

Homelessness in Missouri: The Rising Tide

A Report By

*The Missouri Association for Social Welfare (MASW)
Task Force on Affordable Housing and Homelessness*

May 2002



Principal Investigator
Tom Gould

Writer/Researcher
Andrea Langton

Editing
Peter De Simone
Tom Gould
John J. Stretch, Ph.D.

MISSOURI ASSOCIATION FOR SOCIAL WELFARE
606 East Capitol Avenue Jefferson City, Missouri 65101
573-634-2901 Fax 573-635-1648 citizenvoice@masw.org

Acknowledgements

The 2001 census of homeless shelter providers was accomplished with the help and encouragement of dozens of people and organizations, plus the staff of 475 homeless service agencies who invested time and resources in responding to the survey. They deserve the appreciation of the state and homeless people. We hope that the facts and analysis contained herein will bring some hope and respite to the 87,000 homeless Missourians who are the tragic focus of this report.

Karia Lee Basta, Director of Housing, [Missouri Department of Mental Health](#)
Janet Becker, [Affordable Housing for Missourians](#), St. Louis
Mary Beth Blodgett, [OSED](#)
Pat Brown, Affordable Housing Consultant, Missouri Department of Mental Health
Gary Busiek
Nina Chastain, [Missouri Association for Social Welfare Community Action Agencies](#), statewide
Edwin Cooper, Affordable Housing Consultant, Missouri Department of Mental Health
Peter De Simone, Executive Director, Missouri Association for Social Welfare
Erica Dobreff, Director, [Missouri Housing Development Commission](#)
George Donahue, [S.T.E.P.](#), St. Louis
Pat Ferrell, [St. Louis County Department of Human Services](#)
Shankare Gowda, graphics
Dick Grose, former Director, Missouri Housing Development Commission
Anne Hardee
Janice Houston, phone surveyor
Dennis Johns, data entry
Andrea Langton, Outreach Coordinator
Cynthia Larcom, [Homeless Services Coalition of Greater Kansas City](#)
Deb Little, [Municipal Information Systems, Inc.](#)
Missouri Housing Development Commission
Andrea Nelson, consulting
Trudy Nobles, phone surveyor
Shirley Richman, [League of Women Voters](#), St. Louis
Brenda Rose, Callaway County Human Development Corporation
Kristina Scott, cover art
John J. Stretch, Ph.D., [St. Louis University, School of Social Service](#)
Anna Marie Sturgis, phone surveyor
Jim Torres, Missouri Housing Development Commission
Anupama Vasanth, data entry
Dorothy Werdehausen, MASW Office Manager
Cindy Weinstein, phone surveyor
David Williams, graphics

Introduction

This report, "Homelessness in Missouri: The Rising Tide," is based on a survey of homeless shelter providers conducted in 2001 under a contract with the Missouri Housing Development Commission (MHDC). The survey was taken on the coldest day of the year (January 2, 2001) and a day in early summer (June 25, 2001). It shows a tragic, continuing and significant increase in homeless populations in Missouri since the first Missouri Association for Social Welfare (MASW) study in 1986. The increase between 1998 and 2001 was 42%.

The 2001 census was the fifth that MASW has conducted, the others being in 1993, 1994, 1996, and 1998. With the exception of 1996—previous to the implementation of federal welfare reform—when homelessness had leveled off, the numbers of homeless persons has climbed steadily.

MASW issued a report like this one about the 1996 census that was prophetically entitled, "Homelessness in Missouri: Eye of the Storm." At that time, the good economy had succeeded in opening employment opportunities and lowering dependence on welfare and charity. The welfare system, although flawed, was doing better at keeping families housed.

Since 1996, the growing shortage of affordable housing, the worsening economy, deteriorating social services, and the flaws of federal welfare reform have all conspired to aggravate homelessness. The cost in suffering and human potential is high. The majority community's fondest regard of itself is frayed and challenged by homelessness.

This report is offered to provide information that informed and active citizens and public officials can use to stop the slide and end homelessness.

John J. Stretch, Ph.D., Professor,
St. Louis University, School of Social Service
Chair, MASW Affordable Housing and Homelessness Task Force

Table of Contents

Homelessness in Missouri: The Rising Tide

The 2001 Census of Shelter Providers for Homeless People in Missouri

Findings

Some Notable Growing Pains

Families

Mental Illness and Addictions

Veterans

Immigrants

Other Growth spurts

More Signs of the Times

From Shelter to Shelter: The Lack of Affordable Housing

Region I, The Northern Tier

Region II, Mid-America

Region III, The Lakes

Region IV, The Southeast

Region V, Gateway

Region VI, I-70 Corridor

The Impact of Public Assistance

Temporary Assistance for Needy Families (TANF)

Social Security Insurance/Social Security Disability Insurance (SSI/SSDI)

Food Stamps

Health Care

Housing Assistance

Other

One Strike and You're Out

Predicting Future Homeless: The Lack of a Living Wage

Policy Recommendations

Overview of Methodology

Direction for the Future

Homelessness in Missouri: The Rising Tide

The 2001 Census of Shelter Providers for Homeless People in Missouri

The Missouri Association for Social Welfare (MASW) conducted a census of homeless service providers in Missouri in 2001 on the coldest day of the year, January 2, 2001, and a day in early summer, June 25, 2001. It was undertaken through a contract with the Missouri Housing Development Commission (MHDC). This was the fifth such census undertaken by MASW. The others occurred in 1993, 1994, 1996, and 1998.

The census results show a substantial growth in the numbers of homeless people in Missouri compared to 1998: a 40% increase for the coldest day of the year, and a 44% increase in early summer. The findings are compatible with previous censuses, other Missouri research and national data. The rising tide of homelessness will continue, in the opinion of this report's authors, without policy changes that increase the supply of affordable housing, strengthen human service programs, and increase jobs that pay living wages.

This project identified and surveyed 475 homeless service agencies. Ninety-eight percent (98%) of the agencies responded. Using the average and the two-day count, estimates were made of the uncounted homeless persons and the daily and yearly totals.

Several hundred social service agencies and private charitable organizations are engaged every day in an effort to meet the needs of homeless or near-homeless Missourians, a goal that they do not have the resources to achieve. Their credibility as witnesses to Missouri's homelessness is substantial and this report relies heavily on their analysis and perspective of the problems (see [Overview of Methodology](#) for a more thorough presentation of the methods used to conduct the survey and analyze the data).

Homelessness is a growing and painful reality in Missouri and a scandal in a prosperous state and country. At least 3.5 million people throughout the United States are likely to experience homelessness during the year (*National Coalition for the Homeless (NCH), July 2001, Policy Statement*). It is hoped that this report contributes both information and incentive for doing better.

Findings

On January 2, 2001, the coldest day of the first year of the new millennium, Missouri public and private shelter and homeless service providers sheltered at least 16,301 homeless people throughout Missouri. That represents a 40% population increase over the coldest day in 1998. At least 16,549 people were sheltered on June 25, 2001, a 44% over the 1998 census [**Note:** *the 1998 census is an important benchmark because it was the year that federal welfare reform was implemented in Missouri*].

