



Current Status of Homelessness in Arizona

**and
Efforts to Prevent and Alleviate Homelessness**

**16th Annual Report
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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
1.0 INTRODUCTION.....	3
2.0 HOMELESSNESS DEFINED	3
Federal Definition	3
Arizona Temporary Assistance for Needy Families (TANF) Definition	4
3.0 WHO EXPERIENCES HOMELESSNESS?.....	4
Chronically Homeless.	4
Families with Children	5
Victims of Domestic Violence	6
Persons Experiencing Substance Abuse	7
Rural Homelessness	7
Persons with Mental Illness.....	8
Elderly Persons	8
Focus on Homeless Veterans	9
Focus on Homeless Children and Youth in Public Schools	11
Focus on Unaccompanied Homeless Youth	13
4.0 DATA SUMMARIES	18
2007 Point-in-Time Facts	18
FY 2007 Summary Data on DES-Funded Programs	21
5.0 EFFORTS TO PREVENT AND END HOMELESSNESS	22
ADES Highlights.....	22
Continua of Care Reports and Highlights.....	23
Interagency and Community Council on Homelessness.....	40
6.0 RESEARCH BRIEFS.....	41
State and Local	41
National	47
7.0 RESOURCES	60
State Agencies	61
State and Local Advocacy Organizations	62
National Research and Advocacy Resources.....	65

8.0 APPENDICES	66
Annual Point in Time Street Count.....	67
Annual Point-in-Time Shelter Count.....	68
Annual Point-in-Time Shelter Count by County	69
HUD Housing Inventory Summary	71
Number of McKinney-Vento Eligible Students	72
Academic Proficiency of Homeless Students.....	73

EXECUTIVE SUMMARY

This is the sixteenth annual report on homelessness in Arizona prepared pursuant to A.R.S. § 41-1954(A)(19)(g). The report provides recent information on the demographics of homelessness, highlights innovative efforts toward ending homelessness in each Continuum of Care over the past year, provides briefs on local and national research on homelessness housing, and lists state and national research and advocacy resources.

Although the causes and factors associated with homelessness are quite complex, there are consistent, identifiable contributing factors for both individuals and families in urban and rural communities in Arizona. Among these are poverty, domestic violence, substance abuse, health, and mental health issues, any of which can interact with local economic and housing market conditions and the availability of social and health services to cause individuals and families to lose their own place and become “homeless.”

Strategies focusing on housing and supportive services are necessary to prevent and end homelessness and to re-establish homeless persons within a community. Homeless individuals and unaccompanied youth comprise roughly half of homeless persons. The majority of homeless persons not in families are reported by emergency and transitional housing programs as having problems with substance abuse, serious mental illness or both. Reports also indicate that many are exiting the correctional system and facing barriers to family reunification because of such factors as unemployment, inadequate housing, lack of access to social, medical and behavioral health services, and crime-free housing policies. Homeless families, specifically women with children, are the fastest growing subpopulation of people who are homeless.

Another homeless population of particular concern in our state is that of veterans of military service. In addition to national and local information on the demographics of homeless veterans, this report outlines veterans services` programs in Maricopa County and provides a brief on Vital Mission: Ending Homelessness Among Veterans, recently-published research by the National Alliance to End Homelessness (NAEH) on the demographic and socioeconomic characteristics of homeless veterans and the effects of the lack of affordable housing.

This report highlights data from the Arizona Department of Education on the number of children and youth experiencing homelessness in the state. Their educational achievements are also described, showing alarming results in both reading and math proficiency for children experiencing life without a place to call home. Information is also presented on the status of homelessness among teens and young adults and the work being done by youth services organizations around the state to reach out to that population and understand its needs.

Estimates of the number of people experiencing homelessness in Arizona vary. Based on actual shelter and street counts, 14,514 individuals were found to be homeless (40% unsheltered) during a point-in-time count in January 2007. However, due to difficulties in finding and counting homeless individuals and families, shelter providers and community groups throughout the state believe the true number of homeless persons in the state may be two to three times that figure on any given day, including persons who are in emergency shelters or transitional housing or living in other locations such as camped in forests or living in cars or buildings that are unsafe and/or unsuitable for habitation. Selected facts from the January 2007 point-in-time count are presented and detailed point-in-time count data are provided in appended tables.

All states are required to implement “Continuum of Care” planning groups to devise strategies to end homelessness at the local level. As a new feature, this report provides information on the work of the state’s three Continua of Care. In the Rural Continuum, the Coconino County PATH

program's first summer count of homeless persons is highlighted. Coconino PATH's six-day, 18-site, interview-based survey enabled the Coconino Continuum to learn a great deal more about the characteristics of homeless persons and the nature of homelessness in the area than possible through a single-day point-in-time census. Also cited are The Guidance Center in Flagstaff and the new Casas Primeras Supportive Housing Project in Cochise County.

Highlighted programs in the Pima Continuum include the Primavera Foundation's Prisoner Re-Entry Partnership (PREP). PREP is leading the way in Arizona in assisting persons newly-released from Tucson area state prisons, reflecting growing recognition of that population's critical need for help in returning to the community successfully, avoiding homelessness, joblessness, and a return to criminal activity and incarceration. The work of Pima's Eon Lounge and Old Pueblo Community Foundation is also described. Old Pueblo is an important partner with PREP in housing persons reentering the community following incarceration.

Maricopa Continuum highlights include Tempe Project Homeless Connect (PHC). Tempe's is the first PHC in the state, bringing together homeless services providers four times in the past year to provide comprehensive one-day, under-one-roof service events for homeless individuals and families. Each event has drawn well over 100 persons and several families with the promise of immediately available assistance. Other highlighted Maricopa programs are the Interfaith Homeless Emergency Lodging Program (I-HELP), Valley of the Sun United Way, and a trio of homeless veterans service programs – U.S. VETS-Phoenix, Central Arizona Shelter Services VETS, and the VA Medical Center's Health Care for Homeless Veterans outreach program.

A second new feature of the 2007 status report is a section providing briefs on recent local and national research on homelessness and housing. State-level research is reported regarding Arizona population and poverty statistics, Arizona's housing market, and statewide Homeless Management Information System (HMIS) data. An overview is also provided on the Maricopa County Public Health Department's homeless mortality study. National research is reported from a variety of sources, including the Federal National Mortgage Association (Fannie Mae), U.S. Department of Housing & Urban Development (HUD), Justice Policy Institute, National Alliance to End Homelessness Homeless Research Institute, National Coalition for the Homeless, Urban Institute, and Western Regional Advocacy Project. HUD report briefs include the first Annual Homeless Assessment Report to Congress (AHAR), Affordable Housing Needs 2005, and The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness.

The November 2007 Fannie Mae public opinion report, "Homelessness in America: Americans' Perceptions, Attitudes and Knowledge," is particularly interesting. Among other findings, although 58% of citizens believe the nation is doing a poor job in addressing homelessness and that much more effort is needed, only four in ten agree that affordable housing should be constructed to serve all citizens.

Resource listings include state agencies and programs addressing homelessness, state and local organizations advocating on behalf of homeless persons, and national research and advocacy organizations concentrating on adult, youth, and child homelessness. Appendices include tables detailing Arizona Department of Education data on homelessness among primary and secondary school children, 2007 point-in-time street and shelter count data, and summary housing inventory data drawn from Arizona's 2007 HUD Continuum of Care applications.

Notably, the 2007 Continuum of Care (CoC) homeless housing inventories indicate a statewide total of 300 housing facilities or programs, including emergency shelters and transitional and supportive housing, and a total of over 12,500 beds in operation. However, the three CoCs also estimate an unmet need of 12,700 beds across the state.

1.0 INTRODUCTION

Pursuant to A.R.S. §41-1954(A)(19)(g), the Homeless Coordination Office within the Arizona Department of Economic Security (DES) annually submits a report on the status of homelessness and efforts to prevent and alleviate homelessness to the Governor, the President of the Senate and the Speaker of the House of Representatives. This report provides information on the demographic characteristics and circumstances of homeless persons in Arizona and nationally, progress made throughout the state in assisting homeless persons in the past year, current local, state and national research on homelessness, and information on current programs. Additionally, this report addresses and includes information on homeless youth.

Information and data for this report are derived from many sources, including an annual street and shelter point-in-time survey conducted on January 30, 2007, and point-in-time survey data from previous years; Arizona Department of Housing data on the housing market and availability of affordable housing; Arizona Department of Education data on students experiencing homelessness; the State's three Continua of Care and individual organizations providing services to homeless families, children, youth, and single individuals; reports submitted to the DES Office of Community Partnerships and Innovative Practices (CPIP) by its contracting service providers; U.S. Census Bureau and DES population data and characteristics; and recent local, state, and national research reports concerning various aspects of the problem of homelessness and inadequate housing.

2.0 HOMELESSNESS DEFINED

There are varying definitions of homelessness. Federal programs primarily reflect one definition, while some state and local programs use the Arizona Temporary Assistance for Needy Families (TANF) definition.

Federal Definitions

According to the McKinney-Vento Act, 42 U.S. Code §11301, et seq. (1994), a person is considered homeless who lacks a fixed, regular, and adequate night-time residence and has a primary night-time residency that is:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations, such as congregate shelters, transitional housing, or welfare hotels;
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, such as street sidewalks, abandoned buildings, parks, and subway tunnels.

People living in precarious housing situations at imminent risk of becoming homeless, perhaps doubled up with friends or relatives, are not included in this definition. Also, the term "'homeless individual' does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law" [42 U.S.C. §11302(c)].

The **education subtitle** of the McKinney-Vento Act [sec. 725(2); 42 U.S.C. 11435(2)], includes a more comprehensive definition of homelessness. This statute states that the term 'homeless

child and youth' means individuals who lack a fixed, regular, and adequate night-time residence, and includes:

- Children and youth who lack a fixed, regular, and adequate night-time residence, and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- Children and youth who have a primary night-time residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in the preceding items.

Specifically related to **domestic violence**, a person is deemed homeless if that person is fleeing a domestic violence housing situation, no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

Arizona TANF definition – A.R.S. § 46-241(5)

Homeless means “the participant has no permanent place of residence where a lease or mortgage agreement between the participant and the owner exists.”

Arizona definition for “TANF eligible” – Derived from TANF State Plan Section IV

For the services of emergency shelter and transitional housing, “TANF eligible” includes homeless families who have income of less than 250% of the federal poverty level. Family members can be defined as women in the last trimester of pregnancy, dependent children under the age of 18 (or under the age of 19 if they are full-time students in a secondary school or equivalent), and parents, specified relatives, or legal guardians of at least one dependent child. Specified relatives include a stepparent, stepbrother or stepsister, or a person who is related within the fifth degree of kinship to the dependent child.

3.0 WHO EXPERIENCES HOMELESSNESS?

Homelessness is a complex social and economic issue that can affect anyone. Structural issues such as poverty, disability, and lack of safe and affordable housing increase the prevalence of homelessness within our nation and state. Loss of a job, a health crisis, domestic violence, the loss of family support and a myriad of other events can trigger a downward spiral resulting in homelessness. Homelessness affects people of all ages and ethnic groups. A brief description of the major sub-populations of people experiencing homelessness in Arizona follows.

Chronically Homeless

Generally speaking, a chronically homeless person is disabled and has either been continuously homeless over the past 12 months or homeless at least four times in the past three years [U.S. Department of Housing and Urban Development (HUD)]. During the January 30, 2007 point-in-

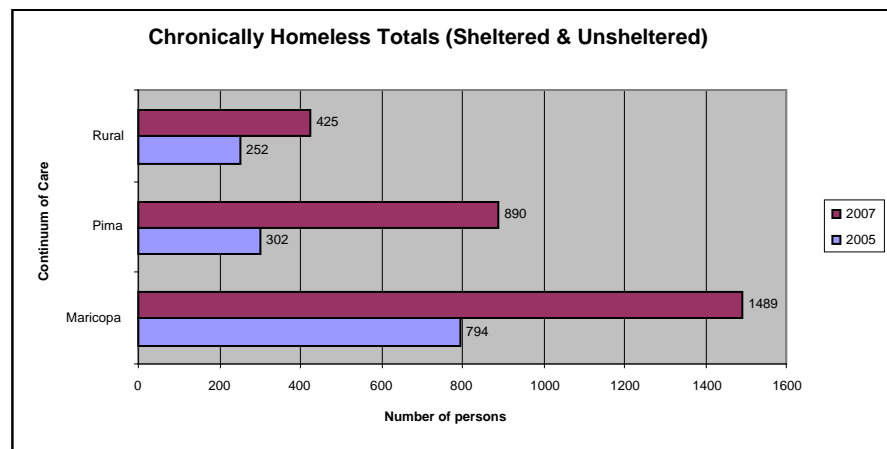
time shelter survey and street count, efforts were made to identify chronically homeless individuals in each of the three Continua of Care.

In Maricopa County, 1,082 unsheltered chronically homeless individuals were counted and 407 chronically homeless individuals were counted in emergency shelter. In Pima County, 740 chronically homeless individuals were counted on the streets and 150 were counted in emergency shelter. In the Rural Continuum, a total of 332 chronically homeless persons were counted on the streets; 93 were counted in emergency shelters.

The total of 2,804 sheltered and unsheltered chronically homeless persons reported was more than double the number counted statewide in 2005. Over three-quarters of those reported as chronically homeless were unsheltered. Because of the difficulty in locating or identifying unsheltered chronically homeless individuals, it is very likely that the true numbers are considerably higher.

Of 650 chronically homeless persons reported in emergency shelter across the state, 85.7% were counted in Maricopa and Pima Counties. Chronically homeless persons accounted for over one in five adults and unaccompanied youth in emergency shelter.

Also, one-third of the 8,580 homeless adults and unaccompanied youth counted on the street or in emergency shelter in January 2007 were reported as chronically homeless.



The one-in-five proportion of chronically homeless persons found in the January 2007 point-in-time shelter count corresponds closely with national data. It is important to note that this 20% segment of the sheltered homeless population utilizes over half of all shelter services, as many chronically homeless persons virtually live in the shelter system, cycling between emergency shelters, hospitals, jails, detox facilities, and other institutional settings.

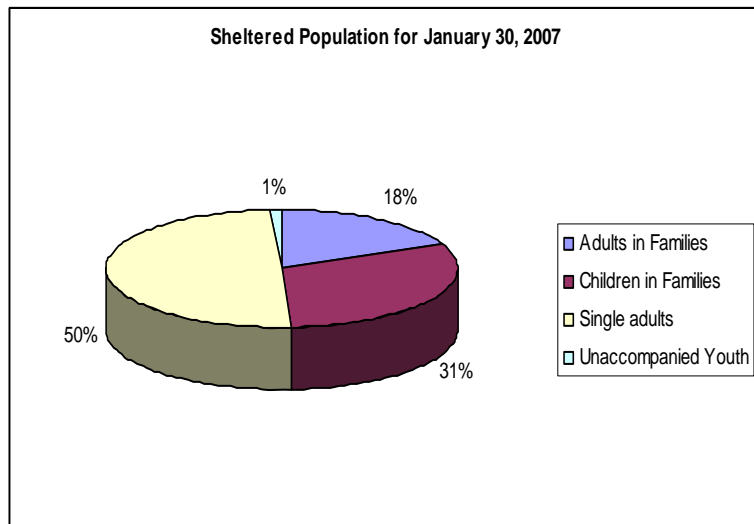
Studies in many cities are documenting the high cost of chronic homelessness and the increasing success of the use of supportive housing programs to reduce that cost and produce better mental and physical health, greater income, fewer arrests and hospitalizations, and progress toward recovery and self-sufficiency. HUD's Shelter Plus Care and Samaritan Housing Initiative are two federal programs aimed at developing local supportive housing programs.

Families with Children

The January 30, 2007, point-in-time survey identified 1,591 adults and children in families in emergency shelters and 2,695 in transitional housing programs for a total of 4,286 persons in families in shelter on that day, 49.1% of all sheltered persons. While almost 6 in 10 emergency shelter residents were single adults, virtually the same proportion of those in transitional housing were children and adults in families. Thirty percent of sheltered homeless persons were children.

431 people in families were counted on the streets, 7.4% of the unsheltered population. Among the counties, Mohave County reported the largest number of unsheltered families (46) and persons in families (159).

The total number of sheltered and unsheltered adults and children in families on January 30, 2007, was 4,717. The number of families counted was 1,485, for an average of 3.17 persons per homeless family.



According to the National Center on Family Homelessness, the typical homeless family consists of a young mother with two children under age six and an average income of \$8,000 per year. Homeless families also tend to lack strong social networks and often have poor housing histories. Rates of incidence of domestic violence and mental illness are high. Homeless children suffer from high rates of anxiety, depression, behavioral problems, and below-average school performance.

Families experiencing homelessness represent the fastest growing group of homeless people in the U.S. The Urban Institute has identified the lack of affordable housing as the primary cause of homelessness among families. Data generated each year by the Arizona Department of Housing (reported in the Research Briefs section of this report) show that housing is unaffordable due to the inadequate supply of affordable housing and because low incomes cause families to be unable to pay for the housing that is available. In many communities, the task of finding affordable housing is virtually impossible for families who have lost their housing.

Victims of Domestic Violence

The January 2007 point-in-time survey of homeless shelters statewide indicated that 22% of all persons in emergency shelter and transitional housing were homeless due in part to domestic violence; this includes men, women, children, and youth under the age of 18 and on their own.

From July 1, 2006 through June 30, 2007, staff and volunteers in 30 DES-funded residential domestic violence shelters and safe home networks responded to 22,804 hotline calls for emergency shelter information and referral. Unduplicated counts showed that DES-funded domestic violence shelters provided emergency shelter or transitional housing to 11,424 women and children for a total of 330,535 bed nights. The average length of stay in the domestic violence system in fiscal year 2007 was approximately 29 days.

Domestic violence shelter facilities in Maricopa County served 52% of all persons sheltered in fiscal year 2007 while Pima County providers served 17% and shelters and safe homes in rural Arizona served 31% of the total sheltered population. Approximately 80% of the domestic violence shelter population was housed in emergency shelter; with the remaining 20% housed in transitional facilities.

Persons Experiencing Substance Abuse

Substance abuse is over-represented in the homeless population and affects homeless families and individuals. Of those persons housed in emergency shelters and transitional housing on any given night, a large percentage was identified by shelter staff as having a substance abuse issue. Based on the January 30, 2007, point-in-time shelter survey, 39.7% of all adults were reported as experiencing substance abuse problems.

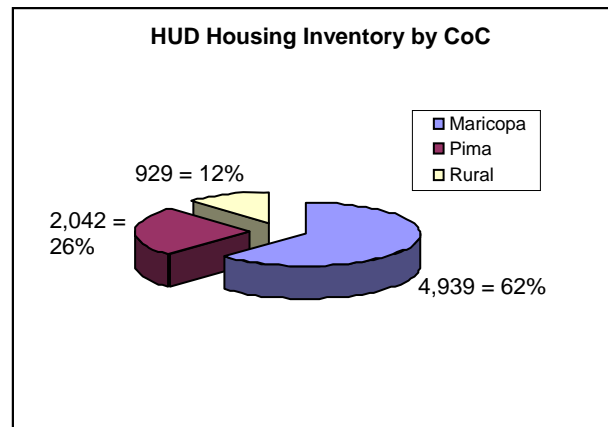
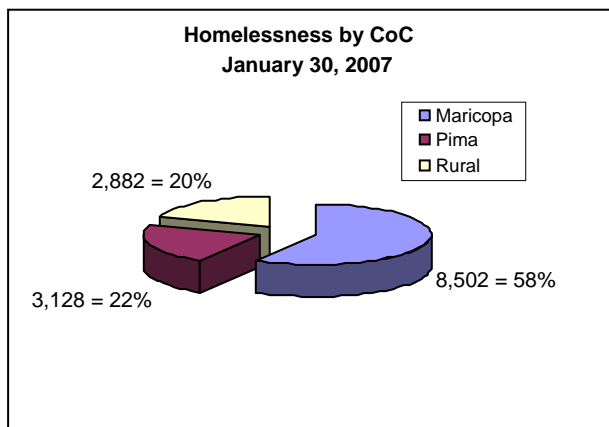
While this percentage is alarming, this does not mean that such a high percentage of all homeless persons have substance abuse problems. National studies have shown that this population is over-represented in shelter populations. Those persons without such issues tend to remain homeless for shorter periods of time and thus are less likely to be counted during point-in-time surveys. Thus, during the course of a year, the percentage of homeless persons with substance abuse issues is significantly lower than that found in the shelter population.

Adequately addressing the needs of the addicted homeless population is a high priority in most communities in the state, as identified through the local Continuum of Care processes. However, current state and federal funding is limited and does not meet the need for services for this subpopulation.

Rural Homelessness

Lack of affordable housing and inadequate income – the factors that contribute to urban homelessness – also lead to rural homelessness. Areas with high rates of unemployment due to declining industries and areas with high economic growth and resulting high housing costs are often scenes of dramatic increases in rural homelessness. Poverty is also a major contributor, with the poverty rate in rural areas significantly higher than the national rate. Persistent poverty also means that high proportions of rural residents are continually at risk of homelessness. The National Alliance to End Homelessness has also observed that federal priorities and programs tend to favor urban areas.

The Arizona 2007 point-in-time street and shelter count showed that while almost a third (31.6%) of unsheltered homeless persons were reported by Rural Continuum counties, only 12.1% of persons in emergency shelter and transitional housing were in rural areas. Overall, 2,345 homeless persons were reported in rural Arizona on January 30, 2007, 16.2% of the statewide total.



