



Homelessness in Minnesota

Findings from the 2015 Minnesota Homeless Study

N O V E M B E R 2 0 1 6

Prepared by:
Wilder Research

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

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Contents

Executive summary.....	1
About the study.....	7
Data sources.....	7
Who is included in the study.....	8
Where interviews were done.....	9
Counts and estimates.....	10
Counts on the night of the study.....	10
Single night estimate.....	14
Estimate of annual numbers.....	15
Homeless adults.....	16
Demographic characteristics.....	16
Current homelessness situations.....	19
Background and prior experiences of homeless adults.....	21
Factors associated with homelessness.....	24
Employment and income of homeless adults.....	28
Health of homeless adults.....	31
Service use.....	34
Special population snapshot: Military service.....	37
Special population snapshot: Older adults.....	38
Children and youth.....	42
Homeless children with their parents.....	43
Unaccompanied homeless youth.....	46
Conclusion.....	54
Finding affordable and accessible housing.....	54
Maintaining housing.....	55
Preventing homelessness.....	55
Appendix.....	56
Methodology.....	56
Map of counts.....	59

Figures

1. One-night study counts of the Minnesota homeless population, 1991-2015.....	10
2. 2015 homeless counts, by age group and shelter setting	11
3. Change in homeless counts by age group, 2009-2015.....	12
4. Homeless Minnesotans compared to all Minnesotans, by age group	13
5. Number of homeless people, by age group.....	13
6. Estimated number of people homeless on any given night in Minnesota, by age group.....	14
7. Race and ethnicity of homeless adults compared to overall Minnesota population.	16
8. Who homeless adults stayed with on the night prior to the survey	17
9. Educational attainment of homeless adults and all Minnesota adults.....	19
10. Number of homeless episodes in lifetime and length of current episode for homeless adults	19
11. Selected adverse childhood experiences among homeless adults.....	21
12. Homeless adults' experiences in out-of-home placements.....	22
13. Most common reasons why homeless adults left their last regular housing.....	24
14. Fair market rent versus income of homeless adults, in the Twin Cities metro area and greater Minnesota.....	26
15. Overlapping barriers to housing for homeless adults	27
16. Employment among homeless adults, 1991-2015	28
17. Employment by age category.....	29
18. Employment rates of homeless adults by health or other factors	29
19. Top five sources of income for homeless adults, October 2015.....	30
20. Prevalence of physical and chemical health issues and serious mental illness, among homeless adults, 2000-2015.....	32
21. Incidence and co-occurrence of health conditions among homeless adults	33
22. Food stamp use by homeless adults in the month of the survey, 1991-2015.....	34
23. Types of assistance received by homeless adults in October 2015	35
24. Use of transportation modes by homeless adults, by Twin Cities metro area and greater Minnesota.....	36
25. Percentage of homeless adults age 55 or older compared to overall Minnesota population, 2009-2015	38

Figures (continued)

26. Age breakdown of older adult homeless population compared to overall Minnesota older adults.....	39
27. Number of homeless families in Minnesota	43
28. Race and ethnicity of unaccompanied homeless youth compared to overall Minnesota population.....	47
29. Where unaccompanied youth were staying on the night of the 2015 survey	48
30. Where unaccompanied youth stayed at least one night in the 30 nights prior to the 2015 survey	48
31. Youth’s views of what led to their homelessness	49
32. Selected adverse childhood experiences among homeless youth	50
33. Health issues among unaccompanied homeless youth	51
34. Violence and sexual exploitation among unaccompanied homeless youth	51
35. Types of assistance received by homeless youth in October 2015	52
36. Homeless youth with children	53

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Finally, this study depends on the willingness and participation of adults and youth throughout Minnesota who have no permanent place to live. Despite the depth of the survey and the personal nature of many questions, participation rates are high. Respondents spend more than 30 minutes answering questions in face-to-face interviews and receive in exchange only a \$5 honorarium. Their generosity in sharing the details of their lives gives voice and substance to the reality of homelessness in our state and helps planners, funders, and advocates in their efforts to find solutions. This report is dedicated to them.

Executive summary

About the study

Beginning in 1991, Wilder Research has conducted a statewide study every three years to gather data that will help better understand the prevalence, causes, circumstances, and effects of homelessness in Minnesota.

The study includes a count of the number of people who were homeless on a single night and face-to-face interviews with people throughout the state who are considered homeless according to the federal definition.

The most recent study was conducted on October 22, 2015 by 1,100 volunteers and program staff in more than 370 locations across Minnesota.

Why this study is important

The Minnesota Homeless Study is considered to be the most comprehensive source of descriptive information about homeless adults, youth, and children in the state. Wilder Research produces the study with a unique partnership made up of hundreds of nonprofit organizations, service providers, state agencies, homeless advocates, and volunteers in order to gather critical data on homelessness. The resulting reports provide detailed information on the background and characteristics of those experiencing homelessness, conditions that contribute to homelessness, and barriers to obtaining and retaining safe and stable housing. Organizations and government agencies use the data to: identify and address systemic issues; guide services, programs, and policies to support Minnesotans experiencing homelessness; and track progress in efforts to reduce and ultimately eliminate homelessness in Minnesota.

Gathering the data

The 2015 study included 3,672 face-to-face interviews with adults and unaccompanied youth in emergency shelters, domestic violence shelters, transitional housing programs, and non-shelter locations such as meal sites, service centers, encampments, and other places not intended for housing. The survey was translated into languages most often needed. This year, 25 interviews were completed in Spanish, 15 in Somali, and 2 in Hmong. In addition to the interviews, shelter staff provided counts of adults, youth, and children staying in all emergency shelters, domestic violence shelters, transitional housing, and a few Rapid Rehousing programs and emergency service voucher sites.

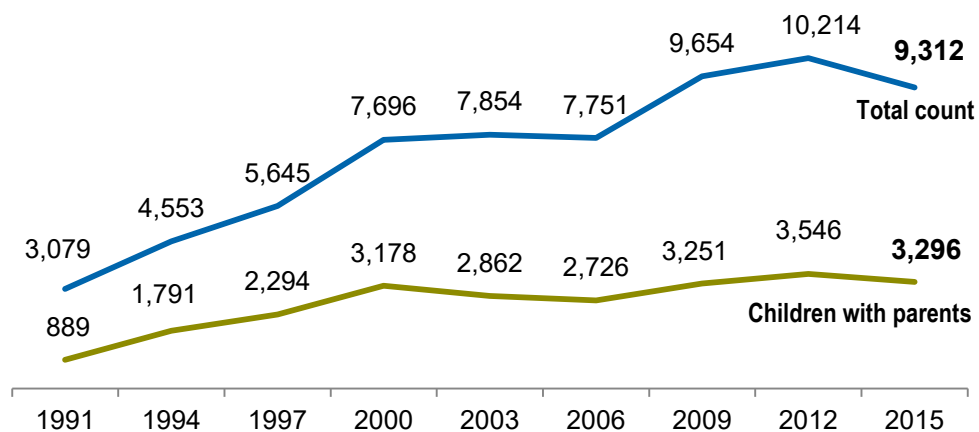
What we learned

On October 22, 2015, Wilder Research counted a total of **9,312** people experiencing homelessness in Minnesota. The number of people counted in the 2015 study under-represents the total homeless population. Many of those experiencing homelessness outside the shelter system are not found on the single night of the study, including youth who couch hop or find temporary places to stay, as well as people living in greater Minnesota where there are fewer shelters. Our counts and other research allow us to estimate how many people will be homeless throughout the year. In 2015, an estimated 15,000 people were homeless on any given night in Minnesota, with nearly 40,000 Minnesotans experiencing homelessness that year. These estimates do not include people on American Indian reservations or school-age children with parents staying in temporary, doubled-up arrangements defined as “homeless” under the McKinney-Vento Act.

► Homelessness is down in Minnesota for the first time since 2006.

The number of people experiencing homelessness on a single night decreased by 9 percent between 2012 and 2015, following a jump of 32 percent between 2006 and 2012. In the 7-county Twin Cities metro area, there was a decrease of 8 percent between 2012 and 2015, while in greater Minnesota this decrease was 13 percent. The decrease in greater Minnesota is likely due in part to difficulties finding people staying outside the shelter system.

One-night study counts of the Minnesota homeless population, 1991-2015



► Young people are most at risk of experiencing homelessness.

Of all age groups, children and youth age 24 and under are the most likely to be homeless in Minnesota. This includes children with their parents (35%) and youth (minors and young adults) on their own (16%). While the population of children experiencing homelessness with their parents decreased by 7 percent from 2012 to

2015, they still represent over one-third of the overall homeless population. Nearly half (47%) of these children are age 5 or under. One-quarter of parents report having a child with an emotional or behavioral problem, and over 34 percent report that their school-age child has been a victim of bullying.

► **African Americans and American Indians also face a disproportionate risk of homelessness.**

African Americans and American Indians are far more likely to be homeless than members of other races. African Americans make up 39 percent of homeless adults, but only 5 percent of adults statewide. American Indians make up 8 percent of homeless adults, compared to 1 percent statewide.

► **The number of homeless older adults age 55 and older are increasing, but they are still the least likely to be homeless.**

Adults age 55 and older who are homeless increased by 8 percent since 2012. There was a notable increase in the number of older adults in Twin Cities metro emergency shelters, where the number of older adults increased by 21 percent since 2012. However, the growth in the number of homeless older adults is similar to the growth of this age group in the overall Minnesota population. Issues facing the aging population in general exist for older adults who are homeless, but are magnified due to the difficult circumstances and conditions associated with being homeless. For instance, older homeless adults were more likely than other homeless adults (71% vs. 51%) to have reported a chronic health condition.

► **Eight percent of homeless adults have served in the military.**

This proportion is the same as the overall adult Minnesota population and similar to previous surveys. Nearly half (43%) of homeless Veterans report having service-related health problems. Of these, mental health and hearing problems are the most common. Fewer than half of Veterans who are homeless report currently receiving any Veteran benefits.

► **Top reasons Minnesotans are homeless**

Not enough affordable housing. Adults most often reported leaving their last housing due to their inability to afford rent or mortgage (36%), and 22 percent reported there is no housing available they can afford. Forty-one percent of homeless adults are on a wait list for subsidized housing, and another 14 percent cannot get on the wait list because it is closed. A general rule for housing affordability, especially for lower-income households, is that housing should cost no more than 30 percent of monthly income. At the time of the study, fair market rent determined annually by the federal government was \$796

per month for a one-bedroom apartment in the Twin Cities and \$558 per month in greater Minnesota. Both exceed the \$550 median monthly income among homeless adults.

Lack of employment. The lack of employment and income are key reasons why people become homeless and primary barriers to becoming stably re-housed. Nearly one-third (30%) report losing a job or having their hours cut as a reason for losing housing, and 38 percent of homeless adults report a lack of job or income as a main barrier to obtaining housing. Almost two-thirds of homeless adults are unemployed. The median length of time people have been unemployed is 23 months, which is unchanged since 2012.

Obstacles to maintaining housing: Chronic health conditions. More than half (60%) of homeless adults report a significant mental illness. This includes being diagnosed with at least one of the following: anxiety or panic disorder (42%), major depression (39%), bipolar disorder (22%), personality disorder such as antisocial or obsessive compulsive disorders (15%), schizophrenia (7%) or other paranoid or delusional disorders (6%). Fifty-one percent have a chronic health condition. The most common reported were high blood pressure (30%), asthma (20%), other respiratory problems (12%), other heart or circulatory problems (11%), and diabetes (9%). One in five (21%) homeless adults has been diagnosed with a substance abuse disorder. This includes either alcohol abuse (16%) or drug abuse (14%) disorders. Eighty-three percent of homeless adults have either significant mental illness, chronic health condition, substance abuse disorder, or evidence of a traumatic brain injury. Forty-four percent have more than one of those conditions.

Obstacles to maintaining housing: Abuse and violence. Violence is a common experience for those who lack housing. Thirty-five percent of homeless women are homeless as a result of domestic abuse. Nineteen percent of homeless adults report being physically or sexually assaulted while homeless. More than 37 percent of homeless adults (50% of women and 24% of men) report they have stayed in an abusive relationship because they had nowhere else to live, and 21 percent report leaving their last stable housing because of abuse by someone they lived with. Thirty-nine percent of adults and 46 percent of youth were physically abused as a child.

Ripple effects caused by discrimination in housing and other systemic inequities. There continue to be glaring and persistent racial disparities in the populations of Minnesotans experiencing homelessness. Racial disparities occur among all age groups, genders, and geographic locations. Thirty-nine percent of homeless adults in Minnesota are African American, but African Americans make up only 5 percent of Minnesota's total population. American Indians make up 8 percent of the adult homeless population, but represent only 1 percent of adults in Minnesota. Nearly three-quarters (73%) of homeless youth are African American, American Indian, Asian, Hispanic or of mixed race. But youth in these groups represent only 26 percent of Minnesota's total youth

population.¹ Nine percent of homeless adults and 18 percent of homeless youth identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). Historical trauma and generational impacts of discriminatory housing policies and other systemic inequities have contributed to the overrepresentation of people of color and those who identify as LGBTQ in Minnesota's homeless population.

Conclusions

Homelessness is not only painful and stigmatizing for those experiencing it, but it is also seemingly intractable for those trying to fix it. Despite vigorous and targeted efforts to reduce homelessness, and despite many individual success stories, new people come into the shelter system every day. However, the overarching positive finding of Wilder Research's ninth triennial statewide study is that the total number of homeless people decreased for the first time since 2006. In all likelihood, the numbers we found would be significantly higher were it not for the wide range of supportive services available in Minnesota. Nonetheless, on one October night in 2015, we found a total of 9,312 people experiencing homelessness in Minnesota. Children who were with their parents make up over one-third of this figure (35%).

While the total number of people experiencing homelessness in Minnesota dropped by 9 percent from the 2012 study, an alarming number of adults, youth, and children still experience homelessness each day. We must address two fundamental issues if we are to see these numbers continue to decline: the availability of affordable housing and providing individuals and families with the supports they need to remain stably housed. Neither issue is simple.

Finding affordable and accessible housing

The 2015 study shows us that 41 percent of homeless adults are currently on a waiting list for subsidized housing, with an average wait time of nearly a year. An additional 14 percent report they are unable to get on a waiting list because those lists are closed. The private housing market is not particularly well suited to serve those with the least income, especially when vacancy rates are low, as they are now. Consequently, most of the work of creating affordable housing, including permanent supportive housing with services, falls to the nonprofit and government sectors. For those who need ongoing supportive services to stay in housing, new supportive housing developed as part of the regional and statewide plans for ending homelessness has been successful. However, the availability of supportive housing, as well as rental units for low-income people, does not meet the need.

