Wilder Research

Homelessness in Minnesota
Key findings from the 2009 statewide survey

Wilder Research has conducted a statewide survey of people without permanent shelter every three years since 1991 to better understand the causes, circumstances and effects of homelessness, and to promote efforts toward permanent, affordable housing for all Minnesotans.

On October 22, 2009, more than 1,000 volunteers interviewed people staying in emergency shelters, battered women's shelters, and transitional housing programs, as well as non-shelter locations such as encampments, and abandoned buildings. Interviews were also conducted at drop-in service locations. All of the people included in the study were in circumstances that meet the federal definition of homelessness.

**Overall numbers of homeless people**

Wilder’s study counted 9,654 homeless adults, youth, and children – a 25 percent increase over the 2006 study. In addition, using a formula based on counts compiled by HUD (U.S. Department of Housing and Urban Development) and a variety of independent studies, Wilder estimates the overall number of homeless people in Minnesota to be at least 13,100 on any given night.

**Who are the homeless?**

Of the total 9,654 people counted in the study, children and youth (including young adults) make up nearly half.

**What’s new?**

Clearly the tough economic climate of the past few years has had a big impact. The significant increase in the number of homeless came after a period of leveling off. Forty percent of homeless adults reported a job loss or reduced hours as a reason they lost their housing. Also, the use of food stamps is the highest since the study began. Another notable finding is the increase in long-term homelessness.
**Increased numbers: Who is most affected?**
The largest percent increase – 57 percent – was among young adults (age 18-21), whose numbers increased from 661 in 2006 to 1,041 in 2009.

<table>
<thead>
<tr>
<th>2009 STUDY COUNTS AND INCREASE OVER 2006</th>
<th>2009 study</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied minors (12-17)</td>
<td>227</td>
<td>10%</td>
</tr>
<tr>
<td>Young adults (18-21)</td>
<td>1,041</td>
<td>57%</td>
</tr>
<tr>
<td>Adults (22+)</td>
<td>5,111</td>
<td>24%</td>
</tr>
<tr>
<td>Children (&lt;18) with parents</td>
<td>3,251</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,654</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>

* This includes 24 homeless people (of unknown age) in detox on the night of the survey.

**Downward trend of employment and income**

Just 20 percent of homeless adults reported they were currently employed. Only 6 percent worked full-time (35+ hours per week), the lowest since the study began.

**Employment among homeless adults**

Along with the historic lows in employment, there were other signs of the economic downturn.
- 48% of all homeless adults have been jobless for more than a year (up from 38% in 2006, and the highest since the study began)
- 21% of unemployed homeless identify “lack of employment opportunities” as one of their main reasons for not working (up from 8% in 2006)
- Median monthly income of homeless adults (from all sources) was $300 in 2009, down from $400 in 2006.

Despite the dramatic decreases in employment, steady employment and day or temporary labor remain in the top five income sources for homeless adults. They provide the main income sources for 1 out of 5 homeless adults.

**Top income sources for homeless adults (2009)**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Any source</th>
<th>Main source</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Assistance</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td>MFIP or similar program</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Steady employment</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Relatives or friends (not parents)</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Day or temporary labor</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Sale or pawning of belongings</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>Asking for money on the streets</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Supplemental Security Income</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Emergency assistance</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Social Security Disability Insurance</td>
<td>8%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Youth on their own (ages 12-21) fared better than the adult homeless population but still experienced decreases in employment rates.
- 27% of youth were employed (31% in 2006)
- 6% of homeless youth averaged at least 35 hours per week (10% in 2006)
More people homeless for at least one year

The proportion of adults homeless for at least one year has been increasing since the first study in 1991. At the same time the proportion who have been homeless for less than one month continues to decline.

Adults who are homeless for at least one year are significantly more likely to experience serious barriers to stable housing.

- 59% of adults who are homeless for at least a year have a serious mental illness (46% of those homeless less than a month)
- 49% of adults who are homeless for at least a year report a chronic health condition (37% of those homeless less than a month)
- 38% of adults who are homeless for at least a year report a cognitive disability (21% of those homeless less than a month)
- 35% of adults who are homeless for at least a year report symptoms of traumatic brain injury (24% of those homeless for less than a month)
- 27% of adults who are homeless for at least a year have a drug or alcohol abuse disorder diagnosis (16% of those homeless less than a month)

Increasing use of food stamps

While the pattern of use for the most common support services has remained steady, food stamp use has been rising since 1997. Sixty-three percent of homeless adults reported using food stamps during October 2009, the highest proportion since the study began.