The rural count may have been significantly higher except for the hindrance of extremely poor weather conditions in the northern counties at time of the survey. See the Rural Continuum section of this report for a description of the Coconino Continuum's first annual summer survey, which counted more than 500 homeless persons, well over five times the number of persons counted in Coconino County in January.

Persons with Mental Illness

The January 2007 point-in-time survey of emergency shelter and transitional housing facilities, identified approximately 1,461 individuals believed to be seriously mental ill (SMI). This number represents 24.2% of the 6,036 sheltered homeless adults and youth counted in January. The total of 1,461 mentally ill persons represents a 48% increase over the number reported by Arizona shelter providers just two years ago.

These figures are generally consistent with those reported by the National Alliance to End Homelessness, which has estimated that 25% of the adult homeless population has serious mental illness – including chronic depression, bipolar disorder, schizophrenia, and severe personality disorders – and that almost 60% report having had a mental health problem during their lifetime.

Elderly Persons

The 2007 Arizona point-in-time shelter survey counted 116 elderly persons (over age 65) in emergency shelters and transitional housing. Using the over-65 standard, little change has been reported in the number of elderly persons in shelter in recent years. However, it is believed that many older persons do not indicate their true age when entering shelter facilities and that many more persons in shelter may be elderly than are counted each year.

Also, in view of the fact that the life expectancy of homeless persons is a great deal less than that of the general population, the U.S. Department of Housing and Urban Development (HUD) has measured the number of sheltered homeless between 51 and 61 years of age, an age bracket which might appropriately be considered elderly within the population of homeless persons. In 2005, HUD reported 10.3% of the nation's sheltered homeless people were between 51 and 61 years of age.

Homelessness among the elderly, as with other segments of the homeless population, is largely the result of poverty and declining availability of affordable housing. Also, once on the street, elderly homeless persons are more prone to victimization and their victimization often does not come to the attention of law enforcement. This year the National Coalition for the Homeless reported that 27% of homeless victims of violent crime were between 50 and 59 years of age.

Focus on Homeless Veterans

According to the U. S. Department of Veterans Affairs (VA), the nation's homeless veterans are overwhelmingly male, single, and come from poor, disadvantaged communities, with 45% suffering from mental illness and approximately half experiencing substance abuse. America's homeless veterans have served in World War II, Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom, or the military's anti-drug cultivation efforts in South America. Forty-seven percent served during the Vietnam era.

The VA estimates that nearly 200,000 veterans are homeless on any given night. Nearly 400,000 veterans experience homelessness over the course of a year. Conservatively, one out of every three homeless men who is sleeping in a doorway, alley or box in our cities and rural communities has served in the military. According to the 1999 National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans accounted for 23% of all homeless people in America.

Veteran Specific Statistics:

- 23% of the homeless population are veterans
- 33% of the male homeless population are veterans
- 47% Vietnam era
- 67% served three or more years in the military
- 85% completed high school/GED (compared to 56% of non-veterans)
- 89% received Honorable Discharge
- 79% reside in central cities
- 76% experience alcohol, drug, and/or mental health problems

In addition to the complex set of factors affecting all homelessness -- extreme shortage of affordable housing, low income, and inadequate access to health care -- a large number of displaced and at-risk veterans live with the effects of post traumatic stress disorder and substance abuse, compounded by a lack of family and social support networks.

For more information about VA homeless veteran programs, please visit www.va.gov/homeless/.

According to the National Coalition for Homeless Veterans (NCHV), the most effective programs for homeless and at-risk veterans are community-based, nonprofit, "veterans helping veterans" groups. The Coalition emphasizes the need for transitional housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves. Because public money for homeless veterans serves only one in 10 of those in need, it is critical that community groups reach out to help provide housing, employment and health care.

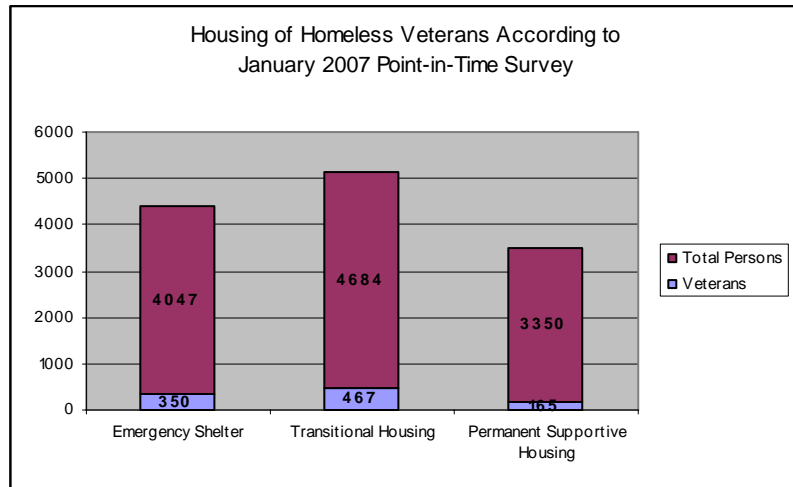
Project CHALENG

In 1993, the VA established Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) as a nationwide collaboration in which VA medical centers work with federal, state and local agencies and nonprofit organizations to assess the needs of homeless veterans and develop action plans to meet those needs.

In Arizona, the U.S. Department of Veterans Affairs provides medical care for veterans in Phoenix, Tucson, and Prescott. Homeless veterans are served at each of these three locations. In addition, The State Department of Veterans' Services was established in Arizona in 1999.

This department acts as a referral agency to the various homeless service providers and Veterans Affairs, and participates in and supports the programs that assist homeless persons.

The 2006 CHALENG Point of Contact (POC) survey estimated a total of 3,970 homeless veterans (a 9.2% increase over the 2005 Arizona POC survey estimate), with 58% living the Phoenix area. Statewide, 1,227 (31%) were estimated to be chronically homeless (defined as unaccompanied, with a disabling condition, and continuously homeless for a year or more, or having experienced four or more episodes of homelessness over the past years). Nationally, 2006



POC survey participants identified the top five highest unmet needs as: long-term permanent housing, child care, dental care, re-entry services for incarcerated veterans, and help managing money. Long-term permanent housing has been identified by homeless veterans as the highest unmet need for each of the past five years.

Maricopa County's Homeless Management Information System (HMIS) reported that 1,200 of the unduplicated 10,863 adult clients served during July 2006-June 2007 were veterans. The Rural HMIS reported that 711 of their 3,641 adult clients were of veteran status.

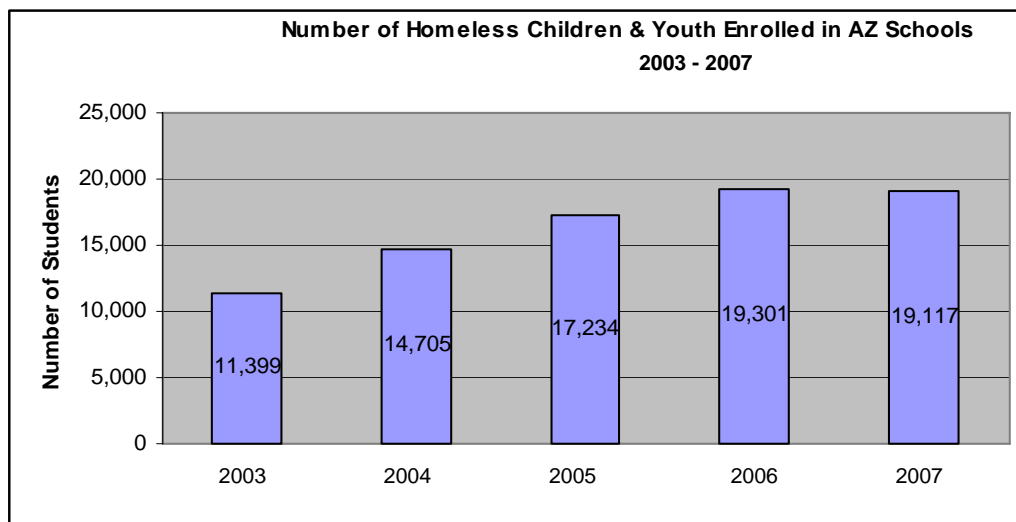
Incarcerated Veterans Re-Entry Program (IVRP)

The U.S. Department of Veterans Affairs Incarcerated Veterans Re-Entry Program (IVRP) serves veterans incarcerated in state and federal prisons. The IVRP mission is to prevent homelessness; reduce re-incarceration rates; reduce the impact of medical, psychiatric, and substance abuse problems; provide support to facilitate successful transition to the community; and develop a network of care including VA and non-VA resources.

In Arizona, IVRP works with veterans in Arizona Department of Corrections (ADC) and Federal Bureau of Prisons (FBOP) custody. An Incarcerated Veterans Re-Entry Specialist based in the Veterans Administration office in Phoenix serves as a regional point of contact and provides outreach and assessment services to incarcerated veterans up to six months before release, including assistance in verifying eligibility for IVRP and assistance in enrolling for VA medical care. The Re-Entry Specialist works with ADC, FBOP, parole, probation and court system officials to provide pre- and post-release assistance. VA medical services are not provided to veterans while incarcerated, but VA hospital and outpatient care are provided upon release for those honorably discharged from active duty military service.

Focus on Homeless Children and Youth in Public Schools

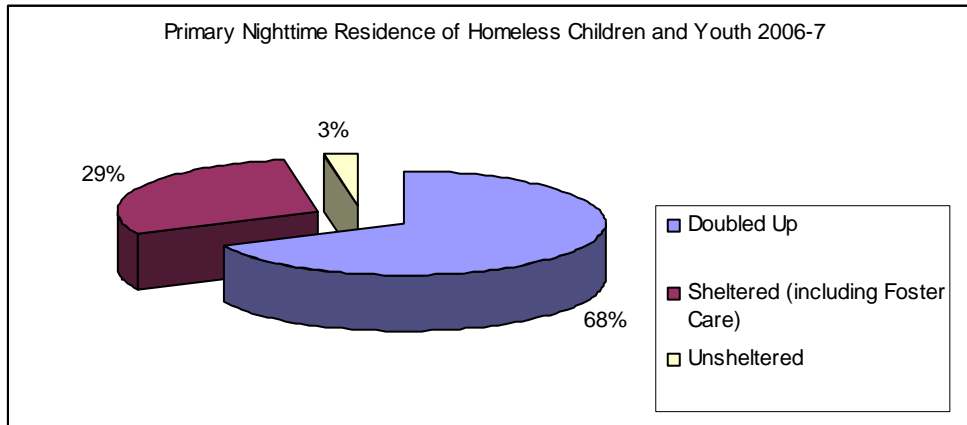
Data reported by the Arizona Department of Education (ADE) Homeless Education Office indicates 19,117 children (pre-kindergarten through 12th grade) were reported by local educational agencies (LEAs) throughout the state as “homeless” during fiscal year 2007. While a similar unduplicated count of 19,301 homeless students was reported in FY2006, the 2006 total represented a 10.9% increase over the FY2005 unduplicated total of 17,234.



It is important to note that the Arizona Department of Education and the designated Homeless Liaisons in the Local Educational Agencies use a broad definition of “homeless” to identify and serve homeless children and youth. According to The McKinney-Vento Homeless Education Assistance Improvements Act of 2001, the term “homeless children and youths” means “individuals who lack a fixed, regular, and adequate nighttime residence.”

Arizona statistics regarding students experiencing homelessness:

- Of the 19,117 homeless children, 67.9% were reported as “doubled-up,” or living temporarily with another family, 29.3% were living in shelters or awaiting foster care, and 2.8% were living in unsheltered situations, such as cars, parks, campgrounds, and abandoned buildings.
- The proportion of homeless children living doubled-up with other families has decreased by almost 10% (from 77.4%) over the past four years while the percentage of those living in shelters has increased by almost 12% (from 17.6%).
- Of approximately 620 Arizona LEAs (two-thirds of which are charter schools), 184 reported children and youth enrolled in school as homeless. Of 184 LEAs, 23 received federal funding through ADE’s McKinney-Vento sub grant program to provide a range of supplemental educational support services for homeless children and youth beyond the legal requirements. Homeless children served by the 23 sub-grantee LEAs represented 48% of all school children reported as homeless.



Supplemental educational support for homeless children included such services as school supplies, school and community agency coordination, transportation, referrals for health care and other programs and services, tutoring, mentoring, summer programs, clothing, staff development, and parent education related to rights and resources for children.

Results of **statewide reading and math assessments** are a clear indication of the effects of homelessness and high mobility on learning:

- Of 8,600 homeless children in grades 3-12 who took reading and math assessment tests in fiscal year 2007, 43.4% were proficient in reading and 42.6% were proficient in math.
- Even though reading scores among homeless children have improved by five percentage points since fiscal year 2005, overall reading and math proficiency rates for homeless children remain approximately 25 percentage points below the corresponding rates for all elementary, middle, and high school students.

For more detailed fiscal year 2007 information on homeless students reported by county and on reading and math proficiency, please refer to the appendices.

To access earlier annual ADE reports on homeless children and youth, please visit www.ade.az.gov/schooleffectiveness/specialpops/homeless/data/.

To learn more about ADE's Homeless Education Office, The McKinney-Vento Homeless Education Assistance Improvements Act of 2001, or the Database of Homeless Liaisons in the State, please visit <http://ade.az.gov/schooleffectiveness/specialpops/homeless>.

Focus on Unaccompanied Homeless Youth

What is an Unaccompanied Homeless Youth?

The term “unaccompanied homeless youth” includes young people who have run away from home, been thrown out of their homes, and/or been abandoned by parents or guardians. Youth often leave family environments to escape from physical violence, sexual abuse, chronic neglect or abandonment, or parents’ mental disorders or chemical dependencies. Leaving home is, in many cases, a matter of survival. Others are “thrown away” by their families because of pregnancy, sexual orientation, or because they are perceived to be “old enough” to be on their own.

The National Alliance to End Homelessness (NAEH) reports that homelessness is especially dangerous for those between the ages of 16 and 24 without family support.

“It is very difficult to get a realistic picture of the everyday life of an unaccompanied and homeless youth... This subgroup of the homeless population remains one of the least understood, most vulnerable, and most difficult to reach. Most are homeless due to issues associated with family problems, economic difficulties, and residential instability. Once on the street they are doubly victimized as they are exposed to dangers that equal or exceed the home situations they sought to escape.”

—Jan Moore, NCHE, 2005

Unaccompanied homeless youth living in shelters or on the streets have greatly increased exposure to physical violence and sexual assault, which often lead to depression, posttraumatic stress disorder, and suicide.

Many different definitions and criteria are used to describe these young people, with considerable variation in age ranges. In Arizona, the range is between ages 10 and 24. For the purposes of this report, “unaccompanied homeless youth” is defined as youth, on his/her own, age 22 and under, without a permanent address.

How many Unaccompanied Homeless Youth are in Arizona?

It is nearly impossible to quantify the number of unaccompanied homeless youth anywhere in the country. The differences in definitions and criteria mentioned above contribute to the complexity of the task. Additionally, many of the youth are highly mobile, distrust adults, and choose to remain disconnected from conventional networks of support, all of which present barriers when collecting data. Many avoid shelters, service providers, and systems. According to Jan Moore’s Unaccompanied and Homeless Youth Review of Literature (NAEH, 1995-2005), national estimates range widely from 733,000 to 2.8 million per year. The same differences exist with Arizona data sources.

According to the Arizona Department of Education, the number of homeless students reported as unaccompanied youth has varied widely over the past four years, with a total of 732 reported in fiscal year 2004, 137 reported in fiscal year 2005, 1,024 in fiscal year 2006, and 484 counted as unaccompanied in fiscal year 2007. These differences may be attributed to variations in reporting by local educational agencies, as unaccompanied youth data is collected only from McKinney-Vento sub-grantees.

Maricopa County’s Homeless Management Information System (HMIS) reported 3,536 children under the age of 18, 924 ages 18-22, and 9,939 ages 23 and older for fiscal year 2007. This data indicates 31% of the population in the Maricopa County HMIS consists of youth. Arizona’s Rural HMIS reported 772 children under the age of 18, 319 ages 18-22, and 3,322 ages 23 and

older for the same time period. This data indicates 25% of the population in Rural Arizona's HMIS consists of youth. No data was available from Pima County HMIS.

According to point-in-time data collected on January 30, 2007, 32 youth under the age of 18 were counted in emergency shelter, 68 in transitional housing, and 164 living on the street. There are many challenges with counting homeless youth, both in shelters and on the streets. Youth may lie about their age in order to get into an emergency shelter or may be difficult to distinguish from adults during a street count conducted in the dark of night.

The Department of Economic Security (DES) conducted an informal survey with youth providers statewide, to which five responded. Survey participants included Tumbleweed Center for Youth Development, Open Inn, Our Family Services, A&A Cottages, and Wingspan/Eon Lounge. Their data indicate 12,713 youth were served, unduplicated by agency, from July 2006 to June 2007. Seventy-three percent of the clients served were under the age of 18; 49% were male, and 51% were female.

Why are they homeless?

According to the National Partnership to End Youth Homelessness, severe family conflict is reported by youth as a primary reason for homelessness. Research with homeless youth shows high rates of experience with physical and/or sexual abuse in the home. Family conflict over alcohol or drug use, sexual orientation, school problems, or pregnancy may also lead to youth to leave or be forced out of the home. This is consistent with Arizona data, which indicates the top three reasons for youth homelessness are: (1) lack of family support, (2) running away from an unhealthy environment, and (3) "thrown away" by family.

Many youth also leave adversarial foster care settings to live without shelter or housing. Many others age out of foster care or are discharged from correctional placements without financial resources or housing, resulting in homelessness. Youth transitioning out of foster care are at particularly high risk of becoming homeless. According to Arizona service providers, 29.8% of homeless youth report having been in the foster care system.

What are the needs and characteristics of the population?

According to the informal DES survey, the primary needs include basic services (food, clothing, shelter), mental health services, health services, and a sense of safety. Housing is a barrier to many youth, partly because of lack of affordability, but also due to criminal records and lack of credit history.

Statistics regarding Arizona's unaccompanied homeless youth:

- 19.3% reported having substance abuse issues, primarily with marijuana, alcohol, and stimulants
- 30.7% reported having a mental health diagnosis
- 18.6% are either pregnant or parenting
- 47.4% report being victims of domestic violence and/or abuse
- 7.6% have been incarcerated
- 44% are currently employed
- 68.7% are currently in school
- 28.7% dropped out of school at some point
- 32.1% are disenfranchised (not in school and unemployed)
- 13.1% are reported to be in poor physical health
- 19% report having attempted suicide
- 5.4% identify as lesbian, gay, bisexual, or transsexual (LGBT)

The 2005 Tucson Planning Council for Homeless (TPCH) Homeless Youth Committee study of homeless youth estimated between 1,000 to 1,500 youth between the ages of 12 and 21 were experiencing homelessness in the Tucson area. Of 458 interviewees, sixty% reported parental abuse or neglect as the primary reason for their homelessness. Eleven% said their sexual orientation was a factor in leaving home.

The most common age of participants in the Tucson study was 18, but they reported an average age of first becoming homeless of fourteen. Most were Latino or white, heterosexual and single. Fifty-six% were female. Fifty% were enrolled in school, 26% were employed, and 40% said they were actively seeking jobs.

Regarding mental health and well-being, TPCH found that almost half of homeless youth had considered suicide and that 28% had attempted suicide. Of interviewees who identified themselves as homosexual (9%) or bisexual (7%), 71% reported having considered suicide and over 60% said they had made an attempt.

While the Tucson study found 17% as homosexual, bisexual or questioning, a national study released in January by the National Coalition for the Homeless and the National Gay and Lesbian Task Force concluded between 20 and 40% of homeless youth identify as lesbian, gay, bisexual or transgender (LGBT). These figures are greatly disproportionate to the approximately 3 to 5% of the U.S. population which identifies as LGBT, leading the Task Force to call for recognition of an epidemic of homelessness among LGBT youth.

What services are available?

Homeless youth providers service all of Arizona's counties. Their services are comprehensive and include emergency shelter, transitional housing, outreach, family reunification counseling, job training and placement, clothing, meals, transportation, assistance with accessing benefits and identification, tutoring, school enrollment, case management, and referrals to other agencies.

In Maricopa County, Tumbleweed Center for Youth Development (TCYD) reports having the only under-18, non-system beds. They offer eight emergency beds for youth under the age of 18. In total, TCYD offers 18 transitional housing beds for youth ages 12 to 18. Up to five youth may have babies, making the total bed capacity 23. Additionally, 33 beds are available for runaway, homeless, and unaccompanied minors brought to TCYD by Immigration and Customs Enforcement.

In Pima County, six licensed emergency shelter beds for youth under the age of 18 are available through Our Family Services and Open Inn, Inc. Open Inn, Inc. also maintains ten beds for transitional housing in the region, plus two spaces for babies, making a total bed capacity of 12. Prescott offers two emergency shelter beds and six transitional housing beds through Open Inn, Inc. Flagstaff maintains four emergency shelter beds for minors. Cochise County offers four emergency shelter beds for youth under the age of 18.

The Homeless Youth Intervention Program (HYIP) was implemented January 1, 2000 in Phoenix, Tucson, and Prescott, and administered through collaborative partnerships with community social agencies, family support programs and other community organizations, including faith-based organizations. These partnerships provide services to homeless youth, ages 14 to 18, who are referred and are not currently served by the state child protective services or juvenile justice systems. HYIP case managers attempt to prevent homelessness or reunify homeless youth with their families and aids in strengthening relationships. This program

provides 24-hour crisis services, family reunification, job training and employment assistance, assistance in obtaining shelter, transitional and independent living programs, character education and additional services necessary for youth to achieve self-sufficiency. In 2006, the program served 145 youth, and in 2007 it served 139.

