



ANNUAL  
**SNAPSHOT**  
**2016**  
OF SERVICE AND SHELTER USE

**IOWANS  
EXPERIENCING  
HOMELESSNESS**



Institute for Community Alliances

#HomelessIowans

# 11,890

Iowans were homeless in 2016 and served by emergency shelters, transitional housing, rapid rehousing or street outreach projects.

1,257 Iowans were served in permanent supportive housing.

The total un-duplicated population served in 2016 was 12,806. Iowa's Statewide Homeless Management Information System (HMIS) is used by most homeless agencies across Iowa. Programs that exclusively serve domestic violence survivors are excluded from participating.

Each number in this report is an un-duplicated count. A person may be counted in multiple populations if they were in multiple populations during the year.

1,423 people overlapped the two populations - homeless and other services. Primarily permanent supportive housing for people who were formerly homeless but still vulnerable, the PATH program, homeless prevention, and case management.

Participation in the HMIS network is important to accurately represent

Iowans experiencing homelessness. Non-participating agencies are privately funded.

Excluding domestic violence programs, 79% of overall program beds participate in the HMIS network. This is a significant increase over previous years. Contributing to that, 66% of emergency shelters, 91% of transitional housing, and 71% of permanent supportive housing programs participate in the network.

### Participation Rates

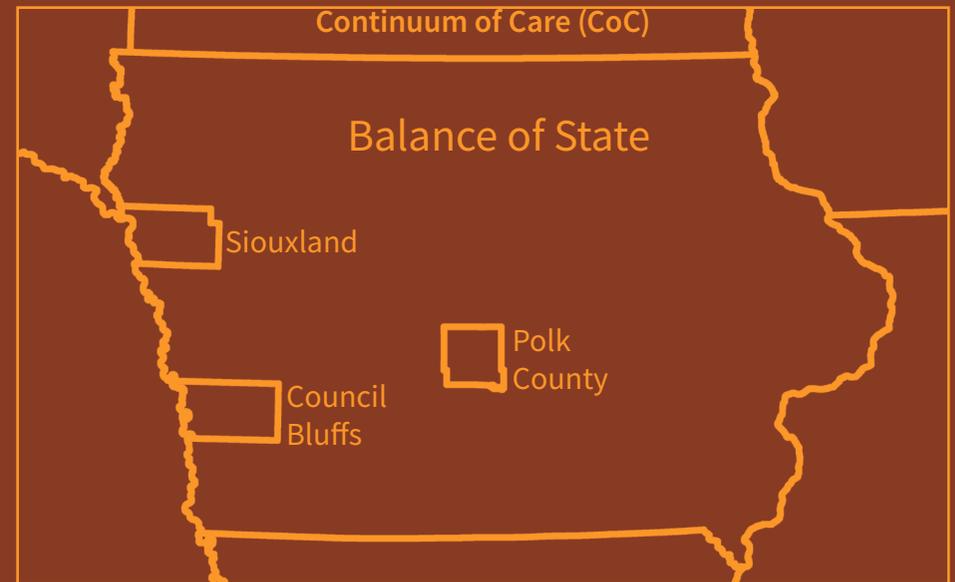
	Balance of State	Council Bluffs	Polk County	Siouxland
Emergency	66%	100%	97%	1%
Transitional	91%	100%	90%	100%
PSH	52%	66%	89%	61%
TOTAL	77%	89%	93%	34%



Photo from Shelter House

Point in time counts are conducted on the Continuum of Care (CoC) level. They are summable because the continua conduct their point in time counts on the same night. Every point in time is a unique collection of people.

All homeless numbers aside from Point in Time are drawn from the HMIS database, operated by the Institute for Community Alliances (ICA). All agencies enter data on behalf of their clients. The advantage of the HMIS data is that for the participating beds, every night is counted. The advantage of the point in time data is that, for that one night each year, every bed is counted including domestic violence providers. Together they provide a robust understanding of the situation of homelessness in Iowa.



A continuum of care is more than just a funding stream. It is also the idea that there is a progression from instability to stability.

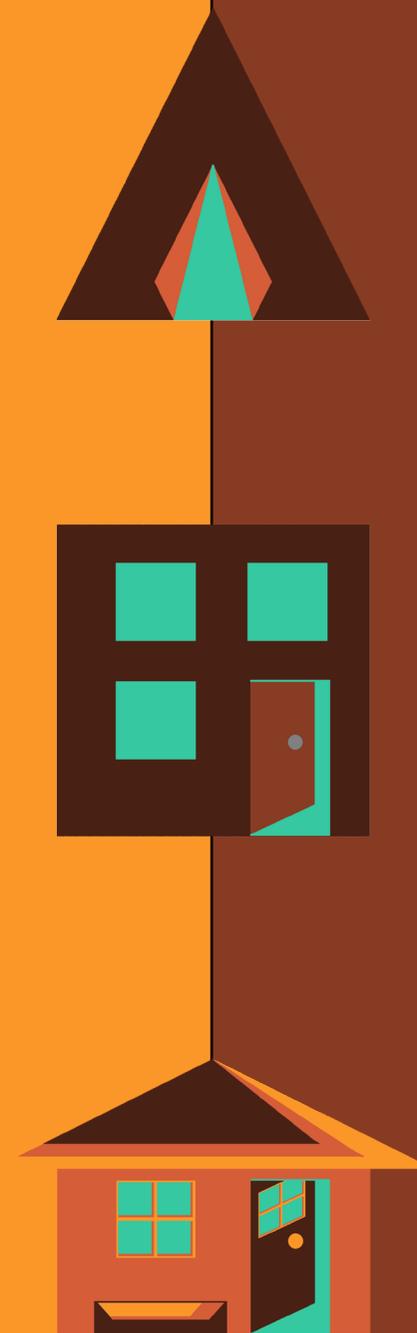
It goes from homeless, living in a place not meant for human habitation, like a car or a camp.

It progresses to shelters, rapid rehousing and transitional facilities.

Then to housing with supports.

Then finally to independence.

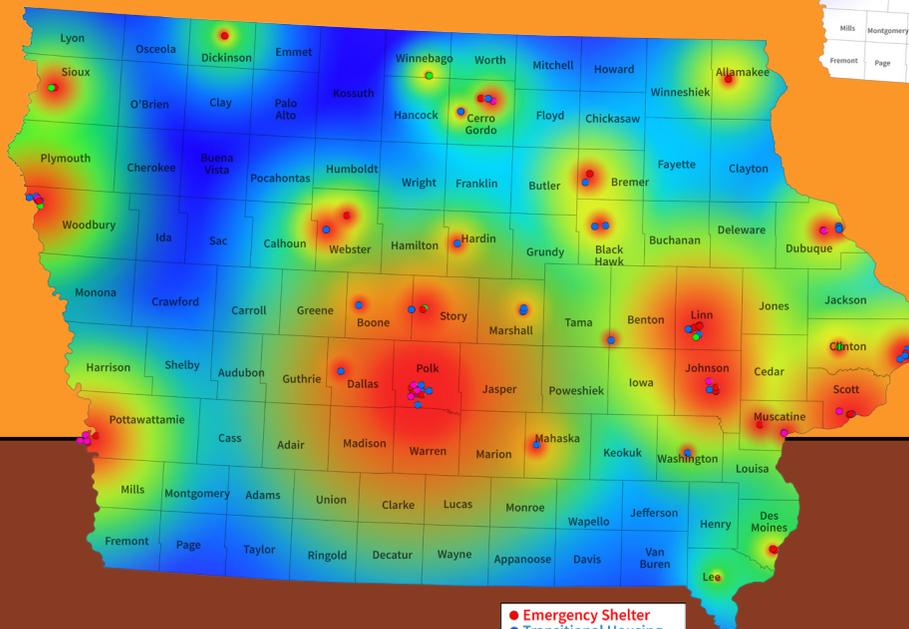
The goal of providers in the continuum of care is to help people move toward long term stable independence.



