MEMORANDUM

TO: Regional Steering Committee on Homelessness and Housing

FROM: HomeBase

RE: Rural Homelessness

DATE: January 25, 2008

Background

Rural homelessness, the oft-ignored little sister in the homelessness world, has not held the attention of policy-makers or researchers over the years. As a result, less is known about homelessness in rural areas than in urban areas. Rural policy needs are marginalized not just in the homelessness arena, but also in other related policy fields as well, including poverty, health care, and housing. In the each year between 1994 and 2001, the federal government spent two to five times more money per capita on urban as opposed to rural community development. Despite what we do not know, in all of these areas, we do know that rural needs often differ from urban needs and initiatives may need to be structured differently to obtain positive results.[1] HomeBase participated in a national expert panel convened last year on rural homelessness. Alameda County scholar Majorie Robertson drafted the paper for the National Symposium on Homelessness Research.

The Rural Homeless Population

The generally accepted data is that 9% of the nation's homeless population is located in rural areas, based on HUD's homeless definition, which as discussed below, has limitations in rural areas.[2]

Studies indicate that homeless people in rural areas are more likely to be white, female, married, and a member of a family than those in urban areas. They are also more likely to be homeless for the first time.

People who are homeless in rural areas are less educated, but more likely to be employed, although in low-paying, temporary jobs. While they have a higher average monthly income and are more likely to receive financial assistance from friends, they are also less likely to receive government benefits and health care or health insurance. One proposed reason for rural people not accessing government benefits is that in smaller communities, people pride themselves on being self-reliant. Also, rural homeless people are more isolated and as a result might be unaware of benefits or services for which they are eligible.

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[1] Johnson, Kenneth, *Demographic Trends in Rural and Small Town America*, Carsey Institute, 2006, p. 29.
[2] *Homelessness: Programs and the People They Serve Findings of the National Survey of Homeless Assistance Providers and Clients*, Interagency Council on the Homeless, September 1999.

People who are homeless in rural areas are more likely to have a history of incarceration. Rural homeless people are just as likely as their urban counterparts to have substance abuse problems and/or mental health issues, but are more likely to have alcohol use issues.

Most people in rural areas who experience a bout of homelessness first move in with a series of relative and/or friends, then into shacks, vehicles or other temporary shelter or campgrounds, and then move into more urban areas. They are two to four times more likely to live with family or friends, and are less likely to live "on the street" than their urban counterparts.

"Homelessness"

Researchers face several challenges when looking at rural homelessness. First, the definition of "rural" varies, depending on the context, as rural and urban are more like points on a continuum rather than two clear categories. Different definitions of rural make it difficult to compare or build on existing data, but more importantly mean that a best practice in one area may not work well in another "rural" location.

In addition, the definition of homeless developed by HUD ignores much of the rural homeless population.

HUD defines a homeless individual as:

> (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.[3]

First of all, locating people who meet this definition in rural areas to count them during the bi-annual homeless enumeration is challenging. Rural areas have fewer service and shelter sites. People who are living on the "street" in rural areas are more likely to camp out or live in their cars in remote locations that are harder to locate.

The second and more comprehensive issue is that the HUD definition does not encompass the form homelessness takes in rural counties. Rural areas often do not have shelters or transitional housing, and have fewer public spaces in which people could find temporary shelter.[4] As a result, people in rural areas who are experiencing homelessness often live in substandard housing or are doubled or tripled up, and thus outside the definition. Also, HUD commonly designates that people living in housing that is condemned are "homeless" but rural areas may not have a condemnation process that creates that bright line between substandard housing and homelessness.

[3] 42 USC Sec 11302 (2007).

[4] *The Demographics of Homelessness- Rural Homelessness*, available at: www.libraryindex.com.

El Dorado County, California, is conducting a homeless count next week. In response to this problem, they have expanded HUD's definition of homelessness to include couch surfers and people living doubled up. They decided that to get an accurate count of the area's homeless population, they need to do an intensive survey process at all service sites (clinics, food pantries, etc.) to capture people who are doubled up or in sub-standard housing. Also, El Dorado has decided to conduct an additional count in July, when weather is warmer, to get a more accurate count. El Dorado has also recruited the sheriff and the Forest Service assist with enumerating people in remote rural areas, including on forest service land and in remote campgrounds.

