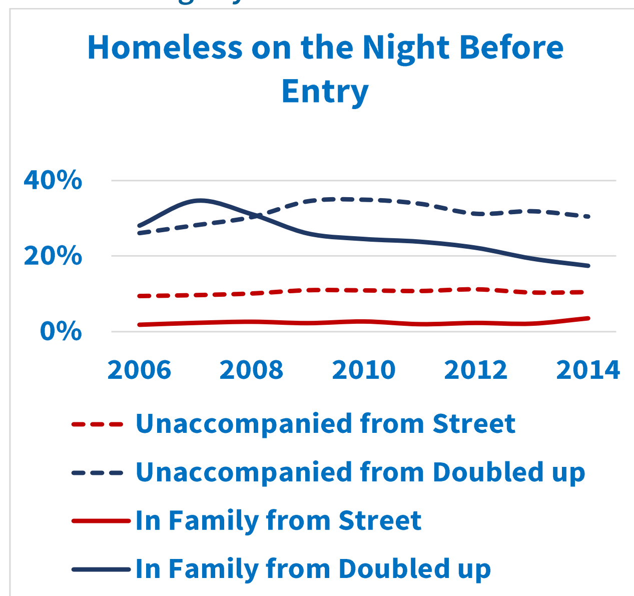
Counting family homelessness presents problems of its own. Family shelters tend to operate on a units system where a room is assigned to a family and the number of beds in that room is variable. So a shelter with 10 units can be full with anywhere from 20 to 40 or 60 people, depending on how many adults and how many children are in each family unit.

Of the 18,141 people served in 2014, 8,294 were in 4,664 households. There is a strong preference for one program type over another among those two populations, who experience homelessness in distinct fashions.

Do people in households favor one program type over another or is it a preference of the program type for the family structure? Certainly, Transitional Housing programs serve families and shelters serve individuals

at disproportional rates. Rapid rehousing is emerging with a preference for households, though it is pulling from emergency shelter numerically. It is possible that, intended or not, the shift in programmatic focus from emergency shelter for rapid rehousing will also be a shift from individuals to families. Voices in Iowa's family shelter community have long held that the family homeless problem was larger than the numbers showed, and that they turned away more people than they served by a large factor.

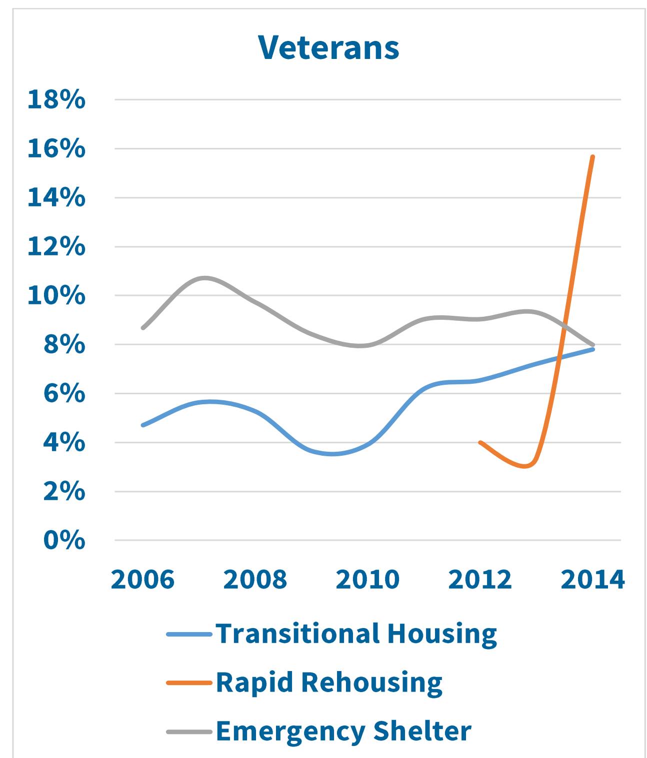
For households experiencing homelessness, there is a difference in the path taken to homelessness. Unaccompanied individuals are far more likely to come from the street into shelter then those in families. Both are more likely to come from doubled up situations. Doubled up situations for families are declining since the period immediately before the financial crisis, while doubled up situations on the night before entry for unaccompanied individuals have increased slightly.



