

**Current Status of
Homelessness
in Arizona**

*and Efforts to Prevent and
Alleviate Homelessness*

**17th Annual Report
December 2008**

Prepared by the Arizona Homeless Coordination Office
Office of Community Partnerships and Innovative Practices
Department of Economic Security
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ARIZONA DEPARTMENT OF ECONOMIC SECURITY

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Janet Napolitano
Governor

Tracy L. Wareing
Director

December 17, 2008

Dear Fellow Arizonans,

On behalf of the Governor's Interagency and Community Council on Homelessness, we are pleased to present the seventeenth annual report on homelessness in Arizona prepared pursuant to A.R.S. § 41-1954(A)(19)(g). We hope this information will serve as an important resource for all stakeholders striving to address the complicated issue of homelessness. During times of economic crisis, it is imperative that we arm ourselves with reliable data, increase our awareness regarding available resources, and renew our commitment to restoring individuals and families to safety, stability, and the highest possible level of self-sufficiency.

This report provides recent information on the demographics of homelessness in Arizona and includes specific program highlights for the Maricopa, Pima, and Rural Continuums of Care (CoC). Notably, the 2008 CoC homeless housing inventories indicate a statewide total of almost 300 housing facilities or programs, with a total of over 13,300 beds in operation. *However, these same agencies also estimate an unmet need of 10,200 beds across the state.*

As in 2007, this year's report summarizes a variety of recent local and national research on homelessness and housing. Of particular interest are two locally-produced studies – *Gray Land: Housing for People with Serious Mental Illness in Maricopa County* by St. Luke's Health Initiatives, and *Richard's Reality: The Costs of Chronic Homelessness in Context* by ASU's Morrison Institute for Public Policy.

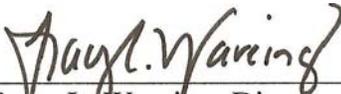
This 2008 report includes a few new features. A "News and Notes" section includes brief summaries of items of interest to advocates in the homeless services community. The appendices include GIS-generated map sets showing shelter system and DES family service center locations in each Continuum of Care. The map sets are keyed to 2008 Point in Time (PIT) count population and capacity data for all programs.

In September, Governor Napolitano announced a \$13.6 million initiative, ***Housing Arizona***, designed to strengthen state efforts to meet the needs of Arizona families and communities hard hit by the economy. This multi-faceted strategy is intended to expand services to homeowners and neighborhoods affected by foreclosures, as well as families and individuals facing homelessness.

The Department of Housing is partnering with other state agencies, including the Department of Health Services to provide housing assistance to Arizonans experiencing severe mental illness, the Department of Veterans Services to help homeless veterans access housing; the Department of Corrections to help bridge ex-offenders back into the community and avoid homelessness, and the Department of Economic Security to help meet the housing needs of homeless youth. These interagency efforts to end homelessness are referenced in several sections of the report.

We are grateful to the many individuals who contributed to this report on behalf of their organizations and agencies. It truly was a collaborative effort. We are pleased to partner with the Governor, our fellow state agencies, service providers, advocacy organizations, and local faith and community-based groups to develop solutions for the thousands of men, women and children across the state who are currently unable to access safe, decent, affordable housing.

In celebration of community,



Tracy L. Wareing, Director
Department of Economic Security



Fred Karnas, Director
Arizona Department of Housing

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. 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 surveys conducted statewide on January 29, 2008, 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.

All references to state fiscal year 2008 refer to the time frame from July 1, 2007 through June 30, 2008.

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.

Although permanent supportive housing programs are considered part of the homeless shelter system and are surveyed as part of the annual point-in-time (PIT) statewide shelter survey,

permanent supportive housing residents are not considered homeless. Also, 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. 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 5th degree of kinship to the dependent child.

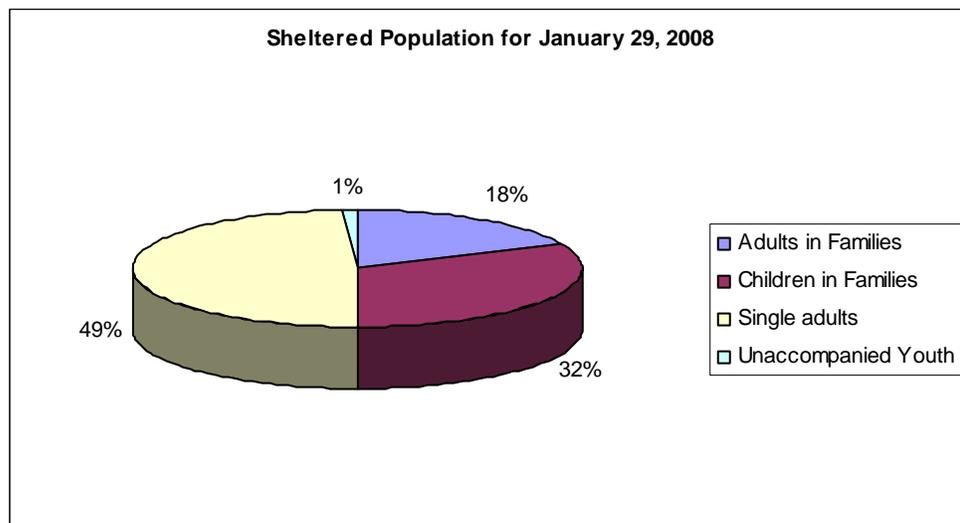
3.0 WHO EXPERIENCES HOMELESSNESS?

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 homeless people in Arizona follows.

Families with children

The January 29, 2008, Arizona point-in-time (PIT) survey identified 1,484 adults and children in families in emergency shelters and 2,430 in transitional housing programs for a total of 3,914 persons in families in shelter on that day – 50.3 percent of all sheltered persons. This percentage is considerably higher than the national 2007 PIT percentage of 37 percent recently reported by the U.S. Department of Housing & Urban Development (HUD). Persons in families comprised 40 percent of emergency shelter residents and 60 percent of those in transitional housing. These proportions were virtually unchanged from 2007. One-third of sheltered homeless persons were children or unaccompanied youth.

In Maricopa and Pima counties, 173 people in families were counted on the streets, 5 percent of the unsheltered population. The unsheltered population was not counted in the state's other 13 counties in January 2008.



Statewide, the total number of sheltered families counted on January 29, 2008 was 1,214, for an average of 3.2 persons per homeless family.

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.

Homeless families tend to share certain characteristics: extremely low incomes, young children parented by young parents, weak social support networks, and poor housing histories marked by frequent moves. Family homelessness has been described as a pattern of residential instability, with homeless episodes typically part of a longer period of residential instability. Parents who become homeless with their children have often lived with friends or relatives since adulthood and have never rented independently. Communities have found that targeted services such as helping families manage landlord-tenant conflicts, manage budgets and unanticipated expenses, and access and sustain employment are especially effective in helping families exit the homeless assistance system.

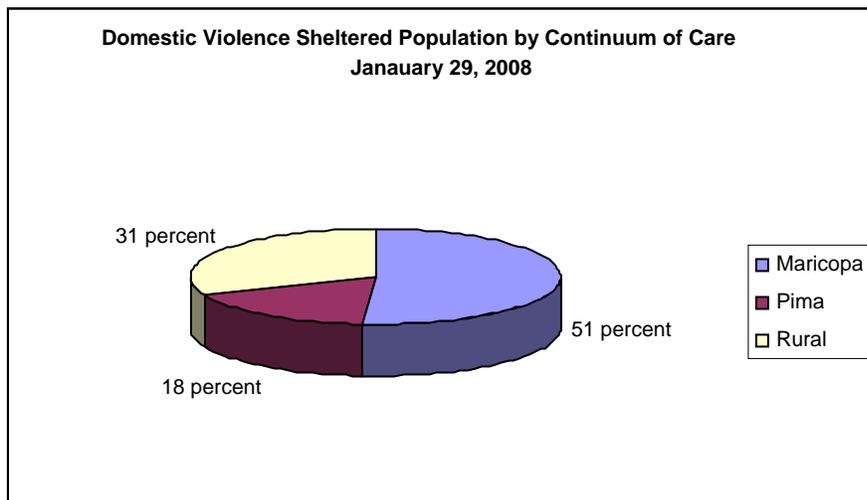
Also, the National Alliance to End Homelessness (NAEH) notes studies have shown that families exiting homelessness with a housing subsidy are 20 times more likely to remain stably housed for the long-term than comparable families exiting shelter without a subsidy. Housing vouchers are the least expensive and most flexible means of providing housing assistance to poor households, especially when compared to property-based approaches involving building or renovating additional housing units.

For further discussion of housing vouchers, see the review of “*Housing Vouchers are Critical for Ending Family Homelessness*,” in the Research Briefs section of this report.

Victims of domestic violence

The January 2008 PIT survey of homeless shelters indicated that 27 percent (2,064) of all persons in emergency shelter and transitional housing were homeless due at least in part to domestic violence. This percentage increased somewhat from the 22 percent reported in the 2007 PIT shelter survey.

Of the 1,273 persons reported as sheltered in emergency and transitional *domestic violence (DV) facilities*, seven in ten were housed in emergency facilities, and three in ten were in transitional housing. 690 (54 percent) of those in DV shelters were children. Of the DV shelter population statewide, 51 percent were sheltered in Maricopa County, 18 percent in Pima County, and 31 percent were in shelters in the balance of the state.



From July 1, 2007 through June 30, 2008, staff and volunteers in 41 *DES funded* residential domestic violence shelters and safe home networks responded to 22,548 hotline calls for emergency shelter information and referral. Unduplicated counts showed that DES funded domestic violence shelters provided emergency shelter or transitional housing to 12,365 women and children for a total of 385,720 bed nights. The average length of stay in the domestic violence system in FY 2008 was approximately 31 days.

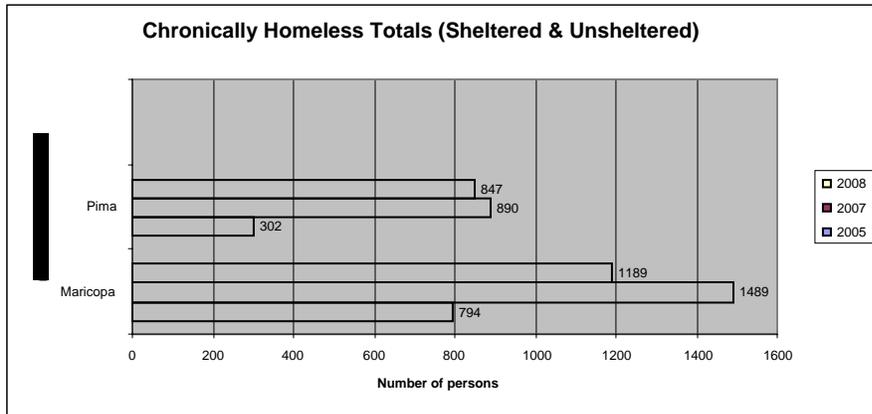
The housing needs of domestic violence victims must be met so that they are not forced to choose between staying with their abuser and sleeping on the street. Although the domestic violence shelter system functions as a critical temporary haven, domestic violence victims need safe, stable and affordable housing in order to leave the shelter system on an independent basis as quickly as possible.

Chronically homeless individuals

According to U.S. Department of Housing and Urban Development (HUD) definition, a chronically homeless person is an unaccompanied individual who suffers from a disability such as mental illness and has either been continuously homeless over the past 12 months or homeless at least four times in the past three years. During the January 29, 2008 point-in-time (PIT) shelter survey and street count, efforts were made to identify chronically homeless individuals in each of the three Continua of Care. Of sheltered persons, those in transitional housing facilities may not be considered chronically homeless.

In Maricopa County, 824 unsheltered chronically homeless individuals were counted; 365 chronically homeless individuals were counted in emergency shelter. The Maricopa total was significantly lower than the 2007 PIT survey total for this subpopulation (see graph below). In Pima County, 628 chronically homeless individuals were counted on the streets; 219 were counted in emergency shelter. Seventy-nine chronically homeless persons were counted in the Rural Continuum shelter survey. Unsheltered homeless persons were not surveyed in the rural counties in 2008.

It is important to note that while U.S. HUD reported a 30 percent reduction in chronically homeless persons counted through PIT surveys nationwide between 2005 and 2007, the number of chronically homeless persons reported in Arizona increased by 108 percent over the same period. Although the Arizona 2008 PIT count showed a reduction from 2007, the three-year increase in chronically homeless numbers still stands at 82 percent.



Of 663 sheltered chronically homeless persons reported across the state, 88 percent were counted in Maricopa and Pima Counties. Statewide, chronically homeless persons represented 30 percent of single adults in emergency shelter.

The Maricopa and Pima surveys of *unsheltered* persons counted more than four in ten (41 percent) unsheltered persons in the two counties as chronically homeless. Excluding Rural Continuum PIT survey numbers, 2,016 persons were counted as chronically homeless in Maricopa and Pima counties – 20 percent of all sheltered and unsheltered persons in the two counties. The latter percentage is slightly higher than the 18 percent figure reported nationally in the 2007 Annual Homeless Assessment Report (AHAR) from HUD. (See the review of the 2007 AHAR in the Research Briefs section of this report.)

It is important to note that the 30 percent chronically homeless segment of *single adults* in emergency shelter utilizes well over half of all shelter system resources due to the fact that many chronically homeless persons virtually live in institutional systems, cycling between emergency shelters, hospitals, jails, detox facilities, and other settings.

Studies in many cities, now including Phoenix, have documented the high cost of chronic homelessness as well as 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. Research in Portland, Oregon, found that 35 chronically homeless individuals averaged using over \$42,000 in public resources per year. After entering permanent supportive housing, those individuals each used less than \$26,000 per year, including housing, thus saving the public over \$16,000 per person per year.

Regarding local research on the costs of chronic homelessness, see information on the November 2008 ASU Morrison Institute study, *Richard's Reality: The Costs of Chronic Homelessness in Context*, in the Research Briefs section of this report. *Richard's Reality* details costs of chronic homelessness in Maricopa County. The study can be downloaded by accessing the Morrison Institute website at www.morrisoninstitute.org or the DES website at www.azdes.gov, under Family Services – Coordinated Homeless Programs.

There is national consensus that ending chronic homelessness requires permanent housing with supportive services as well as implementation of policies to prevent high-risk people from becoming chronically homeless. The most successful model for housing chronically homeless persons is the “Housing First” approach, which NAEH describes as a client-driven strategy that provides immediate access to an apartment without requiring participation in psychiatric treatment or treatment for sobriety. Participants are offered a range of supportive services focused on helping them maintain their housing. Promising prevention strategies focus on arranging housing for persons prior to discharge from prisons and jails, hospitals, and substance abuse treatment programs.

Regarding permanent supportive housing for the seriously mentally ill, see the review of *Gray Land: Housing for People with Serious Mental Illness in Maricopa County* in the Research Briefs section of this report. Regarding prevention strategies, see the focus on discharge planning and offender reentry in this section.

Persons with substance abuse problems

The incidence of substance abuse is over-represented in the homeless population and affects homeless families and individuals. Of persons housed in emergency shelters and transitional housing on any given night, a large percentage was identified by shelter staff as having problems with substance abuse. Based on the January 29, 2008 PIT shelter survey, 2,161 (41 percent) of 5,286 sheltered adults and unaccompanied youth were reported as experiencing substance abuse problems. 30 percent of those with substance abuse problems were also reported to suffer from mental illness. Of persons in permanent supportive housing, 16 percent were reported as having substance abuse problems.

This does not mean that such a high percentage of all homeless persons have substance abuse problems. 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, of all persons receiving services through the homeless services system over the course of a year, the proportion of homeless persons with substance abuse issues is significantly lower than that found through point-in-time shelter surveys.

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 cannot begin to meet the need for services for this subpopulation.

Persons with mental illness

The January 2008 PIT survey of emergency shelter and transitional housing facilities identified 1,260 individuals believed to be seriously mental ill (SMI). This represents 24 percent of the 5,286 sheltered homeless adults and unaccompanied youth counted. Just over 50 percent of those reported as SMI were also said to be experiencing substance abuse problems.

These figures are generally consistent with those reported by the National Alliance to End Homelessness, which has estimated that 25 percent of the adult homeless population has serious a mental illness (such as chronic depression, bipolar disorder, schizophrenia, or severe personality disorder) and that almost 60 percent of homeless adults report having had a serious mental health problem during their lifetime. However, organizers of the April 2008 Fundamental Policy “Spotlight on Mental Health” Conference estimated that roughly 30 percent of the nation’s homeless population is comprised of persons with severe and persistent mental illness.

Most individuals with severe mental illness live at or below the poverty line. Even though many receive supports such as food stamps, health care, and disability insurance, the average rent on an efficiency apartment far exceeds existing levels of assistance. Moreover, even if a housing voucher can be secured, landlords may not be willing to rent to a person with mental illness. Discrimination is reported as a substantial barrier to housing for this population, making securing safe, affordable housing an even greater challenge.

Regarding housing for the mentally ill, see the review of *Gray Land: Housing for People with Serious Mental Illness in Maricopa County* in the Research Briefs section of this report.

Rural homelessness

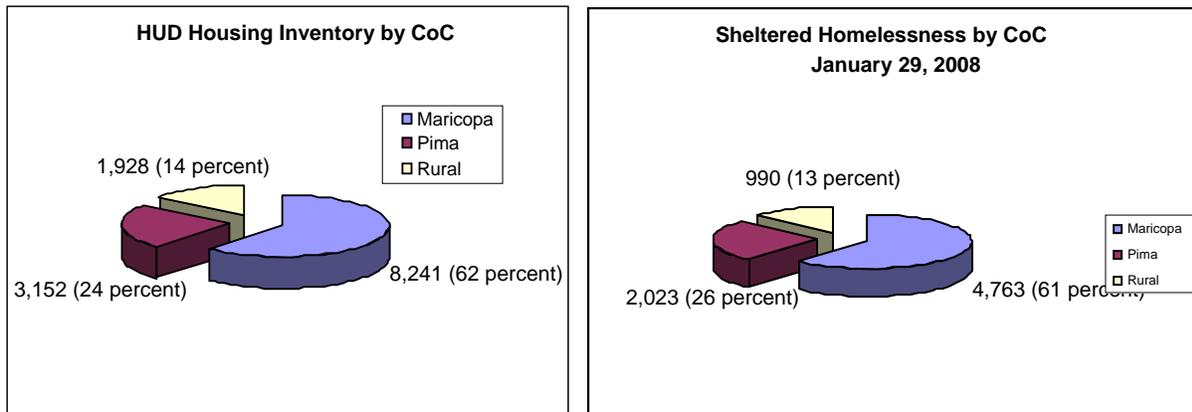
Lack of affordable housing and inadequate income – the factors that contribute to urban homelessness – also lead to rural homelessness. Areas with high rates of unemployment due to declining industries and areas with high economic growth and resulting high housing costs are often scenes of dramatic increases 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 Rural Continuum of Care was not required to conduct a point-in-time survey of *unsheltered* persons in January 2008. However, the Arizona 2008 PIT *shelter* count showed 12.7 percent of persons in emergency shelter and transitional housing sheltered in rural areas. Interestingly, the percentage of persons sheltered who had experienced domestic violence was far higher (46 percent) in the Rural Continuum than in Maricopa (26 percent) or Pima (19 percent) counties.

Although the domestic violence shelter infrastructure may be relatively well-developed in the rural counties, other homeless service provider infrastructure is much less so. This is one of the key differences between rural and urban homelessness. Overall there are far fewer shelters in rural areas, so that people experiencing homelessness are less likely to have access to shelter and more likely to live in a car or camper, or with relatives in overcrowded and/or substandard housing.

Restricting definitions of homelessness to include only those who are literally homeless – on the street or in shelter – does not fit well with rural reality. The National Coalition for the Homeless (NCH) has noted that rural residential histories reveal that homelessness is often precipitated by a structural or physical housing problem putting health or safety at risk. When families try to

relocate to less crowded or safer housing, rents are often unmanageable and homelessness is experienced again.



Older homeless Arizonans

The 2008 Arizona PIT shelter survey counted 177 older persons (over age 65) in emergency shelters and transitional housing. Another 89 persons over 65 were reported in permanent supportive housing. While the number of persons over 65 reported in shelter in recent years has remained rather low, it is believed that many older persons do not indicate their true age when entering shelter facilities and that many more persons are over 65 than are reported each year.

While 2006 U.S. Census data showed 27 percent of persons living in poverty were 62 and older, National HUD Homeless Management Information System (HMIS) data for federal fiscal year 2006-2007 reported only 4 percent of sheltered individuals in that age bracket. However, the percentages of 51-62 year-olds in *poverty* and in *shelter* were 19 percent and 20 percent respectively. This suggests that many individuals who experience homelessness simply do not reach age 62 and older.

NCH has noted that homeless persons aged 50-65 frequently fall between the cracks of governmental safety nets as technically not old enough to qualify for Medicare. However, their physical health may resemble that of a 70-year-old due to chronic medical conditions, poor nutrition and severe living conditions. Studies of homeless mortality rates in seven cities placed the average life expectancy for a person without permanent housing between 42 and 52 years.

Homelessness among older Arizonans, as with other segments of the homeless population, is largely the result of poverty and declining availability of affordable housing. NCH reports that throughout the nation, there are at least nine seniors waiting for every occupied unit of affordable housing for older persons. Also, once on the street, older homeless persons are more prone to victimization and their victimization often does not come to the attention of law enforcement. In 2006, 27 percent of homeless victims of violent crime were between 50 and 59 years of age.

Focus on Discharge Planning and Reentry

Approximately 20,000 individuals were released from Arizona prison facilities between July 1, 2007 and June 30, 2008. Of those, about 2,100 were released into homelessness according to Arizona Department of Corrections (ADC) officials. While some homeless releasees remain under ADC community supervision, others have served their sentences and have no further supports from the corrections system. All tend to have low incomes and face severe barriers to obtaining housing.

Homelessness before and after prison release is associated with increased risk of recidivism (return to prison). According to the Council of State Governments' Re-Entry Policy Council, pre- and post-incarceration shelter use is linked to significantly higher rates of return to prison. The Vera Institute of Justice has found that persons released from prison into homeless shelters in New York City are *seven times more likely to violate their parole conditions during the first month after release* than those who had some form of housing. And the Georgia Department of Corrections has determined that with each move after release from prison, a person's likelihood of re-arrest increases by 25 percent.

Reentry housing

"Reentry housing" has been recognized as one effective means of addressing this problem. Reentry housing is subsidized housing with intensive support services. Cost analysis by the Corporation for Supportive Housing has shown that a single reentry housing unit used by two people over one year can save \$20,000 to \$24,000 relative to the cost of release to shelter and re-incarceration.

The reentry housing approach is currently being considered in Maricopa County through the work of a multi-agency discharge planning working group under the auspices of the Governor's Interagency and Community Council on Homelessness (ICCH). The need for improved discharge planning was identified by the ICCH in early 2008. This focus was further sharpened mid-year with new information on released sex offenders being served by Central Arizona Shelter Services (CASS).

In June 2008, CASS reported that increased numbers of sex offenders coming from correctional settings into emergency shelter had resulted in the shelter having the single largest density of sex offenders in one place in Arizona. Even with a high level of cooperation with ADC and the Maricopa County Adult Probation, CASS leadership indicated the organization could no longer provide for the needs of the homeless sex offender population and announced plans to phase out services to that population by July 2009.

Given this situation, the ICCH discharge planning working group has held a series of discussions, identified a discharge planning checklist, and is in the process of drafting the parameters of a housing subsidy program to assist sex offenders released into homelessness. The prospect of such a subsidy program has been raised significantly by Governor Napolitano's *Housing Arizona* initiative (see the State Agency section of this report for a full description of *Housing Arizona*). The Governor's initiative targets \$1 million toward offenders in ADC custody

who would otherwise be homeless upon completion of their sentence. The funds will be used to set up a pilot program to provide a short-term bridge for such offenders to find safe, affordable housing, thus significantly reducing the likelihood of recidivism. The pilot program is expected to be operational in late 2008 or early 2009.

Studies on sex offender housing restrictions

Dr. Jill Levenson has written extensively on community re-entry of sex offenders. Her December 2007 article “Sex Offender Residence Restrictions: Sensible Crime Policy or Flawed Logic?” reviews recent research on sex offender residence restrictions. At least 22 states and hundreds of local jurisdictions have passed laws prohibiting sex offenders from living in close proximity to schools, parks, playgrounds, day care centers, and other places where children congregate.