¹ U.S. Census Bureau. 2014 American Community Survey 1-year Estimates [statistics from data file]. Retrieved from <http://factfinder2.census.gov>

Maintaining housing

With regard to maintaining stable and affordable housing, the picture is perhaps even more complicated. Over the years the study has been conducted, we have seen measurable increases in the level of distress among those experiencing homelessness. For instance, we have consistently asked about five serious challenges that may impact an individual's ability to keep stable housing; these include: serious mental illness, chronic physical health problems, traumatic brain injury, chemical dependency, and a recent history of incarceration. In 2003, 77 percent of adults had at least one of these five barriers. In 2015, 83 percent had at least one of these barriers. This illustrates the increased share of individuals who may need community supports to live independently, even if reasonably priced housing opportunities are more available. As a state, we need to create more affordable housing, but we also need to ensure that additional supports are available for individuals and families to maintain that housing once they have it. This is especially important for the growing proportion of people who have more serious barriers to living independently.

Preventing homelessness

We must also consider the fact that the numbers in this report represent only those who are currently homeless. The study estimates that 150 or more Minnesotans become newly homeless each week. To fully address the issue of homelessness in Minnesota, we have to examine the range of ways in which an individual or family may become homeless in the first place and what it might take to interrupt such an occurrence before it happens. Preventing homelessness takes a broad array of supports, including support from family and community, and services provided by the public and private sector. These collectively make up our social safety net, but most are better designed to lift the fallen than to stabilize those about to fall. With rare exception, the public safety net has been strained in recent years, and funding support, adjusted for inflation, has been reduced at the same time that economic obstacles have multiplied.

While the number of those experiencing homelessness decreased between 2012 and 2015, we still need to address homelessness in a more effective and comprehensive way than we do now. To do so, we must agree on the dimensions of the problem, use strategies that are known to work, broaden public awareness and commitment to solving the problem, expand the safety net to better catch those at risk of losing housing, and back up these efforts with resources that match the need.

About the study

Every three years since 1991, Wilder Research conducts a statewide study to better understand the prevalence, causes, circumstances, and effects of homelessness. The most recent study was conducted on October 22, 2015.

Data sources

The 2015 Minnesota Homeless Study is based on two sources of data: face-to-face interviews with adults and unaccompanied youth experiencing homelessness, and a shelter census completed by the shelter providers.

Interviews

Information about the characteristics of homeless people is gathered from 3,672 face-to-face interviews with homeless adults and youth, each interview typically lasting 30 to 45 minutes. The interviews were conducted by 1,100 volunteers and program staff in more than 370 locations, including shelters and transitional housing programs, meal sites, service centers, encampments, and other places not intended for housing. In shelter and transitional housing programs, one adult per family was asked to complete the interview. Study participation was voluntary, and participants received \$5 for completing the interview.

Interviews were conducted on October 22, 2015 with people known to be homeless on that night, including 2,416 adults in shelters, as well as another 1,112 adults in non-shelter locations. According to the interviews, adult respondents had 1,838 children and 376 partners with them. In addition, we conducted interviews with 144 unaccompanied minors age 17 and under, both in and out of shelter settings. These minors had a total of 18 children and 20 partners with them.

Based on prior information from shelter providers, the survey was translated into the languages other than English most often spoken by shelter residents. In 2015, 25 interviews were completed in Spanish, 15 in Somali, and two in Hmong.

Count of persons staying in all shelter settings

We obtained counts of adults, youth, and children staying in shelter settings on the night of the study, including emergency shelters, domestic violence shelters, time-limited transitional housing and a few selected Rapid Rehousing programs, and emergency service voucher sites. This complete enumeration within shelters allows us to weight the interview results for those in shelters and generalize the findings to nearly the entire population of those experiencing homelessness in our state.

The shelter settings counts are used to produce a count for each Continuum of Care region (geographic areas used for housing planning and service coordination) and are posted on <http://mnhomeless.org>. There is no comparable information about the total number of persons in non-shelter locations, other than the counts of those who participated in interviews and persons staying with them in non-shelter locations. All adults and unaccompanied youth found in non-shelter locations were asked to be interviewed (or one member of each couple).

Who is included in the study

Definition of homelessness

The definition of homelessness used for the study is the same one specified by the U.S. Congress in its most recent reauthorization of the Hearth Act in May 2009. For the 2015 study, a homeless person is anyone who lacks a fixed, regular, and adequate nighttime residence, **and**:

1. Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
or
2. Has a primary nighttime residence that is a supervised, publicly- or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
or
3. An individual who resided in a shelter or place not meant for human habitation and is exiting an institution where he or she temporarily resided (this includes those persons leaving detox on the date of the study who were homeless upon entry).

This definition is expanded to include persons who will imminently lose their housing, as evidenced by an eviction action that notifies them that they must leave within 14 days; or persons staying in hotels or motels (not paid for by public or charitable funds) who lack the resources necessary to reside there for more than 14 days; or persons in doubled-up situations where there is evidence that the owner or primary renter will not allow the individual or family to stay for more than 14 days.

A doubled-up parent not meeting any of these criteria may be included if they have a child with them, have a significant history of residential instability, and have a barrier (or have a child with a barrier) that interferes with housing or employment.

For youth through age 24, the definition of homelessness is expanded to include people who are not with a parent or guardian and who are staying temporarily with other relatives or friends (“couch hopping”). Federal and state legislation governing services for runaway and homeless youth explicitly include youth through age 24. We therefore include young people age 18 through 24 in our discussion of unaccompanied homeless youth. However, those age 18 or older are legally adults and are also included in the overall adult findings. For this reason, “youth” and “adult” numbers should not be added together for totals.

Where interviews were done

Interviews were conducted in shelter settings and in non-shelter locations. For this report, there are four types of *shelter settings* that serve homeless people:

- **Emergency shelters** – A safe place to sleep, generally open only evenings and overnight; may provide meals, housing information, and other services
- **Domestic violence shelters** – Safe refuge and advocacy for individuals and their children when fleeing an abusive situation
- **Transitional housing** – Time-limited, subsidized housing that involves working with a professional to set and address goals to become self-sufficient
- **A limited number of Rapid Rehousing (RRH) programs** – Temporary assistance for persons experiencing homelessness to help them obtain and pay for housing. Persons receiving RRH generally receive a subsidy to pay rent to landlords for a limited time. Note: Most RRH programs in Minnesota were not included in the 2015 Minnesota Homeless Study. After careful review, however, a small number of exceptions were made to include programs that maintained the same model of services and supports as 2012, but were considered “transitional housing” during their participation in the 2012 study.

This report provides detailed study findings. Additional information about the methodology used to conduct the 2015 Minnesota Homeless Study and how to interpret the findings are included in the Appendix. A companion study was done in partnership with six Minnesota American Indian reservations. Results of that study are reported separately and are not included in this report. All study results will be available on <http://mnhomeless.org>.

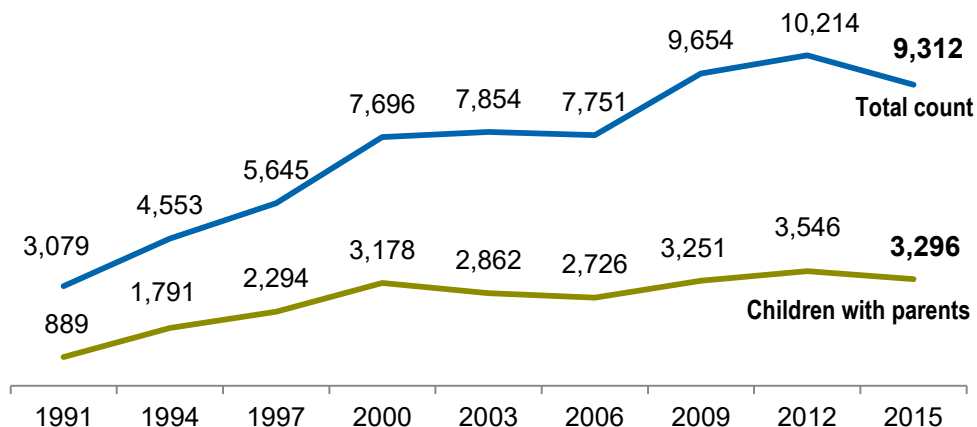
Counts and estimates

Since the study began in 1991, the number of those counted as experiencing homelessness on one night in October has risen every three years. In particular, a sharp increase was evident in 2009, following the Great Recession. While the counts have not returned to pre-recession levels, the 2015 study showed a decrease in the number of people experiencing homelessness for the first time since 2006.

Counts on the night of the study

On October 22, 2015, a total of 9,312 people experiencing homelessness were counted in Minnesota. This number represents a 9 percent decrease from 2012, following an increase of 32 percent between 2006 and 2012 (Figure 1).

1. One-night study counts of the Minnesota homeless population, 1991-2015



Statewide, the number of people who were found outside the shelter system dropped by 25 percent since 2012. While the decrease was relatively modest in the seven-county Twin Cities metro area (down 4%), the decrease in greater Minnesota was considerable (down 37%). The large drop in greater Minnesota is likely inflated due to some limitations in the ability to find and interview people who were not staying in shelters.

Statewide, the number of people counted in emergency shelters dropped by 8 percent, and the number of people in transitional housing (including transitional housing programs reclassified as Rapid Rehousing) was down 5 percent. However, the number of people in domestic violence shelters was up 15 percent.

On the night of the study, shelter providers counted 7,577 people in emergency shelters, domestic violence shelters, and transitional housing programs including a few selected Rapid Rehousing programs. In addition, 73 people experiencing homelessness were counted in detox facilities. An additional 1,662 homeless people were not staying in any formal shelter or housing program (Figure 2).

2. 2015 homeless counts, by age group and shelter setting

Adults 55 and older	Emergency and domestic violence shelters	Transitional housing programs	Rapid Rehousing^a	Not in shelters	Total
Men	350	120	5	130	605
Women	114	65	7	52	238
Adult 25-54					
Men	845	430	51	473	1,799
Women	761	644	145	288	1,838
Young adult 18-24					
Men	149	155	26	206	536
Women	196	299	64	155	714
Unaccompanied minors under 18					
Men	25	19	0	39	83
Women	47	28	0	55	130
Children with their parents	1,224	1,444	364	264	3,296
Homeless persons in detox	-	-	-	-	73
Total	3,711*	3,204*	662*	1,662**	9,312***

Source. Counts come from shelter providers, interview data come from the Wilder Research survey conducted by volunteer interviewers.

Notes. Figures do not include homeless people on American Indian reservations; they are included in a separate report. Numbers by region: For the distribution of homeless persons by region of the state, see the maps in the Appendix. For more detail on numbers of homeless persons by age and family status, region, and type of shelter, see the report “Statewide and region counts of homeless people” posted at <http://mnhomeless.org>.

^a Rapid Rehousing (RRH) is temporary assistance for persons experiencing homelessness to help them obtain and pay for housing. Persons Receiving RRH are generally receiving subsidy to pay rent to landlords for a limited time. Most RRH programs were not included in the 2015 Minnesota Homeless Study. After careful review, a small number of exceptions were made to include programs that maintained the same model of services and supports, but were considered “transitional housing” during their participation in the 2012 study.

Source of number: * count, ** interviews, *** sum

Changes from year to year vary depending on age group

The number of homeless children decreased by 7 percent from 2012 to 2015 (Figure 3). However, children still represent 35 percent of the overall homeless population. The number of families experiencing homelessness decreased by 12 percent (down to 1,542 in 2015).

The number of homeless adults age 55 and older is up 8 percent since 2012. There was a particularly notable increase in the number of older adults in Twin Cities metro emergency shelters, where the number of older adults increased by 21 percent since 2012. However, the growth in homeless older adults is similar to the growth of this age group in the overall Minnesota population.

The greatest percent increase in the count between 2012 and 2015 was among unaccompanied minors under 18 (up 46%). However, this population is very difficult to count, because many youth stay temporarily with friends or family and do not use shelters. Fluctuations in these numbers can easily be due to better identification through school outreach and slight increases in youth shelter beds including those added with the recent passage of Safe Harbor and other homeless youth legislation.

3. Change in homeless counts by age group, 2009-2015

	2009	2012	2015	% change (2012-2015)
Children (age 17 and under) with parents	3,251	3,546	3,296	-7%
Unaccompanied minors (age 17 and under)	227	146	213	+46%
Young adults (age 18-21)	1,041	1,005	779	-22%
Adults (age 22-54) ^a	4,585	4,708	4,108	-13%
Older adults (age 55 and over)	526	777	843	+8%
Total^b	9,654	10,214	9,312	-9%

^a Young adults age 22-24 are included in the “adults” category so that we can compare to data collected in previous years.

^b Totals include homeless people (of unknown age) in detox on the night of the survey (24 in 2009, 32 in 2012, and 73 in 2015).

Young people are most at risk for homelessness

Compared to their representation in the total Minnesota population, children and youth under 24 are the most likely to be homeless (Figure 4).

4. Homeless Minnesotans compared to all Minnesotans, by age group

	Percent of MN homeless population ^a	Percent of MN total population ^b
Minors (age 17 and under) ^c	38%	23%
Young adults (age 18-21)	8%	5%
Young adults (age 22-24)	5%	4%
Adults (age 25-54)	39%	40%
Older adults (55 and over)	9%	27%

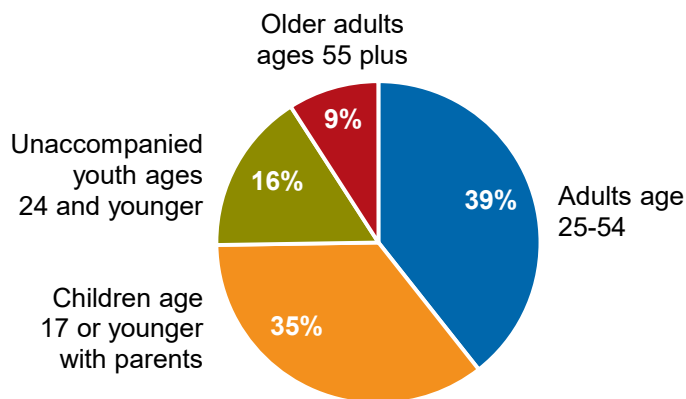
^a Percentages are based on the total number of people counted minus those in detox (73) for whom age is not known.

^b Source for MN total population: U.S. Census Bureau, 2014 American Community Survey.

^c Includes unaccompanied homeless minors and children with their homeless parents.

Children and youth age 24 and younger make up over half of all homeless persons (51%). Compared to their representation in the overall Minnesota population, older adults age 55 and over are least likely to be homeless. However, this group makes up 9 percent of the homeless population and the number continues to grow from study to study (Figure 5).