This growth in the sheltered homeless population of 2001 is reported in all four shelter provider categories (emergency, transitional, referral and permanent; see [Definitions of Shelter Types](#)) and in five of six Missouri regions. The St. Louis metropolitan area increased by 69%, the Southeast region by 47%, the I-70 Corridor and Mid-America Regions by 40% and the Lakes region by 24% (see [Regional Map](#)).

The Northern Tier of counties is the only region with a decline in numbers. The decline may be explained by the lack of additional resources to serve more people. However, within the Northern Tier, Buchanan County, the most populous county, the homeless population increased by 61%.

Based on the conservative application of turnover rates of the different shelter types, and on national studies showing the size of various homeless populations, the average daily census of 16,425 translates into 45,700 different people per day who experienced homelessness in Missouri during 2001. This includes an estimated 9,800 unsheltered homeless people and 19,600 homeless people who were in overcrowded or doubled up living quarters.

Annually, 87,250 different people in Missouri experienced homelessness, 24,600 people more than in 1998. Aside from those who received shelter services, they lived with friends or relatives, in places paid for by or belonging to someone else, or in abandoned buildings, camps in the woods or parks, boxes behind buildings, or other places.

Despite the dramatic increase in the 2001 census from the 1998 census, the numbers are likely understated. More than twenty shelter providers remarked that the dates chosen for the census would yield atypically low counts because on both January 2nd and June 25th many had exhausted their shelter funds. Thus, they did not serve—and did not count—homeless people on those days.

January 2nd may have resulted in an undercount for another reason. One provider observed that no matter how poor, the people they help try to be somewhere else for the holidays and have not yet returned by that date (*Sr. Marcella, Missionaries of Charity*).

Some Notable Growing Pains

Families

Of the 16,549 homeless people sheltered on June 25, 2001, 5,668 or 34% were family members. This is a 60% increase from June 29, 1998 (there was a 19% increase in family “groups” in emergency shelters). “We have more families with children seeking shelter,” confirmed one Greene County emergency provider (*Sr. Lorraine Beibel, Missouri Hotel/The Kitchen*).

The increase in homeless families in Missouri is consistent with the national trend. The National Coalition for the Homeless notes that, for the past decade, “families with children are among the fastest growing segments of the homeless population,” constituting about 40% of the people who become homeless (*“Who is Homeless?” NCH fact sheet, February 1999*).

An added facet of this growth is the increase of working poor families. “Policy makers should know that we are finding that a growing percentage of those facing homelessness are families with employment” (*Todd Richardson, SCMCAA, Shannon County/Region*). One national board member for a homelessness group said, “Shelters are full of people everywhere, but the dynamics have changed in the last 10 years. What you see are people working forty hours a week and making \$6.50 an hour, and they’re homeless” (*“Homelessness: High Housing Costs Drive Out More Working Families,” St. Louis Post Dispatch, August 19, 2001*).

The greatest increase in sheltered persons in families, when comparing June 1998 to June 2001, took place in the *shelter by referral* category. These include families who may be placed for a short period in a motel or families whose housing situation is stabilized through the use of emergency shelter monies, typically by payment of rent or mortgage. The latter is the least traumatic and most cost-effective way of dealing with homelessness.

In 2001, with additional funding available, 1,472 people in families received referral shelter services, an increase of 104% over 1998. Funds from the Missouri Housing Trust Fund and federal emergency shelter grant money are important sources of this relief. Providers mentioned both the benefits of this money and how much more was needed. “Missouri Housing Trust Funds are allocated to us on July 1; by November we are out of those funds. Missouri Housing Trust Fund is an excellent program, but it is completely under-funded. Among others, we have used it to help a family living in a car achieve stable living and a family living in a shelter move into stable living” (*Ivan Lee Ames, Central Missouri Counties Human Development Corporation, Boone County*).

While the MASW 2001 census of homeless shelter providers demonstrates the large increase in families being sheltered, another report, “Homeless Children and Youth” (2000), conducted by Missouri’s Department of Elementary and Secondary Education (DESE), identifies even more homeless children. Based on the 1998-99 school year, it estimates 7,264 children living in shelters, with another 14,321 children living in overcrowded circumstances, campgrounds, parks, cars, or in unknown locations. Of the total homeless Missouri children reported by DESE, 17,527 were school-aged children and youth. This seems to confirm that the greater number of homeless families are relying on family, friends, and primitive survival strategies rather than on shelters. Not surprisingly, families identified residency requirements as the number one barrier to enrollment and school attendance.

“KIDS COUNT in Missouri” (2001, Citizens for Missouri’s Children) notes that in both 1999 and 2000, the number of school students enrolled in the free or reduced-price

lunch programs increased. “In 2000, more than one-third of Missouri’s students lived in families whose incomes were low enough to qualify for this program” (“*KIDS COUNT in Missouri*,” 2001, *Citizens for Missouri’s Children*). Notes Ruth Ehresman, policy director for Citizens for Missouri’s Children, “We know what poverty brings. Kids who are poor don’t have stable home lives. They are less likely to receive health care and complete school and go on to college. We really don’t have a public policy in place to help those families” (“*Poverty affects growing number of children*,” *St. Louis Post Dispatch*, January 8, 2001).

Mental Illness and Addictions

The growth of the seriously mentally ill homeless population is a recurring theme in provider comments throughout the state. In 2001, emergency shelter providers raised the estimate of those with severe mental illness only to 15%, and those with both mental illness and addiction disorders at 13%, about the same as 1998. Several noted the tensions involved, when, as untrained caretakers, they meet a person who seems “unbalanced,” perhaps even dangerous, sometimes because needed medication is not being taken or has run out (*Dorothy Whitley, Hope House, Marion County*).

Mental illness does not lead inevitably to homelessness. For every homeless person who suffers from severe mental illness, there are about 19 persons with severe mental illness who have the resources and/or the support to remain housed (“*Facts and Figures About Mental Illness*,” *National Alliance for the Mentally Ill, NAMI, January 2000*). In the context of the general population, 94% of homeless persons who are severely mentally ill are capable of living in the community with appropriate, supportive housing.

Two concerns expressed repeatedly by shelter providers are that current policies avoid facing the question of what to do with those who may never be able to fully support themselves, and that there are currently not enough resources allocated for these populations (*Kay Murphy Collins, Renaissance West, Jackson County*). “Greatest shelter needs in this area are for special populations: disabled, substance abusers, mentally ill” (*Mary Bailey, NMCAA, Adair County*). “It seems harder to get our clients hospitalized in psychiatric facilities for emergencies. Adequate treatment for those with dual diagnosis of severe mental illness and substance abuse is lacking” (*Debra Crouch, Salvation Army Access House, Jackson County*).

