



HOMELESSNESS IN AMERICA: FOCUS ON INDIVIDUAL ADULTS

UNITED STATES INTERAGENCY
COUNCIL ON HOMELESSNESS



Introduction

To prevent and end homelessness in America, we need to have a clear understanding of who is at risk of homelessness and who experiences homelessness. We also need to be attentive to differences within and between subpopulations of people who are at risk for or are experiencing homelessness. In our *Homelessness in America* series, we are summarizing the most relevant data and research regarding different subpopulations to help inform the work we must do, together, across the federal government, states, and local communities to end homelessness once and for all.

In this *Focus on Individual Adults* brief, we review data and information that help us answer the following questions:

- What is the scale of individual adult homelessness?
- What do we know about individual adults who experience homelessness?
- What do we know about the risks of homelessness for individuals?
- What do we know about the patterns of homelessness for individuals?
- What are the most significant gaps in available data and our current understanding of people who experience homelessness as individuals?

This brief focuses on individuals who experience homelessness as adults without children. This population includes people who also fall into other population categories, such as Veterans, people experiencing chronic homelessness, and unaccompanied youth 18 years old or older. In most cases, the available data does not make it possible to differentiate among these populations. Other briefs in this series focus separately on Veterans, people experiencing chronic homelessness, unaccompanied youth, and families with children.

What is the scale of individual adult homelessness?

Among people experiencing homelessness in the United States, most are individuals who are adults without children, although some experience homelessness in couples.¹ About one-third of the individuals who are experiencing homelessness at a point in time are identified as experiencing chronic homelessness, while the other two-thirds of these individuals are not chronically homeless. Compared to other groups of people who experience homelessness, there is relatively little research or data about the large group of individuals who are not chronically homeless, which includes adults who experience episodes of homelessness that are relatively short (less than a year) and those who do not have disabilities.

On a single night in 2017, more than 369,000 people were experiencing homelessness as individuals. Individuals represent about two-thirds of all people experiencing homelessness at a point in time², and they also represent about two-thirds of all people who stayed in emergency shelter or transitional housing programs during the year.³

¹ Per HUD's definition, "individual" refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth (ages 18-24), or in multiple-adult or multiple-child households.

² U.S. Department of Housing and Urban Development. (December 2017). The 2017 Annual Homeless Assessment Report (AHAR) to Congress Part 1: Point-In-Time Estimates of Homelessness

³ U.S. Department of Housing and Urban Development. (December 2017). The 2016 Annual Homeless Assessment Report (AHAR) to Congress Part 2

Nationwide, almost half of all people experiencing homelessness as individuals were staying in unsheltered locations (48%) at the time of the January 2017 Point-in-Time (PIT) count. Compared to people in families with children, individuals experiencing homelessness are 4.5 times more likely to be unsheltered.⁴

In 2016, more than 950,000 individuals stayed in an emergency shelter or transitional housing program at some time during the year.⁵ Some of these individuals were experiencing their first episode of homelessness, and many stayed in shelters for only a few days or weeks. Others were experiencing much longer or repeated episodes of homelessness. (People with disabilities who experience chronic patterns of homelessness are described in more detail in [Homelessness in America: Focus on Chronic Homelessness Among People with Disabilities](#).)

Compared to people in families with children, individuals experiencing homelessness are 4.5 times more likely to be unsheltered.

Current HUD Annual Homelessness Assessment Report (AHAR) reporting does not provide an estimate of how many individuals not experiencing chronic homelessness stay in emergency shelters or transitional housing programs at some time during the year, and it does not distinguish between individuals who are chronically homeless and other individuals when reporting demographic information. Therefore, we have limited data on this population. We do know, however, that about 86% (166,515 out of 193,144) of the individuals who were sheltered at the time of the January 2017 PIT count, and nearly two-thirds of the individuals who were experiencing unsheltered homelessness (115,604 out of 175,937) were **not** identified as experiencing chronic homelessness.⁶ This means these individuals were not identified as having a disability or they were not experiencing long or repeated episodes of homelessness that met the criteria for the definition of chronic homelessness.

