



National Advisory Committee On Rural Health and Human Services



Homelessness in Rural America Policy Brief July 2014

Editorial Note: During its April 2014 meeting in Omaha, Nebraska, the National Advisory Committee on Rural Health and Human Services discussed the unique needs and characteristics of individuals and families experiencing homelessness in rural America. Homelessness as a policy area draws on the work of several agencies. The Department of Housing and Urban Development (HUD) oversees the provision of shelter for individuals and families experiencing homelessness and the development of affordable housing, while the Department of Health and Human Services (HHS) is charged with provision of human services. Various other agencies also have programs and policies that impact individuals and families experiencing homelessness. The US Interagency Council on Homelessness (USICH) coordinates the activities of these agencies with the charge of ending homelessness in the United States. As such, HHS only has purview over one section of the programs and services that directly affect individuals and families experiencing homelessness. In recognition of the need for interagency collaboration on this issue, the Committee invited representatives from HUD, the Department of Agriculture (USDA), the Veteran's Administration (VA), and HHS members of the USICH to participate in the meeting. The Committee met with a range of rural stakeholders who work on homelessness issues in Iowa and Nebraska, as well as federal representatives from the above-named agencies who work on poverty and homelessness issues. The Committee also held stakeholder meetings with two local providers which serve families and individuals experiencing homelessness – Care Corps Shelter in Fremont, Nebraska and Youth Emergency Services in Belmont, Nebraska – to gain perspectives from the field. This policy brief continues the Committee's considerations of issues of access and barriers to care for rural human service delivery, and submits recommendations to the Secretary based on the conclusions of the Committee.

RECOMMENDATIONS

1. The Committee recommends that the Secretary, working through HHS's representatives to the Interagency Council on Homelessness, direct the Council and its member agencies to consider the unique needs of rural individuals and families experiencing homelessness as a special population by creating objectives for the Council and/or its interagency working groups around ending rural homelessness.
2. The Committee recommends that the Secretary work with the Office of the Assistant Secretary for Planning and Evaluation, as well as relevant research bodies in the Department of Housing and Urban Development, to develop a demonstration project focused on giving entities that serve individuals and families experiencing homelessness, or those in need of prevention services, in rural areas additional flexibility in using existing funding streams from both agencies to meet the unique needs of rural populations.
3. The Committee recommends that the Secretary direct federal health and human services programs to clarify policy guidance on use of alternative mailing addresses for receiving benefits for individuals and families experiencing homelessness in areas where the Federal government has authority, and to encourage states to clarify policy guidance on the same issue for state programs.

INTRODUCTION

Homelessness is often framed as an urban policy issue. However, it is a present and important issue for many rural individuals, families, service providers, and communities. The number of individuals experiencing homelessness in rural areas is undercounted for a number of reasons, so it is difficult to present a full picture of rural homelessness and the need for services based on the available data. Even so, smaller-scale studies and the available data from national surveys indicate that rural homelessness manifests differently from urban homelessness, and different policy approaches may be needed to successfully meet the needs of individuals and families experiencing homelessness in rural America. Rural homeless individuals and families are more likely than urban homeless individuals and families to be doubled-up with friends or families, living in vehicles, or living in substandard housing¹ (which is one reason that rural homeless populations are often undercounted). The rural homeless population is made up of more families and fewer individuals,² and some smaller-scale studies suggest that individuals experiencing rural homelessness are more likely to be working, more likely to be experiencing homelessness for the first time, and less likely to be on government assistance, than their urban counterparts.³ For its April 2014 meeting, the Human Services Subcommittee of the National Advisory Committee for Rural Health and Human Services visited two Administration for Children and Families (ACF) grantees, the Northeast Nebraska Community Action Partnership, a Community Action Agency in Northeast Nebraska, and Youth Emergency Services, in Belmont, Nebraska. During its site visits to Nebraska, Committee members toured the Care Corps shelter in Fremont, and at both sites they heard from a variety of providers, clients, and community members.

BACKGROUND

Homelessness in America can take many forms. The most common image of homelessness is an individual who is living on the street. This is referred to as an “unsheltered” individual experiencing homelessness. Under the definition of homeless used by some federal agencies, individuals and families who are considered homeless may also be “sheltered” (living in shelters) or “doubled-up” (temporarily staying with family or friends).^{4,5} Individuals experiencing homelessness need tailored services to address their individual barriers to housing.⁶ The number of individuals experiencing homelessness in America has grown over the past thirty years,

¹ Council for Affordable and Rural Housing. (2007, January/February). Homelessness in Rural America. CARH News.