These concerns are not unique to Missouri. It is estimated that half of all homeless persons with a serious mental illness also have a substance abuse disorder. However, there are few integrated treatment programs. Untreated mental illness and substance abuse is likely to result in unsatisfactory tenants “whose behaviors place them at high risk for eviction, arrest, and incarceration in jails or mental hospitals.” Research taking place since at least the early 1990’s has found that there are both environmental and structural conditions that perpetuate these problems. Critical in preventing homelessness for persons with a dual diagnosis are “support services immediately following hospitalization or incarceration.” Also essential is an income level that

corresponds to the rents for available housing (*excerpts from "Preventing Homelessness Among People with Serious Mental Illnesses: A Guide for States," A. Lezak and E. Edgar, April 1996*).

One federal program which provides various types of rental housing assistance and support services for homeless persons with disabilities is Shelter Plus Care. Missouri shelter providers are concerned about present and future limitations in the funding of this program. "Shelter Plus Care in Eastern Missouri has been closed due to funding. This impacts our women leaving transitional housing" (*Susan Whiteside, St. Philippine, St. Louis*). "For those currently housed by our [Shelter Plus Care] program, greater case management and increased levels of funding for all services are badly needed. Our program has been closed [at capacity] for almost two years now and requests for assistance continue daily" (*Joshua Farrell, SAVE, Inc., Kansas City*).

When considering drug or alcohol addictions only, without mental illness, emergency shelter providers estimated that 44% of their population had an addictive disorder, up from 33% in 1998. It should be noted that estimates of addiction in emergency shelters are considered controversial, in part because of the tendency to blur the distinction between homeless people with current addictions and people experiencing homelessness who had addictions at some past time in their lives (*"Who is Homeless?", National Homeless Coalition, February 1999*).

Combining the data on addictions and mental illness for all four shelter types, the estimated number of sheltered homeless people manifesting a combination of mental illness and/or drug and alcohol addictions rose from 9,300 in 1998 to 11,700 in 2001. Note that about 50% of the data is from written records; the rest was transmitted verbally by respondents. 320 of the 465 providers (69%) responded.

The above includes the large homeless population sheltered through programs administered by the Missouri Department of Mental Health (DMH) and its 109 contracted providers. One hundred percent of the DMH sheltered population manifests mental illness or addictive disorders, conditions which, in addition to homelessness, must be present for the provision of transitional or permanent shelter. Research of the Urban Institute suggests that the percentage of homeless people in these sub-populations drops significantly, as much as 50%, when placed in the perspective of an annual census rather than a daily count (*"America's Homeless: Numbers, Characteristics, & Programs That Serve Them," Martha Burt, Barbara Cohen, October 1989*).

Veterans

Veterans in shelters were estimated at 4% in 1998 and at 12 % in 2001. It should be noted, however, that not all shelter providers inquire about the veteran status of their homeless population. According to the U.S. Department of Veterans Affairs (VA), 25% of the total homeless population are veterans. The major homeless programs offered by the VA in Missouri are in St. Louis and Kansas City.

In St. Louis there are approximately 3,000 homeless veterans on the streets on any given night and 1% of these are women. Over 3,500 homeless veterans have mental health and substance abuse problems. The Kansas City area is estimated to have approximately 1,600 homeless veterans (*Missouri and the US Department of Veterans Affairs, June 2001*). In addition to shelter already available for veterans in St. Louis, it was recently announced that East St. Louis, Illinois, will open its first shelter for homeless veterans in early 2003. This will allow 22 veterans to stay up to two years, working towards a goal of achieving self-sufficiency (*"ESL gets money for new shelter for homeless veterans," The Fulton Sun, December 11, 2001*)

One mid-state provider noted "an increased number of homeless veterans, especially Vietnam-era, in this region" (*Bill Reahr, Welcome Home, Boone County*). The Northern Tier reported that when the VA hospital has no space, they send veterans to the Salvation Army for interim shelter (*Marilyn Kirk, Salvation Army Booth Center, Buchanan County*). In Kansas City, the lack of affordable housing results in the VA Medical Center placing veterans in shelters in Kansas, following the completion of intensive substance abuse therapy (*Laura Gardiner, VA Medical Center, Jackson County*).

Immigrants

Estimates of homeless immigrants increased from 1% percent in 1998 to 3% percent in 2001 (although fewer than half of the providers responded both years and few from records). Some areas reported a large increase in the Hispanic population. In Pettis County, the "Hispanic population has increased from one percent to ten percent in the past three years" (*J. Amber Scott, Citizens Against Spouse Abuse, Pettis County*). "We have an increasing number of Hispanic homeless people" (*Isaias Cervantes, City Union Mission Men's Shelter, Jackson County*). Shelter providers noted that it is difficult to find staff who can overcome the language barriers.

There has been a 92.2% increase in the Hispanic population statewide since 1990, from 61,702 to 118,592 (*Office of Social and Economic Development (OSED)*). The largest increase and concentration of Hispanic people is in Jackson County (35,160) followed by St. Louis County (14,577). In several other urban counties the Hispanic population has doubled. The most dramatic growth (from 353% to 2,164%) occurred in the rural counties of McDonald, Barry, Sullivan, Dunklin, Jasper, Lawrence, Pettis, Moniteau, Saline, and Taney. This was caused by the availability of work in major meat processing plants, except in Taney County where the work is associated with the entertainment industry (*"Trendletter," OSED, April 2001*).

Other Growth Spurts

Estimates of sheltered domestic violence survivors rose from 10% in 1998 to 27% in 2001. There were comments on the growth of this population in every region. "The two main reasons we provide shelter assistance are domestic violence and job loss" (*Mark*

Thomas, EOC of St. Joseph, Buchanan County). “Domestic violence is an ongoing problem cutting across the entire economic population” (*Hope Haven, Cass County*).

In several regions, providers mentioned seeing more homeless youth unaccompanied by adults and needing shelter but, generally, only the places designed to serve youth will provide them with shelter. “Homelessness among teenagers and young adults is on the rise...our agency has contractual agreements with local resorts to house victims of domestic violence but will not agree to house teens and young adults. Our number of bed-nights for domestic violence shelter in February 2001 were 372, 446 in July and 666 in August. It is an ever-increasing social problem” (*Paula Jason, Christian Associates, Stone County*).

Estimates of people afflicted with HIV/AIDS rose from 2% in 1998 to 13% in 2001. However, many shelter providers do not ask about this condition and fewer than two dozen indicated that their response was from actual records.

Unaccompanied men and women still remain the largest percentage (67% in 1998, 65% in 2001) of the sheltered homeless population.

More Signs of the Times

A characteristic of homelessness that helps to perpetuate it, is that most homeless people are unobserved or hidden. As homelessness increases, a portion of them becomes more visible. In a recent St. Louis *Post-Dispatch* editorial, senior editor Christine Bertelson described the homeless street people, a loosely gathered flock of men, women and children, who congregate in a nearby park and are now a part of her daily view of the street (“*Alone Together,*” *St. Louis Post Dispatch, December 15, 2001*).