RURAL CHALLENGES

Homelessness is always linked to poverty, but certain characteristics of rural areas make homelessness and serving homeless people more challenging.

Diversity

One issue is that the term “rural” includes a continuum of population densities and a wide variety of places including Appalachia, the Midwest, the western frontier and the rural south, which have different characteristics, different economies, and different population and economic shifts that make generalizing best practices or strategies less useful.[5] In California, we have “rural” areas rapidly being developed for housing, and changing their character to “remote” commuter communities.

Also, after decades of declining population, rural areas are now growing in population in part as a result of inflows of immigrants, especially Latino or Hispanic immigrants.[6] Cultural diversity is another challenge for service providers in rural areas.

Economy

The structure of rural economies contributes to rural homelessness.

In America, rural areas are more impoverished than urban areas. 15.1% of rural Americans lived in poverty in 2005, compared to 12.5% of non-rural Americans.[7] The odds of being poor are between 1.2 and 2.3 times higher for non-metropolitan residents than their counterparts.[8] In addition, child poverty is higher in rural areas than in urban areas for every racial and ethnic group.[9]

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[5] Johnson, Kenneth, *Demographic Trends in Rural and Small Town America*, Carsey Institute, 2006, p. 13.
[6] Cytron, Naomi, *Addressing Community and Economic Development in Rural America: Trends, Challenges, and Opportunities*, Community Investments, Spring 2007.
[7] Jensen, L. *At the razor's edge: Building hope for America's rural poor,* Rural Realities, 2006, 1, 1-8.
[8] Fisher, Monica. *Why is U.S. Poverty Higher in Nonmetropolitan than Metropolitan Areas?*, Rural Poverty Research Center, 2005, available at: www.rprconline.org.
[9] Johnson, Kenneth, *Demographic Trends in Rural and Small Town America*, Carsey Institute, 2006.

Rural economies are more vulnerable because the economy is more likely to be based on one employer or industry. Therefore, economic downturns have more severe consequences because of the reliance on one or two industries or employers.[10] Rural homelessness is more pronounced in agricultural areas, areas with extractive industries, areas with economic growth, and areas near urban centers that are growing.[11] In addition, many of those industries, including agricultural or mining, employ people on a seasonal basis, which contributes to an individual's economic instability. People in rural areas are more likely to have less education, and lower wages, which are not offset enough by a lower cost of living. Further, the cost of housing, despite being lower than in cities, has outpaced wages in rural areas. A lack of affordable housing stock and housing limits people's options in rural areas.

Infrastructure and Service Delivery

Rural infrastructure creates another hurdle. The areas that rural service providers aid are much larger, and more spread out. Because rural municipalities and counties often cannot afford full time services, fewer services and shelters are available. People often have to travel long distances in order to reach aid, but do not have the benefit of public transportation.[12] This lack of access to transportation contributes to individuals having difficulty getting and keeping jobs.

Fewer mainstream health care services are available. Health care providers may be inaccessible or remotely located, especially specialists, mental health care providers and behavioral health care providers.[13] Efforts to connect people to services might be complicated by the population's isolation and lack of awareness about available services.[14]

Finally, sociocultural factors may affect service delivery and result in an additional need for outreach. Many rural populations have a social climate of "we take care of our own" which results in a reluctance to seek government or outside assistance and a premium on privacy.[15]

Funding service delivery is difficult because of a lack of available city or county resources. In addition, HUD's priority on serving chronically homeless people makes funding harder to access in rural areas. Also, to access HUD and other funding, rural areas may need to work together to access resources on a regional or statewide basis. Fundraising for rural providers is often more complex than in urban areas.