Continuum of Care (CoC)

# POINT IN TIME

HEAT MAP  
2017 Data



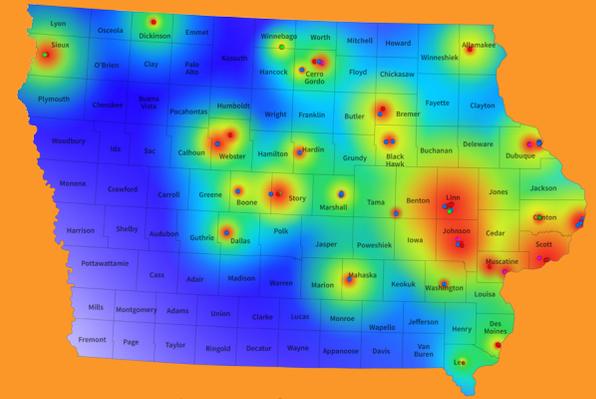
The point in time in Iowa is always conducted on the last Wednesday night in January.

There were nearly 5,000 people across the state receiving services on that night. 11,890 over the course of the year, so on any given night about 42% of the year's population in service. Each bed serves about two and a half people over the course of the year.

- Emergency Shelter
- Transitional Housing
- Rapid Rehousing
- Permanent Supportive



Siouxland

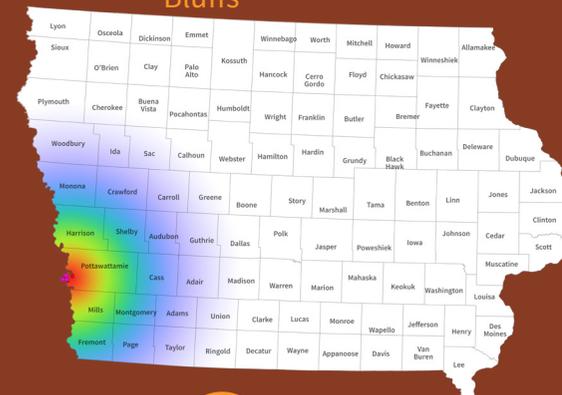


Balance of State

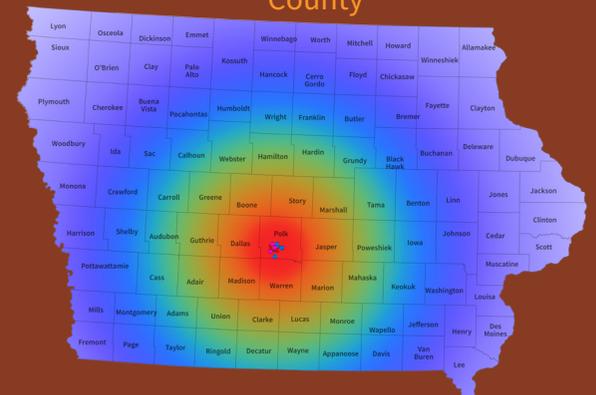
	Transitional Housing	Emergency Shelter	Permanent Supportive Housing	Rapid Rehousing	Unsheltered
Balance of State	977	766	450	470	50
Council Bluffs	11	193	87	53	57
Siouxland	115	168	43	11	2
Polk County	188	436	685	148	52
Statewide	1,291	1,563	1,265	682	161

4,962

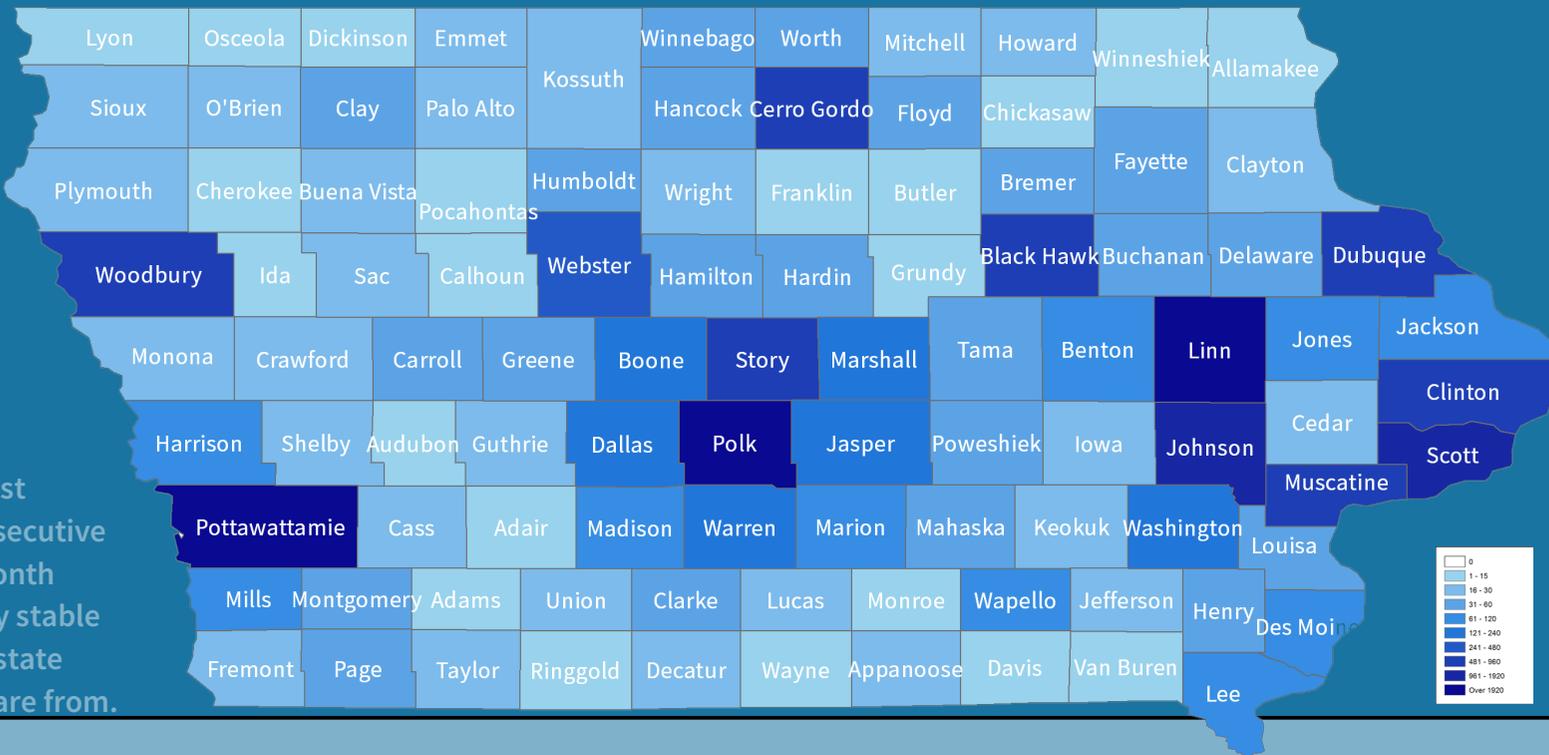
Council Bluffs



Polk County



When a person experiences homelessness, they do not have an easy way to categorize address. The point in time is organized according to where people are served, or found to be residing on the street. But everyone has a place they are from. One question HMIS asks everyone who receives service is "where was the last place you stayed for 90 consecutive days?" Assuming a three month uninterrupted stay is a fairly stable residence. We can map the state according to where people are from.