In Callaway County there are reports of homeless people living in the woods, in abandoned homes and under overpasses (*Dean Hovis, Serve, Inc.*). In Greene County, “There are a lot of people here sleeping under bridges” (*Don Byrely, Christian Foundation*). Washington County is attracting desperate people due to a land marketing scheme which includes a big sign saying “\$39 down, \$39 per month, own your own land.” In truth, the land is undeveloped but people are camping there and bathing in a small river nearby (*Marcia Portell, Sayers Temporary Housing*).

Unsheltered homeless people constitute the common, alarming image of the homeless population. Yet, they comprise only 21% of the estimated daily Missouri homeless population of 45,700 and 13% of the yearly 87,250. Regrettably, without those images of people searching in trashcans and sleeping on heating grates, the general public is often unaware of problems of homelessness in their communities. More than one provider expressed frustration that people do not know the extent of the problem in their own backyards. “Most people don’t see homeless people rolled up in a doorway or living in boxes on the street. Over 90% of our shelter users come from the surrounding nine county region. Seventy percent came from our own county, yet there are many

here who know nothing about these problems” (*Vickie Elmore, Samaritan Center, Howell County*). “Typically the homeless are staying with relatives or friends until they can find a solution. These stays are generally short and involve moving from one home to another” (*Paul Clark, Ozark Action, Inc, Howell County/Region*).

One explanation for the “invisibility” of the homeless: those who are well off financially are spending less time in spaces occupied by the poor. The trends are away from public schooling, public transportation, public parks and city living and towards private education, remote homes, health clubs and online shopping (*Nickel and Dimed: On (Not) Getting By In America, Barbara Ehrenreich, Metropolitan Books, 2001*).

In addition to the large growth in the sheltered homeless population, another limited measure of growth suggested by the NCH is the increase in the number of shelter beds over time (“*How many people experience homelessness?*”, *NCH fact sheet, February 1999*). Despite the trend in recent years away from emergency shelters and towards transitional shelters which offer programs to address the causes of homelessness, the number of emergency shelter beds and the number of emergency shelters, particularly in the Southeast and I-70 regions, increased by almost 10%. The number of transitional shelter beds increased by 26%.

From Shelter to Shelter: The Lack of Affordable Housing

There is no greater cause nor solution to homelessness than the availability of safe, affordable housing. According to the U.S. Census Bureau, the home ownership rate in the United States is at its highest point since at least 1890 and has increased steadily since it was at 43.6 percent in 1940. Nationally, in the year 2000, 66% or 69.8 million of the 105.5 million occupied housing units were lived in by the owner (“*Census finds prosperous decade helped homeownership surge*,” *The Fulton Sun, November 27, 2001*).

Federal housing policy encourages home ownership by allowing mortgage interest to be deducted from income for tax purposes. As an example, a \$500,000 house with a fifteen year mortgage and 8% interest rate, would cost the owner roughly \$375,000 in interest. It would also provide \$375,000 in federal income tax deductions over a fifteen year period. Seventy-five percent of housing-related tax expenditures benefit the households in the top fifth of income distribution.

In contrast, federal housing policy is far less generous to low income households. The federal government spends only one dollar on low income housing programs for every four dollars it gives in tax breaks to homeowners. (*Cushing Dolbeare, “Housing Policy: A General Consideration,” in Homelessness in America, 1996*).

In the decade from 1990 to 2000, Missouri’s rate of home ownership rose from 39th to 12th in the country. (“*The Missouri Self-Sufficiency Standard*”, *Missouri Department of Economic Development, June 30, 2000*). However positive for the majority, home

ownership is well beyond the reach of those Missourians now moving from shelter to shelter or using inadequate shelter. "People sometimes leave our shelter for another shelter because there is no place for them to go" (*Janet Griffin, The Women's Safe House, St. Louis City*).

The St. Louis region, which showed the largest increase in the sheltered homeless population statewide, provided two examples of desperate alternative housing. In St. Louis County, "we serve a large number of families...who utilize motels as long-term housing. Last spring, the school district that we serve had approximately 25-30 students living in motels" (*Deborah Powers, Community Helping Ministry*). In St. Charles, "we have families who live twelve months of the year in tents and trailers in parks. We send buses around for their children to get to school. They don't consider themselves homeless. They are living in what they can afford" (*Miriam Mahan, St. Joachim and Ann Care Service*).

According to the Federal Housing Act, housing is "affordable" if no more than 30% of household income is spent on rent, utilities, and maintenance. The National Low Income Housing Coalition (NLIHC) finds that 38% of Missouri's renter households pay more than 30% of their income for rent.

In order to be able to afford a two-bedroom unit at fair market rent, the amount a single working Missourian would have to earn is \$9.76 per hour, for a forty hour week. This is 190% of the present federal minimum wage of \$5.15. A minimum wage earner can afford no more than \$268 a month for rent. ("*Out of Reach 2001: America's Growing Wage-Rent Disparity*," NLIHC).

When asked to identify unmet needs, homeless shelter providers in all six regions of the state named "affordable housing". Some representative examples:

Region I, The Northern Tier:

- "We need more affordable housing" (*Kim Carroll, YWCA Abused Women's Shelter, Buchanan County*).
- "It costs an individual or agency around \$1,000 at least to move into any kind of housing" (*Virginia Daniels, Green Hills CAA, Grundy County/Region*).

Region II, Mid-America:

- "We need more transitional housing and more affordable housing" (*Linda Foster, Red Cross, Kansas City*).
- "There is tremendous need for safe, affordable permanent housing" (*Susan Else, Hope House, Jackson County*).
- "There are major difficulties with deposits now being allowed at fair market value rates. [People] may need \$500-\$800 for deposits" (*Ramona Quinn, Salvation Army/Linwood Center, Kansas City*).

- “The waiting lists for affordable housing continue to be so long that families are residing in shelters for a year” (*Susan Miller, Rose Brooks Center, Kansas City*).
- “There is a decreasing amount of livable, affordable housing available” (*Brother Louis Rodemann, Holy Family House, Jackson County*).

Region III, The Lakes:

- “Our rural area needs more subsidized and low income housing units” (*Robert Beattie, Lake Area Helping Hands, Camden County*).
- “Land values and rentals are very high, not affordable for those working in those areas doing low paying jobs” (*Pat Thieman, MOCA, Pulaski County*).
- “The average rent is \$429 a month” (*Pat Stinman, OACAC, Christian County*).
- “A two-bedroom apartment is \$370 at fair market value. We recently had to raise the \$350 cap on assistance to \$400 per family in order to provide adequate assistance to some families” (*Victoria Waggoner, OACAC, Stone County*).

