

Douglas A. Ducey Governor Your Partner For A Stronger Arizona

Timothy Jeffries Director

DEC 232015

The Honorable Douglas A. Ducey Governor of Arizona 1700 West Washington Phoenix, Arizona 85007

Dear Governor Ducey:

The enclosed 2015 Annual Report on Homelessness in Arizona is being submitted pursuant to A.R.S. § 41-1954.

The document describes and quantifies homeless populations in Arizona and discusses some of the factors that cause persons and families to become homeless. It also provides information about current efforts at the national, state, and local levels to prevent and end homelessness.

If you have any questions, please contact Lynn Larson, DES Assistant Director, Division of Aging and Adult Services, at (602) 542-6461 or me at (602) 542-5757.

Sincerely,

Timothy Jeffries

Director

Enclosure

cc: Secretary of State Michele Reagan
President Andy Biggs, Arizona State Senate
Speaker David M. Gowan Sr., Arizona State House of Representatives
Joan Clark, Director, Arizona State Library, Archives and Public Records

HOMELESSNESS IN ARIZONA ANNUAL REPORT 2015



Department of Economic Security Timothy Jeffries, Director December 31, 2015

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HOMELESSNESS IN ARIZONA 2015 ANNUAL REPORT

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HOMELESSNESS IN ARIZONA 2015 ANNUAL REPORT

EXECUTIVE SUMMARY

This is the twenty-fourth Annual Report on Homelessness in Arizona prepared pursuant to A.R.S. § 41-1954(A) (19) (g). The report provides information about homelessness in Arizona during State Fiscal Year (SFY) 2015. It attempts to recognize the similarities and differences in demographic characteristics of subgroups that make up the homeless population, as well as the similarities and differences in the issues that impact homelessness in the various regions of our State. This year's report also includes numbers of persons served in various programs throughout geographically diverse regions of the State as well as comparisons with national data. The intent of this report is to serve as an important resource for all stakeholders working to prevent and end homelessness. It is equally important as a reminder that behind each statistic is the face of a person who is striving to end his or her own homelessness.

Homelessness, in most cases, is a temporary circumstance and not a permanent condition, which makes homelessness difficult to quantify. The causes and factors that lead to homelessness are complex. At the same time, there are consistent, identifiable, contributing factors for both individuals and families in urban and rural communities. Economic factors such as jobs, evictions, foreclosures, and lack of affordable housing have significantly influenced the growth of first time homelessness in Arizona. These same factors have created barriers for many who are currently homeless and trying to work their way out of homelessness. In the face of a poor economy, conditions such as physical and mental health issues, domestic violence, and substance abuse exacerbate the downward spiral into homelessness. Multiple strategies and approaches are necessary to restore individuals experiencing homelessness to independence, but affordable housing, economic recovery, job training, and employment remain at the heart of preventing and ending homelessness.

Single adults constitute the largest group of homeless persons and are predominantly male. Lack of available healthcare has contributed significantly to their inability to overcome barriers to employment and independence. They are more likely to experience serious illness, depression, and mental illness, and often self-medicate leading to serious substance abuse issues. Families, on the other hand, tend to be younger and populated by females with young children. Families experience less physical and mental health issues or substance abuse problems, which is likely the result of more readily available healthcare. For families, lack of safe, affordable childcare is a major barrier to stable employment income and independence. Strategies to serve individual adults and families will necessarily include different approaches while the root causes of their homelessness may be the same: affordable housing, job training, and employment.

Estimates of the number of homeless people in Arizona vary. In the last week of January of each year, program staff and volunteers participate in a Point in Time (PIT) count. In 2015, the number of unsheltered persons counted Statewide on that one night was 2,957, which is an 18 percent increase from 2014.

Two factors contributed to this increase:

- In 2014, the population in Arizona increased by 1.6 percent from 6,626,624 to 6,731,484. http://quickfacts.census.gov/qfd/states/04000.html
- The unemployment rate in Arizona was higher than the national average in 2013 and 2014. In 2013, the national U.S. average for unemployment was 7.4 percent, while Arizona's unemployment rate was 7.8 percent. In 2014, the national unemployment rate was 6.2 percent; in Arizona, the employment rate was 6.9 percent. http://www.bls.gov/news.release/pdf/srgune.pdf

Results in Arizona, as well as nationally, have demonstrated that housing is the foundational intervention that moves an individual or family from homelessness to self-sufficiency. Without housing programs, all other intervention programs are less effective. In total, 5,412 homeless individuals and family members moved from homelessness during SFY 2015 to permanent housing. An estimated 36,497 individuals received services in Emergency Shelter, Transitional Housing, and Permanent Supportive Housing programs during SFY 2015.

The largest population of individuals experiencing homelessness in Arizona are in the urban community of Phoenix and Maricopa County, accounting for 71 percent of the State's homeless population. Pima County represents the second largest concentration of homelessness at 16 percent. Rural counties that make up the Balance of State (BoS) account for the remaining 13 percent of individuals experiencing homelessness in the State.

State Fiscal Year 2015 was a year filled with challenges and opportunities:

- The Annual Arizona StandDown was the largest event of its kind in the nation for the fifth year in a row. Serving an estimated 3,356 veterans.
- Coordinated Entry for family housing was instituted through collaboration efforts with UMOM New Day Centers, Save The Family, Salvation Army, Family Promise, Labors Community Service Agency, and ABC Housing. https://housing.az.gov/about/success-stories
- The Funders Collaborative was created to address the Men's Overflow Shelter closure and relocation. The Funders Collaborative is a strategic planning committee that involves a collaboration of The United Way, the Arizona Department of Housing, the City of Phoenix, and the Maricopa County Human Services Department. https://housing.az.gov/funders-collaborative

Arizona is committed to ending homelessness. Ending homelessness can only be accomplished through the work and commitment of the many individuals and organizations that persevere and provide services to the State's most economically vulnerable. We thank all of those heroes who have shared their time, energy, and careers to contribute to this worthy calling.

INTRODUCTION

Pursuant to A.R.S. §41-1954(A)(19)(g), the State Homeless Coordination Office, within the Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS), 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. This report provides information on the demographic characteristics and circumstances of persons experiencing homelessness in Arizona and nationally, progress made throughout the State to assist 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 was compiled from multiple sources, including the Annual PIT shelter survey, the annual Housing Inventory Count, the Arizona Department of Education 2015 data on students experiencing homelessness, 2015 aggregate Homeless Management Information System (HMIS), data collected from organizations serving homeless families, children, youth, and single adults, reports submitted to the DES Homeless Coordination Office by its contracted service providers, U.S. Census Bureau population data, and recent local, State, and national research reports concerning various aspects of issues affecting homelessness. We are grateful to the Maricopa County Association of Governments Continuum of Care (CoC), the Tucson Pima County CoC, and the Balance of State CoC for their collaboration in providing data for this report. We are also grateful to the Department of Veteran Services, the Arizona Coalition to End Homelessness, the Arizona Department of Housing, Department of Education, and Community Information and Referral for their contributions to this report. All references to SFY 2015 refer to the period from July 1, 2014 through June 30, 2015.

WHO IS HOMELESS IN ARIZONA?



STATEWIDE DEMOGRAPHICS

The Department of Housing and Urban Development (HUD) defines homelessness as lacking a fixed, regular, and adequate night-time residence, meaning: 1. a primary night-time residence that is a public or private place not meant for human habitation; 2. living in a publicly or privately operated shelter designated to provide temporary living arrangements including

congregate shelters, transitional housing, or hotels and motels paid for by charitable organizations or by federal, state, or local government programs; or 3. exiting an institution where (s)he has resided for 90 days or less and who resided in an Emergency Shelter or place not meant for human habitation immediately before entering that institution. Based on annually reported information from all three Continua of Care, approximately 36,497 adults and children experienced homelessness in Arizona. Community Emergency Shelters, Transitional Housing, and Permanent Housing programs during SFY 2015 administered these services to Arizona's homeless.

According to the 2014 U.S. Census, Arizona's population has grown by 1.6 percent from 6,626,624 to 6,731,484 (http://quickfacts.census.gov/qfd/states/04000.html); thus, one in every 184 Arizonans experienced homelessness.

VULNERABLE AND CHRONICALLY HOMELESS



Addressing chronic homelessness is a priority focus in Arizona's efforts to end homelessness. Chronically homeless means a person has experienced homelessness more than four times in the past three years or has been homeless for one continuous year or longer and has a disabling medical, mental, or addictive condition. Chronically homeless individuals include the most vulnerable, the most visible street homeless and the most difficult population to serve. Many have lived on the streets for years and have difficulty transitioning to housing and reconnecting with community. They

are predominately single and they are the highest users of emergency rooms and hospital services. They are also the most likely to die on the streets without resources and housing assistance.

The 2015 PIT survey counted 9,896 homeless persons that experienced homelessness in Arizona on any given night. An estimated 14 percent or (1,366) of the homeless identified were chronically homeless.



SINGLE ADULTS

Single adults surveyed accounted for 65 percent of the homeless population during the annual PIT count. The majority of the single homeless during the PIT count were men (71 percent). According to national homeless surveys, drug and alcohol abuse and the concurrent need for treatment are more prevalent among single adult homeless.

www.Nationalhomeless.org/factssheets/addiction

VETERANS (Information and data provided by the Arizona Department of Veterans' Services)

The recent success of actions to decrease statewide veteran homelessness centers around the State's adoption of one plan to focus on ending homelessness among veterans by 2015. The Arizona Department of Veteran Services (ADVS) developed the Arizona Action Plan to End Homelessness Among Veterans to outline a set of Goals, Strategies, and Objectives to guide stakeholders in critical activities related to ending homelessness over five years. ADVS is committed to successfully ending homelessness for all veterans in Arizona and establishing a replicable, national model for use by the U.S. Department of Veterans Affairs, State Departments of Veterans Services, and other interested parties. Former Arizona Governor Janice K. Brewer adopted the Action Plan as the State's official plan to end veteran homelessness in early 2011. (https://dvs.az.gov/homelessvets)



Prior to the implementation of the Action Plan, the homeless veteran population was 2,343, representing 25 percent of the homeless population in Arizona. By SFY 2015, the number of homeless veterans decreased by 78 percent to 516. The significant decrease correlates with an increase in Supportive Services for Veteran Families (SSVF) funding throughout the State. The SSVF Program is a Rapid Rehousing and Homeless Prevention grant to serve veterans and their families.

Arizona has demonstrated that ending veteran homelessness is possible. It does not mean that no one will ever experience homelessness again. It means that when an individual or family has a housing crisis,

our communities have the systems and resources in place to immediately identify and support them. Instances of homelessness should be rare, short-lived, and non-recurring. The Arizona Coalition to End Homelessness, Special Initiative Project H3 VETS (http://www.azceh.org/project-h3-vets), effectively ended chronic homelessness among veterans in Maricopa County as of February 14, 2014. Phoenix became the first city in the country to do so. In 2015, Project H3 VETS removed the "homeless" adjective for 270 chronically homeless and medically vulnerable veterans in our community. Project H3 VETS continues to work to make systemic changes to end homelessness for countless more.

FAMILIES WITH CHILDREN



The 2015 Annual Arizona PIT survey counted 3,348 homeless people in families residing in shelters and on the streets. People in families accounted for approximately 34 percent of the total homeless PIT count.

Chronic homelessness for families also presents a challenge for communities throughout Arizona. Chronically homeless families have the highest level of need in comparison to other homeless subpopulations. During the annual PIT count,

chronically homeless families with children were determined; Maricopa had 11, BoS 17, and Pima County recognized five families as chronically homeless.

VICTIMS OF DOMESTIC VIOLENCE (DV) (Information and data provided by the Arizona Department of Economic Security, Domestic Violence Program)



Quarterly data submitted to the Department of Economic Security reported that 3,862 adults and 3,705 children received Emergency Shelter services from domestic violence service providers during SFY 2015. An estimated 62 percent reside in the metropolitan areas of Maricopa and Pima Counties. The average length of stay in the

domestic violence shelter system was approximately 39 days.

Of those who reported that they receive public benefits, 40 percent of victims residing in domestic violence Emergency Shelters receive benefits from Supplemental Nutrition Assistance Program (SNAP). The Arizona Health Care Cost Containment System (AHCCCS) estimates that 40 percent have health plan enrollments. Approximately four percent receive Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), five percent receive Temporary Assistance to Needy Families (TANF) cash assistance and seven percent receive benefits under the Women, Infants, and Children (WIC) program.

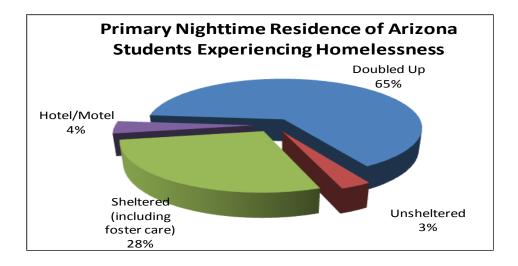
The key measure of success for those receiving Emergency Shelter services due to domestic violence is their ability to develop safety plans and increase their knowledge of DV services that are available to them in their community. These are considered best practice measures and show that they have developed skills that will keep them safe once they have left the shelter. In 2015, 89 percent reported that they know how to plan for their safety and 91 percent have increased knowledge of services that are available to them.