² U.S. Department of Housing and Urban Development. (2013). The 2013 Annual Homeless Assessment Report (AHAR) to Congress. 26.

³ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 5.

⁴ U.S. Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. 10.

⁵ The McKinney-Vento Homeless Assistance Act (1987) defines a “homeless person” as, “(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is—(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” Note that HUD uses a different, less expansive definition of homelessness that would not include those doubled up.

⁶ U.S. Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. 10.

partially as a result of the housing crisis and the resulting foreclosure boom.^{7,8} However, the number of individuals who are homeless at a point in time has declined slightly over the past five years due to a variety of factors. It is worth noting that the present Administration has focused intensely on this issue. Some causes for housing instability include:

- A loss of affordable housing
- Wages and public assistance that haven't kept up with the cost of living
- Unemployment and underemployment, and debt that Americans have taken on to deal with these; and
- Deinstitutionalization of mental health facilities without a corresponding increase in community-based housing and services⁹

Nationally, the 2013 Homelessness Point in Time Count identified 610,042 homeless individuals on a given night in January.¹⁰ Of those, 394,629 were living in shelters and 215,344 people were living in unsheltered locations. These numbers represented a 4 percent decrease since 2009 and a 9 percent decrease since 2007, when the Point in Time Count was first implemented.¹¹ While the numbers of homeless individuals have decreased overall, the percentage of families has increased (as the populations of individuals experiencing chronic homelessness and veterans experiencing homelessness have decreased at a faster rate).

Approaches to addressing homelessness have also changed over the years. While, in the past, many of the approaches to addressing homelessness dealt with getting people off the street and into emergency shelters, today Continuums of Care (CoCs) work to transition the homeless to a permanent housing solution. CoCs are geographically based entities, created by HUD, that are tasked with transitioning the homeless population in their area through a range of services designed ultimately to address underlying problems and place them in appropriate permanent housing.¹² CoC services include the following:¹³

- Outreach, intake, and assessment to (1) identify an individual's or family's service and housing needs, and (2) link them to appropriate housing and/or service resource
- Emergency shelter and safe, decent alternatives to the streets
- Transitional housing with supportive services to help people develop the skills necessary for permanent housing; and
- Permanent housing and permanent supportive housing

⁷ U.S. Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. 10.

⁸ The Interagency Council on Homelessness notes in *Opening Doors* that, "Prior to 2007, there was no national standardized method of counting the number of persons experiencing homelessness. However, we do know from local data that persons using homeless shelters increased significantly over the past two decades."

⁹ U.S. Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. 10.

¹⁰ This count did not include rural-urban cuts, and is a count of the population as a whole.

¹¹ U.S. Department of Housing and Urban Development. (2013). *The 2013 Annual Homeless Assessment Report (AHAR) to Congress*. 26.

¹² *Ibid.*

¹³ Kansas Statewide Homeless Coalition. (2011). *Guide to Continuum of Care Planning and Implementation*. 2.

HUD notes in its guidebook for rural CoCs that “CoCs are most commonly organized around two main goals – planning for the homeless housing and service system in a community and applying for funding from the HUD’s competitive McKinney-Vento Act programs. To receive HUD McKinney-Vento funding, organizations must work through a local CoC.”¹⁴ Communities develop Continuum of Care Plans to implement an effective, long-term system of care for individuals and families experiencing homelessness within their service areas.¹⁵

SOCIAL DETERMINANTS OF HEALTH

Programs to alleviate homelessness can have a significant impact on other systems, such as healthcare, by reducing health spending and improving health outcomes. As a recent study by researchers at Yale School of Public Health, Yale School of Medicine, and New York University School of Medicine noted, the existence of human services infrastructure, including housing infrastructure, has a direct impact on health spending and outcomes.¹⁶ Bradley et. al. found that, across Organization for Economic Cooperation and Development (OECD) countries, spending on social services infrastructure had more of a positive impact on health outcomes than did spending on health infrastructure. Compared with other OECD countries, the US spends more on health infrastructure as a total percentage of health and social services infrastructure, and has worse health outcomes and higher health spending.¹⁷ The study noted that “reforms that target only health expenditures may miss important opportunities. Rather, greater attention and reform in broader domains of social policy, such as unemployment, housing and education, may be necessary to accomplish the improvements in health envisioned by advocates of healthcare reform.”¹⁸ The applicability of these international trends to rural America is supported by more localized research. A 2009 study of the impact of permanent supportive housing in rural Maine found that, for every homeless person placed in permanent supportive housing, there was an average per person cost savings of \$2,751.¹⁹ Much of that savings came from a reduction in costs of mental health services and health care services, as well as reduced incarceration costs.²⁰

WHY RURAL HOMELESSNESS?