Though sex offender housing laws have enjoyed overwhelming support across the country, Dr. Levenson notes there is little research on the effects of such restrictions and that the legal status of such laws has not been firmly established. Recent studies by the Minnesota Department of Corrections and the Colorado Department of Public Safety concluded there was no evidence to support the assumption that sex offenders who live within closer proximity to schools, parks, and playgrounds have an increased likelihood of repeat offending and that residence restrictions should not be considered a feasible means of protecting children.

Although there is no research establishing residence restrictions as a viable strategy for reducing sex crimes, Dr. Levenson draws on a number of studies that have determined such laws have clearly adverse consequences in terms of community adjustment and reintegration of sex offenders. For example, she cites the 2001 “No Place Like Home” report by Bradley, et al, who warned of the dire consequences of ignoring the basic needs of offenders attempting to re-enter society:

“Housing is the linchpin that holds the reintegration process together. Without a stable residence, continuity in substance abuse and mental health treatment is compromised...in the end, a polity that does not concern itself with the housing needs of returning prisoners finds that it has done so at the expense of its own public safety.”

Dr. Levenson also refers to the 2006 statement of the National Alliance to End Sexual Violence:

“Sex offenders who continually move or become homeless as a result of residency restrictions are more difficult to supervise and monitor, thereby increasing the risk of re-offense...Because residency requirements cause instability, which may increase the risk of re-offense, NAESV opposes residency restrictions.”

Housing instability and criminal recidivism are clearly linked, with numerous studies documenting the relationship. Dr. Levenson points to studies in Georgia, New York, California, and using national samples which have identified housing as the most essential factor in the reintegration of offenders. Housing restriction policies have also been shown to disrupt the stability of sex offenders and to interfere with the potential to develop social bonds, secure jobs,

and engage in other positive activities. This raises the concern that such laws might ultimately be counter-productive.

Dr. Levenson concludes there is a growing body of evidence that residence restrictions create unintended consequences for sex offenders and communities, including;

- homelessness and transience;
- inaccessibility to social support, employment, and rehabilitative services; and
- clustering of sex offenders in poor, rural, or socially disorganized neighborhoods.

See the Levenson article in Volume 71, #3, of *Federal Probation*.

Second Chance Act

The Second Chance Act, signed into law by the President in April 2008, is billed as a major advance in developing an effective federal response to the problem of people leaving prisons and jails without housing and other means of support. The act authorizes funding to states for reentry programs and creates a federal interagency task force to coordinate programs and policy. Grants to nonprofit organizations for reentry programs are also authorized.

The National Alliance to End Homelessness (NAEH) notes that the Second Chance Act addresses housing in several ways:

- Under the state grants program, housing activities are eligible uses of program funds, from providing housing directly to assisting people in securing housing from the private market or other housing programs.
- Another eligible use of funds is strengthening the capacity of prisoners' families to provide stable living situations.
- Housing is to be addressed in the strategic plan required of each state receiving funding.
- Housing is one of the performance outcomes that each state receiving funding is required to monitor and report to the Justice Department.

The Act received bipartisan support in both chambers of Congress. The House Appropriations Committee has approved a funding level of \$45 million for Second Chance Act programs and the Senate Appropriations Committee included a funding level of \$20 million in their version of the fiscal year 2009 appropriations bill. NAEH has urged a funding level of \$70 million and has called for further action to ensure that housing resources are available for those leaving the corrections system.

Note: For additional information on offender reentry, see the review of "*Life After Lockup*" in the Research Briefs section of this report, and see the Primavera Foundation Prisoner Re-Entry Partnership program highlight in the Continuum of Care section.

Focus on Homeless Veterans

The U. S. Department of Veterans Affairs (VA) estimates that more than 150,000 veterans are homeless on any given night and that over 350,000 veterans experience homelessness over the course of a year. Conservatively, one out of every four homeless men has served in the military. According to the 1999 National Survey of Homeless Assistance Providers and Participants (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans accounted for 23 percent of all homeless people in America.

According to the U. S. Department of Veterans Affairs (VA), the nation's homeless veterans are overwhelmingly male and single, with 45 percent suffering from mental illness and approximately half experiencing substance abuse. 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.

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 the homeless.

Phoenix and Tucson Veterans Stand Down events

Stand Downs are one part of the VA's efforts to provide services to homeless veterans. Stand Downs are typically one to three day events providing services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events, coordinated between local VAs, other government agencies, and community agencies who serve the homeless.

The “**Arizona StandDown**” (held in Phoenix) is a three-day, veteran-specific outreach event designed to engage and assist homeless veterans in services designed to meet their short and long-term needs to abandon life on the streets. The Phoenix event was held February 15-17, 2008, at Arizona Opportunities Industrialization Center (OIC) in downtown Phoenix. Sleeping accommodations for veterans were provided by the Lodestar Day Resource Center (DRC) on the Human Services Campus downtown. United States Veterans Initiative (U.S. VETS – Phoenix) coordinates the event annually in partnership with the Carl T. Hayden VA Medical Center, City of Phoenix Human Services and City Court, HUD; the Arizona Departments of Economic Security, Veteran Services, Labor, and Motor Vehicles; over 30 community- and faith-based service providers; and more than 200 volunteers.

The Phoenix Stand Down drew 375 homeless veterans, 38 of whom were immediately placed in transitional or permanent supportive housing. Over 2,700 hot meals were served. Judges from Phoenix City Court resolved 149 outstanding cases through community service requirements; 53 new driver's licenses were issued by the Department of Motor Vehicles; and 170 veterans received medical treatment.

Also a three-day event, the **Tucson Veterans Stand Down** was held October 24-26, 2008 at the Tucson Allen Army Reserve Center. The Tucson Stand Down is organized annually by Tucson Veterans Serving Veterans (TVSV), a 15-organization partnership of local groups and state and federal service agencies, in cooperation with Army Reserve personnel and Reserve Center staff.

The Tucson event saw more than 200 volunteers serve 135 homeless veterans and family members. Over 75 percent of participating veterans stated they had been homeless for at least one year. Several participants were immediately placed in transitional housing. Other services provided included 19 driver's licenses and state IDs issued and paid for by TVSV, 945 meals served, medical treatment for 82 veterans, and over 100 haircuts. Twenty-eight veterans met with the City Homeless Court judge to resolve outstanding cases.

TVSV also conducts a one-day Stand Down each May to help homeless veterans prepare for the summer months.

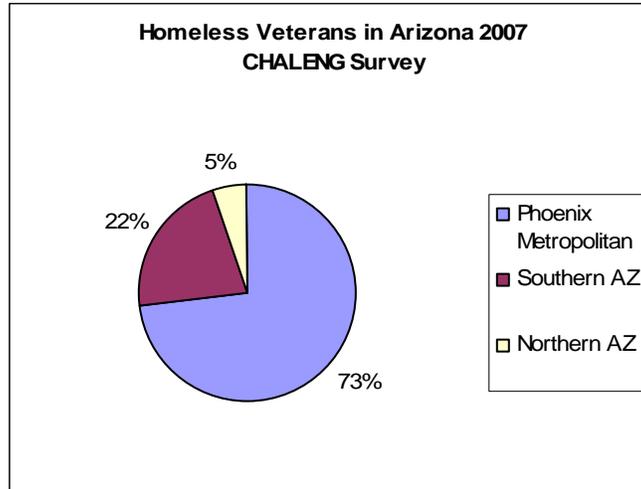
US VETS – Phoenix

US Vets – Phoenix, mentioned above as coordinating Phoenix veterans stand down events, is a major provider of transitional housing for homeless veterans in the Phoenix area. Its AZ Veterans in Progress (AZ VIP) program is a veteran-specific, 3-phase residential employment program. Phase 1 seeks to resolve immediate employment barriers and build employment search skills. Phase 2 focuses on assertive job search utilizing traditional and modern job search practices. Phase 3 is post-employment and assists each veteran to maintain budgets, savings, resolve long-term barriers and plan for transition to independent living.

For July 2007 through June 2008, AZ VIP enrolled 220 individuals for services, 68 percent of whom were eventually placed in unsubsidized employment. Over 60 percent of those finishing the program during the year moved into permanent, independent housing. The organization plans to open 17 units of permanent housing in FY 2008-2009 to better meet the long-term housing needs of disabled veterans.

Project CHALENG Point of Contact survey in Arizona

The 2007 CHALENG Point of Contact (POC) survey (reviewed in the Research Briefs section of this report) estimated a total of 3,740 homeless veterans in Arizona (a slight decrease from 2006 Arizona POC survey estimate of 3,970), with 73 percent living the Phoenix area, 22 percent in Southern Arizona, and 5 percent in Northern Arizona.

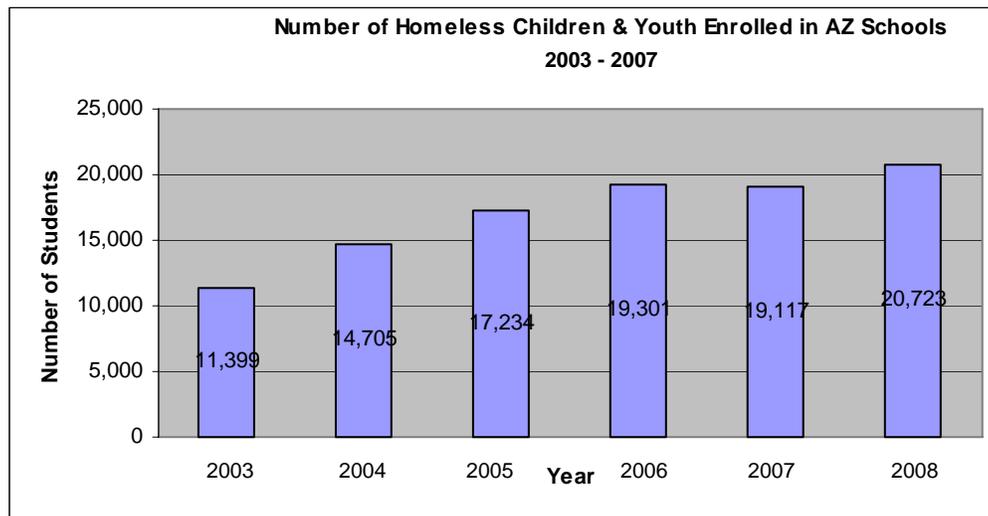


A ranking of needs by Arizona POC survey respondents showed the top unmet needs for homeless veterans included long-term permanent housing, re-entry services for incarcerated veterans, financial guardianship, child care, legal assistance, welfare payments, dental care, Supplemental Security Income/Social Security Disability Income (SSI/SSDI), and elder health care. Arizona survey respondents also cited family counseling, women’s health care, and drop-in center services as especially important needs.

Focus on Homeless Children and Youth

Homeless children in public schools

The number of children and youth experiencing homelessness in Arizona continues to increase. This year, data reported by the Arizona Department of Education (ADE) Homeless Education Office indicates 20,723 children (pre-kindergarten through 12th grade) were reported by 191 Local Educational Agencies (LEAs) throughout the state as “homeless” during fiscal year 2008. This represents an increase of 8.4 percent since last year, 20 percent since 2005, and 82 percent since 2003.



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 youth” means “individuals who lack a fixed, regular, and adequate nighttime residence.” Many homeless youth advocates would like the U.S. Department of Housing and Urban Development (HUD) to consider aligning its more restrictive definition of “homeless” to the Education definition during the upcoming reauthorization. They believe this would more accurately portray the housing needs in the country and enable additional families and youth to access basic needs services.

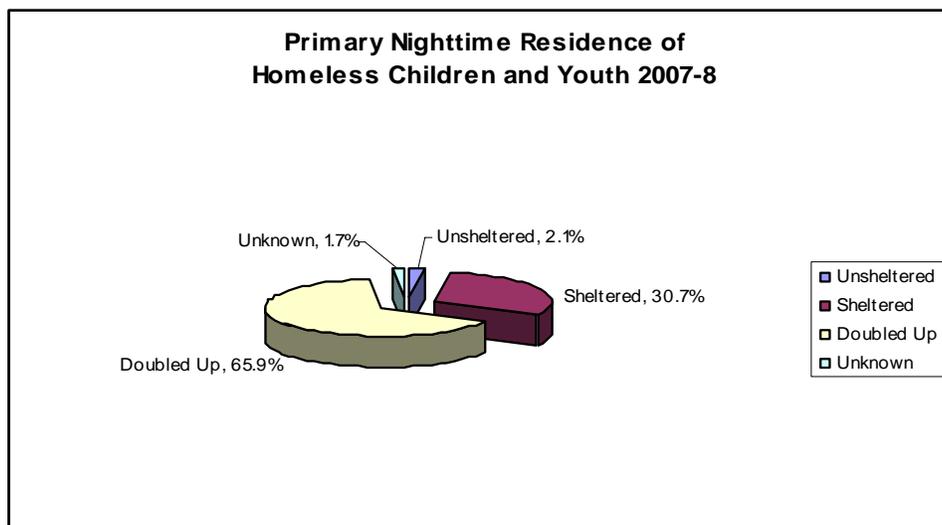
The “number of homeless school-aged children” is being tracked as a targeted indicator for safety and security in the Arizona’s Results for Children and Youth report, initiated by the Governor’s Children’s Cabinet. The report can be accessed at <http://gocyf.az.gov/EO/documents/AZsResults2008RevisedFINALpercent20.pdf>.

Statistics regarding homeless students:

- Of the 20,723 homeless children, 65.9 percent were reported as “doubled-up,” or living temporarily with another family, 30.7 percent were living in shelters or

awaiting foster care, and 2.1 percent were living in unsheltered situations, such as cars, parks, campgrounds, and abandoned buildings. It is unknown where the remaining 1.3 percent reside.

- The proportion of homeless children living doubled-up with other families has decreased by almost 10 percent (from 77.4 percent) over the past five years while the percentage of those living in shelters has increased by 13 percent (from 17.6 percent).
- Of the approximately 620 Arizona LEAs (two-thirds of which are charter schools), 191 reported children and youth enrolled in school as homeless. Only 18 LEAs 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 18 LEAs represented 25.5 percent of all school children reported as homeless.



Supplemental educational support for homeless children included 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.

National research indicates that when students move or are displaced during a school year, they regress academically. This is particularly true for students experiencing homelessness, as is evidenced by the results of the statewide reading and math assessments.

- Of the 1,428 homeless children in grade 3 who took the assessment tests in FY 2008, 50.6 percent were proficient in reading and 55.5 percent were proficient in math. In comparison, of all children in grade 3 who took the reading assessment, 85 percent were proficient in reading and 88 percent were proficient in math.

- Of the 1,276 homeless children in grade 5 who took the assessment tests in FY 2008, 45.1 percent were proficient in reading and 47.4 percent were proficient in math. In comparison, of all children in grade 5 who were assessed, 85 percent were proficient in reading and 85 percent were proficient in math.
- Of the 1,132 homeless children in grade 8 who took the assessment tests in FY 2008, 41 percent were proficient in reading and 34.4 percent were proficient in math. Among all children in grade 8 who were assessed, 48 percent were proficient in reading and 44 percent were proficient in math.
- Of the 2,800 homeless youth in high school who took the assessment tests in FY 2008, 40.3 percent were proficient in reading and 31.7 percent were proficient in math. Among all youth in high school who were assessed, 48 percent were proficient in reading and 38 percent were proficient in math

For more detailed FY 2008 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, go to 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, go to <http://www.azed.gov/schooleffectiveness/specialpops/homeless/>.

Focus on Unaccompanied 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 overcrowding in the home, pregnancy, sexual orientation, or because they are perceived to be “old enough” to be on their own. Unaccompanied homeless youth living in shelters or on the streets have increased exposure to physical violence and sexual assault, which often lead to depression, posttraumatic stress disorder, and suicide.

“Home is a mindset that we must carry with us as we go.”
- Robert H, age 19

For the purposes of this report, “unaccompanied homeless youth” is defined as youth, on his/her own, under the age of 22, without a permanent address.

How many children and youth experience homelessness in Arizona?

It is nearly impossible to quantify the number of unaccompanied homeless youth in the state. 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. While there are several sources of data, none are comprehensive.

Every year homeless providers conduct a Point-In-Time survey on a single day. On January 29, 2008:

- In Maricopa County, 58 children and youth were counted living on the streets, 1,620 were counted living in shelters and 4,572 were counted as “doubled up” with friends or family. That amounts to **6,250** Arizona children and youth counted as “homeless” on one day.
- In Pima County, 82 children and youth were counted while living on the streets, 579 were counted in shelters, and 1,050 were doubled up. That amounts to **1,711** Arizona children and youth counted as “homeless” on one day.

In 2008, Maricopa County’s Homeless Management Information System (HMIS) reported 3,558 children under the age of 18 and 718 ages 18-21. Arizona’s Rural HMIS reported 746 children under the age of 18 and, 185 ages 18-21. No data was available from Pima County HMIS.

In order to ascertain more comprehensive statewide data, the Department of Economic Security (DES) conducted an informal survey with youth providers. Survey participants included Tumbleweed Center for Youth Development, Open Inn, Our Family Services, A&A Cottages, Northland Family Help Center, Florence Crittenton Services, and WestCare. Their self-reported data indicated 9,496 youth received homeless support services, unduplicated by agency, from July 2007 to June 2008. 73 percent of the youth served were 18-21 years of age. During the same time period, 1,227 youth were turned away from services for various reasons, primary lack of capacity. Tragically, 60.6 percent of those turned away were under the age of 18.

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.

According to DES’s survey of homeless youth providers, 50 percent of the children and youth under the age of 18 experiencing homelessness either ran away from home or were “thrown away” by their families. Ten percent reported leaving home due to violence in the home. Forty percent of the youth ages 18-21 experiencing homelessness reported “substance abuse present in the home” as the primary reason for their homelessness. An additional 11.3 percent reported discharge from adult corrections as the primary cause.

What are the needs and characteristics of the population?

According to the 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.

Survey results revealed the following statistics regarding Arizona's unaccompanied homeless youth:

- 54.4 percent identify as male; 45.6 percent identify as female.
- 30 percent are White; 23.1 percent are Hispanic; and 6.3 percent are Black.
- 93.5 percent are legal residents of Arizona.
- 56.6 percent of the youth under the age of 18 experience homelessness less than a week before seeking services. 19.8 percent experience homelessness for more than a month but less than a year before seeking assistance.
- 38.5 percent of the youth 18-21 experience homelessness more than three months but less than a year before seeking assistance. 30.7 percent wait for more than a year.
- 68 percent of the youth under the age of 18 receive services for less than a month.
- 63.6 percent of the youth 18-21 receive services for more than a month but less than a year.
- 38.2 percent of the youth 18-21 are employed and 51.1 percent are actively seeking employment.

Although I don't know who I am, I know who I'm not. I'm not another statistic, and I'm not a quitter."
-Brittany B, age 17

What services are available?

Homeless youth providers service all of Arizona's counties. Their services are comprehensive and include emergency shelter, transitional housing, street 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.

Homeless youth providers must rely on a variety of funding sources. Approximately 34 percent of the operating costs are paid for with Federal funds. These funds have matching requirements that must be met by the local agencies. Approximately 31 percent of the costs are paid for with State funds, primarily to agencies serving minors and youth aging out of foster care. Foundations and fundraising activities each account for 8 percent of the expenditures. Counties fund approximately 5 percent. The remaining 14 percent comes from city governments, private donations, service organizations, corporations, and other miscellaneous donors.

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 not currently served by the state child protective services or juvenile justice systems. HYIP case managers prevent homelessness by strengthening family relationships and reunify homeless youth with their families as appropriate. 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.

The Federal 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. The Maternity Group Home Program provides up to 18 months of transitional housing, life skills training, and case management for parenting young women 18-21 and their children. In Arizona, Federal 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., Our Family Services, and Pima Prevention Partnership). The recent reauthorization of the Runaway and Homeless Youth Act includes an increased ceiling for funds allocated for the various programs. Given the current economic status, providers are unlikely to receive increases.

The following chart illustrates the shelter capacity of these providers.

	Capacity under 18			Capacity 18-21			
	Emergency Shelter	Transitional Housing Supervised Apartments		Emergency Shelter (Hotel vouchers)	Transitional Housing - Group Residence	Transitional Housing - Supervised Apartments	Transitional Housing - Scattered Sites
A&A Cottages	0	0		0	5	0	0
Florence Crittenton	0	0		0	5	12	0
HomeBase Youth Services	0	0		0	25	0	0
Northland Family Help Center	4	0		0	0	0	0
Open Inn, Inc.	38	16		10	0	0	34
Our Family Services, Inc.	8	32		0	0	20	29
Tumbleweed Center for Youth Development	10	15		0	0	0	12
WestCare (CRRYS)	20	0		0	0	0	0
Statewide Capacity	80	63		10	35	32	75

What challenges and barriers do homeless youth providers face?

For the past few years, providers have received level or decreased funding for support of their operations. The funding they do receive includes many restrictions and little flexibility. Concurrently, the needs within the communities have continued to escalate. More youth are in need of more intensive services. This combination has resulted in fewer resources for local

runaway and homeless youth, including critical services as basic needs care, emergency shelter, case management, and transitional housing.

Case managers note that youth have more complex histories and are in need of more intensive services. The numbers of “high needs youth” are increasing. Such youth are often in need of mental health resources, substance abuse treatment, emergency medical treatment, medical monitoring, substance abuse treatment, and parenting services.

Transitions from foster care, juvenile corrections, and adult corrections continue to present challenges. There is confusion around the availability and requirements for aftercare resources. The communication between agencies (CPS, Native American Tribes, Probation, etc.) could be improved in both urban and rural areas. Increased information sharing and collaboration on youth-specific solutions would help to prevent and end youth homelessness.

Misperceptions about runaway and homeless youth generate fear within communities. The overall attitude amongst many in the public that runaway and homeless youth are ‘bad kids’ who are in their current living situations because they chose to ‘for thrills and defiance’ only lends to the apathetic atmosphere that these youth struggle against. Pressures placed on runaway and homeless youth by law enforcement, merchants associations, and hospitality ambassadors cause them to become more invisible and drive them further into the fringes of the city. This makes them difficult to locate, and even initial contact by outreach teams is very challenging.

Local homeless shelters are not designed to serve young adult populations. Many youth, particularly those who are lesbian, gay, bisexual or transgendered, fear for their safety in adult shelters. This limits their willingness to accept the most basic services. There is a need for immediate housing options for youth ages 18-26.

Youth often lack awareness of available crisis intervention resources to prevent their need to flee from their homes and families. Once on the streets, they have only limited knowledge of emergency shelter and longer term services. Their inexperience puts them at tremendous risk of exploitation, sexual victimization, and violence.

While there are many services available to serve children and youth experiencing homelessness, systems are often fragmented and difficult to access, particularly in the rural areas. The following is the story of one youth, which illustrates the need for increased communication, coordination, and flexibility among agencies.

“Ann” lived in a youth crisis shelter for approximately 2 months. She was in the custody of CPS, but her case was being managed out of county. Her entire stay was difficult due to the cross county case management. One evening she disclosed to a staff member that she had cut herself a few days before and that she wanted to kill herself.

In accordance with licensing standards and good common sense, the youth provider took her to the emergency room to be evaluated. The emergency room doctor also treated a physical ailment while she was there. The local emergency room will only

provide psychiatric services when it is deemed a “psychiatric emergency;” therefore, they did not complete a self-harm evaluation. They discharged her with instructions to follow up with the local clinic.

The homeless youth provider contacted the clinic the next day in order to get her assessed. Because Ann’s case number indicated an out of county office, the clinic stated she would need to have an intake at the clinic in the other county before they could see her locally. The homeless youth provider was unable to keep her in the shelter without a self-harm assessment. In the end, her legal guardian discharged her that evening and abruptly moved her and her sister (who was also staying in the shelter) to another shelter in the other county.

It is unclear if Ann would be assessed or receive the treatment she needed. She and her sister were uprooted and displaced in the middle of the school year. This in particular was the most upsetting to Ann as she was in the midst of a very busy senior year.

