

A Comprehensive Homeless Strategy for Iowa (2006)

Vision: Iowa is committed to ending homelessness by ensuring that all persons have safe, decent, affordable housing and can fully participate in their community. Iowa recognizes that public and private efforts to address and prevent homelessness are in the best interests of all Iowans.

Background

In March of 2004 the Iowa Council on Homelessness (ICH) delivered its 10-Year Plan to Address Homelessness to Governor Vilsack as directed by Executive Order #33. Since then certain priorities outlined in the plan have been accomplished, one of which was to conduct a bi-annual study of homelessness. This project was commissioned in early 2005 to enumerate and evaluate homelessness in Iowa and was jointly funded by five agencies through a Request for Proposal (RFP) process. In January 2006 the results of this study were released in a document entitled *The 2005 Iowa Statewide Homeless Study*.

In response to this new information, and the fact that certain priorities on the 10-Year Plan had been accomplished, the ICH convened the Iowa Policy Academy on January 12-13, 2006 to review and revise the Plan. People from across the state spent two days reviewing the first 10-Year Plan and further identifying and evaluating new priorities and actions steps. Technical assistance was provided by Donna Aligata with Policy Research Associates and funded by the U.S. Department of Housing and Urban Development and Health Research Associates.

The policy academy team included:

Christina Canganelli	Shelter House, Iowa City
Dean Wright	Drake University, Des Moines
Nicki Stajcar	Iowa Department of Elder Affairs.
Julie Eberbach	Iowa Institute for Community Alliances
Kari Hildring	Center for Siouxland, Sioux City
Jim Reese	Iowa Department of Education
Anne Brown	Iowa Department of Corrections
Jeff Gronstal	Iowa Department of Public Health
Jamie Grayson	MICAH House, Council Bluffs
Tina Hochwender	City of Council Bluffs
Al Axeen	Hawkeye Area Community Action Program (HACAP), Iowa City
Rose Wazny	Iowa Department of Economic Development
Deirdre Henriquez	Primary Health Care, Des Moines
Ellen Mathes	Veterans Administration
Ann Kinzel	Governors Council
Lila Starr	Iowa Department of Human Services
Douglas Keast	Iowa Workforce Development
Lyle Schwery	Iowa Finance Authority
Karen Winchester	Iowa Finance Authority
Ray Morley	Iowa Department of Education

Amy Knudsen Iowa Coalition for Housing and the Homeless
Kate Ridge John Lewis Coffee Shop, Inc.
Diane Foss Iowa Department of Economic Development

The Policy Academy produced an outline of priorities that was presented to the Council on January 20, 2006. The Council then appointed an ad hoc committee to take the work of the Policy Academy and *The 2005 Iowa Statewide Homeless Study* and prepare a comprehensive homeless strategy for Iowa to present to the Council at its May 2006 meeting.

The ad hoc committee met in Grinnell on February 9, 2006 to begin this work. Members of this committee included Diane Foss of the Iowa Department of Economic Development; Dean Wright, Professor Emeritus at Drake University; Al Axeen of Hawkeye Area Community Action Program, Cristina Canganelli of Shelter House in Iowa City; Julie Eberbach of the Iowa Institute for Community Alliances; and Lyle Schwery and Karen Winchester of the Iowa Finance Authority.

During their deliberations, the ad hoc committee determined that in order to develop a comprehensive strategy it would use the previous work of the Policy Academy participants and link the priorities they developed directly to the information contained in *The 2005 Iowa Statewide Homeless Study*. This allowed the ad hoc committee to produce concrete recommendations that reflected the realities and complexities of the issues which could in turn be interwoven with other state plans addressing issues of housing and poverty.

The strategies developed by the ad hoc committee are designed to be used in concert with the following relevant reports previously developed by Iowa State governmental agencies: Iowa's 10-Year Plan to Address Homelessness (2004); the *2005 Iowa Statewide Homeless Study*; Iowa Department of Public Health's *Healthy Iowans 2010 – Are We On Track?*; and *A Comprehensive Housing Strategy for Iowa – Report to the Governor from the Iowa Housing Task Force, December 2000*.