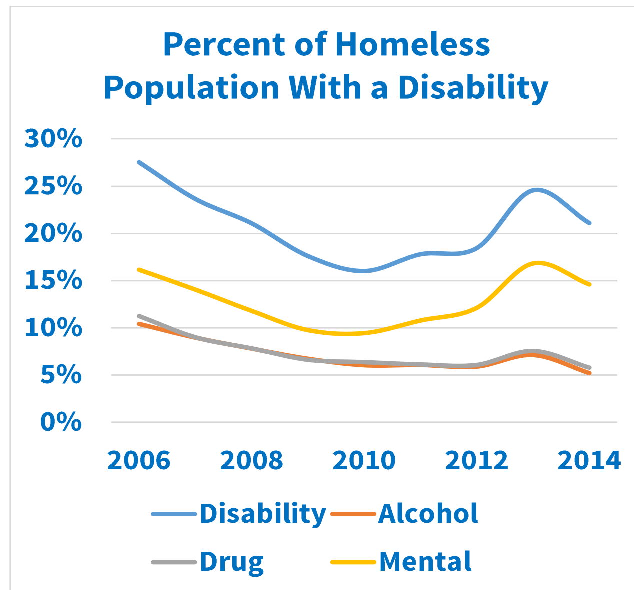
Veterans

Veterans present a special challenge. It has long been known that veterans, having experienced the worst of humanity, will carry aspects of their experience home. It is then the responsibility of the society as a whole to lift them up and see to their stability where they are unable to see to it themselves. To that end, the Veteran's Administration operates a shelter in Des Moines that does not participate in HMIS.

With the recent growth in funding for supportive services for veterans and their families (SSVF) and the push to house all homeless veterans by 2016, it is not surprising how quickly the veteran population in rapid rehousing has grown.



Structural Causes



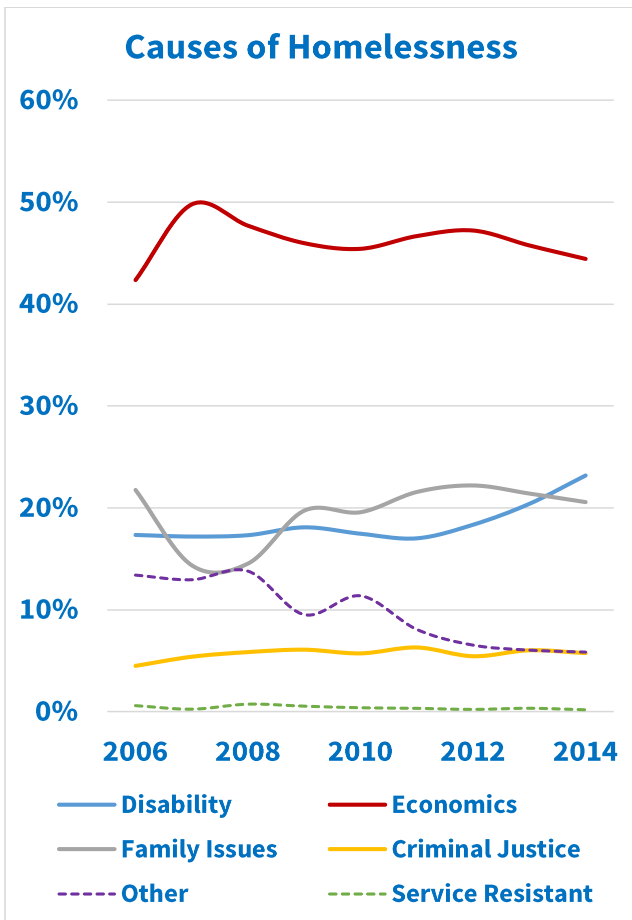
Homelessness is a function of structural factors. Substance abuse disorders and mental health conditions are certainly common among homeless individuals. Observing that stress factors are higher among persons experiencing extreme poverty and homelessness, such that once homeless there should be an expected increase in symptoms of mental health conditions, and it is even possible that mental health conditions will on occasion trigger lapses into homelessness, but the prevalence of conditions in the homeless population is not significantly different than the prevalence in the population is a whole.