Obtaining a self-harm assessment in the rural areas has become increasingly difficult. Local clinics provide what they call a “crisis assessment” and make a determination on the appropriate actions. Unfortunately, all crisis counselors were away at training during Ann’s incident.

What strategies work well with youth?

Positive youth development is a strengths-based model for case management utilized by many youth providers. Youth development means purposefully seeking to meet youth needs and build youth competencies relevant to enabling them to become successful adults. Rather than seeing young people as problems, this positive development approach views them as resources and builds upon their strengths and capabilities to develop within their own community. To succeed youth must acquire adequate attitudes, behaviors, and skills. Youth development programs seek to build physical, social, cognitive, vocational, and moral competencies. Programs are designed to meet the unique needs of the youth.

Are there any success stories?

The following inspiring stories were collected through the DES survey.

Francisco arrived very guarded and appeared to have trouble making eye-contact with the female staff. Francisco did his best to let it be known to staff that he was a ‘tough-guy gangsta’ and made it clear to the other kids in the house that he was the leader. His demeanor reminded staff of a rooster overseeing a hen house. Francisco could be so defensive and would often verbally abuse staff and peers when he felt as though someone was crossing his emotional boundaries. As Francisco’s 15-day stay was coming to a close he requested an interview with the Transitional Living Program (TLP). Reunion House staff were initially unsure about Francisco transitioning to TLP because of his negative behavior. An all-staff meeting was held and even though they agreed that Francisco’s behavior was often rude and sometimes

confrontational, he was going to school and working everyday and therefore offered their support of his move to the TLP. Nearly six months have passed and Francisco is working, independently housed, and doing well. He worked very hard to develop trust with the staff, who now describe him as “cooperative, dedicated, and charming.”

Kathy entered shelter at age 13. She was homeless because her drug-addicted parents were living in a park. She had some psychiatric problems, health concerns, learning disabilities, and few social skills. Our program raised her for three years – she became a leader among her peers, an active participant in Youth Development events for the agency, and a self-confident problem-solver capable of forming important relationships and of having real insight into her difficult childhood experiences. At age 16, she found a foster family and moved in with them.

Linda is a 21-year-old mother of one. She entered the program when she was 7 months pregnant. Her mother passed away of AIDS when she was 12, and her father was never at home to take care of her. She called because her son’s father was incarcerated again for “beating up” on her. She had been in a domestic violence relationship for 2 years, and saw the program as an opportunity to get away from him while he was incarcerated for the next 2 years. She worked during her pregnancy until she gave birth to a healthy but premature son. She returned to a full time job when her son was 4 months old. Her only source of income during this time was cash assistance through DES, which at times did not cover all of her living expenses. With support of the staff in the program and the other mothers in the program she continued to maintain full time employment, received counseling for her past trauma, and is now planning on moving into her own apartment upon graduation from the program.

James entered the program 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 our program until he was able to transfer to Project Challenge military school. He returned after graduation since he considered us “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.

What resources are available to learn more?

Chapin Hall Center for Children

www.chapinhall.org

Governor’s Office of Children, Youth, and Families

<http://gocyf.az.gov/>

Homelessness Resource Center

<http://homeless.samhsa.gov/Channel/View.aspx?id=31>

National Alliance to End Homelessness

<http://www.endhomelessness.org/section/policy/focusareas/youth>

National Association for the Education of Homeless Children and Youth
<http://naehcy.org/>

National Center for Housing and Child Welfare
<http://www.nchcw.org/>

The National Clearinghouse on Families & Youth
<http://www.ncfy.com/yd/rhy.htm>

National Network 4 Youth
www.nn4y.org

The National Runaway Switchboard
http://www.1800runaway.org/news_events/research.html

Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC)
<http://www.rhyttac.ou.edu/>

The Arizona Committee on Youth Homelessness

In March of 2008, the Arizona Committee on Youth Homelessness (ACYH) was created to address the increasingly complex needs of children and youth experiencing homelessness. This group originated as 13 community-based organizations and 4 state agencies. By October, it had grown to a membership of more than 50 participants.



The Committee is chaired by leaders from each Continuum of Care. Richard Geasland of Tumbleweed Center for Youth Development represents the Maricopa County Continuum of Care; Kevin Jackson of Our Family services, Inc. represents the Tucson Planning Council for the Homeless; and Nancy Panico of Open Inn, Inc. represents the Rural Continuum of Care. The group is staffed by the Department of Economic Security.

The scope of work for the ACYH includes:

- Engaging and educating the public regarding the extent of youth homelessness
- Networking with other providers of youth services
- Sharing best practices for youth development
- Addressing current issues and research involving youth homelessness
- Learning of housing and service opportunities for youth
- Working across the state to pool resources and share information
- Improving knowledge of existing resources in order to better leverage these resources
- Tracking and documenting youth trends and developing strategies to address them
- Collaborating on grant applications and other funding opportunities
- Bringing relevant issues to the attention of the Governor's Interagency and Community Council on Homelessness (ICCH)
- Identifying barriers to ending homelessness for youth that the ICCH may be able to address through policy changes or improved coordination between state agencies

For 2008-2009, five subcommittees were established, which reflect the most immediate priorities of the Committee.

The **Youth Development and Youth Involvement Subcommittee** is chaired by Greg Dicharry of Magellan Health Services, Inc. ACYH determined a need for all entities interfacing with youth experiencing homelessness to utilize a Youth Development model of case management. The Youth Development approach focuses on actively involving young people by developing positive life skills, rather than addressing their problems and deficits. Subcommittee members, including numerous youth from the Governor's Youth Commission and MY LIFE (Magellan Youth Leadership Inspiring Future Empowerment) began planning an educational and networking event focused on utilizing the Youth Development Model to address issues associated with youth homelessness. Youth, youth providers, state agencies, and other stakeholders from across the state will convene to learn and share successful philosophies and practices for serving Arizona's youth experiencing homelessness.

The **Low Demand Housing Subcommittee** is chaired by Cathleen Phelan of UMOM New Day Centers. The primary goal of the group is to make recommendations to the Governor's Interagency and Community Council on Homelessness (ICCH) regarding the \$1 million for the *Housing Arizona* youth initiative. The current needs for shelter and housing exceed the capacity of existing youth programs; therefore many youth have no alternative to living "on the streets". This demonstration project targets youth ages 18-25 who are homeless or at imminent risk of homelessness and will provide them with immediate housing placement.

The **High-Needs Youth Subcommittee** has determined three areas of priority for 2009. First, they will be mapping youth-specific substance abuse resources in the state and determining where there are gaps, if any. Second, they will research policies and practices for transitioning from youth services to adult services within the behavioral health system. Finally, they will compile policies regarding identification (birth certificates, IDs, etc.) for youth aging out of foster care and the juvenile justice systems.

The **Housing and Support Services for Young Parents Subcommittee** will be mapping available services for pregnant and parenting homeless youth and determining where there are gaps, if any.

The **Lack of Youth Services in Rural Arizona Subcommittee** is chaired by Debbie Marcusson of WestCare. The group will be meeting monthly by teleconference, therefore providing opportunities for rural youth providers to network and strategize. For 2009, the group intends to document the major differences between serving urban and rural youth experiencing homelessness and focus on effective strategies for serving rural Arizonans. They have determined a need to implement new strategies for conducting street outreach, as youth are difficult to locate and are resistant to engage in services.

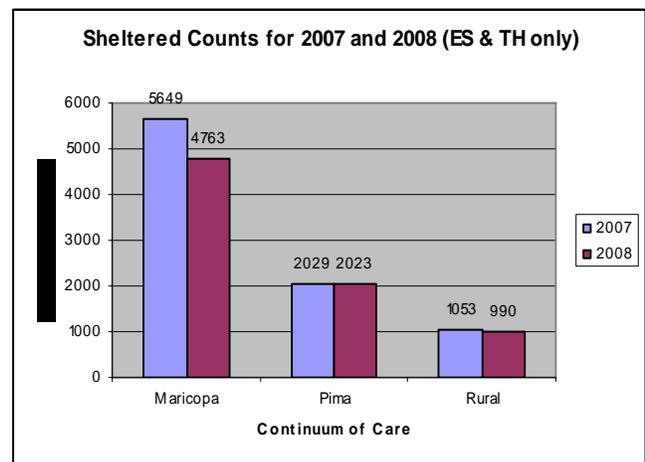
For more information on the ACYH, please contact Mattie Lord at MLord@azdes.gov or (602) 542-9949.

4.0 Selected 2008 Point in Time and Housing Inventory Facts

(See tables in Appendices for complete data.)

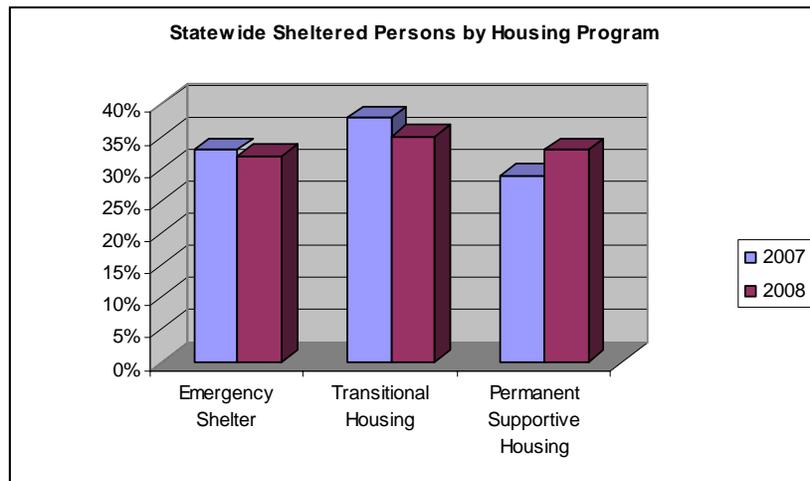
Selected facts from the January 29, 2008, Point-in-Time Shelter Count:

- By U.S. HUD definition, 7,776 persons were counted as sheltered homeless persons throughout Arizona, including only those in emergency and transitional facilities. Another 3,811 persons were counted as permanent supportive housing residents, *but are not considered homeless by current federal definitions*.
- *Considering only emergency and transitional facility counts*, children and adults in families accounted for 50 percent of all sheltered homeless persons; single adults were 49 percent of the total, and unaccompanied youth accounted for 1 percent.
- Children accounted for one-third (32 percent) of all persons reported in emergency and transitional housing, unchanged from the 2007 count.
- While almost 6 in 10 (58.9 percent) of *emergency shelter* residents were single adults, virtually the same proportion (59.8 percent) of those in *transitional housing* were children and adults in families.
- Of sheltered homeless persons statewide, 61 percent were counted in Maricopa County, 26 percent in Pima County, and 13 percent in the rural counties.



- Of 663 chronically homeless persons were reported in *emergency shelters* statewide, representing 30 percent of 2,186 adults in emergency shelters. Eighty-eight percent of chronically homeless persons were counted in Maricopa and Pima Counties.
- Of 5,286 homeless adults and unaccompanied youth in emergency and transitional shelters, 2,161 (41 percent) were reported as experiencing substance abuse problems; 1,250 (24 percent) were reported as suffering from serious mental illness. Eight percent (641 persons) were reported as experiencing both substance abuse and serious mental illness. These percentages were quite similar to those reported in 2007.
- Of sheltered homeless adults, 10 percent were reported as military veterans.
- Twenty-seven percent of all sheltered homeless persons were reported homeless due at least in part to domestic violence or abuse.

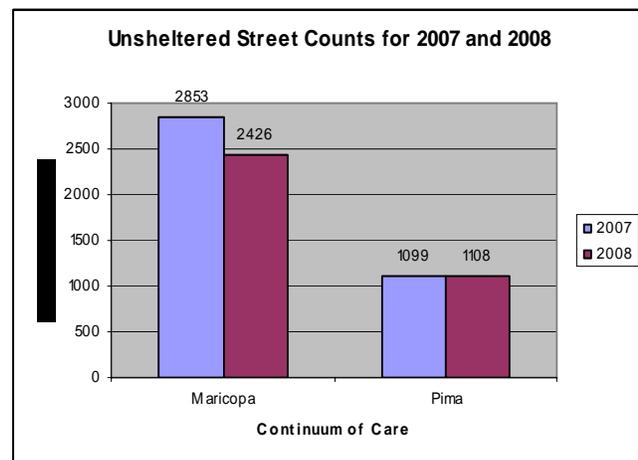
- Combined emergency shelter (ES), transitional housing (TH) and permanent supportive housing (PSH) counts showed a system-wide total of 11,587 persons, 5.5 percent less than the 2007 point-in-time system-wide total of 12,261. Other system-wide data showed:
- Thirty-two percent of those counted were in ES, 35 percent in TH, and 33 percent were in PSH, suggesting a small shift toward permanent supportive housing. The 2007 shelter count showed 33 percent in ES, 38 percent in TH, and 29 percent in PSH.
- Of all adults and unaccompanied youth system-wide (ES, TH & PSH), 45 percent were reported as seriously mentally ill (SMI). Considering PSH only, 67 percent of residents were reported as SMI.



Selected facts from the January 29, 2008 Maricopa and Pima Continuum Point-in-Time Counts of Unsheltered Homeless Persons

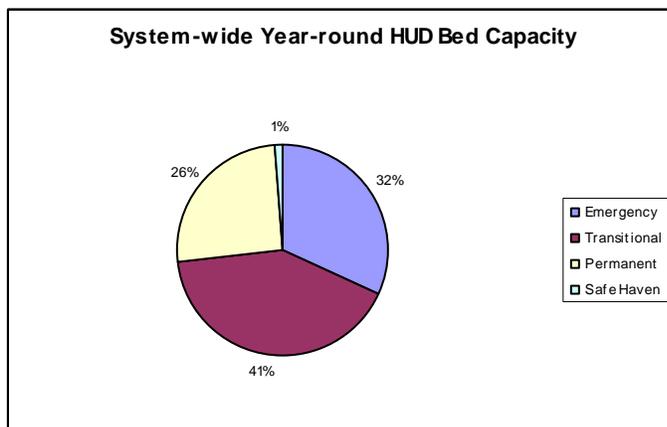
(Note: Other Arizona counties were not required to conduct counts of unsheltered homeless persons in 2008. All counties will conduct “street counts” on January 27, 2009.)

- Of 3,534 persons counted in Maricopa and Pima counties as unsheltered, 78 percent were individual men.
- Children and adults in families represented only 5 percent of all unsheltered persons counted in the state’s two most populous counties.
- Of unsheltered persons, 69 percent were counted in Maricopa County, 31 percent in Pima County.
- Forty-one percent (1,432) of unsheltered persons in Maricopa and Pima were reported as chronically homeless.
- Compared to 2007 street count totals for Maricopa and Pima, surveyors reported 418 less unsheltered persons in January 2008, an 11 percent reduction.



Selected facts from 2008 Continuum of Care Housing Inventory Charts

- System-wide (including ES, TH, PSH and “Safe Haven” housing) year-round beds in Arizona total 13,321, with 32 percent ES, 41 percent TH, 26 percent PSH, and less than 1 percent Safe Haven.
- System-wide programs include two Safe Haven programs, 57 PSH programs, 100 emergency shelter programs, and 133 transitional programs.
- Levels of homeless management information systems (HMIS) coverage vary somewhat by Continuum of Care, with 62 percent overall statewide coverage of emergency shelter beds, 87 percent of transitional housing beds, 98 percent of permanent supportive housing beds, and 100 percent of safe haven beds.
- Collectively, the three Continuums of Care estimate “unmet needs” of approximately 3,100 emergency shelter beds, 4,000 transitional housing beds, and 3,100 permanent supportive housing beds, for a total of over 10,200 individual and family beds.



FY 2008 Summary Data on DES-funded Shelter and Transitional Housing Programs

from information reported quarterly by contracting agencies

Homeless Emergency and Transitional programs:

Unduplicated numbers of homeless persons reported served by **36 DES-funded homeless emergency and transitional shelters** during FY 2008, with operating funds totaling \$3,286,676:

	<u>Persons served</u>
Maricopa County programs	9,722 (64 percent)
Pima County programs	3,945 (26 percent)
Balance of State programs	1,615 (11 percent)

Total persons served in FY 2008 **15,282**
(89 percent emergency shelter, 11 percent transitional housing)
(\$215.07 per person served)

Domestic Violence Emergency and Transitional programs:

Unduplicated numbers of persons reported served by **41 DES-funded domestic violence emergency and transitional shelters** during FY 2008, with operating funds totaling \$14,289,059:

	<u>Persons served</u>
Maricopa County programs	6,588 (53 percent)
Pima County programs	2,329 (19 percent)
Balance of State programs	3,448 (28 percent)

Total persons served in FY 2008 **12,365**
(95 percent emergency shelter, 5 percent transitional housing)
(\$1,156 per person served)

5.0 NEWS AND NOTES

Estimates of Homelessness

Researchers at the Urban Institute, a national nonpartisan economic and social policy research organization, have estimated that during a year's time, at least four or five times as many people experience homelessness as are homeless on any particular day.

Point-in-time surveys of sheltered and unsheltered persons in Arizona in 2007 and 2008 conservatively showed approximately 13,000 homeless adults and children. Thus, between **52,000 and 65,000** persons likely experienced homelessness in Arizona in 2008.

Moreover, Urban Institute expert Martha Burt, author of *Helping American's Homeless*, states: "We can also project that one in ten poor people experience at least one night of homelessness in the course of a year, and that includes poor children."

The U.S. Census Bureau estimated 881,257 Arizonans lived below the federal poverty line in 2007. By the 10 percent standard, as many as **88,000** children and adults may have experienced homelessness in Arizona this year.

For more information, see the Urban Institute website at www.urban.org.

The Homelessness Budget

July 2008

National Alliance to End Homelessness (NAEH)

NAEH reports annually on funding levels of 11 major federal programs dedicated to homelessness. The 11 programs are administered by the Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), Veterans Affairs (VA), Homeland Security (DHS), Education (ED), Labor (DOL), and the Social Security Administration (SSA).

The following table shows FY 2007 and FY 2008 funding levels (in millions) of the programs that comprise the NAEH "Homelessness Budget."

<u>Program</u>	<u>2007</u>	<u>2008</u>
McKinney-Vento Homeless Assistance Grants (HUD)	\$1,442	\$1,586
HUD Veterans Affairs Supportive Housing	0	75
Treatment for Homeless/GBHI (HHS)	46	56
Health Care for the Homeless (HHS)	173	176
Runaway and Homeless Youth (HHS)	103	113
PATH – Projects to Assist in the Transition from Homelessness (HHS)	54	53
Education for Homeless Children and Youth (ED)	62	64
Emergency Food & Shelter Program (DHS)	151	153

Homeless Veterans Grant & Per Diem (VA)	105	130
Homeless Veterans Reintegration Program (DOL)	21	24
<u>Total</u>	\$2,157	\$2,430

As the table shows, HUD McKinney-Vento Homeless Assistance is the chief source of funding for programs serving homeless people, accounting for most of the increase in funding between FY 2007 and FY 2008. Although federal funding for homelessness has increased by 30 percent since FY 2001, the increase is slightly less than the increase in overall federal spending over that period.

However, the picture looks worse when comparing housing assistance for low-income households (such as Housing Choice vouchers and public housing) to overall federal spending. Since 1995, the share of federal spending for housing assistance has declined by 10 percent. Meanwhile, HUD *Affordable Housing Needs 2005* data (reviewed in our 2007 report) show that the number of households experiencing “worst case housing needs” increased by 23 percent since 1999. Most of that increase came since 2003 when worst-case needs rose by 16 percent.

To access *The Homelessness Budget*, see the NAEH website www.endhomelessness.org.

Long-Term Effects of Supportive Housing

As noted in the Morrison Institute’s report, *Richard’s Reality: The Costs of Chronic Homelessness in Context* (see review in the Research Briefs section of this report), researchers have found supportive housing to be an effective and cost-efficient way to house disabled and formerly homeless people. The combination of permanent affordable housing and support services is seen as key to providing a stable environment in which individuals and families can address the underlying causes of their homelessness – *at far less cost than placing them in a shelter or treating them in a hospital*.

In November 2008, New York University’s **Furman Center for Real Estate & Urban Policy** reported on the Center’s study of the effect of new supportive housing developments on neighboring property values in New York City. The study evaluated the impacts of all supportive housing developments opened in the city between 1985 and 2003, a total of 7,500 supportive housing units in 123 sites. This is said to be the first large-scale study of the property value impacts of supportive housing.

The findings refute frequently asserted fears that supportive housing developments will depress the value of neighboring properties over time. The findings show that the value of properties within 500 feet of supportive housing do not drop when a new development opens and show steady growth relative to other properties in the neighborhood in the years after the supportive housing opens. Prices of properties 500 to 1,000 feet from the supportive housing may fall somewhat while the buildings are being built and opened, but then also steadily increase relative to the prices of properties further away from the supportive housing but in the same neighborhood.

Ingrid Gould Ellen, Furman Center co-director, stated "...[O]ur findings do counter fears that supportive housing will lead to sustained neighborhood decline and suggest that the city, state, and providers of supportive housing have been doing a good job integrating supportive housing developments into the surrounding community."

Neighborhood Stabilization Program

In September, the U.S. Department of Housing & Urban Development (HUD) announced funding for the Neighborhood Stabilization Program (NSP), a \$3.9 billion program to purchase foreclosed properties. Funding was allocated to state and local governments through a special Community Development Block Grant (CDBG) allotment formula based on the number and percentage of foreclosures, subprime mortgages, and mortgage defaults and delinquencies.

Governments around Arizona will receive more than \$121 million from the allocation, with at least 25 percent required to serve people with incomes below 50 percent of area median income. Because special needs housing resources are often tied up in renewals of existing projects, the NSP grants offer many communities a rare opportunity to create much-needed new permanent supportive housing for persons experiencing or at risk of homelessness.

Although funds cannot be used for the operating costs or services provided in supportive housing, they can be used to acquire and rehabilitate housing units for persons with special needs. Eligible uses include:

- Establishing financing mechanisms for purchase and redevelopment of foreclosed homes and residential properties;
 - Purchasing and rehabilitating homes and residential properties that have been abandoned or foreclosed, in order to sell, rent, or redevelop them;
 - Establishing land banks for homes that have been foreclosed upon;
 - Demolishing blighted structures; and
 - Redeveloping demolished or vacant properties.
- Ten Arizona grantees received the following Neighborhood Stabilization Program allocations:

○ Arizona Department of Housing	\$38,370,206
○ City of Avondale	\$2,466,039
○ City of Chandler	\$2,415,100
○ City of Glendale	\$6,184,112
○ Maricopa County	\$9,974,267
○ City of Mesa	\$9,659,665
○ City of Phoenix	\$39,478,096
○ Pima County	\$3,086,867
○ City of Tucson	\$7,286,911
○ City of Surprise	\$2,197,786

Agencies receiving NSP funding were required to submit action plans by December 1, 2008 with specifics on how they would use funds. Grantees will have 18 months to obligate NSP funds to projects and four years to expend the funds. Again, each must direct at least 25 percent of their allocation to house individuals and families at or below 50 percent of area median income.

For additional information on NSP, visit HUD's website at <http://www.hud.gov/offices/cpd/communitydevelopment/programs/neighborhoodspg/>.

Ten Tips on Helping Homeless Individuals in Need of Mental Health Services and Supportive Housing

Homeless persons who may display behavioral health concerns or have behavioral health needs and are seeking services may be able to obtain needed services, including supportive housing in some cases, through the Regional Behavioral Health Authority (RBHA) in their area.

Keep these 10 tips in mind:

- 1) The first step is calling the RBHA in your area to schedule an appointment for an assessment/evaluation.
- 2) Have the individual with you when making the appointment and have a signed Release of Information (ROI), obtained in advance from the RBHA, ready to fax to the RBHA when you make the call.
- 3) Be prepared to help the person describe his/her situation and symptoms by phone. An appointment for an assessment/evaluation should be possible within 7 days.
- 4) It helps the process proceed more smoothly if the person prepares for the evaluation with a written personal biography, treatment history, school records, employment records, and symptoms. The local PATH Team may be able to help with obtaining needed records.
- 5) **Go with the person on the day of the evaluation.** Make sure they have a current signed ROI, proper ID, and the written documents and treatment history with them.
- 6) An SMI determination will take about three weeks. In the meantime, help the individual get a birth certificate, social security card and picture ID.
- 7) If the determination is denied, advise the client that he/she has the right to appeal that decision. The RBHA in that area or ADHS at (800) 867-5808 can help.
- 8) If the person receives an SMI Determination, help the person make the first appointment and go with them. **Making the first appointment is critical.**
- 9) At the first appointment, make sure the case manager knows the consumer wants mental health services, employment/training, medication and housing. Make sure these needs are included as goals in the person's Individual Service Plan (ISP).
- 10) Consider joining in the participant's clinical team staffing as a part of the team to make sure appropriate behavioral health treatment services are met, as listed in the ISP.