“Homelessness cannot be viewed as a single issue with a few influencing factors, but rather as a complex set of circumstances and issues affecting both single persons and families.” – *Healthy Iowans 2010 report, Are We On Track?*

2005 Homeless Study Parameters

In 2005 the Iowa Council on Homelessness commissioned the Iowa Policy Project staff to provide accurate and current information on the number of homeless in Iowa, identify trends, and provide information on the demographic characteristics of those homeless persons. Three different data sources were used to compile and analyze the data: The I-Count Network utilizing Iowa's Homeless Management Information System software called ServicePoint, surveys conducted by the Iowa Policy Project staff, and the Project Easier database from the Iowa Department of Education. In addition, data was obtained from various shelters and agencies across Iowa that provide services to the homeless.

The HUD definition of homeless was used for the official counting of the homeless in Iowa and is as follows:

1. A person without a fixed, regular and adequate nighttime shelter;
2. A person whose primary nighttime residence is:
 - a. A supervised shelter designed to provide temporary accommodations (such as congregate shelter or transitional housing)
 - b. A public or private place not designed for, or ordinarily used as a regular sleeping place for human beings (such as a car, camper, abandoned building, barn or street).

HUD's definition of Chronic Homeless was used in the official counting and is as follows:

1. An unaccompanied disabled individual who has been continuously homeless for over one year or
2. An unaccompanied disabled individual who has had 4 or more episodes of homelessness in the last 3 years.

Near homelessness was defined in as follows:

1. A person or household in imminent danger of eviction
2. A person or household in imminent danger of having their utilities disconnected ; or
3. A person or household seeking housing assistance, AND paying more than 50 percent of their income for housing.

Homeless Study Results

The 2005 Iowa Homeless Study found the following:

- 21,000 Iowans were homeless and these persons were largely concentrated in Iowa's urban areas
- Iowa's homeless population is changing – a majority of homeless households in Iowa are families with children
- Women are more likely to be homeless than men
- 40 percent of homeless Iowans had mental health or substance abuse problems or another disability
- African-Americans are significantly over-represented in Iowa's homeless population. (Although African-Americans represent only 2 percent of Iowa's population they constituted almost 25 percent of Iowa's homeless population.)
- Families with children make up the majority (61 percent) of all homeless households in Iowa
- Seven percent of Iowa's homeless meet HUD's definition of chronic homeless
- Almost 20 percent of homeless men in Iowa are veterans
- There are 2,536 shelter beds in the state and
- The inability to find affordable housing is the top reason persons gave for their homeless status. Other contributing factors include eviction/foreclosure, domestic violence, job loss, utility disconnection, family breakup/divorce, loss of benefits, institutionalization of family member (jail, hospital) and de-institutionalization (jail, hospital, foster care).

There are societal barriers that must be addressed in order to make major headway in helping the homeless get back on their feet. The lack of living wage jobs and affordable housing are two of the biggest barriers. Other barriers include transportation issues, and a general scarcity of funding for homeless programs, including emergency and transitional housing. Without this funding, too few beds are available in Iowa to shelter the state's homeless.

Based upon the work of the Iowa Council on Homelessness, the Iowa Policy Academy, *The 2005 Iowa Statewide Homeless Study* and the work of the ad hoc committee the revised Comprehensive Homeless Strategy in Iowa focuses around two overarching components:

- A desire to **Prevent** Iowans from becoming homeless; and
- If a person is already homeless, **provide** services to them so that they can get back on their feet.