MCKINNEY-VENTO HOMELESS EDUCATION PROGRAM (Information and data provided by the Arizona Department of Education is for SFY 2014)

The Arizona Department of Education (ADE) and designated homeless liaisons are responsible for identifying and providing special services to those children and youth impacted by homelessness in public and charter schools. Local Educational Agencies (LEAs) use a more inclusive definition of homeless to identify and serve children and youth experiencing homelessness. Based on the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (McKinney-Vento), the term homeless children and youth is defined as "individuals who lack a fixed, regular, and adequate night-time residence." This definition allows the inclusion of children living in doubled-up situations with friends and family to receive necessary services.

Based on the above definition, data reported by the ADE Homeless Education Office shows 29,763 children (pre-kindergarten through 12th grade) reported throughout the state as *homeless* during SFY 2014, which represents a 3.8 percent decrease over 2013. This minor decrease is believed to be a result of a change in interpretation of "awaiting foster care placement" within the McKinney-Vento statute. Sixty-five percent of the children reported being *doubled-up* or living temporarily with another family; 28 percent were living in shelters; four percent were temporarily residing in hotels or motels due to lack of alternative adequate accommodations, and three percent were living in unsheltered situations such as cars, parks, campgrounds, and abandoned buildings. Approximately 75 percent of the students experiencing homelessness attended schools in urban areas, while 25 percent attended school in the rural counties that make up the Balance of State.

Education liaisons provide continuity for homeless children who change schools more often and lack resources such as transportation, appropriate clothing, school supplies, and adequate nourishment. The education liaisons address the needs of the children, coordinate activities, and study options to provide homeless children a foundation for academic achievement.



UNACCOMPANIED HOMELESS YOUTH AND CHILDREN



Unaccompanied homeless youth, often referred to as "youth on their own", are the most difficult subpopulation of homelessness to quantify. This category includes young people who left home, were thrown out of their homes, or abandoned by parents or guardians. It also includes youth who have aged out of the foster care system and have no resources or family connections on which to rely. HUD has defined individuals under the age of 18 years old as "children" and "youth" between the ages of 18 and 24. The 2015 PIT survey counted the number of unaccompanied homeless children and youth in Arizona. Maricopa County counted 54, Pima County indicated nine, and BoS identified 20 unaccompanied homeless children. The PIT count also ascertained that Arizona had 621 unaccompanied youth Statewide that experienced homelessness.

ARIZONA AND THE AGING HOMELESS POPULATION



During SFY 2015, 46 percent of the adult homeless population in Arizona was 45 years or older and seven percent were over 62 years of age. Increasing numbers of aging adults in the homeless population is a concern both nationally and in Arizona. Based on studies of homelessness by Dr. Dennis P. Culhane of the University of Pennsylvania, there is evidence that homelessness is beginning to increase among aging adults. In 1990, the peak age of homeless men in Emergency Shelters and transitional housing was between 32 and 34 years old. By 2000, the peak age had moved to between

40 and 42 years of age and by 2010 the peak age had moved again to between 52 and 54 years of age.

Homelessness is a reality that touches almost every system and every person in society, from policymakers to businesses to neighborhoods to individuals. Theories about solutions, stereotypes of causes, and programs to fix the homeless problem abound, but the problem remains. Duplicating existing programs and repeating the same strategies are not enough, and it is time to consider the actual needs of the individuals experiencing homelessness today, while preparing for the unique challenges coming in the near future. Culhane, Metraux, Byrne, Stino, and Bainbridge (2013) reveal evidence that the contemporary single adult homeless population is aging, and existing systems and policy must adjust to the upcoming surge of people age 62 and over that will soon flood existing resources and challenge old methods of assisting the homeless.

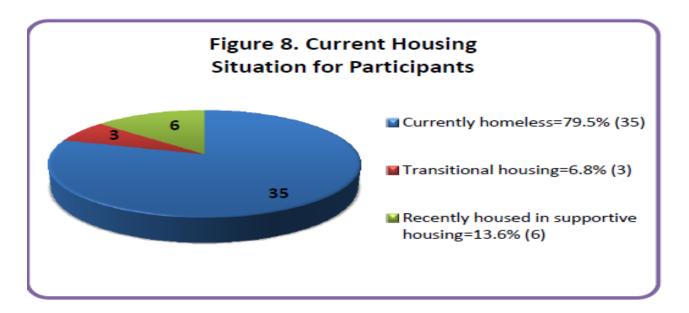
The intent of this study is to explore the experiences and needs of older adults experiencing homelessness in Arizona. The strength of the study is the discussions with the actual people in need, from the perspective of those participating in four very different programs in three different cities in Arizona.

The participants consisted of 44 people living in Maricopa and Pima Counties currently or recently experiencing homelessness. Thirty-five participants (79.5 percent) were currently homeless, three (6.8 percent) were in transitional housing, and the other six (13.6 percent) had been recently housed in supportive housing (see figure 8). The participants included 38 (86.4 percent) men and 6 (13.6 percent) women ages 33 to 76 years old, with a mean age of 61 years and a median age of 63.

Census data also shows the trend of an increasing population of older adults throughout the United States. According to the 2010 U.S. Census data compiled by Howden and Meyer (2011), the population of people aged 62 and over has grown by 21 percent in the previous ten years. Not only that, but their report shows that the group of individuals ages 45-64 has shown a 31.5 percent increase. These increases contrast sharply with all other age groups, which illustrated increases of only 0.6 – 1.3 percent, and an actual 3.4 percent decrease shown in the 25-44 age groups (Howden & Meyer, 2011).

The 2010 Census Data specific to Arizona shows a 32 percent increase in the population of individuals 65 years or older since the 2000 census, revealing that Arizona's data reflects the general U.S. trend (U.S. Census Data provided by Census Viewer.com; see Appendix F).

Emergency shelters and transitional housing programs are not equipped or qualified to care for the medical needs of aging homeless adults. There is, and will continue to be, a need for additional respite facilities and medical recovery beds to serve this population.



WHERE DO PEOPLE EXPERIENCE HOMELESSNESS?

METROPOLITAN AREAS

Metropolitan areas, which include Maricopa County and Pima County, account for 77 percent of all homelessness in Arizona. Urban population centers tend to have more job opportunities and services that attract individuals and families experiencing poverty and ultimately homelessness.

MARICOPA COUNTY (Information and data provided by the Maricopa Association of Governments Continuum of Care and Community Information and Referral)



Maricopa County represents 61 percent of the State's population and, based on annual HMIS reports, 71 percent of the State's homeless population totaling 25,832 during SFY 2015. Seventy-one percent of those who experienced homelessness in Maricopa County were single adults. Annual HMIS reports 39 percent of all individuals experiencing homelessness in Maricopa County self-report some level of mental, physical, or substance abuse disabilities.

Based on the 2015 PIT count, on a single night in

January, there were 4,342 homeless individuals housed in shelters and 1,289 unsheltered homeless. The SFY 2015 PIT count for Maricopa reported a 22 percent increase in the street count and an 11 percent decrease in homeless shelter count. The homeless populations counted during the PIT count were predominantly single adults numbering 3,475 or 62 percent compared to families that consisted of 2,102 or 37 percent. The chronically homeless in Maricopa numbered 258 in SFY 2015 compared to 318 in SFY 2014.

Maricopa County's primary coordination and planning body on issues of homelessness is the Maricopa Association of Governments' (MAG) CoC. The MAG CoC provides policy direction and leadership on homeless issues, directs year round planning, and submits a consolidated grant application each year to HUD to secure funding for service providers throughout the County who provide shelter and services to the homeless. Additionally, the MAG CoC oversees the collection and distribution of data to monitor progress and inform the planning process through HMIS and the annual PIT street count. MAG is the focal point for issues concerning homelessness in Maricopa County. MAG focuses on community awareness and the dissemination of information. More importantly, MAG provides a vehicle to initiate collaborative efforts. MAG has become the coordinating body for the Regional Heat Relief Network bringing together municipalities and government entities, homeless service providers, faith-based groups, local businesses, and community volunteers to ensure hydration and refuge stations are available during summer months for the homeless and vulnerable throughout the county.

PIMA COUNTY (Information and data provided by the Tucson Pima Collaboration to End Homelessness Continuum of Care)

Pima County accounts for 15 percent of the State's total population and 16 percent of the State's homeless population. The frequency of homelessness in the population of Pima County has improved from one person of every 131 in SFY 2013 to one person of every 180 having experienced homelessness during SFY 2014. The density of Pima County's homeless population remains the highest in the State, but the number has improved over the past two years and is only slightly higher than the national average.



The Tucson Pima Collaboration to End Homelessness (TPCH) is a collaboration of over 50 service providers, civic, faith-based organizations, municipal entities, and individuals who are interested stakeholders in the issues related to homelessness in the region. TPCH functions as the Continuum of Care for the Pima County geographic area, including Tucson and surrounding areas, and provides policy direction and leadership on homeless issues. TPCH is responsible for the annual planning process, as well as submitting the consolidated grant application each year to HUD in order to secure

funding for housing providers throughout the County. Additionally, TPCH oversees the collection and distribution of data to monitor progress and inform the planning process through HMIS and the annual PIT street count.

TPCH, through community awareness, sharing of expertise and general council meetings, provides a vehicle for stakeholders to participate and collaborate in the planning processes and activities intended to prevent and end homelessness. The collaboration coordinates the annual TPCH Conference to provide a forum for communication, education, and information sharing among stakeholders, government agencies, housing providers, educators, and homeless and formerly homeless persons.

Both a system-wide Annual Progress Report (APR) and Demographics Report were produced from the Tucson/Pima County HMIS, reporting a total of 6,053 homeless persons served by those programs who entered information into HMIS during the period of July 1, 2014 to June 30, 2015. Program providers enter self-reported client data into the HMIS system. Thirty-eight percent of the adult homeless populations reported in Pima County were over 45 years of age. Adults with families account for 11 percent of the adult homeless population and their mean age is between 25 and 34 years of age. Forty-nine percent of the homeless population in Pima County reports some type of disabling condition, including mental illness. Fifteen percent of all clients served identified as chronically homeless and 20 percent of all clients were veterans.

Through Tucson Mayor Jonathan Rothschild's Initiative, 25 Cities, and in partnership with Community Solutions, Inc., TPCH has begun implementation of the Coordinated Entry system using the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT) and the HMIS to target veterans and chronically homeless individuals. This system includes the participation of many CoC Programs, the Southern Arizona Veterans Health Administration, and a variety of other community partners. The Coordinated Entry system will expand to other populations during the next six months under the leadership of the newly formed Coordinated Entry Committee.

In addition, the City of Tucson Public Housing Authority, which operates public housing throughout Pima County, has completed the public comment and HUD approval process to begin setting aside up to ten percent of Section 8 and Housing Choice Vouchers (HCV) to prioritize people experiencing homelessness. This will amount to approximately 500 vouchers over the next five years, with 60 vouchers already in process.

RURAL AREAS (Information and data provided by the Arizona Department of Housing and the Balance of State Continuum of Care)

Gila, Graham, Greenlee, Cochise, Santa Cruz, Pinal, Yuma, La Paz, and Yavapai Counties make up the area referred to as the Balance of State (BoS). This combined area accounts for 25 percent of the State's population and 86 percent of the State's land mass. Based on the 2015 PIT count, the BoS estimates that there are 1,097 sheltered and 1,305 unsheltered homeless in the BoS. In total, there were 2,402 individuals that experienced homelessness during SFY 2015 in the BoS.

The HMIS report produced by BoS reports 4,612 homeless persons served in Emergency Shelter, Permanent Supportive Housing, and Transition services during the period of July 1, 2014 to June 30, 2015.

Persons staying in Emergency Shelter, domestic violence shelters, or living in housing provided by a transitional housing program are included in the sheltered count. All homeless are included in the count, regardless of whether the program received funding from HUD or not. The data entered into HMIS by agencies is also included in the PIT count. If agencies do not participate in HMIS, ADOH requests those organizations complete a brief survey. There are 109 programs represented in the homeless count.



For SFY 2015, 19 percent of the homeless counted were chronically homeless, which represents a nine percent increase over SFY 2014. This increase is primarily due to the fact that the Continuum did not complete an unsheltered count in January 2014; only one percent of those in sheltered and transitional housing are chronically homeless. The Continuum continues to prioritize those who experience chronic homelessness when there is an opening in a supported housing program. Three population centers, Yuma, Prescott, and Flagstaff, have populations exceeding 200,000

and encounter larger concentrations of people who experience homelessness while the majority of cities and towns in rural Arizona provide services in very sparsely populated areas. Geography is a major obstacle to providing coordinated services and shelter to the homeless population in the BoS. The Governing Advisory Board is looking at this and three other challenges as they strive to carry out strategic planning to end homelessness. Those challenges are limited resources, low capacity, and community misconceptions, as well as a lack of local champions anywhere in the BoS regions that help raise local consciousness and funding for the projects that improve a community's overall well-being.