And remember, RBHAs receive limited funding for housing. To receive housing, individuals must be enrolled in the RBHA with a SMI diagnosis. RBHA housing cannot be provided for all enrolled members; therefore, it is important to remind case managers to help their clients apply for other sources of affordable housing, such as HUD Public Housing, Section 8, and low-income community housing with local non-profit organizations.

- In Cochise, Graham, Greenlee, Pima and Santa Cruz counties, contact **Community Partnership of Southern Arizona** at 1-800-771-9889.
- In Gila, La Paz, Pinal, and Yuma counties, contact **Cenpatico of Arizona** at 866-496-6738.
- In Maricopa County, contact **Magellan Health Services** at 1-800-564-5465.
- In Mohave, Coconino, Navajo, Yavapai, and Apache counties, contact **Northern Arizona RBHA** at 1-800-640-2123.

Project Homeless Connect

Project Homeless Connect (PHC) events are based on a national best practice model. 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 are intended to be immediately available, with appointments and referrals the exception to the rule. Homeless guests are to be treated with respect and hospitality by pairing each guest with a volunteer who can assist them as they access the services that are available. Community engagement is critical.



Arizona's first PHC event was held in January 2007, organized by a group of homeless services advocates in Tempe, led by Theresa James, Homeless/Fair Housing Coordinator for the City of Tempe. Subsequent quarterly Tempe PHCs have served an average of well over 100 homeless persons each and engaged scores of community volunteers as "guest guides."

The Tempe PHCs have also served as a model for organizers of PHCs elsewhere in the state during 2008, including Flagstaff, Phoenix, and Tucson. Two Flagstaff events have been organized by the Coconino County Continuum of Care; two events have been held at the North Hills Church in Phoenix, led by Valley of the Sun United Way; and an initial Tucson Homeless Connect was sponsored in July by Tucson Planning Council for the Homeless (TPCH).

All PHCs have served individuals, families, and unaccompanied youth, and have featured collaboration from organizations offering a wide range of services, such as health screening, state and federal benefits enrollment, shelter and housing placement, clothing, job placement, substance abuse treatment placement, mental health program enrollment, haircuts, massages, transportation, state IDs, and driver's licenses. It is anticipated that 2009 will see the Project Homeless Connect network expand further as plans are being made for further events in each Continuum of Care.

Maricopa County Human Services Campus

The 10-acre Human Services Campus (HSC) in downtown Phoenix is a collaborative effort of Maricopa County, the City of Phoenix, local businesses, philanthropy, and non-profits including Lodestar Day Resource Center (LDRC), Central Arizona Shelter Services (CASS), Maricopa County Healthcare for the Homeless, NOVA Safe Haven, St. Joseph the Worker, and St. Vincent de Paul to provide coordinated delivery of shelter; housing referrals; medical care; education; employment assistance; behavioral health counseling, and other services to homeless individuals. Other partners include the Arizona Departments of Economic Security, Health Services, and Housing; Community Bridges; Ecumenical Chaplaincy for the Homeless; Maricopa County Adult Probation and Regional Homeless Court; Magellan Health Services; and Southwest Behavioral Health Services.

The HSC recently reported the following key accomplishments since opening in Fall 2005:

- Of more than 7,500 homeless individuals who have visited the campus, more than half have taken steps toward achieving self-sufficiency, such as seeking employment, housing, and treatment for medical and behavioral health problems.
- Medical and case management Outreach Teams collaborate to reach homeless families and individuals.
- Over 7,000 men and 3,000 women have received shelter services; over 800 beds are filled to capacity every day.
- Over 2,000 individuals have acquired transitional or permanent housing.
- Over 1,550 homeless veterans have been connected to resources designed to end their homelessness.
- Over 6,000 pieces of legal identification have been delivered.
- Nearly 2,000 individuals have been employed.
- Over 800,000 meals have been served.
- More than 1,000 disabled individuals have received Supplemental Security Income benefits.
- Over 2,000 individuals have received dental care valued at over \$2.4 million.
- The City of Phoenix police report a significant reduction in crime in the neighborhood surrounding the campus.
- Over 2,200 homeless individuals have used the nation's only U.S. Post Office for homeless persons.

The October 2008 shelter occupancy numbers reported by CASS show average daily occupancies of 445 for the single adult shelter and 325 for the men's outreach shelter, both located at the Human Services Campus. These figures are basically unchanged from those reported in October 2007. However, approximately 200 additional persons now sleep each night in a secured, partially tented lot adjacent to the men's outreach shelter. Use of the fenced, supervised outdoor space became necessary during the latter part of Summer 2008. The LDRC facility is also used as emergency shelter during heat emergencies and especially inclement weather.

Promising Homelessness Prevention Activities

Five effective prevention activities that may be implemented at all levels of prevention:

- **Housing subsidies.** Evidence indicates that subsidizing housing costs for extremely low-income people has the strongest effect on lowering homelessness rates compared to several other interventions tested. Housing subsidies help 80–85 percent of homeless families or chronically homeless single adults to achieve housing stability
- **Supportive services coupled with permanent housing.** For people with serious mental illness, with or without co-occurring substance abuse, permanent supportive housing works to prevent initial homelessness, to rehouse people quickly if they become homeless, and to help chronically homeless people leave the streets.
- **Mediation in Housing Courts.** Evidence collected on the effectiveness of mediation under the auspices of Housing Courts shows the ability to preserve tenancy, even after the landlord has filed for eviction. Sixty-nine percent of cases filed against families in the Hennepin County (Minneapolis) Housing Court were settled without eviction and the family retained housing.
- **Cash assistance for rent or mortgage arrears.** This commonly used primary prevention activity for households still in housing but threatened with housing loss can be effective—the challenge is to administer it in a way that makes it well-targeted and, therefore, efficient.
- **Rapid exit from shelter.** These secondary prevention activities are directed toward families just entering shelter, to ensure that they quickly leave shelter and stay housed thereafter. Some jurisdictions have halved the average length of shelter stay and achieved high success rates in keeping formerly homeless families from returning to shelter over the next year.

Excerpted from *Strategies for Preventing Homelessness*, May 2005, U.S. Department of Housing and Urban Development (HUD), Office of Policy Development and Research.

Rearranging the Deck Chairs or Reallocating the Lifeboats?: Homelessness Assistance and Its Alternatives

January 2008

By Dennis P. Culhane (University of Pennsylvania) and Stephen Metraux (University of the Sciences)

Journal of the American Planning Association, Vol 74, No. 1, Winter 2008

In the abstract of this article, the authors state the problem and their purpose as follows:

“At present, homelessness in the United States is primarily addressed by providing emergency and transitional shelter facilities. These programs do not directly address the causes of homelessness, and residents are exposed to victimization and trauma during stays...This article uses research on homelessness to devise alternative forms of emergency assistance that could

reduce the prevalence and/or duration of episodes of homelessness and much of the need for emergency shelter.”

Culhane and Metraux cite their analysis of data from the Philadelphia public shelter system and a variety of recent research. Among many thought-provoking statements are the following:

“..[S]ervices for the homeless have focused on assisting households only when they are literally homeless, and then in a manner that duplicates and often supplants the services of more mainstream social welfare systems...In the process of coordinating these services, [local] CoC policy has institutionalized a parallel social welfare system, with an array of health, mental health, employment, legal, dental, homemaking, childcare, and other services...As a result, mainstream social welfare services are able to largely ignore their clients’ housing problems..”

“We argue that it would be both more efficient and more humane to reallocate resources currently devoted to shelters. We propose the development of community-based programs that instead focus on helping those with housing emergencies to remain housed or to quickly return to housing, and be served by mainstream social welfare programs. We advocate providing shelter on a limited basis and reserving transitional housing for individuals recently discharged from institutions. Chronic homelessness should be addressed by permanent supportive housing.”

6.0 CONTINUUM OF CARE EFFORTS 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. Also, 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 Maricopa Continuum has secured more than \$147 million in HUD funding over the past seven years in support of over fifty permanent supportive and transitional housing projects. In December 2007, HUD announced a total of \$21,452,614 in grants to support 50 homeless services programs in the Continuum. The Continuum's 2008 HUD application requests more than \$24 million for 50 renewal projects, two Samaritan Initiative permanent supportive housing projects and one Rapid Rehousing transitional shelter project. The three proposed new projects are:

- Vista Commons, Arizona Housing Inc. – Vista Commons is proposed to acquire and rehab eight units of affordable, permanent supportive housing for chronically homeless individuals with disabilities. Case management services would be provided by on-site resident service coordinators. A former motel is being rehabilitated to house the Vista Commons project and will have a total of 93 affordable housing units, including the eight HUD-funded units.
- Permanent Supportive Housing 2009, Arizona Behavioral Health Corporation – This leasing project is proposed to provide scattered-site permanent supportive housing for 80 chronically homeless individuals diagnosed with serious mental illness. Supportive services would be provided by Magellan Health Services, the Maricopa County Regional Behavioral Health Authority.
- Next Step Housing, UMOM New Day Centers and Save the Family,– Next Step Housing is proposed by UMOM New Day Centers, Inc. and Save the Family Foundation of Arizona as a Rapid Rehousing demonstration project. If approved, it will provide transitional housing and supportive services for over 200 families experiencing homelessness.

In response to HUD national objectives, the following additional action steps were identified by the Continuum through the 2008 HUD application process:

1. Create new permanent supportive housing (PSH) beds for chronically homeless persons through the following actions:

- Create 51 new PSH beds for chronically homeless persons through the Arizona Behavioral Health Corporation PSH 2009 project.
 - Allocate at least \$1 million of HUD funding each year for PSH beds for chronically homeless individuals.
 - Create eight new PSH beds for chronically homeless persons through the Arizona Housing Inc. Vista Commons project.
2. Increase the percentage of homeless persons staying in PSH over six months to at least 71.5 percent through the following actions.
 - Projects falling below 71.5 percent will receive technical assistance to improve their percentage to meet or exceed HUD's national objective and a corrective plan will be developed. In 12 months, the project will be re-evaluated by MAG staff. Progress made on the corrective plan will be considered and the project will either be taken off probation, kept on probation or funding will be reallocated to another project in the Continuum of Care. This will be a Continuum of Care Regional Committee decision.
 - During the local application ranking and review process, give five points to agencies that are meeting or exceeding the national goal of 71.5 percent.
 - Identify local best practices in homeless persons staying in PSH over six months. Hold a training session based on the local best practices for homeless persons successfully staying in PSH for over six months.
 3. Increase the percentage of homeless persons moving from transitional housing (TH) to permanent supportive housing to at least 63.5 percent through the following actions:
 - Projects falling below 63.5 percent will receive technical assistance to improve their percentage to meet or exceed HUD's national objective and a corrective plan will be developed. In 12 months, the project will be re-evaluated by MAG staff. Progress made on the corrective plan will be considered and the project will either be taken off probation, kept on probation or funding will be reallocated to another project in the Continuum of Care. This will be a Continuum of Care Regional Committee decision.
 - During the local HUD application ranking and review process, give five points to projects that are meeting or exceeding the goal of 63.5 percent. This will encourage applicants to increase the percentage of homeless persons moving from TH to PSH.
 - Identify local best practices in moving people from TH to PSH. Hold a training session based on the local best practices for TH providers on successfully moving individuals from TH to PSH.
 4. Increase the percentage of homeless persons employed at exit to at least 19 percent through the following actions:
 - Identify at least three best practice strategies from projects that have a high success rate of homeless persons exiting with employment. Provide specialized technical assistance based on the best practices to applicants performing below 19 percent.
 - During the local HUD application ranking and review process, give five points to agencies that are meeting or exceeding the national goal of 19 percent.
 - Connect 200 individuals with employment through the employment center at the Lodestar Day Resource Center.

5. Decrease the numbers of homeless households with children through these actions:
 - Add 80 units for homeless families through the implementation of a Rapid Re-housing for Homeless Families Project.
 - Expand Project Homeless Connect to take place at least quarterly throughout Maricopa County.
 - Develop a cross-referral process that shortens the wait time homeless families have to enter shelter and ensures shelter placement is most appropriate in meeting their needs.

The Continuum is now working to frame a revised Regional Plan to End Homelessness. Action steps currently being considered in the areas of leadership and community support; community awareness and collaboration; homelessness prevention; housing development and services; and education, training and employment of homeless persons. Short- and long-term action steps will be finalized in advance of a regional summit to be held in February 2009. Several of the 15 action steps identified as Continuum-led activities have been achieved. The February 2009 summit will focus on the resources needed to meet updated long-term goals objectives, particularly in substantially enhancing permanent supportive housing resources and providing increased support for homeless individuals and families in achieving and maintaining housing stability.

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 in 2007, MAG staff developed and distributed hundreds of maps showing hydration and heat refuge locations throughout the county. In addition, planning and coordination of heat relief services was enhanced through regular meetings hosted by Valley of the Sun United Way. City of Phoenix Department of Human Services staff also achieved a new level of collaboration among street outreach teams.

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

Maricopa HMIS Project

The Maricopa Homeless Management Information System (HMIS) is managed by Community Information & Referral for the Maricopa County Continuum of Care. The Maricopa HMIS Project uses the ServicePoint software product from Bowman Systems, LLC. Implementation of the Maricopa HMIS Project began in 2002 and has been expanded to additional providers and programs each year.

HMIS coverage for bed providers (excluding domestic violence beds) is as follows:

- Emergency shelters – 67 percent of 2,076 beds
- Transitional shelters – 82 percent of 2,691 beds
- Supportive housing – 99 percent of 2,523 beds
- Overall HMIS coverage – 84 percent of 7,290 non-DV beds

Thirty-seven shelter providers with a total of 75 programs now participate in the Maricopa HMIS system. These programs provide a total of over 6,100 beds and serve an average of about 14,000 persons annually.

2008 HMIS accomplishments include:

- **User certification** – The Maricopa HMIS Project developed an instrument to measure the knowledge of users of the Maricopa HMIS software on the software product, HUD definitions and the Arizona Self Sufficiency Matrix. Users began completing the certification test in October 2008.
- **Training** – The Maricopa HMIS Project held 138 training classes for 404 trainees during 2008. One-hundred seventy-four different users attended training sessions.
- **AHAR participation** - The Maricopa HMIS Project continued to be an active participant in HUD's Annual Homeless Assessment Report (AHAR) project. As one of the original 80 jurisdictions included in the AHAR sample, the Maricopa HMIS Project has provided data for all of the first four AHAR reports for Phoenix and Maricopa County providers.
- **Convertible laptops** – The Maricopa HMIS Project is partnering with Labor's Community Service Agency and Save the Family to have case managers use convertible laptops with wireless internet cards to record case notes while visiting individuals in their homes. This eliminates the need to write case notes by hand then enter the information into HMIS after the case manager returns to the office.
- **CONTACTS** – The CONTACTS Shelter Hotline began using HMIS on April 1, 2008. Callers to the shelter hotline are matched to client records in HMIS so that referrals to shelter and turnaways are documented. The program can now determine how many times a specific client calls for shelter. In 2009, CONTACTS will begin making electronic referrals to shelters using HMIS.
- **Self Sufficiency Matrix** – The Maricopa HMIS Project worked with the Arizona Department of Economic Security and with the Maricopa County Continuum of Care to provide agencies with a standardized report for program and agency performance using the Arizona Evaluation Project Self Sufficiency Matrix.

For more information on the Maricopa HMIS, contact Robert Duvall at Community Information and Referral, (602) 263-8845.

Maricopa Continuum Program Highlights

Arizona Behavioral Health Corporation (ABC)

Arizona Behavioral Health Corporation (ABC) is a nonprofit agency that manages a number of U.S. Department of Housing and Urban Development (HUD) grants providing subsidized permanent housing to persons with a serious mental illness that are experiencing homelessness. Additionally, in partnership with Magellan Health Services, the Maricopa County Regional Behavioral Health Authority (RBHA), ABC provides expanded housing and necessary supportive services to assist this population in obtaining and remaining in safe and stable

housing. In 2007, this approach provided housing assistance to 1530 individuals and families in Maricopa County with an average of 90 percent remaining in housing for more than six months. Many of these individuals remain in the housing in excess of two years.

Liz Morales, ABC Housing Administrator, stresses the critical need for permanent supportive housing, citing National Alliance to End Homelessness (NAEH) data showing that at a given point in time, 45 percent of homeless persons report indicators of mental health problems during the past year, and 57 percent report having had a mental health problem during their lifetime. Further, NAEH estimates that about 25 percent of the homeless population suffers from serious mental illness, including such diagnoses as chronic depression, bipolar disorder, schizophrenia, schizoaffective disorders, and severe personality disorders.

Ms. Morales also points to St. Luke's Health Initiatives' January 2008 report, *Gray Land: Housing for People with Serious Mental Illness in Maricopa County* (see review in Research Briefs section) which states:

“Lack of affordable housing and requisite support services often means that the lowest income people with serious mental illness cycle between jails, institutions, homeless shelters and the streets. This is not just a homelessness issue but it affects the community at large.”

Ecumenical Chaplaincy for the Homeless/Justa Center, Phoenix

The Ecumenical Chaplaincy for the Homeless (ECH) is faith-based organization engaged with other Phoenix-area agencies in advocacy for the benefit of the poor and dedicated to serving each guest with dignity, love and respect. ECH is located within the Lodestar Day Resource Center at 1125 W. Jackson in Phoenix and is led by Chaplain Dave Goodall, who assists individuals with the following:

- Procuring documents, including birth certificates, necessary to obtain an Arizona I.D. or driver's license;
- Purchase of an Arizona I.D. or driver's license;
- Use of long-distance phone service to contact family or agencies out of state;
- Provide hygiene kits, socks, reading glasses, drinking water and water bottles;
- Safe storage of birth certificates and other documents to prevent loss, theft or destruction;
- Referrals to rehabilitation programs, food and housing sources, medical assistance, and other agencies providing services to the poor and homeless in our community;
- Free Bibles and prayer.

Twenty-four individuals are scheduled, first-come-first-served, to see the Chaplain between 9 a.m. and 4 p.m., Monday-Thursday. Chaplain Dave recently reported that since January 2005, ECH has helped nearly 10,000 homeless individuals and has obtained over 4,500 IDs and driver's licenses, over 2,700 birth certificates, and several hundred other needed legal documents for individuals.

ECH individuals range from long-term to newly homeless people, from infants to seniors in their 80s, and include victims of domestic violence, victims of theft, and persons denied Social Security, food stamps, health insurance or housing for lack of ID.

The **Justa Center** is unique as the only center in the U.S. that specifically cares for senior citizens who find themselves homeless. Justa operates under the auspices of the Ecumenical Chaplaincy for the Homeless as a 501(c)3 charitable organization receiving no federal, state or other governmental funds. It serves as a daytime refuge for homeless senior citizens who are adversely affected by physical and/or mental disabilities, substance abuse, and/or economic dislocation.

Justa currently has a paid staff of four, led by the Reverend Scott Ritchey, a United Methodist clergyman. As a resource center, Justa cares for over 110 people per day and counts more than 300 senior citizens as active members. The center provides coffee, showers, phone, Internet, lockers, respite beds, laundry, rest rooms, and library. It also cares for spiritual needs. Voluntary Bible study is held every Wednesday afternoon and a church service open to all is held on Sundays at 10:00 a.m.

Through extensive collaboration with public and private agencies, Justa assists guests with legal documentation, personal finances, health care, unemployment insurance, food stamps, employment searches, veteran's services, music therapy, and substance abuse and life issues counseling. A housing specialist helps find homes for those with felonies and other issues. The Center also provides Meals on Wheels for approximately 30 persons each day. The Center is open from 7:30 a.m. to 3:30 p.m., Sunday-Friday, at 1001 West Jefferson in Phoenix.

For further information, see the ECH/Justa Center website at www.azhomeless.org.

Kaiser Family Center, Phoenix

The Salvation Army Kaiser Family Center provides assistance to families who have become homeless due to loss of employment, financial hardship, domestic violence, mental illness, alcohol and substance abuse, and/or specific changes in family dynamics. The basic goal is that of providing a place where families can learn to take control of their lives.

Center staff believe that people can and will take responsibility for themselves and their families, and that families will find productive ways to spend their time, including: finding employment, saving and budgeting income, improving parenting skills, dealing with behavioral and/or emotional issues, taking care of substance abuse issues, learning how to positively communicate with staff and neighbors, and locating permanent housing.

Program overview

The Kaiser Family Center is a 120-day drug- and alcohol-free work program. During their stay, families receive case management, employment assistance (through a job development advisor), counseling, group therapy, anger management classes, material assistance (bus tickets, diapers, toiletries, personal hygiene materials), three meals a day, and referrals to outside resources.

To aid families in achieving long-term success, individuals and case managers develop individual case plans based on a two-phase – emergency and self-sufficiency – model. The emergency phase usually is a 30-day period, depending on individual family needs. In the emergency phase, families have the opportunity to receive the basic essentials that will help them

stabilize their living situation, such as transferring or obtaining benefits (including SSI, SSDI, SCHIP, WIC, Food Stamps, TANF, and Medicaid), obtaining childcare, and job searching. In addition, a DES Family Connections representative is assigned to the shelter to expedite services.

Once employment is obtained families move into the self-sufficiency phase. In this phase individuals learn techniques and skills to help them obtain long-term stability, such as saving and budgeting, focusing on mental health case plans, and working alongside a case manager to find transitional or permanent housing.

Community collaboration is essential for the success of families in the center. The Kaiser Family Center works closely with the following Phoenix-area organizations:

- CONTACTS and Community Information and Referral provide referrals for services outside the scope of the shelter program (mental health services, substance abuse treatment, etc.), and for assisting individuals with locating shelter when our shelter beds are full.
- Parks and Recreation Department at Wilson Elementary School, and the Academy of Excellence provide after-school care for children residing in the shelter.
- Homeward Bound, Labor's Community Service Agency, UMOM, and Save the Family provide transitional housing.
- Magellan, S.W. Behavioral, and Terros provide mental health and crisis services.
- Art therapy and children's activities are provided by Free Arts of Arizona, Make A Difference, and Boy Scouts of America.

In addition, the Center is able to refer individuals to the following Salvation Army programs for services:

- Adult Rehabilitation Program - a 6-month residency program for alcohol and drug abuse treatment at no cost to individuals.
- Herberger Child Care Center - childcare for children aged 6 weeks to 5 years for families residing in the Kaiser Family Center.
- Emergency Assistance Program – utility assistance, rental/mortgage assistance, food boxes, clothing, furniture, and other basic needs items.

The Center operates 23 family units with capacity for 113 persons. The Center reported 44 adults and 63 children in residence in January 2008 point-in-time shelter survey. Funding comes from The Salvation Army, private corporations and donor contributions, City of Phoenix, FEMA, Department of Economic Security, HUD, Valley of the Sun United Way, and USDA.

The Center is located in The Salvation Army Herberger Center at 2707 E. Van Buren St. Bldg. #400, in Phoenix. Administrative offices for the Family Services Department are located at 2702 E. Washington.

For further information, contact Marlena Pina, Program Coordinator, at marlena.pina@usw.salvationarmy.org.

Save the Family, Mesa

“At Save the Family, our mission is to help children by treating the whole family; to assist the parents by helping them break the negative cycle of behavior leading to poverty, abuse and homelessness; and, to benefit the community, we help homeless families transition to emotionally stable and economically self-sufficient members of society.”

Save the Family has served homeless families with children in the Phoenix Metropolitan area for the past 20 years. In the past year the organization has provided a comprehensive program of transitional housing, case management and supportive services to 195 families (598 individuals, including 393 children) in 81 transitional units throughout Maricopa County. Twenty-eight transitional units are specifically designated for victims of domestic violence. Through its Affordable Rental Movement (ARM) affiliate, Save the Family served another 114 low-income families in 81 affordable housing units. ARM provides supportive services for graduates of the agency’s Transitional Living Program and other families who may benefit from low-income housing.