Between 2016 and 2017, the increase in individuals experiencing unsheltered homelessness documented in the national PIT count accounted for the entire overall increase in the number of people experiencing homelessness in the U.S. In January 2017, the number of individuals experiencing homelessness on a single night was almost 7% lower than the number in 2010, but almost 4% higher than in 2016. Between 2016 and 2017, the number of individuals experiencing sheltered homelessness on a single night declined by 2.5% (4,864 fewer people) while the number of people experiencing unsheltered homelessness increased by 11.9% (18,733 more people). This was the first year in which the number of individuals experiencing homelessness at a point in time increased since 2010.

What do we know about individual adults who experience homelessness?

The data from PIT counts provides some information about the gender, race and ethnicity, and age of people who are experiencing both sheltered and unsheltered homelessness at a point in time.

- Among people experiencing homelessness as individuals, more than seven out of ten are men.
- Most individuals experiencing homelessness (88%) are over the age of 24.

⁴ 2017 AHAR part 1

⁵ 2016 AHAR part 2

⁶ 2017 AHAR part 1

- Just over half of individuals experiencing homelessness, and about 55% of individuals experiencing unsheltered homelessness, are white.

More detailed demographic data comes from Homeless Management Information System (HMIS), which is used to provide national estimates that describe all persons who stay in emergency shelter or transitional housing programs at some time during the year. These annual data do not include persons who experience unsheltered homelessness if they never use a shelter or transitional housing program at any time during the year. In addition to summary data that is compiled at the national level and available in the AHAR reports from HUD, communities can analyze their own HMIS data, and some communities are supplementing this information with data from by-name lists, surveys, focus groups, and screening tools that are used in conjunction with their coordinated entry systems. Local stakeholders and their research partners can analyze these local sources of data to better understand the characteristics, needs, and patterns of homelessness among individuals. These local analyses can support local planning and help fill gaps in our current knowledge.

Disabilities and health needs: Nearly half (47%) of individuals experiencing homelessness report that they have a disability. Nearly 450,000 individuals with disabilities stayed in emergency shelters or transitional housing programs at some time during 2016. People experiencing homelessness are significantly more likely to have disabilities compared to either the U.S. population or individuals living in poverty.⁷ People with disabilities made up 42.9% of adults who experienced sheltered homelessness, up from 40.6% in 2015. One in 85 adults with disabilities experienced sheltered homelessness compared to 1 in 344 adults without disabilities. The representation of people with disabilities was significantly higher among individuals (47.3%) than among adults in families with children (21.9%), but rates for both populations far exceeded the representation of people with disabilities among the U.S. general population (19.6% for individuals; 8.4% for adults in families) and among people living in poverty (30.5% for individuals; 15.0% for adults in families).⁸ Some of these individuals are experiencing chronic homelessness. However, most of the individuals with disabilities who experience homelessness at some time during the year are not experiencing chronic homelessness.

Age representation: Between 2007 and 2016, the total number of individuals experiencing sheltered homelessness declined by almost 15%, while the number of sheltered individuals over age 50 increased by 23% (from 256,456 to 314,727), including a 48% increase in the number of sheltered individuals age 62 and older (21,549 more people).⁹ During that time, the number of sheltered individuals between ages 31 to 50 declined by nearly one-third (from 578,713 to 393,647 people). Over the past two decades, homelessness for individuals has been concentrated among persons born between 1953 to 1965.¹⁰

A recent study found that half of older adults experiencing homelessness in Oakland, CA, first experienced homelessness after age 50.¹¹ For vulnerable older adults, the loss of housing may occur after the death of a loved one, or when age-related illness or infirmity results in the loss of employment and income. Where rents have increased most rapidly, even healthy working adults have sometimes found themselves unable to find or keep a

⁷ 2016 AHAR part 2

⁸ For more information, see https://www.usich.gov/resources/uploads/asset_library/data-findings-implications-2017.pdf