Apache and Navajo Counties have experienced more than 20 percent of their population living in poverty over the last 30 years. (*USDA Economic Research Report*) Unsheltered single adults account for approximately 45 percent (1,086) of the households experiencing homelessness in the BoS. Adults in families account for 12 percent (312) of the homeless population and 16 percent are children in families. Of the single adult population, 66 percent are male and 34 percent are female. In the Emergency Shelters, the percentages are closer to 50/50. Caucasian is the predominant race (72 percent) followed by Native American (19 percent). Forty-one percent of all adults experiencing homelessness in the BoS self-report some level of mental, physical, or substance abuse disabilities.

Veterans, including female veterans, represent 21 percent of the homeless population. This is a significant increase from both 2013 and 2014. Two counties on the Colorado River had unusually high numbers of veterans experiencing homelessness during the PIT count. The Continuum is working to understand why, as well as reach out to these service men and women. The BoS has four Supportive Services for Veteran Families (SSVF) programs covering 11 of the 13 BoS Counties, along with 358 Veterans Affairs Supportive Housing (VASH) vouchers in Mohave, Yuma, Yavapai, Coconino, and Cochise Counties. These programs, as well as the CoC funded projects, are actively involved in the BoS CoC serving over 600 veterans and their families.

The Arizona Department of Housing (ADOH) houses the CoC for the BoS in the Special Needs Housing Division. Due to the challenges of geography and diversity of homeless issues in 13 different counties, the BoS CoC conducts quarterly regional meetings to share information on national and Statewide initiatives, to conduct service provider training, and develop regional solutions and collaborations aimed at ending homelessness through creativity and focus on best practices. Standing committees work towards bringing the Continuum into compliance with HUD requirements. The goal of these committees is also to provide a framework for more local input to the planning processes and to coordinate sparse resources and funding throughout the region. The regional and committee meetings are available at: (https://housing.az.gov/documents-links/forms/special-needs-continuum).

BoS CoC fully launched Coordinated Entry during SFY 2015. ADOH staff provided Coordinated Entry training throughout the State in August 2014 and again in March 2015. Iain de Jong trained on the SPDAT tools in August, traveled to each of the five BoS regions conducting all day training on VI-SPDAT and SPDAT (Service Prioritization Decision Assistance Tool) for both individuals and families. In March 2015, ADOH staff traveled to six towns in the BoS conducting training on HMIS and Coordinated Entry. Coordinated Entry is critical in creating a system that provides the appropriate intervention for each household and the BoS Continuum is moving in the right direction.

In June 2015, Arizona Coalition to End Homelessness and the Arizona Division of Behavioral Health Services sponsored Iain De Jong to conduct training around the State on Excellence in Housing-Based Case Management. The training provided case managers with knowledge and skills to keep people with moderate or higher acuity housed. Utilizing Housing-Based Case Management for all agencies working to end homelessness is on the rise and a goal the BoS CoC is working to achieve.

As the lead agency for the BoS CoC, ADOH consolidates the diverse needs and projects throughout the region into the annual planning process and is the Collaborative Applicant that submits the application for funding of those projects to HUD. ADOH is also the HMIS Lead, which oversees the day-to-day administration of the HMIS and ensures system integrity, along with the PIT street counts, which provide a basis for planning and funding initiatives.

STATEWIDE INITIATIVES



An Executive Order issued by former Arizona Governor Janice K. Brewer established the Arizona Commission on Homelessness and Housing (ACHH) on January 13, 2010. The purpose of the ACHH is two-fold. It serves as the Statewide homelessness planning and policy development resource for the

Governor and the State of Arizona and oversees the implementation and progress of the State Plan to Prevent and End Homelessness.

The Commission developed a revised Statewide Plan to Prevent and End Homelessness during SFY 2012 that aligns with the objectives of the United States Interagency Council on Homelessness (USICH) and the Federal Plan to End Homelessness, "Opening Doors." During SFY 2013, the Commission introduced the Arizona Plan to End Homelessness, which focuses on five goals:

- End chronic homelessness by 2016;
- Prevent and end veteran homelessness by 2015;
- Continue work to prevent and end homelessness for families, youth, and children by 2021;
- Develop measurement standards, data collection and accurate reporting systems by 2015; and
- Move from a homeless management system to a homeless prevention system by 2021.

The complete plan is available at the following link: https://www.azdes.gov/landing.aspx?id=7328

The Directors of the Arizona Department of Housing and the Department of Economic Security are cochairs for The Arizona Commission on Homelessness and Housing in the Governor's absence. Membership includes the Directors of the Departments of Health, Corrections, Veteran Services, Public Safety, and the Governor's Office of Children, Youth, and Families. The Governor's office appoints members at large. The ACHH develops the State Plan to end homelessness and monitors the goals of the State Plan through inter-departmental communication and collaboration on issues of homelessness.

Pending the issuance of a new Executive Order, the ACHH has not convened a meeting since November 2014.



ARIZONA COALITION TO END HOMELESSNESS (Information and data provided by the Arizona Coalition to End Homelessness)

The Arizona Coalition to End Homelessness (AZCEH) is a leader in Statewide efforts to end homelessness in Arizona through advocacy, education, and coordinating with local communities to raise the awareness and response to homelessness.

The Coalition's primary goals are:

- To work with local communities, members, and stakeholders to monitor and advocate relative to State and federal policies and laws that affect homeless individuals and families and the service providers who work to end their homelessness;
- To promote knowledge and awareness about homelessness, its causes, and effective interventions
 through community trainings, distribution of pertinent information to the community of service
 providers, and through the Annual Statewide Conference on Homelessness; and
- To convene collaborative groups of service providers, business representatives, local governmental entities, faith based organizations, and volunteers in order to coordinate and support work being done throughout the State that are focused on ending homelessness.

AZCEH brings nationally recognized speakers and dignitaries to Arizona each year through the Annual Conference on Ending Homelessness, as well as conducting presentations on best practices from the community of providers and stakeholders throughout the State. The Coalition was at the forefront of efforts to bring the 100,000 Homes Campaign to Arizona, providing vital connections and organizational abilities to successfully launch Project H3 (Home, Health, Hope) and Project H3 VETS in Maricopa County. AZCEH also provided technical assistance and support to the 51 Homes Campaign in Pima County (www.51homes.net). The Coalition has also published a series of White Papers defining and quantifying potential solutions to ending homelessness in Arizona, which are available at www.azceh.org.

SPECIAL INITIATIVES

PROJECT H3

Project H3: Home, Health, Hope has been a collaborative project initiated within DES and coordinated by the AZCEH. Project H3 (http://www.azceh.org/project-h3), which celebrated its five-year anniversary in June 2015, was a pilot project to understand and measure the effectiveness of utilizing a housing first model to address the needs of the most vulnerable homeless. The goal of this project was to identify and house the 50 most vulnerable homeless people living on the streets of Maricopa County using the Vulnerability Index (VI) developed by Dr. Jim O'Connell of Healthcare for the Homeless in Boston, Massachusetts. At the five-year mark, Project H3 celebrates a 90 percent retention rate. Project H3's methodology, including housing first, proved more than successful. On average, participants reported they had been homeless and living on the streets for 12 years and, at the one-year mark, 98 percent remained housed in apartments. At move in, 71 percent reported they had abused drugs or alcohol, 23 percent had used alcohol every day for the past month, and 14 percent had used injection drugs. After six months, only 20 percent reported they had abused drugs or alcohol during the previous month and none of the participants reported using alcohol every day or using injection drugs. The initiative also laid the groundwork for its successor, Project H3 VETS.



PROJECT H3 VETS

Project H3 VETS is a special initiative based on the successful lessons learned from Project H3 and the 100,000 Homes Campaign. Project H3 VETS uses an assessment tool to prioritize the most medically vulnerable homeless veterans living on the streets in the

Phoenix Metropolitan area. The project utilizes Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) supportive housing vouchers to provide permanent housing and supportive services that includes case management, social support, and mental health services for chronically homeless veterans.

Project H3 VETS housed 270 chronically homeless veterans with an 89 percent retention rate by the end of SFY 2015. The project continues to house vulnerable veterans as they enter the system. Arizona reached the goal of ending chronic homelessness among veterans in Maricopa County in June 2014.

ARIZONA STANDDOWN ALLIANCE (Information and data provided by the Arizona StandDown Alliance)

The Arizona Coalition to End Homelessness has formed the Arizona Veterans StandDown Alliance to oversee Statewide StandDown efforts. The goal is to coordinate support by providing all StandDowns in Arizona administrative and fiscal expertise via the AZCEH 501(c) (3). It is also the goal to provide infrastructure support to all new and existing StandDowns as they begin the process of organizing and holding events across the State with the hope of getting real time data on our homeless veteran population across the State. Currently, the Alliance has three member StandDowns (Maricopa, Yavapai, and Pima Counties). Coconino, Pinal, Mohave, Graham/Greenlee, and Cochise Counties joined in August 2014.

Maricopa County (metro-Phoenix) StandDown: The annual Maricopa County StandDown was the largest event of its kind in the nation for the fifth year in a row. A total of 1,693 homeless and at risk veterans participated in the 2015 three-day event, a three percent decrease in veterans seeking services over 2014. Ten percent of participants were female. The Arizona StandDown is an annual event located at the Veterans' Memorial Coliseum and the event spans three days and two nights. Over the course of three days, homeless and at-risk veterans receive shelter beds and other basic needs items such as food, clothing, shoes, hygiene products, showers, and restroom facilities. Of the participants attending, nine percent were living on the streets, seven percent were residing in Emergency Shelters and six percent were living in transitional housing. Ninety-five service providers came together this year to cut the red tape and deliver services quickly, efficiently, and in a veteran-centered framework. Service providers included the Phoenix VA Health Care System, Arizona Department of Transportation's Motor Vehicle Division (MVD), City of Phoenix municipal and other court systems, Social Security Administration, and the Department of Economic Security. Even the veterans' cherished pets received vaccinations and checkups. Courts and legal service providers assisted 1,064 veterans, MVD assisted 1,055 veterans and Social Security assisted 292 veterans.

Pima County (Tucson) StandDown: Tucson held their annual three-day StandDown event in January 2015 at the Days Inn Motor Lodge, the ongoing home base for the event. The event hosted 232 veterans. They also held a one-day event in June that served 151 veterans.

Yavapai County (Prescott) StandDown: Prescott held their annual StandDown event in September 2014 and served 206 veterans. The Prescott StandDown event was held on September 18-19, 2015.

Pinal (Casa Grande) StandDown: Pinal County held its second annual StandDown on April 4, 2015. The event served an estimated 500 veterans and their family members. Eighty-seven volunteers participated in the event.

Coconino (High Country/Flagstaff) StandDown: The third Annual High Country StandDown was a one-day event. Under the leadership of Coconino County Supervisor Mandy Metzger, the event successfully drew 211 veterans and their families from the greater Northern Arizona region.

Mohave (Bullhead City) StandDown: Bullhead City held its third annual StandDown on March 1, 2015, serving 238 veterans.

Graham and Greenlee Counties: Their 2014 StandDown event drew an estimated 50 veterans and their 2015 event drew an estimated 25 veterans.

Cochise County: held their first StandDown in August 2015 and the event drew 50 veterans.

PROJECT CONNECT



PROJECT CONNECT (Information and data provided by the Valley of the Sun United Way)

For many families and individuals, homelessness is just one paycheck away. In the case of domestic violence victims, the risk of becoming homeless can play a critical role in whether they can make the decision to leave a dangerous situation. However, with the right combination of services and support, families suffering financial difficulties and/or domestic violence situations, can be stabilized and put on a path to avoid homelessness. Basic supports, such as temporary financial assistance, foreclosure prevention support, food boxes, linkages to employment supports, and domestic violence resources can help individuals get the immediate help they need and put them on a path to avoid future homelessness. Project Connect provides access to these supports and enables individuals and families to maintain their housing, proving stability, and potentially avoiding entry into additional service systems.

In the history of Valley of the Sun United Way (VSUW), investments have been made, primarily in emergency response to homelessness, and consist of emergency shelter, domestic violence shelter, transitional housing, and the supports to operate this emergency system. This system will not end homelessness; it will continue to simply manage homelessness. The Human Services Campus in Phoenix is representative of the Valley's current homeless situation. It is overcrowded with more than 1,300 individuals visiting every day. Those 1,300 people cannot all access an emergency bed, and the most chronic users cycle in and out of services, which takes away resources from people who are first-time homeless. The combined volume and overuse by a small segment of the total homeless population has created an environment in which those that simply need quick assistance experience a backlog that unnecessarily extends their time experiencing homelessness. We hope that Project Connect helps identify those chronic users and connects them to the appropriate resources that may help them break their cycle, and provide those quick resources to keep some from becoming homeless or chronically homeless.

Through Project Connect around 8,000 plus service connections were made in 2015. Of the 5,585 persons who attended, the following areas: basic needs (like showers and haircuts), housing and shelter, youth support, veteran support, identification obtainment and replacement, spiritual support, employment aid, legal counsel, health and medical attention, and other general resources like pet food, pet neutering, bike repair, cell phones, and tax assistance were met. Over 300 community partners participated in meeting these needs.

The 2014-2015 fiscal year had 10 Project Connect events, including StandDown, an event held at the Phoenix Memorial Coliseum, specifically held for veterans. The churches or community centers that participated were Grace Community Church, Tempe; Glendale Nazarene Church; North Hills Church, Phoenix; Love of Christ Lutheran Church, Mesa; First Southern Baptist Church, Buckeye; Monte Vista Church of the Nazarene, Phoenix; Latter Day Saints, Tempe South Stake; and New Life Community Church, Peoria.