Along with food stamps, homeless adults most often use clothing shelves, transportation assistance, hot meal programs, and food shelves. Unaccompanied minors (under 18) have different patterns of service use.

**TOP SERVICES RECEIVED BY HOMELESS ADULTS AND UNACCOMPANIED MINORS (OCTOBER 2009)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Adults (18+)</th>
<th>Minors (12-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food stamps</td>
<td>63%</td>
<td>28%</td>
</tr>
<tr>
<td>Clothing shelves</td>
<td>43%</td>
<td>19%</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>42%</td>
<td>45%</td>
</tr>
<tr>
<td>Hot meal program</td>
<td>33%</td>
<td>26%</td>
</tr>
<tr>
<td>Food shelves</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td>Emergency room</td>
<td>26%</td>
<td>14%</td>
</tr>
<tr>
<td>Drop-in centers</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Help to find a job</td>
<td>22%</td>
<td>26%</td>
</tr>
<tr>
<td>Help getting public benefits</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Free medical clinic</td>
<td>20%</td>
<td>21%</td>
</tr>
</tbody>
</table>

*Note: Services were chosen from a list of 18 services.*

**PERCENT OF HOMELESS ADULTS USING FOOD STAMPS DURING THE MONTH OF THE STUDY**

<table>
<thead>
<tr>
<th>Year</th>
<th>Adults Using Food Stamps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>57%</td>
</tr>
<tr>
<td>1994</td>
<td>52%</td>
</tr>
<tr>
<td>1997</td>
<td>46%</td>
</tr>
<tr>
<td>2000</td>
<td>48%</td>
</tr>
<tr>
<td>2003</td>
<td>51%</td>
</tr>
<tr>
<td>2006</td>
<td>51%</td>
</tr>
<tr>
<td>2009</td>
<td>63%</td>
</tr>
</tbody>
</table>

*Note: Services were chosen from a list of 18 services.*
It should be noted that while the pattern of use of many services remained relatively stable over the last decade, the sheer number of homeless adults receiving these services has increased. The largest increases in numbers of adults receiving services were for the following:

- Help applying for financial and other public benefits
- Help to find a job
- Food stamps
- Job training
- Transportation assistance

**Increase in homelessness largest among youth**

Overall, the single-night count of homeless youth age 12-21 (1,268) represents a 46 percent increase from 2006. This pattern is cause for concern because the largest increase in turnaways from shelters was also among youth. In addition, the number of youth shelter beds, particularly for youth 17 and under, has remained flat since 2003.

Although the numbers are up, the difficulties faced by homeless youth are occurring at similar rates or slightly lower rates than in 2006.

- 24% of youth slept outside at least one night in October 2009 (29% in 2006).
- 46% report a serious mental illness (49% in 2006).
- 45% have been physically or sexually mistreated (51% in 2006).
- 64% had experienced a placement such as a foster home, group home, detention facility, or treatment center (70% in 2006).
- 20% of youth left some type of social service placement in the previous 12 months (22% in 2006)

Another reason for concern is the fact that almost one-half (45%) of all homeless adults (18+) experienced homelessness before they were 21, and one-quarter (26%) before they were 18 – indicating the cyclical nature of homelessness.

**What persists?**

A number of persistent themes and issues continue to define homelessness in Minnesota, and represent some of the most difficult personal and systemic barriers to sustained stable housing.

**Racial disparities**

Black and American Indian people remain significantly over-represented among the homeless. Together, African American and African-born people make up about 4 percent of the adult Minnesota population, while they account for 41 percent of Minnesota’s homeless adult population. American Indian disparities are particularly large among homeless youth and in greater Minnesota. About one-fifth of both groups are American Indian, compared to 1 percent of the overall Minnesota population.