With these two components in mind the following strategic recommendations are made:

Recommendation One: Create a Sustainable Economic Environment

Regardless of where a person lives, the major reasons that a person becomes homeless are lack of access to jobs with adequate wages, affordable housing, and lack of housing assistance. These same factors greatly impact Iowa's ability to permanently house the homeless in Iowa. The economic mismatch between wages paid and housing costs is an issue of major significance when it comes to assisting the homeless. **Therefore, any targeted effort to improve supportive services will be limited if wages and housing are not addressed.**

To achieve a sustainable economic environment we must:

- **Create a Universal Living Wage in Iowa Communities**—Tie annual increases in the minimum wage to the local cost of housing, as set each year by HUD (**Prevent and Provide**)
 - According to the 2005 Homeless Study, nearly one-third of homeless were employed during the survey period and nearly half worked more than 30 hours per week.
 - 32 percent of homeless adults over 18 were employed during the survey week with 21 percent of homeless adults having a permanent job and 12 percent working a temporary/seasonal position. Half of homeless workers worked more than 30 hours per week and 9 percent worked fewer than 10 hours per week.
- **Fund the State Housing Trust Fund (Prevent and Provide)**
 - The *2000 Comprehensive Housing Strategy for Iowa* found that 68 of Iowa's most rural counties and its metropolitan inner cities have housing

markets that do not support the construction of new homes, or even support the rehabilitation of existing housing.

- Grants and low-interest loans are necessary to fill the gaps in order to build new affordable housing and rehabilitated existing units.
- **Provide Appropriate Housing for New Development (Prevent)**
 - Large scale job growth in a local area's jobs puts a tremendous burden on existing housing. The community or region may not be prepared to handle the influx of new workers and families.
 - Use area housing assessments to determine the need for additional housing. Tie housing development incentive packages to areas with an identified need. Use appropriate state and federal housing programs to address the most significant needs.
 - Jobs are integrally connected to housing (*A Comprehensive Housing Strategy for Iowa 2000*). Without the appropriate level and quantity of housing for employees, business or industry cannot attract workers or the community can't attract the business or industry.
 - Housing needs to be close to where people work. While studies show there may well be adequate numbers of housing stock available in the State, it may not be appropriate stock for the kinds of workers seeking to locate here. Or the housing may not be available in sufficient quantity to meet the need (*A Comprehensive Housing Strategy for Iowa 2000*).
- **Provide subsidized daycare (Prevent and Provide)**
 - *The 2005 Iowa Statewide Homeless Study* cites the lack of affordable daycare as one of the barriers to resolving homelessness.
 - The educational service most in need of improvement is childcare according to the *2005 Statewide Iowa Homeless Study*.
 - Reducing the cost of childcare through universal pre-school or childcare subsidies is part of the "making work pay" strategy outlined in *The 2005 Iowa Statewide Homeless Study*.
- **Expand the Availability of Publicly-Funded Transportation Services (Prevent)**
 - Lack of transportation is identified as a barrier to low-income persons who don't have reliable transportation, according to *the 2005 Iowa Statewide Homeless Study*.
 - Limited routes and time schedules may not coincide with the needs of riders, and some systems are not accessible to the physically disabled.
 - *Healthy Iowans 2010 – Mid-Course Revisions* listed "the expansion of the role of the State Level Transportation Coordination Council to coordinate among publicly funded programs that provide transportation" as a goal to help expand public transportation to underserved areas.
- **Develop a Workforce Strategy (Prevent and Provide)**
 - Half of homeless workers worked more than 30 hours per week, and only 9 percent worked fewer than 10 hours per week (*2005 Iowa Statewide Homeless Study*).
 - Iowa's homeless adults have lower levels of education than the rest of the population.

- Almost one-quarter of homeless adults over age 25 have not completed high school, and 60 percent have completed high school but have no additional education.

Recommendation Two: Ensure Access to Comprehensive Healthcare

Even when health care is readily available, people may not have a consistent source for their healthcare or they may experience barriers to services. These include cost barriers (e.g., no health-care insurance or inadequate insurance), structural barriers (e.g., proximity of facilities or providers), transportation barriers, and language barriers. Populations with special needs, such as the elderly, chronically ill, HIV-infected people, and people with disabilities require access to providers with special knowledge and skills.

One significant measure of the problem is the proportion of people without health insurance. Since the early 1990's that proportion has increased. Nationally, those under age 65 without health coverage increased from 15.7 percent in 1989 to 17.6 percent in 2003. Comparatively, 13.1 percent of Iowa's population under the age of 65 had no health insurance in 2003 (*Health Iowans 2010-Mid-course Revision*).