Save the Family uses an innovative treatment team model approach to assure there are no gaps in services. The clinical director and direct service staff from all Save the Family programs/projects meet weekly to review each family’s progress and identify any potential problems or gaps in service delivery.

Save the Family has been a primary partner of Valley of the Sun and Mesa United Ways for 10 years and was awarded national accreditation by the Council on Accreditation (COA) in 2004 for best practices in the homeless arena – one of three agencies statewide. The organization has also provided services under contract with corporations, foundations, and federal, state and local governments, including HUD, the Arizona Departments of Commerce and Economic Security, and the cities of Chandler, Gilbert, Mesa, Scottsdale, and Tempe.

Current programs

The organization focuses on helping female single heads-of-households with 2-3 children, 80 percent of whom have experienced domestic violence. All families served by Save the Family have incomes below 50 percent of the federal poverty level. This population is characterized by a lack of employment, education, job skills, and emotional stability.

In its early stages, Save the Family learned that providing housing alone would not be enough to help families break cycles of abuse, homelessness, and poverty; therefore, the agency has worked over the past 17 years to develop a comprehensive Transitional Living Program including:

- Transitional Housing – 81 safe, secure units in which families may reside for up to 24 months.
- Professional Case Management – to assess and address each family member’s individual needs to maximize their opportunity to achieve economic, personal and parental self-sufficiency.
- Legal Advocacy - to help families overcome any legal barriers to attaining self-sufficiency.

- Career Development/Job Coaching – to help individuals find jobs matching their current financial needs and to guide them in acquiring the skills, education, and/or training needed to obtain jobs paying a livable wage.
- Homeless Families Intervention Project (HFIP) – prevention/intervention classes for both adults and children, covering such topics as anger management, community resources, and career exploration.
- Paths Toward Healing – a support group for survivors of domestic violence.
- Parenting Skills Project – an ongoing program to teach parents effective communication and discipline techniques via specialized programs.
- KIDS WORKS – psycho-educational coursework using art and play to help children ages 3-9 with the unique feelings, fears and beliefs associated with homelessness, poverty and domestic violence.

As mentioned above, Save the Family has been awarded national accreditation by the Council on Accreditation – formal acknowledgement that Save the Family’s programs meet the highest national standards. Among other awards, the organization received the 2006 Blue Ribbon Agency award from the Collaboration for a New Century for “promoting community prosperity in Arizona,” and the HUD Phoenix Field Office’s “Most Valuable Partner” Award for excellence in operating transitional housing for homeless families.

For additional information, contact Laura Skotnicki, director of case management, at LauraS@savethefamily.org, or Janice Parker, founding director, at JaniceP@savethefamily.org.

Pima County Continuum of Care

facilitated by the Tucson Planning Council for the Homeless (TPCH)

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 individuals and families 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 eight standing committees, including Education, Emergency Services, Homeless Youth, Continuum of Services, Discharge Planning, Plan to End Homelessness, Homeless Management Information System (HMIS), and Tucson Homeless Connect. Executive committee members, including the Council chair, are elected by general voting members for two-year terms. Other committee chairpersons are elected for one-year terms by members of their respective committees.

As reported in the HUD Continuum of Care Homeless Assistance Program Exhibit 1 for the 2008 application, the following goals were accomplished by TPCH in the previous year:

- Compass Health Care used new HUD funding to develop 25 permanent housing beds for chronically homeless people. Compass used state funding to create 4 additional permanent housing beds.
- TPCH permanent housing providers achieved an overall rate of 75 percent for persons remaining in permanent housing over six months.
- TPCH providers exceeded the minimum benchmark of persons moving from transitional into permanent housing at 64 percent.
- TPCH providers exceeded the goal of homeless persons becoming employed at 39 percent.

In 2008, TPCH implemented Tucson Homeless Connect, a one-day, one-stop outreach event to connect homeless people with services. The first Tucson Homeless Connect in July 2008 was attended by 230 homeless men and women.

TPCH also used state and local grants to provide additional bus passes to homeless-serving agencies. As of June 30, 2008, funds were distributed to 22 homeless-serving agencies for 8,800 bus passes and 260 taxi vouchers and gas cards.

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, and the merger of two domestic violence agencies to form the Emerge! Center Against Domestic Abuse.
- Developed and applied for HUD funds for permanent supportive housing and services for chronically homeless people during and after substance abuse treatment, and for permanent supportive housing for chronically homeless youth age 18-25.

TPCH has identified 2008-2009 goals for the Continuum's Plan to End Homelessness including the following:

- Form a Task Force on Homelessness that will provide more broad-based leadership for the implementation of the Plan to End Homelessness;
- Hold Tucson Homeless Connect at least twice each year, coordinated with other outreach events for homeless and near-homeless people;
- Hold the annual TPCH conference in August 2008, including sessions on ending homelessness;
- Continue improving the Point in Time Count conducted in January 2009;

- Improve communication with leaders of homeless-serving agencies for more comprehensive planning and coordination;
- Gather and present data on homelessness and existing services from multiple sources; and
- Increase involvement in and coordination of homeless services among faith communities

In early 2008, U.S. HUD announced a total of \$6,410,805 in grants to support 23 homeless services programs in the Pima Continuum. For details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2007/.

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

Tucson/Pima County HMIS

The Tucson/Pima County HMIS project saw a significant amount of change in 2008. As a result of contractual and legal issues with the previous software vendor and the implementation vendor, use of the HMIS program was suspended as of July 1, 2007, with the result that provider agencies were required to keep records manually or on their own automated systems. However, in the latter part of 2008, a new Pima HMIS project was started.

Key 2008 accomplishments include:

- **New HUD grantee for HMIS** - After extensive work and consultation with HUD, the Pima County Community Development & Neighborhood Conservation Department became the Pima HMIS grantee.
- **HMIS project restarted** – With Pima County as the new HMIS grantee, a new HMIS project was started under the leadership of Pima County and the Tucson Planning Council for Homeless (TPCH) HMIS Committee. The new HMIS project formally began September 15, 2008.
- **New HMIS software** - A new HMIS software system, ServicePoint by Bowman Systems was selected and contracted. ServicePoint is the most widely used HMIS software nationwide and is also used by the Maricopa HMIS and Rural Arizona HMIS projects.
- **New HMIS Implementation Team** - Pima County selected and contracted for a new HMIS implementation, training & support vendor - Symmetric Solutions, Inc. Symmetric currently serves as the implementation vendor for the Rural Arizona HMIS and has provided services to over 25 Continuum of Care organizations nationwide since 2000.
- **Implementation of all HUD programs** - After initiating the new HMIS project in September, an aggressive process of training, rollout, and implementation of HMIS was completed for HUD Transitional Housing and Permanent Supportive Housing programs.
- **Implementation of HMIS Project Intranet** - The Tucson/Pima County HMIS Project Intranet was rolled out at the same time as HMIS. The Project Intranet provides web-based tools for communication, collaboration, and management of the HMIS project.
- **Implementation schedule and plan** - Detailed schedules and plans for rollout of HMIS for remaining programs were developed and will continue into 2009.

At the end of 2008, the new Pima HMIS includes 100 percent of HUD Supportive Housing Program (SHP) and Shelter Plus Care (SPC) grantees and project sponsors. Plans are underway to implement emergency shelters in early 2009 and the remainder of non-HUD transitional housing programs in mid 2009. By year-end 2009, HMIS coverage is expected to exceed 85 percent of all emergency shelters, transitional housing programs, and permanent supportive housing programs.

For further information on the Pima HMIS, contact Karen Caldwell, Tucson Planning Council for the Homeless HMIS committee co-chair, at kcaldwell@primavera.org.

Pima Continuum Program Highlights

Emerge! Center Against Domestic Abuse

Domestic abuse is one of the leading causes of homelessness. In many violent relationships, the abusive partner is the sole earner of income and often prevents the victim from getting or keeping a job. Individuals without a stable income are unable to afford basic necessities such as food, housing and childcare, and are often faced with the very harsh reality of returning to their abusers or becoming homeless.

Emerge! Center Against Domestic Abuse (the result of the April 2008 merger of Tucson Centers for Women and Children and the Brewster Center Domestic Violence Services) is the largest provider of shelter and community-based advocacy services to survivors of domestic abuse in Southern Arizona and the second largest such provider in Arizona. It is also the only domestic abuse agency in Arizona with a community-based childcare center accredited by the National Early Childhood Program Accreditation Commission.

Last year, Emerge! provided services to over 2,500 survivors and responded to 20,000 crisis line calls. The agency's full continuum of direct services includes: a 24-hour bilingual crisis line, emergency shelter, transitional and permanent housing, safety planning, prevention services, lay legal and personal advocacy, individual and group support, video orders of protection, court accompaniment, immigration assistance, child advocacy and domestic abuse education. All services are available in Spanish and English.

The following Emerge! programs are designed to address the challenge of homelessness facing domestic abuse survivors:

- **Emergency Shelter Program** – Emerge! operates four confidentially located emergency shelters with a total of 134 beds providing 48,910 potential bed nights each year. It is the only domestic abuse program in Southern Arizona providing 100 percent bilingual shelter and specialized services to Latina and immigrant survivors. Emerge! shelters offer a 120-day stay – versus the more traditional 30 days – in order to afford survivors a significant length of time to plan and implement their next steps. Over 40 percent of shelter residents are children.
- **Supportive Housing Program (SHP)** – HUD funded this six-month supportive housing program to assist homeless survivors of domestic abuse obtain permanent housing. SHP services include budgeting, safety planning, move-in assistance, emergency financial

assistance, advocacy, information and referral, support groups, enhancement of independent living skills, and domestic abuse education.

- **Wings of Freedom Transitional and Permanent Housing** – Wings of Freedom is a two-year program that provides eight transitional housing units and 14 permanent housing units to survivors of domestic abuse. The gated complex offers laundry facilities, meeting space and an outdoor courtyard. Last year, 70 women and children were able to secure a safe place to begin a life free from violence.
- **Transitional Housing Program** – A DES-funded transitional housing program provides additional support to help bridge the gap between leaving an abusive situation and independent living. Emerge! provides low-cost housing to homeless women and children ages six and under. Participants eligible for this program must be employed or enrolled in school or actively seeking employment or education. A total of 88 women and children were able to benefit from this program last year.

For more information on Emerge! Center Against Domestic Abuse, see their website at www.emergecenter.org.

Homeless Court Program, Tucson City Court

The Tucson Homeless Court Program (HCP) is a special Tucson City Court session for homeless defendants who have outstanding misdemeanor charges and are residing in a homeless shelter or residential treatment program. The voluntary program, conducted by City Court Judge Michael Pollard, is intended to help homeless defendants resolve legal issues that may present barriers to escaping life on the streets and reentering the community. Collaborating agencies, including shelters and service agencies, the court, prosecutor and public defender, intend to stop the “revolving door” process of taking a homeless person briefly off the street, housing them in a jail cell or hospital bed and then returning them to the street to start the process over. This process has been referred to as a “life term on the installment plan.”

Tucson HCP was preceded by a monthly Veterans Court initiated in 1999 by the Tucson City Court, the Veterans Administration Hospital, and the Comin’ Home Program. HCP is an outgrowth of Veterans Court and is now held daily in conjunction with Veterans Court. Designed for efficiency, most cases are heard and resolved in one hearing based on a progressive plea bargain system, an alternative sentencing structure, proof of the person’s participation in shelter program activities, and a guarantee of no incarceration as long as the individual complies with the alternative sentence requirements.

HCP addresses a wide range of City of Tucson misdemeanor offenses, including traffic offenses, drinking in public, loitering, and other minor offenses that might be viewed as “survival” or “quality of life” offenses.

A record of prior violent felonies or sexual offenses may eliminate a person from consideration. Those arrested and facing incarceration must be willing to participate in residential treatment, be alcohol- and drug-free, and must agree to comply with the requirements of the shelter or treatment provider’s program. Those with mental health or substance abuse problems must be

actively involved and compliant with their treatment. A letter accepting the client for residential treatment must be presented to the court. The Court also specifies that HCP participants will be removed from the program and jailed if any new charges are filed while the alternative sentence is being served.

Judge Pollard points to many benefits and savings of the Homeless Court:

- for participants in resolving past court system issues and eliminating barriers to applying for benefits and identification, seeking housing, employment, treatment and other services;
- for service providers in making more effective use of available resources and helping individuals remain focused on their case plans;
- for the court in efficient resolution of old cases;
- for employers in expanding the pool of available employees;
- for the fire department in significantly reducing paramedic responses to emergency 911 calls;
- for hospital emergency room and in-patient treatment of homeless persons;
- for jails in reduced bookings, arraignments and misdemeanor incarceration; and
- for the police department in reduced field contacts reduced jail bookings.

For more information on Tucson's Homeless Court Program, contact Judge Michael Pollard at Michael.Pollard@tucsonaz.gov.

Primavera Foundation Prisoner Re-Entry Partnership and Safe Start Housing Program, Tucson

The **Prisoner Re-Entry Partnership (PREP)** assists recently released non-violent former prisoners in Pima County obtain and maintain employment. PREP is one of 30 Prisoner Re-Entry Initiatives across 20 states funded in November 2005 through the U.S. Department of Labor.

The main 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. Thus, the program not only benefits the program participants but also helps the community as a whole.

PREP is a collaboration of several agencies. As lead agency, the Primavera Foundation provides case management. DK Advocates provides case management, computer skills training and work adjustment. Old Pueblo Community Services matches participants with a mentor, and the YWCA provides professional clothing and counseling for women. Additional partners include Pima County One Stop and the Arizona Department of Corrections.

PREP provides case management, mentoring, job skills training and placement, support services such as bus passes, clothing, and work tools. The program also has funding to assist with education and training. It is a long-term program, dedicated to providing follow up for up to 9 months after exit.

As of October 2008, PREP had served 507 participants. Four-hundred five participants have obtained employment, with an average hourly wage at placement of \$9.03/hour. Seventy-four percent of participants have maintained their employment nine months after exiting the program. The recidivism rate for program participants is 12 percent, compared with the national average recidivism rate of 44 percent.

Thirty percent of those served are between the ages of 25-34; 38 percent are between the ages of 35-44. Twenty-nine percent completed 9th -12th grade, and 46 percent have a high school diploma or GED. Sixty percent have a history of substance abuse, and 92 percent are on probation or parole at program entry. Thirty-two percent of participants have committed a property crime, 47 percent committed a drug crime, and 15 percent have public order offenses. All participants have no history of violent or sex offenses.

PREP is currently in year three of this grant and has just been approved for a fourth-year renewal from the Department of Labor. Primavera is also actively seeking long-term funding to continue this important work.

An important new aspect of the partnership is the **Safe Start Housing Program**, developed by the Primavera Foundation in collaboration with the Tucson Police Department, Arizona Multihousing Association, Southwest Fair Housing Council, and Southern Arizona Legal Aid, Inc. This program is designed to provide crime-free multifamily rental housing for those who have been denied housing due to previous felony convictions. The goal of the program is to change the existing conditions that force individuals with felony convictions to live in unsafe housing in high-crime neighborhoods. Obtaining safe, affordable housing is a key factor for reducing homelessness and increasing public safety.

Individuals must satisfy the following key criteria to qualify for the Safe Start Housing Program:

- Have a minimum of one year post-release from incarceration.
- Have no record of violent felonies or sex offenses.
- Successfully meet all requirements of probation and/or parole.
- Have no current criminal legal involvement or warrants.
- Provide evidence of full-time employment.
- If any drug convictions, obtain a recovery program certificate or provide an AA/NA sponsor letter.
- Agree to a Multifamily Crime-Free Lease Addendum.
- Fulfill any other leasing agent requirements.

After meeting these and other criteria the participant will be considered a potential renter at select Arizona Multihousing Association member apartments.

Finally, a critical 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 50 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 \$7 per hour. This wage will increase to \$7.35 per hour on January 1, 2009.

For more information about PREP or Primavera WORKS, contact Karen Caldwell at kcaldwell@primavera.org. For further information on the Safe Start Housing Program, contact Joy Wilcox at jwilcox@primavera.org.

Southern Arizona AIDS Foundation Housing Program

The mission of the Southern Arizona AIDS Foundation (SAAF) is to create and sustain a healthier community through a compassionate, comprehensive response to HIV/AIDS. Among the continuum of services provided to people living with HIV/AIDS in Pima County is a diverse housing program which is committed to assisting participants and their families to maintain stable housing, reducing the risk of homelessness, and ensuring access to health care and supportive services needed to provide the best quality of life for those living with HIV/AIDS.

SAAF is an active participant on the Tucson Planning Council for the Homeless (TPCH), the Continuum of Care for Tucson and Pima County.

SAAF's Housing Program provides the following:

- Subsidized transitional and permanent housing units in SAAF properties;
- Rental assistance subsidies for community based scattered site units;
- Emergency short-term rent, mortgage, and utility assistance;
- Move-in deposits; and
- Case management and a continuum of support services.

SAAF owns and operates 83 units at seven separate locations throughout mid-town Tucson, ranging from studios to 3 bedroom units. One of the properties is a HUD 811 program for people with disabilities, others were acquired through HOME funds, and the most recent property was purchased and rehabilitated with Supportive Housing Funds from the U.S. Department of Housing and Urban Development (HUD) and Housing Trust Funds from the Arizona Department of Housing (ADOH).

SAAF partners with the City of Tucson through the Public Housing Authority to provide housing participants with "Section 8 Lookalike" units, giving SAAF participants and their families flexibility in locating a Section 8 eligible unit in the community. Permanent rental housing subsidies for these units come from HUD's Housing Opportunities for People with AIDS (HOPWA) program and from Supportive Housing Program funds from HUD's Continuum of Care Homeless Assistance program.

Through HOPWA funding, SAAF assists participants and their households to maintain their housing by providing short-term rent, mortgage and utility assistance and also provides deposit assistance to help with move-in costs. During the previous fiscal year, 132 households received short-term assistance and 62 households received assistance with move-in costs. Participants in SAAF's permanent and transitional housing units pay 30 percent of their income for rent.

Subsidies for each unit come through a combination of funding from HOPWA, PRAC 811, and Supportive Housing Program and Shelter+Care funds from the Continuum of Care Homeless Assistance program.

SAAF also partners with the Tucson Urban League to implement energy efficient strategies at its properties and is currently working with the Watershed Management Group to establish water management and water harvesting measures, beginning with one of the SAAF properties. SAAF is also working with The Drachman Institute at the University of Arizona to expand the number of units and develop a community center at one of the Foundation's family properties. The Marshall Foundation and the Sundt Foundation are also providing specific project support this year, and the City of Tucson currently funds the rehabilitation of SAAF's properties through Community Development Block Grant (CDBG) funding, assuring the safety and livability of each property.

During the previous fiscal year, 107 households received housing at SAAF's properties, and 76 households received housing in community scattered-site units. Fifty-eight percent (58 percent) of the households were single individuals; 21 percent were households of two; 12 percent were households of three; and 9 percent were households of four or more.

The economic status of SAAF's Housing Program participants illustrates the essential need for the housing resources. Fifty-two percent (52 percent) of the participants rely on Social Security disability income; 23 percent are employed; 15 percent receive other entitlement income such as General Assistance; and 10 percent had no income at the end of the fiscal year.

SAAF currently maintains a waiting list for the Housing Program. Given that 94 percent of SAAF's participants are living below 80 percent of the median income, with 58 percent living below 30 percent of the median income, there is great need for increased housing resources to benefit the 1,000 people living with HIV/AIDS who receive services from SAAF annually.

For more information about SAAF's services, please contact Wendell Hicks, executive director, at whicks@saaf.org, Beth Carey, director of client services, at bcarey@saaf.org, or Jerry Anderson, housing program property manager, at janderson@saaf.org, call SAAF at (520) 628-7223, or access the Foundation's website at <http://www.saaf.org>.

Rural Arizona Continuum of Care

facilitated by the Arizona Department of Housing and Arizona Coalition to End Homelessness

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 sharing of facilities and resources wherever possible; advocate for the needs of rural homeless persons; and, provide a united statement regarding resource needs to state and federal funding agencies.

The Arizona Department of Housing (ADOH) serves as the lead agency for the Continuum of Care planning 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 individuals, and advocating on a statewide level with the other Arizona Continuum of Care for changes in funding and policies regarding services and housing for homeless persons.

In December 2007, the U.S. Department of Housing and Urban Development (HUD) announced 2008 awards totalling \$2,642,589 for 21 projects within the Rural Continuum. For details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2007/.

As reported in the Homeless Assistance Program Exhibit I for the 2008 HUD application, the Rural Continuum achieved the following in 2007:

- created 34 new permanent supportive housing beds for chronically homeless persons;
- increased the percentage of homeless persons staying in supportive housing for over six months to 75 percent;
- increased the percentage of homeless persons moving from transitional to supportive housing to 70 percent;
- increased the percentage of homeless persons employed at exit to 46 percent; and
- ensured that the Continuum maintained a functional HMIS system (see below).

The Continuum plans to continue progress in all of the above areas in 2008-2009, including action steps of proposing approximately \$250,000 in funding for a new permanent housing project in Coconino County, proposing approximately \$525,000 in Rapid Rehousing Initiative funding for transitional housing, increasing affordable housing units for families through the use of Low Income Housing Tax Credits, and promoting increased client participation in the Jobs Program and in other state and local employment programs.

For more information on the Rural Continuum of Care, contact Mark Ludwig, ADOH Special Needs Programs Administrator, at markl@housingaz.com.

Rural Arizona HMIS

The Rural Arizona HMIS is managed by the Arizona Department of Housing (ADOH), Special Needs Housing. ADOH uses Symmetric Solutions, Inc. to provide all implementation, training, support and related HMIS services. The Rural Arizona HMIS uses the ServicePoint software product from Bowman Systems, LLC. Implementation of the Rural Arizona HMIS began in 2004 and has been expanded to additional providers and programs each year.

HMIS coverage for bed providers (excluding domestic violence beds) is as follows:

- Emergency shelters – 98 percent of 326 beds

- Transitional shelters – 86 percent of 583 beds
- Supportive housing – 92 percent of 373 beds
- Overall HMIS coverage – 91 percent of 1,282 non-DV beds

Thirty-nine rural Arizona shelter providers now participate in the HMIS system, with a total of 79 programs in 26 cities and towns. Together these programs provide a total of over 1,100 beds and serve an average of about 5,500 persons annually.

2008 Rural HMIS highlights include:

- **EPEH Implementation** - During 2008, the implementation of HMIS was completed for all rural homelessness prevention providers receiving Eviction Prevention/Emergency Housing (EPEH) grants from the Arizona Department of Housing.
- **PKI Implementation** - Implementation of Public Key Infrastructure (PKI) security was completed in early 2008 for all rural HMIS users. PKI is an additional layer of security that ensures that only authorized HMIS users from authorized computers may access HMIS.
- **AHAR Participation** - The Rural Arizona HMIS continued to be an active participant in HUD's Annual Homeless Assessment Report (AHAR) project. As one of the original 80 jurisdictions included in the AHAR sample, the Rural Arizona HMIS has provided data for all of the first four AHAR reports for Flagstaff providers.
- **CoC Collaboration & HMIS Management System** – A web-based intranet tool was implemented to provide a means to allow Rural Continuum of Care participants to collaborate and share information over the internet. The tool was also expanded to include a means to manage HMIS implementation and provide ongoing support and collaboration.
- **Web Training** – A web conferencing system was added to the project as a tool to provide web-based training and support, increasing project efficiency and timeliness.

For more information on the Rural HMIS, contact Don Logue, Symmetric Solutions, Inc., at dlogue@symmetricsolutions.com.

Rural Continuum Program Highlights

Flagstaff Shelter Services

Flagstaff Shelter Services (FSS), a grassroots non-profit in Coconino County, overcame community and political resistance in Flagstaff and took a major step toward eliminating chronic homelessness in Northern Arizona during 2008. Through the advocacy efforts of the organization, the Flagstaff political and community climate toward homelessness has seen a dramatic change over the last 12 months.