Polk	32%	Boone	0.8%	Clarke	0.24%	Worth	0.1%	Carroll	0.08%	Monroe	0.06%	Wayne	0.04%
Linn	11%	Dallas	0.6%	Hamilton	0.24%	Greene	0.1%	Clayton	0.08%	Montgomery	0.06%	Cherokee	0.03%
Scott	7%	Jasper	0.6%	Mahaska	0.24%	Kossuth	0.1%	Decatur	0.08%	Palo Alto	0.06%	Crawford	0.03%
Johnson	5%	Washington	0.5%	Henry	0.21%	Union	0.1%	Emmet	0.08%	Sioux	0.06%	Davis	0.03%
Black Hawk	4%	Des Moines	0.5%	Pottawattamie	7.8%*	Cedar	0.1%	Obrien	0.08%	Wright	0.06%	Ida	0.03%
Story	4%	Lee	0.4%	Buchanan	0.20%	Clay	0.1%	Page	0.08%	Adair	0.04%	Winneshiek	0.03%
Dubuque	3%	Jackson	0.4%	Delaware	0.20%	Hancock	0.1%	Howard	0.07%	Allamakee	0.04%	Adams	0.01%
Clinton	3%	Wapello	0.4%	Madison	0.18%	Humboldt	0.1%	Iowa	0.07%	Calhoun	0.04%	Fremont	0.01%
Cerro Gordo	2.7%	Benton	0.3%	Bremer	0.17%	Lucas	0.1%	Keokuk	0.07%	Chickasaw	0.04%	Harrison	0.01%
Woodbury	2.6%	Marion	0.3%	Fayette	0.17%	Appanoose	0.09%	Plymouth	0.07%	Monona	0.04%	Ringgold	0.01%
Muscatine	2.2%	Hardin	0.2%	Tama	0.17%	Franklin	0.09%	Butler	0.06%	Pocahontas	0.04%	Van Buren	0.01%
Webster	1.2%	Jones	0.2%	Winnebago	0.17%	Guthrie	0.09%	Cass	0.06%	Sac	0.04%	Audubon	0.01%
Warren	1%	Louisa	0.2%	Floyd	0.16%	Mitchell	0.09%	Dickinson	0.06%	Shelby	0.04%	Osceola	0.01%
Marshall	0.8%	Poweshiek	0.2%	Jefferson	0.16%	Buena Vista	0.08%	Grundy	0.06%	Taylor	0.04%		

\*Pottawattamie data is part of the Omaha Nebraska, Council Bluffs Iowa CoC. With that data included it represents 7.8%. Without Omaha's data it represents 0.21%

# 10 Years

Each line represents a single person sheltered during the past 10 years, from the start of 2007 to the end of 2016 and whether they were present at some point in each year.

65,302 lines.  
65,302 people.

12,806 in 2016.  
19.6%

Some people may be present for a week, spanning two years, and some may be for 52 weeks, spanning just one year. This chart gives us a sense of the patterns that people follow over time.

Most often and for most people, the experience of homelessness is brief and temporary and one time.

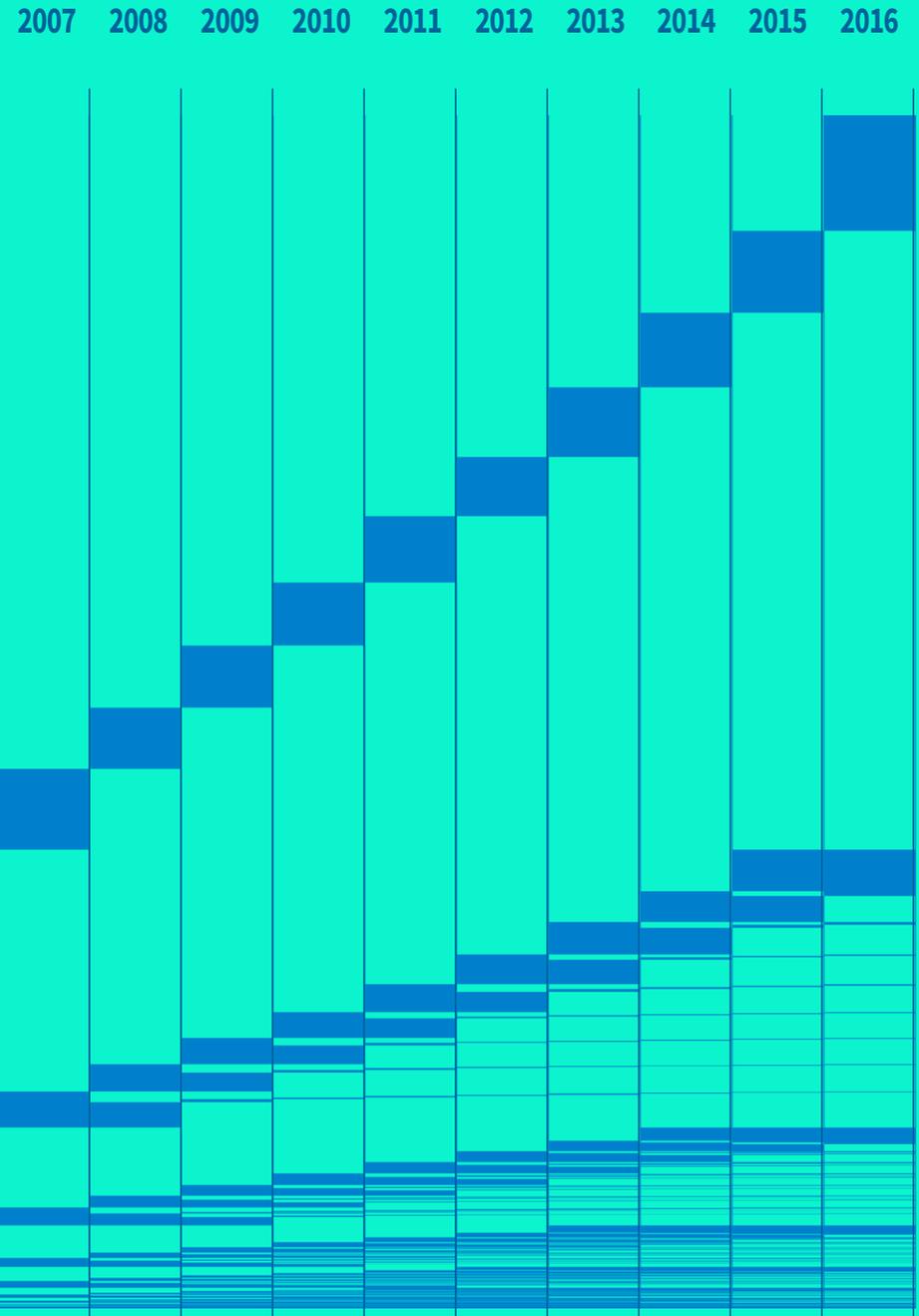
Recidivism does happen, and for people experiencing poverty, instability is always a near thing. But a little help goes a long way.

The bottom of the chart represent people who were in for a long time or came back over multiple years. Heavy system use of this sort is remarkably rare. The majority of the people providers help are simply experiencing an episode where family and friends are insufficient to the need, forcing recourse to the continuum of care.