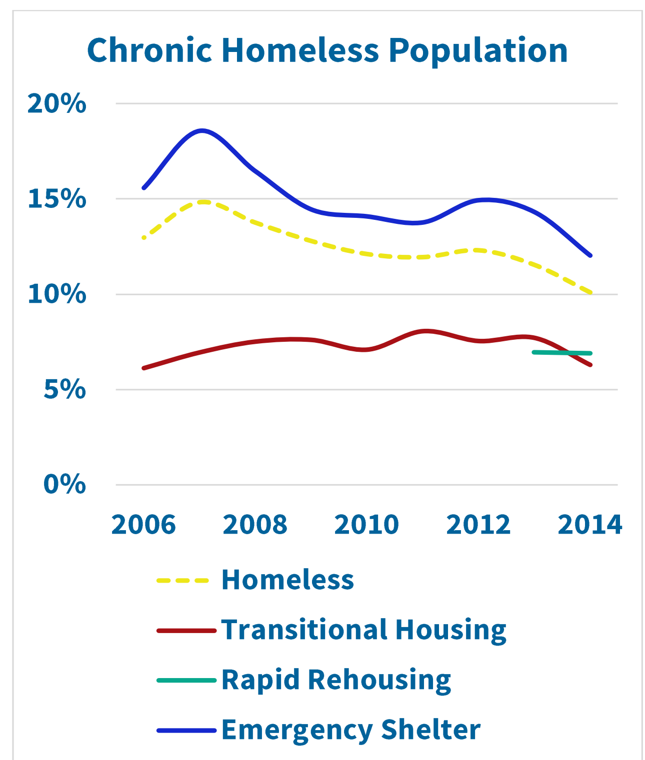
Criminality, another often cited source of homelessness, either alluding to a general suspicion that homeless individuals are more likely to be offenders or that offender status is causal of homelessness, is not a major cause of homelessness. There is some cause to believe that once homeless, individuals are more likely to be cited for social order violations, but that is resulting from the homeless status, rather than contributing to it initially.

Though we are want to explain homelessness as a series of bad decisions made on the parts of individuals, the truth is closer to a structural understanding of poverty; understanding that in poverty there is less room for individuals to make mistakes and so when bad decisions are made they are more likely to end in homelessness. This is the essence of a structural understanding. People who have fewer structural barriers recover from their mistakes without becoming homeless.

During the decline in the economy in 2008, the percent of disabled people experiencing homelessness declined because economics alone was more likely to result in homelessness. As the economy improves, the percent of the population experiencing homelessness along with a form of disability increases. There are many forms of disability recorded in HMIS but mental health is the form most likely to cause homelessness, followed closely by substance abuse.

A more direct way to track this is using cause of homelessness, a self-reported variable. People experiencing homelessness are asked what caused their homelessness. They





answer with a set of predefined choices. The options “Addiction”, “Family/Personal Illness”, “Physical/Mental Disabilities”, and “Health/ Safety” all indicate some form of disability is seen as causal of the episode of homelessness. “Evicted”, “Unable to Pay Rent/Mortgage”, “Unemployment”, “Reduced wages or Loss of Income”, “Relocation”, “Moved to Seek Work” are all economic causes. “Family Issues”, “Divorce/Separated/Family Breakup”, and “Domestic Violence” are all indicative of family issues. “Jail/Prison” and “Discharged from Institution w/o Housing” are both indicative of the criminal justice system. “Fire/Disaster”, “Sexual Assault/Other Crimes (i.e. stalking)”, and “Other” are combined into other and “Service Resistant / Client Choice” is left separate.

We reject the idea that people chose to be homeless. In our experience, no one chooses to be homeless, but often present “choice” as an explanation when they are struggling with the idea of personal failure. Given an honest choice people always chose to be successful and included. The answer is rarely presented as an explanation but rather than conflate it with the relatively large category of “other”, it was left aside. And, ultimately, we could further aggregate all of these causes to be social capital as manifest in coping mechanisms. In the lives of people who experience homelessness some part of their network of relationships has broken

down. Somewhere along the line, they lost or exhausted some resource that allowed them to remain housed. That exhaustion may be fiscal or familial or related to substance abuse or mental health. It may emerge from time spent in the criminal justice system. There is always covariance. The answers this data offer are those of prominence, not exclusivity.