For example, one rural Continuum of Care in Tennessee covers 50 service providers in 23 counties. By working together, however, the Continuum brought in $17 million in grant funds to

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[10] Jensen, L. *At the razor's edge: Building hope for America's rural poor,* Rural Realities, 2006, 3, 1-8.
[11] National Coalition for the Homeless, *Rural Homelessness.* (NCH Fact Sheet #11), August 2007.
[12] Post, Patricia A., MPA, National Health Care for the Homeless Council, *Hard to Reach: Rural Homelessness & Health Care*, January 2002.
[13] Id.
[14] National Coalition for the Homeless, *Rural Homelessness.* (NCH Fact Sheet #11), August 2007.
[15] Strong, D.A., Del Grosso, P., Burwick, A., Jethwani, V., Ponza M., Bhatt, J., Phillips, S., and Scheppke, K, *Rural research needs and data sources for selected human services topics,* Matematica Policy Research, Inc., May 31, 2005, p. 41.

build units and brings in $1 million each year for HUD funding for services.[16] In California with HUD funding, Humboldt funds five projects with $423,000, San Luis Obispo funds three projects with $848,000, El Dorado funds one project with $13,000, and Placer funds three projects with $500,000.

RURAL STRATEGIES

Despite the large variety of places we call "rural" some strategies are known to work well in these areas, however decision makers should examine the impact of a strategy in the social and economic context of their own community.[17]

Permanent Supportive Housing

A recent study evaluated the cost effectiveness of permanent supportive housing in a rural context. The fact that permanent supportive housing is cost effective in an urban context has been shown repeatedly, but the relation between urban and rural needs has not been as thoroughly addressed. This study found that permanent supportive housing is cost effective in a rural context as well: the average annual cost of savings in the first year of permanent supportive housing was $944/person.[18]

The study followed 99 people through their first two years in permanent supportive housing and compared it to the costs of the two years immediately before they were housed. This report, published at the end of the tenants first year in permanent supportive housing, found that housing persons who are homeless cuts the average costs of services they consume in half.

Specific cost savings were:

- Emergency room costs were reduced by 62%
- Health costs were reduced by 59%
- Mental health care costs were reduced by 41%
- Ambulance transportation costs were reduced by 66%
- Police contact costs were reduced by 66%
- Incarceration was 62% reduced and
- Shelter visits were 98% reduced.[19]

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[16] Robertson, Majorie, Ph.D., Natalie Harris, and Nancy Fritz, *Rural Homelessness*, 2007 National Symposium on Homelessness Research, Discussion Draft, February 21, 2007.
[17] Housing Assistance Council, *Best practices in revolving loan funds for rural affordable housing,* 2003.
[18] Mondello, Melani, Gass, Anne B., McLoughlin, Thomas, PhD, and Shore Nancy, PhD, Cost of Homelessness: Cost Analysis of Permanent Supportive Housing, State of Maine- Greater Portland, September 2007.
[19] Id.

In addition, the formerly homeless people received more services. Of the 99 formerly homeless people studied, they received 35% more mental health services at 41% less cost because of the shift to outpatient community-based mental health services. The individuals studied also had increases in the income they received.[20]

Finally, researchers studied the effect of housing on the individuals' quality of life. Participating clients took a one-page survey on the issues of health, independence, relationships, learning, socializing and helping others. On the issue of health, consumers said they had greater access to care, had better consistency of care, and felt the positive impact of having a place to live. Consumers felt they had increased independence because of their increased ability to complete tasks, additional freedom, and improved sense of self. Consumers' relationships with family members improved. Consumers' eating habits were much better especially in the areas of when they ate, how much they ate and their choice of food. [21]

Partnerships & Collaboration: Coordinated and Comprehensive Service Delivery

If the area is relatively populated, best practices include partnering to link systems of care, formal and informal, and outreach and referrals.[22] In areas with some services available, communities have worked together to provide the needed services.