In 2015, more than 1,900 volunteers attended Project Connect as guest guides. These volunteers not only worked to improve their communities, but also enjoyed a valuable and rewarding experience

through the hands-on opportunity to assist our community members facing tough times. Our volunteers share our goals to transform individual lives and entire communities by lending a helping hand.

VSUW also had the pleasure of working with a group of people especially committed to being consistent volunteers at Project Connect, and lead areas of the event as liaisons for those in attendance. Through their constant involvement with Project Connect, these "Lead Volunteers" were/are able to not only provide VSUW with event day help, but also provide the vital feedback that allows Project Connect to improve continuously. As a Lead Volunteer, one commits to 10 of the 12 Project Connects, working all day, beginning at 6:00am. It is a fast-paced environment where the priority can change on a moment's notice. Among those 1,900 volunteers were those associated with corporations and organizations showing their support of our community goals through their service at Project Connect: Vanguard, Wells Fargo, Bank of America, Arizona Public Service, American Automobile Association, Maricopa County Community Colleges, Humana, BMO Harris, United Parcel Service, and FedEx.

STRATEGIES TO END HOMELESSNESS



The ACHH Summer Survey of 2013 demonstrated that homelessness in Arizona is predominantly a result of economic circumstances. Solutions will necessarily involve improvement in the overall economy, combined with targeted housing options. Results of such programs in Arizona, as well as nationally, have demonstrated that housing needs to

be the first intervention to move homeless individuals from homelessness to self-sufficiency.

Without housing, all other interventions will be less successful. New programs providing services for homeless prevention and rapid re-housing need to be targeted to those who otherwise would become homeless and must include wrap around supports such as job search assistance, training, and child care until an individual's or family's situation has stabilized. Simply providing rental assistance without assessment and coordination of stabilization services is a bandage that often does not reach the target and often does not stick.

Strategies employing outreach efforts with assessment tools to address the needs of those who have recently become homeless in order to rapidly re-house and stabilize them in permanent housing are critical to reducing the duration of homeless episodes. For the nearly 40 percent of the homeless population who are homeless for the first time, the less time an individual or family spends homeless, the less impact the effects of homelessness will have on their ability to re-stabilize and return to independence.

In some cases, Permanent Supportive Housing with appropriate levels of counseling, treatment, and medical care is the best prescription for a person whose condition of homelessness has been exacerbated by disabilities. What we have learned from special projects like 100,000 Homes campaign, Project H3, 51 Homes, and H3 VETS is that a person's physical and mental health improves when they are provided safe and secure permanent housing. More importantly, we must eliminate barriers to shelters and housing programs such as income requirements and sobriety restrictions. Additionally, "Crime Free" neighborhood designations that deny housing to individuals and families who are transitioning from incarceration are counterproductive. This designation must be changed or modified so that it does not negatively affect homeless individuals with past offenses. Without housing, all other methods of restoration and stabilization are minimally successful. When housing is the first intervention, all other interventions, including physical, mental, and addictive treatments, are enhanced and more successful.

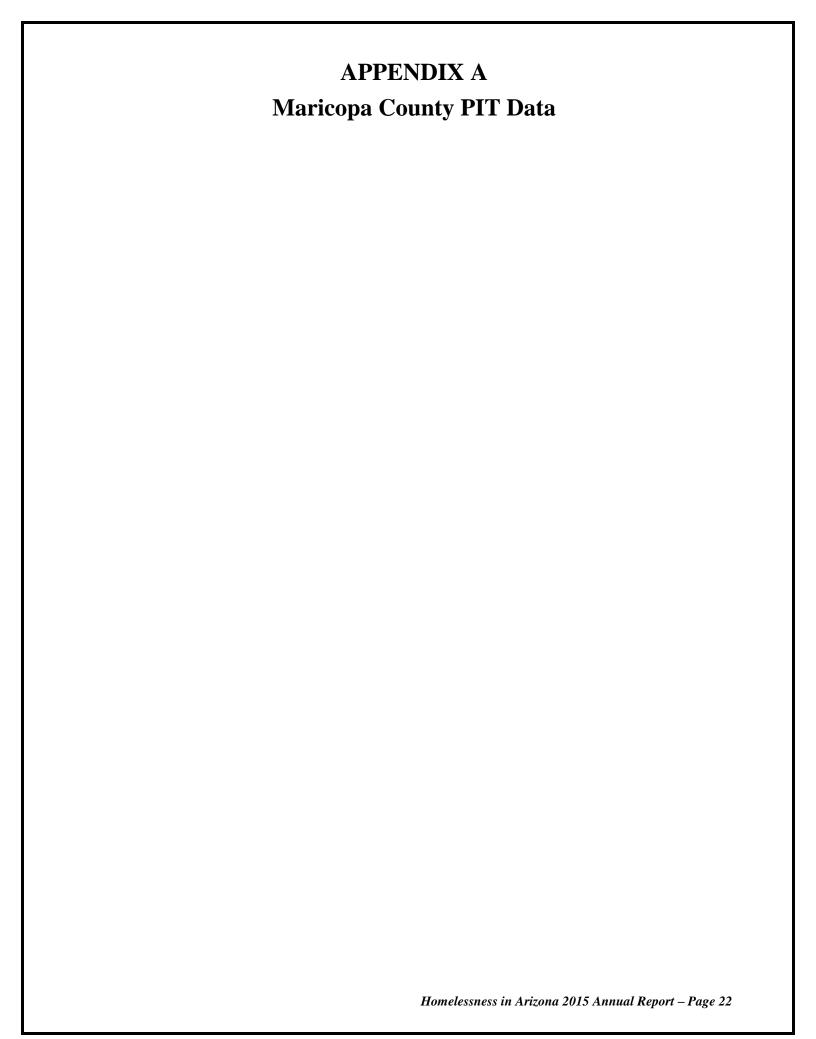
Best practices around the nation have demonstrated that the current systems of managing homelessness are in the midst of a paradigm shift. Permanent Housing options are the recovery component that has been missing in our current system of treatment. Veteran communities in the State of Arizona have led the way by focusing on data, assessment, and permanent housing with wrap around services of healthcare and case management to minimize returns to homelessness. By studying results of these "Best Practice Programs" and focusing on developing permanent housing options that are accessible and affordable, while simultaneously developing homeless services and collaborative case management practices that are mobile and flexible, Arizona's homeless services can achieve the same gains for all of the State's homeless.

HOMELESSNESS IN ARIZONA 2015 ANNUAL REPORT

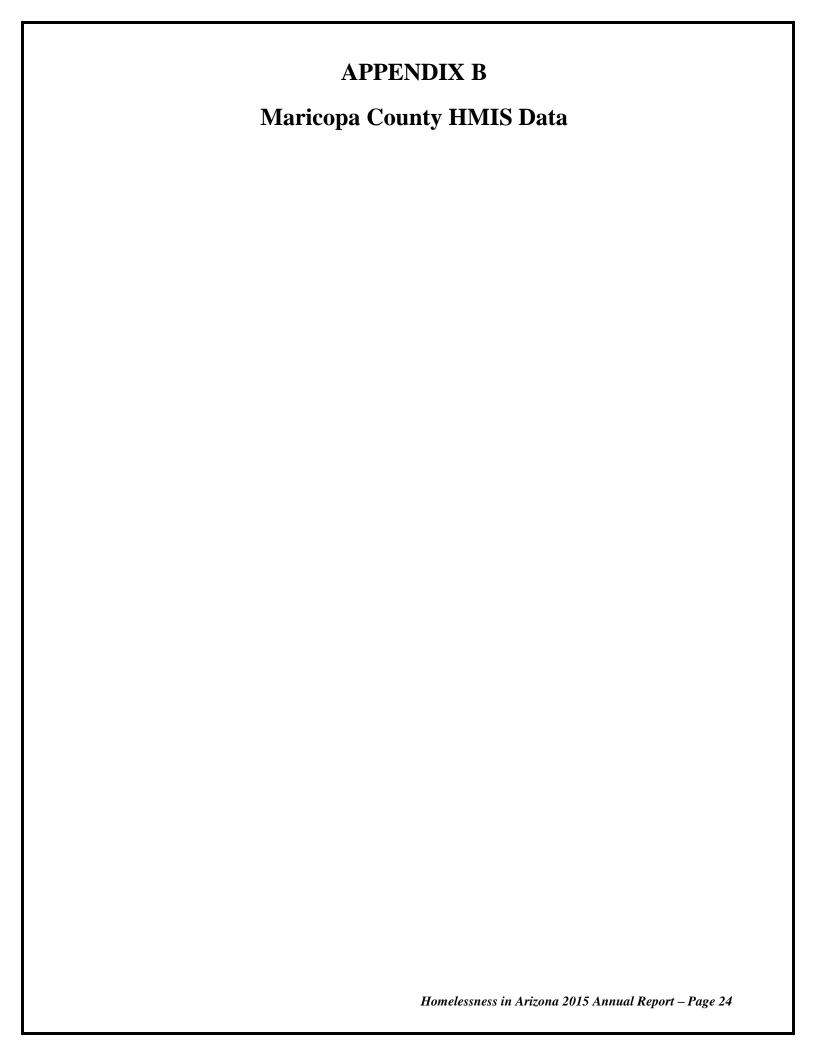
APPENDICES

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Information in the following Appendices was provided by the three CoC from data collected through their respective HMIS systems, PIT surveys, and ASU's Morrison Institute for Public Policy. Demographic and service category counts may not tie to the total persons served when there are multiple answers to a single question. Data reported may differ from one CoC to another based on data collection methods of the Continuum.



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Maricopa County HMIS Project Continuum-wide Housing Demographics Report

07/01/2014	- 06/30/2015	All Clients: 32,444
0//01/2014 •	- 00/30/2013	An Chems: 52,444

Individuals	Count	%	Ethnicity	Count	%
Adults	18.418		Non-Hispanic/Latino	24.137	74%
Unaccompanied Youth	404	1%	Hispanic/Latino	8,034	25%
Data Not Collected	12	0%	Client Doesn't Know	0,034	0%
			Client Refused	1	0%
Families	Count	%	Data Not Collected	271	1%
Adults	5,573	17%	Race		%
Children	7,966		American Indian/Alaska Native	2.191	7%
Data Not Collected	71	0%	American Indian/Alaska Native Asian	180	1%
Total Clients	32,444	100%	Black or African American	8,875	27%
Program Type	Count *	%	Native Hawaiian/Pacific Islander	246	1%
*People are counted more than once if		more	White	20,683	64%
than one program type within reporting			Client Doesn't Know	20,083	0%
Coordinated Assessment	14,225	44%	Client Refused	-	0%
Emergency Shelter	15,321	47%	Data Not Collected	269	1%
Homelessness Prevention	565	2%			
Permanent Housing	704	2%	Gender	Count	%
Permanent Supportive Housing	4,867	15%	Male	18,536	57%
Rapid Re-Housing	3,450		Female	13,755	42%
Services Only	5,334	16%	Transgender Male To Female	48	0%
Street Outreach	7,923	24%	Transgender Female To Male	14	0%
Transitional Housing	5,644		Other	6	0%
US Military Veteran	Count	%	Client Doesn't Know	0	0%
Yes	3,180		Client Refused	0	0%
No.	26,603	82%	Data Not Collected	85	0%
Client Doesn't Know	20,003	1%	Do You Have a Disability	Count	%
Client Refused	16	0%	Yes	10,159	31%
Data Not Collected	2,437	8%	No	19,821	61%
		%	Client Doesn't Know	840	3%
Age	Count	8%	Client Refused	56	0%
Under 5	2,566	8% 12%	Data Not Collected	1,568	5%
5 - 12	3,832		Residence Prior to Project Entry-	Count	%
13 - 17	1,972	6%	Length of Stay	Count	
18 - 24	3,199	10%	One Day or Less	1,125	3%
25 - 34	5,238		Two Days to One Week	4,319	13%
35 - 44	4,937	15%	Over 1 Week, but Less than 1 Month	4,882	15%
45 - 54	5,712	18%	One to Three Month	7,039	22%
55 - 61	3,281	10%	Over 3 Month, but Less than 1 Year	5,486	17%
62+	1,624	5%	One Year or Longer	5,928	18%
Data Not Collected	83	0%	Client Doesn't Know	1,071	3%
Chronically Homeless	Count	%	Client Refused	154	0%
Yes	1,650	5%	Data Not Collected	2,440	8%
No	30,794	95%			
Data Not Collected	0	0%			