One Year  
62%

Two Years  
23%

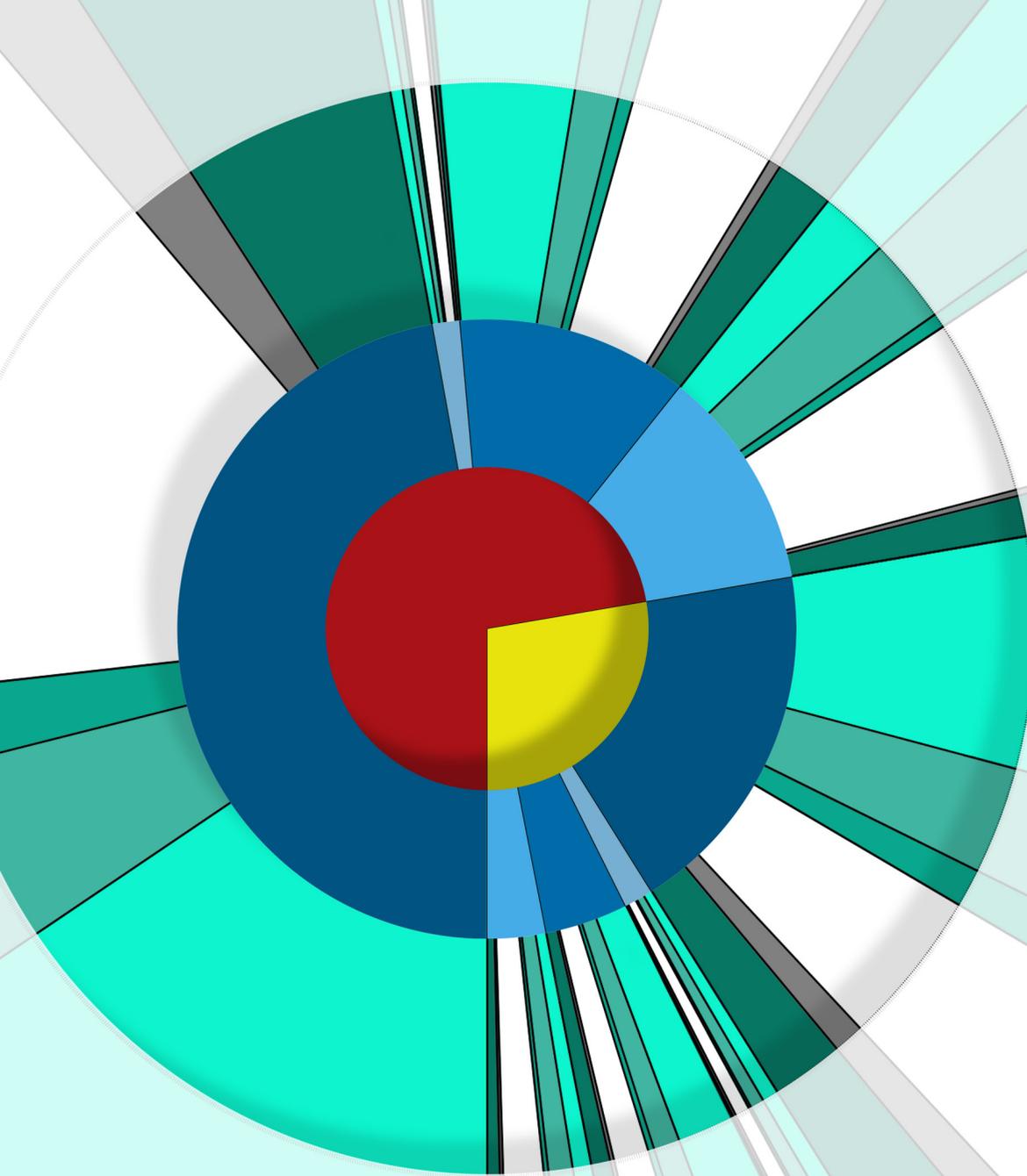
Three or More Years  
15%



# FIRST TIME HOMELESS PROGRAM TYPE CAUSES OF HOMELESSNESS

When people enter service, they are asked what they think is the cause of their homelessness. We aggregate their answers into categories; employment, health, legal, relationship, other, and a category for "no answer."

This varies according to the program type they enter. It also varies by whether people have been homeless before, as defined by a two-year retrospective look in the system, or whether this is their first time being homeless.



## KEY

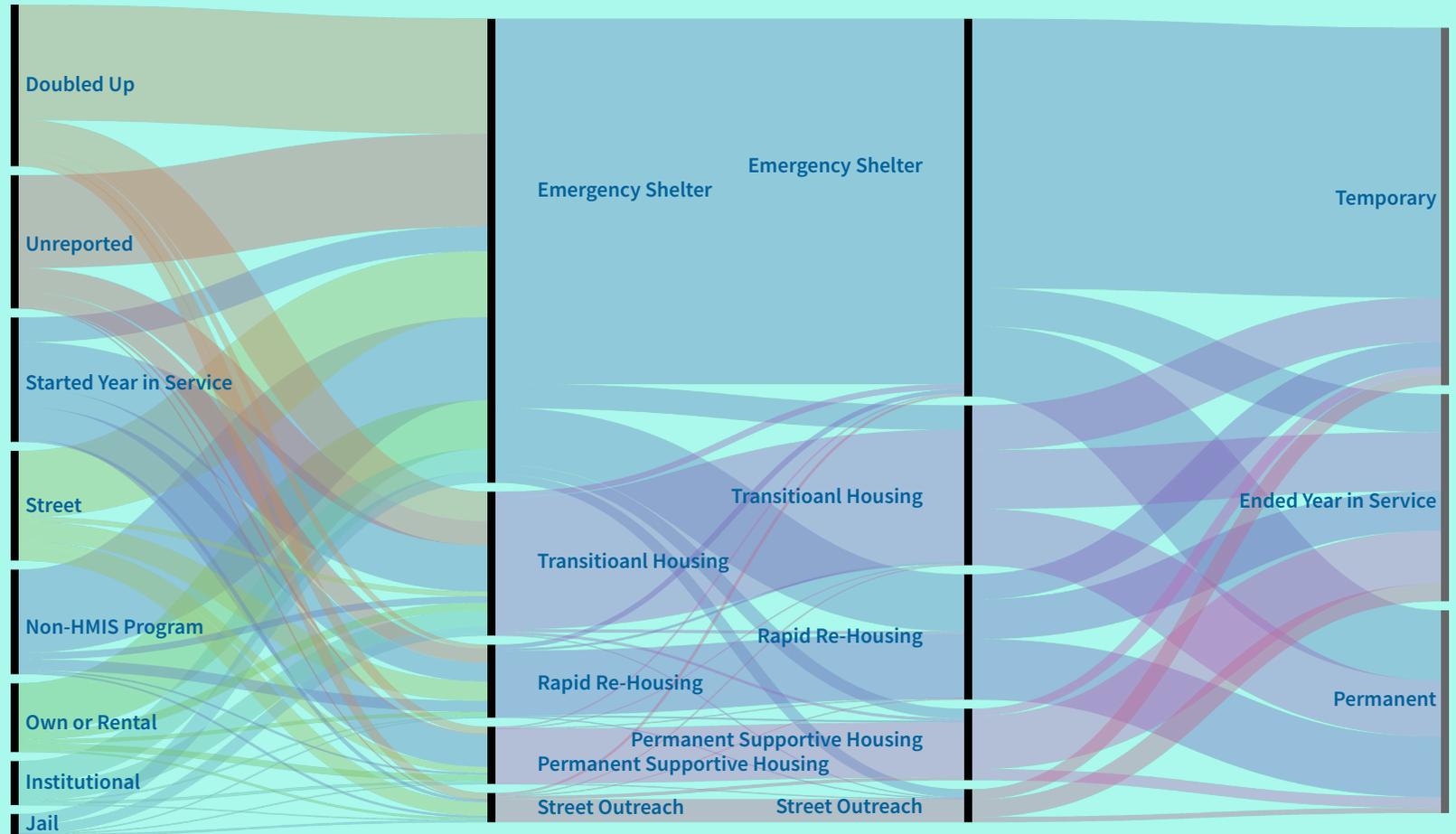
First Time Homeless 72.3%		Not First Time Homeless 27.7%		
Emergency Shelter 66%		Permanent Supportive Housing 3%	Rapid Rehousing 16.4%	Transitional Housing 14.7%
Employment 31.4%	Health 14.6%	Legal 4.6%	No Response 33%	Other 3.8%
				Relationship 12.5%

# A TYPICAL EXPERIENCE OF HOMELESSNESS

The experience of the average lowan during a period of homelessness is hard to fit into a single category.