Since urban homelessness is a visible problem and rural homelessness is largely out of sight, the traditional view of homelessness has been as an urban issue and therefore framed in an urban context.²¹ Despite this perception, individuals and families do experience homelessness in rural America, and there is less infrastructure to support them and research to quantify their needs than

¹⁴ U.S. Department of Housing and Urban Development. (2009). “Rural Continuums of Care”. 4.

¹⁵ Kansas Statewide Homeless Coalition. (2011). *Guide to Continuum of Care Planning and Implementation*. 2.

¹⁶ Bradley, E.H., Elkins, B.R., Herrin, J., Elbel, B. (2011). “Health and Social Services Expenditures: Association with Health Outcomes.” *BMJ Quality and Safety* 2011 20: 826-831. 826.

¹⁷ *Ibid.*

¹⁸ Bradley, E.H., Elkins, B.R., Herrin, J., Elbel, B. (2011). “Health and Social Services Expenditures: Association with Health Outcomes.” *BMJ Quality and Safety* 2011 20: 826-831. 831,

¹⁹ Maine Department of Health and Human Services. (2009). “The Effectiveness of Permanent Supportive Housing in Maine”. 6.

²⁰ *Ibid.*

²¹ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 1.

exists in urban areas. In the 2013 point-in-time count, only 45 percent of all homeless people lived in urban areas, while 41 percent were counted by smaller city, county, or regional CoCs (which include some rural areas). Fourteen percent were counted by Balance of State Counts that typically also represent rural areas.²² The Balance of State CoCs are made up of all of the areas that are not part of other CoCs, and often include many rural areas.

Since homelessness in rural areas looks different than homelessness in urban areas, measuring homelessness by counting shelter beds and individuals living on the street likely undercounts the homeless population in rural America. Many individuals and families experiencing homelessness in rural areas are living in cars, doubled up with friends or family, or living in substandard housing.²³ Those living in substandard but stable housing and those living in doubled up situations do not qualify as homeless under the HUD definition of homeless.²⁴ A 2008 HUD report notes, “Although persons living in housing that has been condemned can be defined as homeless by HUD, a formal and consistent condemnation process does not exist in most rural communities. This means that a structure considered ‘not fit for human habitation’ in Washington, D.C., would not be designated as such in Viper, Kentucky.”²⁵ A HUD guide for rural CoC providers notes that, “People taking shelter in seasonal hunting or fishing cabins, campgrounds, abandoned barns, trailers or in vehicles are simply not visible to the general public or government officials. This lack of visibility can make it difficult to engage the community to take action or to persuade government officials to invest public resources in affordable housing and services to the homeless.”²⁶ Other factors that may contribute to underrepresentation of rural Americans in national homeless surveys include the following:²⁷

- Lack of rural service sites
- Difficulty including individuals that do not use services
- A limited number of homelessness researchers working in rural communities
- A lack of incentive for providers, many of whom may be small and/or faith-based organizations, to collect data on their clients

Interestingly, some smaller local surveys have found higher rates of homelessness in rural areas than urban ones.²⁸ The 1996 National Survey of Homeless Assistants, Providers, and Clients results suggested that, at that time, individuals experiencing homelessness in rural areas were more likely than their urban counterparts to be experiencing their first episode of homelessness (as opposed to a chronic pattern of homelessness), more likely to be working (many were underemployed or working in part-time or seasonal positions), and less likely to be on government assistance.²⁹

²² U.S. Department of Housing and Urban Development. (2013). The 2013 Annual Homeless Assessment Report (AHAR) to Congress.

²³ U.S. Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. 12.

²⁴ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 3.

²⁵ *Ibid.*

²⁶ U.S. Department of Housing and Urban Development. (2009). “Rural Continuums of Care”. 13.

²⁷ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 4.

²⁸ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 5.

²⁹ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 5.

Families and youth experiencing homelessness in rural America also have unique needs. According to the 2013 Point in Time Count, 57.3 percent of all homeless families live in small city, county, regional, or statewide CoCs while 86.5 percent of all unsheltered homeless families identified in the Point in Time Count lived in small city, county, regional, or statewide CoCs.³⁰ This may suggest that there is more formal infrastructure to serve homeless families in urban centers than in areas that are not major urban centers, including rural America. A 2008 analysis by the National Alliance to End Homelessness also suggests that rural areas have a higher than average rate of family homelessness.³¹ They noted that almost 50 percent of the homeless population in ‘mostly rural’ areas was made up of families with children, which was 37 percentage points higher than the national rate.³² As family homelessness is a relatively recent phenomenon that has been exacerbated by the housing crisis, it is important for a rural lens to be applied to the new landscape of homelessness in America.