Region IV, The Southeast:

- “There is need in our community and other surrounding rural communities for affordable housing and regular full-time work” (*Linda Fulton, Regional Family Crisis Center, Perry County*).
- “There are lengthy wait times for housing, limited amount of homes available” (*Lisa Ledbetter, New Way Shelter, St. Francois County*).
- “Rents in this area are growing faster than Section 8 and other subsidy programs” (*Kevin Sexton, East Missouri Action Agency, Cape Girardeau*).
- “There is a lack of low income housing in rural areas. Waiting lists for the few houses available are unrealistic in terms of need” (*Rita Schonhoff, Casa Guadalupe, Reynolds County*).

Region V, Gateway:

- “There is a long waiting list for housing and a lack of affordable housing” (*Debbie Bolden, Salvation Army Shelter, St. Charles County*).
- “The demand for emergency rent/mortgage assistance outpaces our ability to provide it by as much as 30:1. The shortage of decent, affordable housing is epidemic in St. Louis” (*Katrina Knight, Catholic Charities Housing Resource Center, St. Louis City*).
- “Affordable housing is frequently taken out for redevelopment projects that are commercial or retail and is not replaced anywhere in the city” (*Dorothy Ealy, Red Cross, St. Louis City*).
- “Lack of available low income, emergency, transitional, and permanent housing remains at the top of the list of unmet needs for the homeless” (*Kate Cortazzo, Phoenix Place, Franklin County*).

Region VI, I-70 Corridor:

- “Limited, low cost private housing is available in the area” (*J. Amber Scott, Citizens Against Spouse Abuse, Pettis County*).
- “There is a great need for affordable housing” (*Sharon Tepper, Rainbow House, Boone County*).
- “There is a need for affordable public housing in rural areas” (*Cindy Crist, Survival Adult Abuse, Inc., Johnson County*).
- “There is not enough low-income housing available for families or for single persons who work at low-income jobs” (*Stephanie Johnson, Samaritan Center, Cole County*).

The providers’ opinions about the shortage of affordable housing in Missouri are confirmed by the inability of eligible people to utilize federal rental vouchers. Missouri is the only state in the nation to be excluded by the Department of Housing and Urban Development (HUD) in the distribution of recently awarded low-income rental vouchers to housing authorities. In order to qualify for the 79,000 new vouchers, agencies needed to have used 95% of the vouchers already allocated. The only county in Missouri to reach that threshold this year was Jasper County. However, it still didn’t qualify because HUD used a prior year’s Jasper County total. In St. Louis County’s very tight rental market, landlords are opting out of the program because they rent their properties for higher rates. St. Charles County can’t use the vouchers because it has virtually zero vacancy rates (*“Missouri is the only state to receive no new housing aid vouchers,” St. Louis Post Dispatch, July 3, 2001*).

Missouri’s exclusion from new federal housing voucher awards highlights shelter provider comments that the Section 8 housing program is not meeting their needs. They note that there are long waits for Section 8 housing. Many units do not pass inspection. There are almost no available places to rent with more than two bedrooms. Landlords are unwilling to do the paperwork. And there are sometimes exorbitant and unobtainable deposits for what is available. In summary, “getting a Section 8 voucher doesn’t mean there is a place to use it” (*Geraldine Higgins, Christian Service Center, St. Louis City*).

In a recent survey of the mayors of 27 U.S. cities, an increase in requests for housing assistance is reflected in data for both Kansas City and St. Louis. In Kansas City, the Housing Authority reported taking 120 applications per day, an annually increasing number, and the mayor’s office noted a 25% increase in requests for emergency shelter.

While the St. Louis mayor’s office reported that there were slightly fewer requests for their contracted emergency shelters from the previous year, requests for assisted housing by low-income families and individuals increased from about 4,000 requests in 2000 to 6,000 requests in 2001. Only 6 of the 27 cities surveyed reported having no single room occupancy (SRO) units. Kansas City and St. Louis, the only Missouri cities in the survey, were two of those six cities (*“Hunger and Homelessness Up Sharply in*

Major U.S. Cities”, U.S. Conference of Mayors, December 12, 2001) [Note: St. Louis has one SRO, the Mark Twain Hotel].

The Impact of Public Assistance

In the wake of the passing of the Welfare Reform Act of 1996, there is an increase in human misery vividly described in 50 pages of comments made by over 200 shelter providers for homeless people in Missouri. The comments were given in response to questions in two sections of the 2001 census. One section specifically concerned the impact of changes in welfare. The other section elicited general comments about trends and unmet needs affecting homelessness and asked providers to respond to the question “What is important for policy makers to know?”

In a recent article on one citizen’s effort to inform Missouri policy makers about the high cost of certain essential medicines, and what state government might do to alleviate those costs, it was noted that Missouri legislators affect the allocation of only about two billion of the current nineteen billion dollar state budget. The rest are obligatory expenditures. State spending, noted one legislator, entails some tough choices (*“Transplant recipient speaks at Capitol about drug costs”, The Fulton Sun, January 15, 2001*).

Shelter providers want Missouri policy makers to know that poor Missourians are forced to make tough choices every day – food or medicine, heat or childcare, car repair or rent. Public assistance programs intended to ease the burden of these often life-threatening choices are now without adequate funding and support, and can be both bizarre and cruel.

Eligible families are given housing vouchers with no available housing; are told they have dental coverage but there are no dentists to serve them; are provided medical care with no money for medicines; are given child care benefits that do not approach the real cost of child care; and are required to carry car insurance that cannot be deducted from their qualifying income for food stamps, on vehicles they cannot afford to repair or maintain. “If they have good employment but flee their homes in fear of violence, leaving behind all of their household possessions, they can’t get housing assistance” (*Katie Katcher, Safe Passage Domestic Violence Crisis Center*). “If they have no income and qualify for public housing, they need to hand over a deposit, sometimes as high as \$200” (*Mary Lou Greim, Good Samaritan Center*).

Perhaps the insane logic of the system is best illustrated by the man who had a gangrenous leg and no medical insurance for treatment, whose leg was amputated and now gets disability income (*Vickie Elmore, Samaritan Outreach Center*).

Consider the likely state of mind of a person experiencing the normal stresses of life, compounded by the frequently terrifying stresses of daily survival, and frustrated again by an elaborate, ever-changing, slow-moving system with very limited resources. It is

ironic, or as one provider stated, "it is a crying shame" that impoverished adults cannot get mental health care under Medicaid (*Ramona Quinn, Salvation Army/Linwood Center*). Ellen Reed notes, in classic understatement, "we are doing a disservice to our poor populations" (*Avenues*).