The organization, less than three years old, successfully negotiated with the City of Flagstaff for the development of a secular homeless shelter and services center in an underused city-owned warehouse. Despite significant NIMBYism and adverse pressure on City officials, as well as numerous bureaucratic hurdles, the organization's Chair and Board of Directors persevered. In

January 2008 the Flagstaff City Council approved a \$1 per year lease of the warehouse to the organization.

With generous donations of labor and materials from the local construction community, the organization has remodeled the building into a warm and inviting emergency overnight shelter and day center with supportive services for homeless adults. The Day Center opened at the new site in September with a ribbon cutting by Flagstaff Vice Mayor Al White. The overnight shelter opened in October. The new shelter will house up to 30 men each night, with an offsite hotel contract for an additional 4 women.

Even before the new building was ready, Flagstaff Shelter Services was able to develop an overnight shelter program for men and women during the '07-'08 winter season. Through a unique contract with a local hotel and funding by the City and the Arizona Department of Housing, FSS provided 3,408 bed nights to 182 homeless men and 34 homeless women from December 1, 2007 through April 13, 2008.

The new site provides more than emergency shelter. At the Day Center, homeless individuals have access to a washer and dryer, showers, toilets, phone and mail services, computer equipment, and staff assistance in obtaining referrals to other services. Through collaborative partnerships with numerous other agencies, including Catholic Charities' PATH program, the Guidance Center, Northern Arizona University, Social Security Administration, and the Flagstaff Family Food Center, homeless men and women have expanded opportunities to receive on-site assistance with medical needs, treatment options, access to benefits and meals.

The overnight shelter has two program components. One is a low demand emergency shelter program for men and women who cannot obtain shelter services from other agencies. The second is a longer term transitional program for men who are working and sober or treatment compliant. Both programs are short-term because of the limited number of available beds. The goal of shelter staff is to utilize motivational interviewing techniques to assist all residents in overcoming their obstacles to stable housing.

For more information, contact shelter director Todd Sherman at info@flagstaffshelter.org or see the shelter website at www.flagstaffshelter.org.

Social Services Interagency Council of Lake Havasu City

Social Services Interagency Council (SSIC) of Lake Havasu City, Inc., opened its doors in September 1986 to serve the community in need. Soon after, Council volunteers started the "Caring for Havasuvians in Need United Project" (CHIN-UP) for families on the brink of homelessness. Through CHIN-UP, local supermarkets donate a percentage of coupon purchases to a special eviction prevention fund. Over \$650,000 has been raised through this unique donation system over the past 12 years to prevent evictions. As an all-volunteer program, CHIN-UP has received national recognition from "Make A Difference Day" for providing last-resort rent and utility funds to over 9,600 families in the Lake Havasu City area.

In 2000, SSIC received an Arizona Department of Commerce grant to purchase a four-plex in Lake Havasu City's business district to provide transitional housing for homeless families with at least one wage-earner. Through the Transitional Housing Program (THP), families receive case management services, including financial fitness and parenting classes. Over the past 8 years, SSIC has served over 40 families with rents averaging \$100.00 to \$150.00 per month, including utilities. Over 30 of these families have moved on to independent housing, requiring no further assistance. The Council is now planning to replace the four-plex with a newly-constructed 8-10 unit transitional housing complex in the same location.

The Interagency Council presently operates 26 supportive programs, providing additional support for the homeless and housing programs. These programs include a food bank, alcohol and substance abuse counseling and support, Healthy Families Arizona, Big Brothers Big Sisters, domestic violence services for victim and offender, direct financial assistance, and a number of free educational programs such as parenting classes and financial fitness classes. The Council's goal is to help families help themselves and become independent and accountable for their own lives.

For additional information, contact Interagency Council CEO Richard Miers at 928-453-5800, ext. 228.

New Hope Ranch, St. Johns, Apache County

New Hope Ranch has been serving Apache County residents since October 1995. Having started out as a safe home network staffed by a few volunteers, New Hope Ranch now provides transitional housing, emergency shelter, and advocacy services and options for survivors of domestic violence. In July 2000, the transitional housing component was added to services provided by New Hope Ranch through a collaborative grant awarded by the Arizona Department of Housing. The organization also receives support for transitional and domestic violence shelter services from the Arizona Department of Economic Security.

The organization currently has four Domestic Violence Program sites with a total of 14 beds, family or individual. The Transitional Housing Homeless project for individual men 18 and older is on one site with five beds.

The newest service available to the community is the administration of the Eviction Prevention and Emergency Housing grant from the Arizona Department of Housing. The grant allows assistance to qualifying individuals that need help staying in their residence, whether it is a utility bill or rent/mortgage assistance. In addition, there is support available for utility and rent deposits. One-hundred four households have been served by New Hope Ranch from January-September 2008 with the Eviction Prevention and Emergency Housing grant.

Collaboration is key when tackling the issue of homelessness. The Rural Continuum of Care for Apache County is the vehicle used for getting members of the surrounding communities, social service agencies, state and county entities, churches, and city and town staff to work together. Our task is to identify problems, barriers, and solutions to homelessness. After the Continuum declined in 2007, Round Valley Senior Center in Springerville and New Hope Ranch co-chaired

its reorganization in 2008. While past attendance was usually around 6 participants, 2008 Continuum meetings have seen over 20 persons in attendance regularly.

Two teams have been created from the Continuum, one working on affordable housing and the other focusing on transitional housing for probationers. Using the model of identifying problems, barriers, and solutions, both teams are progressing towards their goals. Recording of minutes and prompt distribution after each meeting encourages member accountability. Invitations are sent in advance with a follow-up call to insure attendance at the meetings; “thank-you” notes are sent out afterwards with the minutes of the meeting.

While most people are not looking for another meeting to attend or committee to get involved in, the community has been supportive to work on the issues of homelessness. Although the Apache County Continuum is in its infancy stages, the refining of goals and objectives at this point will help in moving ahead with meaningful projects to end homelessness.

For further information on New Hope Ranch or the Apache County Continuum, contact Jim Pierson at newhoperanch@frontiernet.net or 928-337-5060.

7.0 STATE AGENCY EFFORTS TO END HOMELESSNESS

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 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.

This year, the Council took extensive measures to gather feedback from non-profit service providers, local governments, and other stakeholders regarding potential policy changes that would enable them to more effectively prevent and end homelessness. Council members were encouraged to remedy the barriers originating in their agencies. Because discharge planning processes were consistently reported as presenting challenges and contributing to homelessness throughout the state, ICCH created a working group to develop strategies for effective joint discharge planning from corrections, juvenile corrections, child welfare, and health and behavioral health facilities. The goal is to develop a template that can be applied to various agencies and populations.

Additionally, ICCH members worked to establish a common, consistent language that allows a broader population to relate to and engage in issues surrounding homelessness. Framing homelessness in a larger community connects it to anti-poverty and smart growth efforts.

Most significantly, ICCH announced the *Housing Arizona* initiative, designated to strengthen state efforts to meet the needs of Arizona families and communities hardest hit by the economy. "Recognizing that real action needed to be taken to address homelessness, I created the Interagency and Community Council on Homelessness (ICCH) to bring together state agencies and community leaders to identify collaborative solutions to this complex problem," stated Governor Napolitano. "The Housing Arizona initiative will make it possible to move our efforts to the next level and establish lasting solutions which can help bring an end to this tragedy."

The new initiative will address homelessness across the state by targeting resources to development of affordable-permanent housing, including supportive services to help meet

special needs, and expand efforts to assist homeless families in rural Arizona. Efforts also include partnerships between the Department of Housing and other state agencies, including the Department of Health Services to provide housing assistance to Arizonans experiencing severe mental illness, the Department of Veterans Services to help homeless veterans access housing, the Department of Corrections to help bridge ex-offenders back into the community and avoid homelessness, and the Department of Economic Security (DES) to help meet the housing needs of homeless youth.

Arizona Department of Economic Security

The **State Homeless Coordination Office** is housed in the DES Office of Community Partnerships and Innovative Practices (CPIP). 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. CPIP staff works to develop partnerships with community-based 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 the new office 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 to incorporate tested strategies in all parts of agency operations.

As mentioned in the preceding ICCH section, DES is presently working closely with the Arizona Department of Housing (ADOH) through the *Housing Arizona* initiative to meet the housing needs of homeless youth. In that effort, the Homeless Coordination Office has turned to the newly-formed Arizona Committee on Youth Homelessness and its Low Demand Housing Subcommittee to formulate recommendations to the ICCH on how best to utilize the funds allocated for the youth initiative.

The Homeless Coordination Office also collaborated closely during the year with the ASU Morrison Institute for Public Policy in its study of the costs and circumstances of chronic homelessness in Arizona. In November, the Institute's research resulted in publication of *Richard's Reality: The Costs of Chronic Homelessness in Context*. The study is modeled on the story of "million-dollar Murray," a resident of Reno, Nevada, who was chronically homeless for over a decade. The report combines personal stories of persons experiencing homelessness in the Phoenix area with data on the costs of basic assistance such as emergency shelter and hospitalization. *Richard's Reality* also provides background on the more than 14,000 people in Maricopa County who experience homelessness each year and the organizations that provide services to them.

The report balances hard costs with the real-life challenges and the voices of chronically homeless individuals and family members. The work reveals a population with high levels of need and potentially high price tags for services. In sum, *Richard's Reality* provides sound data

supporting the need for new approaches such as the “Housing First” model and for increased development of permanent supportive housing for hundreds of chronically homeless persons in Maricopa County and Arizona who live with serious behavioral health problems. (See the summary of *Richard’s Reality* in the Research Briefs section.)

In July 2008, in accordance with Arizona Revised Statute 5-522 (G), DES received \$1 million in **State Lottery Fund** proceeds to support emergency and transitional shelter services for homeless persons. The Department made extensive efforts to gather statewide community feedback regarding priorities for the funding and methods of distribution. The recommendations of each Continuum of Care were carefully considered. Within two days of receipt of the funds, \$680,000 was added to all existing emergency and transitional shelter contracts in Maricopa and Pima Counties. The Office of Procurement within the Department issued requests for proposals (RFPs) for emergency shelter, transitional housing, and case management/outreach in the rural counties. It is anticipated that rural contracts will be awarded in December 2008.

The Governor’s Interagency and Community Council on Homelessness (ICCH) gathered 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. Director Wareing responded to the feedback through a letter to the chairs of the three Continuums of Care. In the letter, she highlighted the following DES efforts in the area of **discharge planning and reentry**:

- Through the Division of Benefits and Medical Eligibility (DBME), DES offers a program to make it possible for individuals reentering the community from corrections facilities to have medical assistance eligibility determined prior to release and have prescriptions filled immediately upon release.
- The DES Family Connections program has been engaged since July 2007 with Department of Corrections (ADC) Community Corrections staff in a model project involving meeting with incarcerated persons to determine their needs upon reentering the community. Following the offender’s release, DES and ADC personnel collaborate to reduce the risk of re-offending through improved individual and family self-sufficiency, well-being, and housing stability.

Also, in observance of **National Hunger and Homelessness Awareness Week**, November 16-22, 2008, a coalition of human service providers planned a week’s worth of activities in an effort to raise community consciousness around these two issues. Primary activities occurred on Monday, November 17, 2008. Led by the Valley of the Sun United Way, more than 150 citizens walked from Phoenix City Hall to the State Capitol, where the Department of Economic Security sponsored an event on the Senate lawn.

Governor Napolitano declared the week Arizona Hunger and Homelessness Awareness Week, through a proclamation read by Anna Maria Chavez, Governor’s Office Deputy Chief of Staff. Three-hundred fifty pounds of food were collected during the event to support local food banks and more than 10,000 Awareness Week bookmarks were distributed statewide to notify the public of the week’s events. Additional speakers included Councilman Greg Stanton, Senator Debbie McCune-Davis, Ginny Hildebrandt of the Arizona Association of Food Banks, Jacki

Taylor of the Arizona Coalition to End Homelessness, and Brenda Combs of Grand Canyon University.

Arizona Department of Health Services Projects for Assistance in Transition from Homelessness (PATH) Program

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) provides outreach to homeless individuals and families under a federal SAMHSA Formula Grant, which provides over \$950,000 annually. This funding requires a 30 percent cash match, allocated from State of Arizona's General Fund through ADHS/DBHS. The ADHS/DBHS utilizes the PATH grant funds to provide an array of services to individuals and families who are homeless and have a serious mental illness, including those with co-occurring substance use disorders, and to prevent homelessness.

Brenda Robbins serves as ADHS/DBHS PATH State Administrator. The office contracts directly with two regional behavioral health authorities (RBHAs) and one community service agency for PATH services. The two RBHAs, Northern Arizona Regional Behavioral Health Authority (NARBHA) and Community Partnership of Southern Arizona (CPSA), provide PATH services through their contractors – Catholic Charities and La Frontera – respectively, with Catholic Charities serving Coconino County and La Frontera serving Pima County. In Maricopa County, ADHS/DBHS also contracts directly with Southwest Behavioral Health Services, Inc., for PATH services.

In Arizona, PATH funds are targeted to serve those hardest to engage and most vulnerable, specifically adults who are seriously mentally ill, chronically homeless, medically frail and elderly. Arizona PATH providers served approximately 12,518 individuals during FY 2008, an 18 percent increase over those served the previous year.

Services provided by PATH staff

Arizona local PATH contractors provide outreach services, screening and diagnostic services, staff training, emergency assistance, case management, referrals to job search and job education/training organizations, one-time only rental payments to prevent evictions, security deposits, and referrals to community housing providers to connect individuals with affordable permanent housing. Persons who are identified as homeless and having a serious mental illness or co-occurring substance use disorder are enrolled in the Arizona behavioral health system to be engaged in treatment and support services to place them on the road to recovery.

The PATH programs also collaborate with Veterans Administration Hospitals and Veteran Centers to engage homeless veterans who may have a serious mental illness. PATH outreach workers make routine contacts with veterans service providers to collaborate in strategies to end homelessness among Arizona's veterans. The Maricopa County PATH team and U.S. Vets Homeless Outreach teams participate in the annual "Stand Down" held each fall in Phoenix

ADHS/DBHS regularly measures the direct results of the PATH Program. Each provider is required to report a variety of outcome measures, including those involved in the criminal justice system quarterly and annually. The PATH program staff work with police, parole, probation and other law enforcement agencies to divert people from the criminal justice system to alternatives such as Homeless and/or Mental Health Courts.

The RBHAs are the single point of entry to mental health services for both Medicaid and state funding in Arizona. Over the years, ADHS/DBHS has made many improvements to the eligibility process and ensuring clear criteria for individuals to receive services through the RBHAs. These changes include reducing barriers for individuals who have a co-occurring disorder by ensuring that they are not “screened out” and by allowing for an extended evaluation period. Innovative approaches and improvements in Arizona’s behavioral health system that address the needs of individuals with serious mental health and substance abuse disorders will continue through PATH for those who are homeless and enrolled recipients of the behavioral health system.

Arizona Department of Housing

In an effort to allow for greater coordination and innovation of housing related services at the state level, the Legislature passed and Governor Jane Dee Hull signed HB2615 during the 2001 legislative session, establishing the Arizona Department of Housing (ADOH) and the Arizona Housing Finance Authority (AZHFA). These two entities were established so that state government in Arizona could assist in developing the tools to impact an area of growing concern for the state – homes for working families.

ADOH administers the **Eviction Prevention Emergency Homeless (EPEH)** program which in state fiscal year 2008 provided just over \$4 million in Housing Trust Fund dollars to serve more than 7,500 households statewide. Services are contracted through 24 partnering agencies around the state that provide services based on community needs. Services include but are not limited to mortgage foreclosure, rental eviction prevention, and utility assistance for individuals or families at or below 80 percent of area median income.

Within the context of the current economic downturn, two groups are particularly hard hit: those trying to hold onto their homes, and those who have no homes and no pathway off the streets in these hard times. To respond to these critical needs, Governor Janet Napolitano announced the ***Housing Arizona*** initiative in September 2008. The overview of ICCH activities in this section of the report provides additional information on the initiative.

Each year, one of the goals of the **Arizona Low Income Housing Tax Credit (LIHTC)** program is to fund at least one project annually in which 100 percent of the units in the project will serve one of the special needs populations identified in the Department’s Qualified Allocation Plan. While funds are set aside for one Special Needs project, the Arizona LIHTC program also encourages projects to set-aside a minimum of 15 percent of the units in a project to serve one or more special needs populations.

In 2007, LIHTCs were allocated to Apache ASL Trails in Tempe, a 75-unit project with all units to serve the deaf and/or hearing impaired population, and Bell Mirage Estates in Surprise with units set aside to serve domestic violence survivors.

In 2008, LIHTCs were allocated to several projects electing to serve special needs populations: Vida Serena, a 72-unit project located in Tucson that will serve persons diagnosed with chronic substance abuse; Rehoboth Place, with all units set aside to serve homeless individuals or families; Coral Point in Phoenix and La Posada Apartments in Yuma, in which each project will have units available to provide housing for domestic violence survivors. Other projects funded the LIHTC program, such as Fairway Manor in Snowflake and Pinaleno Foothills in Safford, have elected to set aside units to serve homeless families and survivors of domestic violence.

Owner-occupied rehabilitation

Local communities in Arizona are faced with the increasing challenge of balancing future growth while keeping existing housing stock, infrastructure and community facilities from declining. The Arizona Department of Housing (ADOH) is dedicated to helping communities face these challenges through the Community Development Block Grant (CDBG) and Home Investment Partnerships (HOME) programs. CDBG and HOME programs are federally funded through the Department of Housing and Urban Development (HUD) and authorized by Title I and Title II of the Housing and Community Development Act of 1974. CDBG and HOME funds provide opportunities for community revitalization to ensure decent, safe and sanitary housing that is affordable.

These funds can and are used to rehabilitate owner-occupied housing for low to moderate income persons primarily in the rural counties of Arizona.” In addition, State Housing Trust Funds are used to provide emergency repair to owner-occupied homes to alleviate health and safety problems, such as non-functioning air conditioning or heating units, roof leaks, or accessibility barriers.

For FY 2008 (July 1, 2007 through June 30, 2008) the Arizona Department of Housing invested the following amounts for owner-occupied housing rehabilitation and emergency repair: \$4,311,438 in CDBG funds to serve 579 households, \$4,441,091 in HOME Program funds to serve 101 households, and \$3,591,500 in Housing Trust Fund allocations to serve 278 households.

For more information on the programs of the Arizona Department of Housing, see the ADOH website at www.housingaz.com.

Janet Napolitano

Governor

Office of the Governor

*** ARIZONA HUNGER AND HOMELESSNESS AWARENESS WEEK ***

WHEREAS, in the past year, the working poor in Arizona have seen a 10% increase in costs to maintain basic living necessities such as food, shelter, and clothing; and

WHEREAS, nearly 82,000 Arizonans are receiving emergency food services in any given week; and

WHEREAS, an estimated 881,000 people, including 331,000 children, experience the need for emergency food annually in the State of Arizona; and

WHEREAS, more than 14,000 Arizonans experience homelessness on any given day, with many living on the streets and in emergency shelters; and

WHEREAS, children and youth represent approximately 30% of Arizona's homeless population and are often the most vulnerable; and November has been designated as National Homeless Youth Awareness Month; and

WHEREAS, those who have lost their homes have difficulty securing the most basic of needs, are challenged with accessing adequate medical or mental health care, and are often unaware of services available to them; and

WHEREAS, every man, woman and child in Arizona deserves safe, stable, affordable housing; and

WHEREAS, the State of Arizona recognizes that hunger and homelessness continue to be serious problems, and continues to work collaboratively with its many partners to end these social tragedies;

NOW, THEREFORE, I, Janet Napolitano, Governor of the State of Arizona, do hereby proclaim November 16-22, 2008 as

*** ARIZONA HUNGER AND HOMELESSNESS AWARENESS WEEK ***

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

Janet Napolitano

GOVERNOR

DONE at the Capitol in Phoenix on this twenty-first day of October in the year Two Thousand and Eight and of the Independence of the United States of America the Two Hundred and Thirty-third.

ATTEST:

Janice K. Brewer
Secretary of State



8.0 RESEARCH BRIEFS

2008 Arizona's Housing Market...a glance

September 2008

Arizona Department of Housing

The *2008 Arizona's Housing Market...a glance* report notes that the number of homes in foreclosure in Arizona in June 2008 was *third highest in the nation* after Nevada and California, with most found in Maricopa County. *In metro Phoenix, foreclosures in the first half of 2008 were estimated at 16,647, compared to approximately 10,000 during the same period in 2007 and about 1,000 in 2006.* Pima County had the second largest number of foreclosures in the state, but Pinal had the highest percentage of foreclosures.

While the foreclosure picture was already grim, the report suggests the worst is yet to come due to increasing numbers of mortgage rate resets generated by adjustable rate and “subprime” home loan deals and the continuing decline of housing prices as the inventory of unsold homes skyrockets. Falling housing prices, in turn, cause more and more homeowners to find themselves in “upside down” or “underwater” mortgages, meaning their homes are worth less than what they owe on them. With little economic incentive to keep making mortgage payments, increasing numbers of homeowners are “walking away” from devalued homes.

With no indication that the rapid decline in single-family home prices is anywhere near hitting bottom, the report notes that it is quite possible that foreclosures have not yet reached a peak in Arizona. If so, thousands more homeowners are likely to find themselves with underwater mortgages, with the resulting loss of their homes and further damage to property values for everyone.

Other selected facts and figures

- 2006 U.S. Census Bureau data show that almost half of all Arizona renters and nearly 40 percent of homeowners spend more than the widely accepted affordability standard of 30 percent of their incomes on housing.
- Two years ago, Arizona's housing appreciation rate was ranked number one among all states. With the bursting of the housing bubble, the state is now ranked 48th, with an annual price *decrease* of 5.5 percent from the first quarter of 2007 to the first quarter of 2008.
- Renter households comprise 32 percent of total occupied housing units in Arizona. According to ADOH and Arizona Department of Commerce (ADOC) data, the statewide average hourly wage needed to afford a two-bedroom rental unit at Fair Market Rent (FMR) is \$14.71. However, median hourly wages are considerably lower for many occupations; for example, the median wage of retail sales workers is \$9.44, producing a rent to earnings differential of 55 percent.
- Earnings needed to afford a two-bedroom rental are highest in Coconino, Maricopa, Pinal, Yavapai and Gila counties. The same counties show the largest gaps between needed earnings and average wages paid.
- In Flagstaff, the hourly wage needed to afford a two-bedroom rental is \$19.46, while the median wage for Flagstaff workers is \$12.84, a rent to earnings differential of 51 percent.

- The median hourly wage for all occupations in Arizona is \$14.25. At the housing affordability standard of 30 percent of income, the average worker can afford to buy or rent in only two communities – Clifton and Winslow. Two-bedroom rentals are affordable in only seven other communities, all of which are rural. True housing affordability does not exist in any urban area for the average Arizona wage earner.

This year’s “glance” reemphasizes ADOH director Karnas’ perspective that although home prices have fallen in many communities, affordability calculations in the report do not reflect growing pressures on family budgets due to increasing prices of essential goods and services. Karnas cautions the reader that “.the silver lining of lower housing prices in some communities needs to be understood in the context of the impact of rising gas prices, growing utility expenses and increased food costs.”

Perhaps most importantly, falling home prices are causing widespread losses of single-family homes with concomitant increasing pressures on available rental stock. As former home-owning families search for apartments, rental rates may only increase, making rental affordability a remote possibility, especially in urban areas.

The complete report can be accessed at www.housingaz.com under Publications, as “State of Housing in Arizona 2008.”

2007 Local Annual Homeless Assessment Report for Maricopa County

September 2008

Prepared by Abt Associates for the HUD Office of Community Planning and Development

The *2007 Local Annual Homeless Assessment Report (AHAR) for Maricopa County* is a profile of characteristics and service use patterns of homeless persons in the Maricopa County Regional Continuum of Care (CoC) for the period of October 1, 2006 through September 30, 2007, the federal fiscal year. The profile is based on information reported to HUD for the *2007 AHAR* (see preceding research brief), with data drawn from January 2007 Point-in-Time (PIT) counts and HMIS numbers reported for the AHAR table shells. Below are selected items from the Maricopa CoC report, including comparisons with the national profile of homelessness.