As is the case across the spectrum of rural human service program delivery, there are also significant barriers to service for rural individuals and families experiencing homelessness. HUD notes the following barriers to service in their guide for rural CoCs:³³

- **Transportation:** Large distances must be traversed to reach services that are few and far between and there are usually limited or no public transportation options available. Individuals experiencing homelessness in rural areas may have a need for solutions to overcoming transportation barriers, such as assistance with gas cards and car repairs
- **Isolation:** Rural areas can be isolating due to their expansiveness and/or because they can be sparsely populated. People who are homeless often feel cut off, geographically and, for recently arrived immigrant populations, linguistically and culturally, from the services that are available in the area.
- **Shortage of Services:** Few homeless-specific providers are available in most rural areas and mainstream services can be difficult to access, spread over large areas, and often not structured to accommodate the homeless population.

During the site visit to Fremont, Nebraska, providers who are members of the local CoC echoed the barriers noted above, reporting a shortage of shelter beds in the region and significant travel distance to access services for many living in rural communities. In addition to the challenges noted above, they also noted the following barriers to effectively serving the rural homeless population in their region:

- **Inflexibility of Available Resources:** Preventing homelessness through needed interventions such as paying a utility bill or helping with gas so a wage-earner can get to work is disallowed by some funders.
- **Barriers to Employment:** A lack of employment opportunities in some rural communities, in addition to more practical considerations such as a lack of identification

³⁰ U.S. Department of Housing and Urban Development. (2013). The 2013 Annual Homeless Assessment Report (AHAR) to Congress. 26.

³¹ National Alliance to End Homelessness. (2009). *Geography of Homelessness*. Washington, D.C. Part Three.

³² *Ibid.*

³³ U.S. Department of Housing and Urban Development. (2009). “Rural Continuums of Care”. 15-16.

or mailing address, can prevent individuals from successfully transitioning to employment.

- **Barriers to Service Applications:** Not having a mailing address can also make it difficult for individuals and families to apply for federal and state health and human services programs. In addition, although many programs now have online applications, some rural communities and households do not have internet connectivity.³⁴
- **A Shortage of High-Quality Affordable Housing:** The providers the Committee met with reported that, while their communities have sufficient Permanent Supportive Housing for those who meet the eligibility criteria, there is an unmet need for high-quality affordable housing for both individuals and families. The available housing options may provide permanency and satisfy that aspect of individual, family and community stability, but are, in increasing proportion, often out of financial reach for the population and fall below standards of acceptability.

These unique barriers for individuals and families experiencing homelessness in rural America mean that policy and program implementation may need to be tailored to meet the specific needs of individuals and families experiencing homelessness in rural areas. Although there was a brief period of academic publication around rural homelessness in the mid-1990s, rural homelessness has largely faded as an issue from the national political discourse since that time.³⁵

RECOMMENDATIONS

1. *The Committee recommends that the Secretary, working through HHS's representatives to the Interagency Council on Homelessness, direct the Council and its member agencies to consider the unique needs of rural individuals and families experiencing homelessness as a special population by creating objectives for the Council and/or its interagency working groups around ending rural homelessness.*

Since the Interagency Council has a goal of ending homelessness in America by 2020, the Committee feels that it is important that the Council consider how the rural population of individuals and families experiencing homelessness may need different policy solutions and practice models than those living in urban areas. The Committee recommends that one of the objectives for the Interagency Council should be inclusion of rural/urban data cuts in data collected on individuals and families experiencing homelessness and the creation of a research program dedicated to strengthening the knowledge base for our understanding of homelessness in rural areas. Although the evidence base for rural homelessness is not large, the available data suggest that individuals experiencing homelessness in rural America are more likely to be living in substandard housing conditions and less likely to be individuals experiencing chronic homelessness on the street. On the Committee's site visit to Nebraska, local providers echoed this observation by emphasizing the need for flexible funding to prevent homelessness and the need for additional affordable housing. Since the rural population of individuals and families experiencing homelessness may have different demographic characteristics than other populations experiencing homelessness and they face unique challenges in accessing services, it

³⁴ In some rural areas that lack internet access, smartphone-based applications may present an opportunity for individuals to access health and human services applications.