The Runaway and Homeless Youth Act programs help youth in many ways. The Basic Center Program provides emergency shelter for up to 15 days for unaccompanied youth under 18 years old. The Transitional Living Program provides transitional housing for up to 18 months and life skills trainings for youth 16-21 years old. The Street Outreach Program extends outreach and services to youth on the streets. In Arizona, Runaway and Homeless Youth programs exist in Bullhead City (WestCare Arizona), Flagstaff (Northland Family Help Center), Phoenix (Tumbleweed Center for Youth), and Tucson (Family Counseling Agency of Tucson, Inc., Open Inn, Inc., and Our Family Services). The Runaway and Homeless Youth Act is in the process of being reauthorized by Congress

The National Network for Youth recently launched a long-term campaign to prevent and end runaway and homeless situations among youth. The purpose is to create the conditions, structures, and supports needed to ensure permanency for the nation's unaccompanied youth. Titled "A Place to Call Home Act," the current bill (H.R. 3409), includes provisions in homeless assistance, housing, child welfare, juvenile justice, public health, education, workforce investment, teen parenting, and immigration. For more information on these efforts, please visit www.nn4youth.org.

Unaccompanied homeless youth have always struggled to access postsecondary education without federal student aid. Historically, the Free Application for Federal Student Aid (FAFSA) required students to provide financial information from their parents or guardians in order to determine eligibility for aid and required a parental/guardian signature, both presenting barriers to unaccompanied homeless youth. On September 27, President Bush signed the College Cost Reduction and Access Act into law. This legislation included an amendment to allow youth to be considered "independent students" if they are verified as unaccompanied and homeless during the school year in which the application is submitted, or as unaccompanied, at risk of homelessness, and self-supporting. Verification must be made by a McKinney-Vento Act school district liaison, a HUD homeless assistance program director or their designee, a Runaway and Homeless Youth Act program director or their designee, or a financial aid administrator.

Are there any success stories?

Fortunately, yes! The following inspiring stories were collected from youth services providers through the DES survey.

"Rabbit" came to the Drop in Center as a re-entry. He was sleeping in a cardboard box beside a fence. He came with one goal...to find a job. Rabbit entered the WIA Program through the Learning Center then applied for the internship position at the Drop in Center. He was hired and began his internship in the following week. With the money he made from his internship he was able to move into an apartment with several friends. He eventually moved into a full time position working under a foreman for a construction company. Rabbit's success is unique because he went from sleeping on the streets, smoking marijuana all day long to working in his internship while maintaining an apartment on very limited funds and finding a decent job and obtaining an apartment with his name on the lease.

James came to Open Hands at age 16, seeming very isolated and angry. He hadn't been to school since sixth grade. His mother was addicted to drugs; his brothers were in gangs and/or in

jail (with children being raised without them). He participated in the program until he was able to transfer to Project Challenge military school. He returned to Open Hands after graduation since he considered it “home.” Armed with a GED, he was able to get his first job. He transitioned to the Young Adult Program, where he stayed until he turned 18 and joined the army. He left us as an outgoing, confident young man.

When **Pam** was only 15, her family lost everything. Her mother, who has a history of long time drug abuse, lost her house and all of her possessions. Not having anywhere to turn, Pam and her mom moved in with some friends. Eventually, her mother was admitted into a halfway house, so Pam was forced to survive alone. Pam was able to find work at fast food restaurants, like Taco Bell, but she still had to rely on the charity of friends to help her along. Throughout this ordeal, she still attended school faithfully. After school activities such as JROTC and National Honor Society provided a refuge from the bleak existence she was enduring at home. Eventually, Pam ran out of options and sought out the Young Adult Program. Pam moved into the program in August and her life changed right away. Having some stability, she adjusted to her new life, leaving at four thirty in the morning to make it to her first class. She remained involved in the school newspaper and other extracurricular programs and would not return home until late in the evening. Despite all of her setbacks, or perhaps because of them, Pam continues to be a light in the dark. She has been accepted to Arizona State University and is working with her case manager to get a ROTC scholarship. Pam is learning how to successfully manage her time, as well as how to budget and plan for her future.

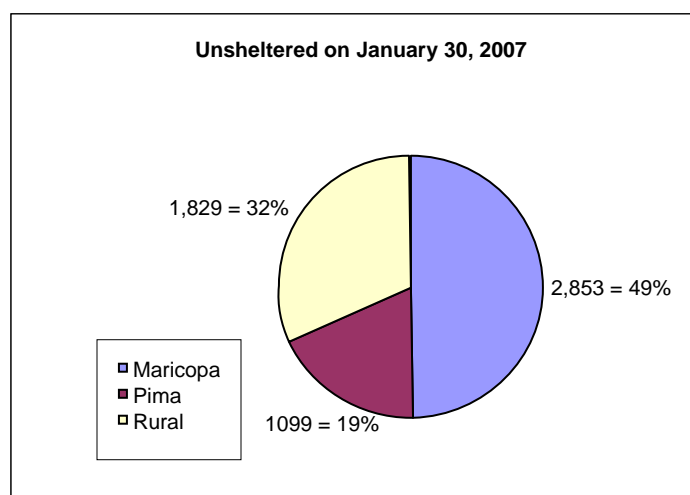
Lana is a young woman that grew up in the foster care system. Her parents were both incarcerated due to drug use and domestic violence. She entered group homes when she was 14, homeless, abandoned, and abused. She excelled in school, went to homecoming and obtained employment. When she turned 18 she moved in with her boyfriend and quickly became pregnant. She once again found herself abused and homeless when her son was 6 months old. She turned to a transitional program so she could get back on her feet and ensure her son was safe and cared for. Last week Lana walked up the driveway in her Army fatigues and she is going to Korea for a year, she is in a stable loving relationship and her son is healthy, happy and safe. Lana made a choice to break the cycle of poverty and violence in her life through the support and guidance of her extended family at the agency. Her son will grow up safe and happy with a mom that is able to provide for him.

4.0 DATA SUMMARIES

2007 Point in Time Facts

Selected facts from the January 30, 2007, Point-in-Time Street Count:

- Of 5,781 total persons counted as unsheltered, 72.6% were individual men.
- 136 families, including 237 children, were counted as unsheltered. People in families represented 7.5% of all unsheltered persons.
- Of unsheltered persons statewide, 49.4% were counted in Maricopa County, 19.0% in Pima County, and 31.6% in the rural counties.

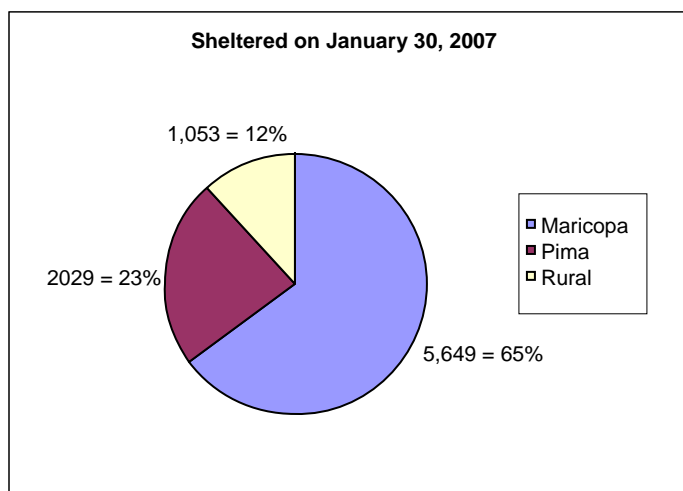


- Mohave County, which reported the greatest number of unsheltered children and families in the state, accounted for one-third of all unsheltered persons in the rural counties and more than one in ten unsheltered persons statewide.
- 164 unaccompanied youth were counted as unsheltered statewide.
- 2,154 unsheltered persons were counted as chronically homeless, representing 40.3% of all unsheltered adults and unaccompanied youth.

Selected facts from the January 30, 2007, Point-in-Time Shelter Count:

- By U.S. HUD definition, 8,733 persons were counted as sheltered homeless, including those in emergency and transitional facilities, a 19.5% increase since 2005. Another 3,530 persons were counted as permanent supportive housing residents, but are not considered homeless by federal definition.
- Children, youth, and adults in families accounted for 50.2% of all sheltered homeless persons. Single adults were 49.8% of the total.
- Children and unaccompanied youth accounted for 32% of all persons reported in emergency and transitional housing.

- While almost 6 in 10 (59.6%) of emergency shelter residents were single adults, virtually the same proportion (58.5%) of those in transitional housing were children, youth and adults in families.
- Of sheltered homeless persons statewide, 64.7% were counted in Maricopa County, 23.2% in Pima County, and 12.1% in the rural counties.

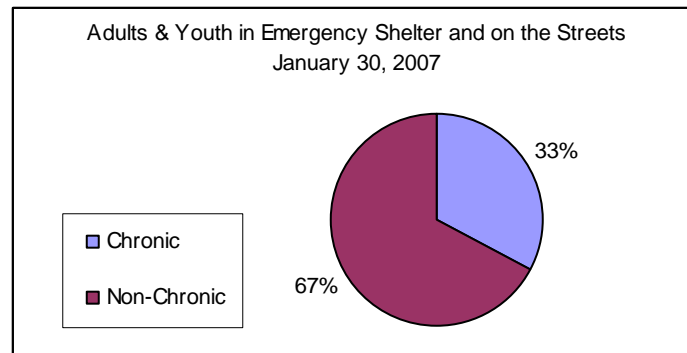


- Of 650 chronically homeless persons reported in emergency shelters statewide, 85.7% were counted in Maricopa and Pima Counties. That number was 21.4% of the 3,045 adults and unaccompanied youth in emergency shelters.
- Of 6,038 sheltered homeless adults and unaccompanied youth, 1,493 (24.7%) were reported as experiencing substance abuse problems and 595 (9.9%) persons were reported as suffering from serious mental illness. Another 866 (14.3%) persons were reported as experiencing co-occurring substance abuse and serious mental illness.
- Taking co-occurring substance abuse and serious mental illness into account, the overall percentage of sheltered adults and youth experiencing substance abuse problems was 39.1%. The overall percentage of experiencing serious mental illness was 24.2%.
- Of sheltered homeless adults, 817 (13.8%) were reported as military veterans.
- Twenty-two percent of all sheltered homeless persons were reported as homeless due at least in part to domestic violence or abuse.
- Of adult permanent supportive housing residents, 72.2% were reported as experiencing serious mental illness.

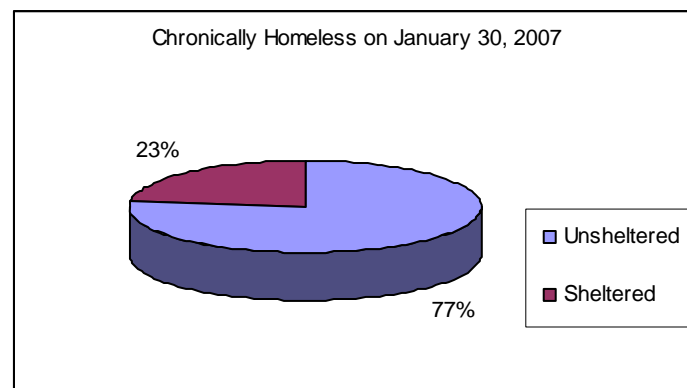
Selected combined street and shelter point-in-time facts:

- The combined street, emergency shelter, and transitional housing count total was 14,514, an 18.3% increase since 2005. Including persons residing in permanent supportive housing, the combined count total was 18,044.

- Of 8,582 homeless adults and unaccompanied youth counted on the street or in emergency shelter, 2,804 persons (32.7%) were reported as chronically homeless.



- A total of 264 unaccompanied youth were reported in the sheltered and unsheltered populations; more than six in ten were unsheltered.
- 76.8% of those reported as chronically homeless were unsheltered; only 23.2% were sheltered.



- The total of 2,804 sheltered and unsheltered chronically homeless persons reported was more than double the number counted statewide in 2005.

FY 2007 Summary Data on DES-funded Shelter and Transitional Housing Programs

From information reported quarterly by contracting agencies

Unduplicated numbers of homeless persons reported served by **25 DES-funded homeless emergency shelter and transitional housing providers** during fiscal year 2007, with operating funds totaling \$4,849,690:

Maricopa County providers	9,655 (62.0%)
Pima County providers	4,543 (29.1%)
Rural county providers	1,393 (8.9%)

Total persons served in fiscal year 2007 **15,591**
 (90.2% emergency shelter, 9.8% transitional housing)
 (\$311.06 per person served)

Total bed nights provided in FY2007 696,581
 (44.7 bed nights per person served)
 (\$6.96 per bed night)

Unduplicated numbers of persons reported served by **28 DES-funded domestic violence emergency shelter and transitional housing providers** during fiscal year 2007, with operating funds totaling \$11,815,558:

Maricopa County providers	5,903 (51.7%)
Pima County providers	1,925 (16.9%)
Rural County providers	3,596 (31.4%)

Total persons served in fiscal year 2007 **11,424**
 (52.3% adults, 47.7% children)
 (79.8% emergency shelter, 20.2% transitional housing)
 (\$1,034.27 per person served)

Total bed nights provided in fiscal year 2007 330,535
 (28.9 bed nights per person served)
 (\$35.74 per bed night)

Numbers of persons served through **13 providers of Emergency Shelter Grant (ESG) funds** administered by DES during fiscal year 2007, with funds totaling \$838,384:

Maricopa County	12,943 (74.9%)
Pima County	1,267 (7.3%)
Rural county providers	3,059 (17.7%)

Total persons served in fiscal year 2007 **17,269**
 (\$48.55 per person/household served)

5.0 EFFORTS TO PREVENT AND END HOMELESSNESS

ADES Highlights

New CPIP Office established in January 2007

An important development within DES in 2007 was Director Tracy L. Wareing's announcement of the formation of an Office of Community Partnerships and Innovative Practices (CPIP) resulting in a merger of the Office of Community Services, the Office of Intergovernmental Operations and Service Integration. CPIP is the home of the **State Homeless Coordination Office**.

CPIP manages contracts with providers of basic safety net services, such as shelter, food, and energy assistance to support Arizona's most vulnerable individuals -- homeless persons, victims of domestic violence, families living in poverty, and senior citizens. The office also houses Family Connections, an integrated prevention and early intervention program that utilizes a multi-disciplinary team to assist at-risk families to reach greater stability and self-sufficiency. CPIP staff at all levels work to develop partnerships with community-based organizations and family organizations to improve outcomes for children, adults and families.

Poverty is a root cause of domestic violence, homelessness, child abuse and neglect, elder abuse, and a host of other social ills. A primary function of CPIP is that of an incubator in identifying and developing effective anti-poverty strategies for preventing the loss of individual and family security and deepening involvement in the service network. It is the Department's intent that staff, families and community partners work together to determine what works and incorporate proven strategies in all parts of agency operations.

Family Connections

Family Connections is part of the Department of Economic Security within the Director's Office of Community Partnerships and Innovative Practices (CPIP). Ten Family Connections teams (six in Phoenix, four in Tucson) have been formed to address poverty, homelessness, and domestic abuse issues in the community and to reduce the number of children entering the foster care system. Teams are made up of child welfare, family assistance and employment program staff and work to engage vulnerable families, including households headed by grandparents or other relatives, who are having difficulty meeting their children's basic needs. Three of the Phoenix teams focus primarily on homelessness and domestic and family violence issues.

An eleventh pilot Phoenix Family Connections team collaborates with the Arizona Department of Corrections (ADC) in the **Legacy Partnership** to support newly-released offenders and their families by assuring access to employment, housing, food, clothing, health and behavioral health care, and other basic needs services, thereby helping prevent return to prison. The Legacy Partnership is a pilot re-entry program addressing persons released from ADC prisons and returning to two specific zip codes in the Phoenix South Mountain Village area which account for disproportionate numbers of state prison admissions and releases. In July 2007, the DES Family Connections team and ADC staff began collaborating in developing release case plans with the aim of strengthening relationships between releasees and their families and helping the families achieve self-sufficiency.

Family Connections is a voluntary program. Teams are organized to work at whatever location is most convenient to the family (including homeless and domestic violence shelters, such as CASS Vista Colina Family Shelter and UMOM New Day Centers in Phoenix) to address concerns such as food, clothing and housing, employment and job training, adult and child mental health needs, parent education and support, exposure to domestic violence, children's school performance and behavior, access to health care, substance abuse, and more. Family Connections teams work to enable access to various community service providers and coordinate services to prevent duplication. To receive Family Connections services families must include a child between birth and 18 years of age living in the household, must not have an open Child Protective Services case, must be receiving cash assistance, and must be willing to voluntarily participate in services.

See the Department of Economic Security CPIP website at www.azdes.gov for additional information regarding Family Connections.

Continua of Care

The Continuum of Care approach is HUD's primary strategy to end homelessness. HUD requires states that are applying for McKinney-Vento funding for local projects to implement a Continuum of Care planning process, which necessitates local decision-making that brings community groups together to address the issue of ending homelessness at the local level. Nationally, and in Arizona, the Continuum of Care groups include units of local and state government, non-profit agencies, businesses, charitable organizations, the faith community, housing developers, corporations, neighborhood groups, homeless and formerly homeless people and others.

In Arizona, there are three Continua of Care geographically divided as follows:

- Maricopa County, facilitated by the Maricopa Association of Governments (MAG);
- Pima County, facilitated by the Tucson Planning Council for the Homeless (TPCH); and
- Rural Arizona, facilitated by the Arizona Department of Housing and the Arizona Coalition to End Homelessness.

Maricopa County Continuum of Care

The Maricopa County Continuum of Care Regional Committee on Homelessness has provided policy direction and leadership on homeless issues since June 1999. Supported by Maricopa Association of Governments (MAG) staff, the Committee directs year-round planning for homeless issues, submits a consolidated grant application to the U.S. Department on Housing and Urban Development (HUD) for McKinney-Vento homeless assistance funding, and works to improve linkages among service providers. Recommendations from its subcommittees help inform the work of the Committee.

The Continuum has secured \$126 million in HUD funding over the past six years in support of over fifty permanent supportive and transitional housing projects. In February, U.S. HUD announced a total of \$20,126,941 in grants to support 48 homeless services programs in the Maricopa Continuum. For details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2006/.

The Regional Plan to End Homelessness 2005 Update was completed to provide an update on the progress made on the Committee's 2002 Regional Plan to End Homelessness. The 2005 Update showed 77% of the 2002 goals had been completed or engaged in by the community. Next steps have been identified and, with broad support from the community, the Continuum is taking action to:

- Secure a dedicated source of funding for Plan implementation.
- Increase funding for general mental health and substance abuse treatment.
- Increase permanent affordable housing and support services for low-income and homeless persons.
- Build a coordinated system of service provision through the development of client-centered care, involving homeless and formerly homeless persons as participants in the process.
- Develop a coordinated outreach effort targeted to chronically homeless individuals.
- Develop an outcome-based homeless project evaluation system.

The Continuum is now in the process of revising the Regional Plan to End Homelessness to update progress since 2005 and consider new objectives.

In response to HUD national objectives, the following additional action steps were identified by the Continuum through the 2007 HUD application process:

1. Increase permanent supportive housing beds for chronically homeless persons from 568 to 660 in the next year, and to 980 beds over five years, through the following actions:
 - The Continuum will allocate at least \$1 million of HUD funding each year for new permanent supportive housing beds for chronically homeless individuals.
 - Arizona Behavioral Health Corporation will develop 88 new beds for chronically homeless individuals with disabilities through the Samaritan Initiative Project by December 2007.
 - The Lodestar Day Resource Center (LDRC) will form a committee to develop community support for Housing First projects and explore a Housing First pilot project through the Human Services Campus.
 - City of Tempe will develop four additional permanent supportive housing beds for chronically homeless individuals, following a Housing First model. The beds will be leased to a nonprofit provider for \$1 a year with the nonprofit providing wrap-around services.
 - MAG staff will develop a Homeless Capacity White Paper to determine costs associated with developing housing for all chronically homeless individuals in the County.
2. Increase the percentage of homeless persons staying in permanent supportive housing over six months to 79%, and to 82% overall in five years, through these actions:
 - Seven HUD-supported permanent supportive housing projects will receive special assistance over the next twelve months to increase their percentage of homeless persons staying in permanent supportive housing over six months to the HUD goal of 71%.