5. Number of homeless people, by age group



Single night estimate

The count from October 22, 2015, underrepresents the total homeless population since many homeless people outside the shelter system are not found on the night of the study. This is especially true of youth on their own, who often couch-hop or find other temporary places to stay, and homeless people in greater Minnesota where there are fewer shelters.

About 15,000 people are homeless on any given night in Minnesota.

Research done elsewhere provides a basis for estimating the total number of Minnesotans who are likely to have been homeless and not staying in formal shelters on the date of the study (see the Appendix for details about estimation techniques). We estimate that there were 15,000 homeless Minnesotans on any given night in 2015, not including people on American Indian reservations (Figure 6).

6. Estimated number of people homeless on any given night in Minnesota, by age group

	Count of people in shelters	Count of people not in shelters	Estimate of additional unsheltered persons	Estimated total (count plus estimate)
Adults age 25 and older	3,537	943	746	5,226
Young adults age 18-24	889	361	2,274 ^a	3,524
Unaccompanied minors under age 18	119	94	2,356 ^a	2,569
Children with their parents	3,032	264	494	3,790
Total	7,577	1,662	5,870^b	15,109

^a The estimation method for youth was updated in 2012. As a result, the estimate can be directly compared with the corrected 2012 estimate, but cannot be directly compared to those from 2009 or earlier.

^b Although overall counts (reported earlier) include homeless people (of unknown age) in detox on the night of the survey (73 in 2015), the estimation technique used includes them within the estimated number of unsheltered people on the night of the study.

Estimate of annual numbers

Many of the people found in the one-night study experience homelessness for only a short time. Our study, therefore, cannot count people who were homeless for a single week in early October or for six months from February through July. By counting the number of people in our study who were homeless for shorter periods (such as the 150 who had become homeless within the previous week) and computing how many more people would become newly homeless during comparable periods throughout the year, we can estimate the number of people experiencing homelessness over the course of the year.

**Approximately 40,000
Minnesotans experience
homelessness in a year.**

Using these methods, we estimate that nearly 40,000 Minnesotans experience homelessness at least once over the course of a full year. This is down slightly from 43,000 in 2012. This includes:

- 14,600 adults age 25 or older
- 7,500 young adults age 18-24 on their own
- 6,300 minors (age 17 or younger) on their own
- 11,400 children with their homeless parents

This estimate does not include homeless persons living on American Indian reservations in the state. It also does not include school-age children with parents who stay in temporary, doubled-up arrangements that are defined as “homeless” under the McKinney-Vento Act as it applies to educational services.

Homeless adults

Adults (age 18 and older) make up nearly two-thirds of Minnesota’s homeless population. One of the most pressing and consistent themes over the 24 years of this research is the overrepresentation of people of color within this population. Homeless adults face a variety of barriers, including past traumatic experiences, economic instability, and problems with mental health or substance abuse. Sixty percent of homeless adults are considered “long-term homeless” by Minnesota’s definition.

Demographic characteristics

Racial disparities are persistent in the Minnesota homeless population, and they occur among persons of all age groups, genders, and geographic locations. Discrimination in housing and other historic trauma are some of the factors that have led to the overrepresentation of people of color in Minnesota’s homeless population.

These disparities are most prevalent among the African American population, where 39 percent of homeless adults identify as African American, but only 5 percent of adults in the overall Minnesota population identify as African American (Figure 7).

7. Race and ethnicity of homeless adults compared to overall Minnesota population

	Statewide percent of homeless adults	Percent of homeless adults in Twin Cities metro area	Percent of homeless adults in greater Minnesota	Percent of all Minnesota adults ^a
American Indian	8%	4%	16%	1%
Asian American	2%	3%	1%	4%
Black/African American	39%	50%	16%	5%
White/Caucasian	38%	30%	55%	85%
Other/Mixed race	5%	5%	5%	1%
Hispanic (any race)	7%	7%	7%	4%

Note. Respondents were asked to select one racial category, and were asked separately about Hispanic ethnicity. Those who report Hispanic ethnicity are not included in the racial categories.

^a Source: 2014 U.S. Census Bureau, 2014 American Community Survey.

Homeless adults in Minnesota include a similar proportion of men and women, but gender distribution varies by type of shelter. Overall, 51 percent are men and 49 percent are women. However,

- Men are more likely to stay outside or on the streets (61% of those staying outside are men) and stay in emergency shelters (63% are men)
- Women are more likely to live in transitional housing programs (59% are women)

By digging deep into the characteristics and backgrounds of Minnesota’s homeless population, we can better understand how to address the systemic issues that may lead to homelessness and design services that meet current needs. This section describes these characteristics as reported by study participants.

- The average age of adults (age 18 and older) experiencing homelessness is 39 years old. The average age varies both by shelter type and by gender.
- Men in emergency shelters are oldest (average age of 45).
- Women in Rapid Rehousing are youngest (average age of 32).
- On average, men (average age of 42) are older than women (average age of 35).
- Nine percent of homeless adults identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ).

Men are much more likely than women to report that they were “on their own” (not staying with anyone else) on the night before the study (Figure 8). Over half of homeless women (52%) had children with them on that night, compared to 8 percent of men. Just over 1 in 10 adults reported they were staying with a spouse or partner (10% of men, 14% of women).

8. Who homeless adults stayed with on the night prior to the survey

	Percent of homeless adults age 18+	Percent of homeless men age 18+	Percent of homeless women age 18+
On their own	62%	83%	40%
With children age 17 or younger ^a	30%	8%	52%
With a spouse or partner	11%	10%	14%

^a This may or may not be their own children; 53% report they had at least one child of their own with them on the night of the study.

Many people experiencing homelessness have children who do not live with them. Almost half of homeless adults are parents of at least one child age 17 or younger (49%), but just 30 percent of adults had any children with them when they were interviewed. Women are much more likely than men to be parents, and to have children with them.

- 66% of homeless women are parents of minor children, compared to 33% of homeless men.
- 53% of homeless women had at least one child with them on the night of the survey (1% more than reported being with a child on the previous night), compared to 8% of homeless men.

Connections to Minnesota

Most of Minnesota's homeless adults have a connection to Minnesota. More than half (53%) lived in Minnesota most or all of the time growing up (until age 16). Three-quarters had their last regular or permanent housing in the state.

75% of homeless adults had their last housing in Minnesota.

- 77% of homeless adults have lived in Minnesota for three years or longer, and an additional 7% lived here at some point previously.
- 48% have lived in Minnesota for at least 20 years.

Educational attainment

More than three-quarters of homeless adults have at least a high school diploma or GED (Figure 9). Among all homeless adults age 18 or older:

78% of homeless adults have at least a high school diploma or GED.

- 37% have attended at least some college, and 12% have at least a two-year degree
- 30% received special education services while in school
- 11% are currently enrolled in an adult education or training program, most commonly 2-year college or technical programs (28% of those enrolled), GED courses (27%), or Adult Basic education (20%)

Considering just those age 25 or older, 8 in 10 have completed high school.

9. Educational attainment of homeless adults and all Minnesota adults

	Percent of homeless adults age 18+	Percent of homeless adults age 25+
Did not complete high school or GED	22%	18%
High school diploma or GED but no more	41%	40%
At least some college	37%	41%

Current homelessness situations

For one-quarter of homeless adults (25%), the current episode of homelessness is their first (Figure 10).

10. Number of homeless episodes in lifetime and length of current episode for homeless adults

Number of homelessness episodes in lifetime	Percent
One	25%
Two	16%
Three or more	59%
Length of current homelessness episode	Percent
Less than 1 month	7%
More than 1 month but less than a year	38%
1 year or more	54%

Shelter is not always available to all who need it. Similar to previous studies, about one-quarter (24%) of homeless adults reported they had been turned away from shelter in the previous three months due to a lack of available bed spaces. Of these, almost half (45%) stayed outside or somewhere not meant for habitation, 25 percent were able to secure an alternative shelter bed for that night, and 24 percent stayed doubled-up with family or friends.

24% of homeless adults had been turned away from shelter in the past three months due to lack of bed spaces.

Long-term homelessness

In Minnesota, people are considered to be long-term homeless if they have been homeless for a year or longer or if they have been homeless four times in the past three years. In the 2015 study, 60 percent of homeless adults fit this definition.

60% of homeless adults are long-term homeless by Minnesota's definition.

More than half (54%) have been without a regular or permanent place to stay for one year or longer, and 25 percent have been homeless four or more times in the past three years.

On the night of the 2015 study, 3,372 adults and unaccompanied minors, along with 1,798 children with parents, were among the long-term homeless. Of these, 40 percent of the adults and unaccompanied minors and 65 percent of the children were in transitional housing settings.

Compared to those who have been homeless for shorter periods of time, those experiencing long-term homelessness are more likely to have multiple health problems and a history of prior incarceration.

- 64% of long-term homeless adults have a serious mental illness, compared to 54% of other homeless adults.
- 53% have a chronic health condition, compared to 49% of other homeless adults.
- 25% have a substance abuse disorder diagnosis, compared to 15% of other homeless adults.
- 47% have a condition that limits the kind or amount of work they are able to do, compared to 37% of other homeless adults.

Experiences with violence during homelessness

Violence is a common experience for those who lack housing. One in five (19%) homeless adults reports being physically or sexually assaulted while homeless, and 12 percent have had to seek health care because of an injury or illness resulting from violence in the past year.

- Women are more likely to have been attacked (23% of women vs. 16% of men).
- The longer an individual's experience with homelessness, the more likely they are to have been attacked. Eight percent of adults who have been homeless less than one month have experienced an attack, compared to 14 percent of adults homeless 1 to 12 months, and 25 percent of those homeless a year or longer.

More than one-third (37%) of homeless adults, including half (50%) of homeless women and 24 percent of men, report that they have stayed in an abusive relationship because they had nowhere else to live. Twenty-one percent report leaving their last stable housing because of abuse by someone they lived with (31% of women and 10% of men). These rates have increased since the 2012 study.

Background and prior experiences of homeless adults

For many, homelessness is merely the latest of a chain of adverse experiences that often begin in childhood. These can include violence, abuse, out-of-home placements, and incarceration.

Adverse childhood experiences such as trauma and abuse

Nearly three-quarters of homeless adults had at least one of the adverse childhood experiences (ACEs) asked about on the 2015 survey (Figure 11). The most common was living with a substance abuser (50%), followed by witnessing abuse (47%) and being physically abused (39%) (Figure 11).

11. Selected adverse childhood experiences among homeless adults

	Percent
Lived with substance abuser as a child	50%
Witnessed abuse as a child	47%
Physically abused as a child	39%
Lived with parent/guardian with mental illness	37%
Out-of-home placements as a child	33%
Sexually abused as a child	25%
Neglected as a child	19%
During childhood, had a parent serve time in prison	18%
At least one of the adverse childhood experiences listed above	74%

A history of abuse during childhood is common among homeless adults. However, homeless women report higher rates of childhood physical abuse (45% for women vs. 32% for men), sexual abuse (36% for women vs. 14% for men), and neglect (24% for women vs. 15% for men).

These rates have been remarkably similar over the past decade of homeless studies. By comparison, estimates of the lifetime prevalence of physical or sexual abuse in the U.S. range between 16 and 18 percent.²

² Habetha, S., Bleich, S., Weidenhammer, J., & Fegerg, J. M. (2012). A prevalence-based approach to societal costs occurring in consequence of child abuse and neglect. *Child and Adolescent Psychiatry and Mental Health*, 6(35), 1753-2000.

Childhood homelessness

Unstable housing often begins in childhood. Twenty-seven percent of homeless adults report that their first experience of homelessness, either with their parents or on their own, was as a child (age 17 or younger). Another 8 percent became homeless for the first time at age 18.

27% of homeless adults first experienced homelessness as a child.

- Women were more likely than men to have been homeless as a child (32% vs. 25%).
- American Indian (44%) and African American (32%) homeless adults were also more likely than others to have been homeless as a child.

Histories of social service and correctional placements

Experiences with residential placements and incarceration are a significant and persistent theme in the history of homeless adults. Six out of 10 homeless adults (62%) have lived in at least one social service or treatment facility during their life (Figure 12). Similar to prior surveys, 3 in 10 homeless adults lived in at least one social service or treatment facility as a child, most often foster homes and group homes.

12. Homeless adults' experiences in out-of-home placements

	Ever lived in this kind of facility	...as a child	...within the past 2 years	...for more than 30 days
Drug or alcohol treatment facility	35%	7%	17%	26%
Mental health treatment	28%	10%	14%	13%
Halfway house (any kind)	24%	3%	10%	20%
Foster home	22%	21%	1%	17%
Group home	20%	14%	4%	15%
Residence for people with physical disabilities	7%	2%	3%	6%
Any of the above	62%	33%	30%	49%

Persons who have a prior history of incarceration have a more difficult time accessing housing, especially in the private market. Nearly half (47%) of homeless adults have spent time in correctional placements at some point in their lives.

47% of homeless adults have spent time in a correctional facility.

- 19% of homeless adults have been incarcerated within the past two years.
- 63% of homeless men compared to 30% of homeless women have ever been incarcerated.
- Homeless adults who are not staying in shelter are more likely to have histories of correctional placements (69% of men not in shelter vs. 61% of men in shelter and 38% of women not in shelter vs. 28% for women in shelter).

Experience with community and domestic violence

More than one-third of homeless women (35%) are homeless as a direct result of domestic abuse. This proportion is higher in greater Minnesota (40%) than the Twin Cities area (31%). Women fleeing abuse are in all shelter types:

- 34% are in domestic violence shelters
- 37% are in transitional housing (29% of all women in transitional housing)
- 18% are in emergency shelters (22% of all women in emergency shelter)
- 11% are in non-shelter locations (27% of all women not in shelters)

Thirty-one percent of women (10% of men) report they had to leave their last regular housing as a result of domestic violence.

About one in eight homeless adults reported that violence in the neighborhood was a factor in leaving their previous housing. Women and men report violence in their neighborhood was a cause of their homelessness at equal rates (13%).

Factors associated with homelessness

In addition to the traumatic experiences described above, other common factors that contribute to homelessness include economic instability, relationship breakdowns, and problems with mental health or substance abuse. The affordability of housing is the most significant reason people have lost their housing and their primary barrier to regaining it.