⁹ 2016 AHAR part 2, pages 2-7 and 2-8

¹⁰ Culhane, D. "No Place to Call Home: Late Boomers Face Homelessness, End of Life Difficulties" *Aging Today* Vol. xxxvi Iss. 6 (2015) p. 1 - 2 Available at: https://works.bepress.com/dennis_culhane/194/

¹¹ Lee CT, Guzman D, Ponath C, Tieu L, Riley E, Kushel M. Residential patterns in older homeless adults: Results of a cluster analysis. *Soc Sci Med.* 2016 Mar; 153:131-40

place to live, and those whose lives have been most precarious, including people with disabilities and those who have been victims of family violence, may have nowhere to call home. Older adults who first became homeless before age 50 experienced more mental health and substance use challenges and contacts with the criminal justice system, and they were less likely to have been married or employed full time, compared to individuals who first experienced homelessness after age 50.¹² People in their 50s who are experiencing homelessness often have more functional impairments than people who are living in housing who are decades older, including trouble bathing, dressing, taking their medications, and managing money, and they have high rates of cognitive and mobility impairments and urinary incontinence.¹³

Racial demographics: Almost half of individuals experiencing sheltered homelessness are white.¹⁴ People who identify as African American are almost 41% of individuals in shelters or transitional housing programs at a point in time, and 38% of those who were sheltered at some time during 2016, but fewer than 31% of individuals who are experiencing unsheltered homelessness.¹⁵ Individuals experiencing sheltered homelessness were twice as likely to identify as African American as were individuals in the U.S. population living in poverty (38% versus 18.5%).¹⁶

People who identify as Hispanic are 23% of individuals experiencing unsheltered homelessness and less than 15% of those experiencing sheltered homelessness at a point in time in 2017, 12.5% of individuals who were sheltered at some time during 2016. By comparison, almost 15% of U.S. individuals living in poverty identify as Hispanic.

Geographic locations: More than half (52%) of all people experiencing homelessness as individuals, and three-quarters of

individuals who experienced sheltered homelessness were in major cities.¹⁷ Unsheltered homelessness among individuals has increased sharply in major cities in recent years, rising by 47% between 2014 and 2017. Between 2016 and 2017, Los Angeles accounted for half (8,758) of the entire nationwide increase in unsheltered

Individuals who identify as Native American, Pacific Islander, or Multiple Races are twice as likely to experience homelessness, compared to the U.S. population.

	% of individuals experiencing homelessness (AHAR Part 1, 2017)	% of US population (US Census)
American Indian and Alaska Native	3.3%	1.3%
Native Hawaiian and other Pacific Islander	1.1%	0.2%
Two or More Races	6.2%	2.6%

¹² Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS One. 2016

¹³ Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016 Feb 26.

¹⁴ 2016 AHAR part 2

¹⁵ 2017 AHAR part 1

¹⁶ 2016 AHAR part 2, page 2-9

¹⁷ 2016 AHAR part 2 and 2017 AHAR part 1

individuals. In contrast, between 2010 and 2017 the number of individuals experienced unsheltered homelessness declined significantly (by 24% or 17,907 people) in smaller cities, counties, and regional CoCs.¹⁸

Among people who experience sheltered homelessness, those who are in suburban and rural areas are more likely to be women (33% versus 28%) and more likely to identify as white, non-Hispanic (54% versus 43%) compared to people who are sheltered in major cities.¹⁹

People living in encampments: Nationwide estimates are not available for the number of unsheltered people who are living in encampments, including groups of tents or other structures in areas that may include parks, riverbeds, areas along or under highways and bridges, and along city streets, but media reports indicate that encampments are increasingly visible in many parts of the United States. The National Law Center on Homelessness and Poverty reported that documented encampments of people experiencing homelessness have dramatically increased across the country over the past decade, and that media reports describe encampments in every state and the District of Columbia.²⁰ California has the largest number of encampments reported by media, but there are significant reports of encampments in other states in all regions of the country.