Because only a limited amount of services for homeless people are available, rural communities have worked creatively on the issues of program delivery and as a result substantial mainstream integration and service integration occurs. Programs collaborate due to limited resources to decrease costs, increase community and reduce duplication.[23]

Rural service providers also are more likely to see that an individual needs personalized service delivery. They take responsibility for a fuller range of services because there is no one else to provide them.[24] In a smaller community, relationships between consumers, providers and community can create trust and commitment. The Supportive Housing and Managed Care Pilot in Minnesota is a permanent supportive housing pilot project in two counties in Minnesota, an urban county and a rural county. At this point in this on-going study, the key to delivering the supportive services necessary to maintain housing stability appears to be staff developing supportive, trusting relationships with participants. [25]

Mobile Outreach

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[20] Id.
[21] Id.
[22] Post, Patricia A., MPA, National Health Care for the Homeless Council, *Hard to Reach: Rural Homelessness & Health Care*, January 2002.
[23] Austin, Dan, *More Peanut Butter on the Same Slice*, National Alliance to End Homelessness, 2007 Annual Conference, July 10, 2007.
[24] New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004.
[25] National Center on Family Homelessness, *The Minnesota Supportive Housing and Managed Care Pilot: Qualitative Evaluation: Year Four,* June 2006.

In more rural areas, mobile outreach teams are needed to serve the large geographical area that service providers cover.

Minnesota's Long-term Homeless Services Fund established Mobile Support Teams in rural areas to provide services and rental assistance. The teams are mobile offices that travel up to 100 miles per day. The teams also connect with community events to connect people to services. [26] Humboldt County, California has funded a Mobile Medical Office that provides medical care to underserved members of the community, including high risk teens, homeless people, economically depressed small towns, intravenous drug users and immigrant farm workers. The Mobile Medical Office has become the primary health care providers for most homeless people, and staff in the Mobile Medical Office also serve as outreach workers and help homeless people advocate for government benefits. Monterey County has reported that this kind of transportation effort has high costs but that getting people into a centralized service campus is also difficult.

When services are not available in a community, providers may refer an individual to the nearest provider, which could be several hours or several hundred miles away. Sometimes called "greyhound referrals," providers find that this strategy is not the best practice for the individual, although it may be the most cost-effective for extremely small communities.

Other Service Suggestions

Other ideas that have been raised to improve rural homelessness services include: transportation assistance, expanded health coverage, and increased outreach to the hidden homeless.[27]

Planning Strategies

HAC found that, across rural communities, four constants in an effective process to end homelessness were: leadership, inclusive process, planning, and support networks.[28] Strategies that have been found effective are local solutions developed by a small group of passionate individuals who are: working across traditional program and agency silos, networking with partners, dealing with consumers in the context of poverty, creating strong staff/consumer relationships, hiring culturally competent staff who know the community and the people being serviced, and developing regionalized services.

The Rural Homeless Initiative of Southeast and Central Ohio (RHISCO), is a region wide effort to pool resources and end homelessness. RHISCO take the community partnerships idea to the next level, and initializes community planning across 17 rural counties. Each county had developed its own ten-year plan to end homelessness, and will participate in the creation of a

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[26] Sue Watlov Phillips, "Working Towards a Common Goal: The Minnesota Coalition for the Homeless", Rural Voices, Fall 2007.
[27] Post, Patricia A., MPA, National Health Care for the Homeless Council, *Hard to Reach: Rural Homelessness & Health Care*, January 2002.
[28] Housing Assistance Council, *Continua of Care best practices: Comprehensive homeless planning in rural America*, 2002.

regional plan to end and prevent homelessness. The programs funders, including the National Alliance to End Homelessness, hope to use the experience of providers in these counties to develop best practices for ending homelessness in rural America. Planners hope to increase capacity in all of the counties by leveraging resources among the participating counties. Utah, a mostly rural state, has mounted a similar effort, with ten-year plans created in every region of the state using the Council of Governments structure. These plans fit within the state level ten-year plan. The state provides seed funds to launch demonstration projects in each locality after the Plan (and a project proposal) have been submitted.

Questions for the RSC:

1. Would having a more flexible definition of homelessness, including people who are couch surfing or living in substandard housing, allow your community to serve people with greater needs?

2. What else would be useful to know about strategies to end rural homelessness?

3. Do the services offered in the rural areas of your counties use different strategies or need different support than urban services?

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