Immediate causes of homelessness

Respondents most often left their last housing due to economic reasons, such as an inability to afford rent or mortgage (36%) or because they lost their job or had their hours cut (30%) (Figure 13). Other reasons why adults left their last regular housing include:

- Eviction, which could be for financial or other reasons (32%)
- Personal conflicts, including breakup with a spouse or partner (26%) and problems getting along with others (26%), or abuse by someone they lived with (21%)
- Drinking or drug problems the respondent had (19%)

13. Most common reasons why homeless adults left their last regular housing

Did you leave your last regular or permanent housing because...	2015
You could not afford rent or house payments	36%
You were evicted or your lease was not renewed	32%
You lost your job or had your hours cut	30%
A breakup with your spouse or partner	26%
Problems getting along with other people you lived with	26%
Abuse by someone you lived with	21%
A drinking or drug problem you had	19%

Note. Totals exceed 100% because respondents could identify multiple reasons.

Homeless adults very rarely report mental health problems as an immediate reason for becoming homeless. Because health issues – mental, chemical, and physical – are often made worse by homelessness, and often need to be addressed as part of the solution to restoring stable housing, these issues are addressed in a later section of this report.

WHAT'S AN AFFORDABLE RENT?

A general rule for housing affordability, particularly for lower-income households, is that housing should cost no more than 30 percent of monthly income. Housing that costs 50 percent or more of monthly income is considered a severe housing cost burden. At the time of the study, "fair market rent" (an amount, determined annually by the federal government, that makes 40 to 50 percent of local apartments available to a renter) was \$796 per month for a one-bedroom apartment in the Twin Cities metro area and on average \$558 per month in greater Minnesota.

Housing affordability

Housing affordability is the balance between the cost of housing and the income available to pay for it. Survey results show that people experiencing homelessness face serious challenges on both sides of this equation.

As mentioned above, not being able to afford rent or house payments is the most common reason people left their last regular or permanent housing (36%). The loss of a job or work hours is also a common reason (30%). Together, these two reasons account for nearly half (43%) of all homeless adults (who could cite multiple reasons for leaving their last housing).

43% of homeless adults lost their housing because they could not afford the rent or mortgage or they lost a job or work hours.

The affordability of housing is also the most frequently mentioned barrier preventing currently homeless adults from getting re-housed. When adults were asked about their top three barriers to obtaining housing:

- More than one-third (38%) report that the lack of a job or income is one of the three main barriers to obtaining housing.
- The second most common (22%) barrier is that there is no housing available that they can afford.
- Credit problems are the third most common barrier (20%).

On the income side, 37 percent of homeless adults report that the amount they would be able to pay for rent is less than \$200 per month. Eleven percent of homeless adults report having no income during the preceding month, and one-fifth (21%) had incomes of \$100 or less. While two-thirds (62%) report they would only need a one-bedroom apartment or smaller, this is still well below the fair market rent anywhere in the state. Rent is considered affordable if it is no more than 30 percent of income, but the median monthly income among homeless adults is \$550.

Employment alone does not solve the affordability dilemma. Among the 14 percent who are employed full time, three-quarters (75%) earn more than \$10 per hour. Even the income earned from full-time employment is not enough for them to access affordable housing. Figure 14 compares median incomes to fair market rent in the Twin Cities metro area and greater Minnesota.

14. Fair market rent versus income of homeless adults, in the Twin Cities metro area and greater Minnesota

	Fair market rent (FMR) for a 1-bedroom apartment	Monthly income at which FMR would be affordable	Median monthly income, homeless adults
Twin Cities metro area	\$796	\$2,653	\$600
Greater Minnesota	\$558	\$1,860	\$500

Sources. HUD, Fair Market Rent Documentation System

(https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2015_code/2015state_summary.odn); The greater Minnesota weighted average fair market rent was computed based on renter-occupied units per county, from 2014 ACS 5-year estimates, Table ID DP04.

Rental assistance and waiting list

The results of multiple studies point to increased help with housing affordability as one of the most effective ways of preventing homelessness. The primary mainstream program available to address housing costs is the Section 8 tenant-based housing subsidy. This enables the recipient to rent a participating housing unit at the fair market rent while paying no more than 30 to 40 percent of their income. This federally funded program is only available for a fraction of those who need it. As a result, waiting lists are typically long and frozen (unable to accept new people on the list).

In the 2015 homeless survey, 41 percent of adults reported being on a waiting list, with an average wait of 11 months. An additional 14 percent had been unable to get on a waiting list because it was closed.

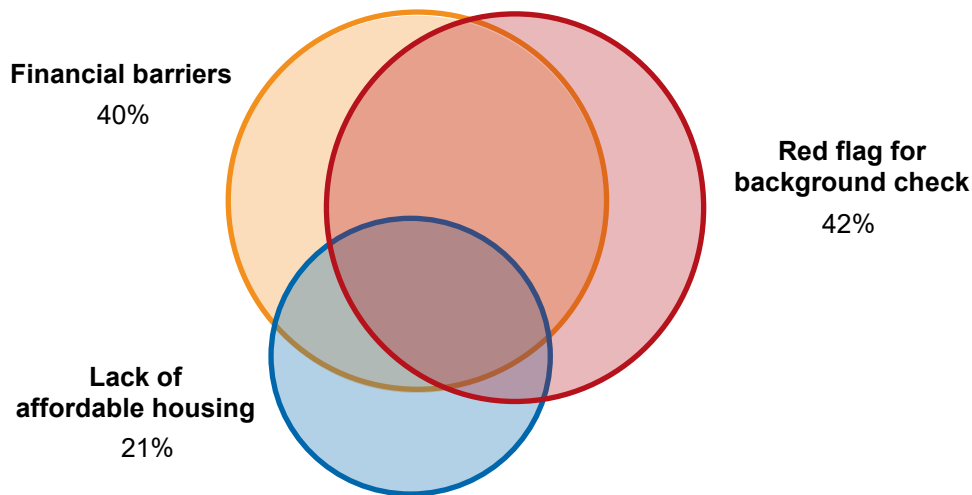
Barriers to regaining stable housing

Once someone has lost their regular housing, there are multiple barriers they face in their efforts to regain stable housing. The primary barriers are due to both sides of the affordability equation – the cost of housing and the ability to pay. Secondary barriers include considerations that landlords use to screen for the desirability of a new tenant, including poor credit and rental histories and/or criminal history. Figure 15 shows the relative frequency with which homeless adults report each of these as issues that are currently preventing their getting housing. The proportion who report financial barriers is slightly reduced from 2012 (down from 43% to 40%), as is the proportion reporting there is no housing they can afford (down

from 24% to 21%). However, while this may indicate a slight easing of the affordability challenges, homeless adults report increased levels of difficulty meeting the other screening criteria most often used by landlords (up from 36% to 42%).

15. Overlapping barriers to housing for homeless adults

Proportion with any barriers 61%
Proportion with multiple barriers: 35%



To supplement what survey respondents reported as their housing barriers, we looked at information elsewhere in the survey for other possible barriers to housing. These were selected based on a list of common barriers identified by homeless service providers. Virtually all homeless adults (98%) report at least one of the housing barriers described below and they are likely to require assistance in order to help regain housing.

- 75% have been homeless before (68% in 2012).
- 70% are currently unemployed (76% in 2012).
- 60% have a serious mental illness (55% in 2012, not including anxiety and panic disorder).
- 47% have spent time in a correctional facility (50% in 2012).
- 54% have been homeless for at least a year (50% in 2012).
- 37% could afford to pay less than \$200 monthly for rent (36% in 2012).

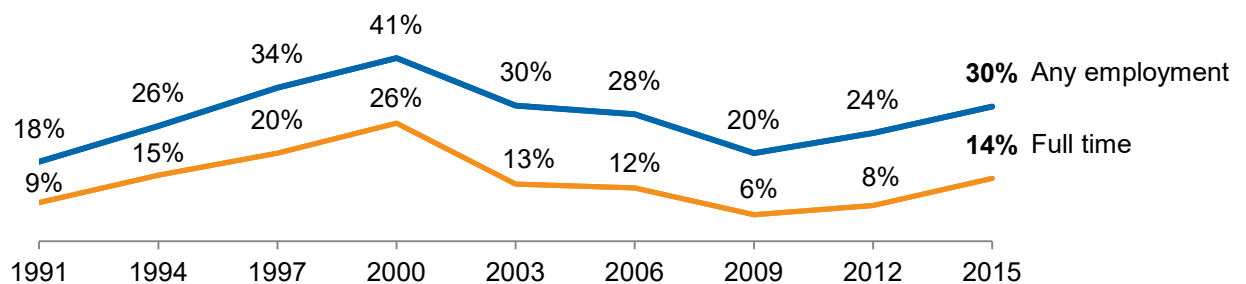
Employment and income of homeless adults

Employment among people experiencing homelessness continues to increase from a low in 2009, but a large proportion still faces significant barriers to employment.

The lack of employment and income are not only key reasons why people become homeless, but also primary barriers to becoming stably re-housed. Almost one-third (30%) of homeless adults are employed, including 14 percent working full time (35 hours per week or more). The percent of employed homeless adults has increased since 2009, but has not yet reached the peak employment period of 2000, when 26 percent of study participants had full-time jobs. Figure 16 shows the employment trend since 1991.

40% of homeless adults have been unemployed for a year or more.

16. Employment among homeless adults, 1991-2015

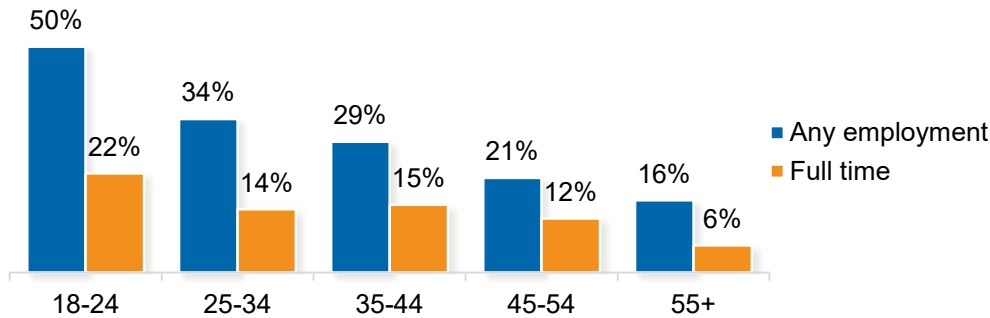


Employment varies by shelter setting and parenting status.

- Employment is higher among homeless adults in transitional housing (38% employed, 17% full time).
- It is lower among adults not using the formal shelter system (23% employed, 9% full time).
- Parents who have children with them are also more likely to be employed than those without children (37% vs. 27%).

Employment also varies by age group (Figure 17). Young adults age 18-24 are more likely to be employed (50% employed, 22% full time) and older adults age 55 and over are less likely to be employed (16% employed, 6% full time).

17. Employment by age category



The median length of time since unemployed homeless adults last worked is nearly two years (23 months); this is the same as 2012 but an increase from 16 months in 2009.

Factors affecting employment

A variety of factors, including chronic health issues and criminal history, cause significant barriers to employment. Homeless adults without any of the factors listed in Figure 18 are twice as likely to be employed as those experiencing at least one of the factors listed (e.g., chronic health condition, serious mental illness). They are also three times more likely to be employed as those with all of the factors listed (Figure 18). The health and social barriers commonly related to homelessness also significantly contribute to unemployment, including long-term unemployment of a year or longer.

18. Employment rates of homeless adults by health or other factors

	Percent of homeless adults <u>with</u> factor who are employed	Percent of homeless adults <u>without</u> factor who are employed
Substance abuse disorder	20%	33%
Traumatic brain injury	18%	36%
Serious mental illness	23%	42%
Ever spent time in a correctional facility	25%	35%
Chronic health condition	23%	38%
All of the above	11%	31%
More than one of the above	22%	42%
Any of the above	27%	48%

Income and wages

Most homeless adults (89%) reported income during October 2015, and the median income for the month was \$550 (up significantly from \$400 in 2012 and \$300 in 2009). Median income was higher among women (\$600 vs. \$400 for men) and homeless adults in the Twin Cities metro area (\$600 vs. \$500 in greater Minnesota).

Figure 19 shows the top five sources of income reported by homeless adults in October 2015. Eighty-nine percent of homeless adults reported income from at least one of these as their main source of income during the month; 60 percent reported hourly wages of \$10 or more. With the increased employment rates and wage rates in 2015, the proportion receiving income from employment has risen significantly from 2012 (26% to 34% as any source of income, 23% to 30% as the main source).

19. Top five sources of income for homeless adults, October 2015

	A source of income			Main source of income		
	Men	Women	Total	Men	Women	Total
General assistance	33%	20%	27%	25%	14%	20%
Employment (steady or temporary)	34%	33%	34%	30%	29%	30%
Social Security, SSI, or SSDI	25%	21%	23%	25%	20%	23%
MFIP	5%	32%	18%	3%	22%	12%
Family and friends	11%	16%	13%	4%	5%	4%

Note. In the column showing "A source," percentages are based on all adults, including those with no income. In the column showing "main source," percentages are based only on those who reported any income.

Health of homeless adults

Mental, physical, and chemical health issues continue to be significant concerns among the homeless population, and these conditions often occur together. Physical and mental health conditions have increased significantly over the last decade, while chemical health issues have remained relatively flat. Most homeless adults have some kind of health coverage, but many need to see health professionals for current ailments.

Sixty percent of homeless adults report a serious mental illness.³ This includes being told by a doctor or nurse that they have at least one diagnosis including:

Six in ten homeless adults have a serious mental illness.

- Anxiety or panic disorder (42%)
- Major depression (39%)
- Post-traumatic stress disorder (PTSD) (28%)
- Bipolar disorder (22%)
- A personality disorder such as antisocial or obsessive-compulsive disorders (15%)
- Schizophrenia (7%) or other paranoid or delusional disorders (6%)

The 60 percent with serious mental illness also includes those who received treatment for mental health disorders within the previous two years in inpatient (14%) or outpatient (40%) settings.

Half (51%) of homeless adults reported a chronic health condition (Figure 20). The most common of these are high blood pressure (30%), asthma (20%), other respiratory problems (12%), other heart or circulatory problems (11%), and diabetes (9%).

- Chronic health conditions are less prevalent among younger age groups (37% for age 18-24 and 44% for age 25-34), and more prevalent among older age groups (60% for age 45-54 and 71% for age 55+).