- In the annual HUD application process, agencies meeting or exceeding the 71% goal will receive five additional points in scoring.
 - The LDRC will increase the percentage of clients placed in housing by 30% by July 2008. 80% of LDRC clients will retain housing for at least 12 months through incentive plans, contracts and other programs.
3. Increase the percentage of homeless persons moving from transitional to permanent supportive housing to 69% overall in five years through the following actions:
 - Five HUD-supported transitional housing projects will receive special assistance over the next twelve months to increase their percentage of homeless persons moving from transitional to permanent supportive housing to the HUD goal of 61.5%.
 - In the annual HUD application process, agencies meeting the 61.5% goal will receive five additional points in scoring.
 - Increase ADES Family Connections teams serving homeless families from ten to twelve in the next twelve months, to 20 in five years, and 40 in ten years. Family Connections teams assist families in moving from transitional to permanent supportive housing.
 4. Increase the percentage of homeless persons employed at exit of transitional housing to 25% overall in five years through these actions:
 - In the annual HUD application process, agencies meeting the HUD goal of 18% will receive five additional points in scoring.
 - Best practice strategies will be identified among programs with high employment success rates. Special assistance will be provided to projects with exit employment rates below the 18% HUD goal.
 - A Success Center will be established at the Human Services Campus to increase job opportunities and help clients transition into the community successfully.
 - Expand Project Homeless Connect events to serve 500 additional homeless persons in Maricopa County. 250 have been served by the Tempe Project Homeless Connect. The project will place homeless persons in shelter and provide necessary supportive services.
 5. Ensure that the Continuum has a functional HMIS system, with bed coverage increased to 85% in the next year, and to 92% in five years, through these actions:
 - Complete a user-based assessment with all 48 HUD-funded projects to determine satisfaction with current HMIS software, goals and re-define community needs.
 - Provide quarterly performance reports through the Arizona Evaluation Project to all HUD-funded projects and other agencies using HMIS. The reports will assess project effectiveness by comparing self-sufficiency matrices of similar projects. One training session will be held in the third quarter of 2007 to provide technical assistance to agencies using the self-sufficiency matrix.
 - 24 HMIS training classes and on-going technical assistance will be provided to all agencies using HMIS to improve community wide HMIS data quality.
 - The HMIS project director will provide quarterly reports to improve communication and knowledge of HMIS within the community.

The annual countywide homeless street count required by HUD to apply for McKinney-Vento funding is planned and coordinated by the Continuum. Data from the street count is used to understand the size and characteristics of the homeless population in the county and as a means to measure progress toward the goal of ending homelessness.

The Continuum has also become the coordinating body for county-wide heat relief planning efforts. In 2005, many homeless people in the county died due to a prolonged heat wave. Cities, homeless service providers, CAP agencies, and faith-based groups have joined to make certain such a tragedy is never repeated. As part of the 2007 effort, MAG staff developed and distributed hundreds of maps showing hydration and heat refuge locations throughout the County.

For more information on the Maricopa Continuum, contact the MAG office at (602) 254-6300.

Interfaith Homeless Emergency Lodging Program (I-HELP), Tempe

The small, volunteer-based dispersed shelter concept is attracting increased attention, particularly as a means of bringing difficult-to-reach persons in off the streets and connecting them to services. In February 2006, churches and synagogues in Tempe began a cooperative program to provide homeless people with hope and opportunity for a better future by offering shelter, meals, and connections to community services. Dr. David Summers, pastor of Tempe First United Methodist Church, brought the model from a similar program in Monterrey, California.

I-HELP is sponsored by Tempe Emergency Assistance Ministries (TEAM), Tempe Community Action Agency (TCAA), and the Tempe Salvation Army as a “low demand, safe haven” option for homeless people in Tempe. Four nights each week, Thursday through Sunday, potential guests arrive at Tempe Salvation Army. A brief intake form is completed and program rules are reviewed and signed by each guest.

Following screening, up to 30 guests are transported to the congregation that is hosting that night. Family-style dinners are served. Showers, TV time, conversation, movies and games are available as is time with case managers. The goal is to build trust and relationships. In the morning, a breakfast/bag lunch is offered. Guests help with clean-up and are transported back to the Tempe Salvation Army or other appropriate site, usually by 8 a.m.

I-HELP agencies follow-up with guests based on individual needs and goals. The program is open to men, women, and families with older children. Unaccompanied minors are referred to Tumbleweed’s Tempe Youth Resource Center.

Over the first year, I-HELP provided shelter to an average of 24 people per night for a total of 168 nights, for over 4,000 bed nights. 307 different persons were served.

Currently, fourteen faith communities provide shelter on a rotating basis. Nine Tempe businesses and six non-profit agencies have participated in I-HELP. Sue Ringler, TCAA Director of Operations and a leader of the initiative, reports that the goal of the collaborating faith-based and community groups is to provide shelter on a seven-day-a-week basis by early 2008.

For more information on I-HELP, access the TCAA website at www.tcaainc.com.

Tempe Project Homeless Connect

Tempe Project Homeless Connect (PHC) is based on a national best practice model originated in San Francisco at Mayor Newsom's direction. The goal of a PHC is to bring together diverse entities from the community for one day under one roof to provide immediate services to homeless individuals and families. The PHC concept is similar to a stand-down for homeless veterans.

The key themes are "immediacy", "hospitality", and "community". Services must be immediately available; no appointments/referrals for the future. Homeless guests are to be treated with respect and hospitality; the best practice is to pair each guest with a volunteer who can assist them as they access the services that are available. Community engagement is critical.

After learning about PHC at the **Arizona Coalition to End Homelessness** annual conference in November 2006, a small group of homeless advocates from Tempe decided to facilitate this event in their community. The group began meeting in early December 2006 and decided to hold its first event in late January 2007, the first Project Homeless Connect in Arizona. The time frame was short, but the group was acutely aware of homeless individuals and families in the community who had been homeless for far too long and had given up hope of ending their situation. It was decided that Homeless Connect events should be held on a quarterly basis.

As a congregation with a long history of providing showers and meals to homeless individuals, the **Tempe First United Methodist Church** immediately offered its campus for the first PHC event. With a site and date chosen, representation from a broad range of agencies and organizations was needed to provide for all of a person's basic needs including shelter, benefits assistance, IDs, food, clothing, medical and legal assistance, and personal hygiene. Internet access was planned. A comprehensive list of services was drawn up and members of the planning committee began the process of inviting service providers and community members to participate.

Weekly planning meetings were held to consult on bringing agencies and organizations on board and to discuss how the event would flow. Meetings were held at the location of the event to help visualize the set up. A short intake form was created to record the number of guests and requested services. A feedback form was also drawn up for guest suggestions for future events. A postcard size invitation was designed for service providers to distribute before the event.

Within a few days of the first event in January, a debriefing session was held to review successful aspects of the event and those needing improvement. Lessons learned including the following:

- Volunteer recruitment and organizing works best if one person on the planning committee is assigned as volunteer coordinator.
- A method for collecting feedback and data from participating service providers must be in place and easy to use.
- Planning committee members and volunteers should wear something that easily identifies them to others, such as PHC logo t-shirts in different colors.
- Internet access should be set up and checked out the night before.
- Service provider signage should be placed in easy-to-read locations near their tables.
- Volunteers (guest guides) should carry a list of service providers with descriptions of their services as a reference.
- Set up separate check-in and check-out areas for guests.

- Begin recruiting volunteers well in advance.
- Some providers, such as DES, are utilized more heavily than others, requiring a system for preventing long wait times for guests.
- Invite media representatives and elected officials well in advance.
- Collaborate with shelter providers in advance in order to offer immediate admission.
- Don't worry about being perfect!

Debriefings have been held following each event to gather suggestions for improvement and to begin preparing for the next PHC. Representatives from the Coconino and Pima Continua of Care observed the Fall event in Tempe to gather information in preparation for Project Homeless Connect events in Flagstaff and Tucson.

On average, 117 homeless individuals and three families have been served at each of four events, with approximately 45 volunteers assisting each time, primarily as guest guides. Tempe PHC services have included virtually every provider of assistance for homeless families, youth and adults in the Valley, as well as hair-cutters, masseuses, medical technicians, attorneys, and court workers. Food has been provided by local caterers and grocery stores.

For more information on Tempe's Project Homeless Connect, contact Theresa James, Homeless/Fair Housing Coordinator, City of Tempe, through www.tempe.gov.

Valley of the Sun United Way, Phoenix

Valley of the Sun United Way (VSUW) is a local nonprofit organization that brings community members together and focuses resources on the most critical human care needs in the Valley. By partnering with businesses, individuals, government and other nonprofits, VSUW is able to monitor the needs of the community and respond quickly as issues or opportunities arise. As a convener, collaborator, funder and leader in addressing health and human service issues, Valley of the Sun United Way fulfills a unique role in making our community a better place.

In 2007, VSUW invested nearly \$4 million in services addressing homelessness in Maricopa County. VSUW staff members actively participate in the MAG Continuum of Care Committee and Subcommittee, HMIS Advisory Board, ICCH work group, and the Arizona Coalition to End Homelessness.

In Maricopa County VSUW also convenes providers and other nonprofits to address responses to crises, such as heat relief. Most recently, VSUW coordinated a number of local National Hunger and Homelessness Awareness Week activities, November 11-17, 2007.

I Am Sam

In observance of National Hunger and Homelessness Awareness Week (November 11-17, 2007), Valley of the Sun United Way produced an important video telling the story of Sam, a formerly homeless man. Sam's daughter had a life-threatening illness. When he left his job to nurse her back to health, he lost his home and became homeless. Fortunately, he found help through the Maricopa Human Services Campus and has since regained stability in his life. Sam's inspirational video can be viewed at www.youtube.com/vsuw.

Inspired by Sam's video, a collaborative of agencies led by VSUW created silicon bracelets with the "I Am Sam" slogan and began distributing them for \$.50/each. Each purple-on-black bracelet is accompanied by interesting statistics and a brief personal story written by a currently or formerly homeless person. The heartfelt stories are intended to remind recipients that, while

it is common to generalize about “the homeless,” each person experiencing homelessness is a unique and dignified human being. “I Am Sam” is a reminder that homelessness could happen to anyone.

The convening

A collective of Maricopa County provider agencies, funders, government (city, county and state departments), coalitions and other interested individuals meets monthly at VSUW to discuss relief services for homeless individuals and families. Initial activities began in the summer of 2006 to coordinate county-wide heat relief efforts. In 2007, participants have supported a VSUW water drive and have shared resources and best practices. The collective coordinated efforts for National Hunger and Homelessness Awareness Week, with plans to continue awareness efforts on an on-going basis. The collective also works to assure county-wide collaboration in meeting cold-weather relief needs during the winter season.

For more information, contact Amy Schwabenlender at aschwabenlender@vsuw.org or call 602-631-4841.

Veterans Services in the Maricopa Continuum of Care

U.S. VETS - Phoenix operates Victory Place, an 81-bed transitional housing and employment services center dedicated to the successful reintegration of homeless veterans. Sixty-nine of the 81 beds are operated as the “Veterans In Progress” (VIP) program which provides outreach, transitional housing, employment services, life skills development and long-term housing placement to homeless veterans.

Each year VIP serves approximately 250 homeless veterans, with 75% obtaining employment, 95% maintaining sobriety, and 65% achieving reintegration in the community as productive, independent citizens. Twelve of the 81 beds at Victory Place are independent living units for low-income veterans, most of whom have graduated the VIP program. U.S. VETS also sponsors a 61-bed transitional and permanent housing facility for homeless veterans in Prescott, Arizona.

For more information on U.S. VETS – Phoenix, see the U.S. VETS website at www.usvets.org, or call 602-305-8585.

In July 2007, **Central Arizona Shelter Services (CASS)** received a \$491,000 grant through the VA’s Homeless Providers Grant and Per Diem Program to ensure that up to 43 homeless veterans have shelter and access to services needed to end their homelessness. CASS and Health Care for Homeless Veterans (HCHV) staff collaborate to identify those eligible for the CASS VETS shelter program and connect them with additional supportive services at the VA Medical Center. CASS VETS will provide shelter and specialized case management and assist participants in accessing employment services, disability services, substance abuse treatment, and other programs located on the Human Services Campus in downtown Phoenix. CASS provides a critical service intake point for veterans, working with HCHV to move participants from CASS into the U.S. VETS transitional housing employment program. For those with disabilities or substance abuse issues, CASS provides homeless veterans the opportunity to work on those issues while in shelter and thus meet the U.S. VETS eligibility standards of sobriety and employability.

For more information on CASS VETS, contact David Bridge, CASS Chief Program Officer, at 602-256-6945 ext. 3018.

Health Care for Homeless Veterans (HCHV), based in the Carl T. Hayden VA Medical Center in Phoenix, provides outreach to assist homeless veterans in the Phoenix area to access VA health, mental health and substance abuse services, obtain emergency and transitional shelter services, and find employment. HCHV assists in determining eligibility for VA benefits, food stamps, social security and other benefits. The five-person staff also works to identify mental health and medical problems, screen for HCHV homeless emergency and transitional services provided by Central Arizona Shelter Services (CASS) and U.S. VETS, and provide referrals to the VA and community-based homeless services providers.

For more information, contact the HCHV office at 602-277-5551, ext. 7640, or see the Carl T. Hayden VA Medical Center website at www.phoenix.med.va.gov.

Pima County Continuum of Care

The **Tucson Planning Council for the Homeless (TPCH)** is a coalition of community and faith-based organizations, government entities, businesses, and individuals committed to the mission of reducing homelessness and addressing the issues related to homelessness in our community. The goals of TPCH are to act as advocates for homeless people and to provide leadership and function as experts and advisors to local, state and federal planning and funding bodies regarding issues that impact services to homeless populations.

TPCH membership is open to any person who attends the Council's monthly general or committee meetings. Organizational representatives who attend three consecutive general meetings and at least two committee meetings are considered voting members, with one vote per organization. Approximately 40 organizations presently have voting status.

In addition to an executive committee there are seven standing committees, including Education, Emergency Services, Homeless Youth, Continuum of Services, Discharge Planning, Plan to End Homelessness, and Homeless Management Information System (HMIS).

As reported in the HUD Continuum of Care Homeless Assistance Program Exhibit 1 for the 2007 application, the following goals were accomplished by TPCH in the previous year:

- New Life Works from COPE Community Services opened 24 permanent housing beds for chronically homeless people in early 2007.
- CODAC Behavioral Services began serving chronically homeless people with 26 permanent housing beds in December 2006.
- TPCH permanent housing providers achieved an overall rate of 82% for persons remaining in permanent housing over six months.
- TPCH providers exceeded the minimum benchmark of persons moving from transitional into permanent housing at 63%.
- TPCH providers exceeded the goal of homeless persons becoming employed at 56.6%.
- TPCH hired Leslie Carlson as Implementation Coordinator for the Pima Continuum's Plan to End Homelessness.
- TPCH launched the SOAR Pilot Project Initiative by training 35 local agencies in order to expedite Social Security benefits for homeless persons, especially those experiencing chronic homelessness.
- TPCH provided expanded coverage for counting homeless and unsheltered persons through a 30% increase in volunteers, including persons formerly homeless, the community, and agency staff.

In 2006, TPCH completed a two-year planning process to create a **Plan to End Homelessness in Pima County**. The plan was adopted by the Tucson City Council and Pima County Board of Supervisors in summer 2006. Since that time TPCH members have achieved a number of plan recommendations and other steps toward implementation:

- Improved procedures for the Homeless Street Count.
- Completed the first phase of a local Homeless Services Cost Study.
- Improved access to detoxification services.
- Developed a new source of funding for bus passes.
- Developed a searchable web site for affordable housing.
- Completed a merger of Travelers Aid services with The Primavera Foundation.
- Developed and applied for HUD funds for permanent supportive housing and services for chronically homeless people during and after substance abuse treatment.

TPCH has also identified priorities for a **2007-2008 Action Plan** based on the Continuum's 2006 Plan to End Homelessness. Here is a sample of the Council's 2007-2008 Action Plan priorities:

- *Prevention*
Goal: Increase funds for and accessibility to programs providing emergency rent, mortgage and utility assistance.
- *Employment*
Goal: Maintain a range of job training options suited to the varied needs of homeless, unemployed, and low-income Tucsonans.
- *Families*
Goal 1: Increase the number of supportive or transitional housing units for families made homeless by a variety of factors.
Goal 2: Increase the access to and number of affordable private market rentals available to low-income families on the verge of or exiting homelessness.
- *Youth*
Goal: Reduce the number of young adults on the street or in emergency shelters and provide them with the resources to transition to self-sufficiency.
- *Institutional Releases (hospital and jail/prison)*
Goal: Improve discharge planning and develop housing options for homeless people coming out of medical or correctional facilities who need convalescent medical care.

In February, U.S. HUD announced a total of \$6,168,561 in grants to support 19 homeless services programs in the Pima Continuum. For details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2006/.

For more information on the Council's activities, plans and priorities, see the TPCH website at www.tpch.org.

Primavera Foundation Prisoner Re-Entry Partnership, Tucson

The **Prisoner Re-Entry Partnership (PREP)** assists recently released non-violent former prisoners in Pima County in obtaining and maintaining employment. PREP is one of thirty Prisoner Re-Entry Initiatives across 20 states funded in November 2006 through the U.S.

Department of Labor. PREP is a collaborative effort involving The Primavera Foundation (as lead agency), DK Advocates, Old Pueblo Community Foundation, and the YWCA. Additional partners include the Pima County One Stop and the Arizona Department of Corrections. PREP is now in the second year of the grant and will soon apply for a third-year renewal from the Department of Labor.

The primary goal of the program is to help former prisoners gain the job skills, training, and mentoring required for successful job placement and long term employment, thereby reducing recidivism. Statistics clearly show that former prisoners who find employment quickly upon release are less likely to re-offend and go back to prison, which benefits program participants and the entire community.

PREP provides case management, mentoring, job skills training and placement, and support services such as bus passes, clothing, tattoo removal, childcare, work tools, and in-home therapy for families. Mentors are matched with participants to facilitate community connections through Old Pueblo Community Foundation. Participants may also obtain referrals to basic needs services, such as food boxes, utility shut-off and eviction prevention, and urgent care. In addition, the program has funding to assist with education and training and follow-up for up to 9 months after program completion.

From November 2006 through June 2007, PREP served 273 participants. 186 participants obtained employment, with an average hourly wage at placement of \$8.99/hour. The recidivism rate for program participants is 17%, compared with the national average recidivism rate of 44%. Most participants are between 25 and 44 years of age, with 9th-12th grade or high school/GED educational levels. Over 80% are on parole or probation supervision. Almost 50% have substance abuse histories.

A primary service available to PREP participants is **Primavera WORKS**, a non-profit temporary staffing agency established as an alternative to day labor halls, which often charge workers for food, transportation to work sites, and equipment rentals. Primavera WORKS offers job opportunities at over fifty area businesses, and provides free lunches, bus passes, free loan of necessary clothing and tools, job search assistance and job readiness training, free phone and message service, housing assistance, and minimum pay of \$6.85 per hour. In addition, transitional and supportive housing options are offered through Primavera and Old Pueblo Community Foundation.

For more information on PREP or Primavera WORKS, access the Primavera Foundation website at www.primavera.org.

Eon Lounge, Tucson

In 1994, the Tucson AIDS Project (now the Southern Arizona AIDS Foundation), the Pima County Health Department, and Wingspan joined forces to address the growing rate of HIV infection among young gay and bisexual men in Tucson. The program was originally called the Gay Young Men's Project (GYM). GYM became QueerVoice in 1998, adding community education on lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth issues to its agenda. In 2001, the Lounge, Arizona's first and only LGBTQ youth center, was opened. In February 2003, participants voted to change the program's name to Eon.

Eon provides a number of youth leadership activities to foster skills, opportunities and support for youth's voice within the LGBTQ community and Southern Arizona. Youth leadership

activities include structured and informal peer and adult mentoring, opportunities for youth-driven programming and project oversight through the Peer Working Group, and consciousness-raising and campaign development through Eon's youth activism project (Queer Revolution/ Revolución). Eon also offers forums for self-expression and youth media through zine creation, an Eon newsletter, and artistic activities, such as "drag 101" workshops and performances, visual and performance arts projects, and other youth-driven creative activities. By providing opportunities for youth to gain knowledge and skills and serve as educators for their peers and adults, Eon is instrumental in shifting the perception of LGBTQ youth in the Tucson community.

Homeless Youth Project

Eon strives to meet youth's basic needs. Through the Homeless Youth Project (HYP), youth can receive bus passes, food, hygiene items, clothing and referrals. HYP also has a support group on Wednesdays and daily one-on-one check-ins and goal setting with staff. HYP has over 150 participants and serves an average of 40 youth a month. Eon also provides health services, including HIV testing, nursing services, sexual health education presentations, therapy and crisis management, and open office hours for youth check-ins with staff.

In 2003, Eon received a \$2.5 million grant from Substance Abuse and Mental Health Administration to fund the Prism Project, an education and research initiative aimed at substance-using LGBTQ youth of color and their multiethnic peers. Through the Project's creation, Eon became a formal collaboration between the Pima County Health Department, Wingspan Community Center, the Southern Arizona AIDS Foundation (SAAF), and CODAC Behavioral Health Services. This multi-agency collaboration has been crucial to providing comprehensive services for the diverse experiences and needs found within the LGBTQ youth community.

The Prism Project consists of a series of seven workshops designed to assist sexual minority youth and their multiethnic peers with substance use and identity issues. Participants in the workshop series are also invited to take part in a year-long study to evaluate the effectiveness of the workshops and map changes in behavior over time.

The Pima County Health Department is the fiscal agent and provides program oversight and regular STI/HIV testing at Eon. Wingspan provides homeless youth services, youth empowerment projects, outreach to schools, and staff to coordinate Eon activities. SAAF provides safer-sex materials, sexual health information, and staff, and CODAC provides on-site therapy, substance abuse treatment, and referrals. The University of Arizona's Southwest Institute for Research on Women (SIROW) has joined to conduct the evaluation and comprehensive assessment of the Prism Project.

Above all, Eon is a safe place for LGBTQ youth and straight allies. Eon aims to empower, encourage and validate youth's experience within the world and help them to create change in their own lives and communities.

For more information, access the Eon Lounge website at www.eonyouth.org.