While there are some families with children and unaccompanied youth living in encampments, most people living in encampments are adults who are experiencing homelessness as individuals. People living in encampments are diverse, and they have a range of needs, challenges, and goals. Some are people with jobs who lost their housing when rents became unaffordable, while others are people with disabling health and behavioral health conditions, including people who have experienced many years of homelessness. While not confirmed by comprehensive and reliable data, reports from local media and other stakeholders sometimes indicate that

A Closer Look at People Experiencing Unsheltered Homelessness

One study examined data collected from assessments completed for more than 36,500 people in 62 communities, as part of the 100,000 Homes Campaign from 2008 to 2014.

The data showed that people experiencing unsheltered homelessness, compared to those who were sheltered, were more likely to have the following characteristics and experiences:

- male
- white or mixed race
- a history of military service, incarceration, or foster care
- lower levels of education
- reported use of drugs and alcohol
- treatment related to substance use and mental health

People who were unsheltered were less likely to have income from employment, compared to people experiencing sheltered homelessness.

The odds of being unsheltered were significantly higher for persons who had been homeless for more than five years, including people experiencing chronic homelessness.

Montgomery AE, et al. Homelessness, Unsheltered Status and Risk Factors for Mortality: Findings from the 100,000 Homes Campaign . Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5230839/>

¹⁸ 2017 AHAR part 2 page 30-31

¹⁹ 2016 AHAR part 2, page 2-13

²⁰ National Law Center on Homelessness and Poverty. Tent City, USA: The Growth of America's Homeless Encampments and How Communities are Responding (2017). Available at https://www.nlchp.org/Tent_City_USA_2017

people living in encampments are more likely to have significant substance use disorders, recent involvement in the criminal justice system, or vulnerability to victimization and exploitation (including assault and human trafficking), compared to other individuals who experience homelessness.

What do we know about the risks of homelessness for individuals?

Housing affordability: Nationwide, there is a significant shortage of rental housing units that are affordable to people who have extremely low incomes from employment and/or benefits. People with disabilities who rely on income from SSI benefits face significant challenges getting and keeping housing because fair market rents for modest apartments are higher than the total amount of SSI benefits in many parts of the country. The national average rent for a modest one-bedroom apartment is equal to 113% of the average SSI benefit for a single individual.²¹

This gap between the need for and availability of affordable rental housing puts large numbers of people at risk for experiencing homelessness when they experience unemployment or a drop in their income, eviction or significant rent increases, or conflicts with family members or friends with whom they have been sharing housing. This gap also creates challenges for people exiting homelessness who are seeking affordable housing opportunities. As some researchers have explained: “Although systemic societal factors (e.g., lack of affordable housing) affect how many individuals are homeless at any given time, demographic characteristics and life histories put specific individuals at risk for this detrimental experience.”²²

Adverse Childhood Experiences: Among people who experience homelessness for a month or more, many have experienced very high rates of adverse childhood experiences (ACEs). Toxic stress during childhood, which is associated with multiple ACEs, impacts the brain development, metabolism, and immune systems of children, resulting in lifetime consequences for health and opportunity. People who experience multiple significant childhood adversities, including physical, sexual, or emotional abuse, family violence and neglect or a parent who has a mental illness, substance use disorder, or incarceration, face much higher risks of experiencing poor health and mental health outcomes as adults, compared to people who experience fewer ACEs, and they are less likely to be successful in school or work.

One study examined survey data from a sample that is representative of all U.S. individuals age 20 and older and found that individuals who reported experiencing homelessness for at least a month at some time during their lifetimes had experienced higher rates of all ACEs compared to individuals who had not experienced homelessness. Nearly half of women with a history of homelessness also experienced childhood sexual abuse. The study also found a highly significant relationship between ACEs and homelessness, even after accounting for mental health and substance use disorders. The research suggests that people who have experienced multiple childhood adversities may face challenges, in addition to mental health or substance use disorders, that have an impact on stress, self-regulation, attachment, or social support, and these challenges may contribute to the risks of experiencing homelessness over the course of a person’s lifetime.²³

²¹ Schaak, G., Sloane, L., Arienti, F., Zovistoski, A. Priced Out: The Housing Crisis for People with Disabilities (2017). Available at <http://www.tacinc.org/media/59493/priced-out-in-2016.pdf>

²² Roos, L. E., Mota, N., Afifi, T. O., Katz, L. Y., Distasio, J., & Sareen, J. (2013). Relationship between adverse childhood experiences and homelessness and the impact of axis I and II disorders. *American journal of public health, 103 Suppl 2*, S275-81. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969113/>

²³ Ibid.