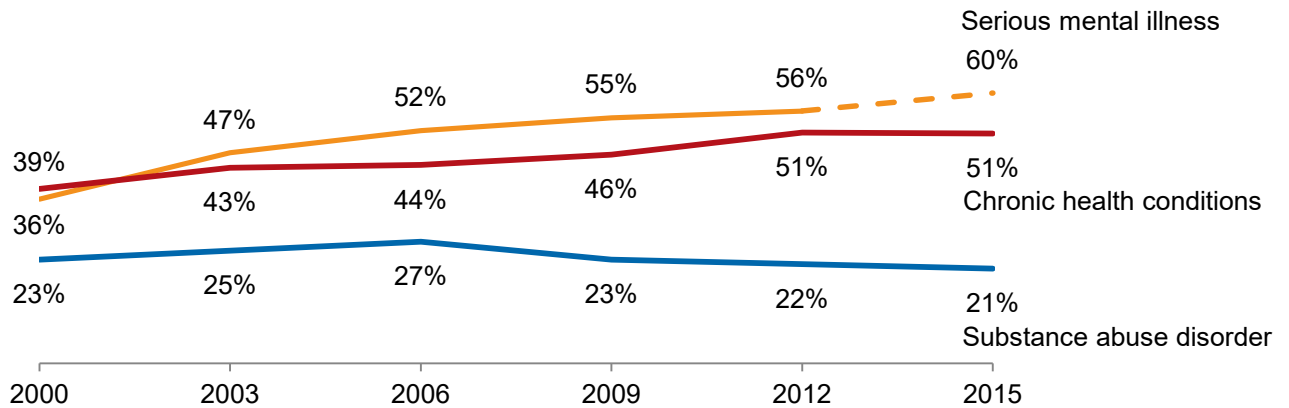
One in five (21%) homeless adults has been diagnosed with a substance abuse disorder, including either alcohol abuse disorder (16%) or drug abuse disorder (14%).

³ This number should not be compared to the 2012 percentage for serious mental illness because anxiety or panic disorder was added to the 2015 survey.

- Substance abuse disorder rates are lower among adults who had children with them (9%), women in domestic violence shelters (11%), and African American adults (12%).

The rates of chronic health conditions and serious mental illness have increased since 2000. By contrast, the rate of substance abuse disorder has dropped since 2006.

20. Prevalence of physical and chemical health issues and serious mental illness, among homeless adults, 2000-2015



Note. Anxiety or panic disorder was added to the 2015 survey and was not included as a diagnosis in previous studies. For the serious mental illness trend line, this difference is represented by a dotted line from 2012 to 2015.

Traumatic brain injury (TBI) also represents a considerable health concern among the homeless population. Since 2006, the homeless survey has tracked evidence of TBI. In 2015, nearly one-third (30%) of homeless adults reported evidence of TBI (similar to previous years). Evidence of TBI includes any respondent who reports being hit on the head so hard they were knocked unconscious or saw stars *and* who subsequently began to have problems with headaches, concentration or memory, understanding, excessive worry, sleeping, or getting along with people.

Nearly one-third of homeless adults have histories that suggest likely traumatic brain injury.

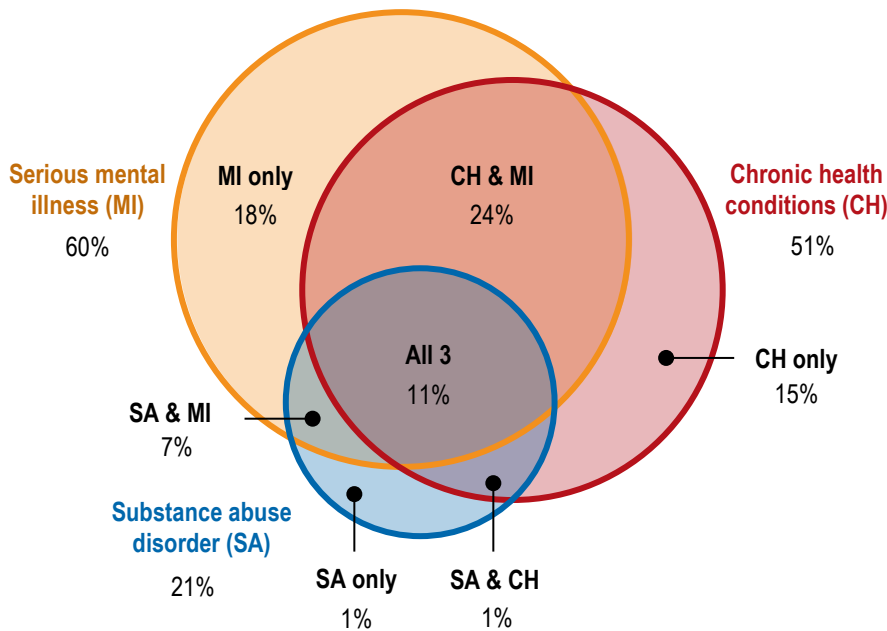
Brain injuries are often under-diagnosed among populations receiving assistance. Although the Brain Injury Foundation considers the experiences described above to be strong evidence of likely brain injury, only 13 percent of homeless adults report being told by a doctor or nurse in the previous two years that they have had a concussion or TBI.

More than one-third (36%) of homeless adults report a cognitive impairment (confusion, memory issues, or indecisiveness to the point that it interferes with daily activities), and 44 percent report a physical, mental, or other condition that limits either the work they can do or their daily activities.

Health conditions often occur together

Health issues in the homeless adult population are characterized by high levels of co-occurrence (Figure 21). Forty-four percent of homeless adults have more than one of the three most common conditions (serious mental illness, chronic health condition, or substance abuse disorder). One in ten (11%) reports all three. Substance abuse disorder is particularly likely to co-occur with other conditions; only 1 percent of homeless adults report substance abuse disorder without one of the other two conditions.

21. Incidence and co-occurrence of health conditions among homeless adults



These issues compound further when adding other common conditions. Only 17 percent of homeless adults do not have any of the conditions above, or evidence of a traumatic brain injury, cognitive impairment, or a condition that limits their work or daily activities. Almost two-thirds (63%) of homeless adults have more than one of these chronic conditions. This fact has significant implications for service needs, since treatment that addresses only one condition, but not others that are also present, has a lower likelihood of success.

Treatment and health care

Four in 10 homeless adults say that they need to see a health professional for physical health problems (39%) or for emotional health problems (40%), and half (52%) need to see a dentist for dental, tooth, or gum issues. Ten percent report needing services related to alcohol or substance abuse issues. These rates are the same as those reported in 2012.

8 in 10 homeless adults have some type of health insurance or coverage, but most need to see health professionals for various ailments.

Most (78%) homeless adults report having some type of medical coverage during the month of the survey. This rate is similar to 2012, when 79 percent reported having medical coverage. Seventy-one percent of homeless adults report they have a regular place where they go to receive medical care. Of this group, 72 percent said they go to a clinic that requires insurance or fees, 12 percent go to a free clinic, and 5 percent go to an emergency room. Among Veterans, 28 percent report that they are now receiving Veterans Administration Medical Care (VAMC).

Free clinics play an important role for many homeless adults. During October, 22 percent had received services from a free medical clinic, 11 percent had received services from a free mental health clinic, and 11 percent had received services from a free dental clinic.

Service use

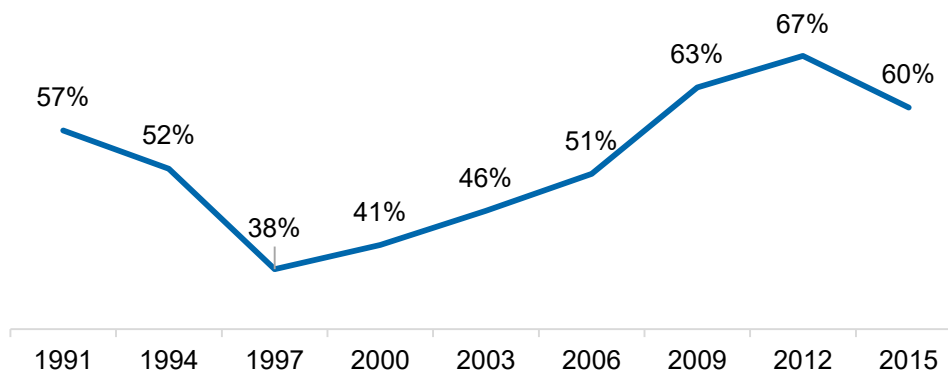
Not surprisingly, meeting basic needs for food, clothing, transportation, and health care dominate service use among homeless adults. A mix of services is important. There is great variation in the usage rates for services depending on gender, age, type of shelter, and geography. Four out of five homeless adults use food assistance and it leads the list of services that they find most helpful.

Four out of five (77%) homeless adults received at least one type of food assistance during the month of the survey, including food stamps (60%), meals from a hot meal program (32%), food from a food shelf (32%), or Women, Infants, and Children food program (WIC, 12%) (Figure 22).

Food stamps are not only the most-used service, but also the most important one to homeless adults.

- Food stamps are the most used service among homeless adults, but the percentage decreased for the first time since 1997 (Figure 22).

22. Food stamp use by homeless adults in the month of the survey, 1991-2015



- Food assistance is higher among women (84% of women vs. 71% of men) primarily because of higher usage of food stamps (71% of women vs. 49% of men) and Women, Infants, and Children food program (23% vs. 2%). However, men were almost twice as likely (40% vs. 23%) to use hot meal programs.

After food assistance, homeless adults were most likely to receive health related services and assistance with transportation (Figure 23).

In addition to being the most commonly received kind of service, recipients also rated food stamps as one of the services that helped them the most. Other kinds of food assistance, especially WIC, were also rated as very helpful. Transportation assistance was the only other service rated by more than half of recipients as “most helpful.”

23. Types of assistance received by homeless adults in October 2015

	Percent who received the service during October	Of those who received the service, percent who say it is one of 3 services that have helped the most
Food assistance	77%	
Food stamps/SNAP	60%	78%
Hot meal program	32%	46%
Food shelf	32%	44%
WIC	12%	66%
Health-related services	43%	
Emergency room	28%	29%
Free medical clinic	22%	45%
Free mental health clinic	11%	35%
Free dental clinic	11%	27%
Transportation assistance (including bus cards)	42%	60%
Free/almost free clothing	39%	31%
Outreach-related	32%	
Drop-in center services	25%	42%
Outreach services	16%	9%
Employment-related services	20%	
Help to find a job	17%	30%
Job training	9%	13%

The survey also asked participants if they had a cell phone with data. In 2015, 59 percent of homeless adults had a cell phone with data. Rates were higher among young adults age 18-24 (72%) compared to adults over age 25 (56%).

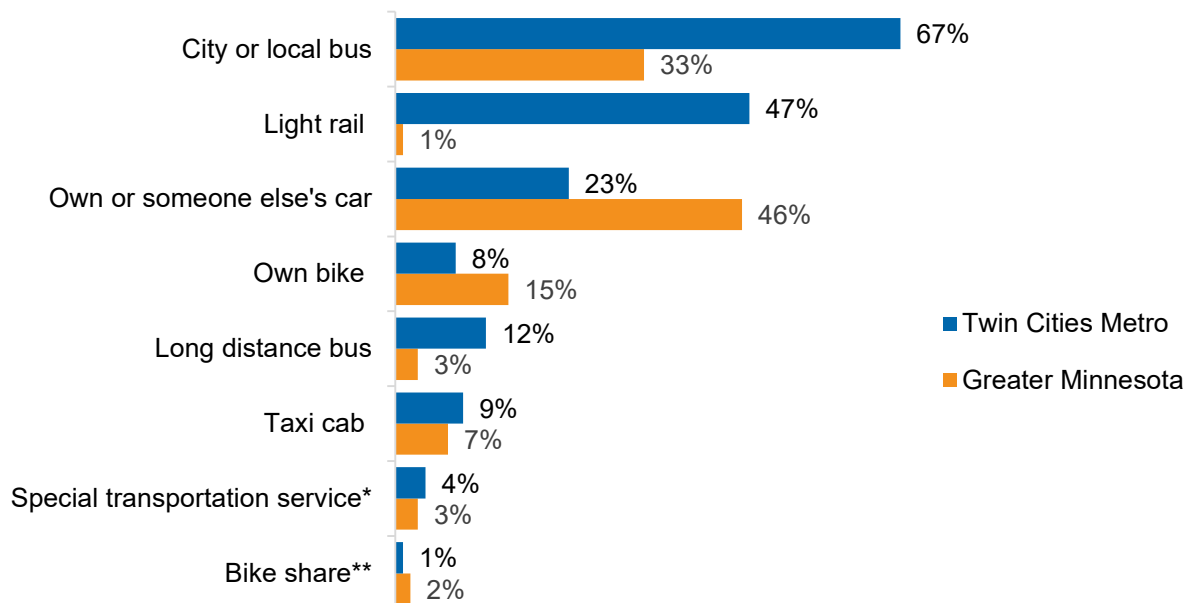
During the 12 months preceding the study, one-fifth (19%) of homeless adults reported that they had lost at least one service or benefit that they had previously received. One-quarter (26%) of homeless adults reported that they needed assistance in applying or reapplying for services or benefits.

Transit and transportation

As noted above, transportation assistance (such as bus or transit cards) is a highly used and useful service for adults experiencing homelessness in Minnesota. Rates of transportation assistance use were higher in the Twin Cities metro area (47%) compared to greater Minnesota (32%). Young adults age 18-21 (52%) were considerably more likely than older adults age 55+ (39%) to receive transportation assistance.

The 2015 survey included additional questions about transportation to learn more about transportation use among the homeless population. As shown in Figure 24, the most used transportation modes vary greatly between those in the Twin Cities metro area and those in greater Minnesota.

24. Use of transportation modes by homeless adults, by Twin Cities metro area and greater Minnesota



* e.g., Metro Mobility

** e.g., Nice Ride

The biggest barriers to using public transportation that homeless adults cited were cost (32%), the service not being available at the time they need it (24%) or at all (19%), and confusing schedules (17%).

Special population snapshot: Military service

Veterans experiencing homelessness have been particularly targeted for services and supports. The proportion of homeless adults who have served in the military is 8 percent. Many experience service-related health problems.

Less than one in ten (8%) homeless adults served in the military, a proportion that is the same as in the overall adult Minnesota population.⁴ The estimated number of Veterans surveyed in the study decreased by approximately 27 percent from 2012 to 2015; this decrease outpaces the overall decrease in the statewide homeless population (9% decrease from 2012 to 2015).

One-quarter of homeless adults age 55 or older are military Veterans.

- The proportion of homeless men who are military Veterans (14%) is much higher than the proportion of women (2%).
- Homeless adults age 55 or older are more likely to have served in the military than those 54 or younger (25% vs. 5%).

Among those who served in the military, two-thirds (67%) served for more than two years, 71 percent received an honorable discharge, and 13 percent received a general discharge. One-third (30%) of homeless Veterans served in a combat zone; of these, the highest proportions served during Vietnam (31%), the first Gulf War (29%), and the post 9/11 conflicts in Iraq and Afghanistan (30%). Over half (56%) of Veterans interviewed had served in the U.S. Army, followed by the U.S. Navy (17%) and U.S. Marines (16%).