From Maricopa PIT count data:

- Total persons counted as homeless in the 2007 point-in-time (PIT) count was 8,448; this was 0.27 percent of the county’s population, slightly higher than the national figure of 0.24 percent.
- Total single individuals counted as chronically homeless in the 2007 PIT count was 1,489 – 26.9 percent of all homeless persons, slightly lower than the national figure of 29.2 percent.
- The 2007 PIT count found that only 2 percent of unsheltered homeless persons were persons in families; the national figure was 28.2 percent.
- 33.8 percent of all homeless persons counted in Maricopa were unsheltered, compared to 41.7 percent nationally.

From Maricopa HMIS data:

- Of the total 14,517 persons who used emergency or transitional shelter in Maricopa CoC over the 12-month period, the percentages of those using emergency shelter (80.6 percent), transitional shelter (14.3 percent), or both emergency and transitional facilities (5.2 percent) were very similar to the national percentages.
- Maricopa family emergency shelters were utilized at a much lower rate (55.6 percent) than the national average of 88.4 percent.
- Racial minorities comprised 54.4 percent of sheltered persons in Maricopa; the national average was 57.3 percent.
- Sheltered homeless persons in Maricopa are somewhat older than the national average; for example, 45.8 percent were between 31 and 50 years of age compared to 41.2 percent nationally.
- For single males, average nights spent in emergency shelter during the 12-month period were 19.5, somewhat higher than the national figure of 14 nights.
- Across the board, average nights spent in transitional housing were significantly higher than the national averages. For women with children – average 204 nights spent vs. 151 nationally; for single men – average 124 nights spent vs. 89 nationally; and for single women – average 126 nights spent vs. 94 nationally.

The 2007 Maricopa AHAR is available from Robert Duvall, Community Information & Referral, 602-263-8845, ext. 102, or rduvall@cir.org.

Gray Land: Housing for People with Serious Mental Illness in Maricopa County

January 2008

For Arizona Health Futures, by Roger Hughes -- St. Luke's Health Initiatives, and Carol Lockhart, Stephen Day, and Ann O'Hara -- Technical Assistance Collaborative

Gray Land was produced through collaboration between St. Luke's Health Initiatives (SLHI) and the Boston-based Technical Assistance Collaborative (TAC), a national nonprofit consulting group. The report reviews national issues and "best practices" regarding permanent supportive housing for the seriously mentally ill (SMI), and provides a comparative analysis of practices and policies in Maricopa County, with recommendations for improvement. The review of SMI housing consists of analysis of relevant statistics; various legal, regulatory and economic issues; interviews with a broad range of experts, stakeholders, and individual consumers; and feedback from a consumer focus group.

The study notes that about 19,000 persons are enrolled in Maricopa County's public behavioral health system, diagnosed with a serious mental illness and grappling with housing issues on a regular basis. Moreover, there are "untold hundreds" of people with SMI and co-occurring disorders such as drug and alcohol addiction who are not served by the system and are living in the "shadow world" of homeless shelters, jails, streets and alleys.

The authors assert that for those with serious mental illness, participation in community life depends upon the availability of decent, safe, affordable and integrated housing. For the lowest-

income SMI population, lack of affordable housing and support services causes a continuous cycle between the streets, homeless shelters, hospitals and jails. Chronically homeless persons with mental illnesses are also likely to suffer from chronic physical health problems, ongoing psychiatric symptoms, excessive alcohol and drug use, and constant risk of victimization and incarceration.

The report references TAC's biennial *Priced Out* study series comparing the income of persons receiving Supplemental Security Income (SSI) to HUD Fair Market Rents (FMR) as a means of analyzing housing affordability problems in the SMI population. *Priced Out in 2006* showed that in 2005, Arizona had over 57,000 non-elderly adults who received federal SSI payments, with one-third (19,000) of those people likely be SMI. With income of \$603 per month, Arizonans receiving SSI needed to pay 103.7 percent of their monthly income – “an impossibility” – to rent a one-bedroom unit at Fair Market Rent. For a one-bedroom rental in Phoenix, 107.5 percent of SSI income was needed.

This clearly illustrates that people with mental illness in Maricopa County and throughout Arizona with SSI incomes cannot find affordable rental housing without significant additional financial help. Other facts and figures on disability, poverty and housing affordability include these items:

- People with disabilities are disproportionately poor compared to people without disabilities. According to the 2000 Census, the poverty rate for people with disabilities is more than three times higher than for those without disabilities.
- Analysis of recent U.S. Census data indicates that households with disabilities with incomes at or below 30 percent of the federal poverty level are three times more likely than non-disabled households to be paying more than 50 percent of income for rental housing.
- Any very low-income household paying more than 50 percent of income for rent is considered to have “worst case” housing needs.

Gray Land also reviews the principles and dimensions of permanent supportive housing (PSH), describing its basic features as housing that is: 1) decent, safe and secure; 2) affordable to consumers who should pay no more than 30 percent of income for rent; 3) permanent, with continued occupancy as long as the consumer pays the rent and complies with the terms of the lease; and 4) linked with flexible community-based services that are available to tenants when needed, but not mandated as a condition of residency. Key features of the “Housing First” approach to permanent supportive housing are also reviewed, with special attention to New York’s Pathways to Housing program model, which relies on a supply of rental subsidies to lease scattered-site apartments from local landlords and provides supportive services through seven-person Assertive Community Treatment (ACT) teams with 24-7 coverage.

Multiple funding sources for SMI housing in the Maricopa public behavioral health system are outlined along with an SMI housing continuum based on 2007 data, showing numbers of units in eight different types of SMI housing, with annual and daily support service costs for each type. The resulting numbers indicate a 2007 total of over \$183 million spent for 6,150 SMI housing units – an average of about \$30,000 per unit for housing and services combined.

The report credits ADHS for substantial progress in increasing the number of new PSH units in Maricopa, and Arizona Behavioral Health Corporation (ABC, Inc.) is credited for its “long and clear history” of using Housing First strategies to place chronically homeless SMI individuals in permanent supportive housing. In addition, successful approaches in developing scattered-site permanent supportive housing in Pennsylvania, North Carolina and Louisiana are reviewed. The Tennessee “Creating Homes Initiative” is also outlined. The Tennessee model is described as “consumer first,” employing a “whatever it takes” philosophy of recovery and consumer empowerment.

Gray Land makes a strong case for reallocation of mental health system resources and for changes in behavioral health housing and services philosophy to create new permanent supportive housing. It outlines needed “best practices,” including:

- Assuring that each consumer has a clearly identified “clinical home” agency that is available on a 24/7 basis;
- Application of the “housing support team” model used successfully in other jurisdictions;
- Increased emphasis on expanding evidence-based and recovery-oriented service models, such as supported employment and assertive community treatment (ACT) teams; and
- Movement to a recovery-oriented system of care focused on “doing whatever it takes to assist individuals to make their own choices and take their own actions leading to independence and self-sufficiency.”

The study calls attention to a number of “fault points” and barriers to reform, including competition across jurisdictions for the same pot of limited state, federal and private resources; overly rigid adherence to rules and regulations that define the process of qualifying people for services; lack of professionally trained staff support services for persons with severe mental illness; and general lack of aggressive leadership and commitment in the homeless arena and the SMI housing arena in particular.

The report concludes by recommending immediate creation of a “Housing Now” initiative in Maricopa County, to emphasize: 1) striking optimum balance between tenant- and project-based resources; 2) achieving greater integration in generating affordable multi-family rental housing; 3) expanding mental health funded “bridge subsidy” programs similar to the Housing Choice Voucher Program; 4) re-conceptualizing the role of residential treatment; 5) building strategic partnerships between key stakeholders in the County’s homeless/housing system; and 6) investing in communication and leadership.

Gray Land “Housing Now” initiative goals include:

- Creating 3,000 new SMI housing units by 2012 to reach a total of at least 9,000;
- Increasing the number of ACT teams from 19 to 36 to meet national best practice standards;
- Creating a public relations and grass roots organizing campaign to address the need for adequate SMI housing funding;
- Developing a “Housing Now” training academy for professional and volunteer staff; and
- Establishing a fully integrated, transparent, and constantly updated information system encompassing the entire homeless/housing system in Maricopa County.

Gray Land is available through the St. Luke's Health Initiatives website at www.slhi.org.

Richard's Reality: The Costs of Chronic Homelessness in Context

October 2008

By Yuri Artibise, William Hart, Nancy Welch and Andrea Whitsett
Morrison Institute for Public Policy

In a new report, Morrison Institute for Public Policy puts a face on chronic homelessness and provides an overview of the issue's high human and financial costs. ***Richard's Reality: The Costs of Chronic Homelessness in Context***, prepared in collaboration with the Office of Community Partnerships and Innovative Practices (CPIP) at DES, is modeled on the story of "million-dollar Murray," a resident of Reno, Nevada, who was chronically homeless for over a decade. Murray had lived mostly on the streets for more than a decade before his death. Emergency room nurses and beat cops knew him well. In researching the case, Reno police determined that Murray's chronic homelessness had cost more than one million dollars "not to do something" about his need for housing.

Richard's Reality also highlights scholar Dennis Culhane's groundbreaking research, sharing with the public what researchers and practitioners had known for some time: few people are chronically homeless, but they consume a disproportionate share of public resources. As it turns out, homelessness has its own version of the "80/20 rule" in which the minority of people accounts for the majority of costs. According to Culhane, about 80 percent of those who are homeless quickly move on. Another 10 percent come and go episodically. The last 10 percent, however, represent chronic, long-term cases.

The Institute's report combines personal stories of people experiencing homelessness in Maricopa County with actual and average costs for basic assistance such as emergency shelter and healthcare. *Richard's Reality* also provides background on the more than 14,000 people—adults and children—in Maricopa County who experience homelessness each year and some of the public and private organizations that provide services to them.

The report balances hard costs with the real-life challenges and the voices of individuals and families who are chronically homeless. As shown by the stories of Richard, Sam, Bart, Oscar, and others, residents who are chronically homeless generally:

- Have serious health problems, often including substance abuse and psychiatric illnesses;
- Use the homeless assistance system and other services frequently;
- Have limited support personally or in the community;
- Experience the effects of multiple problems simultaneously; and
- Are left to fragmented systems of care.

The work reveals a population with high levels of need and potentially high price tags for services. For example, a frequent user of shelters for homeless persons tends to be in an emergency shelter for 70 percent of a year for a cost of more than \$7,300 per year at a minimum. The highest costs are for emergency healthcare, ambulance services, and hospitalizations.

For the types of daily and emergency services often used by those who are chronically homeless, costs might include:

- A year of emergency shelter, food, and support services is estimated to cost at least \$10,340 annually, although residents who are chronically homeless tend to come and go from shelter programs.
- In metro Phoenix, an average hospital patient stays for 4.2 days at an average charge of \$30,661. Charges escalate dramatically by age. For those 18-24, the average charge is \$19,292, while for those 60-64 it is \$46,849. For those in specialized mental health hospitals, the average length of stay was 10.2 days with \$22,872 in charges.
- Every fire department paramedic call is at least \$500. A national study shows people who are chronically homeless experience an average of three ambulance uses per person (\$1,500), three emergency room episodes (\$6,222) and two hospitalizations (\$65,027).
- Each appearance in municipal court for a citation costs \$190 and a month in county jail is \$2,250.

The authors note that these are simply examples of costs. Unless a person used no medical services or was never arrested and jailed, a chronically homeless resident in metro Phoenix could easily reach the \$40,500 annual per person cost recorded in a landmark study of New York City's chronically homeless population. Similar studies have shown annual costs in Portland at \$42,075 and Denver at \$31,545.

Richard's Reality also identifies the types of long-term follow up studies and evaluations that are needed in Arizona to create more effective, innovative services. The researchers found that new approaches such as "housing first" are taking center stage across the country and in Arizona because they promise to help treat the causes rather than just the effects of chronic homelessness. Arizona has some of these models, but there is a clear mismatch of supply and demand, *especially in the critical area of permanent supportive housing for the hundreds of chronically homeless persons who suffer from mental illness and behavioral health disorders.*

The report concludes that chronic homelessness continues to be an expensive circumstance, one that Arizonans can ill afford continuing the status quo. It makes the case that to change the effects of the 80/20 rule, residents and leaders will once again have to see chronic homelessness as a costly issue for everyone, not just the responsibility of service providers. The authors also see a clear need for development of better data and coordination, evaluation of different interventions, and pilots of new models to prevent Bart or Sam or Oscar from becoming Phoenix's million-dollar-Murray.

To view the report, visit www.morrisoninstitute.org or www.azdes.gov.

About Morrison Institute

Morrison Institute for Public Policy conducts research that informs, advises, and assists Arizonans. It is a part of the ASU School of Public Affairs and College of Public Programs.

The State of the Nation's Housing 2008

June 2008

Joint Center for Housing Studies of Harvard University

On June 23, 2008, the Joint Center for Housing Studies released its 20th annual report summarizing national housing trends. The Center's press release began with the following statement, which must now be regarded as a clear understatement of an extremely grim situation: "The nation is in the throes of a housing downturn that is shaping up to be the worst in a generation... While the falloff in housing starts, new home sales, and existing home sales already rivals the worst downturns in the post World War II era, home price declines and mortgage defaults are the worst on records that date back to the 1960s and 1970s."

The 2008 report focuses primarily on the "meltdown" of the mortgage market, the rapid and dramatic spike in mortgage loan foreclosures, and the severe challenges faced by households with severe housing cost burdens. The report gives an account of recent housing market history, including the 2003-2005 surge of house prices ahead of incomes, how new construction far outstripped long-term demand during that period, and how, over the next two years, home building and sales tanked, homes prices collapsed, and home equity shrank. In 2006, home sales were off by 8 percent, new home sales by 18 percent. These declines accelerated through 2007, resulting in a decline in new home sales of almost 40 percent from 2005-2007.

During the 2003-2005 boom, subprime mortgages were made available in unprecedented volume, with lenders extending credit to thousands of borrowers previously unable to qualify for mortgage loans. Subprime mortgages accounted for 8 percent of originations in 2003, but by 2005 the subprime share of the market had risen to 20 percent. At the same time the interest-only and payment-option share of mortgages rose from 2 percent to 20 percent. With loans offered for little or no downpayment or documentation of income, mortgages were underwritten with no clear idea of borrowers' ability to repay and with no equity to protect against default. The sheer size of outstanding mortgage debt and fear that the crisis would spread to consumer credit led to a freeze in credit markets and runs on investment banks and funds.

Selected items from the report's accompanying fact sheet:

- In 2007, existing home sales fell 13 percent while new home sales plummeted 26 percent.
- The number of homes in foreclosure proceedings nearly doubled to almost one million by the end of 2007. The share of all loans in foreclosure more than doubled during the year.
- In 2006, the number of severely burdened households – paying more than half their income for housing – surged by almost four million to 17.7 million households.
- More than one out of six children – 12.7 million – in the U.S. live in households paying more than half their incomes for housing.
- Low-income households paying over 50 percent of their incomes for housing had only \$548 per month on average for all other needs. As a result, these families spent 32 percent less on food, 56 percent less on clothes, and 79 percent less on healthcare than families with low housing outlays.
- Today there are only about six million rental units that can be afforded by the nearly nine million lowest income households. Nearly half of those units are either vacant or occupied by higher-income households.

The full report and fact sheet can be accessed at www.jchs.harvard.edu/research/.

The State of Working America 2008/2009

August 2008

By Lawrence Michel, Jared Bernstein, and Heidi Shierholz
Economic Policy Institute

This report is the eleventh in a series published by the Economic Policy Institute, an independent, nonprofit, nonpartisan “think tank” that researches the impact of economic trends and policies on working people. Using newly-released U.S. Census data, it provides a detailed picture of the economic situation of America’s working people and families, and the implications for the current U.S. economic crisis. Four dominant factors emerge: 1) weak growth of jobs; 2) stagnant or falling real household income for most families; 3) increasingly unequal distribution of the benefits of economic growth; and 4) increasing economic stratification.

Weak jobs growth

- The 2000-2007 business growth cycle was the first to record a drop in the share of the working age population that was actually working – translating to about 1.4 million people who theoretically could have been employed during that period of strong economic growth but were not. Long-term unemployment rose dramatically from 12.1 percent during the 1990s to 19.4 percent in the 2000s. Just to regain jobs lost during the 2001 recession took nearly four years. Typical job growth such as that experienced in the 1990s would have added 7 million more jobs.

Squeezed paychecks

- Although the economy has expanded by 18 percent since 2000, most Americans’ household income does not reflect that growth; in fact, real income for the median family fell by 1.1 percent from 2000-2006. A 1 percent increase in the median family’s hourly wages was wiped out by a 2.2 percent drop in work hours. By contrast, during the 1990s hourly wages grew by 4.7 percent and annual work hours expanded by 4.1 percent, resulting in real income growth of 10.5 percent for middle-income families.

Unbalanced growth

- Reports of overall growth in GDP from 2000 to 2007 may have been imaginary to most U.S. families, but not for people at the top. People in the top 10 percent of the income ladder received more than 90 percent of the benefits of income growth. For the top 1 percent, income more than tripled. According to co-author Lawrence Mishel, “We have seen a large scale skimming of the benefits of growth from the bottom 90 percent of Americans to the top 10 percent, and especially to the top 1 percent...”

Income immobility

- Data on income mobility shows that “pulling ourselves up by our bootstraps” does not describe most families’ experience since 2000. About 60 percent of those who start in the bottom 20 percent of the income scale remain there a decade later. Inequality itself is said to lead to diminished mobility. Greater concentration of income works to limit access to tools, such as higher education, that would help make economic mobility possible for people in low-income families.

The authors see the next recession as being well underway, forcing Americans to face new challenges. Over 400,000 jobs were lost in the first half of 2008 as unemployment rose to 5.5 percent and economists expect unemployment to reach 6.4 percent in 2009. The outlook is worse for African Americans and Hispanics. Unemployment among African Americans is expected to reach 11 percent during 2009.

The full *State of Working America 2008/2009* report can be accessed at www.stateofworkingamerica.org/.

Added note: Also in August 2008, the **Center on Budget and Policy Priorities** published a similar economic overview of U.S. census data covering the 2000-2007 period. The Center noted that despite six consecutive years of economic growth since 2001, poverty and the incomes of typical working-age households worsened. The poverty rate remained higher, median income for working-age households remained lower, and the number and percentage of Americans without health insurance remained much greater than in 2001, when the last recession hit bottom.

- Regarding poverty, for non-elderly households the overall poverty rate stood at 12.5 percent in 2007, up from 11.3 percent in 2000. Poverty among children hit 18 percent in 2007, up from 16.2 percent in 2000. The number of Americans living in “deep poverty” – *households with incomes below half of the poverty line, or approximately \$8,300 per year* – climbed by nearly one-sixth between 2001 and 2007. The number of people living in poverty climbed by 816,000 between 2006 and 2007 and by 4.4 million since 2001.
- In 2007, some 45.7 million Americans – 15.3 percent of the population – had no health insurance. These figures represent a marked deterioration since 2001, primarily due to the decline of employer-sponsored coverage which is expected to decline further due to the economic downturn. 39 million – 14.1 percent of the population – were uninsured in 2001.

For the full statement, see the Center’s website at www.cbpp.org under poverty research.

Out of Reach 2007-2008

April 2008

National Low Income Housing Coalition

With the focus on the nation’s homeownership crisis, the steadily growing gap between wages and the cost of rental housing has received much less attention. However, the National Low Income Housing Coalition (NLIHC) sees the two problems as stemming from the same root cause – the failure of national housing policy to provide safe, decent, affordable housing for millions of Americans. The Coalition suggests that the collapse of the mortgage market caused nearly 1.3 million households to enter foreclosure proceedings during 2007, and (citing Center for Responsible Lending data) as many as 3.5 million households may lose their homes through foreclosure over the next three years.

In the wake of this crisis, the ranks of those searching for rental housing are swelling, with former homeowners and displaced renters of foreclosed homes competing for scarce rental

housing. NLIHC is concerned with understanding the challenges faced by the nation's 36.5 million renter households (over one-third of all U.S. households) in obtaining affordable housing.

Out of Reach provides data for every state, metropolitan area and county on how much a household must earn to afford a modest market-rate rental home, based on the generally accepted affordability standard of paying no more than 30 percent of income for housing costs. It also offers a side-by-side comparison of wages and rents for each jurisdiction.

Housing advocates must often defend against the view that those with housing problems are undeserving and simply need to "get a job." *Out of Reach* responds by asking: 1) whether someone with a full-time job in a given community expect to find a modest rental unit he or she could afford; and 2) what a family in that community would need to earn to be assured of finding an affordable rental. The "Housing Wage" is calculated as the full-time hourly wage one would need to earn in order to pay what the U.S. Department of Housing and Urban Development (HUD) estimates as the Fair Market Rent (FMR) for apartments in each jurisdiction, spending no more than 30 percent of income on housing.

In the report's preface, Senator Christopher Dodd, chair of the U.S. Senate Committee on Banking, Housing, and Urban Affairs, wrote, "...*Out of Reach* shows that the gap between the wages of low-income Americans and their housing costs continues to widen. Mothers and fathers must work two or three jobs to be able to afford decent and safe housing. One in seven families pays over 50 percent of its income for housing, well above the affordability standard."

Other selected national findings

- Even with a new federal minimum wage of \$5.85 per hour and with 32 states setting minimum wages higher than the federal minimum, *there is no jurisdiction in the U.S. where a full-time minimum wage worker can afford the rent on a one-bedroom rental home.*
- 81 percent of renters in cities live in areas where the FMR for a two-bedroom rental is not affordable even with two minimum wage jobs.
- The 2008 national Housing Wage for a two-bedroom rental is calculated as \$17.32. That is, a full-time worker must earn this wage for the full year (\$36,019) to afford the national average FMR of \$900 per month.
- The estimated national average renter wage, based on the U.S. Census Bureau's American Community Survey data, is \$13.94, only 80 percent of the national Housing Wage. This means that the average renter needs to work 50 hours per week to afford the average FMR of \$900 per month.
- The two-bedroom Fair Market Rent has increased by 36 percent since 2000.

Selected Arizona findings

- In Arizona, the FMR for a two-bedroom unit is \$827. To afford this without paying more than 30 percent of income on housing, a household must earn \$33,074 annually. This translates to an hourly housing wage of \$15.90, somewhat lower than the national housing wage of \$17.32.
- In Arizona, the estimated average wage for a renter is \$13.37 per hour. To afford the FMR for a two-bedroom apartment at this rate of pay, a renter must work 48 hours per week year-round.

- In Arizona, a minimum wage worker earns an hourly wage of \$6.90. At this wage a household must include 2.3 minimum wage earners working 40 hours per week year-round to afford the FMR for a two-bedroom rental.
- Monthly Supplemental Security Income (SSI) payments for an individual are \$637 in Arizona. If this were an individual's sole source of income, \$191 in monthly rent would be affordable. The FMR for a one-bedroom rental is \$676, 3.5 times what could be afforded.

Out of Reach concludes that while the gap between what low-income workers earn and what they can afford is most pronounced in the highest cost urban areas, the problem is nationwide. With subsidized rental units and tenant-based rental subsidies, affordable market-rate rental units are available. However, these units are often occupied by higher income households or are deteriorating or unsafe. Moreover, neglect, gentrification and condominium conversions cause the number of private and subsidized low cost units to shrink each year.

The full report can be accessed at www.nlihc.org/oor/oor2008/.

The 2007 Annual Homeless Assessment Report to Congress

July 2008

Principal authors – Jill Khadduri (Abt Associates), Dennis Culhane (University of Pennsylvania), and Alvaro Cortes (Abt Associates)

HUD Office of Community Planning and Development

The 2007 Annual Homeless Assessment Report (AHAR) is the third in the AHAR series intended to explore the nature and extent of homelessness across the country and the first to be based on a full year of data. Sources include Homeless Management Information Systems (HMIS) and Point-in-Time (PIT) count data collected from Continuums of Care (CoC) nationwide.

PIT count numbers represent sheltered and unsheltered homeless persons counted on a single night in January 2007, while HMIS data cover the period from October 1, 2006 through September 30, 2007. PIT count numbers were provided by all CoCs, while longitudinal HMIS data were provided by a representative sample of about 100 communities. This AHAR will serve as a baseline from which future year-to-year comparisons can be drawn.