If a person is unable or unwilling to be served in these programs and move on to stability, and they become homeless four or more times in a year or for a year or longer continuously, and if they have some identifiable disability, then the person becomes classified as chronically homeless. Chronically homeless persons may receive preference in admission to some programs, like Permanent Supportive Housing.

People experiencing chronic homelessness have been the focus of much attention for the last several years. In recent years, the chronic population seems to be edging down. Chronic homeless are certainly those who face great challenges and seem to be unable to achieve long term stability. That added attention has taken the form of targeted spending on programs with a willingness to prioritize chronic homeless. It seems to be returning results. Chronic homeless in emergency programs is down from a peak over 18% in 2007 to 12% in 2014 and chronic homeless in transitional housing has returned to levels from before the housing crisis. Rapid rehousing seems to be serving chronic at about the same levels as transitional housing has historically.

Economics is the clear cause of homelessness. Disability is a distant second tied up in family instability. Family rises in prominence among those in emergency shelter while disability is foremost among those in transitional housing. When considering changes in homeless populations in relation to moving indicators of economics, nationally and regionally, about 60% of the variance in homeless population can be explained using those national and regional indicators. People are not always the best judges of what is causing the difficulties in their lives, particularly where structural factors are involved, but the trend lines in economic causes match the economic trends well and the increasing chance of people recognizing disabilities as the cause of their homelessness is in line with the changes in the national economic climate as well.

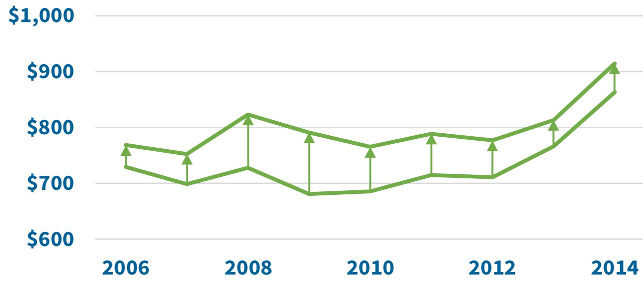
Income

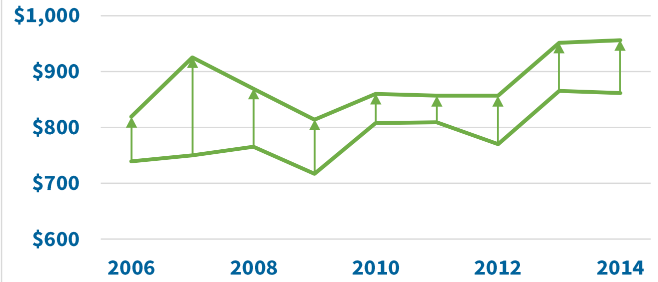
Many people make the case that at the root, most homelessness is caused by a lack of income. Though, there are cases where people have income and refuse to come into service, those are so rare as to be a statistical zero. Considering income, then, we look at three factors. What percent of people enter and exit service with zero income? What level of income do they have at entry and exit? And, what earned income do they have at entry and exit?

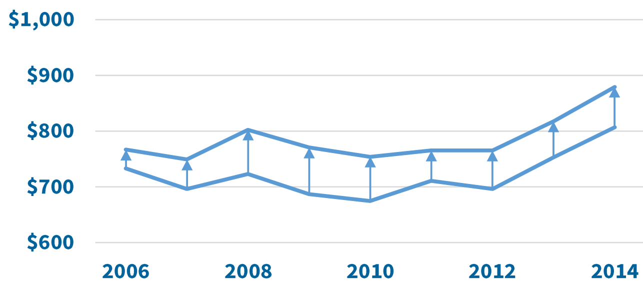
The ability of a person to make earned income is tremendously important, not for the value of the earned income itself which is rarely enough to pay prevailing rent unaided, but because it means that they are able to work and will not be wholly dependent on SSDI. Their income has the potential to be sufficient together with other strategies.