Note: As mentioned in the youth section of this report, national research data released in January by the National Coalition for the Homeless and the National Gay and Lesbian Task Force indicates that 20 to 40% of homeless youth identify as lesbian, gay, bisexual or transgender (LGBT). These figures are greatly disproportionate to the approximately 3 to 5% of the U.S. population which identifies as LGBT. The Task Force has called for recognition of an epidemic of homelessness among LGBT youth.

Old Pueblo Community Foundation Transitional Housing Services, Tucson

The Old Pueblo Community Foundation (OPCF) was founded as a non-profit corporation in 1995 by Nick Jones. The Oasis Church provided funding to lease the organization's first facility, a duplex near 12th and Valencia in Tucson offering six beds for men exiting the correctional system. Jones worked from his home for four years as a volunteer until Casa Santa Clara reached a 55-bed capacity, at which point he quit his day job to operate Casa Santa Clara full-time. Similarly, OPCF's Oasis House for Women was created in 2001 when Leah Jones, Nick's spouse, quit her day job and worked as a volunteer for 18 months to establish the program before becoming a paid staff member.

In twelve years OPCF has served over 6,000 homeless people and now provides housing and supportive services for homeless men, women, and families in nine facilities with a total of 230 beds. In fiscal year 2007, OPCF's Casa Santa Clara Transitional Living Services has housed and served 612 men, 192 women, and 18 families with 41 children. Currently OPCF has 22 full-time staff, 7 contracted therapists, and 17 part-time resident house managers working to fulfill the Foundation's vision of "building futures one step at a time" by providing quality transitional housing and recovery programs.

Of participants completing Casa Santa Clara transitional services in 2006:

- 67% retained permanent housing for six months.
- Of those receiving computer training, 76% obtained full-time employment at an average rate of \$9.01 per hour.
- 90% of remained employed for six months.
- 82% maintained sobriety for at least six months.

The following programs are highlighted by the Foundation:

Men in Transition – A HUD-funded collaboration with DK Associates to serve individual men released from incarceration. Participants are provided housing, substance abuse support services, job skills training and employment placement assistance. With a capacity of twelve, 77 men are served on average each year.

New Chance – A HUD-funded supportive housing program collaboration with Pima County Jackson Employment, Primavera Foundation and Arizona Housing and Prevention Services. Individual men and women released from corrections facilities are provided six months housing, substance abuse support services and job skills training. A total of 24 men, women and family individuals can be served at any given time, with an average of 106 people being served each year.

Oasis Project – A HUD-funded six-month to two-year supportive housing program partnership with DK Associates providing housing, substance abuse support services, job training and employment placement assistance. The goal of this program is to lead participants to family reunification following completion of a 90-day program. The program has availability for 16 men and 8 families at any given time, with an average of 18 families and 102 men being served each year.

Compass Re-Entry – An Arizona Department of Corrections (ADC)-contracted partnership with Compass Health Care, Inc. serving offenders state-wide who are referred by the ADC and are on the verge of revocation of parole or are appearing before the parole board. These clients are offered sixty days of housing, four two-hour therapy sessions per week and substance abuse support services. Up to 45 individuals can be served at a time, with an average of 85 people

served each year.

Casa Mariposa – A new project funded by the U.S. Department of Justice Office on Violence Against Women providing transitional housing for women survivors of interpersonal violence, including domestic violence, dating violence, stalking and sexual assault. The project will create eight new beds for homeless victim/survivors. The project is an innovative partnership with Southern Arizona Center Against Sexual Assault, an experienced sexual and domestic violence service provider.

Casa Veterans Assistance Program – A new program to open in January 2008, serving military veterans released from incarceration. This program provides not only housing and supportive services, but a service component specific to newly- released offender veterans. The program is designed to provide homeless veterans with the opportunity to achieve independence and self-sufficiency. Family reunification, community engagement activities, and social skills training are primary components.

Casa Santa Clara Project – A program funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). In collaboration with ASU's Applied Behavioral Health Policy office and Compass Health Care, Inc., the program enhances substance abuse and mental health treatment services for homeless offenders released from the Arizona Department of Corrections, the Federal Bureau of Prisons, and Arizona jails.

The Casa Santa Clara Project works to:

- 1) Engage program participants in substance abuse and mental health treatment services through the use of *Motivational Enhancement Therapy*, a style of counseling aimed at helping clients address their ambivalence and reluctance to change their use of alcohol or drugs.
- 2) Eliminate reinforcement for substance use and enhance positive reinforcement for sobriety using the *Community Reinforcement Approach*. This approach helps clients arrange rewarding experiences within his or her social, recreational, vocational, and family environments to aid in the recovery process, making behaviors related to abstinence more rewarding than behaviors related to substance abuse.
- 3) Facilitate trauma recovery among program participants by enhancing trauma awareness. The Foundation believes the pervasive impact of trauma, especially sexual and physical abuse, in the lives of people with substance and mental health issues must be addressed directly if other services are to be effective. Therapists and house managers are trained using the *Trauma Recovery and Empowerment Model* to assure sensitivity to the needs and issues of Casa Santa Clara residents.
- 4) Create a consortium of homeless providers, behavioral health services, and primary care providers to promote cross-training, inter-agency communication, and seamless systems of integrated services provided to the homeless ex-offender population.

The Casa Santa Clara Project is designed to serve 575 individuals over 5 years. To date, 103 men and 122 women have been served.

Old Pueblo Community Foundation also serves ex-offenders and homeless people through the COSIG Program, Project PREP (see PREP feature in this report), Women in Recovery, and the Arizona Families F.I.R.S.T. program.

For more information, access the OPCF website at www.oldpueblofoundation.org.

Rural Arizona Continuum of Care

The Rural Arizona Continuum of Care encompasses 13 Arizona counties. This Continuum of Care is a confederation of local committees (usually countywide) that:

- share programmatic experience and design;
- develop regional solutions and the sharing of facilities and resources wherever possible;
- advocate for the needs of rural homeless persons; and,
- provide a united statement regarding programmatic and financial resources needs to state and federal funding agencies.

The Arizona Department of Housing (ADOH) serves as the lead agency for the homeless and community planning Continuum of Care process for the 13 rural counties in the state. On an annual basis, ADOH applies for competitive funding to HUD for projects and programs that are identified as priority needs through the Rural Continuum process. ADOH then acts as the administering agency for the grants that are passed through to the participating sub-recipients.

The Rural Continuum of Care committee is co-chaired by the directors of the ADOH Special Needs Office and the Arizona Coalition to End Homelessness. The Committee consists of representatives from the local homeless planning groups, plus representatives from entities with statewide responsibilities and interests in developing programs to end homelessness. In addition to providing a planning forum for information sharing and programmatic design, the Committee also is a vehicle for establishing funding priorities, developing training resources for staff working directly with homeless clients, and advocating on a statewide level with the other Arizona Continua of Care for changes in funding and policies regarding services and housing for homeless persons.

In 2004 the Continuum began implementation of a Homeless Management Information System (HMIS). For information on the Rural Continuum HMIS, see the website at www.symmetricolutions.com/ruralashmis.

In February 2007, the U.S. Department of Housing and Urban Development announced 2007 awards totalling \$2,449,191 million for 18 projects within the Rural Continuum. For details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2006/.

Casas Primeras Supportive Housing Project, Cochise County

As the Regional Behavioral Health Authority (RBHA) since 1995, the Community Partnership of Southern Arizona (CPSA) manages the state's publicly-funded behavioral health care system in the five-county area of Pima, Cochise, Santa Cruz, Graham and Greenlee Counties. Upon becoming the RBHA, CPSA soon recognized that one of the greatest unmet needs of persons with a serious mental illness (SMI) was access to affordable, safe/decent housing with support services. Through the Arizona Department of Housing, CPSA applied for and received a HUD Continuum of Care Shelter Plus Care grant to provide rental assistance for 112 homeless disabled people in Pima County.

By the year 2000, CPSA's behavioral health providers in all counties realized that a majority of people on their housing wait lists were homeless and/or very low-income. CPSA responded by utilizing one-time funding from the Arizona Legislature to develop 64 units of permanent housing in Pima County and 36 units of permanent housing in the rural counties. CPSA continues to

develop small communities of permanent housing for persons with serious mental illness in all five counties. This year's housing emphasis is the development of housing for young adults between 18 and 24 years. Also, since 2000 the CPSA housing department has received six more HUD Continuum of Care permanent housing grants for disabled homeless persons. These HUD grants total 250 units of permanent supported housing in Pima County and 63 units in the rural counties.

Casas Primeras

The newest HUD Supportive Housing Project grant award in southern Arizona is Casas Primeras, a permanent housing program for 22 chronically homeless people in Cochise County. The program is run by CPSA's Network Provider in rural Arizona, Southeastern Arizona Behavioral Health Services (SEABHS). Participants are all members of CPSA and have been diagnosed with a serious mental illness and/or disabling substance use. Participants are also chronically homeless, which HUD defines as an unaccompanied disabled individual who has been homeless on the streets or in a shelter for one year or longer, or four times in the past three years.

Casas Primeras tenants may choose wherever they would like to live in Cochise County as long as the rent does not exceed \$540 per month, HUD's determination of the fair market rent for the county, and the unit is a safe and decent environment. The participant pays 30% of his/her adjusted income for rent and utilities, and HUD provides rental assistance to pay the rest. SEABHS provides many support services. The need for this grant was determined by the Cochise County Continuum of Care which is a local division of the Arizona Rural Continuum of Care.

All of the homeless and low-income service providers in Cochise County played a role in helping CPSA to secure the grant. They wrote letters of support, agreed to allow participants to stay in shelters or rehab facilities while waiting to secure housing and to help with outreach and identification of chronically homeless people who need our help. It is wonderful to see the joy on participant's faces when they sign the lease and get a key.

For additional information, contact CPSA's Barbara Montrose at barbara.montrose@cpsa-rbha.org.

Coconino County Continuum of Care and PATH Program, Flagstaff

2007 has been an especially eventful year for the Coconino County Continuum of Care, a local division of the Rural Continuum of Care. Among the most significant events are:

- **The Guidance Center's** application in response to the most recent HUD Continuum of Care SuperNOFA to provide 12 units of permanent supportive housing for chronically homeless individuals in the Flagstaff area. The Guidance Center will work in conjunction with Catholic Charities' PATH homeless outreach program to identify and refer individuals to the program.
- During summer 2007, the Coconino County Continuum of Care Committee participated in a homeless persons' count coordinated by **Catholic Charities' PATH outreach team**. A summer count was necessitated by the inadequacy of winter count data due to bad weather and the well-known seasonal fluctuation in numbers of homeless persons in the County. The summer count consisted of a week-long survey (June 21-26) of homeless persons in eighteen locations in the County. Participants were asked to respond to 20 interview questions.

- Flagstaff Shelter Services, The Salvation Army, Coconino County Community Services, Catholic Charities, Red Cross and other private agencies partnered to open the **Emergency Winter Shelter** in an unused church. The shelter remained open throughout the winter months, providing over 1,400 bed nights and 3,000 meals. PATH Team members staffed the overnight shelter and provided logistical support, including operating a voucher system for women and families. Several newspaper articles in the Arizona Daily Sun focused on the emergency shelter, promoting awareness of homeless issues and furthering the goals of the PATH Program and the Continuum.
- In addition to organizing the 2007-2008 Emergency Winter Shelter, Flagstaff Shelter Services is working to open a **year-round emergency shelter** in Flagstaff. Both the Coconino Continuum of Care and the Coconino PATH Program are major partners in this process.

The Coconino County PATH Program's achievements throughout 2007 were the result of an aggressive strategy of relationship-building with local service providers and a willingness to create needed services. During the year ending September 30, 2007, the Coconino PATH Program had approximately 4600 client contacts, with 134 enrolled clients and 73 clients successfully referred to psychiatric treatment. Over 500 unduplicated clients were served in each of the most recent two quarters.

Selected data from the Coconino PATH 2007 one-week Summer Count:

- A total of 506 persons were counted, including 260 single adults, 83 adults in families, 163 children and youth in families or unaccompanied. The total of 506 contrasts with the January 2007 point-in-time count total of 93 homeless persons.
- A total of 369 persons completed the 20-question interview. Most reported having spent the previous night on the street, in a vehicle, camping, in jail, or with a friend or family member on a temporary basis.
- Thirty-six percent indicated they were chronically homeless (i.e., continuously homeless for the past 12 months or homeless at least four times in the past three years). This percentage contrasts with the statewide January 2007 chronically homeless percentage of 28.5.
- Slightly less than one-quarter of respondents reported part- or full-time employment.
- Regarding length of homelessness, 28.5% said they had been homeless for less than 30 days, 16.8% for 30 to 90 days, 21.1% for three months to one year, and 33.6% reported experiencing homelessness from one year to more than ten years.
- One in five respondents said they had served in the military.
- The most commonly cited reasons given for being homeless were unemployment, low wages or part-time work, inability to pay rent or mortgage, alcohol or drug abuse, illness of self or family member, and mental health problems.
- Almost 40% of respondents said they were disabled from mental illness and/or drug or alcohol abuse, developmental disability, or chronic physical illness or disability.

The Continuum's experience with the first Coconino summer count was highly favorable. The week-long, 18-site interview process allowed for a means to identify individual contacts, greatly reducing the possibility of error from double-counting. The 20-question survey instrument was adapted from a HUD-published model to suit the local context and included several opportunities for open-ended responses. The Continuum has thus been able to "mine"

interviewee responses to learn much more about the nature of homelessness in the County than possible through a point-in-time count. A sequel is planned for summer 2008.

For further information on the Coconino Continuum or the Summer Homeless Count, contact Catholic Charities, Coconino/Mohave Region, at 928-774-9125, or access the Catholic Charities of Arizona website at www.catholiccharitiesaz.org.

The Guidance Center, Flagstaff

The Guidance Center (TGC), as the designated provider of publicly-funded behavioral health services in Coconino County, works to improve the behavioral health of people in Coconino County and northern Arizona. Established in 1969, The Guidance Center is a Community Mental Health Center that offers a full continuum of Behavioral Health programs and services for children, adolescents, adults and families. With offices in Flagstaff and Williams, TGC has more than 30 years experience in providing comprehensive behavioral health services, including services for individuals with co-occurring serious mental illness and chemical dependency problems.

The Guidance Center's residential housing program focuses on single homeless persons experiencing serious mental illness. The following residential facilities are in operation:

Inverrary House - This is a Supportive Housing Project under a grant from U.S. Housing and Urban Development and the Arizona Department of Housing. It provides housing for eight clients, with 7-day, 24-hour staff coverage. Clients are provided services such as daily meals, use of laundry, life skills training, education and vocational rehabilitation programs, behavioral health programs, medical care, case management, and transportation. Some clients are employed; others learn skills to obtain employment, move to their own permanent housing, and reach self-sufficiency.

Ponderosa Plaza – This is a permanent housing program with 14 residents who live independently without on-site supervision. Residents are responsible for cooking their own meals, shopping, laundry, attending daily behavioral health programs, and for maintaining the safety and security of the property. Group meetings are held to discuss needs and case managers visit regularly. Room inspections are also required.

Dale House – This is a privately-owned Section 8 home which now has seven clients from the Guidance Center. This is also permanent single housing. Clients cook, clean and maintain the home and may work or attend school. Although all residents receive some assistance from the Guidance Center, the emphasis is on independent living.

Lewis Lodge Home – The Guidance Center took advantage of the opportunity to purchase this house in November 2006. It has now been completely renovated. The Center provides behavioral health services, individual living skills training, and case manager assistance. Clients cook their meals, do their laundry and are responsible for keeping the house clean. A house manager lives on site to assist the clients. Six clients currently live at this property.

Coming soon will be the **Heart Prairie Project**. Funding for this project was through state-wide competition. The project will assist chronically homeless men toward the goal of self-sufficiency during 12-month terms.

For further information, access the Center's website at www.tgcaz.org.

Interagency and Community Council on Homelessness

In June 2004, Governor Janet Napolitano signed Executive Order 2004-13 establishing a State Interagency and Community Council on Homelessness (ICCH). The purpose of the Council was to develop and implement a State Plan to End Homelessness through identification of policy, practice and funding actions that can be taken at the state level to prevent and end homelessness through support, involvement and coordination among multiple state agencies and the private sector.

The Council is currently co-chaired by Fred Karnas, Director of the Department of Housing, and Tracy L. Wareing, Director of the Department of Economic Security, and is comprised of representatives of the Governor's Office, private and philanthropic sectors, and the following state agencies: Arizona Health Care Cost Containment System, Department of Economic Security, Department of Housing, Department of Corrections, Department of Education, Department of Veterans Services, Department of Health Services, Department of Juvenile Corrections, Government Information Technology Agency and the Arizona Supreme Court.

The Council is supported by a Work Group, consisting of state agency staff, service providers, and community members. The role of the Work Group is to:

- Support the implementation of the approved State Plan within their agencies and through coordination and collaboration with other state agencies,
- Monitor implementation of the State Plan,
- Identify policy issues and options for presentation to the Interagency and Community Council on Homelessness.

The State Plan to End Homelessness was completed and adopted by the Interagency Council in December of 2005. Since then, focus has shifted to implementation of the plan. Joint budget initiatives have been developed, but lack of funding has prohibited further progress.

For 2008, the ICCH has outlined four goals:

- To plan for a future operating subsidy for housing homeless families and explore other options for housing people with incomes of 30% of the median and below.
- To gather feedback from non-profits service providers, local governments, and other stakeholders regarding potential policy changes that would enable them to more effectively prevent and end homelessness.
- To establish a common, consistent language that allows a broader population to relate to and engage in issues surrounding homelessness.
- To connect ICCH to efforts regarding anti-poverty and smart growth.

6.0 RESEARCH BRIEFS

2007 Arizona's Housing Market at a Glance

September 2007

Arizona Department of Housing

Each year the Arizona Department of Housing (ADOH) publishes data generated by ADOH staff and collected from state and federal agencies concerning the trends in Arizona's housing market. "2007 Arizona's Housing Market at a Glance" provides the most recent overview of these trends, including analyses and tables from available 2006 and 2007 data on housing, income, population, employment, and wages by occupation and industry. Communities are compared statewide on the basis of affordability as reflected in median home prices or fair market rent in each area.

With rising mortgage foreclosures, increasing numbers of unsold homes, and a severe downturn in construction of new homes, the housing market is experiencing a significant downturn nationally and in Arizona. In December 2007, ADOH estimates that more than 10,000 residential properties have been taken over by lenders in 2007 due to mortgage foreclosures or transfers of deed in lieu of foreclosure, and that more than 35,000 properties are in the process of being foreclosed. Further, seventy% of foreclosed homes and 79% of those in process are in Maricopa County, and *one in every 40 Arizona homeowners had entered the foreclosure process since January 2006*. The highest rates of foreclosure are in Mohave County (10.3%), followed by Pinal County at 9.5%. Also, the number of Arizona homeowners entering the foreclosure process has tripled since the beginning of 2006, from 4,697 to 17,853, according to the Department.

The downward trend of the Arizona housing market began in 2007 and is expected to worsen in 2008. However, even before the current crisis, thousands of Arizona families struggled to find housing they could afford. ADOH data indicate the following:

- Housing is considered affordable if the monthly rent or mortgage payment is not greater than 30% of the gross income of the household. According to 2005 U.S. Census Bureau data, *over one-third of homeowners and nearly half of all renters in Arizona spend more than the 30% affordability standard on housing.*

(Added note: 2006 Census data show 14% of mortgage-holders spent *at least half their income* on housing in 2006, up from 13% in 2005. In both years, 25% of renters spent *half their income* on housing.)

- From 2000 to 2006, the median sales price of Arizona homes *increased by 85%*, from \$140,600 to \$260,000. However, median family income in the state *increased by only 15%*, from \$47,800 to \$54,900, over the same period.
- A clear indication of the downturn in Arizona's housing market is shown in the one-year change in the state's housing appreciation rate. One year ago, Arizona led all states in the rate of annual housing price increase. This year, Arizona slipped to 25th nationally.
- ADOH and ADES data show that, based on the 30% housing affordability standard, the hourly wage needed to rent a two-bedroom rental unit significantly exceeds the median hourly wage paid to retail sales workers and waitpersons *in every county in Arizona.*

- In Coconino County, a retail sales worker makes an average \$8.52/hour but would need to make \$18.06/hour to rent a two-bedroom unit, a gap of \$9.54. Statewide, the “affordability gap” for retail sales workers is \$4.19, the difference between the median hourly wage of \$9.33 and the \$13.52/hour wage needed to rent.

The Department’s **housing affordability analysis** looks at median home prices, two-bedroom apartment rental costs, and the hourly median wages of police officers, teachers, retail workers, nurses, firefighters, and waitpersons in 28 communities throughout the state. Data sources include ADOH, ADES, HUD, ASU’s Arizona Real Estate Research Center, and local real estate associations and local governments.