**Racial distribution among Minnesota’s homeless (2009) and overall populations (Census, 2008)**

<table>
<thead>
<tr>
<th></th>
<th>Adults (18+)</th>
<th></th>
<th>Minors (12-17)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homeless MN</td>
<td>American Indian</td>
<td>Homeless MN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11% 1%</td>
<td>20% 1%</td>
<td>41% 4%</td>
<td>39% 88%</td>
</tr>
<tr>
<td></td>
<td>1% 3%</td>
<td>2% 4%</td>
<td>8% 2%</td>
<td>7% 11%</td>
</tr>
<tr>
<td></td>
<td>41% 4%</td>
<td>43% 6%</td>
<td>3% 3%</td>
<td>5% 11%</td>
</tr>
<tr>
<td></td>
<td>1% 2%</td>
<td>8% 24%</td>
<td>7% 11%</td>
<td>5% 11%</td>
</tr>
<tr>
<td></td>
<td>7% 3%</td>
<td>3% 3%</td>
<td>2% 2%</td>
<td>7% 3%</td>
</tr>
</tbody>
</table>
Multiple health issues

Three-fourths (74%) of homeless adults report at least one of three major health issues: mental illness, substance abuse disorder, or a chronic physical health condition. Many report multiple issues.

INCIDENCE AND CO-OCCURRENCE OF HEALTH ISSUES AMONG HOMELESS ADULTS (2009)

Homeless adults: 5,957 (100%)

Proportion with none of these three disabilities: 1,557 (26%)

Other major health issues include:

- 41% of homeless adults report conditions that limit the kind or amount of work they can do
- 33% of homeless adults report cognitive disabilities
- 32% of homeless adults report likely traumatic brain injuries
- 44% of the 669 homeless veterans in the study report a service-related health problem

The proportion of people reporting a serious mental illness shows a continuing upward trend over the entire period of the study.

PROPORTION REPORTING SERIOUS MENTAL ILLNESS

Barriers to obtaining and maintaining housing

One-half (51%) of homeless adults report that lack of a job or income (43%) or lack of affordable housing (24%) is currently preventing them from getting housing. Other barriers include:

- Criminal background (16%)
- Credit problems (16%)
- Court eviction or bad rental history (9%)
- Cost of application fees (8%)
- No local rental history (7%)

One-third (32%) of homeless adults report they left their last permanent housing because they were evicted, 8 percent because a place they were renting was foreclosed on, and 4 percent because a home they owned went into foreclosure.

These barriers, together with the low monthly incomes of homeless adults, are in stark contrast to typical costs for housing. According to HUD, the fair market rent for a one-bedroom apartment is $719 in the Twin Cities metro and $528 in greater Minnesota.
Domestic violence among women and children

Twenty-nine percent of adult homeless women are fleeing domestic violence and 58 percent of those women have children under 18 living with them. About 600 children under 18 were living with women fleeing abuse on the night of the study.

Of all homeless women:
- 48% have stayed in an abusive situation because they did not have any other housing options
- 45% were physically abused as a child or youth
- 41% were sexually abused as a child or youth
- 10% are in battered women’s shelters

Of homeless youth (12-21):
- 30% have stayed in an abusive situation because they did not have other housing options (36% of females and 21% of males)
- 42% have been physically abused (48% of females and 32% of males)
- 27% have been sexually abused (39% of females and 9% of males)

History of institutionalization or incarceration

Almost one-half (47%) of homeless adults have been in state or federal prison, a local jail, or a juvenile detention center at some point in their life. Seventeen percent have been released in the previous two years. For the first time since 1997, these proportions did not increase over the previous study year.

Homeless adults also report having lived in a number of different institutions or placements. Fifty-eight percent have had at least one of the following social service placements:
- Drug or alcohol treatment facility (36%)
- Foster home or group home (26%)
- Halfway house (23%)
- Facility for persons with emotional, behavioral, or mental health problems (20%)

Geographic distribution and differences

The proportion of homeless people found by the study in greater Minnesota is growing. In 1991, one out of five (20%) homeless persons were found in greater Minnesota, whereas in 2009 about one-third (32%) were found in greater Minnesota.
Less shelter use among homeless adults in greater Minnesota

Homeless adults in greater Minnesota are less likely to be found in shelters and more likely to be found through outreach.

| PERCENT OF HOMELESS ADULTS AND UNACCOMPANIED MINORS (12-17) BY SHELTER TYPE AND REGION (2009) |
|---|---|---|---|---|
| Twin Cities metro | Greater MN |
| Minors | Adults | Minors | Adults |
| Battered women’s shelters | 4% | 5% | 8% | 5% |
| Emergency shelters | 21% | 37% | 25% | 19% |
| Transitional housing | 33% | 40% | 34% | 31% |
| Outreach | 42% | 20% | 33% | 48% |

It is not clear whether the observed increase in greater Minnesota homelessness represents actual growth in numbers or improved outreach efforts. Outside of metropolitan areas, homeless people are more invisible because there are fewer shelters to serve them.