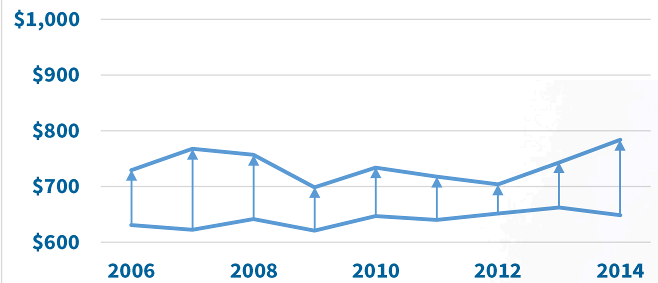
Of all clients in service, 23% have income at entry. 8% of homeless clients have income at entry. 12% of clients have earned income at entry and 10% of homeless clients have earned income at entry. Homeless in households are slightly less likely to have income than those who are alone, homeless or at-risk. This is likely due to a better capacity to rely on social networks. In either case, at best 37% of people have income at exit and 21% have earned income. That means for most people a strategy including doubling up and alternate sources of income is necessary.

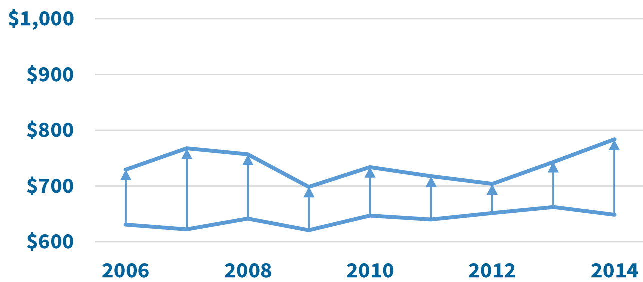
Overall, the percent of unaccompanied people with income at entry, both earned and from mainstream resources, is declining and the respective number of clients with income from all sources at exit is increasing. But in families both are declining, however the amount earned at entry and exit in families is increasing, though not in as pronounced a trend as it is among unaccompanied individuals. In fact, among the unaccompanied, earned income is higher than income overall. That means that those making earned income and not mainstream resources are doing well enough that they are pushing up the trend line from earned income enough to rise above, on average, income from all sources.


Change in Earned Income from Entry to Exit
No Household
$1,000
$900
$800
$700
$600
2006
2008
2010
2012
2014


Change in Earned Income from Entry to Exit
Within a Household
$1,000
$900
$800
$700
$600
2006
2008
2010
2012
2014


Change in Income from Entry to Exit No
Household
$1,000
$900
$800
$700
$600
2006
2008
2010
2012
2014