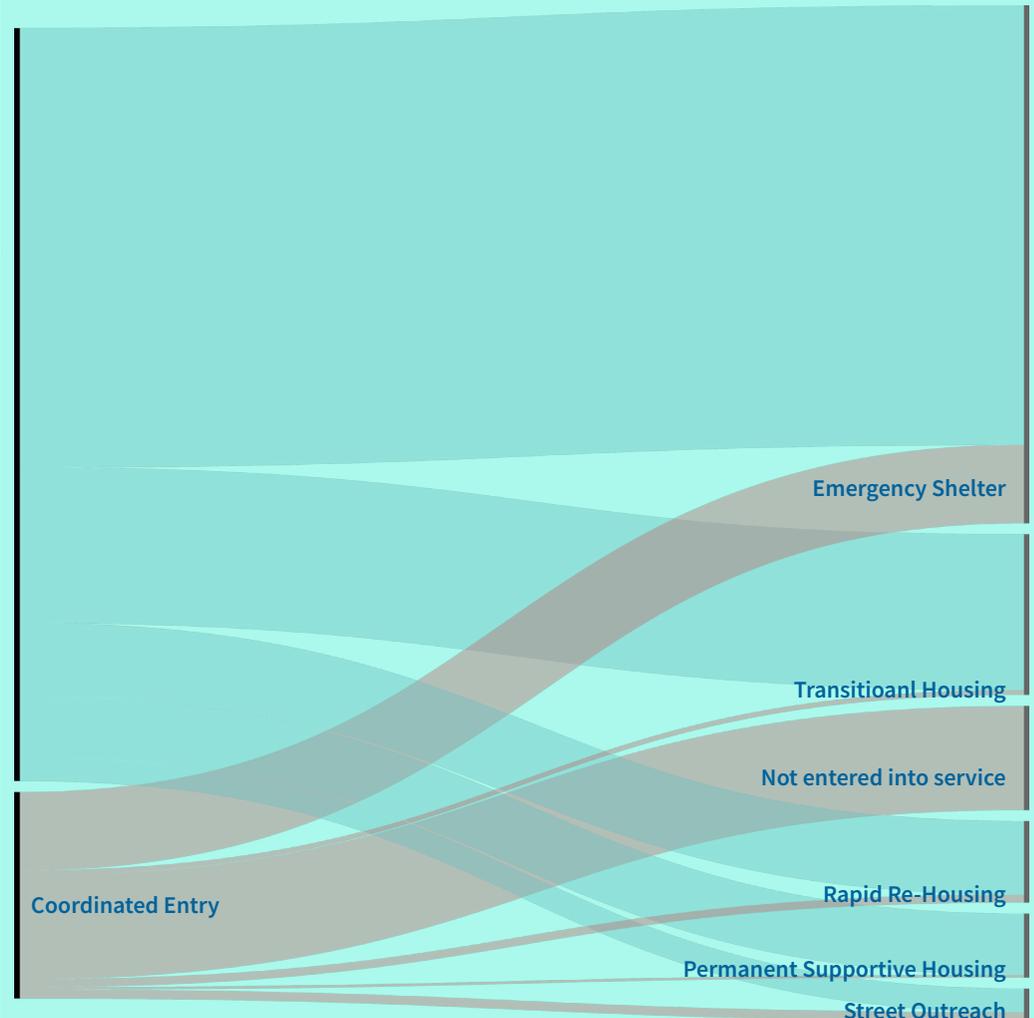
Where people come from before service is varied. From outside the service network, doubled up is most common. Most often, an entry will be into a single program type and end in a temporary destination. Even if the client exits to a temporary destination, meaning the case manager or client are not convinced the period of housing instability is at an end, the likelihood is the client will not be back in service.

Sometimes, people must be entered into multiple progressive program types before they find the help they need.



# Coordinated Entry

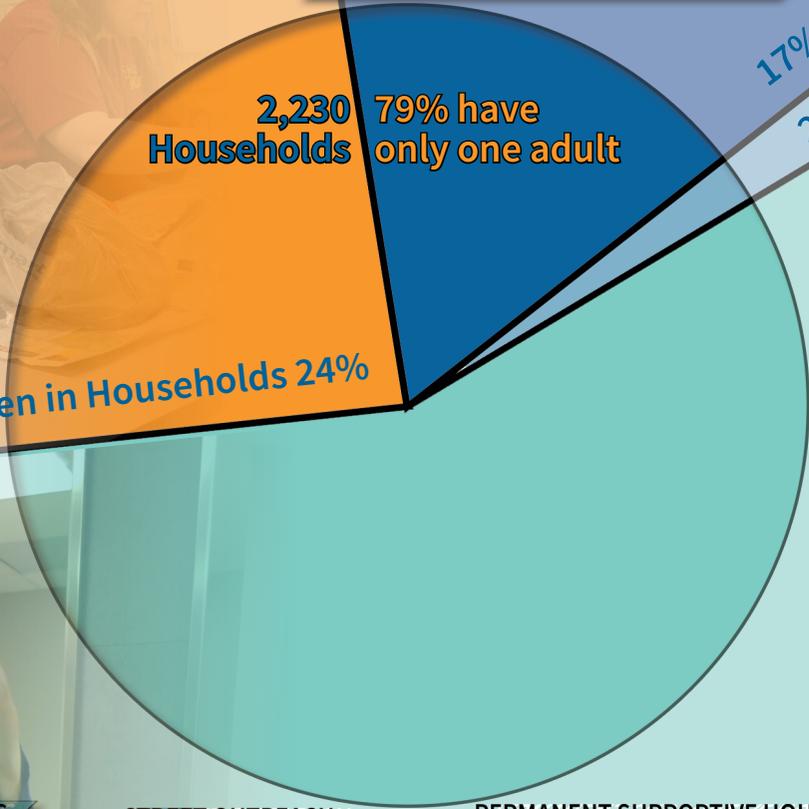
"An effective coordinated entry process is a critical component to any community's efforts to meet the goals of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" opens the *HUD Coordinated Entry Policy Brief* from 2015. Thus began a technical process to realize the goals laid out in that document of prioritizing services with a low barrier, while promoting a housing-first model. The process uses a standardized assessment, is inclusive, person centered and fair, while sensitive to the safety needs of individuals seeking services.