Incarceration, behavioral health disorders, and

homelessness: In 2016, more than 51,000 individuals entered shelter directly from a correctional facility.²⁴ An estimated 25 to 50% of people experiencing homelessness have a history of incarceration.²⁵ People with mental health or substance use disorders who are experiencing homelessness are at very high risk of being arrested.²⁶ Homelessness may be both a cause and consequence of incarceration, particularly for persons with mental health or substance use disorders, because an arrest and involvement in the criminal justice system can destabilize employment, housing, social ties, and connections to health care and treatment services. People who have been involved in the criminal justice system often face significant barriers to future employment and housing opportunities.

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What do we know about patterns of homelessness for individuals?

Among individuals who experience homelessness, HMIS data provide some information about how long people stay in shelters or transitional housing programs, and where they were staying before they entered shelter, but there is very little information about patterns of unsheltered homelessness. For example, HMIS data show that prior to entering emergency shelter or transitional housing programs in 2016, more than 44% of adult individuals were already experiencing homelessness and more than half of these individuals (55% or 217,869 people) were unsheltered. More than one-third (35.7%) of those who entered emergency shelter or transitional housing programs in 2016 came from a housed situation, and most of those people had been staying with family (138,495 people) or friends (109,644).

During 2016, nearly one in seven individuals (13.7% or 123,977 people) came from a correctional facility, substance abuse treatment center, hospital, or psychiatric facility. It is likely that this group includes people who had been experiencing homelessness before they entered an institutional setting, as well as people who lost their housing during the time they were hospitalized, incarcerated, or in treatment.

More than six out of ten individuals who were in shelters during 2016 stayed for less than a month during the year, including 286,519 people (34% of all sheltered individuals) who stayed for one week or less during the year. The median length of stay for individuals in emergency shelter was 21 nights during 2016. When we look at data describing shelter stays, we don't know how many people with relatively short stays in emergency shelter were experiencing a short-term housing crisis before returning to housing, or how many were also spending time in unsheltered homelessness during the year. Only 6.5% of individuals in emergency shelter (54,087 people) stayed for more than 180 days during the year.

²⁴ 2016 AHAR part 2

²⁵ For more information, see https://cops.usdoj.gov/html/dispatch/12-2015/incarceration_and_homelessness.asp and <https://www.huduser.gov/portal/publications/homeless/p9.html>

²⁶ McNeil, D. E., Binder, R. L., & Robinson, J. C. (2005). "Incarceration associated with homelessness, mental disorder, and co-occurring substance abuse." *Psychiatric Services* 56(7), 840-846 and Constantine, R., Andel, R, Petrila, J. et al; (2010) "Characteristics and Experiences of Adults with a Serious Mental Illness Who Were Involved in the Criminal Justice System" *Psychiatric Services* 60(5), 451-457

In contrast, among individuals who stayed in transitional housing programs, the median length of stay was 103 nights, and half of individuals who used these programs stayed between one and six months, while nearly one third (30.5%) stayed for more than six months.

Engagement with other systems: Among individuals who experience homelessness, people have diverse needs and patterns of service utilization in other systems, in addition to the assistance they may receive from the homelessness system. People who experience homelessness as individuals are more likely to have avoidable emergency room visits and hospitalizations and repeated stays in detox and crisis treatment programs, and they are likely to stay longer when they are admitted to a hospital or nursing home, compared to persons who have housing.