Health and wellness

Nearly half of homeless Veterans report having service-related health problems (45%). Of these, mental health problems and ear/hearing problems are the most common for both men and women.

Fewer than one-half report that they are now receiving any Veteran benefits. The benefits received by the most Veterans are Veterans Administration medical services and service-connected compensation.

⁴ U.S. Census Bureau. *2015 American Community Survey 1-year Estimates* [statistics from data file]. Retrieved from <http://factfinder2.census.gov> which estimates the figure at 7.7%.

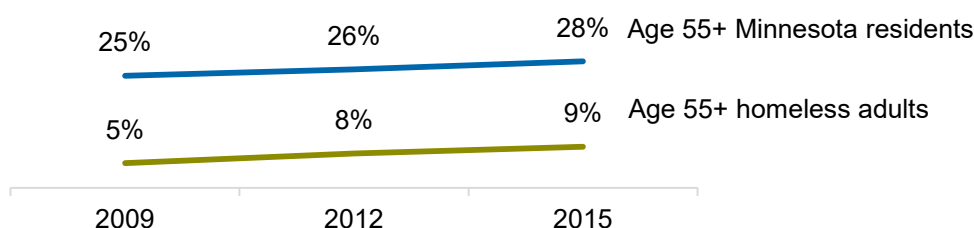
- 30% have had contact with a County or Tribal Veterans Services Officer during the past 12 months.
- 29% have attended a Veterans StandDown event during the past 12 months.
- 30% are receiving Veterans Administration medical services.
- 24% are receiving service-connected compensation.
- 11% are receiving Veterans Administration disability pay.
- 59% are not receiving any Veteran benefits.

For detailed information about homeless Veterans, including the characteristics of those who meet the federal definition and those who meet the Minnesota definition, see <http://mnhomeless.org>.

Special population snapshot: Older adults

Changing demographics in the state and nation are also affecting the nature of homelessness in Minnesota. This is most clear in the increase in older adult homelessness. While the proportion of older adults (age 55+) in the homeless population is increasing at a similar rate as the older adults in the overall Minnesota population (Figure 25), the increasing number of older adults in emergency shelters and their rates of chronic health conditions are cause for concern.

25. Percentage of homeless adults age 55 or older compared to overall Minnesota population, 2009-2015

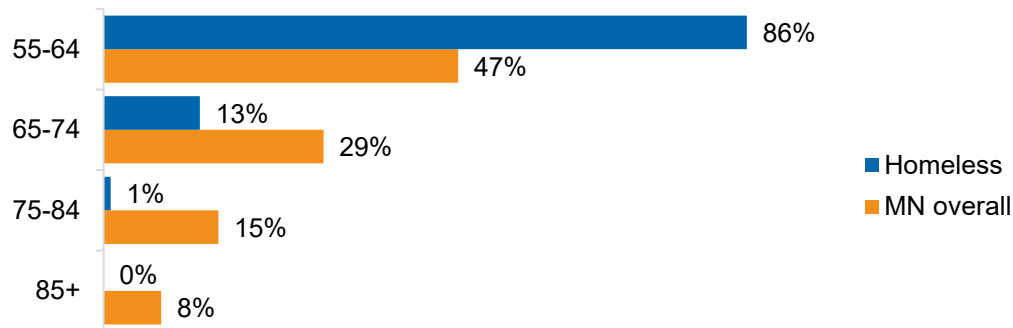


Source. Minnesota residents computed from the 2010 Decennial U.S. Census (2009), 2012 U.S. Census population estimate (2012), and 2015 U.S. Census population estimate (2015)

Demographic characteristics

Despite seeing similar increases to the overall older adult population in Minnesota, the age breakdown of the older adult homeless population looks a little different. The average age of homeless older adults is 60, compared to 67 for Minnesota older adults in general, and almost all of the homeless adults are in the 55-64 age category compared to about half of the Minnesota older adult population (Figure 26).

26. Age breakdown of older adult homeless population compared to overall Minnesota older adults



Source. Minnesota older adult percentages taken from the U.S. Census 2015 population estimates

Compared to homeless adults age 25-54 (excluding youth), homeless older adults (age 55+) were:

- **More likely to be:**
 - Men (73% vs. 48%)
 - In the Twin Cities metro area (76% vs. 69%)
 - Staying in emergency shelters (53% vs. 39%)
 - Divorced (43% vs. 20%) or widowed (8% vs. 2%)
- **Less likely** to have children with them (1% vs. 36%)

Health and wellness

Issues facing the aging population in general exist for older adults who are homeless, but are magnified due to the difficult circumstances and conditions associated with being homeless.

As expected, older homeless adults were more likely than other homeless adults (71% vs. 51%) to have reported a chronic health condition. The top three chronic physical health

issues reported by older homeless adults were high blood pressure (52%), chronic lung or respiratory problems (23%), and diabetes (19%).

On the other hand, older homeless adults were less likely than homeless adults age 25-54 to report a serious mental illness (51% vs. 64%). Moreover, they were less likely to report each individual mental health diagnosis in the survey except paranoid or delusional disorders, for which the rates were equal (7%). For the two most common diagnoses in homeless adults, the rates were much lower among older adults:

- Anxiety or panic disorder (29% vs. 47%)
- Major depression (29% vs. 44%)

Older adults were about as likely to report:

- Substance abuse issues (22% vs. 23%)
- Evidence of traumatic brain injury (both 33%)

Homeless older adults were slightly more likely than other homeless adults to report:

- Having medical insurance coverage during the month of the survey (83% vs. 79%)
- Needing to see a health professional about a physical health problem (49% vs. 41%)

Education and income

Homeless older adults are slightly more educated, but less likely to be employed, than homeless adults age 25-54.

- 87% of homeless older adults have a high school diploma or GED vs. 80% of other homeless adults.
- 46% of homeless older adults have some college vs. 40% of other homeless adults.
- 16% of homeless older adults were employed vs. 28% of other homeless adults.
- The median length of time without a job for unemployed older adults was three times as long as that of other homeless adults (5 years vs. 1.6 years).

However, homeless older adults have higher incomes than other homeless adults. Older homeless adults had a median monthly income of \$730 and an average monthly income of \$697. This compares to a \$520 median and \$652 average monthly income for other homeless adults. This is likely due to a higher percentage of older homeless adults who receive General Assistance (36% of older homeless adults vs. 29% of other homeless

adults) and/or at least one type of Social Security benefit (53% vs. 21%). In fact, most homeless older adults listed General Assistance or some type of Social Security as their main source of income in the month of the survey (78%); this is almost double the rate of other homeless adults (42%).

Housing history and causes of homelessness

Compared to other homeless adults, older adults became homeless for the first time later in life (average 43 years for older adults vs. 27 years for other homeless adults). Older homeless adults were also:

- Equally likely to be long-term homeless (61% of older homeless adults vs. 60% of other homeless adults)
- More likely to have lived in Minnesota for three or more years (82% vs. 75%)
- Slightly more likely to have had their last housing in Minnesota (76% vs. 73%)
- Less likely to have been raised in Minnesota (44% vs. 50%)

Older adults were equally likely as other homeless adults to have ever been placed in a social service setting (both 62%), but much less likely to have experienced this placement as a child (18% of older homeless adults vs. 31% of other homeless adults). This is because homeless older adults were less likely than other homeless adults to have been in foster care (11% vs. 21%), but more likely to have been in treatment facilities (44% vs. 38%). Older homeless adults were slightly more likely than other homeless adults to have ever been incarcerated (52% vs. 49%), but less likely to have been released from incarceration in the last two years (12% vs. 20%).

Overall, the reasons that older homeless adults left their last housing were similar to other homeless adults. The top reasons were: could not afford rent or house payments (34%), eviction (34%), and lost job or had hours cut (29%). A couple of key differences in the reasons older homeless adults left their last housing include:

- Older homeless adults were slightly more likely than other homeless adults to leave their last housing because of unsafe or substandard housing (19% vs. 16%) or their own house was foreclosed on (6% vs. 3%).
- Older homeless adults were less likely than other homeless adults to leave their last housing because of abuse by someone they lived with (11% vs. 23%), a breakup with a spouse (20% vs. 30%), and not getting along with people they lived with (15% vs. 24%).

Children and youth

Homeless families face a distinct set of challenges and require assistance that considers their children's needs. Unaccompanied youth (those on their own, age 24 and younger) have additional and unique needs, separate from those of the homeless adult population.

This section provides an analysis of young homeless people, who make up half (51%) of the homeless population counted on the night of the survey. This percentage includes children with their homeless parents (35% of all homeless people counted) and youth (minors and young adults) on their own (16% of those counted).

As part of the statewide homelessness study, we define three segments of homeless persons age 24 and younger.

- **Children** age 17 and under who are homeless with their parents
- **Minors** age 17 and under who are homeless and on their own
- **Young adults** age 18 through 24 who are homeless and on their own

“Youth” refers to both minors and young adults on their own.

Data regarding children with their parents appear below and data about minors and young adults appear in the following section on unaccompanied homeless youth.

Homeless children with their parents

Children who are homeless with their parents make up over one-third of the homeless population in Minnesota, and nearly half of these children are age 5 or younger. The majority of homeless children are living only with their mother or other female caregiver. One-quarter of parents report having a child with emotional or behavioral problems, and over one-third report that their school-age child has been a victim of bullying.

The study documented 3,296 children (under the age of 18) who were homeless with their parents on October 22, 2015. The number of homeless children with their parents decreased 7 percent between 2012 and 2015; however, these children still represent 35 percent of the overall homeless population.

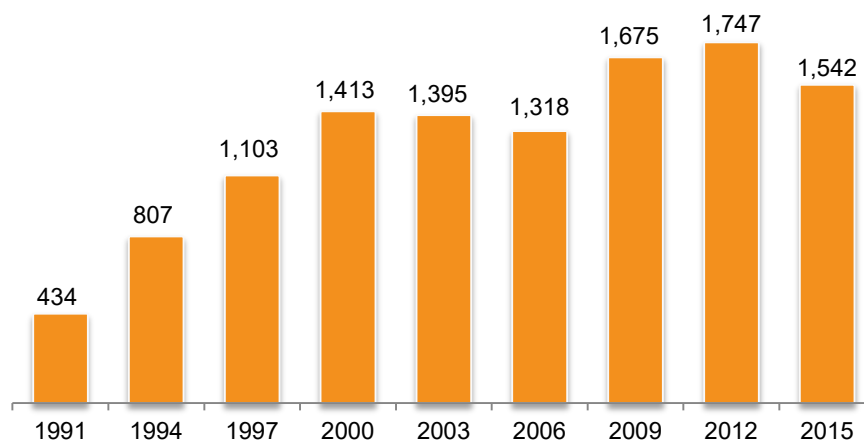
Wilder Research estimates that there are at least 3,700 children homeless with their parents on any given night. This number excludes a far larger number of children who are with parents who are doubled-up with friends or families and eligible for school services to homeless students under the McKinney-Vento Act.

Homeless children with parents make up over one-third of the homeless population.

47% of homeless children with their parents are age 5 or younger.

Since 2012, the number of homeless families has decreased 12 percent. Figure 27 shows fluctuations in the number of homeless families over the study history.

27. Number of homeless families in Minnesota



Demographics

Nearly half (47%) of homeless children with their parents are age 5 or younger; this is a small decrease from 51 percent in 2012. Over one-third (38%) are ages 6 through 12 years old, and 15 percent of homeless children with their parents are ages 13 through 17 years old.

Three-quarters (74%) of children are in the care of their mother or a single female caregiver. Twenty-two percent are in the care of two parents or caregivers, and 4 percent are in the care of a father or male caregiver.

Children's health and wellness

Study information about children is based on questions that were asked of parents. Unless otherwise specified, percentages are frequencies of parents who report certain characteristics of a child or children who are with them (not percentages of children).

Among parents whose children were with them:

- 25% said that at least one of their children had an emotional or behavioral problem.
- 12% had at least one child with a chronic or severe physical health problem.
- 15% could not get needed dental care for at least one child in the past year, which is up from 10% in the 2012 study.
- 10% had been unable to obtain needed health care for at least one child in the past year, which is up from 6% in 2012.
- 7% had been unable to get needed mental health care for at least one child in the past year.
- 9% said their children skipped meals in the previous month because there was not enough money to buy food.

With the exception of receiving needed dental care and health care, these proportions are similar to those found in 2012 overall.

Education

Homeless children experience several different kinds of issues with school because of their homelessness or housing instability.

Among homeless parents of **preschool-age children** (age 5 or younger), 44 percent report having a child who is enrolled in a Head Start program or an early childhood

program. However, 16 percent of those parents report that their children have difficulty attending because of their housing situation.

Among homeless parents who have **school-age children** living with them, most (87%) report that all of their children attended school on the day of the survey. However, 13 percent report that at least one of their children has trouble going to school because of their housing situation, and 38 percent report a child had to change schools due to their housing situation.

- Parents in domestic violence shelters and emergency shelters are least likely to report all their children attended school on the day of the survey (83% each).
- Parents in non-shelter locations are most likely to report that their children have trouble attending school due to their housing situation (25%); and parents in an emergency shelter are most likely to report that their children have had to change schools due to their housing situation (44%).

Parents of school-age children were asked about a variety of experiences their children may have had. Most commonly, 34 percent of parents reported that at least one of their children was a victim of bullying. In fact, difficult social experiences were the most common issues that parents reported. Almost one-quarter (22%) of homeless parents with school-age children had a child who had difficulty with peer relationships; 18 percent reported having a child who was displaying bullying, aggression, or antisocial behavior.

One-third of homeless parents report they have a school-age child who has been the victim of bullying.

In terms of school performance, about one in five homeless parents reports having a child who has experienced excessive absences (18%) or tardies (16%), a drop in grades (16%), or dismissals or suspension (15%).

Almost half (46%) of homeless parents have a school-age child with learning problems that resulted in the need for additional services.

Unaccompanied homeless youth

Homeless youth on their own often come from troubled backgrounds and face significant challenges. These include physical and mental health issues and histories of abuse and other trauma. In addition, over one-third of youth have children of their own.

Because youth may be eligible for and participate in various programs and services through age 24, the following section combines both unaccompanied minors and young adults for an analysis of all homeless youth. Where differences between these populations are found, we describe them in the findings. However, where there were similarities in the responses of minors and young adults, we combine the responses of all “youth” we interviewed (both minors and young adults).