In 1998, when questioned on whether changes in public assistance programs impacted the people being sheltered by them, 34% of 121 responding shelter providers said "yes". In 2001, 78% of 173 respondents replied positively. Some representative experiences concerning specific welfare programs are as follows:

Temporary Assistance for Needy Families (TANF)

- "We assist persons who have exhausted TANF benefits and are working but who simply can not meet expenses" (*Carla Potts, North East Community Action Corporation*).
- "In our area there are no jobs for women to get and this has really affected them. So many of them are about to run out of TANF funds" (*Debbie Owens, Mary Shaw Butler Shelter*).
- "TANF sanctions are making it more difficult to find affordable, safe housing, because of inadequate income" (*Capt. Arnell Ruppell, Salvation Army/Family Haven*).
- "New TANF rules have created a larger group of working poor who do not have adequate resources to meet the needs of their families" (*Jacqueline Hutchinson, Human Development Corporation of St. Louis*).
- "Changes to TANF mean that fewer females now have Medicaid. Taking women off Medicaid limits the number of women we can see" (*Earl Best, Hannibal Council on Alcohol and Drugs*).

Social Security Insurance/Social Security Disability Insurance (SSI/SSDI)

- This was a statement often repeated, "SSI and SSDI take too long to determine eligibility" (*Robert Beattie, Lake Area Helping Hands*).
- It was also stated that people with physical illnesses, including HIV, seem to have more difficulty getting benefits than people with mental incapacities. "It has become increasingly more difficult for HIV infected individuals to obtain SSI/SSDI" (*Lynne Meyerkord, Aids Project*).
- Some who had a primary diagnosis of addiction, with mental illness as a secondary diagnosis, have been dropped from SSI benefits but may continue to be unable to support themselves. "Changes in SSI have affected persons with disabilities directly related to substance abuse" (*Deborah Beste, Phoenix Programs*). "We have more chronic alcoholics with dual diagnosis" (*Sr. Lorraine Beibel, Missouri Hotel/The Kitchen*). "Typical SSI replacement get \$520. Food stamps per month is only \$10. This is still living in poverty" (*Joshua Farrell, SAVE, Inc.*)

Food Stamps

Several providers discussed the limited amount of Food Stamps available to those on fixed incomes.

- “The ten dollar minimum payment for food stamps needs to double” (*Mary Lou Greim, Good Samaritan Center*).
- “Who wants to spend three hours and fill out seven difficult to understand pages for ten dollars worth of food stamps?” (*Virginia Daniels, Green Hills Community Action Agencies*).
- “Transportation to reapply for Food Stamps every three months is an obstacle. Families turn to the food pantry because they can’t get food stamps” (*Dean Hovis, Callaway County Salvation Army extension office*).
- “It is difficult for single women to get food stamps” (*Pat Kulik, Bridgeway Women’s Center*).

Health Care

- “There are not enough doctors to help people without insurance” (*Tammy Walker, Economic Security Corp*).
- “While health care can be obtained through MC+ and Healthcare USA & Missouri Care, designated physicians are not in the local community” (*J. Amber Scott, Citizens Against Spouse Abuse*).
- “Most of our families are incredibly under-served by the medical community because of cost and providers don’t accept state welfare” (*Martha Sander, Moss House*).
- “We have many poor working families who struggle to cover health insurance when they start to make too much money to receive Medicaid” (*Caroline Kelsey, Samaritan Center*).
- “It is hard to find dental care, especially for Medicaid patients [from Columbia]. They have to go to Kansas City for treatment” (*Monique Frazier, Daybreak*).
- “Once the psychiatrist sees the individual and prescribes MUCH needed medication, the individual is unable to fill the prescription due to no income and no insurance” (*Kay Murphy Collins, Renaissance West*).

Housing Assistance

- “Landlords can rent for more than fair market rent; housing costs are too high based on minimum wage especially for people facing poverty” (*Virginia Daniels, Green Hills Community Action Agency*).
- “Low income housing for large families continues to be a problem” (*Rick Shuford, Salvation Army Community in Partnership*).
- “The lack of adequate funding for rent subsidy and housing rehabilitation is forcing low income families and individuals into substandard housing and/or homeless situations” (*Senola Peterson, Passage House*).
- “Thirty percent rule for Section 8 has lowered rent payments to the point where some persons receive no assistance” (*Carla Potts, North East Community Action Corporation*).

Other

Issues affecting people being sheltered, that were often cited in the category of “Other” included day care, transportation, utility increases, and job availability/training. Some examples:

- “There is a need for day care assistance; the D.F.S. reimbursement amount is at least five years out of date in some areas” (*Scott Cooper, Hillcrest Ministries*).
- “Low income people cannot afford to pay utilities and purchase food” (*Jeanne Archer, Inter/Serve*).
- “Due to the high utility bills from last winter, many families who are living at or below the poverty line had to choose between heating their homes and paying their rent or buying food (*Jacqueline Hutchinson, Human Development Corporation*).
- “People get a job but then they can’t pay babysitters; can’t find transportation, lose the job, can’t get TANF, need to find another job. Transportation is especially a problem; people can’t afford to fix the cars if they break down” (*Reba Ledbetter, East Missouri Action Agency*).
- “There is no public transportation system and no jobs within walking distance. You can’t purchase or maintain a car on a minimum wage. Either provide a livable minimum wage or public transportation to get to jobs” (*Joyce Karrenbrock, Turning Point*).
- “Funds should be allocated to employment and training. It is impossible for a family to provide adequately for themselves off of minimum wages” (*Senola Peterson, Passage House*).

One Strike and You’re Out

“Down-and-out” in Missouri includes several categories of impoverished persons whose misfortunes, bad choices or bad friends condemn them to living on the streets. These include past alcohol or drug addictions, bad credit histories, prison histories, HIV/AIDS diagnoses, and evictees from dwellings where suspicious behaviors were observed. It is not clear how these individuals are to become productive members of society, especially when they are left with few housing options. As one provider noted, some of the “rules make it feel like we are punishing people trying to restart their lives, who need housing” (*Ramona Quinn, Salvation Army, Kansas City*).

Homeless shelter provider remarks vividly testify to barriers that the human beings they serve are too often unable to overcome:

“Discrimination in housing based on HIV/AIDS diagnosis continues to exist” (*Lynne Meyerkord, AIDS Project, Greene County*). “Medical problems cause other problems including a bad credit rating if they owe on a medical bill” (*Polly Watson, Jefferson/Franklin counties CAC*).

People “can’t get Section 8 or public housing unless all back utilities (gas, light, water) or rent are paid and there are no outstanding judgments. Sometimes even if the judgments are paid it can be a barrier...If police come to your home two times, even if its not your fault as in the case of a persistent domestic violence perpetrator, that automatically disqualifies you from housing for some number of years. Some clients don’t even remember these incidents from the past” (*Ramona Quinn, Salvation Army/Linwood Center Support, Kansas City*).

Some ex-offenders are “unfairly prevented from participating in vocational rehabilitation programs” which they need to get jobs (*Jim Snell, Salvation Army, Greene County*). “Felony records and poor rent histories—especially for victims of domestic violence—have been major barriers” (*Kathie Miller, Center for Family Resources, Dunklin County*). “Many of our residents have prior criminal records, making it nearly impossible to obtain subsidized housing” (*LeAnn Wittman, Sheffield Place, Kansas City*). For a homeless inmate to get early release from prison, “they must have a home plan. Their (Department of Corrections) home plan is to place them in our shelter” (*Marilyn Kirk, Salvation Army Booth Center, Buchanan County*). “The one strike and you’re out policy, meaning if you deal drugs, or they think you are, too much traffic running in and out, you could lose your apartment” (*Robert Strong, City Union Mission Family Shelter, Kansas City*).