For a relatively small percentage of individuals experiencing homelessness, costs for services in other public systems, including health and behavioral health, income and benefits, and criminal justice, are extraordinarily high. Los Angeles County analyzed service utilization data for 148,815 single adults who experienced homelessness at some time during the 2014-2015 fiscal year. They found that average per-person costs were \$6,481 during the year. More than one-third of these total costs were for mental health services, and about 60% of total costs were for health-related services, including treatment for mental health and substance use disorders. About 10% of the individuals experiencing homelessness were arrested and booked in the county jail during the year, and most of these individuals remained in jail for less than one month. For the most expensive 5% of the individuals whose data was included in this analysis, per-person costs averaged \$51,227 during the year, and the most expensive 20% of individuals were responsible for about two-thirds of total costs for services in county systems.²⁷

Another study looked at costs associated with first-time homelessness for both individuals and families in six communities. For most individuals, costs associated with the use of services and benefits in mainstream systems (outside of the homelessness system) were modest, while a small group (about 10% of all individuals experiencing first-time homelessness) used more costly health or mental health services. Individuals who used assistance in the homelessness system multiple times with long gaps between shelter stays had higher levels of involvement in the criminal justice system.²⁸

What are the most significant gaps in available data and our current understanding of people who experience homelessness as individuals?

Because individual adults without children are the largest group of people who experience homelessness, and because most of these individuals are not identified as experiencing chronic homelessness, we need to strengthen our understanding of the pathways that lead out of homelessness for many individuals, including persons with varying levels of vulnerability and periods of homelessness.

²⁷ Wu, F., and Stevens, M., The Services Homeless Single Adults Use and Their Associated Costs: An Examination of Utilization Patterns and Expenditures in Los Angeles County Over One Fiscal Year (2016). Available at <http://homeless.lacounty.gov/wp-content/uploads/2017/02/homeless-costs-final.pdf>

²⁸ Spellman, B., Khadduri, J., Sokol, B., Leopold, J. Costs Associated with First-Time Homelessness for Families and Individuals (2010). Available at https://www.huduser.gov/publications/pdf/Costs_Homeless.pdf

Specifically, more research is needed to understand:

- The characteristics of people with and without disabilities who do not experience chronic patterns of homelessness, in order to better understand how people manage to exit homelessness, and which interventions, opportunities, or supports may be helpful in reducing both returns to homelessness and the length of time people remain homeless.
- The costs associated with episodes of sheltered or unsheltered homelessness for people who do not have chronic patterns of homelessness, as well as the costs and effectiveness of time-limited interventions, such as rapid re-housing, treatment, and/or employment supports for individuals who experience homelessness.
- The connections between homelessness and incarceration, particularly for individuals with behavioral health disorders and those who face other significant barriers to employment opportunities and housing stability. We know that a significant number of the individuals who experience homelessness have also experienced incarceration, but we don't have a good understanding of the ways in which recent reductions in incarceration rates or other changes in criminal justice policy may have contributed to the number of individuals who are experiencing or at risk of homelessness today. As communities implement and evaluate diversion and reentry program initiatives, which are frequently designed to facilitate access to treatment, employment, and housing support, there will be opportunities to learn more about what works to improve outcomes for people with behavioral health disorders who do not have housing options available when they return from incarceration.
- The characteristics or patterns of homelessness for individual adults. Many of these individuals are not included in the HMIS data that is used to prepare AHAR reports, which describe people who are served in emergency shelter or transitional housing programs at some time during the year. As a result, we don't know if or how the people who are unsheltered are included in, similar to, or different from the people who are sheltered at some time during the year.²⁹ In particular, we need to better understand the risk factors and pathways that lead many individuals into unsheltered homelessness, as well as the opportunities and supports that help people move out of unsheltered homelessness more quickly.
- The effectiveness of interventions for addressing homelessness among people who are staying in encampments. Little research and evaluation has been done to understand which models of interventions lead to positive outcomes for this population.

²⁹ A growing number of communities are implementing systems of coordinated entry for housing assistance. As part of this process, some communities are completing assessments of persons who experience unsheltered homelessness and entering data into HMIS for these individuals. While this data is not collected as part of AHAR reporting, as these local systems are more fully implemented, this may provide opportunities for future analysis to provide additional information regarding the characteristics of persons who experience unsheltered homelessness in selected communities.