Maricopa County HMIS Project Continuum-wide Housing Demographics Report

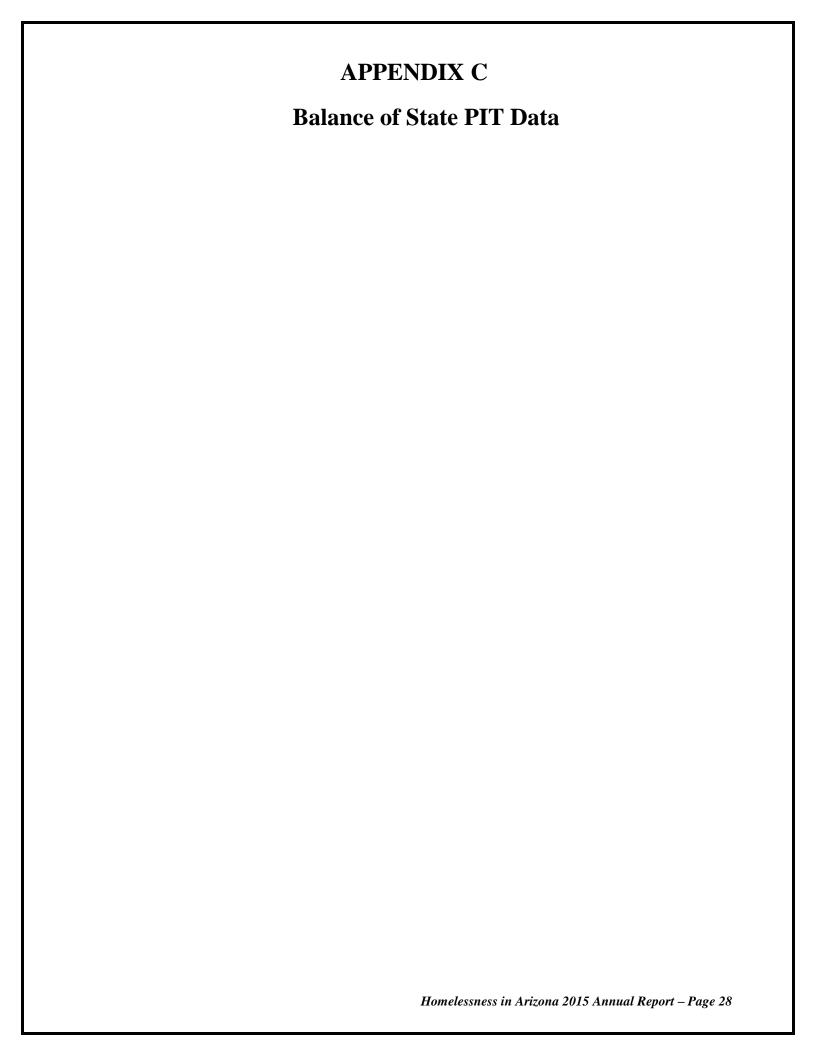
07/01/2014 - 06/30/2015 All Clients: 32,444

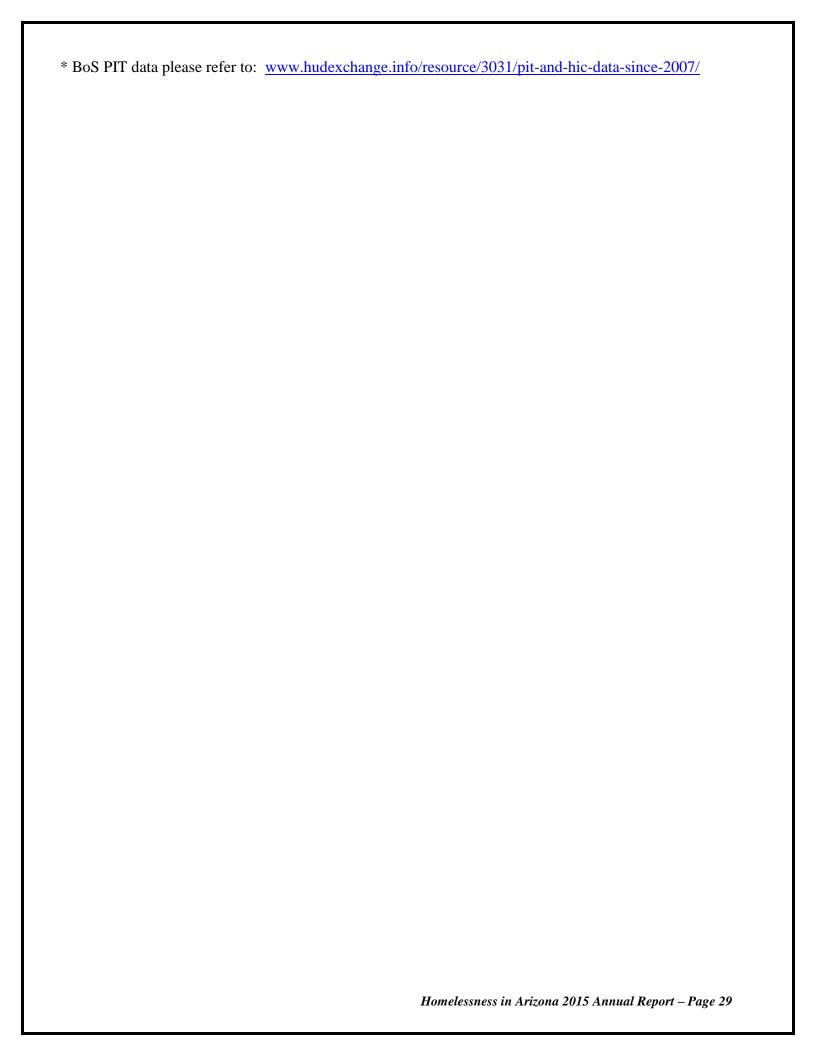
Residence Prior to Project Entry	Count	%	Primary Reason Homeless	Count	%
Emergency Shelter, Including Voucher	7,487	23%	Aged Out of Foster Care	90	0%
Foster Care Home/Group Home	110	0%	Client Doesn't Know	2,543	8%
Hospital (Non-Psychiatric)	350	1%	Client Not Homeless	1.935	6%
Hotel/Motel Paid For w/o Voucher	1,228	4%	Client Refused	206	1%
Jail. Prison, or Juvenile Detention	578	2%	Criminal Activity	217	1%
Long Term Care Facility/Nursing Home	9	0%	Data Not Collected	1.970	6%
Owned by Client, No Ongoing Subsidy	223	1%	Domestic Violence	2,381	7%
Owned by Client With Ongoing Subsidy	28	0%	Economic	5,966	18%
Perm Housing For Formerly Homeless	105	0%	Evicted	3,601	11%
Place Not Meant for Habitation	7,009	22%	Family Dispute/Overcrowding	3,030	9%
Psychiatric Hospital/Facility	173	1%	Loss of Job	3,481	11%
Rental by Client, No Ongoing Subsidy	3.679	11%	Medical Condition	1.001	3%
Rental by Client, With VASH Subsidy	68	0%	Mental Health	995	3%
Rental by Client, With GPD TIP	4	0%	Moved to Seek Work	460	1%
Rental by Client, With Other Subsidy	274	1%	Natural Disaster/Fire	80	0%
Residential Project/Halfway House	175	1%	Release From Jail or Prison	1,332	4%
Safe Haven	66	0%	Relocated	1,527	5%
Staying/Living in a Family Member's Apt	3,907	12%	Substance Abuse	1.615	5%
Staying/Living in a Friend's Room, Apt	2,839	9%	Trafficking/Exploitation	14	0%
Substance Abuse Treatment Facility	299	1%	If 4 or More, Total # Months		•
Transitional Housing for Homeless	1,269	4%	Homeless Past 3 Years	Count	%
Other	534	2%	1	2,004	6%
Client Doesn't Know	270	1%	2	98	0%
Client Refused	51	0%	3	120	0%
Data Not Collected	1,709	5%	4	123	0%
Length of Time on Street, ES or SH	C4	0/	5	79	0%
Continuous Homeless at least 1 Year	Count	%	6	126	0%
Yes	4,363	13%	7	42	0%
No	16,034	49%	8	47	0%
Client Doesn't Know	201	1%	9	37	0%
Client Refused	73	0%	10	68	0%
Data Not Collected	11,773	36%	11	17	0%
Number Times Client Has Been	Count	%	12	128	0%
Homeless Past 3 Years			More than 12 Months	1,248	4%
0	2,022	6%	Client Doesn't Know	297	1%
1	11,055	34%	Client Refused	63	0%
2	3,510	11%	Data Not Collected	27,947	86%
3	1,521	5%	Length of Time Homeless	Count	%
4 or More	1,758	5%	Status Documented	Count	
Client Doesn't Know	284	1%	Yes	8,935	28%
Client Refused	75	0%	No	23,509	72%
Data Not Collected	12,219	38%			

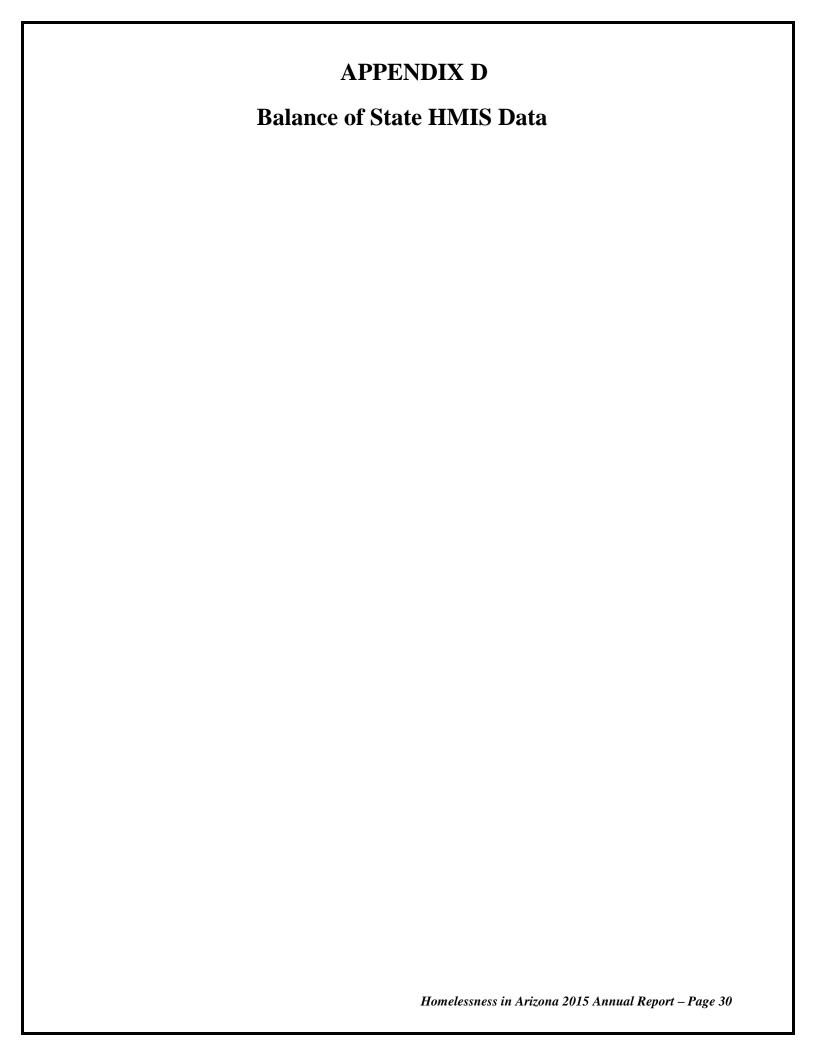
Maricopa County HMIS Project Continuum-wide Housing Demographics Report

07/01/2014 - 06/30/2015 All Clients: 32,444

Income Sources*	Count	%	Disabilities**	Count	%
*Not all projects collect income inform		70	*Not all projects collect disability info		
person can have more than one source			person can have more than one disabili	tv tvpe	a.
Alimony or Other Spousal Support	25	0%	Alcohol Abuse		14%
Child Support	374	1%	Chronic Health Condition	4,539	14%
Earned Income	3,394	10%	Developmental	4,257	13%
General Assistance	258	1%	Drug Abuse	4,889	15%
Other	358	1%	HIV/AIDS	4,176	13%
Pension or Retirement Income	47	0%	Mental Health Problem	6,700	21%
Private Disability Insurance	10	0%	Physical	5,220	16%
Retirement Income From Social Security	172	1%	Education Level	Count	%
SSDI	1,402	4%	No Schooling Completed	1.885	6%
SSI	1,960	6%	Nursery School to 4th Grade	1,732	5%
TANF	604	2%	5th Grade or 6th Grade	646	2%
Tribal Pay	19	0%	7th Grade or 8th Grade	985	3%
Unemployment Insurance	134	0%	9th grade	741	2%
VA Non-Service Con Disability Pension	114	0%	10th Grade	954	3%
VA Service Connected Disability Comp	316	1%	11th Grade	1,447	4%
Workers Compensation	14	0%	12th Grade, No Diploma	839	3%
Non-Cash Benefits*	Count	%	High School Diploma	5,056	16%
*Not all projects collect non-cash benefit information		GED	2,152	7%	
and a person can have more than one s	ource of ben	efits	Post-secondary School	3,292	10%
Food Stamps	9,273	29%	Associates Degree	313	1%
WIC	671	2%	Bachelors	227	1%
TANF Child Care Services	335	1%	Masters	56	0%
TANF Transportation Services	24	0%	Doctorate	13	0%
Other TANF-Funded Services	29	0%	Other Graduate/Professional Degree	22	0%
Section 8, Public Housing	390	1%	Certificate of Advanced Training	101	0%
Other Source	66	0%	Client Doesn't Know	1,460	5%
Temporary Rental Assistance	78	0%	Client Refused	147	0%
Health Insurance**	Count	%	Data Not Collected	10,376	32%
*Not all projects collect health insuran			Domestic Violence (DV) Victim	Count	%
and a person can have more than one s			Yes	4,953	15%
MEDICAID	12,096	37%	No	16,004	49%
MEDICARE	890	3%	Client Doesn't Know	461	1%
State Children's Health Insurance	219	1%	Client Refused	11	0%
VA Medical Services	1,303	4%	Data Not Collected	11,015	34%
Employer - Provided Health Insurance	191	1%			
Health Insurance/COBRA	24	0%			
State Health Insurance for Adults	676	2%			
Private Pay Health Insurance	147	0%			