# Family Configurations

PERMANENT SUPPORTIVE HOUSING 9%  
 TRANSITIONAL 5%  
 RAPID RE-HOUSING 29%

EMERGENCY 47%



17% Adults in Households

2% Unaccompanied Children

57% Unaccompanied Adults

PERMANENT SUPPORTIVE HOUSING 11%  
 TRANSITIONAL 12%  
 RAPID RE-HOUSING 69%

STREET OUTREACH

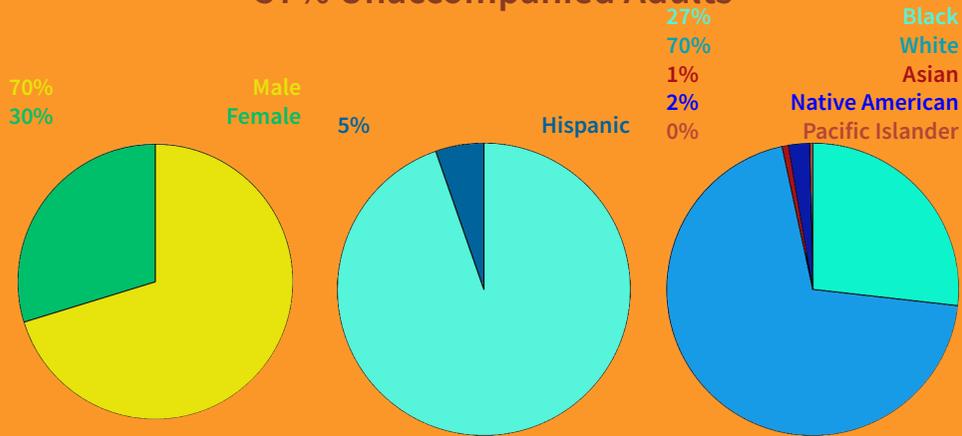
PERMANENT SUPPORTIVE HOUSING

TRANSITIONAL 12%  
 EMERGENCY 11%

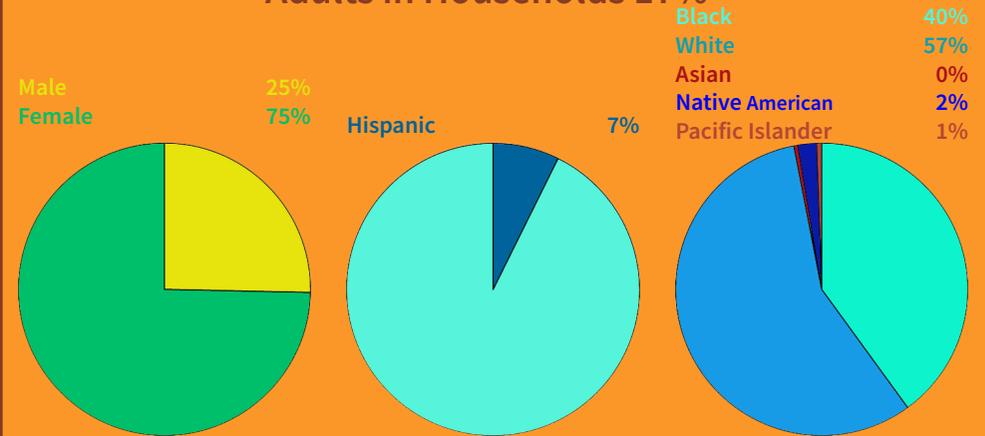
69%

# Race, Gender, and Ethnicity

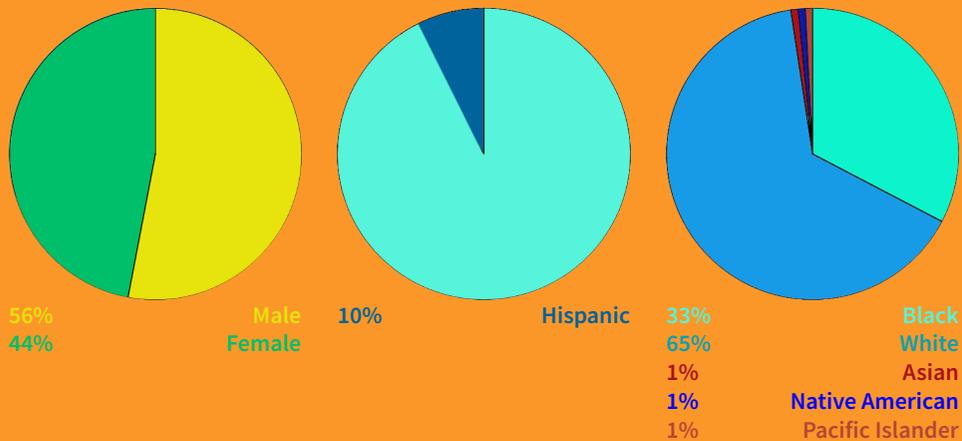
## 57% Unaccompanied Adults



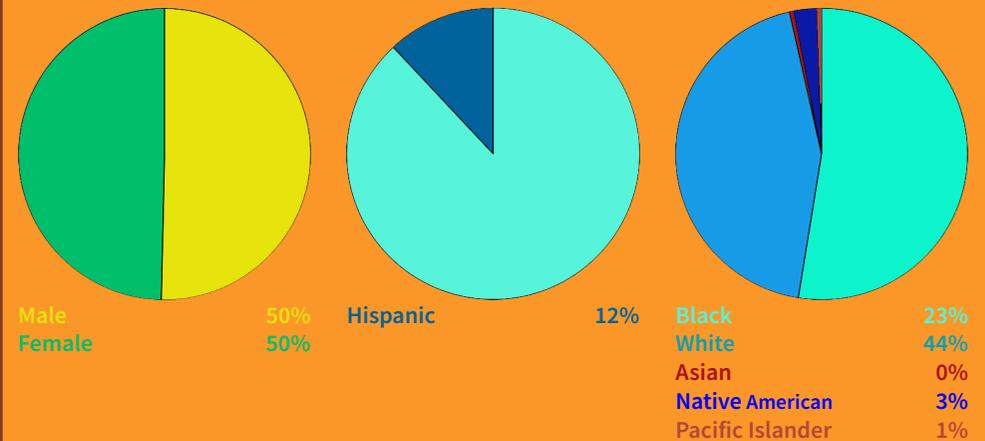
## Adults in Households 17%



## 2% Unaccompanied Children



## Children in Households 24%



# Veterans

16% of unaccompanied adults and 17% of adults in households were veterans in 2016.



## A solid year of continuous success. with the Des Moines Mayor's Challenge to End Veteran Homelessness

Former First Lady Michelle Obama announced the Mayors Challenge to End Veteran Homelessness and congratulated Mayor Cownie.

Last year we were proud to note the success of the USICH Mayor's Challenge. From the initial challenge meeting on January 14, 2015 with 70 homeless veterans in Des Moines, through the exit of 320 veterans from programs in Des Moines, with more than 210 housed within an average of around 50 days.

The criteria included five qualities and four benchmarks. Together they describe what has come to be known as a *functional zero*. Though there are still homeless veterans in Des Moines, functional zero provides that a constant and vigilant effort is made to identify homeless veterans. Once identified, veterans are immediately sheltered and quickly provided a practical route to stability involving housing choice. Service intensive transitional housing programs are only used in cases where there is a clear need for them, and not as a stop-gap warehousing solution. The community needs to maintain enough housing stock to accommodate low income veterans.

During the year and more since declaring victory, the case managers and leaders of the city have continued to meet. Every month in a room in the Polk County building, gathered around a table, each homeless veteran is discussed and a coordinated

effort is devised to end their homelessness.

The benchmarks are reviewed and every month they have been met. Not only have they been met, but the city is more successful a year on than they were on the day victory was declared. The model was extended to chronically homeless persons, regardless of veteran status. It has met with success there too, and a complementary synergy was created. The chronic measure was the most challenging for veterans and now it is regularly met and successful.