Change in Income from Entry to Exit Within
a Household
$1,000
$900
$800
$700
$600
2006
2008
2010
2012
2014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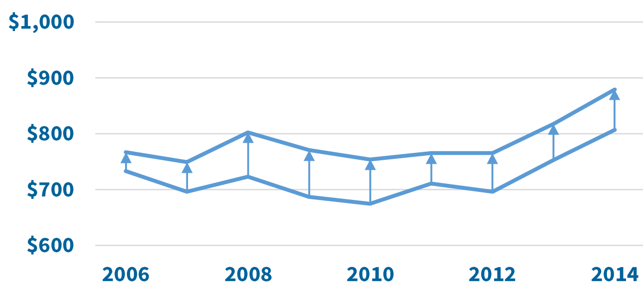
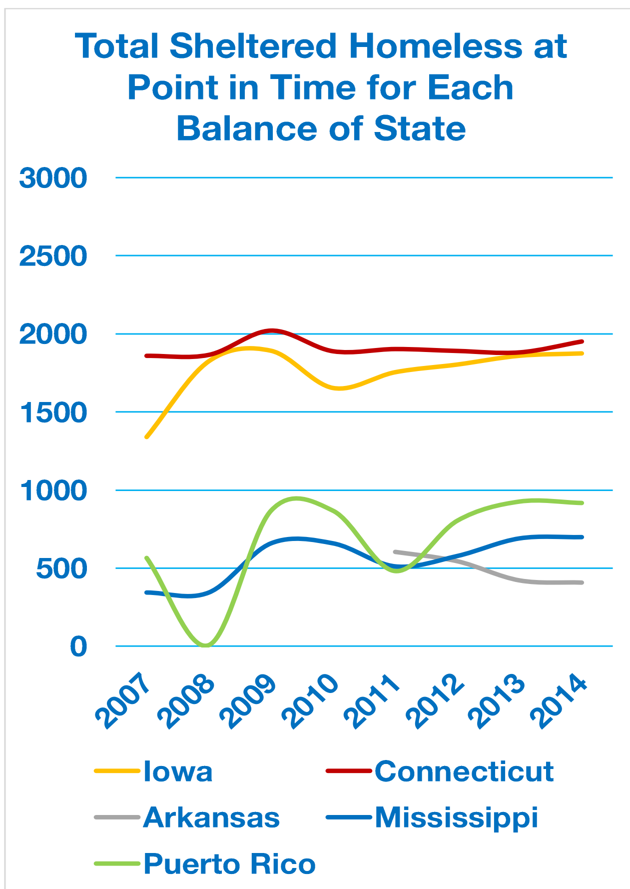
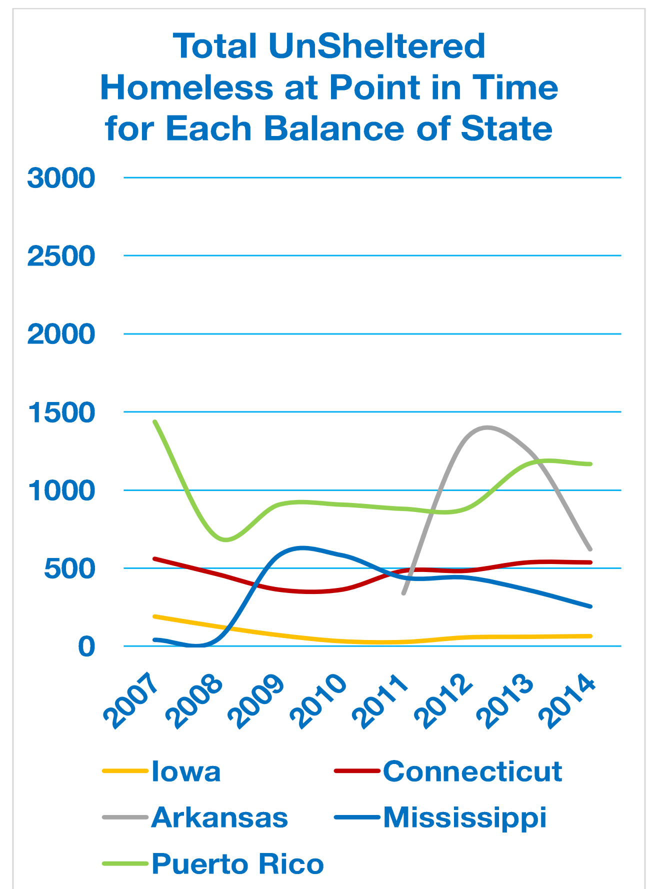

Change in Income from Entry to Exit No
Household
$1,000
$900
$800
$700
$600
2006
2008
2010
2012
2014

Point in Time

Most of the year, domestic violence and veteran administration providers do not report their provision of services in HMIS. Point-In-Time is a special count conducted once annually in each of Iowa's three continua. The virtue of the point-in-time count is that non-HMIS agencies report to ICA exactly how many people they housed on a given night, and also share their count of beds to create an accurate assessment of the capacity of the system in Iowa.