07/01/2014 - 06/30/2015 All Clients: 5,782

Individuals	Count	%	Ethnicity	Count	%
Adults	3,885	67%	Non-Hispanic/Latino	4,655	81%
Unaccompanied Youth	45	1%	Hispanic/Latino	1,024	18%
Data Not Collected	21	0%	Client Doesn't Know	26	0%
Families	Count	%	Client Refused	19	0%
Adults	956	17%	Data Not Collected	58	1%
Children	854	24%	Race	Count	%
Data Not Collected	21	0%	American Indian/Alaska Native	1,247	22%
Total Clients	5,782	100%	Asian	27	0%
Program Type	Count	%	Black or African American	327	6%
*People are counted more than once if	they attend	more	Native Hawaiian/Pacific Islander	26	0%
than one program type within reporting			White	4,030	70%
Coordinated Assessment	0	0%	Client Doesn't Know	9	0%
Emergency Shelter	3,432	59%	Client Refused	22	0%
Homelessness Prevention	1	0%	Data Not Collected	92	2%
Permanent Housing	180	3%	Gender	Count	%
Permanent Supportive Housing	650	11%	Male	3,722	64%
Rapid Re-Housing	52	1%	Female	2,022	35%
Services Only	0	0%	Transgender Male To Female	4	0%
Street Outreach	375	6%	Transgender Female To Male	0	0%
Transitional Housing	530	9%	Other	0	0%
US Military Veteran	Count	%	Client Doesn't Know	0	0%
Yes	1,101	19%	Client Refused	0	0%
No	4.471	77%	Data Not Collected	30	1%
Client Doesn't Know	14	0%	Do You Have a Disability	Count	%
Client Refused	7	0%	Yes	2,108	36%
Data Not Collected	189	3%	No	3,230	56%
Age	Count	%	Client Doesn't Know	36	1%
Under 5	291	5%	Client Refused	16	0%
5 - 12	411	7%	Data Not Collected	392	7%
13 - 17	197	3%	Residence Prior to Project		0/
18 - 24	431	7%	Entry-Length of Stay	Count	%
25 - 34	1,019	18%	One Day or Less	128	2%
35 - 44	987	17%	Two Days to One Week	349	6%
45 - 54	1.180	20%	Over 1 Week, but Less than 1 Month	768	13%
55 - 61	748	13%	One to Three Month	1,179	20%
62+	476	8%	Over 3 Month, but Less than 1 Year	1,113	19%
Data Not Collected	42	1%	One Year or Longer	1,283	22%
			Client Doesn't Know	47	1%
Chronically Homeless	Count	9/6	Client Refused	26	0%
Yes	294	100%	Data Not Collected	889	15%
No	5,488	100%			
Data Not Collected	0	100%]		

Page 1 of 4 8/14/15

07/01/2014 - 06/30/2015 All Clients: 5,782

Residence Prior to Project Entry Count	%			
		Domestic Violence (DV) Victim	Count	%
Emergency Shelter, Including Voucher 864	15%	Yes	781	14%
Foster Care Home/Group Home 29	1%	No	4,083	71%
Hospital (Non-Psychiatric) 77	1%	Client Doesn't Know	27	0%
Hotel/Motel Paid For w/o Voucher 274	5%	Client Refused	20	0%
Jail, Prison, or Juvenile Detention 252	4%	Data Not Collected	871	15%
Long Term Care Facility/Nursing Home 2	0%	If 4 or More, Total # Months	Count	%
Owned by Client, No Ongoing Subsidy 99	2%	Homeless Past 3 Years	Count	90
Owned by Client With Ongoing Subsidy 3	0%	1	256	4%
Perm Housing For Formerly Homeless 18	0%	2	21	0%
Place Not Meant for Habitation 1,428	25%	3	27	0%
Psychiatric Hospital/Facility 48	1%	4	27	0%
Rental by Client, No Ongoing Subsidy 784	14%	5	12	0%
Rental by Client, With VASH Subsidy 26	0%	6	14	0%
Rental by Client, With GPD TIP 2	0%	7	11	0%
Rental by Client, With Other Subsidy 46	1%	8	9	0%
Residential Project/Halfway House 5	0%	9	4	0%
Safe Haven 28	0%	10	6	0%
Staying/Living in a Family Member's Apt 617	11%	11	5	0%
Staying/Living in a Friend's Room, Apt 349	6%	12	30	1%
Substance Abuse Treatment Facility 138	2%	More than 12 Months	208	4%
Transitional Housing for Homeless 130	2%	Client Doesn't Know	11	0%
Other 134	2%	Client Refused	4	0%
Client Doesn't Know 38	1%	Data Not Collected	5,137	89%
Client Refused 13	0%	Length of Time Homeless	Count	%
Data Not Collected 378	7%	Status Documented		
Length of Time on Street, ES or SH Count	%	Yes	1,228	21%
Continuous Homeless at least 1 Year		No	4,554	79%
Yes 654	11%			
No 1,894	33%			
Client Doesn't Know 9	0%			
Client Refused 2	0%			
Data Not Collected 3,223	56%			
Number Times Client Has Been	%			
Homeless Past 3 Years Count]		
0 497	9%]		
1 1,160	20%]		
2 442	8%			
3 190	3%			
4 or More 333	6%			
Client Doesn't Know 13	0%			
Client Refused 2	0%			
Data Not Collected 3,145	54%			

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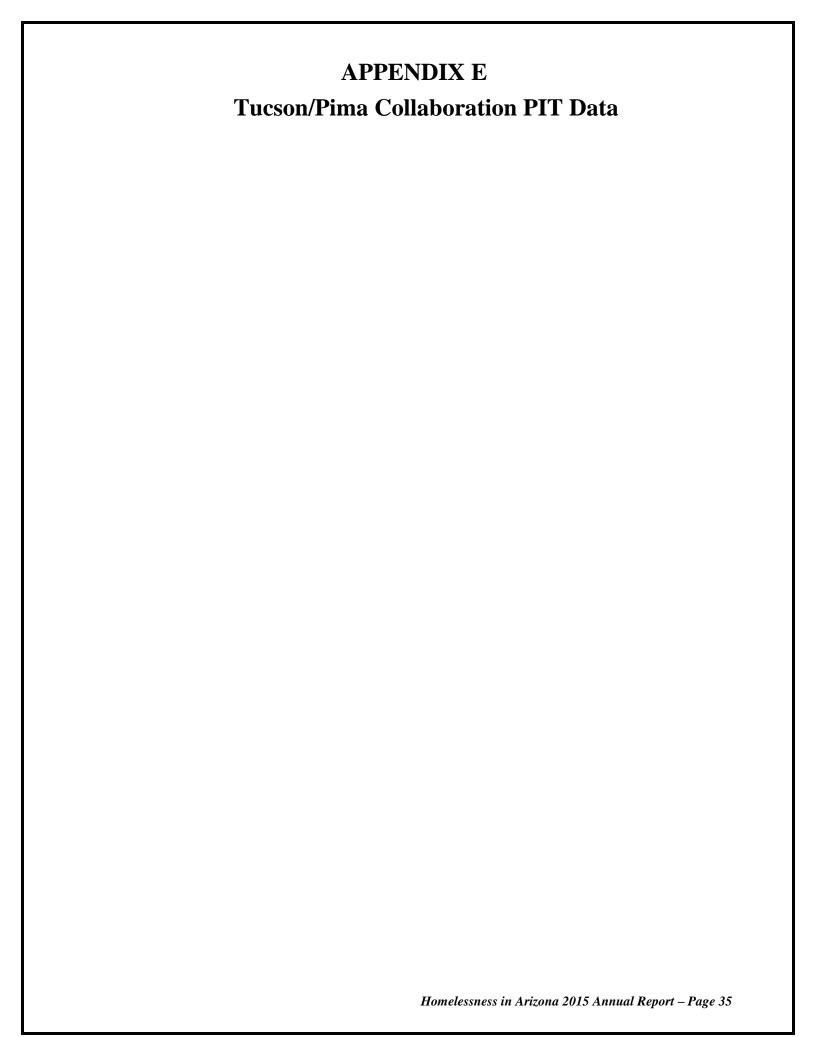
07/01/2014 - 06/30/2015 All Clients: 5,782

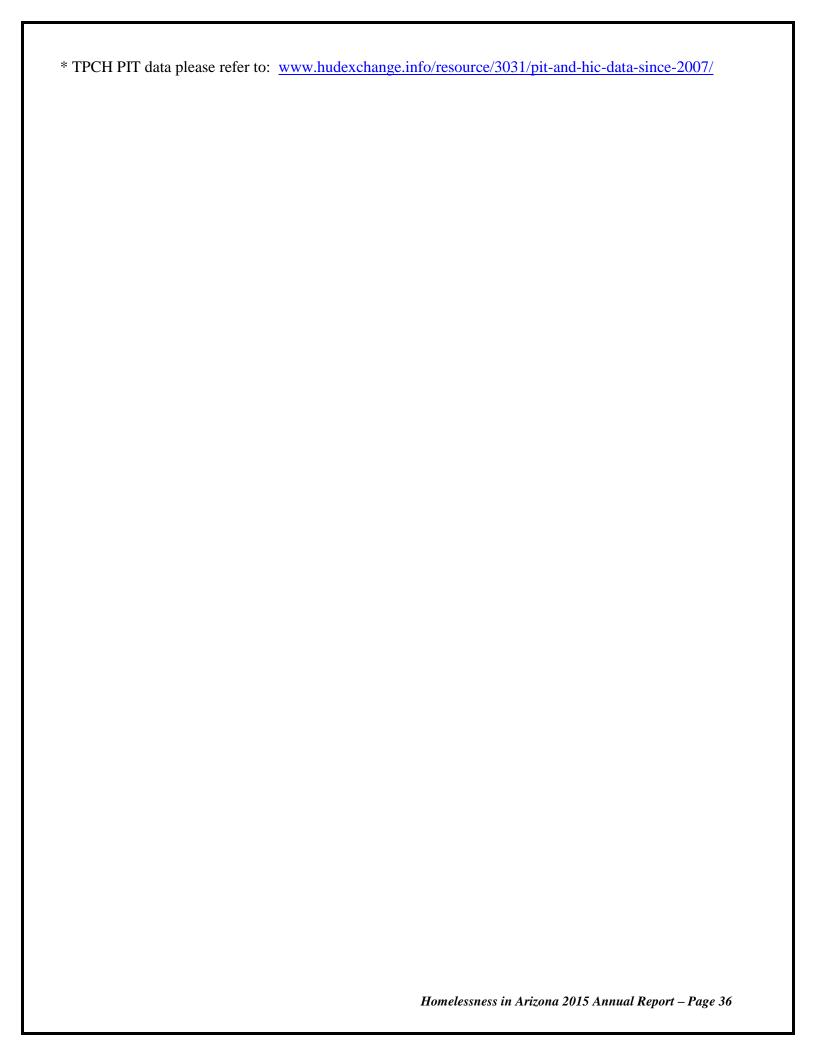
Income Sources*	Count	%	Disabilities**	Count	%
*Not all projects collect income inform			*Not all projects collect disability infor	mation and	a
person can have more than one source	of income		person can have more than one disabili		
Alimony or Other Spousal Support	11	0%	Alcohol Abuse	1,098	19%
Child Support	48	1%	Chronic Health Condition	1,056	18%
Earned Income	977	17%	Developmental	993	17%
General Assistance	41	1%	Drug Abuse	1,001	17%
Other	165	3%	HIV/AIDS	940	16%
Pension or Retirement Income	26	0%	Mental Health Problem	1,444	25%
Private Disability Insurance	9	0%	Physical	1,301	23%
tirement Income From Social Security	133	2%	Education Level	Count	%
SSDI	531	9%	No schooling completed	405	7%
SSI	622	11%	Nursery School to 4th Grade	159	3%
TANF	38	1%	5th Grade or 6th Grade	65	1%
Tribal Pay	0	0%	7th Grade or 8th Grade	118	2%
Unemployment Insurance	39	1%	9th grade	119	2%
A Non-Service Con Disability Pension	91	2%	10th Grade	156	3%
A Service Connected Disability Comp	205	4%	11th Grade	207	4%
Workers Compensation	4	0%	12th Grade, No Diploma	189	3%
Non-Cash Benefits*	Count	%	High School Diploma	1.170	20%
*Not all projects collect non-cash benefit information		GED	480	8%	
and a person can have more than one source of benefits		Post-secondary School	312	5%	
Food Stamps	2,628	45%	Associates Degree	135	2%
WIC	101	2%	Bachelors	45	1%
TANF Child Care Services	16	0%	Masters	18	0%
TANF Transportation Services	8	0%	Doctorate	3	0%
Other TANF-Funded Services	13	0%	Other Graduate/Professional Degree	20	0%
Section 8, Public Housing	27	0%	Certificate of Advanced Training	21	0%
Other Source	51	1%	Client Doesn't Know	26	0%
Temporary Rental Assistance	12	0%	Client Refused	8	0%
Health Insurance*	Count	%	Data Not Collected	2,126	37%
*Not all projects collect health insuran			Currently in School/Working on Degree	Count	%
and a person can have more than one s			Yes	431	7%
MEDICAID	2,483	43%	No	3,273	57%
MEDICARE	334	6%	Client Doesn't Know	10	0%
State Children's Health Insurance	33	1%	Client Refused	0	0%
VA Medical Services	615	11%	Data Not Collected	2,068	36%
Employer - Provided Health Insurance	25	0%		-	%
Health Insurance/COBRA	8	0%	Received Vocational Training	Count	10%
State Health Insurance for Adults	79	1%	Yes	579	
Private Pay Health Insurance	26	0%	No	2,793	48%
211vine 2 dy 11caim instance	20	0/0	Client Doesn't Know	34	1%
			Client Refused	2 2 2 7 1	0%
			Data Not Collected	2,374	41%