More than 30 percent of American families have a member limited in a life activity. Without adequate support, providing care for a person with a disability can result in significant stress and affect the health of the family member(s) providing the care. (*Healthy Iowans 2010, Mid-course Revision*)

While most Iowans are covered by some sort of health insurance plan, 13.1 percent of the state's adult population under age 65 has no health insurance. By comparison, 17 other states and territories have a lower percentage of people without coverage. Access to health care continues to be a problem in Iowa. This is primarily because of the large rural population. In 2002, 18 counties and parts of 27 other counties were designated primary health care shortage areas. Seventy-two counties had shortages of dental professionals, and 71 counties are underserved by mental health professionals (*Healthy Iowans 2010, Are We On Track?*).

National studies have estimated the percentage of homeless people with a mental illness at between 20 and 40 percent. Studies have also found substance abuse (in particular alcohol abuse) to be an important factor contributing to homelessness, especially among men and runaway youth (*2005 Iowa Statewide Homeless Study*).

In order to ensure access to comprehensive healthcare we must:

- **Provide adequate and affordable health care coverage for uninsured Iowans (Prevent and Provide)**
 - Eliminate the number of children and adults under age 65 without health care coverage.
 - By 2010, increase eligibility for HAWK-I (health insurance program for indigent children) to 300 percent of the federal poverty level.
 - Many disabled Iowans are forced to forego working or limit themselves to part-time employment in order to maintain government health insurance

because they can't obtain adequate coverage through their employers or can't afford to buy it.

- **Provide Parity for Mental Health and Substance Abuse Treatment (Prevent and Provide)**
 - Increase the availability of 24-hour residential treatment from 517 beds to 542 beds for quality treatment and support for lowans addicted to alcohol, tobacco and other drugs (*Healthy lowans 2010, Mid-course Revision*).
 - Service providers in rural and metropolitan counties note a need for more counseling services, mental health services, substance abuse treatment and medical services (*2005 Iowa Statewide Homeless Study*).

- **Provide Equitable Access to Health Services to Rural Residents (Prevent and Provide)**
 - Although the number of practicing physicians in Iowa has increased in recent years, the number willing to practice in rural areas has decreased. (*Healthy lowans 2010, Mid-course Revision*)
 - Refocus the service system to include innovative models for the delivery of cost effective, community-based services in rural and urban areas. Ensure that the system meets the medical, psychological, behavioral, employment and housing needs of all persons with disabilities.
 - One way to answer the call for providing quality health care to persons living in rural areas may be the development of telehealth and telemedicine initiatives.

Recommendation Three: Ensure Access to Safe, Decent, and Livable Housing

The inability to find affordable housing was the top-ranked contributing factor in metropolitan areas to becoming homeless in Iowa. In rural areas, lack of affordable housing was ranked fourth in contributing to homelessness (*2005 Iowa Statewide Homeless Study*).

According to *the 2000 Comprehensive Housing Strategy for Iowa*, affordable housing is important to all segments of the population. All communities are challenged to find housing solutions to meet the varying needs of singles, couples, young families and older lowans. Affordable and safe housing is a critical issue for new lowans as well. Support services must also be available to help clients with special needs. The lack of supportive services has left Iowa with:

- Fragmented housing
- High vacancies
- Deteriorating housing conditions
- Rising numbers of homeless

- Continuing unnecessary institutionalization of the elderly and disabled and
- Increasing community distress

In order to ensure access to safe, decent and livable housing we must:

- **Provide a Full Continuum of Housing Opportunities (Prevent and Provide)**
 - According to a Department of Human Services report, nearly all of Iowa's disabled populations have a housing problem. In 2000, less than 400 units statewide were designated for persons with disabilities.
 - Low wage earners continue to fall behind as their housing costs greatly exceed their disposable income.
 - Housing problems primarily affect renters who earn less than 30 percent of median income (in 2006 for example, 30 percent of area medium income is \$20,450 in Polk County, \$17,600 in Dubuque County, and \$16,000 in Jones County).
 - Adequate emergency, transitional and permanent housing should be available for those in need.