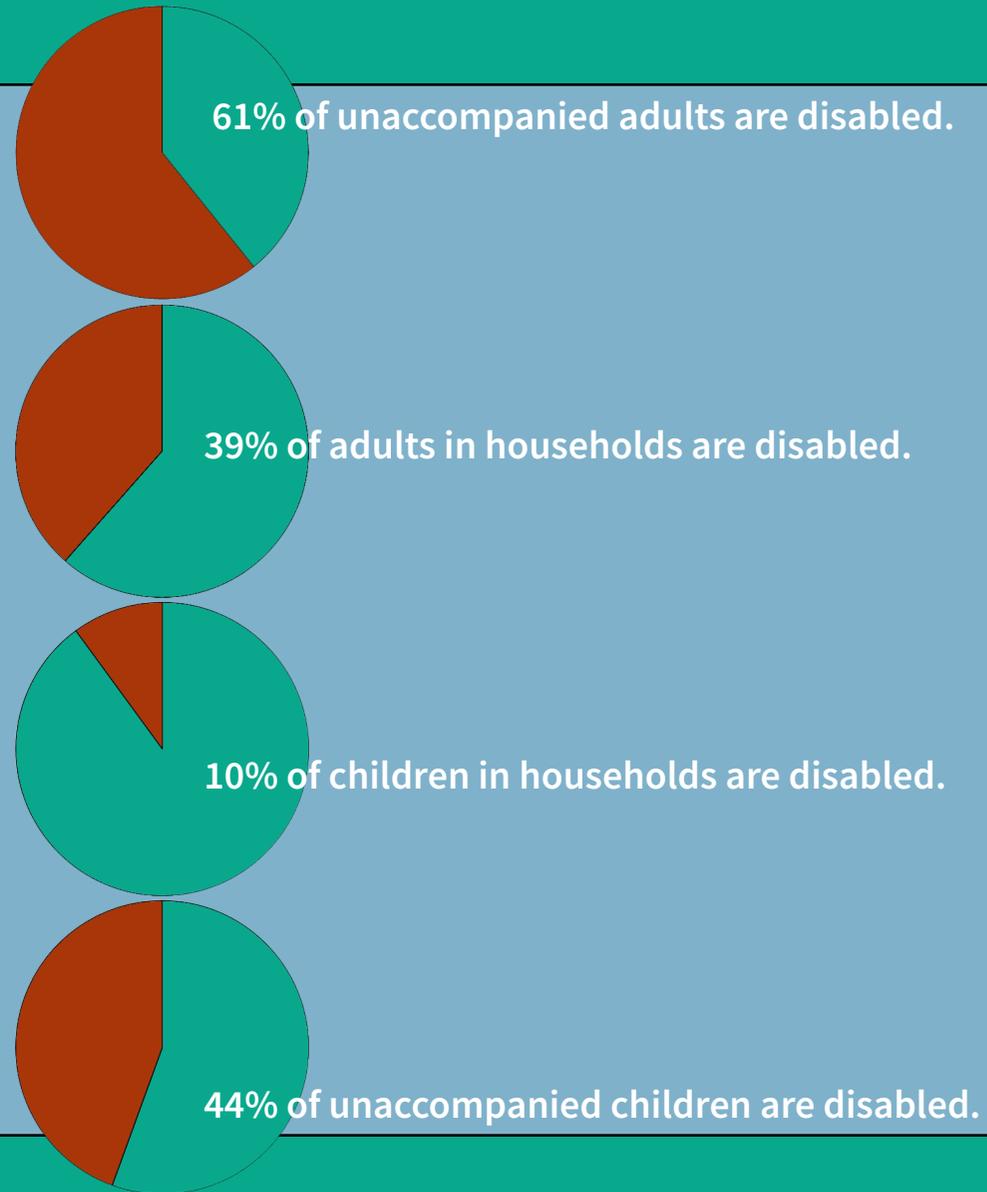
All of this is facilitated by ICA system administrators and analysts.

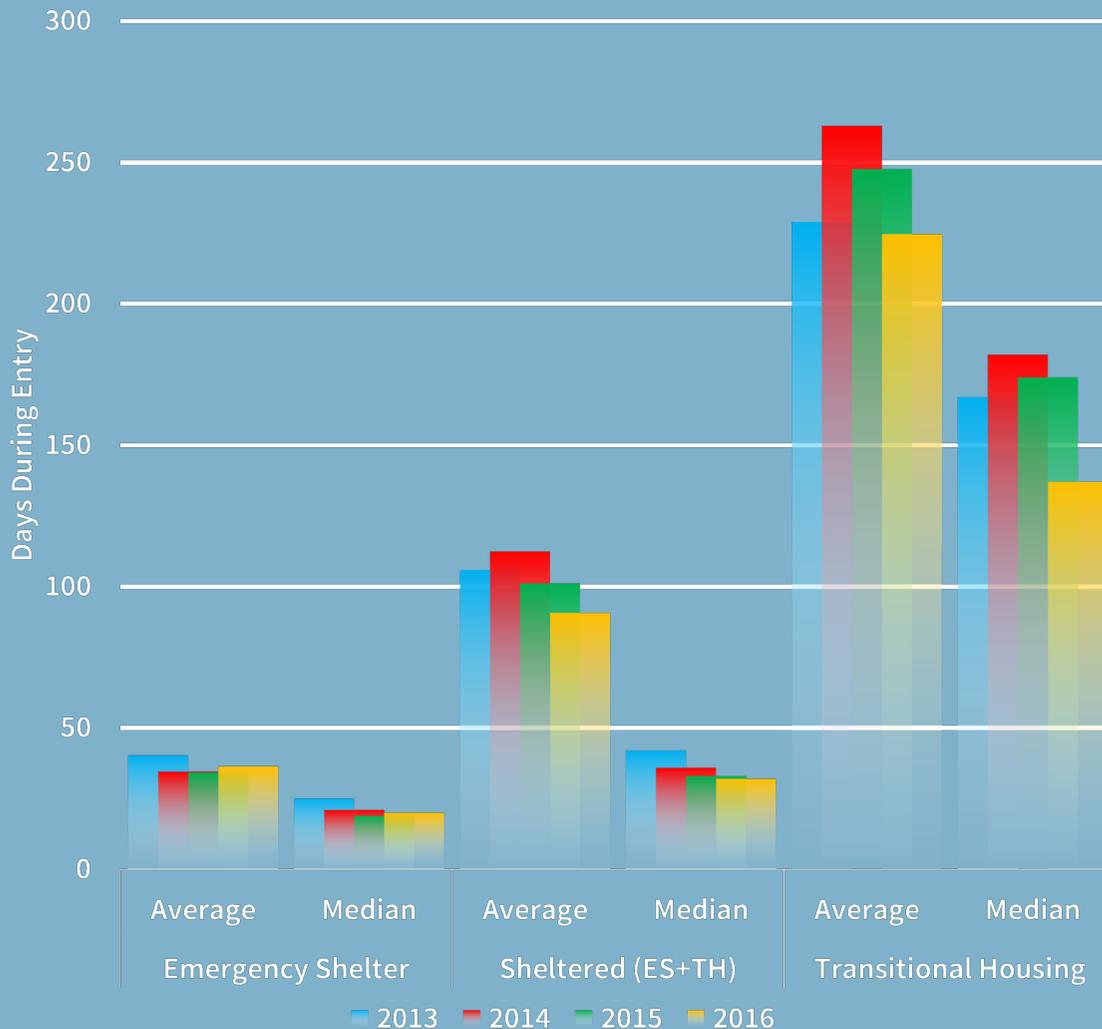
It can not be overstated how well this worked, and how important the process was. It is also vital that the Veteran's Administration put money in place to fund housing vouchers. They made ending veteran homelessness a priority and it was accomplished.



# Disability

Trying to address the causes of an episode of housing instability is difficult. It is made more difficult when the person is also afflicted by a disability. There is debate as to whether the situation of homelessness is the cause of the disability or if the disability is the cause of the homelessness. In cases where people have frequent recurrences of homelessness and an accompanying disability then their condition is labeled as "chronic". Some permanent housing options acknowledge the extreme difficulty people fitting this description face.