³⁵ U.S. Department of Housing and Urban Development. (2007). *Rural Homelessness*. 1-2.

is important that rural homelessness is considered as a special population by the Council and policy solutions are tailored to meet the needs of those living in rural America.

The Council already has infrastructure in place for considering the needs of other special populations, including a family and youth working group, a veterans working group, and a working group that addresses the needs of those experiencing chronic homelessness. The Committee urges the Secretary to work through her representatives on the Council to develop an appropriate venue for the Council to consider the unique needs of the rural homeless population over the next six years, as they work towards their overall goal of ending homelessness. To this end, the Committee also recommends the Council work to coordinate agencies that collect data on homeless populations to include a rural/urban data cut in the data they collect, such as the Point in Time Count and the Rural and Homeless Youth Information Management System. The collection of data on the population of individuals and families experiencing homelessness in rural America will enable policymakers and practitioners to make more informed decisions on how to best meet the needs of this population and will provide rich new data to enable more rural-specific research.

- 2. The Committee recommends that the Secretary work with the Office of the Assistant Secretary for Planning and Evaluation, as well as relevant research bodies in the Department of Housing and Urban Development, to develop a demonstration project focused on giving entities that serve individuals and families experiencing homelessness, or those in need of prevention services, in rural areas additional flexibility in using existing funding streams from both agencies to meet the unique needs of rural populations.*

One of the key messages the Committee heard from stakeholders in Nebraska was that there is a mismatch between federal funds dedicated to eradicating homelessness and the needs of their rural clients. Specifically, they noted that many of the Continuum of Care grants are earmarked for developing additional permanent supportive housing, which is designed to meet the needs of communities with a significant population of chronically homeless individuals. These providers reported that the challenges many of their clients face are more similar to traditional barriers to service in rural communities: transportation issues, shortages of services, barriers to employment, and a lack of quality affordable housing. They reported that their clients need solutions geared at preventing individuals and families from falling into homelessness, rather than additional permanent supportive housing. The Care Corps staff reported that they had sufficient permanent supportive housing in their community to serve a relatively small population of individuals experiencing chronic homelessness, but they were unable to use the available funds on measures to prevent individuals and families they work with from slipping into homelessness in the first place, such as gas cards to ensure they can get to work or paying their utility bills for a month, among other potential solutions. The Committee recognizes that rural communities often need flexibility in the requirements attached to federal funds in order to meet their clients' specific needs, which may differ from the needs of populations in other geographies. With this in mind, the Committee recommends that the Secretary work with the relevant research and evaluation offices in both the Department of Housing and Urban Development and the Department of Health and Human Services to develop a demonstration grant that is designed to give rural providers more flexibility in the allocation of federal funds designated for serving individuals and families experiencing homelessness.

3. *The Committee recommends that the Secretary direct federal human services programs to clarify policy guidance on use of alternative mailing addresses for receiving benefits for individuals and families experiencing homelessness in areas where the Federal government has authority, and to encourage states to clarify policy guidance on the same issue for state programs.*

The Committee heard from providers in Nebraska that homeless individuals often face challenges in applying for federal and state human services programs because they do not have home addresses at which to receive communications from the relevant agencies. In urban areas, individuals and families experiencing homelessness can sometimes use the address of a local shelter to receive benefits, but in many rural communities this is not an option. The Committee recommends that the Secretary direct federal human services programs, including those run by the Administration for Children and Families and the Administration for Community Living, to clarify how individuals and families experiencing homelessness can apply for aid in the event that they do not have a home address they can provide. One possibility to consider would be for individuals to be able to receive mail at the post office even without an address, as most rural communities have a post office. The Committee also urges the relevant operating divisions to clarify guidance around this issue for state programs, as the rural population of individuals and families experiencing homelessness faces similar barriers when applying to state human services programs.

CONCLUSION

The Committee emphasizes that, although more research needs to be done to assess the needs of the rural homeless population, the existing evidence base and their interviews with local providers suggest that the needs of rural individuals and families experiencing homelessness may differ from the needs of urban and suburban individuals and families experiencing homelessness. The Committee encourages the Secretary to work with the Interagency Council on Homelessness to ensure rural individuals and families experiencing homelessness are considered as a special population with unique barriers and needs and that federal policies are tailored and, where possible, flexible, in order to make sure rural communities can meet the needs of residents who experience homelessness. The Committee also encourages the Secretary to work with the Interagency Council to ensure that all federal partners are collecting data on the rural homeless population, in order to better assess their needs and tailor policy solutions accordingly.