The other virtue of the point-in-time is that it is conducted using a similar methodology across all jurisdictions in America. This allows comparison of similar communities. People decide where to live based on many factors, but people do not decide where to live based on plans to become homeless. When a person experiences homelessness, they may leave an area to seek better prospects elsewhere, and while we know that the socioeconomic sector most likely to experience homelessness is also the socioeconomic sector least likely to afford the expenses of relocation, people still do not





25 YEARS
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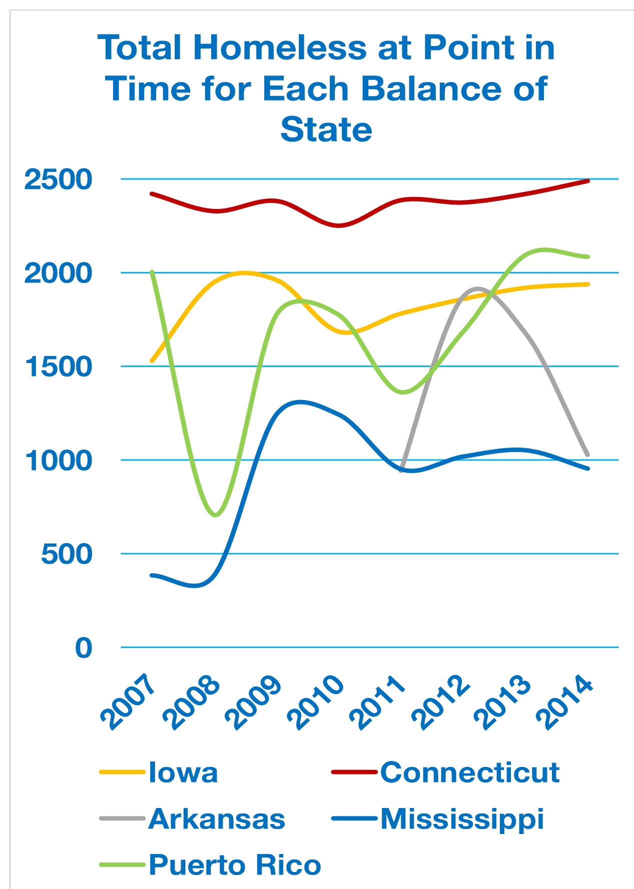
move to a place expecting to be homeless. We can make comparisons of Iowa, Des Moines and Sioux City to other similar sized communities, but we also want to compare our continua of care to other cities with similar latitudes. While no one moves here to become homeless, when facing homelessness, it is easier to do so in a place that doesn't get as cold as Iowa.

Iowa has 3.1 million residents. Arkansas and Mississippi have slightly less population and Connecticut and Puerto Rico have slightly more population. Puerto Rico and Iowa have the most similar homeless populations. Mississippi is significantly lower. Arkansas did not report numbers before 2011 and Connecticut, similarly steady, is slightly higher than Iowa.



In the comparison between sheltered and unsheltered homeless populations Iowa stands out. Iowa's homeless are sheltered. We avoid wild fluctuations by maintaining constant infrastructure.

Location 2013 Population 2014 Homeless PIT		2013-2014 #	2013-2014 %	2007-2014 #	2007-2014 %
BOS	Total Homeless	19	1.0	410	26.8
2,800,447	Sheltered	15	0.8	534	39.9
886	Unsheltered	4	6.6	-124	-65.6
Des Moines	Total Homeless	-42	-4.5	-155	-14.9
207,510	Sheltered	-83	-9.6	-158	-16.8
886	Unsheltered	41	67.2	3	3.0
Sioux	Total Homeless	61	25.8	133	81.1
82,459	Sheltered	44	19.6	109	68.6
297	Unsheltered	17	141.7	24	480.0
Lincoln, NE	Total Homeless	-120	-12.6	-130	-13.5
268,738	Sheltered	-63	-7.4	-48	-5.7
836	Unsheltered	-57	-55.3	-82	-64.1
Dayton, OH	Total Homeless	-250	-24.0	6	0.8
214,237	Sheltered	-228	-23.1	38	5.3
753	Unsheltered	-22	-39.3	-32	-48.5
Boise, ID	Total Homeless	59	8.5	172	29.6
214,237	Sheltered	62	9.6	235	49.8
753	Unsheltered	-3	-6.1	-63	-57.8
Aurora, IL	Total Homeless	-46	-10.2	-69	-14.6
199,963	Sheltered	-46	-11.4	-59	-14.1
405	Unsheltered	0	0.0	-10	-17.9

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25 YEARS

Everyone Deserves a Home

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