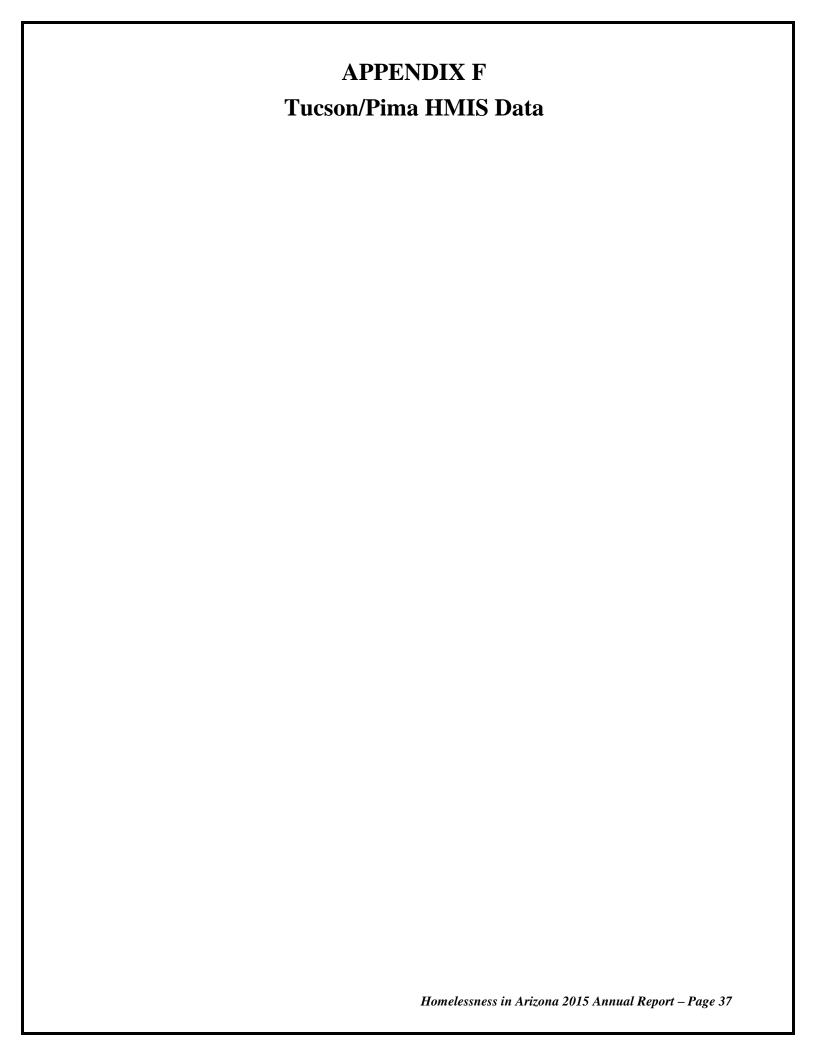
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07/01/2014 - 06/30/2015 All Clients: 5,782

rimary Reason Homeless	Count	%	Exit Destinations	Count	%
Alcohol Abuse	158	3%	*Based on exit data		
Bad Credit	9	0%			
Client doesn't know	20	0%	Deceased	17	0%
Client NOT Homeless	287	5%	Emergency shelter voucher-Hotel/Motel	323	6%
Client Refused	8	0%	Foster Care Home/Group Home	1	0%
Criminal Activity	24	0%	Hospital (non-psychiatric)	40	1%
Data Not Collected	2,244	39%	Hotel/Motel paid for w/o voucher	147	3%
Divorce	33	1%	Jail, prison or juvenile detention	83	1%
DV Victim	225	4%	Long-Term Crae Facility/Nursing Home	4	0%
Eviction	244	4%	Moved From HOPWA to HOPWA PH	0	0%
Fire/Disaster	16	0%	Moved From HOPWA to HOPWA TH	0	0%
Health/Safety	90	2%	Owned by Client, No Ongoing Subsidy	64	1%
In-Transit	164	3%	Owned by Client, With Ongoing Subsidy	6	0%
Loss of Childcare	1	0%	Perm Housing For Formerly Homeless	207	4%
Loss of Job	342	6%	Place Not Meant For Habitation	664	11%
Loss of Public Assistance	6	0%	Phychiatric Hospital/Other Phyc Facility	29	1%
Loss of Transportation	25	0%	Rental by client, No Ongoing Subsidy	1,206	21%
Medical Condition	63	1%	Rental by client, With VASH Subsidy	71	1%
Mortgage Foreclosure	9	0%	Rental by client, with GPD TIP	0	0%
No Affordable Housing	347	6%	Rental by client, With Other Subsidy	255	4%
Other	186	3%	Residential Projector Halfway House	8	0%
Overcrowding/Family Dispute	186	3%	Safe Haven	7	0%
Physical/Mental Disability	267	5%	Staying/Living With Family, perm tenure	251	4%
Poor Budgeting	34	1%	Staying/Living With Family, temp tenure	344	6%
Release from Institution	8	0%	Staying/Living With Friends, perm tenure	100	2%
Release from Jail/Prison	162	3%	Staying/Living With Friends, temp temure	240	4%
Release from Mental Health Facility	13	0%	Substance Abuse Treatment Fac/Detox	58	1%
Substance Abuse/Addiction	212	4%	Transitional housing for homeless	159	3%
Substandard Housing	10	0%	Other	210	4%
Unable to Pay Rent/Mortgage	144	2%	No Exit Interview Completed	788	14%
Underemployment/Lo-Income	242	4%	Client Doesn't Know	1,498	26%
Utility Shutoff	3	0%	Client Refused	71	1%
			Data Not Collected	2,165	37%





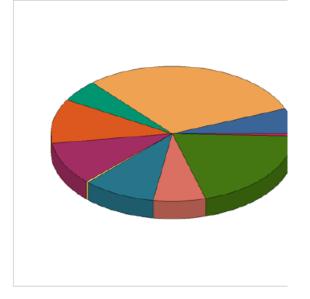




JULY 1, 2014- JUNE 30, 2015 HOMELESS MANAGEMENT INFORMATION SYSTEM DEMOGRAPHICS REPORT

Created by the TPCH Homeless Management Information System (HMIS), this report includes a change of data collection methods for the reporting period that affects some of the data sets. Additional HMIS reports can be found at www.tpch.net.

Project Type	Project Type Abbvr	Client Count
Day Shelter (HUD)	DS	594
Emergency Shelter (HUD)	ES	3,019
Homelessness Prevention (HUD)	HP	528
PH - Permanent Supportive Housing (disability required for entry) (HUD)	PSH	1,043
PH - Rapid Re-Housing (HUD)	RRH	1,026
Safe Haven (HUD)	SH	16
Services Only (HUD)	SSO	690
Street Outreach (HUD)	so	973
Transitional housing (HUD)	TH	1,991
Total		9,880

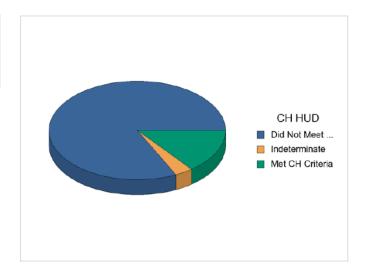


		DS	ES	HP	PSH	RRH	SH	so	sso	TH	Total:
	Count	45	433	108	110	322	3	123	41	364	1,549
Yes (HUD)	PCT	0.54%	5.20%	1.30%	1.32%	3.87%	0.04%	1.48%	0.49%	4.37%	18.65%
	Count	496	2,017	156	686	367	13	722	558	1,148	6,191
No (HUD)	PCT	5.96%	24.24%	1.87%	8.24%	4.41%	0.16%	8.68%	6.71%	13.80%	74.55%
Client doesn't know		2	17	0	0	0	0	4	2	52	77
(HUD)	PCT	0.02%	0.20%	0	0	0	0	0.05%	0.02%	0.62%	0.93%
	Count	1	0	0	0	0	0	3	1	1	6
Client refused (HUD)	PCT	0.01%	0	0	0	0	0	0.04%	0.01%	0.01%	0.07%

		DS	ES	HP	PSH	RRH	SH	so	sso	TH	Total:
Emergency shelter, including hotel or	Count	44	575	5	352	408	5	102	277	324	2,100
motel paid for with emergency shelter voucher(HUD)	РСТ	0.49%	6.43%	0.06%	3.94%	4.56%	0.06%	1.14%	3.10%	3.62%	23.49%
Hospital or other residential non-	Count	2	150	0	5	4	0	8	1	86	257
psychiatric medical facility (HUD)	РСТ	0.02%	1.68%	0	0.06%	0.04%	0	0.09%	0.01%	0.96%	2.87%
Hotel or motel paid for without	Count	14	154	0	7	29	0	15	3	47	270
emergency shelter voucher (HUD)	РСТ	0.16%	1.72%	0	0.08%	0.32%	0	0.17%	0.03%	0.53%	3.02%
Jail, prison or iuvenile detention	Count	9	130	0	1	0	1	14	5	337	508
facility (HUD)	PCT	0.10%	1.45%	0	0.01%	0	0.01%	0.16%	0.06%	3.77%	5.68%
Place not meant for	Count	227	749	0	255	270	9	483	104	78	2,174
habitation (HUD)	PCT	2.54%	8.37%	0	2.85%	3.02%	0.10%	5.40%	1.16%	0.87%	24.32%

Homeless Condition

Chronic Homelessness HUD	Client Count
Met CH Criteria	1,426
Did Not Meet Criteria	8,145
Total	9,571



JULY 1, 2014- JUNE 30, 2015 TPCH DEMOGRAPHICS REPORT

Top 10 Residence Prior to Project E		DS	ES	HP	PSH	RRH	SH	so	sso	тн	Total:
Rental by client, no	Count	57	121	398	49	60	0	33	65	162	951
ongoing housing subsidy (HUD)	РСТ	0.64%	1.35%	4.45%	0.55%	0.67%	0	0.37%	0.73%	1.81%	10.64%
Staying or living in a family member's	Count	74	325	46	75	88	0	55	89	294	1,048
room, apartment or house (HUD)	РСТ	0.83%	3.63%	0.51%	0.84%	0.98%	0	0.61%	0.99%	3.29%	11.72%
Staying or living in a friend's room,	Count	86	283	19	23	18	1	79	46	130	685
apartment or house (HUD)	РСТ	0.96%	3.16%	0.21%	0.26%	0.20%	0.01%	0.88%	0.51%	1.45%	7.66%
Transitional housing for homeless	Count	20	39	2	120	86	0	18	53	219	560
persons (including homeless youth) (HUD)	РСТ	0.22%	0.44%	0.02%	1.34%	0.96%	0	0.20%	0.59%	2.45%	6.26%
	PCT										

Age and Gender

 Gender
 Client Count

 a. Male
 6,320

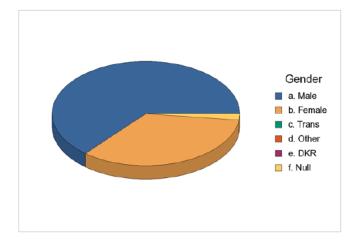
 b. Female
 3,389

 c. Trans
 16

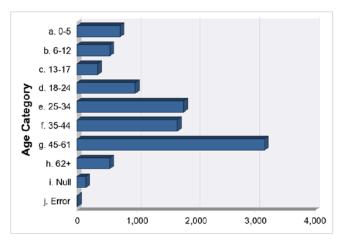
 d. Other
 1

 e. DKR
 1

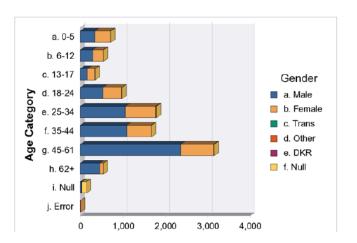
 Total
 9,727



Age Category	Client Count
a. 0-5	721
b. 6-12	548
c. 13-17	345
d. 18-24	980
e. 25-34	1,789
f. 35-44	1,681
g. 45-61	3,151
h. 62+	546
Total	9,761