“Some of our elderly are very hard to place. Some have bad credit reports they can’t overcome” (*Angela Jordan, Metro Ministry, St. Louis*). “Lack of a credit/rental history leads to denials” (*Diana Rojas, Guadalupe Center, Kansas City*).

Predicting Future Homelessness: The Lack of a Living Wage

If “a man’s home is his castle,” then Missouri’s poor people rule over fragile sand structures that are buffeted by every wave of the economy, with walls caving in when medicines or rents or utilities or child care costs rise even slightly. The alarming comments made throughout this report by many of Missouri’s shelter providers raise serious questions about whether sustained self-sufficiency is now possible for any but the most extraordinary of the individuals for whom they provide shelter. Many former welfare recipients are working, but “not enough changes have been made for them to be able to support themselves by working low paying jobs with no benefits” (*Caroline Kelsey, Samaritan Center*).

Service providers throughout the state often repeated this theme. “People trying to find work or beginning to work are penalized rather than helped by a system that cuts back on supplementary assistance before they can work their way into full-time positions. Most of the larger employers in the area only hire on a part-time basis so as not to have to pay benefits. The working poor are more and more trapped in the present system” (*Rita Schonhoff, Casa Guadalupe, Family Growth Center*). People “are told at some point that enough has been paid for them; they need to take the first job that comes along. That can result in a couple each having minimum wage jobs, minus benefits, plus

child care. We need polices that work in the real world” (*Vickie Elmore, Samaritan Outreach Center*).

In June 2000, the Missouri Women’s Council, an agency with the Missouri Department of Economic Development, prepared a landmark report entitled *“The Missouri Self-Sufficiency Standard: Necessary Wages for Essential Needs”*. It illustrates what wages are required to live independently from welfare and charity. Unlike the poverty measure of the U.S. Census, which is obsolete, the self-sufficiency standard (SSS) includes the costs for housing, food, childcare, transportation, and clothing and the related work expenses in a particular area. There is no county in Missouri where the minimum wage (\$5.15 per hour) would suffice to support a single adult.

However, the more gaping differences between the real costs of living and current wages occur when children are involved. For example, in Adair County, an adult with an infant and school age child needs \$11.84 an hour with employer-provided health care, to achieve self-sufficiency. That amount would be \$12.04 in Buchanan County and \$11.47 in Howell County.

Not surprisingly, self-sufficiency wage levels are the highest in Kansas City and St. Louis and in the ten counties around them. For the same family, an adult with an infant and a school age child, a living wage in Jackson County would be \$14.59 and in St. Louis City and County \$14.03 per hour, assuming again that there is employer-provided health care.

Economists generally agree that the nation has been in a recession since March 2001. In Missouri, employment peaked in January 2001 and has been declining ever since. Comparing November 2000 with November 2001 in Missouri, nearly 34,000 more Missourians were unemployed in 2001. Over the full year, Missouri experienced the loss of 56,700 non-farm payroll jobs (*“Missouri Enterprise,” Department of Economic Development, Nov-Dec, 2001*). Many low-income service positions—which public assistance clients are expected to seek—were lost in the recession.

In response to the question of what policy makers need to know, one provider pointed to the potentially larger population just beyond the pull of poverty and homelessness: “Policy makers should know that there are literally thousands of people tottering on the edge of homelessness. If they lost one paycheck they could be homeless or inadequately housed. Once they start spiraling down it is hard to fight back out of it” (*Pat Thieman, Missouri Ozarks Community Action, Inc.*).

“In addition to the families with children living in poverty in Missouri, there were an additional 128,000 families with incomes between 100% and 200 % of poverty that may be only one or two paychecks away from relying on public assistance” (*Missouri Association for Community Action newsletter, December 2001*).

Policy Recommendations

Underlying the remarks made by the homeless shelter providers in the 2001 census is their idealism to serve, refusal to accept the dire condition of the homeless people, and frustration at the scarcity of government policy and resources. Shelter providers know faces and stories. They struggle with complex and often unresponsive systems, issues and emotions. While there are solutions for many whom they serve, they nonetheless may not be able to provide them because of scarce resources. In cases where there no solutions, basic services—shelter, food, etc.—and compassion are the best that can be offered. Absent similar idealism and commitment by government, frustration grows with the growth of homeless populations.

Public policy on homelessness should address not only the alleviation of the current distress, but also the prevention of more homelessness and changing conditions that cause homelessness. The following policy recommendations result from the information gathered by the MASW 2001 Census of Homeless Shelter Providers:

- *Establish and implement a state plan to end homelessness in Missouri.*

Essential components of the plan are to increase the stock of affordable housing, including housing, including housing for single persons and large families, and to develop wage raises. Implicit in such a plan is that the contributions to the community that the State expects of its residents are fundamentally unattainable when people do not have stable homes.

- *Emphasize homeless prevention.*

Increase the amount of money in the Housing Trust Fund. Develop other funding sources to prevent loss of current residence and the high cost of recovering from homelessness. Rental and utility deposits are so expensive that preventing homelessness is cheaper than re-establishing persons in a new home. Most importantly, it helps people avoid the often-debilitating trauma of homelessness. Create disincentives for economic development that destroys low-income housing, especially that which is publicly subsidized.

- *Administer public assistance programs in such a way as to not cause or extend homelessness.*

This includes simplifying the application processes, shortening the time it takes to determine program eligibility, adjusting the amount of assistance to a realistic standard of need, and enrolling impoverished people in all programs for which they are eligible. Continue supplemental assistance for working persons until a self-sufficiency wage is attained. Adjust income guidelines accordingly. Adequately support those who cannot work.

- *Establish an ongoing statewide homelessness data information system to provide a single source of information concerning Missouri's homeless population and to verify progress in ending homelessness.*

This system should include nationally identified core data on the sheltered homeless population and additional methods for tracking the unsheltered and overcrowded homeless populations. It should be used to monitor homelessness, a basic indicator of social well being, and to inform public policy for efficient and targeted use of limited resources to combat homelessness.

- *Support reauthorization of Shelter Plus Care for permanent housing.*

This should include adequate funding for case management and other support services.

- *Establish housing and community-based services for public and private institutions responsible for extended human care, i.e., prisons, jails, hospitals, rehabilitation centers, mental health facilities and the like.*

These institutions must be charged and funded to assure that no one leaves their institution to enter into homelessness. To rehabilitate people and then place them in desperate living conditions creates unsafe communities and perpetuates a cycle of failure. It is a tragic waste of both people and money.