With the affordability assumption that no more than 30% of income should be allocated to housing, the 2007 analysis shows the following:

- Statewide, an hourly wage of \$38.04 is needed to buy a home at the statewide median home price of \$260,000. An hourly wage of \$13.52 is needed to rent an apartment at the statewide median monthly rent of \$703 for a two-bedroom unit. However, the statewide median wage for the six professions (police, teachers, retail workers, nurses, firefighters, and waitpersons) is \$12.97 per hour.
- Median home prices range from a low of \$88,900 in Douglas to a high of \$577,500 in Sedona. Home prices are generally much higher in urban areas, areas attractive to visitors, and communities with high proportions of seasonal or recreational homes.
- Communities with particularly low home prices relative to local wages include Douglas, Coolidge, Eloy, and Winslow. Communities with especially high home prices and rents relative to local wages are Sedona, Flagstaff, Prescott, and Williams.
- From 2005 to 2007, the affordability picture for home-buying has worsened considerably in many communities relative to wages. For example, in 2005 a police officer could afford to buy a home in thirteen communities in the state, but in 2007 can afford to buy in only five.
- Retail workers and waitpersons cannot afford to buy or rent housing in any of the 28 communities. Statewide, the hourly wage needed by a waitperson to rent a two-bedroom apartment (\$13.52) is more than twice the median hourly wage (\$6.67) of waitpersons. Retail workers would need a 45% wage increase over their current median wage of \$9.33 per hour in order to rent the same apartment.
- While a firefighter can afford to rent an apartment in most communities (except for Flagstaff, Prescott, Sedona, or Williams), he or she can afford to buy a home only in Douglas, where the median home price is \$88,900.
- Teachers (median wage \$16.16/hour) and nurses (median wage \$19.72/hour) can afford to buy a home only in Douglas, Coolidge, Eloy, and Winslow. In addition to those four communities, police officers (median wage \$23.74/hour) can also afford to buy in Nogales. Like firefighters, teachers cannot afford to buy or rent in Flagstaff or Williams.

“2007 Arizona’s Housing Market at a Glance” also provides tables on employment growth and housing affordability by industry in rural and urban areas, and on median home values and household income data by county. The complete report can be accessed at the Department’s website, www.housingaz.com/.

Added Note: On November 29, 2007, a *New York Times* editorial titled “Spreading the Misery” contained these words concerning the nation’s mortgage foreclosure crisis:

“The nation’s foreclosure crisis is metastasizing and communities are in harm’s way as property values and tax bases decline and crime increases.

“In the third quarter, there were 635,000 foreclosure filings, a 30% increase from the previous quarter and nearly double from a year ago, according to RealtyTrac, a national real estate information service. That works out to one for every 196 households...Foreclosures rose last year in Colorado, Georgia and Texas and are now surging in California, Nevada, **Arizona** and Florida. In those states unsustainable mortgages are at the root of the problem.

“Foreclosed properties damage the value of nearby homes and the tax bases of municipalities. There is also a strong correlation between foreclosures and crime. For every one percentage point increase in a neighborhood’s foreclosure rate, violent crime rises 2.3%.

“As more foreclosures take their toll, the need becomes ever more obvious for a comprehensive, national effort to avert evictions.”

Arizona Population and Poverty Data

From data available through the U.S. Census Bureau American Community Survey and from The Annie E. Casey Foundation’s KIDS COUNT.

According to 2000-2006 data published by the U.S. Census Bureau, an estimated 857,000 persons lived in households with incomes below the federal poverty level in Arizona in 2006, a *9.9% increase over the number of persons in poverty in Arizona in 2000.* (Note: In 2006, the poverty threshold for a family of two adults and two children was \$20,444.)

The percentage of those living in poverty in Arizona in 2006 was 14.2%, roughly two percentage points higher than the national average. This placed Arizona in the *bottom 30% of all states* when comparing poverty levels. Moreover, according to the National Center for Children in Poverty, families must earn an income greater than twice the federal poverty level to achieve self-sufficiency. In January, the Children’s Action Alliance reported that one-third of Arizona working families fell below that standard.

County poverty rates

Poverty rates in twelve of Arizona’s fifteen counties are higher than the national average of 12%. Poverty rates in four counties – Apache, Navajo, Santa Cruz and Graham – are substantially above 20%. The rate of persons living in poverty in Apache County was 37.8% in 2006; 29.5% in Navajo County; 24.5% in Santa Cruz County; and 23% in Graham County. The same four counties also have the highest rates of child poverty in the state: 42.8% in Apache, 36.6% in Navajo, 30.2% in Graham, and 29.7% in Santa Cruz. Other counties with especially high rates of overall poverty and child poverty are La Paz and Yuma.

Although the rate of poverty in Maricopa County is moderate at 11.7%, over 440,000 persons were estimated to live in poverty in the county last year. Over 139,000 were estimated to live in poverty in Pima County in 2006. Those two counties account for almost 70% of the state’s total population of people in poverty.

Children's poverty

The state's number of children living in poverty in 2006 is estimated at 312,000, or one in five of all those under age 18. Since 2000, Arizona's rate of poverty among children has been higher than the national rate of child poverty. The number of children in extreme poverty (living in families with incomes less than 50% of the federal poverty level) was estimated at 134,000.

Also regarding child poverty in Arizona, the rates of children in low-income working families and of children living in crowded housing have been substantially higher than national rates since 2000. At 27%, the 2005 rate of children in low-income working families was almost one-third higher than the national rate of 22%. Twenty-one percent of Arizona children lived in crowded housing conditions, while the national rate was 13%.

It is important to note that, according to 2006 federal census data, Arizona's 20.2% rate of population growth was second only to Nevada's between 2000 and 2006, making Arizona the 16th most populous state in the nation with an estimated total of 6,166,318 persons. The state's rate of population growth is more than triple that of the national rate of 6.4%.

To access the Annie E. Casey Foundation KIDS COUNT data, go to www.kidscount.org. To access American Community Survey data, go to www.census.gov/acs/www/index.html.

Statewide HMIS Reporting System

Summary Data About Clients Accessing Housing and Services in the State of Arizona

June 30, 2007

Prepared by the Arizona Department of Housing for the Governor's Interagency and Community Council on Homelessness

This brief is a compilation of fiscal year 2007 (July 31, 2006 – June 30, 2007) data from the State's three Continua of Care (CoC) – Maricopa, Pima, and Rural. Each Continuum operates a separate Homeless Management Information System (HMIS). Congress has directed the U.S. Department of Housing and Urban Development (HUD) to assist local jurisdictions in implementing Homeless Management Information Systems (HMIS) and in using data from these systems to obtain unduplicated counts of homeless persons, analyze local patterns of service use, and assess local service needs. Each Continuum is required to utilize the HMIS data collection system in annual competitive grant applications to HUD for federal McKinney-Vento funding.

HMIS system administrators from each CoC have extracted aggregate, summary level data to generate a series of statewide reports on various aspects of the homeless client population and services. It is noted that the compilation is not a complete picture of homelessness in the State. Although the quality and completeness of data entered by homeless service provider agencies is greatly improved since system inception in 2004, not all shelter providers currently participate in HMIS (see note below). The three Continua estimate that on any given day *20,000 to 30,000 people are homeless in Arizona and not served by the homeless services system.*

Numbers of clients served are reported as unduplicated within each CoC. That is, a client is counted as one person even though he or she may have received services from more than one service provider in the continuum during the year.

The following data are drawn from the 2007 statewide HMIS summary:

- In a June 30, 2007, single day count, a total of 8,123 persons were reported in emergency shelters, transitional, and permanent supportive housing statewide. This contrasts with the total of 12,261 persons reported from the January 30, 2007, statewide HUD point-in-time shelter count, possibly due to a lesser number of providers reporting through HMIS.
- On June 30, 2007, 59% of persons counted as sheltered were in Maricopa County, 17% in Pima County, and 24% were in the rural counties. Corresponding January 2007 point-in-time percentages were 64.7% in Maricopa, 23.2% in Pima, and 12.1% in the rural counties.
- On June 30, 2007, fifty-five% of persons in shelter were single individuals; 45% were persons in families. The January 2007 statewide count showed a 50-50 distribution.
- For the month of June, 2007, a total of 11,431 persons were reported served in emergency shelters, transitional, and permanent supportive housing. Fifty% of those served were reported in Maricopa, 30% in Pima, and 20% in the rural counties.
- For fiscal year 2007, the three Continua reported serving a total of 23,624 unduplicated persons in all services, including shelter, transitional and permanent supportive housing, outreach, prevention, and other forms of assistance. Single individuals accounted for 63.9% of those served during the year; 36.1% were persons in families.
- Of the 23,624 persons reported served by HMIS participant providers during fiscal year 2007, 60% were reported by the Maricopa CoC, 21.2% by the Pima CoC, and 18.7% by the Rural CoC. Yuma County accounted for almost one-third of all those reported served in the Rural CoC, with 1,297 persons served for the year.
- The age distribution of persons served by HMIS participant providers shows that almost 60% of clients served were 31 to 61 years of age, while less than 40% of the general population is found in that age range.
- Regarding gender, males comprised 61% of homeless persons served, disproportionately higher than the 50% general population rate.
- Regarding ethnicity, 17% of homeless clients were African-American, disproportionately higher than the 3% of African-Americans found in the general population.

In addition to these topics, the 2007 summary document provides data on client area of residence and type of residence prior to program entry, intended destination on program exit, average program stay, reasons for leaving the program, sources of income and benefits, employment status, disabilities, and the extent of chronic homelessness.

Regarding chronic homelessness, HMIS participant providers reported 27% of persons served during fiscal year 2007 as chronically homeless by HUD definition. This is very similar to the 28.5% figure reported in the January 2007 statewide point-in-time count, though the latter is a percentage of emergency sheltered and unsheltered persons.

The complete 2007 statewide HMIS summary can be accessed through the Governor's Interagency and Community Council on Homelessness webpage on the Arizona Department of Housing website at www.housingaz.com.

Note: Separate analysis of homeless housing inventories from data reported by the three Arizona Continua of Care in the 2007 HUD McKinney-Vento funding application process shows the HMIS system collected data on 84% of emergency shelter, transitional, and permanent supportive housing beds statewide in fiscal year 2007. This calculation excludes domestic

violence shelter beds, as domestic violence shelters do not participate in HMIS. The statewide HMIS coverage rate has increased steadily since system inception in 2004. See Appendices for a summary of 2007 housing inventory data.

Maricopa County Homeless Mortality Study 2004-2005

April 2007

By R. Nicholas Staab

Office of Epidemiology

Maricopa County Department of Public Health (MCDPH)

This study used county public health records and Homeless Management Information System (HMIS) data to study mortality among homeless persons in Maricopa County in 2004 and 2005.

Over 18,000 records were reviewed. The researchers noted a high rate of growth in the number of homeless persons in the county, similar to overall population trends. Maricopa County is currently the nation's fourth largest county, growing by roughly 100,000 persons annually.

2005 mortality data showed:

- 247 deaths of homeless persons, 211 (85%) of which were males.
- Native Americans and African Americans each comprised 10% of the 2005 deaths, while in the general population Native Americans accounted for only 1% of deaths and African Americans only 3%.
- Seventy-nine percent of deaths among homeless persons occurred to those between 30 and 59 years of age. In sharp contrast, 78% of deaths in the general population occurred to those over 60 years of age.
- Among homeless persons, average age at time of death was 49. Average age at death for the general population was 72.
- The majority of deaths (53%) among homeless persons were found to be from unnatural causes, such as accident, suicide, homicide and alcohol- or drug-induced deaths. Only 11% of all deaths in the County resulted from unnatural causes.
- The rate of accidental death among homeless persons was five times that of the general population.

Regarding heat exposure, deaths among homeless persons were found to peak in July and August, though the factor of heat as a direct cause of death is difficult to determine due to interaction with other factors such as alcohol and drug use and other health risks. Analysis of 2005 data suggests that risk of death among homeless persons increases especially when nighttime temperatures remain relatively high, not providing unsheltered people the ability to cool their bodies following exposure to daytime heat.

A similar study is anticipated in 2008. The MCDPH website is at www.maricopa.gov/public_health/.

Affordable Housing Needs 2005: Report to Congress

May 2007

HUD Office of Policy Development and Research

This report is the tenth in a series of Worst Case Needs reports to Congress estimating the number of families and individuals with incomes 50% below area median income (AMI) and who either live in substandard housing or who pay 50% or more of their monthly income for rent. Those paying 50% or more of income in rent are considered to suffer “severe rent burden.” Those with incomes below 30% of AMI are considered extremely low income.

Unmet needs for affordable rental housing increased substantially during 2003-2005

- The number of households with worst case housing needs was 5.99 million, a 16% increase from 2003.
- The proportion of households with worst case needs in 2005 was 5.50%.
- 4.64 million (77%) of household with worst case needs had extremely low incomes.
- The number of worst case needs households remained near 5 million in most years since 1995 until rising to close to 6 million in 2005.

Populations with worst case needs

- The 5.99 million households with worst case needs included 2.32 million families with children and 1.29 million elderly households.
- There were 1.51 million single person households with worst case needs,
- The group with the largest increase in worst case needs from 2003 to 2005 was families with children.
- Among worst case needs households, 3.10 million were non-Hispanic white, 1.34 million were non-Hispanic black, and 1.17 million were Hispanic.

Character of worst case needs

- Of the 5.99 million renter households with worst case needs, 91% had severe rent burden (rent greater than 50% of income) as their only priority housing problem.
- Among worst case needs households, average rent burdens grew more severe from 2003 to 2005, with average incomes falling and average rents increasing.

The report also details worst case needs trends, geography, duration of rent burden, affordable housing availability, and the relationship of worst case households with neighborhood poverty.

The full report can be accessed through www.huduser.org.

Note: The 2002 *Arizona Affordable Housing Profile*, published by the Arizona Housing Commission and Arizona Department of Housing, concluded that the lowest income households (those with incomes below 30% of area median income) are faced with the most serious and immediate housing needs. A primary implication of that report was that creation of housing for extremely low income households should be the chief focus of efforts to address the lack of affordable housing in the state.

The Annual Homeless Assessment Report to Congress

February 2007

Principal authors – Jill Khadduri (ABT Associates) and Dennis Culhane (University of Pennsylvania)

HUD Office of Community Planning and Development

The first Annual Homeless Assessment Report (AHAR) is a culmination of several years of effort to improve the collection of data on homeless persons. It is based on a representative sample of local HMIS data on *sheltered* homeless persons – persons who used *emergency and transitional housing* – at any time during a three-month period, February to April 2005.

A second source is data provided by all Continuums of Care (CoCs) as part of the 2005 HUD application for funding. It is noted that HUD has not published information from CoC applications previously. Shelter counts are generally considered reliable, while point-in-time counts of *unsheltered* homeless persons are noted as much less reliable. Given the limitations of the data sources, the authors caution the AHAR should be considered a work in progress.

How many are homeless?

- Three different point-in-time estimates of *sheltered* homeless persons are presented in the AHAR report. One estimate is taken from the CoC 2005 applications. CoCs reported that 415,000 people were in emergency shelter or transitional housing for a single day in January 2005.
- The second point-in-time shelter estimate is based on the end of the HMIS data collection period, April 30, 2005. According to HMIS sample data, 314,000 people were in emergency shelters or transitional housing on that day.
- The final shelter estimate is for an *average* day during the data collection period: 335,000 people were homeless on an average day between February 1 and April 30, 2005.
- CoCs reported 338,781 *unsheltered* homeless persons in their communities on a single day during January 2005.
- Combining the sheltered and unsheltered estimates from the 2005 CoC application data, the total point-in-time estimate is 754,147 sheltered and unsheltered homeless persons in January 2005. *This suggests that approximately 45% of all homeless persons were unsheltered at that time.*

Has the size of the homeless population changed?

- Comparing AHAR results with previous national studies, there is no evidence that the size of the homeless population has changed dramatically over the past ten years.

How many use shelter?

- There were an estimated 704,000 sheltered homeless persons at some time during the three-month period from February to April 2005. This three-month estimate is more than twice as large as the estimate of sheltered homeless persons on an average day during this period, indicating substantial turnover in those using shelter services.

Who is homeless?

- Among sheltered homeless persons from February to April 2005 period, 47% of all sheltered homeless people were single adult men, while only 20% of poor people in the U.S. are adult men living alone.

- Homelessness, like poverty, disproportionately afflicts minorities. About 59% of the sheltered homeless population are members of minority groups compared with only 31% of the total U.S. population. African-Americans constitute 12% of the total U.S. population but 45% of people who are homeless.
- Nearly one-quarter of all sheltered homeless persons are age 17 or younger.
- Less than 2% of homeless population is age 62 or older, compared with 15% of the total population.
- AHAR data suggests that 25% of all sheltered homeless adults are disabled.
- According to local CoC data, 17% of the sheltered homeless population and 30% of the unsheltered homeless population are chronically homeless. The share of all homeless people that are chronically homeless is 23% (169,879 persons).

What is the nation's capacity for housing homeless persons?

- There were approximately 438,300 year-round emergency and transitional beds in early 2005, including about 217,900 emergency shelter beds and about 220,400 beds in transitional housing. Numbers of year-round beds for persons in families and individuals are roughly equal.
- Overall, there are approximately 208,700 permanent supportive beds nationally, with 60% serving unaccompanied individuals and 40% serving families.
- Since 1996 the mix of emergency, transitional, and permanent housing beds has changed dramatically. While the overall inventory increased by 6%, emergency beds decreased by 35%, transitional beds increased by 38%, and permanent supportive housing beds increased by 83%.

What are the patterns of shelter use?

- Among emergency shelter users from February-April 2005, 71% were individuals and 29% were persons in families. For transitional housing, half of those served during the 3-month period were persons in families.
- For emergency shelters, beds are typically utilized at greater than 90% of capacity. Utilization of transitional housing and family shelters is lower since some beds in occupied often cannot be used due to small family size and because particular types of clients must be carefully matched to the program.

Using longitudinal data to estimate homelessness

- Longitudinal data consist of information about each homeless person who uses the homeless service system at any time. Compared to point-in-time snapshot data, longitudinal data make possible unduplicated counts over any period of time -- day, week, month, or year.
- Longitudinal data also provide an accurate picture of dates and types of service used by each person, making it possible to differentiate between crisis, episodic, or long-term use. Seasonal variation can also be determined.
- Longitudinal data also better represent the characteristics of homeless persons than data from point-in-time counts, which are more likely to reflect unaccompanied adults who are chronic users of emergency shelters.

The full 2007 AHAR report can be accessed at www.huduser.org/publications.

The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness

July 2007

By Carol L. Pearson and Ann Elizabeth Montgomery (McDonald & Associates),
and Gretchen Locke and Larry Buron (ABT Associates)
HUD Office of Policy Development and Research

This study is described as a first step in describing how Housing First programs actually work and what outcomes are realized by providing permanent supportive housing to single, homeless adults suffering mental illness and co-occurring substance-related disorders.

Housing First has emerged as a favored policy response in addressing the hardest-to-serve, chronically homeless population. The study treated **New York City's Pathways to Housing** program, established in 1993, as a national Housing First model, then selected two additional exemplary programs for evaluation and comparison. All three use a "low demand" model.

What is low demand?

The low demand approach deals with the harms of high-risk behavior without forcing clients to eliminate the behavior. For example, for those who are not ready to quit using drugs, a case manager would start with interventions that could help a substance abuser improve her or his life, such as urging that rent be paid before spending money on drugs, or educating users about the negative effects of drugs.

A fundamental assumption of low demand is that substance use/abuse falls along a continuum from abstinence to problematic abuse. Any step toward the goal of substance-free life, such as reducing quantity or frequency of use, should be viewed positively and reinforced. It is understood that the rehabilitative process is not unidirectional or regular, and that under the McKinney-Vento Act, substance abuse policy must accommodate the dynamic of fits and starts, occasional relapse and repeated failure, as well as the realities of chronic homelessness.

In contrast to public and assisted housing policy, HUD's permanent supportive housing programs for homeless persons are designed to serve disabled persons, including those who are seriously mentally ill and/or have chronic substance abuse problems. The presumption is that low demand "safe haven" programs will "do anything it takes" to engage chronically homeless people and maintain them in housing, accepting that some have not agreed to stop an existing addiction upon entering the program. However, even in so-called "wet" Safe Haven programs allowing use of alcohol on-site, HUD policy does not condone "continued, unabated use" of harmful substances.

What is the Housing First approach?

Housing First programs share the following features:

- Direct, or nearly direct, placement of single, homeless adults with mental illness and co-occurring substance-related disorders into permanent housing.
- Though supportive services are to be readily available, participation is not required to remain in housing.
- Use of assertive outreach to engage and offer housing to those who are reluctant to engage in services or enter shelter.

- Once in housing, a low demand approach accommodates alcohol and substance use so that relapse will not cause the client to lose housing.
- Continued effort to provide case management and to hold housing for clients even if they should leave for short periods.

Seattle's Downtown Emergency Service Center (DESC) and **San Diego's Reaching Out and Engaging to Achieve Consumer Health (REACH)** programs were selected for study alongside New York City's Pathways to Housing. Nationally, five of the nine programs found to incorporate the key features of the Housing First model were located on the West Coast.

- DESC started its permanent supportive housing with a Housing First approach in May 1994. It now serves over 300 clients in four buildings, with 84% of residents meeting the HUD criteria for chronic homelessness. Thirty percent come directly from the streets, with the remainder emergency shelters. Case managers carry 34-person caseloads.
- REACH was established in 2000 and serves 250 clients with 86% meeting HUD's definition of chronic homelessness. The majority of REACH clients come directly from the streets. Case managers carry 23-client caseloads.
- Pathways to Housing serves 450 persons, with 92% chronically homeless. Psychiatric and other institutional discharges account for a high proportion of new enrollments. Six 9-person neighborhood-based interdisciplinary ACT teams provide a range of clinical, rehab, and support services. Each team is available on a 24-7 basis to respond to the needs of 60 to 70 clients.

The study outlines key similarities and differences among the three programs, comparing client characteristics at enrollment, clients' housing stability, and client outcomes. Regarding housing stability, Pathways to Housing was found to have the highest percentage of persons remaining in the program for a full 12 months -- 63%, compared to 40% for DESC and 28% for REACH. However, intermittent or episodic departures (52% for REACH, 40% for DESC, and 31% for Pathways) were regarded as part of a stabilizing strategy for program clients.