Youth outside of the shelter system

Finding youth outside of the shelter system is extremely difficult, and the numbers reported here are an undercount. Youth who are homeless and on their own tend to be some of the most difficult to find of those experiencing homelessness. Homeless youth are less likely than adults to stay in shelters, more often staying temporarily with friends or in places not intended for habitation. Thus, they are less likely to be found in a one-night survey. Compared to homeless adults and families, homeless minors have fewer shelters available and fewer legal provisions for housing and other basic needs. Although it is difficult to find persons staying outside the shelter system, over 4 in 10 youth on their own in the 2015 study were found outside of the shelter system.

Count and single night estimates

On October 22, 2015, the study **counted 1,463** unaccompanied youth age 24 and younger experiencing homelessness. Youth on their own make up 16 percent of the homeless population. In 2015, 213 were age 17 and younger, 779 were age 18 through 21, and 471 youth were age 22 through 24. Compared to their representation in the total Minnesota population, youth age 24 and younger are the age group most likely to be homeless.

On any given night, an **estimated 6,000** Minnesota youth experience homelessness. This includes an estimated 2,500 minors age 17 and under and 3,500 young adults age 18 through 24. The total estimate is higher than in previous years, because the definition of youth now goes through age 24 and also due to updated ways of estimating youth staying outside of the shelter system.

On any given night, an estimated 6,000 youth on their own (age 24 and younger) experience homelessness.

Demographic characteristics

The average age for minors on their own was 16 (21 for young adults). Fifty-seven percent of homeless youth are female. National studies show that girls are more likely to seek shelter and other services and thus be included in a one-night snapshot.

The number of homeless youth of color is disproportionately high compared to their prevalence in the general population of Minnesota youth (Figure 28). Nearly three-quarters of homeless youth (73%) were African American, American Indian, Asian, Hispanic, or of mixed race, compared to just 26 percent of all Minnesota youth.⁵ In the Twin Cities metro area, 84 percent were youth of color; in greater Minnesota, youth of color comprised 56 percent of the youth homeless population found on the day of the study.

28. Race and ethnicity of unaccompanied homeless youth compared to overall Minnesota population

	Statewide percent of homeless youth	Percent of homeless youth in Twin Cities metro area	Percent of homeless youth in greater Minnesota	Percent of all Minnesota youth^a
Black/African American	42%	57%	21%	8%
White, non-Hispanic	27%	16%	44%	74%
American Indian	9%	4%	17%	1%
Asian	2%	2%	1%	6%
Other/More than one	9%	11%	7%	4%
Hispanic	11%	11%	10%	7%

Note. Respondents were asked to select one racial category, and were asked separately about Hispanic ethnicity. Those who report Hispanic ethnicity are not included in the racial categories.

^a Source. 2014 U.S. Census Bureau, 2014 American Community Survey. Age groupings included were youth 10-24.

For homeless youth on their own:

- The vast majority of homeless youth grew up in Minnesota (72%). Compared to 2012, this proportion has decreased slightly (from 76%), but it is similar to 2009 (69%).
- Most homeless youth grew up living with biological parents (67%). Others lived with grandparents or other family members (12%), in a blended family (8%), in a foster family (6%), or in an adoptive family (6%).
- Four in 10 youth (40%) were in greater Minnesota.
- 18% of youth identified themselves as lesbian, gay, bisexual, transgender, or were unsure about their sexual orientation.

⁵ U.S. Census Bureau. 2014 American Community Survey 1-year Estimates [statistics from data file]. Retrieved from <http://factfinder2.census.gov>

Education and employment

A growing proportion of homeless minors age 17 and younger are attending school.

- Nearly all minors are enrolled in school (91%).
- 86% of minors attended school on the day of the survey. The percentage of minors who attended school on the day of the survey has increased over the past 15 years, from 48% in 2000 and 69% in 2012.
- 68% of 19-24 year-olds have completed high school or received their GED.
- 42% of youth were employed at the time of the survey (compared to 32% in 2012). Sixteen percent were employed at least 35 hours per week (compared to 8% in 2012).

Experiences with and reasons for homelessness

On the night of the study, youth were most often found outside the shelter system (Figure 29). When asked where they had stayed in the 30 days prior to the study, 3 in 10 had stayed outside and half had doubled-up or couch-hopped at some point during the month (Figure 30). About two-thirds had stayed in a shelter.

29. Where unaccompanied youth were staying on the night of the 2015 survey

	Emergency shelter	Transitional housing	Rapid Re-housing	Domestic violence shelter	Not in shelters
Minors (<18)	29%	19%	0%	0%	52%
Young adults (18-24)	18%	31%	4%	3%	44%
All youth under age 24	20%	28%	3%	3%	46%

30. Where unaccompanied youth stayed at least one night in the 30 nights prior to the 2015 survey

	Emergency shelter/ transitional housing	Doubled-up	Outside	Housed
Minors (<18)	55%	60%	16%	22%
Young adults (18-24)	66%	45%	33%	6%
All youth under age 24	64%	47%	30%	9%

Note. Row totals are greater than 100% because many youth stayed in multiple settings during the month prior to the survey.

On average, homeless youth first left home at age 16, and more than half (53%) have been homeless for less than one year. Three-quarters of homeless youth (75%) have been homeless before their current experience with homelessness.

- Over half (56%) fit the definition of long-term homeless in Minnesota (homeless a year or more in the present episode, or homeless four or more times in the past three years).
- One-quarter (24%) of homeless youth had been turned away from shelter in the past three months because there were not available bed spaces.
- 19% of homeless youth had been attacked or beaten while they were homeless.

The factors that lead to youth homelessness are complex and often involve histories of trauma and abuse. When youth were asked about the main causes of their homelessness, they often report family conflict such as fighting with parents, being told to leave, or unwillingness to live by their parents rules (Figure 31).

31. Youth's views of what led to their homelessness

	A main cause	Part of the cause or a main cause
Fighting frequently with parents or guardians	29%	57%
Told to leave or locked out	25%	47%
Not willing to live by parents' rules	14%	42%
Neglect or parents not attending to basic needs	12%	31%
Family lost their housing	12%	23%
Parents' use of drugs or alcohol	11%	31%
Didn't feel safe because of violence in the house	10%	24%
Home was too small for everyone to live there	9%	25%
Own use of drugs or alcohol	9%	24%
Physical or sexual abuse	8%	21%
Left foster care or group home without a place to live	6%	13%
Lack of tolerance for sexual orientation or gender identity	2%	6%

Note. Respondents could select more than one response.

Relatively few homeless youth (6%) reported that they were homeless due, at least in part, to a lack of tolerance of their sexual orientation or gender identity. However, of the 18 percent of youth who identify as gay, bisexual, or transgender, over one-quarter (26%) cite this as a contributing factor to their homelessness, including 8 percent who identify it as the main cause.

Adverse childhood experiences

A large majority of homeless youth (89%) had at least one adverse childhood experience, the most common of which were living with a substance abuser (61%), living in an out-of-home placement (54%), and witnessing abuse (60%) (Figure 32). While female youth have higher rates of each kind of these experiences, they are especially more likely to have been victims of sexual abuse (38% vs. 19% for male youth).

32. Selected adverse childhood experiences among homeless youth

	Female youth	Male youth	All youth
Lived with substance abuser as a child	63%	59%	61%
Witnessed abuse as a child	63%	57%	60%
Out-of-home placements as a child	52%	58%	54%
Lived with parent/guardian with mental illness	50%	45%	48%
During childhood, had a parent serve time in prison	48%	47%	47%
Physically abused as a child	49%	42%	46%
Sexually abused as a child	38%	19%	30%
Neglected as a child	30%	27%	29%
At least one of the above adverse childhood experience	88%	91%	89%

Out-of-home placements

Sixty-one percent of homeless youth have experienced at least one of the following social service placements (either as a child or a young adult):

- 36% of homeless youth have lived in a foster home.
- 31% of homeless youth have lived in a facility for persons with emotional, behavioral, or mental health problems (up from 23% in 2012 and 18% in 2009).
- 23% of youth have lived in a group home.
- 18% of youth have lived in a drug or alcohol treatment facility.
- 10% of youth have lived in some type of halfway house.
- 4% of youth have lived in a residence for people with physical disabilities.

Youth in greater Minnesota are more likely to have a history of social service placements than youth in the Twin Cities metro area (69% vs. 55%).

Health issues

As among adults, high proportions of homeless youth have physical, mental, and chemical health problems. Over half (57%) have a serious mental illness, with anxiety (37%) and depression (32%) being the most common (Figure 33). Thirty-six percent have a chronic physical health condition, most often asthma (22%) or high blood pressure (10%). Thirteen percent have been told by a medical professional within the past two years that they have a drug abuse disorder (7%) or an alcohol abuse disorder (12%). Nineteen percent have suffered a head injury that was followed by the onset of symptoms indicative of a traumatic brain injury.

33. Health issues among unaccompanied homeless youth

	Female youth	Male youth	All youth
Serious mental illness	60%	52%	57%
Chronic physical health condition	39%	33%	36%
Substance abuse disorder	11%	17%	13%
Evidence of traumatic brain injury	17%	20%	19%
At least one of the above	73%	70%	72%

Violence and exploitation

One-third (33%) of homeless youth have stayed in an abusive situation because they did not have other housing options (Figure 34). Rates of violence and sexual exploitation are generally higher among female homeless youth.

34. Violence and sexual exploitation among unaccompanied homeless youth

	Female youth	Male youth	All youth
Left last housing due to abuse	30%	13%	23%
Stayed in an abusive situation due to no other housing options	38%	27%	33%
Physically or sexually attacked while homeless	21%	15%	19%
Has been sexual with someone only for the purpose of getting shelter, clothing, or food	14%	15%	14%
At least one of the above	53%	37%	46%

Service use

Similar to homeless adults, youth commonly use food assistance such as food stamps, food shelves, and hot meal programs (Figure 35). Nearly half use transportation assistance, such as bus cards, and 42 percent use outreach services such as drop-in centers and outreach workers.

35. Types of assistance received by homeless youth in October 2015

	Minors 17 and younger	Young adults age 18-24	All unaccompanied youth
Food assistance	54%	68%	66%
Food stamps/SNAP	32%	43%	41%
Hot meal program	16%	27%	25%
Food shelf	16%	32%	29%
WIC	17%	20%	19%
Transportation assistance	40%	48%	46%
Free/almost free clothing	21%	29%	28%
Health-related services	34%	39%	38%
Emergency room	17%	28%	26%
Free medical clinic	24%	17%	19%
Free mental health clinic	13%	8%	9%
Free dental clinic	12%	9%	9%
Outreach-related	28%	44%	42%
Drop-in center services	20%	36%	34%
Outreach services	14%	21%	20%
Employment-related services	22%	30%	28%
Help to find a job	16%	26%	24%
Job training	10%	13%	13%

Among homeless youth who received services, youth said the following services helped them most:

- Food stamps (38%)
- Transportation assistance (32%)
- Drop-in centers (22%)
- Food shelves (14%)
- WIC (13%)
- Hot meal program (11%)

Youth with children

Overall, 35 percent of homeless youth are parents.

- 48% of female youth have children, compared to 18% of male youth.
- 14% of minors have children, and 40% of young adults have children.

35% of homeless youth are parents, and one out of four has at least one child with them.

Twenty-six percent of homeless youth have children with them (41% of female youth and 6% of male youth) (Figure 36). Most of these are caring for only one child (63%).

36. Homeless youth with children

	Female youth	Male youth	All youth
Has children	48%	18%	35%
Has children with them	41%	6%	26%

Conclusion

Homelessness is not only painful and stigmatizing for those experiencing it, but it is also seemingly intractable for those trying to fix it. Despite vigorous and targeted efforts to reduce homelessness, and despite many individual success stories, new people come into the shelter system every day. However, the overarching positive finding of Wilder Research's ninth triennial statewide study is that the total number of homeless people decreased for the first time since 2006. While more work is needed, it is a step in the right direction.

What does this latest study of homelessness tell us? First, it tells us that the problem of homelessness is still with us, despite substantial efforts to fix it. In all likelihood, the numbers we found would be significantly higher were it not for the wide range of supportive services available in Minnesota. Nonetheless, on one October night in 2015, we found a total of 9,312 people experiencing homelessness in Minnesota, not including those living on American Indian reservations. Children who were with their parents make up over one-third of this figure (35%).

As in all parts of the country, homelessness is more often a problem for people of color than for white people. For example, African Americans make up 39 percent of Minnesota's homeless adult population, but account for only 5 percent of adults in the state. Similarly, American Indians make up 8 percent of Minnesota's homeless adult population (16% in greater Minnesota), but only 1% of all Minnesota adults identify as American Indian. These rates are high, especially when we take into account that these figures do not include the study of American Indian Reservation homelessness (reported separately).

On the other hand, the total number of those experiencing homelessness in Minnesota dropped by 9 percent from the 2012 study, the first drop since 2006. We must address two fundamental issues if we are to see these numbers continue to decline: the availability of affordable housing and providing individuals and families with the supports they need to remain stably housed. Neither issue is simple.

Finding affordable and accessible housing

The 2015 study shows us that 41 percent of homeless adults are currently on a waiting list for subsidized housing, with an average wait time of nearly a year. An additional 14 percent report they are unable to get on a waiting list because those lists are closed. The private housing market is not particularly well suited to serve those with the least income, especially when vacancy rates are low, as they are now. Consequently, most of the work of creating affordable housing, including permanent supportive housing with services, falls to the

nonprofit and government sectors. For those who need ongoing supportive services to stay in housing, new supportive housing developed as part of the regional and statewide plans for ending homelessness has been successful. However, the availability of supportive housing, as well as rental units for low-income people, does not meet the need.

Maintaining housing

With regard to maintaining stable and affordable housing, the picture is perhaps even more complicated. Over the years the study has been conducted, we have seen measurable increases in the level of distress among those experiencing homelessness. For instance, we have consistently asked about five serious challenges that may impact an individual's ability to keep stable housing; these include: serious mental illness, chronic physical health problems, traumatic brain injury, chemical dependency, and a recent history of incarceration. In 2003, 77 percent of adults had at least one of these five barriers. In 2015, 83 percent had at least one of these barriers. This illustrates the increased share of individuals who may need community supports to live independently, even if reasonably priced housing opportunities are more available. As a state, we need to create more affordable housing, but we also need to ensure that additional supports are available for individuals and families to maintain that housing once they have it. This is especially important for the growing proportion of people who have more serious barriers to living independently.

Preventing homelessness

We must also consider the fact that the numbers in this report represent only those who are currently homeless. The study estimates that 150 or more Minnesotans become newly homeless each week. To fully address the issue of homelessness in Minnesota, we have to examine the range of ways in which an individual or family may become homeless in the first place and what it might take to interrupt such an occurrence before it happens. Preventing homelessness takes a broad array of supports, including support from family and community, and services provided by the public and private sector. These collectively make up our social safety net, but most are better designed to lift the fallen than to stabilize those about to fall. With rare exception, the public safety net has been strained in recent years, and funding support, adjusted for inflation, has been reduced at the same time that economic obstacles have multiplied.