- *Develop proper incentives for doctors, nurses, mental health professionals, dentists, and medical and dental students to engage in public service to needy Missourians in every county.*

Provide financial incentives to encourage willingness to serve indigent patients. It is heartless to insist on the gainful employment of people afflicted with rotting and abscessed teeth, various infections, or untreated physical and mental health conditions without also offering opportunities for restored health. Assure that the working poor are not excluded from affordable health care.

- *Provide the education, training, and supportive services needed to elevate an individual permanently from the cycle of homelessness.*

Vocational rehabilitation, job training and life skills education strengthen a person's prospect for success, but these programs must also be flexible and tailored to individual needs and circumstances. Training, opportunity and support must be a part of the greater context that ensures all persons a living wage.

- *Homeless shelters should be considered as necessary but temporary components in an overall strategy to eliminate homelessness. Assure funding for homeless services that is both sufficient and predictable.*

Homeless shelters have become the state's new "poor houses," whose function is rescuing casualties of unresolved economic disruption, deteriorating wages and social services, and shortages of affordable housing. While a short-term fix, they are not a principled long-term response to the problem.

Overview of Methodology

The first step of this project was to identify and update shelter providers statewide. This began with an inventory of 342 shelter providers identified in the 1998 census. One hundred and nine Missouri Department of Mental Health (DMH) contractees were added. This list was updated with newly identified shelter providers and with a number of Community Action Agency offices (the latter had been dropped in previous years because they had either not provided shelter or were supplying data through another office). This raised the inventory to 469 shelter providers.

During the late winter and early spring, presentations were made to homeless service provider groups in Kansas City, Springfield, St. Joseph, Hannibal, Columbia, Cape Girardeau, Joplin, St. Louis and St. Louis County informing them of the impending census, eliciting cooperation, and requesting updates of the 1998 inventory of shelter providers.

A postcard was mailed on June 25, 2001, alerting agencies that a census instrument would be arriving in three days. Three days later the census survey was mailed with a stamped return envelope. Telephone follow-ups began in July 24th.

The census instrument was the same as used in 1998 except for some simplification and clarification of a request for agency budget and rephrasing a final question concerning welfare reform.

This year, for the first time, providers had the option of completing the census on the Internet, and 60 shelter providers, or 17% of the respondents, availed themselves of this option.

The two dates surveyed were consistent with our past censuses, i.e., the coldest day of the year (January 2, 2001) and a day in early summer (June 25, 2001).

Twenty-five agencies that had been on the 1998 inventory no longer existed or no longer offered shelter services in 2001. There were 31 additional agencies that were new since 1998 or had somehow been missed. DMH, as in 1998, furnished aggregate information for their contracted agencies providing transitional shelter for drug and alcohol rehabilitation. The drug and alcohol rehabilitation program numbers are listed by DMH program in each of the six regions.

DMH regions differ from census regions, which were defined by the Missouri Housing Development Commission (MHDC). Without knowing the DMH numbers per agency, it

was necessary for us to not use a county by county breakdown and in the case of their Northwest region, we estimated that one third of the numbers belonged in the MHDC Northern Tier and two thirds in MHDC's Mid-America region. Seven of those agencies that were in our inventory provided shelter exclusively through DMH and were removed so that there would be no duplication. Ten agencies provided shelter for DMH and also shelter independent of DMH. They were retained in our inventory but only with their independent data.

The resulting 475 agencies (366 with which we directly corresponded, plus 109 that contract services to DMH and were not included in our census) include 104 emergency shelter providers, 207 transitional shelter providers, 179 providers of shelter by referral and 18 permanent shelter providers for homeless people with disabilities. The number of bed spaces provided by emergency and transitional shelters grew from 8,124 to 9,648—an increase of approximately 18%.

An effort was made to contact non-responding shelter providers throughout the five months allotted for data collection. While we were able to get counts from 465 of 475 agencies for a return rate of 98%, we contacted and verified the existence of 100% of those shelter providers whom we identified.

Numbers for the total homeless population (that is, including those people living on the streets and places not designed for human habitation; those people living in homeless shelters; and those people who are in doubled-up living arrangements with family and friends because they no longer have their own homes) were the result of conservative application of an annualizing factor developed by Dr. Renee Jahiel of the New School for Social Work, and the relative percentages of sheltered to unsheltered and hidden homeless populations in a national study by Dr. Bruce Link, et alii, of Columbia University. Dr. Martha Burt of the Urban Institute has also done independent studies that corroborate this work.

It is worth emphasizing that shelter providers are generally not staffed to gather accurate information regarding subpopulations. Those shelter providers that do have staff and records concerning a particular subpopulation are generally specializing in service to that group and so could not be considered representative overall. Also, because few agencies will provide shelter to youth under age 18 who are not accompanied by parents or guardians, data representing familial composition (see [Tables and Graphs](#)) of those in shelters can not be considered entirely representative of the homeless population as a whole.

When considering point-in-time data, it is important to remember Wong's caveat that point-in-time research, if accepted uncritically, constructs "truncated, decontextualized, and overpathologized" (*Snow, Andersen and Koegel, 1994*) views of homeless people and may inadvertently lead to "ill-conceived social policy that fails to address the diverse needs of homeless people" (*Shinn, 1992*). This year, as a way of gaining some perspective on the influx of numbers and the tendency of point-in-time studies to overemphasize the chronic homeless population, we have continued to add more detail

to our charts and graphs. We hope that by fleshing out the diversity of the population we might enable a more efficient and effective targeting of resources. Still, it must be recognized that some of the inherent limitations of point-in-time studies will always be there.

Other major challenges this year came from the fact that it had been three years since our last census. Reconstructing systems and relationships after a three-year hiatus is difficult. There were three new area codes, many changes in shelter provider staffs, and of course, a new staff to be assembled for the census itself.

Even during the census there were major administrative changes within shelter providers. About 20% of the shelter providers responded by the deadline on the census instrument, about 40% after multiple phone calls, and the remaining 40% required obstinate persistence.

Direction for the Future

The experience this year reaffirms our belief in the need for an ongoing, statewide, comprehensive system to collect information about homelessness. We are convinced that such a system would produce better quality and more regular information, would be more sensitive to the service providers' time and needs, would be more efficient and, most importantly, allow for the most effective approaches to end homelessness.

To respond to that need, a coalition called the Missouri Congress to End Homelessness was organized through the MASW Task Force on Housing and Homelessness. The first session of the Congress was held March 15 and 16, 1999. Quarterly work sessions have been conducted since then. An application was made to the US Department of Housing and Urban Development to fund a proposal in this year's Continuum of Care from the State. This is one of the proposals that has been selected.

If developments continue as expected, the 2001 Census of Shelter Providers for Homeless People in Missouri will be the fifth and last of its kind. Sincere there was very little accurate information about homeless people at the time of the first census in 1993, this census has performed a great service. As a primary indicator of the community's well-being, a homelessness information system is essential to aiding us in ridding ourselves of the scourge of homelessness.