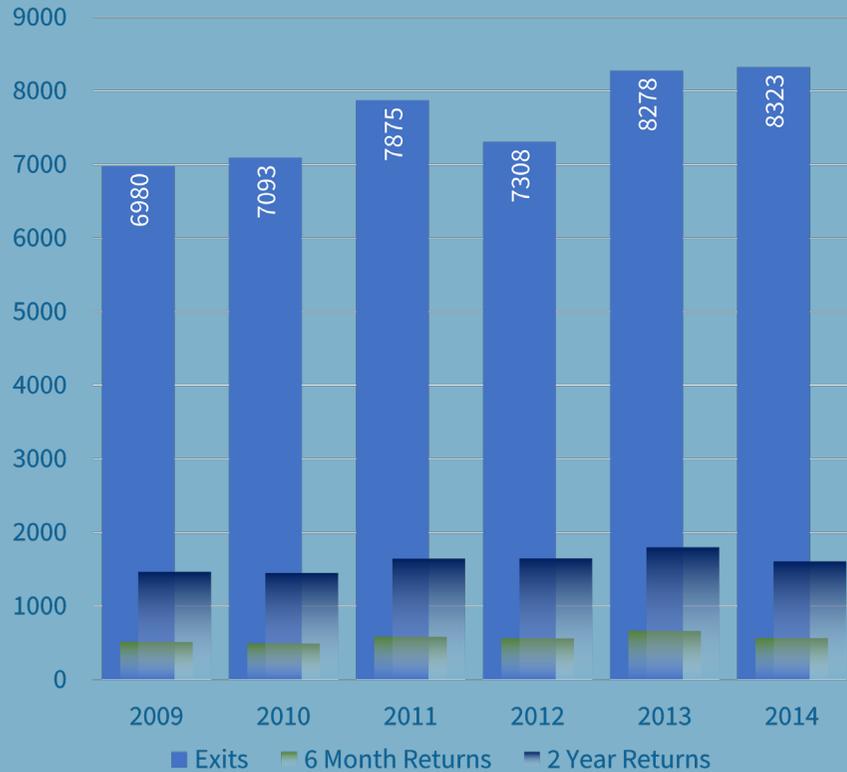


## Length of Episode

The number of days a person remains homeless has an enormous impact we are only just beginning to understand. In youth, if the child ever says to themselves, "I am homeless" there is a negative affect on their sense of self. If possible that is to be avoided. This is why so many youth shelters try to segregate youth from adult populations and encourage them to think of the experience as an instability or a moment of difficulty, rather than an identity.

This is true for adults as well. If a family can avoid shelter, or stay for a shorter period, they are more likely to stay intact. If an unaccompanied individual can stay for a short time and avoid recurrence of homelessness, then the chances of long term stability are greatly improved.

# Returns to Homelessness

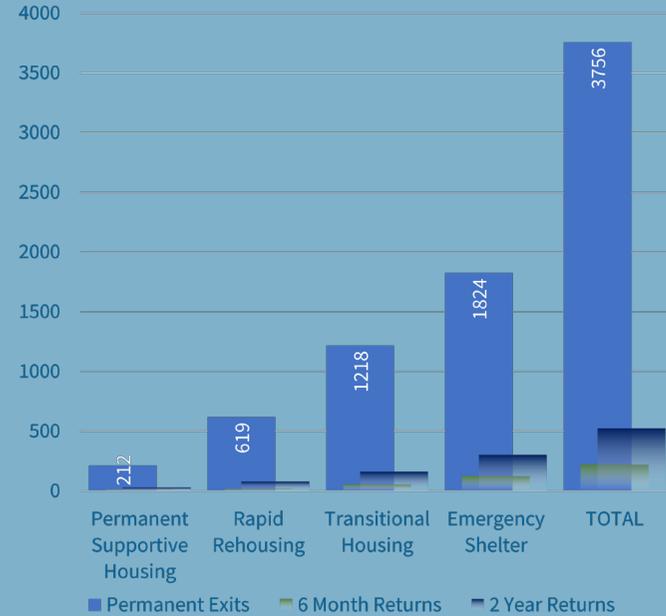


The ultimate measure of success is 'did people who exited a program become homeless again?'

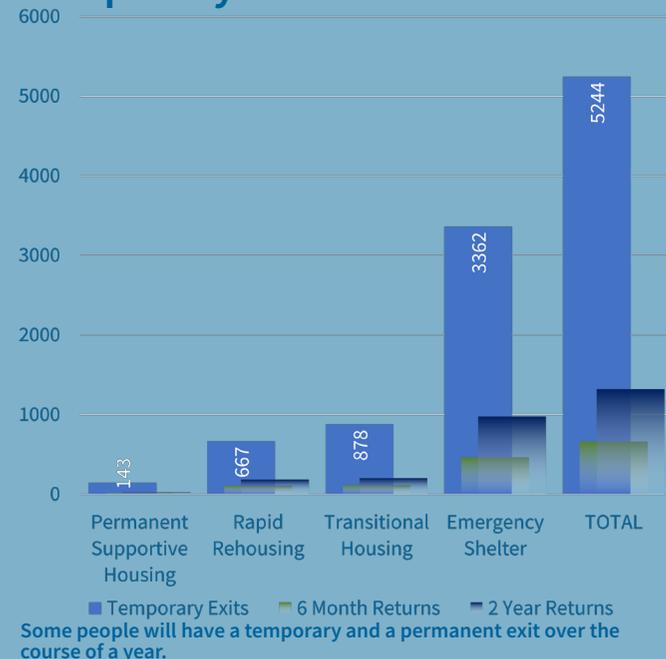
For this measure we have to look back in time, so the date range represents the year clients exited, and then we look to see if they have returned 6 months after exiting and again 2 years after exiting.

The official measure only considers people who exit to a permanent destination, because a temporary destination assumes the person has not addressed their full scope of needs. But, we find that wherever people go at exit, they are more likely than not, done with the providers. People prefer stability.

# Permanent Exits



# Temporary Exits



# System Measure - Income

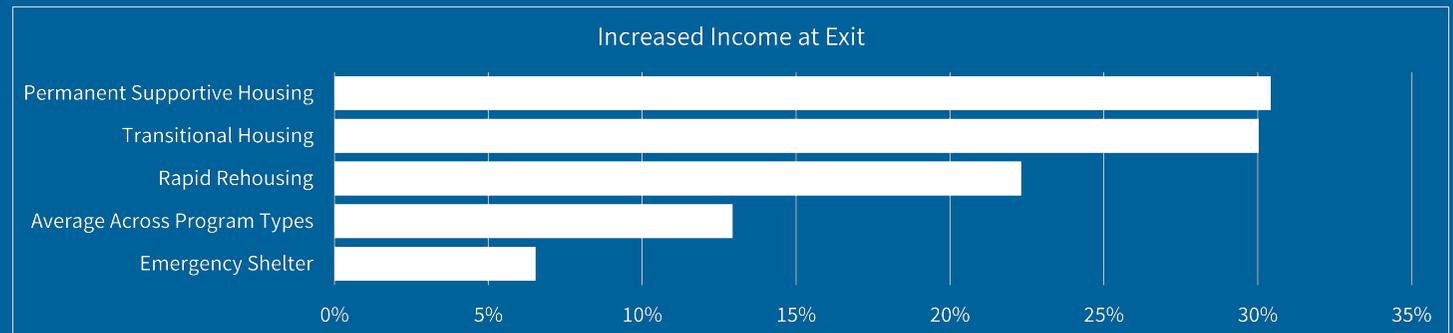
When people and households leave service, they are far more likely to be successful if they have an increase of income. There is a strong covariance of disability, in that those with no income are likely to have a disability and face a more difficult time as a result. But if we look just at those exiting service with an increased income and with a lack of disability inhibiting their success, we see a high probability that the person or household they head will be stable.

But, increasing income is one of the most difficult things to do. A person with a low income

and no disability on record will likely face other challenges like low educational achievement or a severely challenged social network. Yet these are truly the most difficult to serve. If a person is facing instability but there is no clear cause, there is not likely to be a great sympathy for that person.

In these cases the experience of case workers suggests that there is likely an undiagnosed or difficult to identify disability present inhibiting the long-term stability of the person experiencing homelessness.

**In Iowa in 2016, 30% of people exiting permanent supportive housing had an increased income.**





# Everyone Deserves a Home

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