While the number of those experiencing homelessness decreased between 2012 and 2015, we still need to address homelessness in a more effective and comprehensive way than we do now. To do so, we must agree on the dimensions of the problem, use strategies that are known to work, broaden public awareness and commitment to solving the problem, expand the safety net to better catch those at risk of losing housing, and back up these efforts with resources that match the need.

Appendix

Methodology

This report provides overall findings from the 2015 study, as well as selected comparisons (where appropriate) to findings from previous studies. Because of changes in programs and services, and variations in outreach efforts in different regions of Minnesota, use caution in making direct comparisons to results from previous years, except as presented in this report.

In this report, we present most homelessness information in terms of overall statewide frequencies or averages. However, in some instances where statewide reporting masks important variations, we have also provided information based on certain populations or types of settings.

There is a wealth of information in this report, but it is still possible that a fact a reader may be looking for is not here. In that case, it is likely to be found on our website <http://mnhomeless.org> where detailed responses to each survey question are available in tabular form, partitioned by geography, shelter setting, and gender of respondent. Detailed data about homeless youth and Veterans are also available at <http://mnhomeless.org>.

Understanding data weighting

It is not possible to interview every person staying in shelters on the date of the study, although in 2015 over half (55%) of sheltered adults were interviewed. Survey results for sheltered adults have been statistically adjusted to reflect the actual adult populations residing in emergency shelters, domestic violence shelters, and transitional housing programs (2,131 men and 2,295 women) on the day of the study. We do not weight the data collected from persons interviewed in non-shelter locations (1,112 people), because we do not know the actual number of people who were on the streets or not staying in shelters on the day of the study.

We do not weight the data in the youth section. This is because most homeless youth do not use shelters and we do not want to overrepresent the backgrounds and experiences of the small proportion of those using shelters during the one-night snapshot. However, when adult characteristics are reported, those 18 and older are included with the rest of the adult population. In those sections of the report, their responses are weighted in the same way as those of the rest of the adult population.

How Wilder Research calculated one-night estimates

Unaccompanied minors (age 17 or younger). The estimate is based on two national studies. The first, conducted by the U.S. General Accounting Office⁶, found that for every child and youth in shelter, 2.7 were doubled-up. This study has been the basis for one-night estimates for the Wilder study for many years, but there is increasing evidence that this method significantly undercounts unsheltered minors. For this reason, following our methods as updated in 2012, we also use the findings of a 1998 national study by the Research Triangle Institute⁷ that found that 2.6 percent of all minors age 12 through 17 had been homeless for at least one night over the course of a year and had not used shelter programs. We believe this method is a more reliable estimate for current conditions. However, to be as conservative as possible in our estimates, we have averaged the results from the two methods to prepare our estimates for 2015.

Young adults (age 18-21). We have not found any studies that allow us to directly estimate the number of unsheltered young adults. We believe that the pattern of homelessness for this age group is closer to patterns for unaccompanied minors (age 17 and younger) than to those for the overall adult population. As a conservative estimate, we computed the estimate using the Research Triangle study method described above for minors and computed an estimate using the method described below for adults. The estimate we report here is the average of the two.

Adults (age 22 and older) and children who are with their parents. Our estimate for adults and children is based on a November 2012 report issued by the U.S. Department of Housing and Urban Development (HUD)⁸, which compiled one-night point-in-time counts of homeless individuals in January 2012 from Continuum of Care regions nationwide. These found that for every 100 single adults in shelters, there were 60 more not in shelters, and for every 100 persons in families in shelters, there were 25 more not in shelters. We believe that this method computes a conservative estimate, especially for the older youth in the ages 22 through 24. Computations were done separately for those age 22 through 24, for inclusion in the total “youth” estimate, and for those age 25 and older, for inclusion in the “adults 25+” estimate.

⁶ U.S. General Accounting Office. (1989). Children and youths: About 68,000 homeless and 186,000 in shared housing at any given time. Washington, DC: Author.

⁷ Ringwalt, C. L. (1998). The prevalence of homelessness among adolescents in the United States. *American Journal of Public Health*, 88(9), 1325-1329.

⁸ U.S. Department of Housing and Urban Development. (2012). *2012 Continuum of Care homeless assistance programs: Homeless populations and subpopulations*. Retrieved from https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2012&filter_Scope=NatlTerrDC&filter_State=&filter_CoC=&program=CoC&group=PopSub

Annual estimates

Annual estimates for all age groups follow a method developed by the Urban Institute in their 2001 report on their national homeless study.⁹ The method starts with two facts that are known from the survey itself: how many people were in shelters on the night of the survey plus how many were enumerated in non-survey locations, and how long they had been homeless on that night.

We assume that the people interviewed on the night of the survey are representative of others who might have been interviewed had we chosen a different night of the year. Since the Urban Institute study found considerably more homeless persons in a February count than in the fall (October and November), our choice of an October date for the Minnesota survey makes this a conservative assumption.

On the night of the survey, we found 78 adults age 25 and older who had become homeless within the most recent week. Over the course of a year, there are 51 additional weeks. Our 78 people thus represent (78 times 51) or 3,978 additional people homeless over the course of a year. Similarly, we found 205 people who had been homeless more than a week but not more than a month. To represent the additional 11 months in the year, we add (205 times 11) or 2,255 people to the annual total. We add more based on similar computations for those homeless for one to three months (for which there are three additional periods in the year) and those homeless four to six months (for which there is one additional period in the year). For those homeless between six months and a year, we make the conservative assumption that all had been homeless for the full year, and add no additional numbers to the annual estimate. Similarly, those homeless for a year or longer and those who did not answer the question about length of homelessness are included in the annual estimate but with no additions to represent the balance of the year. Patterns are different for different age groups and sheltered versus unsheltered, so estimates were calculated separately for different segments of the population.

As a final step, we reduced the estimated total to account for people who experience more than one episode of homelessness in a year. Based on the Urban Institute's study, this is assumed to be 10 percent of adults. The Urban Institute interviewed extremely few minors, so we do not consider it a reliable guide to the incidence of repeat episodes for minors. As a conservative estimate, we assume 18 percent had repeat episodes, and reduce the numbers for minors accordingly. We also assume that young adults age 18 to 21 experience more repeat episodes than adults but fewer than minors, and use a 14 percent

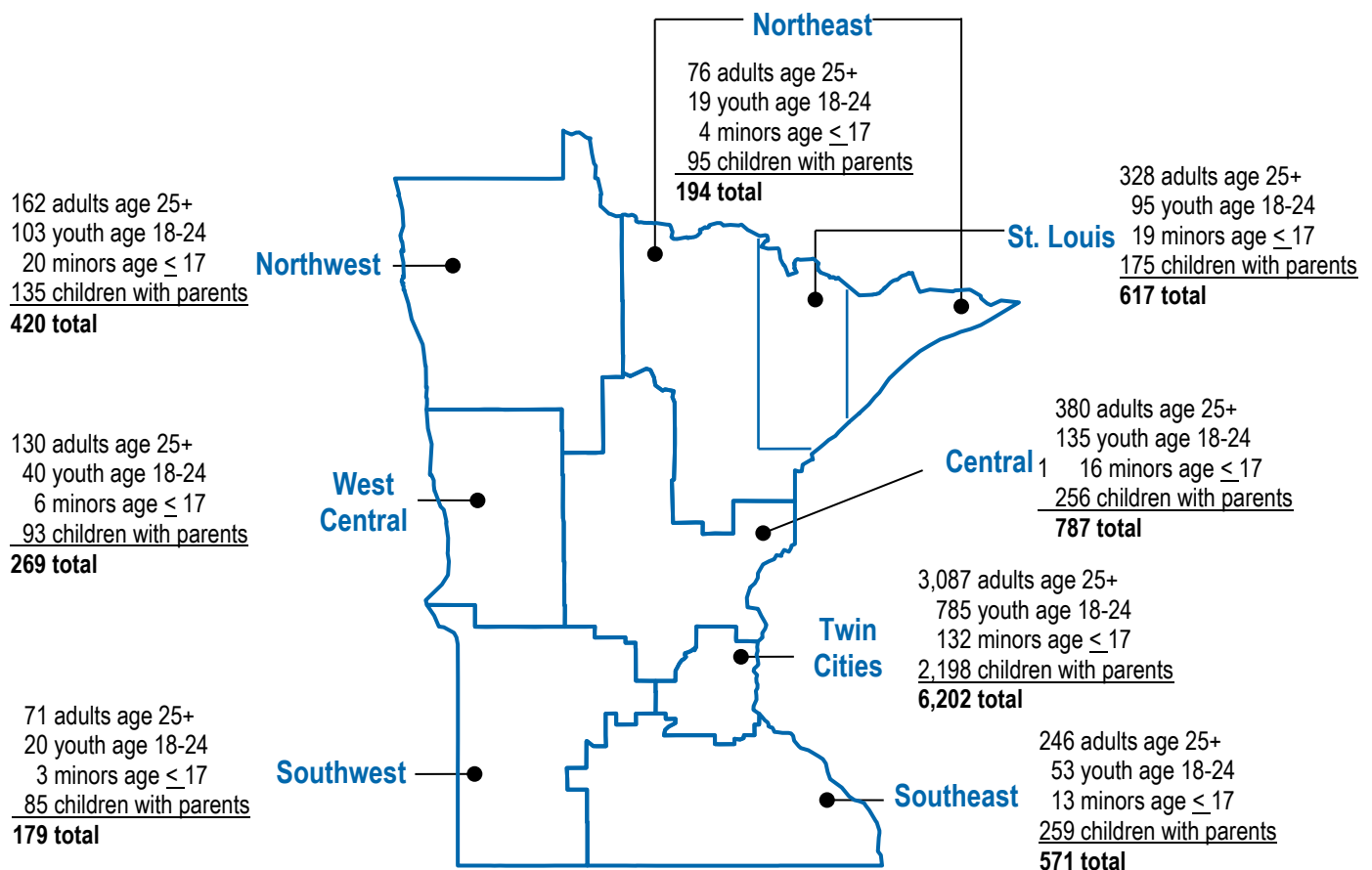
⁹ Burt, M., Aron, L.Y., Lee, E., & Valente, J. (2001). *Helping America's homeless: Emergency shelter or affordable housing?* Washington, D.C.: The Urban Institute Press.

reduction factor for them. Youth age 22 through 24 are assumed to have the same repeat frequency as adults 25 or older.

Map of counts

Figure A1 and A2 show counts for the metro as well as the greater Minnesota Continuum of Care Regions. In addition to these figures, detailed counts can be found at <http://mnhomeless.org/minnesota-homeless-study/detailed-data.php> which shows numbers of homeless people by shelter type, age categories, gender, and family/single status.

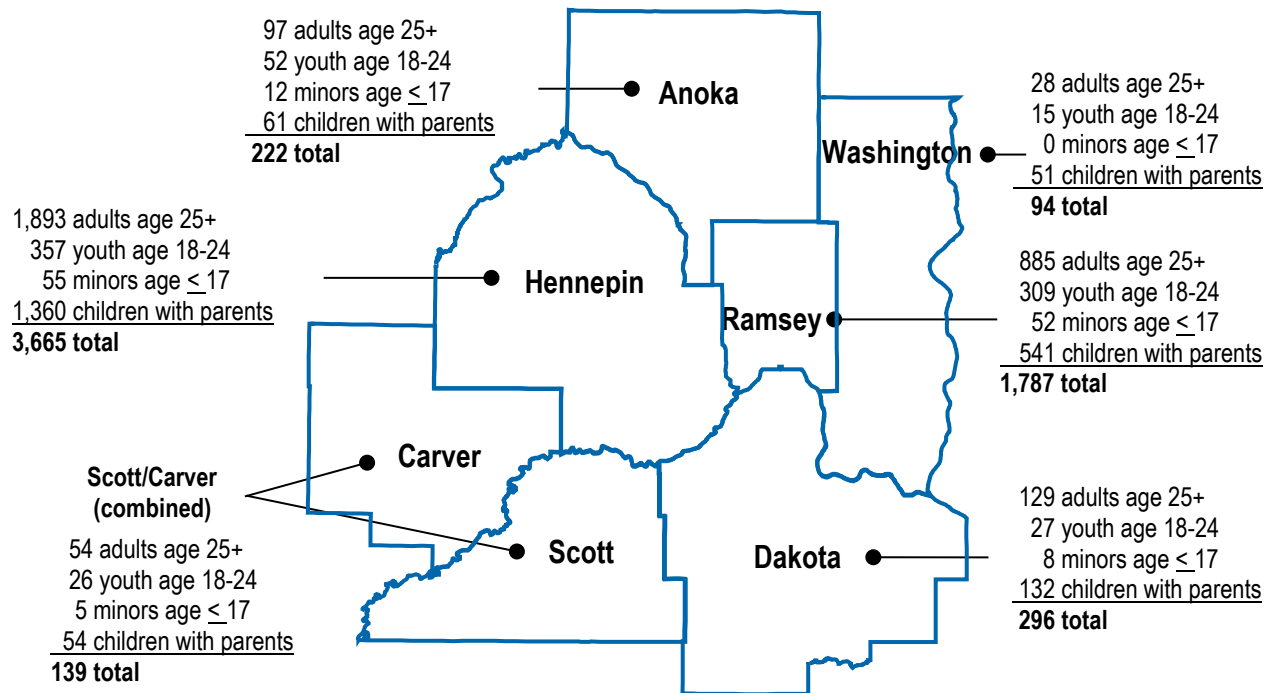
A1. Number of people counted in Minnesota's homeless shelters, transitional housing programs, and in non-shelter locations by region on October 22, 2015



Source. Wilder Research; data from shelter providers and homeless persons interviewed in non-shelter locations.

Note. "Minors" refers to those age 17 and younger who are on their own (not with their families).

A2. Number of people counted in Twin Cities metro area homeless shelters, transitional housing programs, and in non-shelter locations by county on October 22, 2015



Source. Wilder Research; data from shelter providers and homeless persons interviewed in non-shelter locations.

Note. "Minors" refers to those age 17 and younger who are on their own (not with their families).

Learn more at our website: <http://mnhomeless.org>

- Counts by geographic region, Twin Cities metro area, and greater Minnesota: 2009, 2012, and 2015
- Detailed data tables (for each question of the survey) by shelter setting, gender, and geographic region: 2009, 2012, and 2015
- Detailed data tables (for each question of the survey) about youth (age 24 and under) and Veterans
- Reports and fact sheets: 2015 study (previous reports found at: www.wilderresearch.org)