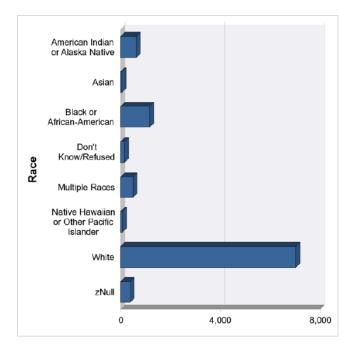


	Age and Gender									
Age	a. Male	b. Female	c. Trans	d. Other	e. DKR	f. Null				
a. 0-5	343	361	0	1	0	16				
b. 6-12	291	253	0	0	0	4				
c. 13-17	161	179	0	0	0	5				
d. 18-24	529	441	5	0	0	5				
e. 25-34	1,059	718	3	0	1	10				
f. 35-44	1,092	573	0	0	0	16				
g. 45-61	2,363	767	7	0	0	14				
h. 62+	453	90	0	0	0	3				

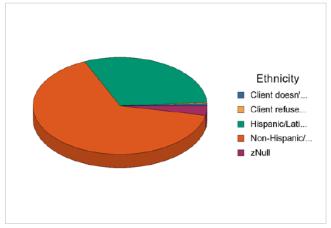


Race and Ethnicity

Race	Client Count
American Indian or Alaska Native	621
Asian	42
Black or African-American	1,155
Don't Know/Refused	147
Multiple Races	494
Native Hawaiian or Other Pacific Islander	60
White	7,019
Total	9,538



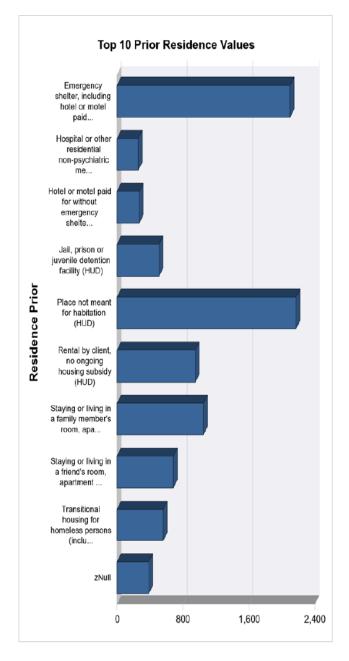
Ethnicity	Client Count
Hispanic/Latino (HUD)	3,035
Non-Hispanic/Non-Latino (HUD)	6,469
Client refused (HUD)	31
Client doesn't know (HUD)	74
Total	9,609



Homeless Condition

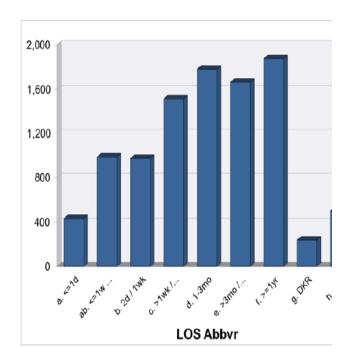
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Residence Prior to Project Entry	Client Count
Client doesn't know (HUD)	112
Client refused (HUD)	8
Emergency shelter, including hotel or motel paid for with emergency shelter voucher(HUD)	2,100
Foster care home or foster care group home (HUD)	58
Hospital or other residential non-psychiatric medical facility (HUD)	257
Hotel or motel paid for without emergency shelter voucher (HUD)	270
Jail, prison or juvenile detention facility (HUD)	508
Long-term care facility or nursing home (HUD)	8
Other (HUD)	148
Owned by client, no ongoing housing subsidy (HUD)	63
Owned by client, with ongoing housing subsidy (HUD)	6
Permanent housing for formerly homeless persons (HUD)	62
Place not meant for habitation (HUD)	2,174
Psychiatric hospital or other psychiatric facility (HUD)	77
Rental by client, no ongoing housing subsidy (HUD)	951
Rental by client, with GPD TIP subsidy (HUD)	1
Rental by client, with other ongoing housing subsidy (HUD)	69
Rental by client, with VASH subsidy (HUD)	29
Residential project or halfway house with no homeless criteria (HUD)	66
Safe Haven (HUD)	35
Staying or living in a family member's room, apartment or house (HUD)	1,048
Staying or living in a friend's room, apartment or house (HUD)	685
Subsidized Housing	3
Substance abuse treatment facility or detox center (HUD)	249
Transitional housing for homeless persons (including homeless youth) (HUD)	560
Total	9.547



Homeless Condition

LOS in Prior Residence	Client Count
ab. One week or less (OLD VALUE)	982
a. One day or less (HUD)	430
b. Two days to one week (HUD)	970
c. More than one week, but less than one month (HUD)	1,510
d. One to three months (HUD)	1,777
e. More than three months, but less than one year (HUD)	1,660
f. One year or longer (HUD)	1,872
g. DKR	238
Total	9,439



Residence Prior to Project Entry	a. <=1d	ab. <=1w (OLD VALUE)	b. 2d / 1wk	c. >1wk / <1mo	d. 1-3mo	e. >3mo / <1yr	f. >=1yr	g. DKR
Emergency shelter, including hotel or motel paid for with emergency shelter voucher(HUD)	109	471	349	439	415	223	61	16
Hospital or other residential non- psychiatric medical facility (HUD)	28	23	56	103	22	8	11	5
Hotel or motel paid for without emergency shelter voucher (HUD)	36	34	71	70	36	8	14	1
Jail, prison or juvenile detention facility (HUD)	8	10	8	14	66	135	256	9
Place not meant for habitation (HUD)	123	195	192	369	373	307	540	26
Rental by client, no ongoing housing subsidy (HUD)	5	12	9	27	123	356	395	17
Staying or living in a family member's room, apartment or house (HUD)	29	54	67	170	207	254	236	24
Staying or living in a friend's room, apartment or house (HUD)	50	90	95	137	143	98	55	7
Transitional housing for homeless persons (including homeless youth) (HUD)	3	42	22	74	172	130	103	9

Veteran Status

 Veteran Status
 Client Count

 Yes (HUD)
 1,549

 No (HUD)
 6,191

 Client doesn't know (HUD)
 77

6

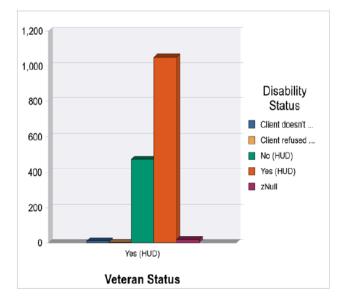
7,823

Client refused (HUD)

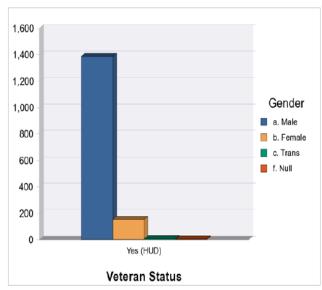
Total

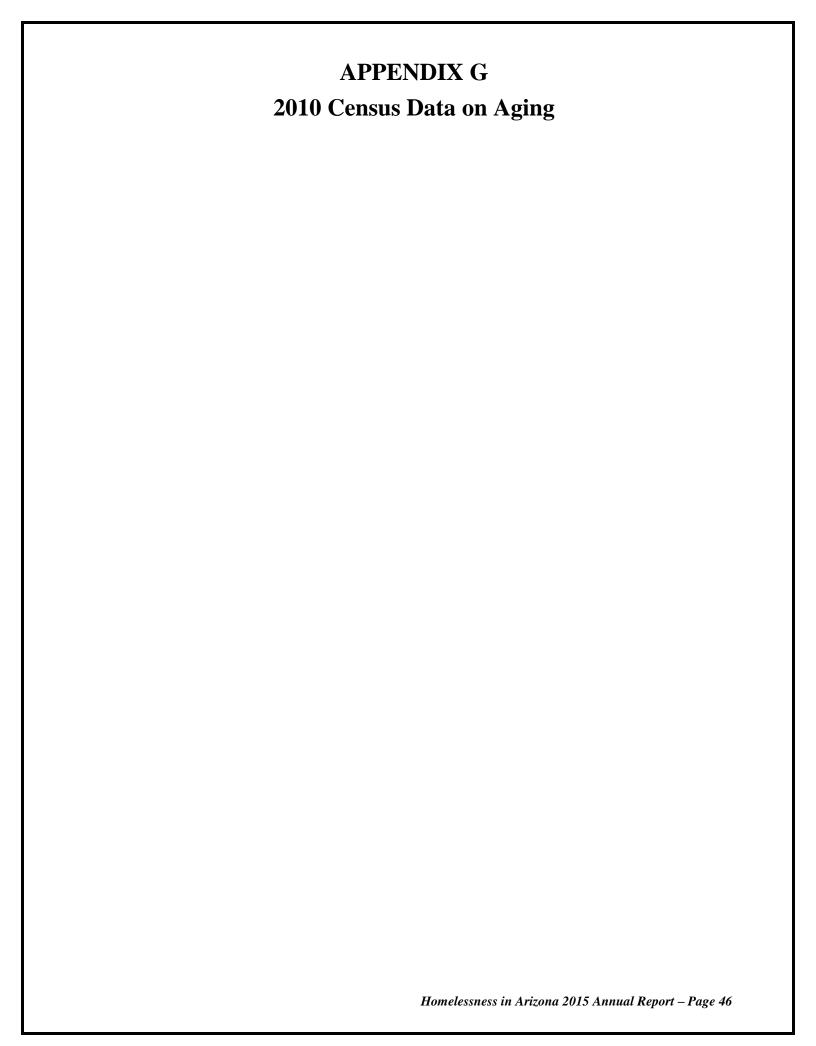
Client refused Data not collec N/A No (HUD) Yes (HUD)

	Veterans ONLY			
Disability Status	Count	PCT		
Yes (HUD)	1,051	67.72%		
No (HUD)	474	30.54%		
Client doesn't know (HUD)	8	0.52%		
Client refused (HUD)	1	0.06%		



	Veterans ONLY			
Gender	Count	PCT		
a. Male	1,386	89.48%		
b. Female	152	9.81%		
c. Trans	6	0.39%		





Entire U.S. Population

Population by Sex and Selected Age Groups: 2000 and 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)

Cov. and selects dogs groups	2000		2010		Change, 2000 to 2010	
Sex and selected age groups	Number	Percent	Number	Percent	Number	Percent
Total population	281,421,906	100.0	308,745,538	100.0	27,323,632	9.7
SEX						
Male	138,053,563	49.1	151,781,326	49.2	13,727,763	9.9
Female	143,368,343	50.9	156,964,212	50.8	13,595,869	9.5
SELECTED AGE GROUPS						
Under 18 years	72,293,812	25.7	74,181,467	24.0	1,887,655	2.6
Under 5 years	19,175,798	6.8	20,201,362	6.5	1,025,564	5.3
5 to 17 years	53,118,014	18.9	53,980,105	17.5	862,091	1.6
18 to 44 years	112,183,705	39.9	112,806,642	36.5	622,937	0.6
18 to 24 years	27,143,454	9.6	30,672,088	9.9	3,528,634	13.0
25 to 44 years	85,040,251	30.2	82,134,554	26.6	-2,905,697	-3.4
45 to 64 years	61,952,636	22.0	81,489,445	26.4	19,536,809	31.5
65 years and over	34,991,753	12.4	40,267,984	13.0	5,276,231	15.1
16 years and over		77.2	243,275,505	78.8	26,126,378	12.0
18 years and over	209,128,094	74.3	234,564,071	76.0	25,435,977	12.2
21 years and over	196,899,193	70.0	220,958,853	71.6	24,059,660	12.2
62 years and over	41,256,029	14.7	49,972,181	16.2	8,716,152	21.1

Sources: U.S. Census Bureau, Census 2000 Summary File 1 and 2010 Census Summary File 1.

(Howden & Meyer, 2011)

Arizona Population

Arizona - Overview	2010 0	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages	
Total Population	6,392,017	100.00%	5,130,632	100.00%	1,261,385	24.59%	
Population by Age							
Persons 0 to 4 years	455,715	7.13%	382,386	7.45%	73,329	19.18%	
Persons 5 to 17 years	1,173,299	18.36%	984,561	19.19%	188,738	19.17%	
Persons 18 to 64 years	3,881,172	60.72%	3,095,846	60.34%	785,326	25.37%	
Persons 65 years and over	881,831	13.80%	667,839	13.02%	213,992	32.04%	

Source: US Census Data provided by CensusViewer.com; http://censusviewer.com/state/AZ

References

Culhane D. P., Metraux S., Byrne T., Stino M. and Bainbridge J. (2013) The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy* 13: 228-224. doi: 10.1111/asap.12004

Howden L. M. & Meyer J. A. (2011) Age and sex composition: 2010. 2010 Census Briefs, US Department of Commerce, Economics and Statistics Administration US CENSUS BUREAU Retrieved from https://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf

U.S. Census Data (2010) Arizona Provided by CensusViewer.com: http://censusviewer.com/state/AZ

Arizona employment data: www.bls.gov/news.release/pdf/srgune.pdf

Arizona's state population and Maricopa County population: www.census.gov/quickfacts

Homeless addiction facts: www.nationalhomeless.org/factsheets/addiction.html