Conclusion

To further support these recommendations the Iowa Council on Homelessness highly recommends that the State of Iowa expand the Statewide Homeless Study in 2006 to include more information on youth, the chronic homeless and families.

In addition the Council should continue to promote events such as sleep-outs and rallies that raise awareness of homelessness in Iowa.

Public Comments:

The following comments were received during the public comment period May 19, 2006 through June 16, 2006.

Ray Morley, Iowa Department of Education and board member of the Iowa Council on Homelessness:

The existing recommendations ignore research needs and future studies of homelessness. As well, children and youth needs and services as documented in the past studies of homelessness in Iowa are not addressed directly. The following recommendations are provided for consideration.

Need Statement:

1) Continued and expanded research on homelessness has been minimally supported in the past by funds provided through state agencies. Studies that have been completed have been restricted/minimized because of limited funding. The funds have been generated via funding sources that are no longer available or stretched to the point of severely depleting the necessary funds to conduct research on homelessness in the future. Policy

decisions will be limited to a very restricted and dated research base unless a stable funding base for research is provided.

Recommendation:

Develop a stable research fund to support the necessary research identified by the Iowa Council on Homelessness. The recommended level is \$150,000 per year to support a statewide study of homeless counts, needs and recommended services for adults, children and youth. Moreover, to provide focused studies on need areas identified in the comprehensive study such as mental health issues, employment issues, adolescent housing needs, etc. The management process for the fund should also be developed to assure proper oversight and utilization by the Iowa Council on Homelessness.

2) Homeless adolescents cannot be provided the long-term housing they need to succeed in school under the current short-term shelter care available in Iowa. Long-term shelter care for young adolescents is documented by a study of Iowa middle schools as being over 4,000 within the state. Legislation has been in place since 1999 to provide children centers not tied to Human services or other state agencies or entities. (IC, 189). The centers have not been developed because of delays in guidelines and promotion.

Recommendation:

Finalize and publicize guidelines for the development of Children Centers as proposed in Chapter 189, Iowa Code. Revise the code to establish a direct effort to reach homeless children needing long-term shelter care. Establish the Dept. of Economic Development as the entity to establish the development of the centers. Link the centers to school districts in the area to provide the supports necessary for success in school.

Need statement:

3) Awareness of homelessness in Iowa is a major mission of the Iowa Council on Homelessness. Some awareness activities have been conducted by agencies involved on the Council. However, the activities that have been completed have been minimal and awareness of homelessness statewide continues to be nearly an unnoticed social phenomena. The magnitude of the problem and related needs are considered by the Iowa Council to be suppressed.

Recommendation:

Establish resources to assist the Iowa Council on homelessness to create major awareness activities and tools to assist others to create awareness statewide. Tools needed in Iowa are: 1) Media (visual and audio) regarding child homelessness, adult homelessness, homelessness among veterans, rural homelessness, related mental health issues among Iowa's Homeless, and the growing adolescent homeless within Iowa. 2 Legislative discussions of the issues for public input. 3) Multi-agency annual activities to

educate all entities of the agencies and public they serve. 4) Public messages from the Governor's office and forums to address homelessness in all communities across Iowa.

4) Services for homeless children and youth in our public schools are extremely limited because of limited support provided by the federal government. Only ten schools are funded under the McKinney Homeless Assistance Act to provide services for our homeless. The ten school districts that are funded are capped at \$24,000 in an effort to serve more areas in the state. The limitation of the funds limits needed services. The performance of homeless students on formal assessments indicates that proportionately about two thirds of the homeless population needs supplemental assistance versus one third of the general population.

Recommendation:

Provide a state appropriation no less than what the federal appropriation is for education of the homeless to increase needed supports for the homeless in our schools.

Ruth Hardin, Beacon of Life: *There was one item that “stood out” , on page 4, “a desire to prevent Iowans from becoming homeless” becauseat least five years ago, in California, the philosophy was that it cost less to maintain a family in their home, as opposed to “allowing” them to become homeless. Although this is logical I don’t feel it’s being practiced.*

In addition, grammatical corrections to this document were received by the following:

Christina Canganelli
Amy Knudsen
Diane Foss