Across the three sites, the most important contributors to program success were:

- Access to a substantial supply of permanent housing
- Providing housing that clients like
- Offering a wide array of supportive services to meet the needs of clients
- Emphasizing community-based, client-driven service delivery
- Structuring staff to ensure responsive service delivery
- Utilizing a variety of funding streams to meet the needs of clients

The full report can be accessed through www.huduser.org.

Homelessness Counts

January 2007

Primary authors – Mary Cunningham and Meghan Henry

Homelessness Research Institute

National Alliance to End Homelessness (NAEH)

The data in this report are said to represent the first effort to count homeless people nationwide in 10 years. The last and most rigorous nationwide estimate of homeless people – the National Survey of Homeless Assistance Providers (NSHAPC) – was conducted in 1996. The report provides a basis for measuring efforts to end homelessness by establishing a baseline number of homeless people. Data from 463 local Continuum of Care point-in-time studies conducted in 2005 are tabulated and summarized, with state-by-state data.

The authors note that the counts included in this report have numerous limitations but are the best data available at this time. They also note that point-in-time estimates do not fully capture the number of people who experience homelessness over the course of a year.

Since finding homeless people is quite challenging, estimates of the number of homeless people are highly controversial and are often met with skepticism. Counting the number of homeless people is described as a “high-stakes numbers game.”

January 2005 point-in-time surveys estimated that:

- 744,313 people experienced homelessness nationally.
- 56% (407,813) of homeless people counted were living in shelters and transitional housing nationally (59.6% in Arizona).
- 44% (322,082) were unsheltered nationally (40.4% in Arizona).
- 59% (437,710) of homeless people counted were single adults (68.4% in Arizona).
- 41% (303,551) were persons living in families (31.6% in Arizona).
- 98,452 homeless families were counted (1,162 in Arizona).
- 23% (171,192) of homeless people were reported as chronically homeless (i.e., homeless repeatedly or for long periods and suffering a disability). In Arizona, 28.5% were reported as chronically homeless in January 2007.

With respect to the percentage of individuals versus persons in families with children, these data represent a slight shift from the 1996 data. The NSHAPC study showed that, at a point in time in 1996, 35% of homeless clients were persons in families and 65% were single adults.

Regarding chronic homelessness, the NAEH estimate is similar to previous estimates of 150,000 to 200,000 chronically homeless people. The authors note that identifying chronically homeless people at a point in time means asking homeless people to self-identify as chronically homeless or asking service providers to identify who is chronically homeless, and that both methods suffer from obvious reliability problems.

In homelessness by state:

- Arizona was estimated to have an adjusted total of 12,264 homeless persons at a point in time in January 2005, including 7,306 (59.6%) persons in shelter and 4,958 (40.4%) unsheltered.

- The total of 12,264 was 0.21% of Arizona's population of 5,939,292. Per capita estimates ranged from Mississippi's 0.06% to 1.00% in the District of Columbia.
- States with the highest rates of homelessness per capita included Nevada (0.68%), Rhode Island (0.64%), California (0.47%), Colorado (0.47%), Hawaii (0.47%), and Oregon (0.45%). The national per capita rate was 0.30%.
- States with the highest numbers of homeless people were California (170,270), New York (61,094), Florida (60,867), Texas (43,630), Michigan (26,124), and Washington (23,970). These six states accounted for 52% of all homeless persons in the U.S.

The report also notes that policy changes at the U.S. Department of Housing and Urban Development (HUD) are ensuring that Continuums of Care focus on permanent housing. The percentage of HUD homeless assistance funding going to permanent housing has increased substantially, from 43% in 1998 to 58% in 2005.

The full Homelessness Counts report can be accessed at www.endhomelessness.org.

Homelessness in America: Americans' Perceptions, Attitudes and Knowledge

November 2007

By Gallup, Inc., for the Federal National Mortgage Association (Fannie Mae)

This report presents the findings from telephone surveys of a sample of 5200 adults conducted in September and October 2007, by Gallup, Inc. to examine public opinion in the U.S. on homelessness. Survey highlights include the following findings:

- Nearly six in ten believe homelessness in the U.S. has increased over the past decade; only seven% feel homelessness is decreasing. Fifty-eight% say the nation is doing a poor job in addressing homelessness and that much more effort is needed.
- Eighty-five% feel drug and alcohol abuse is a major factor in explaining homelessness. Two-thirds cited mental health problems, including post-traumatic stress disorder. Two-thirds also cited insufficient income as a primary cause.
- For more than three in four, the image of homeless people is of the adult individual. Only 16% believe families comprise the majority of the homeless population.
- Forty-six% of the general public believe homelessness has increased among veterans over the past ten years; however, a great many (41%) think veterans of the Iraq and Afghanistan wars are less likely to be homeless than veterans of previous conflicts.
- One in every two adults (51%) completely agree that "communities are safer when people don't have to live on the streets," and 44% agree that they "want to live in a community that provides for the care of its homeless citizens," and 41% agree that affordable housing should be constructed to serve all citizens.
- Almost three in ten say there has been a time when they were worried about not having a place to live, while 44% say they have taken in a friend or relative who was facing homelessness. Medical expenses, job loss, the cost of housing, and personal or family crisis are cited most frequently as causes to worry about becoming homeless.
- Almost 90% say they would be willing to work as a volunteer or donate money to organizations working to help homeless people.

"It is clear from this poll that Americans are very concerned about homelessness and do not feel enough is being done to address this critical issue." said Stacey D. Stewart, Senior Vice President of the Office of Community and Charitable Giving at Fannie Mae. "There needs to be greater attention directed towards preventing and ending homelessness. Fannie Mae is committed to providing real solutions through permanent supportive housing and has invested more than \$4 million in grant funding this year."

The complete report can be accessed through www.fanniemaecom.com.

Housing and Public Safety research brief

November 2007

By Amanda Petteruti, Aviva Tevah, Nastassia Walsh, and Jason Ziedenberg
Justice Policy Institute

U.S. Bureau of Justice Statistics data show there are 1.4 million people in America's state and federal prisons and more than 700,000 in local city and county jails, making the U.S. incarceration rate the highest in the world. According to 2006 survey research, 19.5% of state prisoners and 26% of those in jail reported being homeless in the year prior to their incarceration.

This Justice Policy Institute (JPI) research brief summarizes and provides references for recent research on access to housing as it relates to public safety and incarceration. The research suggests that increased investment in housing can yield substantial public safety benefits.

Substandard housing is associated with higher rates of violent crime.

- This year University of Texas researchers found strong evidence of association between decreased educational performance and mental illness and low-quality housing stemming from factors such as frequent residential moves, lead paint exposure, and air pollution. A 2004 Journal of Health and Social Behavior study showed a direct effect of residential air-lead levels on property and violent crime rates.

Supportive or affordable housing has been shown to lower corrections and jail expenditures for those most at risk of criminal justice involvement.

- While supportive housing programs often experience opposition from prospective neighbors concerned over a potential increase in crime, research in Connecticut has shown that investments in supportive housing are associated with improved neighborhood quality and property values.
- A study of 14 Denver neighborhoods found no increases in neighborhood crime rates near supportive housing facilities.
- Studies in California, Illinois and New York have shown that supportive housing provided to people leaving prison can reduce recidivism and promote public safety and other positive social outcomes.

Supportive housing can reduce correctional spending.

- According to the U.S. Census Bureau, state and local governments spent approximately one-third more on corrections than on housing and community development in 2005.
- Data from a New York City supportive housing initiative demonstrated that, prior to placement in housing, homeless people with severe mental illness used an average of

\$40,451 per person per year in health and mental health care, shelter, prisons, jails, and other criminal justice-related costs. Placement in supportive housing at approximately \$17,277 per person year resulted in marked reductions in shelter use, hospitalizations, and time in jail.

- In Denver, placement of chronically homeless people in supportive housing resulted in a 60% reduction in that population in county jails. The cost of incarceration for those served by the program fell by 76%, from over \$34,000 to \$8,120 per year.

Increased spending on housing is associated with reduced crime and incarceration.

- On average, the ten states committing larger portions of their budgets to housing and community development have lower incarceration rates, averaging 278 per 100,000, than states spending the least on housing, which incarcerate an average 510.2 per 100,000.
- At the national level, increased spending on housing from 2000 to 2005 appears to be associated with a 7.4% reduction in violent crime over that period.
- The JPI researchers note that housing stability is the foundation for employment, education, and access to other social services, and that people in stable living environments are better able to invest in themselves, their families, and their neighborhoods than those faced with serious housing barriers.

The full research brief can be accessed at www.justicepolicy.org.

Understanding Homeless Youth: Numbers, Characteristics, Multisystem Involvement, and Intervention Options

June 19, 2007

Testimony submitted by Martha R. Burt, Principal Research Associate, Urban Institute
Before the U.S. House Committee on Ways & Means

The U.S. House Committee on Ways & Means Subcommittee on Income Security and Family Support invited Dr. Burt to address homelessness among youth and young adults, including numbers, characteristics, risk factors, and interventions three issues relating to homeless youth: She cites her own and other researchers work.

On the number of homeless youth, the “best guesses” cited by Burt are that:

- For youth age 12-17, 1.6 to 1.7 million youth (roughly 7 to 8% of all 12- to 17-year-olds) experience some form of homelessness, from short unauthorized absences from home to long-term episodes, each year.
- Between 300,000 to 400,000 12- to 17-year-olds are homeless on any given day. An additional 12% (least 53,000) 18- to 24-year-olds are homeless on any given day.
- Youth using shelters are usually homeless for the first time and have not been homeless long; however, youth unattached to shelters may be on their own without adult supervision for periods of several years.

On characteristics of homeless youth:

- Sexual minority status is cited as a powerful risk factor for homelessness, with the proportion of gay, lesbian, or bisexual youth ranging from 11 to 35% in “street” samples.

- Regarding pregnancy, homeless youth are three times as likely as all youth to be either pregnant, already be a parent, or to have impregnated someone.
- National data on homeless young adults (18- to 24-year-olds) shows more than half had been homeless for two to nine years.

In addition to sexual minority status, **risk factors for homelessness** cited by Burt include school difficulties, substance abuse (with 40 to 50% of homeless youth reporting drug problems), mental health problems, family conflict, child abuse and neglect, child welfare involvement and out-of-home placement, and juvenile justice involvement.

Early substance use and abuse is noted as predictive of long-term homelessness, as are mental health problems. Out-of-home placement is termed a “decided risk for homelessness,” with over 20% of such placements resulting in later shelter use. Absconders from foster care have the highest rate of subsequent homelessness.

On intervention options, Burt cites research supporting concentration of resources on the “hardest-core” parts of the youth population, asserting such interventions yield the greatest impact for the investment:

“The intervention points that are likely to yield maximum payoff are the periods surrounding institutional release...[T]he 24,000+ youth who turn 18 while in foster care and the 200,000+ youth who leave juvenile or corrections facilities ever year are those...who have the highest risk of becoming homeless and of staying homeless or reentering institutions if nothing is done to intervene.”

The full statement, including references and data appendices, can be accessed at the Urban Institute website, www.urban.org/housing.

Vital Mission: Ending Homelessness Among Veterans

November 2007

By Mary Cunningham, Meghan Henry, and Webb Lyons

Homelessness Research Institute (HRI)

National Alliance to End Homelessness (NAEH)

Using data from the Department of Veterans Affairs and the Census Bureau, HRI researchers present demographic and socioeconomic characteristics of U.S. veterans, reviews research on homeless veterans, and provides detailed data on numbers of homeless veterans, the risk factors for homelessness among veterans, and the effects of lack of affordable housing.

The report identifies lack of affordable housing as the “primary driver of homelessness” among veterans and highlights the need to provide proper housing and supportive services to prevent homelessness among veterans. The report includes these findings:

- Veterans comprise 11% of the civilian population yet make up 26% of the nation’s homeless population.
- In all of 2006, an estimated 495,400 veterans were homeless at some point during the year. Analysis showed that on any given night, over 195,000 homeless veterans were on the street, in shelter, or in transitional housing.
- Between 44,000 and 64,000 veterans were chronically homeless during 2006.

- States with the highest rates of homeless veterans include Louisiana, California and Missouri.
- While the number of homeless veterans increased nationally by 0.8% from 2005 to 2006, the number of veterans experiencing homelessness in Arizona increased by 9.2%, to 3,970. This was more than 10 times the national rate of increase.

Regarding housed veterans, the study revealed the following:

- Nationally, over 465,000 housed veterans were found to be at high risk for homelessness because they were spending more than 50% of monthly income on rental housing.
- Within this “severe housing cost burden” subset of veterans, more than half fell below the poverty level; 43% were receiving food stamps.
- Female veterans, and those who were unemployed, living alone, or with a disability, were more likely to experience severe housing cost burden and risk of homelessness.

HRI also reports that the number of homeless veterans will increase over the next five years as a consequence of the deployment of more than 1.3 million U.S. soldiers to Iraq, Afghanistan, and elsewhere since September 11, 2001. The same factors that predict homelessness in the general population also predict homelessness among veterans. However, veterans face additional challenges:

- Prolonged separation from family and close friends
- Highly stressful training and occupational demands that can affect personality, self-esteem and the ability to communicate
- Lack of transferability of skills acquired in the military to the civilian job market
- One out of 10 veterans is disabled and many suffer physical disabilities from combat injuries
- Forty-five percent of homeless veterans suffer from mental illness, including many who report high rates of post-traumatic stress disorder (PTSD)
- Approximately 70% of homeless veterans suffer from substance abuse problems, with considerable overlap between substance abuse and mental illness.

The report recommends increasing federal funding of permanent supportive housing by 25,000 units and expanding the number of housing vouchers targeted to veterans to 20,000. For Iraq and Afghanistan veterans, it is recommended that the Veterans Administration (VA) establish a homelessness risk assessment process during the first 30 days of discharge and a prevention program including eviction prevention and rental assistance.

The full report can be accessed at www.endhomelessness.org.

Why Are People Homeless?

June 2007

National Coalition for the Homeless

In this brief, the National Coalition for the Homeless (NCH) points to two trends it sees as largely responsible for the rise in homelessness over the past two decades – a worsening shortage of affordable rental housing and a corresponding increase in poverty. Difficult choices must be made by poor people who are often unable to pay for the basic necessities of housing, food, health care, childcare, and education. Housing is often dropped in the effort to survive in the U.S. economy.

The following items are a sample of data cited by the Coalition:

- 2005 U.S. Census data showed 38,231,521 people living in poverty, 13.3% of the U.S. population.
- Census data also show that 36% of persons living in poverty are children. The poverty rate of 17.6% for children under 18 is significantly higher than that of any other age group in the population.
- In 1998, the Center on Budget and Policy Priorities reported that between 1973 and 1993, 2.2 million low-rent housing units disappeared from the market, were abandoned by owners or converted into condominiums, or became unaffordable due to rent increases.
- In 2001, the Institute for Children and Poverty reported that the gap between the number of low-income renters and affordable housing units reached 4.4 million units in 1995.
- In 2005, the National Low Income Housing Coalition reported that federal support for low-income housing fell 49% from 1980 to 2003. Since 2000, the incomes of low-income households have declined as rents have continued to rise.
- In 1999, HUD reported the average waiting period for a Section 8 rental assistance voucher rose from 26 months to 28 months between 1996 and 1998. Today the average wait for Section 8 vouchers is 35 months.
- In 2005, the U.S. Conference of Mayors reported that the length of time people are homeless has increased in recent years in 87% of cities surveyed.
- The Coalition's own research points to the loss of single room occupancy (SRO) housing as having a particularly severe impact on homelessness. An estimated one million SRO units, many housing poor people suffering from mental illness or substance abuse, have been demolished in the nation's largest cities in the 1970s and 1980s.

NCH also notes that the largest federal housing assistance program is the entitlement to deduct mortgage interest from income for tax purposes. It cites 2005 research by the National Low Income Housing Coalition indicating that the federal government "spends" almost twice as much in mortgage interest deductions and direct housing assistance for households in the top 20% income bracket than on housing subsidies for low-income households. The brief also cites recent research regarding other major factors contributing to homelessness, including lack of affordable health care, domestic violence, mental illness, and addiction disorders.

"Why Are People Homeless?" can be accessed through the NCH website at www.nationalhomeless.org.

Without Housing

November 2006

Western Regional Advocacy Project

In this publication, subtitled “Decades of Federal Housing Cutbacks, Massive Homelessness, and Policy Failures,” the Western Regional Advocacy Project (WRAP) documents federal funding trends for affordable housing over the past 25 years with particular focus on HUD and U.S. Department of Agriculture (USDA) Section 515 programs. WRAP makes clear its view that one of the most important and most overlooked factors in explaining homelessness in the U.S. today is that of the near elimination of federal commitment to building, maintaining, and subsidizing affordable housing.

From the organization’s perspective, the effects of historical and social structural forces have been ignored for decades as homeless policy responses have focused on the characteristics of the homeless individual. No matter what responses are fashioned to address the “deficiencies of broken individuals,” the individual will remain homeless without housing. Housing First and Supportive Housing are seen as insufficient substitutes for restoring funding for affordable housing for all who need it.

Here is a sample of data cited by WRAP in “Without Housing”:

- U.S. Office of Management & Budget (OMB) show that HUD’s budget was over \$83 billion in 1978, but by 1983 had been cut to \$18 billion.
- OMB data also show that since 1987, annual McKinney homeless assistance funding has not exceeded \$1.45 billion.
- Since 1996, HUD funding for new public housing has been zero, while over 100,000 public housing units have been lost from the national inventory, according to the National Association of Housing & Redevelopment Officials.
- HUD public housing operating expense funding has been slashed by \$1 billion since 2001, according to OMB data.
- OMB data also show that federal homeowner subsidies (primarily in the form of mortgage interest tax deductions) totaled over \$122 billion in 2005, while only \$31 billion was expended through HUD on affordable housing development.

WRAP’s primary argument is that the systematic de-funding of federal affordable housing programs and the loss of public housing units and private-sector affordable housing (such as single room occupancy units) should be central to any discussion of policy responses to homelessness. The organization views the HUD Continuum of Care and McKinney-Vento homeless funding framework as one which pits communities against each other in scrambling for “pieces of a federal funding stream that is only a tiny fraction of what used to be spent on affordable housing...before the cuts of the 1980s.”

The authors claim that the massive reduction in investment in affordable housing on the federal level cannot be compensated for by “any amount of local coordination or consolidation” through the McKinney-Vento framework.

For the full report, access the WRAP website at www.wrAPHOME.org.

7.0 RESOURCES

State Agencies Concerned with Homelessness And specific homelessness related programs and services

Arizona Department of Corrections

- Legacy Partnership Pilot Community Reentry Program w/ADES
(www.adc.state.az.us)

Arizona Department of Commerce

(www.azcommerce.com)

Arizona Department of Economic Security

Office of Community Partnerships & Innovative Practices

- Domestic Violence Shelter Fund
- Domestic Violence Prevention
- Emergency Shelter Grant
- Family Connections Teams
- Homeless Coordination Office
- Homeless Trust Fund
- Homeless Shelter Line Item
- DES Hunger Advisory Council
- Legacy Partnership Pilot Community Reentry Program w/ADC
- Social Services Block Grant
- Temporary Assistance for Needy Families
(www.azdes.gov/csa/programs/homeless/default.asp)

Arizona Department of Education

Education for Homeless Children & Youth

- Grants for State and Local Activities
(www.ade.state.az.us/asd/homeless)

Arizona Department of Health Services

Division of Behavioral Health Services

- Projects for Assistance in Transition from Homelessness (PATH)
- Shelter Plus Care
- State General Funds
(www.azdhs.gov/bhs)

Arizona Department of Housing

- State Housing Trust Fund Program
- Federal HOME Program
- Community Development Block Grant
- Arizona Public Housing Authority
- Project-Based Section 8 Affordable Housing
- Tenant-Based Rental Assistance to Graham and Yavapai Counties
- Federal Low Income Housing Tax Credits
- Special Needs Housing
(www.housingaz.com/)

Arizona Department of Juvenile Corrections
(www.juvenile.state.az.us)

Arizona Department of Veterans' Services
(www.azdvs.gov)

Arizona Health Care Cost Containment System (AHCCCS)

- Healthcare Group of Arizona
- KidsCare
- Long-Term Care

(www.ahcccs.state.az.us)

Arizona Supreme Court
(www.supreme.state.az.us/azsupreme/)

Government Information Technology Agency
(www.gita.state.az.us/)

Governor's Interagency & Community Council on Homelessness
(www.housingaz.com/ICCH)

Governor's Office for Children, Youth and Families
(www.governor.state.az.us/cyf)

State and Local Advocacy Organizations

Several statewide organizations in Arizona share a concern for homeless individuals or a specific population of homeless individuals. These include:

Arizona Coalition Against Domestic Violence (AZCADV)

The Coalition was formed in 1980 to increase public awareness about domestic violence, enhance the safety and services of domestic violence victims, and to reduce the incidents of domestic violence in Arizona families. By definition, residents of domestic violence shelters are considered homeless. ACADV's mission is to lead, advocate, educate, collaborate, and end domestic violence in Arizona. ACADV operates Arizona's only statewide legal advocacy information hotline for victims and survivors of domestic violence. The Coalition is also the only statewide organization in Arizona that systematically interacts with funding sources, the legal system, and other organizations regarding the needs of domestic violence victims.