Most Minnesota homeless are from Minnesota

More than three-fourths (77%) of the adults experiencing homelessness have lived in Minnesota for more than two years, the highest proportion since the start of the study. Of those who have come more recently, about one-third lived in Minnesota before.

Almost three-fourths (73%) of homeless adults report their last permanent and stable housing was in Minnesota – higher in greater Minnesota (79%) than in the Twin Cities metro (71%).

Eighty-one percent of adults who fit the Minnesota definition of long-term homelessness (homeless for at least a year or four times in the last three years) have lived in Minnesota for more than two years.

Most homeless youth grew up in Minnesota (70% of youth overall; 88% of youth minors and 68% of young adults). This has remained consistent over the past three years.

Pathways in and out of homelessness

Since the 2006 study, the number of people experiencing homelessness in Minnesota has risen significantly, with only modest change in their characteristics. Because of how diverse these characteristics are, however, it is critical to consider the range of pathways into and out of homelessness. The figure below illustrates these pathways in a simplified format.

Commonly Observed Pathways in and out of Homelessness

PATH IN (risk factors)
- Lack of access to housing and other resources
- Economic conditions
- Health, trauma, and personal characteristics

PATH OUT (permanent housing)
- Support and services
- Safe, affordable housing

NEAR HOMELESS (precariously housed)
- Homeless
- Non-shelter using
- Transitional
- Emergency

PERCENT OF HOMELESS ADULTS WHO HAVE LIVED IN MINNESOTA FOR TWO YEARS OR LONGER

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>61%</td>
</tr>
<tr>
<td>1994</td>
<td>61%</td>
</tr>
<tr>
<td>1997</td>
<td>72%</td>
</tr>
<tr>
<td>2000</td>
<td>72%</td>
</tr>
<tr>
<td>2003</td>
<td>73%</td>
</tr>
<tr>
<td>2006</td>
<td>77%</td>
</tr>
<tr>
<td>2009</td>
<td>77%</td>
</tr>
</tbody>
</table>
To make progress in addressing homelessness we need to reduce pathways in as well as strengthen pathways out. Doing this requires a wide range of efforts at multiple levels, combining both individual initiative and public will.

**Intervention points**

Potential intervention points include prevention, rapid response to recent homelessness, and ending long-term homelessness. To address homelessness at any of these points, it is critical to have a strong community safety net that includes: affordable housing, Earned Income Tax Credits, rent and utility subsidies, temporary cash assistance for needy individuals and families, job training, transportation, health care, child care, and case management for those with multiple needs. Support from neighbors and faith communities to meet basic needs is also important.

In addition, below are examples of strategies for specific intervention points:

**Prevention of homelessness**

- Discharge planning: For those leaving foster care, residential treatment, jail or prison, housing should be part of the discharge plan. In addition, comprehensive planning is needed for those leaving abusive homes.

- Mental/chemical health planning and treatment: For those dealing with mental health or chemical dependency issues, treatment needs to be more available, affordable, and culturally relevant. It should also include planning for potential crises.

- Emergency assistance: For those precariously housed, support such as emergency rent, utilities, and landlord and/or bank mediation can avert homelessness.

**Rapid response to recent homelessness**

- There is need for adequate emergency shelter facilities throughout the state, especially in greater Minnesota.

- Immediate triage: There is a need to quickly identify needs, connect people with resources, and place them in permanent or transitional housing with supports.

- Assure the availability of affordable or subsidized housing.

**Ending long-term homelessness**

- Provide outreach for those not using shelters.

- Provide treatment for mental, chemical, and physical health problems.

- Make available a variety of subsidized and supported housing opportunities, including low-demand housing (supportive housing that does not require adherence to strict behavioral rules to enter).

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- UPS

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**For more information**

This summary presents highlights of the 2009 Statewide Survey of Homelessness. For more information on homelessness in Minnesota go to [www.wilder.org/homelessness.0.html](http://www.wilder.org/homelessness.0.html).

For more information about this report, contact Ellen Shelton at Wilder Research, 651-280-2689.

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