Website: www.azcadv.org

Arizona Coalition to End Homelessness (ACEH)

ACEH began in the early 1990's when homeless advocates and providers from throughout the state began to unite in recognition of the need for a statewide, membership-based, advocacy group that would be tasked with the coordination of homeless efforts throughout Arizona. In 1998, ACEH achieved 501 (c)(3) status from the IRS, and the Coalition's first Executive Director was hired. The organization's mission is to "end homelessness in Arizona and in the nation." It works to strengthen the capacity of local communities in their efforts to end homelessness through the following: providing legislative and public policy advocacy on homelessness and related issues at both the state and federal levels, providing technical assistance through participation in homeless planning processes, and educating through its annual statewide conference on homelessness.

Website: www.azceh.org

Arizona Community Action Association (ACAA)

ACAA is a nonprofit organization established in 1967 by Community Action Agencies in Arizona. It is composed of over 275 organizations and individuals who come together as a statewide forum to address issues relating to poverty. ACAA promotes economic self-sufficiency for low-income people through research, education, advocacy, and partnering with public and private sectors. The Association has developed a public online guide of social service resources, eligibility requirements, instructions on how to apply, and contact information available in both English and Spanish. Other ACAA efforts include energy programs, food and nutrition programs, and Arizona Self Help.

Website: www.acaa.org

Association of Arizona Food Banks (AAFB)

AAFB is comprised of six member regional food bank warehouses serving more than 1,200 food pantries and human service agencies statewide. It was established as a non-profit organization in 1984 and is "committed to delivering food and quality services to food banks and to fostering relationships in support of our commitment to eliminate hunger." The Association works to achieve its goals through coordinating the collection, procurement, and distribution of food, developing financial support, relationships and resources, advocating for food security through public policy, serving as a source of information and expertise to increase awareness of hunger issues, and investigating new initiatives to preserve and expand food resources.

Website: www.azfoodbanks.org

Basic Needs Coalition in Arizona

The Basic Needs Coalition (BCA) advocates at the state and federal level on behalf of legislation that strengthens services, laws and regulations that will enhance the quality of life for those who are poor, hungry, homeless, living in substandard housing and victims of domestic violence. The Coalition strives to collect and disseminate the most up-to-date data, resources and background information on those areas of concern. Organizations participating in the Coalition include the Arizona Coalition Against Domestic Violence, Arizona Coalition to End Homelessness, Arizona Community Action Association, Arizona Child Care Association, Association of Arizona Food Banks, Children's Action Alliance, Protecting Arizona's Family Coalition, St. Vincent de Paul, and World Hunger Education Advocacy & Training (WHEAT).

For more information, contact the Arizona Coalition to End Homelessness at www.azceh.org.

Children's Action Alliance (CAA)

The Children's Action Alliance is a non-profit, non-partisan research, policy, and advocacy organization dedicated to promoting the well being of all of Arizona's children and families. CAA seeks to improve the lives of Arizona children and their families on issues related to health, child abuse and neglect, early care and education, budget and taxes, juvenile justice, children and immigration, and working families. CAA also seeks to influence policies and decisions affecting children through research, publications, media campaigns, and advocacy. The Alliance works toward a future in which all children have health insurance, no child is raised in poverty and hunger, every child enters school ready to learn and succeed, no child endures the ravages of abuse and neglect, every child has a place to call home, and struggling teens have the support they need to become responsible adults.

Website: www.azchildren.org

Protecting Arizona's Family Coalition (PAFCO)

The Protecting Arizona's Family Coalition (PAFCO) is a diverse, non-partisan alliance of social services, health, community service agencies, advocacy groups, citizen advocacy, and faith-based associations. Hundreds of social, health, and community services agencies, human services groups, citizen action and advocacy groups, and faith-based congregations are represented in the Coalition. The Coalition agency and association members include an estimated 20,000 staff, board members and volunteers serving over 1.5 million people. PAFCO was formed to stop budget cuts to health and human services and to promote the needs of vulnerable populations for health and human services and support tax reform. PAFCO program efforts are focused in four areas of education, advocacy and organizing: state budget legislative education and advocacy; the "Unfinished Agenda" plan of action; health care advocacy training; and federal budget advocacy on health and human services policy.

Website: www.pafcoalition.org

Local Advocacy Organizations

In addition to the Continua of Care, many other local groups, agencies and organizations advocate for and assist in developing programs to assist homeless people. Many of these organizations also participate in local Continua of Care planning processes.

Community Reintegration Coalition (CRC)

CRC was established in Phoenix in 2004 as a means of assisting those with a criminal history in attaining employment. Today, the Coalition has evolved into a multi-disciplinary organization capable of serving the many different needs of the ex-offender population and their families.

The Coalition's mission is to improve employment opportunities for people with felony records and to educate employers on the benefits of hiring these individuals. CRC hosts regular job fairs for ex-offenders. Coalition members meet on the second Thursday of each month.

Website: www.azcrc.com

Ecumenical Chaplaincy for the Homeless (ECH)

This faith-based organization "exists to be an expression of the presence of Christ among the homeless population in the Valley." ECH seeks to aid the homeless population through direct service, advocacy, and spirituality in an effort to rebuild their lives. Counseling is available for substance abuse, job searching, and life issues. Referrals are provided to rehabilitation programs, food and housing sources, medical assistance, and other agencies providing services to the poor and homeless in our community. One ECH component is the Justa Center, a day drop-in center for up to 80 homeless senior citizens providing meals and assistance with obtaining housing, hygiene issues, and referrals to other services and agencies.

Website: www.azhomeless.org

Interfaith Coalition for the Homeless (ICH)

ICH began in 1985 with a group of interfaith clergy and laity seeking to answer the call of those in need in the Tucson community. ICH originated Tucson Shalom House (now called New Beginnings), a transitional program for homeless mothers with small children. Currently, ICH is composed of more than 30 congregations and 500 volunteers serving homeless and at-risk children, youth, and adults through emergency shelter services, Summer Sun program, the Christine L. Goetzke Student Mentoring Program for elementary, middle and high school students, and One Hour, One Child "No Child Left Behind" tutoring for elementary school students.

Website: www.ichtucson.org

Primavera Foundation

Primavera was established in 1982 to promote economic and social justice while working to build a future in which all people are assured basic human rights, a livable income, and safe, affordable housing. The Foundation works to achieve this through community education (classroom and individual instruction and quarterly newspaper) and advocacy while providing a continuum of services addressing homelessness and poverty. In addition, Primavera partners with local nonprofit agencies in Tucson and Pima with the goal of creating long-term social change. The Foundation's programs include emergency relief and shelter, transitional and rental housing, job readiness and placement, home ownership and financial education programs, and neighborhood revitalization.

Website: www.primavera.org

National Research and Advocacy Resources

Center on Budget and Policy Priorities – Housing Policy (www.cbpp.org/pubs/housing.htm)

Center for Law and Social Policy (www.clasp.org)

Corporation for Supportive Housing (www.csh.org/)

HEAR US – Ending Homelessness of Children (www.hearus.us)

Institute for the Study of Homelessness and Poverty

Joint Center for Housing Studies (www.jchs.harvard.edu/)

National Alliance to End Homelessness (www.endhomelessness.org/)

National Assoc. for the Education of Homeless Children and Youth (www.naehcy.org/)

National Center for Homeless Education (www.serve.org/nche/)

National Center on Family Homelessness (www.familyhomelessness.org)

National Coalition for Homeless Veterans (www.nchv.org/)

National Coalition for the Homeless (www.nationalhomeless.org/)

National Health Care for the Homeless Council (www.nationalhomeless.org/)

National Housing Institute (www.nhi.org)

National Housing Law Project (www.nhlp.org)

National Housing Trust Fund Campaign (www.housingforall.org)

National Interfaith Hospitality Network (www.nihn.org/ihn/ihn.html)

National Law Center on Homelessness and Poverty (www.nlchp.org/)

National Low Income Housing Coalition (www.nlihc.org/template/index.cfmt0)

National Network for Youth (www.nn4youth.org)

National Policy and Advocacy Council on Homelessness (www.npach.org/)

National Resource Center on Homelessness and Mental Illness (www.npach.org/)

Nat’l Student Campaign Against Hunger & Homelessness

(www.studentsagainsthunger.org)

Partnership to End Long-Term Homelessness (www.endlongtermhomelessness.org/)

The Urban Institute – Housing Research (www.urban.org/housing/index.cfm)

U.S. Interagency Council on Homelessness (www.ich.gov/)

8.0 APPENDICES

See following tables

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**Annual Point in Time Street Count
January 30, 2007
State of Arizona**

County	Individual Men	Individual Women	Individual gender unknown	Unaccompanied Youth	Total Individuals	Total and % Reported Chronically Homeless		Number of Families	Number adults & children unknown	Number of Adults in Families	Number of Children in Families	Total Number of People In Families	Total Unsheltered Homeless Persons 2007
Apache	0	0		0	0	0	0%	34		5	9	14	14
Cochise	191	52		8	251	59	24%	8		10	12	22	273
Coconino	86	13		0	99	32	32%	1		2	1	3	102
Gila	54	4		0	58	24	41%	1	3			3	61
Graham	35	3		0	38	19	50%	9	0	16	16	32	70
Greenlee	0	3		4	7	0	0%	1		4	3	7	14
LaPaz	90	6		4	100	3	3%	0				0	100
Maricopa	2,246	435		114	2,795	1,082	39%	20		26	32	58	2,853
Mohave	337	106		24	467	104	22%	46		61	98	159	626
Navajo	0	2		0	2	1	50%	0				0	2
Pinal	69	26		3	98	9	9%	1	4			4	102
Pima	741	142	118	6	1,007	740	73%			42	50	92	1,099
Santa Cruz	23	10		0	33	7	21%	4		9		9	42
Yavapai	213	31		1	245	55	22%	11		12	16	28	273
Yuma	114	36			150	19	13%	0					150
TOTAL	4,199	869	118	164	5,350	2,154	40%	136	7	187	237	431	5,781

Annual Point-in-Time Shelter Count
January 30, 2007
State of Arizona

2007 Shelter Survey (289 responses)	Emergency Shelter				Transitional Housing				Permanent Supportive			
	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals
Adults in Families	436	82	91	609	639	241	102	982	428	118	69	615
Children	712	138	154	1,004	1,128	390	173	1,691	380	162	94	636
Youth on Own	7	8	17	32	62	4	2	68				0
Single adult	1,674	474	254	2,402	991	692	260	1,943	1,595	513	171	2,279
Totals	2,829	702	516	4,047	2,820	1,327	537	4,684	2,403	793	334	3,530
Description of the above populations	Emergency Shelter				Transitional Housing				Permanent Supportive			
	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals
Veterans	231	100	19	350	137	178	152	467	99	59	7	165
Dom. Viol. Related	703	121	177	1,001	593	154	169	916	181	60	18	259
Serious Mental Illness	451	266	27	744	259	277	181	717	1,524	393	174	2,091
Sub. Abuse Disorder	596	306	47	949	455	672	283	1,410	137	239	79	455
Devel. Disability	44	32	8	84	15	30	18	63	5	9	2	16
Elderly	45	16	11	72	21	7	16	44	56	13	8	77
Physical Disability	233	83	21	337	71	75	58	204	126	44	10	180
HIV-AIDS	38	2	0	40	14	14	0	28	34	120	0	154
Chronically Homeless	407	150	93	650								

**Annual Point-in-Time Shelter Count by County
January 30, 2007
State of Arizona**

ES	Families	Adults in Families	Children in Families	Youth on Own	Single Adults	Total Persons	Veterans	DV	IR - Corrections Adult	IR - Corrections Juvenile	Foster Care	IR - Jail	SMI	SMI & Substance Abuse	Substance Abuse	DDD	Elderly	Physically Disabled	HIV/AIDS	
Apache	0	0	0	0	2	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Cochise	2	3	3	1	10	17	1						5	1		1		1		
Coconino	29	23	39	10	30	102	3	52	0	2	1	5	0	0	6	0	1	3	0	0
Gila	6	6	8	0	13	27	4	20	0	0	0	1	1	0	2	0	0	4	0	0
Graham	1	1	4	0	4	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greenlee	0					0														
LaPaz	2	2	3	0	2	7	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Maricopa	336	436	712	7	1,674	2,829	231	703	133	0	1	15	223	228	368	44	45	233	38	
Mohave	7	8	12	0	51	71	6	2	0	5	0	0	0	0	5	4	1	7	0	0
Navajo	11	13	21	0	18	52	2	13	0	0	0	1	4	2	4	2	1	2	0	0
Pima	75	82	138	8	474	702	100	121	21	4	2	21	68	198	108	32	16	83	2	2
Pinal	12	13	25	0	0	38	0	32	0	0	0	0	2	1	6	0	0	0	0	0
Santa Cruz	1	1	1	0	13	15	1	2	0	0	0	0	0	0	8	0	3	0	0	0
Yavapai	12	15	23	6	14	58	2	35	0	2	2	2	8	2	7	1	1	2	0	0
Yuma	6	6	15	0	99	120	0	16	0	0	0	0	1	0	3	0	4	2	0	0

TH	Families	Adults in Families	Children in Families	Youth on Own	Single Adults	Total Persons	Veterans	DV	IR - Corrections Adult	IR - Corrections Juvenile	Foster Care	IR - Jail	SMI	SMI & Substance Abuse	Substance Abuse	DDD	Elderly	Physically Disabled	HIV/AIDS	
Apache	9	10	17	0	7	34	0	6	0	0	0	0	0	0	0	0	0	0	0	0
Cochise	6	6	3	0	7	16	1	0	0	0	0	4	5	0	8	1	0	1	0	0
Coconino	29	30	53	0	19	102	2	82	0	0	0	0	11	2	0	1	0	1	0	0
Gila	0	0	0	0	30	30	8	0	3	0	0	0	15	10	7	5	5	15	0	0
Graham	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greenlee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LaPaz	3	3	10	0	1	14	0	14	0	0	0	0	0	0	0	0	0	1	0	0
Maricopa	544	639	1,128	62	991	2,820	137	593	32	8	2	8	180	79	376	15	21	74	14	14
Mohave	5	5	9	0	19	33	2	23	0	0	0	0	1	2	27	2	1	0	0	0
Navajo	7	8	10	0	12	30	1	3	0	0	0	0	7	4	0	0	0	0	0	0
Pima	215	241	390	4	692	1,327	178	154	119	0	2	31	46	231	441	30	7	75	14	14
Pinal	21	27	51	0	5	83	0	31	0	0	0	0	3	1	11	7	0	0	0	0
Santa Cruz	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yavapai	10	13	20	2	100	135	138	10	1	1	0	2	11	98	57	1	10	37	0	0
Yuma	0	0	0	0	60	60	0	0	3	0	0	0	4	7	49	1	0	0	0	0

**Annual Point-in-Time Shelter Count by County
January 30, 2007
State of Arizona**

PSH	Families	Adults in Families	Children in Families	Single Adults	Total Persons	Veterans	DV	IR - Corrections Adult	IR - Corrections Juvenile	Foster Care	IR - Jail	SMI	SMI & Substance Abuse	Substance Abuse	DDD	Elderly	Physically Disabled	HIV/AIDS
Apache	0	0	0	8	8	0	0	0	0	0	0	6	2	0	0	0	0	0
Cochise	2	3	4	25	32	0	0	0	0	0	0	5	5	0	0	0	0	0
Coconino	3	5	4	35	44	1	2	0	0	0	0	2	12	0	0	4	0	0
Gila	0	0	0	2	2	2	0	0	0	0	2	0	0	1	0	2	2	0
Graham	5	7	10	10	27	0	0	0	0	0	0	9	3	1	0	0	1	0
Greenlee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LaPaz	11	12	20	9	41	1	6	0	0	0	0	9	9	2	1	1	1	0
Maricopa	271	428	380	1,595	2,403	99	181	31	0	0	0	1,428	96	41	5	56	126	34
Mohave	6	9	7	13	29	0	0	0	0	0	0	15	3	0	0	0	6	0
Navajo	2	4	6	14	24	1	0	0	0	0	0	11	7	0	0	0	0	0
Pima	96	118	162	513	793	59	60	0	0	0	0	246	147	92	9	13	44	120
Pinal	0	0	0	25	25	0	0	0	0	0	0	13	7	3	0	1	0	0
Santa Cruz	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yavapai	0	0	0	2	2	2	0	0	0	0	0	0	2	0	0	0	0	0
Yuma	25	29	43	28	100	0	10	0	0	0	0	33	21	1	1	0	0	0

2007 HUD Application Housing Inventory Summary

	Total # of facilities/ programs	# of year-round individual beds	# of year-round family beds	Total # of year-round beds	Total # of Beds for non-DV clients	% of beds in HMIS (*)	Unmet Need - Individual Beds	Unmet Need - Family Beds	Total Unmet Needs
Emergency Shelter									
Maricopa	38	1,405	1,019	2,424	1,870	86%	477	585	1,062
Pima	20	454	237	691	592	77%	150	430	580
Rural/Balance of State	48	294	497	791	335	81%	871	765	1,636
Totals	106	2,153	1,753	3,906	2,797	86%	1,498	1,780	3,278
Transitional Housing									
Maricopa	50	1,486	1,945	3,431	3,069	72%	560	2,200	2,760
Pima	47	823	691	1,514	1,450	83%	150	30	180
Rural/Balance of State	38	306	419	725	594	88%	1,046	815	1,861
Totals	135	2,615	3,055	5,670	5,113	77%	1,756	3,045	4,801
Permanent Supportive Housing									
Maricopa	21	1,294	740	2,034	2,034	91%	2,082	1,249	3,331
Pima	20	416	239	655	583	96%	50	415	465
Rural/Balance of State	18	203	81	284	284	100%	358	467	825
Totals	59	1,913	1,060	2,973	2,901	94%	2,490	2,131	4,621
State Totals	300	6,681	5,868	12,549	10,811	84%	5,744	6,956	12,700

(*) The % is based on the number of year-round beds currently in the Homeless Management Information System (HMIS) inventory. Domestic violence beds are excluded in this calculation, as domestic violence shelters do not participate in HMIS.

Number of McKinney-Vento eligible students by Grade and County

	Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Apache County	0	20	26	30	24	5	5	6	38	30	0	3	3	7	197
Cochise County	14	66	50	45	48	38	47	48	36	40	49	44	38	34	597
Coconino County	6	41	57	60	47	51	50	33	25	43	39	30	25	35	542
Gila County	2	45	49	34	19	14	23	8	11	14	1	1	2	2	225
Graham County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greenlee County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
La Paz County	0	4	0	1	0	1	1	7	0	1	1	0	2	1	19
Maricopa County	55	1,234	1,074	974	926	898	905	907	841	672	962	805	700	602	11,555
Mohave County	7	75	75	56	50	59	56	58	49	43	48	38	40	49	703
Navajo County	4	16	36	23	27	16	21	13	14	24	21	12	19	18	264
Pima County	19	360	324	313	288	264	262	281	269	294	266	276	222	272	3,710
Pinal County	12	81	112	83	88	97	85	59	58	46	33	34	17	21	826
Santa Cruz County	0	7	10	17	11	6	8	4	3	6	6	3	0	2	83
Yavapai County	4	72	62	78	66	57	61	50	65	59	40	31	38	40	723
Yuma County	5	17	19	22	26	23	16	18	12	16	3	4	4	19	204
Total	128	2,038	1,894	1,736	1,620	1,529	1,540	1,492	1,421	1,288	1,469	1,281	1,110	1,102	19,648*

* **Note:** This total represents some duplication among reporting LEAs, thus does not match the unduplicated total of 19,117.

Academic Proficiency of Homeless Students Compared to that of all Arizona Students

FY 2005 Academic Achievement of McKinney-Vento Eligible Students

READING	AZ	Homeless	Homeless	Homeless
Grade	% M&E*	# M&E	# Tested	% M&E
3	72%	276	760	36.3%
5	71%	253	656	38.6%
8	67%	210	526	39.9%
H.S.	75%	170	410	41.5%

MATH	AZ			Homeless
Grade	% M&E	# M&E	# Tested	% M&E
3	76%	365	760	48.0%
5	71%	261	655	39.8%
8	63%	179	527	34.0%
H.S.	69%	162	409	39.6%

FY 2006 Academic Achievement of McKinney-Vento Eligible Students

READING	AZ	Homeless	Homeless	Homeless
Grade	% M&E*	# M&E	# Tested	% M&E
3	75%	638	1,429	44.6%
5	74%	580	1,314	44.1%
8	69%	364	1,020	35.7%
H.S.	77%	332	786	42.2%

MATH	AZ			Homeless
Grade	% M&E	# M&E	# Tested	% M&E
3	78%	776	1,434	54.1%
5	74%	583	1,305	44.7%
8	65%	330	1,028	32.1%
H.S.	69%	274	785	34.9%

FY 2007 Academic Achievement of McKinney-Vento Eligible Students

READING	AZ	Homeless	Homeless	Homeless
Grade	% M&E*	# M&E	# Tested	% M&E
3	72%	644	1,320	48.8%
5	72%	611	1,269	48.1%
8	65%	373	987	37.8%
H.S.	67%	586	1,467	39.9%

MATH	AZ			Homeless
Grade	% M&E	# M&E	# Tested	% M&E
3	74%	666	1,319	50.5%
5	71%	591	1,272	46.5%
8	62%	336	987	34.0%
H.S.	59%	491	1,497	32.8%

* Percentage M&E figures are reported by Arizona Department of Education to indicate the proportion of students meeting and exceeding proficiency standards in the subject area.

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