Selected CoC Point-in-Time (PIT) count data:

- From CoC HUD application data, 671,888 sheltered and unsheltered persons were counted as homeless on a single night in January 2007 – a decline from the single-night count of approximately 759,101 in January 2006.
- Sixty-three percent of the nation's homeless persons were individuals, while 37 percent were persons in families.
- Fifty-eight percent of all homeless persons were sleeping in emergency or transitional shelters on the night of the count, while the remaining 42 percent were sleeping on the streets or in places not meant for human habitation.

- Homeless persons *in families* were much more likely to be sleeping in shelter (78 percent) than on the streets (28 percent), while homeless *individuals* were as likely as not to be sheltered or unsheltered – about a 50/50 chance of being in either situation.
- CoCs reported a total of 123,833 chronically homeless persons representing about 18 percent of the total sheltered and unsheltered homeless populations.
- In 2006, 155,623 persons were counted as chronically homeless; 175,914 were counted in 2005. This suggests that chronic homelessness among unaccompanied individuals is declining significantly across the nation. See “Point-in-Time Count of Chronically Homeless Persons” below.

Other PIT count information suggests that:

- Veterans represent about 15 percent of the national sheltered population.
- Persons living with HIV/AIDS account for 4 percent of combined sheltered adults and unaccompanied youth.
- Victims of domestic violence constitute 13 percent of all sheltered persons.
- Persons diagnosed with severe mental illness account for about 28 percent of all sheltered persons.
- Persons suffering from chronic substance abuse make up 39 percent of sheltered adults.
- Only two percent of the sheltered population, or about 8,800 persons, were unaccompanied youth – that is, people under age 18 without an adult with them.

Selected Homeless Management Information Systems (HMIS) data:

- About 1.6 million people used emergency or transitional shelter during the one-year reporting period. This suggests that 1 in every 200 persons in the U.S. accessed a homeless shelter during that 12-month period.
- Of those 1.6 million homeless persons, about 1.1 million were individuals; 500,000 were persons in families.
- Approximately 131,000 homeless families were sheltered during the one-year period.
- Seventy-eight percent of sheltered homeless persons used emergency shelter only, while 16 percent entered a transitional housing program. Only about 6 percent used both emergency and transitional housing programs during the 12-month period.
- With 77 percent of sheltered homeless people located in principal cities and 23 percent located in suburban or rural jurisdictions, sheltered homelessness is largely an urban phenomenon,

HMIS 12-month data regarding sheltered homeless individuals:

- Sixty-nine percent of individuals in emergency and transitional shelter were adult men.
- Fifty-five percent of sheltered homeless adults were between age 30 and 50 and were rarely over age 62. By comparison, of persons in poverty living alone only 24 percent are between 30 and 50.
- About three-fifths of sheltered homeless individuals were members of a racial minority.

- Forty-three percent of individuals entering shelter during the 12-month period were already homeless – living on the street or in another shelter.
- Of individuals entering shelter and not coming from homelessness, 43 percent came from someone else’s home; about one in five came from an in-patient medical facility or correctional facility.
- Individuals using emergency shelter for six months or more were likely to be over 50 and African American.

HMIS 12-month data regarding sheltered homeless persons in families:

- A typical sheltered family includes a mother with either two or three children.
- More than half of all sheltered family members are African American (55 percent), while only 26 percent of persons in all families in poverty in the U.S. are African American.
- Among adults in families entering shelters who were not already homeless, 54 percent came from a “housed” situation and 24 percent came from a housing unit they owned or rented.
- Only about 1 percent of adults in families had been in an institutional setting prior to entering shelter.
- Persons in families stay longer in emergency shelter than homeless individuals. The median length of stay among families is 30 nights compared to 14 nights for individuals.

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

According to CoC data, there are 6,140 emergency shelters and 7,275 transitional shelter programs nationwide. Emergency and transitional shelters provide nearly 423,000 year-round beds for homeless persons; seasonal, overflow, and voucher beds represent an additional 57,000 bedspaces. Twelve percent of emergency and transitional shelter beds are meant to serve victims of domestic abuse; 3 percent are specifically targeted for veterans, 2 percent for unaccompanied youth, and 2 percent for persons living with HIV/AIDS. The average daily utilization rate is 94 percent among emergency shelters versus about 78 percent of transitional beds.

The national bed inventory also includes 188,636 beds in 5,654 permanent supportive housing programs serving formerly homeless persons. 62 percent (116,155) of these beds serve individuals and the remaining 38 percent (72,481) serve families in 25,141 family units.

CoCs reported increases in the number of programs and year-round beds across all three program types from 2006 to 2007. The nation’s bed inventory increased by 27,876 (up 5 percent from 2006), including about 4,600 emergency shelter beds (up 2 percent), 11,500 transitional shelter beds (up 6 percent), and 11,800 permanent housing beds (up 7 percent). Two-thirds of new emergency shelter beds were intended for individuals while two-thirds of new transitional beds were targeted to persons in families.

Point-in-Time Count of Chronically Homeless Persons

The 2007 AHAR suggests that chronic homelessness in particular is declining, down by 18 percent from the 2006 PIT count. However, the authors note that the definition of a chronically homeless person (“an unaccompanied individual with a disabling condition who has been

continuously homeless for at least a year or has had at least four episodes of homelessness in the past three years”) is based on historical information about a person’s characteristics and service utilization and that accurate collection of such information is particularly difficult under the best of circumstances. It is noted that “it is not easy to obtain accurate responses” to questions about personal characteristics and service utilization in the course of conducting a count of unsheltered homeless persons. Thus, estimates reported by CoCs must be regarded as *approximations* rather than precise measures.

It is also noted that more than 40 percent of CoCs did not conduct a PIT count of chronically homeless persons in 2006, reporting 2005 PIT count numbers instead. For many CoCs, the reported change in the chronically homeless count is a two-year change rather than an annual change. Looking only at CoC data from confirmed counts in 2006 and 2007, the approximate decrease in the chronically homeless population nationally is actually 11 percent.

The authors note that participation in the AHAR will become a factor in future CoC funding decisions and that for future AHARS, HUD plans to add information from other homeless service providers, such as street outreach programs, safe havens, and permanent supportive housing providers. This will increase the coverage of AHARs and provide a more comprehensive picture of homelessness. Special reports will also be included on selected subpopulations, such as veterans or youth. The AHAR is intended as the primary resource for up-to-date information on homelessness.

The full 2007 AHAR is available at www.hud.gov and www.hmis.info.

Trauma Among Homeless Youth

Culture and Trauma Brief Vol. 2, No.1, 2007

National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) Culture and Trauma Briefs series highlights the needs and experiences of traumatized children. “*Trauma Among Homeless Youth*” draws attention to the mental health problems found among an estimated 1.6 million youth who experience homelessness in the nation each year. Depression, anxiety disorders, posttraumatic stress disorder (PTSD), suicidal ideation, and substance abuse disorders are common and are very often traced to traumatic events before leaving home followed by retraumatization in the struggle to survive on the streets.

The document points to research among homeless youth which shows high rates of abuse in the home and in the child welfare system, ranging from 17 to 35 percent for sexual abuse and 40 to 60 percent for physical abuse and neglect. Such “early and often” chronic abuse clearly puts youth at high risk for a variety of mental health problems with long-lasting consequences. Once on the street, youth are often exposed to violence and victimization from predatory adults and other youth. In attempting to cope with such dangers, many youth create social networks on the street. Unfortunately, these relationships often lead to new abuses, exploitation, and to further trauma.

NCTSN outlines the consequences of such trauma for homeless youth, including high rates of substance abuse; exchange of sex for food, clothes, money, or drugs; dependence on other street youth and acculturation to the street environment; pregnancy and the very real possibility of loss of custody of the child; lack of basic interpersonal and independent living skills; impulsivity and difficulty in making appropriate choices; depression and PTSD; and low educational attainment and low literacy skills.

The central point of the brief is that service providers must be “trauma informed;” that is: “...staff must be able to understand, anticipate, and respond to the special needs of trauma survivors, and provide a safe, supportive, nonthreatening service environment.”

Based on homeless youth focus groups, NCTSN recommends a number of ways to promote effective, trauma-informed approaches. Among the recommendations, service providers should:

- Consider universal trauma screening of homeless youth as part of the intake process.
- Offer access to services with no strings attached while youth are developing trust with service providers.
- Consider youth behavior in the context of their traumatic life experiences.
- Prioritize youths’ immediate needs.
- During the assessment phase, determine strengths and talents rather than focusing only on problems and deficits.
- Allow homeless youth to make their own choices whenever possible.
- Remember that change is slow; a harm reduction model can provide a framework for appreciating small steps to positive change.

For the complete brief, see the NCTSN website at www.NCTSN.org.

Mistrust of Outreach Workers and Lack of Confidence in Available Services Among Individuals who are Chronically Street Homeless

September 2008

By Aimee D. Kryda and Michael J. Compton

Community Mental Health Journal (forthcoming)

Kryda, with Common Ground Community in New York, and Compton, from Emory University, conducted a series of interviews with chronically homeless persons – *adults living on the street in midtown Manhattan for at least a year, but with an average duration of 10 years of homelessness*. Ninety-two percent of interviewees were male; the average age was 45. After obtaining informed consent, researchers asked questions about individual histories of homelessness, experiences with outreach workers, attempts at applying for permanent housing, involvement in the shelter system, and opinions about available services.

Two themes were prevalent. First, study participants did not trust outreach workers, did not trust the organizations employing them, and believed that available services were not compatible with their needs. The predominant view of outreach workers was that they did not understand what it

was like to be homeless; that they engaged in stereotyping homeless persons as lazy, addicted social outcasts; and were apathetic toward homelessness, motivated largely by their paychecks.

A second theme was lack of confidence in services, which was shown through participants' views that city shelters were unsafe and that available services offered only short-term solutions. The majority of shelters and drop-in centers in the area were regarded as rife with violence, theft, and drugs. Continued referral of individuals to those facilities by outreach workers only exacerbated their mistrust

The authors report that many interviewees believed that if outreach workers had a true interest in helping people turn their lives around, they and their agencies would make affordable housing and other long-term solutions available. This is supported by several previous research studies.

Kryda and Compton urge that long-term housing options be made available through street outreach contacts, that service organizations to offer broader service options and locations rather than simply directing people where to go, and that available services be introduced at a pace that is comfortable for the individual. They believe that increasing autonomy by offering choices can be very effective and that individuals may be less resistant to services if they feel involved in the decision-making process.

See this article in *Community Mental Health Journal* or contact Dr. Compton at mcompto@emory.edu.

The Portland Conversations: Ending Chronic Homelessness through Employment and Housing

January 2008

Chronic Homeless Employment Technical Assistance Center

The Portland Conversations report was developed by the Chronic Homeless Employment Technical Assistance Center (CHETA), a partnership between the Corporation of Supportive Housing and Advocates for Human Potential. The conversations referred to in the title took place in April 2007 in Portland, Oregon, at the second annual grantee conference of the "Ending Chronic Homelessness through Employment and Housing" initiative. The initiative was formed as a demonstration program involving the U.S. Departments of Labor and Housing & Urban Development with five local workforce investment boards and housing agencies.

Demonstration projects in five cities – Boston (Project HomeWork), Indianapolis (Threshold Project), Los Angeles (LA's HOPE), Portland (Worksystems, Inc.), and San Francisco (Hope House) – were created to test a "housing plus employment" strategy offering permanent housing through a "housing first" model as well as intensive "work first" employment assistance. A total of 300 mostly scattered site units across the five projects were subsidized through HUD Shelter Plus Care or Supportive Housing Program funding. One Stop career centers in each city were required to partner in placing project participants in competitive employment in their preferred job. Although funding for the five demonstration projects ends this year, permanent supportive housing will continue for project participants through the local Continuums of Care.

Participants were screened to meet the federal chronic homeless definition and could not come from transitional housing, safe havens or other housing programs. Applicants were expected to express interest in employment, but did not have to be work ready or free of symptoms of mental illness or alcohol or drug use.

Key aspects of “supported employment” included helping individuals make their preferred vocational choice, ongoing work-based vocational assessment, job development, follow-along supports, prescribed caseloads, and help with job retention. “Customized employment,” a set of practices that takes supported employment a step further, was applied to individualize the relationship between job seekers and employers, including shaping work tasks so that duties form a job that more closely matches a job seeker’s particular strengths.

One conclusion of the Portland conversations was that agencies supporting “housing first” require greater understanding of “work first.” For example:

- Many mental health providers are unaccustomed to integrating employment goals and outcomes as part of a treatment plan.
- Stereotypes about the employability of homeless people are pervasive among mental health workers and housing providers.
- Customers with multiple barriers have low priority in the workforce investment system which favors job seekers who are readily employable.
- Serving homeless people is not a clear priority for local workforce investment systems, forcing homeless people to compete for scarce One Stop center resources.

The full report can be accessed on the Corporation for Supportive Housing website at www.csh.org under Resources; Publications.

2008 Project CHALENG for Veterans Report

February 2008

John H. Kuhn and John Nakashima

U.S. Department of Veterans Affairs

This report highlights the findings of the FY 2007 Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans. Now in its 14th year, the Project CHALENG survey is a collaboration between Department of Veterans Affairs (VA) staff, community providers, and homeless veterans to assess the needs of homeless veterans and the extent to which their needs are being met. The 2007 survey is the first to include data from a specific questionnaire completed by individual homeless veteran consumers. As a result, consumer involvement in Project CHALENG grew from less than 1,000 in 2006 to over 5,000 in 2007. The overall number of survey respondents doubled nationally to more than 9,000, with consumers representing 55 percent of all participants.

In recent years, several new initiatives have been based in part on Project CHALENG findings, including: 1) greatly expanded access to dental services through the Homeless Veterans Dental Program; 2) creation of the Healthcare for Re-Entry Veterans Program to help transition former veteran correctional inmates back into the community; 3) continued expansion of the VA Grant

and Per Diem transitional housing program; and 4) major expansion of the HUD VA Supported Housing program (HUD-VASH) to make thousands of new permanent housing vouchers and case management services available to homeless veterans.

Important findings regarding needs

- Ranking of needs by all survey respondents showed the top ten unmet needs were: 1) child care; 2) long-term, permanent housing; 3) re-entry services for incarcerated veterans; 4) financial guardianship; 5) legal assistance; 6) welfare payments; 7) dental care; 8) Supplemental Security Income/Social Security Disability Income (SSI/SSDI); 9) discharge upgrade; and 10) elder health care.
- While **Arizona survey respondents'** unmet needs rankings were generally consistent with the national rankings above, they also cited family counseling, women's health care, and drop-in center services as especially important needs.
- While many veterans do not need child care, when the need for child care is present it is a particularly compelling and difficult-to-meet need and has been consistently ranked high among unmet needs identified through CHALENG.
- Re-entry services for incarcerated veterans was introduced in the FY 2005 report and has ranked among the top ten unmet needs over the past three years.

Point-in-time estimates

- A chief component of Project CHALENG is reporting of point-in-time estimates of homeless veterans by local VA homeless program coordinators, also known as "points of contact" (POC). POCs estimated approximately 154,000 veterans were homeless on a given night in January 2007.
- **Arizona POCs** estimated there were 3,740 homeless veterans at a point-in-time in January 2007, with 2,700 (72 percent) in Phoenix, 840 (22 percent) in Southern Arizona, and 200 (5 percent) in Northern Arizona.
- The **Arizona POC** estimate of 3,740 is somewhat lower than the 3,970 homeless veterans estimated in the 2006 POC survey, but still much higher than the 982 total sheltered veterans counted in the 2007 statewide Point-in-Time shelter survey compiled by the DES Homeless Coordination Office.
- Nationally, the number of accessible beds for homeless veterans was determined to have increased since FY 2006 from 72,196 to 73,430 emergency beds; 40,599 to 47,891 transitional beds; and 31,724 to 35,941 permanent beds.
- Ninety-eight POC sites (71 percent of all sites) reported seeing a total of 1,038 homeless veteran families, a 5 percent increase over 2006.

The report can be accessed on the Veterans Administration website at www.va.gov/homeless under Project CHALENG.

Housing Vouchers Are Critical for Ending Family Homelessness

January 2008

By Jill Khadduri, Abt Associates, Inc.

Homelessness Research Institute

National Alliance to End Homelessness

This report, part of the NAEH “Research Matters” series, reviews recent research on the effectiveness of housing vouchers – rental assistance meant to bridge the gap between 30 percent of a family or individual’s income and the amount needed to rent in the private market – as a means of countering shortages of affordable housing. The link between homelessness and shortages of affordable housing has been clearly demonstrated, with rates of homelessness in various cities and metropolitan areas found to be greater in locales with low vacancy rates and high rents.

Khadduri’s report concentrates on the 2.3 million of the 6 million “worst case needs” households – families and individuals with incomes below 50 percent of area median income and paying more than 50 percent of monthly income for rent or living in severely substandard housing. The Housing Choice Voucher Program, previously known as Section 8, provides a subsidy that makes it possible for a household to afford “fair market rent” in the local housing market, with the subsidy being recalculated annually depending upon the family’s income and changes in rental rates. Housing Choice vouchers are easily the largest source of housing assistance for poor households, used by approximately 2 million individual and family households at any point in time. Vouchers are the least expensive and most flexible means of providing housing assistance to poor households, especially when compared to property-based approaches involving building or renovating additional housing units.

Summarizing the literature on causes of homelessness for families with children, Khadduri cites a 2007 study by Debra Rog and John Bruckner which concluded that: “Family homelessness is perhaps most aptly described as a pattern of residential instability. Homeless episodes are typically part of a longer period of residential instability marked by frequent moves, short stays in one’s own housing, and doubling up with relatives and friends.”

Khadduri points in particular to the 2007 “Voucher Family Study” by Gregory Mills and Michelle Wood as confirming previous research findings that rental subsidies in the form of housing vouchers effectively prevent homelessness for individual families. Because the study by Mills and Wood used a system of random assignment of families to a control group, its findings are an especially powerful demonstration of the effectiveness of voucher-based housing subsidies. The study found that voucher assistance resulted in a *74 percent reduction* in the incidence of homelessness.

Moreover, Khadduri points to several recent findings that vouchers are an effective way of leaving homelessness. The “Homeless Families Program” and the “Family Reunification Program” demonstrations showed high-needs families used housing vouchers successfully to achieve stable housing even after years of housing instability. A New York City study showed that families were 20 times more likely to be stably housed (in their own apartment for at least

one year) if they had received housing vouchers after emergency shelter admission. Subsidized housing was found to be “virtually the only predictor of residential stability after shelter.”

Khadduri concludes that the policy implications are clear – more vouchers should be funded; public housing agencies should be permitted to fund all authorized vouchers and should be rewarded for using the full amount of allocated funding; vouchers should be targeted to extremely low income “worst case needs” families and individuals; Congress should consider an open enrollment program for the very poor, those with incomes below 15 percent of area median income; and particularly difficult-to-serve groups, such as those with criminal records, should be assured to be served.

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

Arizona Addendum: On July 16, 2008, the **Center on Budget and Policy Priorities** reported that of Arizona’s 20,441 authorized housing vouchers, only 92 percent were used in 2007 compared to a 97 percent use figure in 2004. Six-hundred seventy-six fewer families in Arizona received assistance in 2007 than in 2004. The percentage of use in Phoenix has dropped markedly since 2004, from 100 percent to only 85 percent of over 5,300 authorized vouchers in 2007, one of the lowest usage rates in the state. With over 3,800 vouchers authorized, Tucson Community Services 2007 usage rate was 99 percent.

Using HUD data, the Center estimates that by using authorized vouchers and reserve funding, housing agencies in Arizona have the potential to assist as many as 1,455 additional families in 2008.

See the Center on Budget and Policy Priorities website at www.cbpp.org for more information.

HUD data also shows that of 39,000 Housing Choice vouchers made available nationally through the Family Unification Program (FUP), only 300 are in use in Arizona. In November 2008, HUD issued a Notice of Funding Availability (NOFA) for the Family Unification Program, inviting local housing authorities to apply for \$20 million in new Section 8 Housing Choice Vouchers. The FUP vouchers are the first new Section 8 vouchers released by HUD in 8 years.

Life After Lockup: Improving Reentry from Jail to the Community

May 2008

Amy Solomon, Jenny Osborne, Stefan LoBuglio, Jeff Mellow, and Debbie Mukamal
Urban Institute Justice Policy Center

Each year U.S. jails process an estimated 12 million admissions and releases. Substance abuse, job and housing instability, mental illness, and a variety of health problems are part of the day-to-day reality of the lives of many who cycle in and out of jail. With increasing awareness of the effects of reentry on community wellbeing, many of the field’s leading practitioners have begun to consider jail reentry programs and strategies as essential to the mission of jails. *Life After Lockup* synthesizes key findings from the Jail Reentry Roundtable (an ongoing national forum)

and discusses opportunities on the jail-to-community continuum where reentry-focused interventions can make a difference.

The report details facts about U.S. jails and characteristics of the jail population, discusses a range of targets for intervention, provides examples of successful reentry programs in several jurisdictions, and outlines the role of probation agencies in facilitating the transition from jail. Section 2 of the report addresses specific intervention opportunity points, including:

- Classification, screening and assessment to determine individual risks and needs;
- Reentry planning to improve the chances for successful reintegration;
- Jail-based interventions and “community in-reach” to provide a level of prerelease activity during incarceration;
- Preparation for critical first hours and days after release from jail; and
- Connecting individuals to resources and case management, where appropriate, after release.

Regarding screening and assessment, the report’s description of the **Assess, Plan, Identify, and Coordinate (APIC) Model** is particularly interesting. A national practitioner review of reentry programs focusing on persons with mental illness and dual diagnoses resulted in the development of the model as a means of improving the chances of successful reentry and reducing relapse and recidivism. The report outlines key elements of the model, describing it as a best practice guide that can be tailored to context of a specific jail.

The report also describes evidence-based principles for effective interventions inside the jail, with particular attention to the work of Hampden County, Massachusetts, in bridging the gap in health care through community health center in-reach, and the efforts of San Bernardino County, California, and Montgomery County, Maryland, workforce development departments in providing employment services for jail consumers.

At the “moment of release” point, *Life After Lockup* suggests the following:

- Provide resource guides and reentry handbooks.
- Identify community-based services and make appointments to carry out a postrelease plan.
- Arrange transportation at the gate, including a positive contact to meet the individual.
- Prepare applications for identification documents and reinstatement of benefits.
- Provide a temporary supply of medication or appropriate prescriptions.

The point is made that focusing on the discharge process is not a replacement for a more broad-based reentry plan, but a specific tool for managing the period immediately following release.

The full report can be accessed through the Urban Institute website at www.urban.org under publications on Crime/Justice.

Major Recommendations: Summary Report of the Urban Institute's Assessment of the District of Columbia's Public Homeless Assistance System

June 2008

By Martha R. Burt and Sam Hall

Urban Institute

The District of Columbia's Mayor, Adrian Fenty, has committed his administration to producing 2,500 net new units of permanent supportive housing for the most severely disabled and longest-term homeless people in the city. The D.C. Interagency Council on Homelessness was tasked with developing and implementing plans to fulfill the Mayor's commitment soon after Fenty took office in January 2007. In July 2007, the Urban Institute was engaged to conduct an assessment of the city's homeless assistance system to help guide efforts to transform the system. Some of the findings of the assessment include:

- About 13,000 single adults and 2,800 adults and children in about 530 families use emergency shelter in the district every year (Note: The total of 15,800 individuals compares to approximately 8,600 emergency shelter users in Maricopa County in FY 2007-2008.)
- About 2,200 single adults were chronically homeless on a single night in January 2008.
- Among single adults, 47 percent use seven or fewer nights of shelter per year; 10 percent use shelter more than 180 nights per year; and 4 percent use shelter every night.
- *The 14 percent of single adults who use more than 180 shelter nights per year use 57 percent of D.C.'s shelter capacity annually.*
- On an average night, an estimated 136 families, including 711 persons, used emergency shelter. (Note: In Maricopa County, 144 families, including 561 persons, used emergency shelter on a single night in January 2008, excluding domestic violence shelters.)
- Among families, 19 percent stay 365 nights a year, and 16 percent stay more than 180 nights per year.
- These 35 percent of homeless families use 43 percent of D.C.'s emergency shelter capacity for families.

These data led Burt and Hall to conclude that: 1) if all long-term single adult shelter stayers were moved to permanent supportive housing (PSH) units, at least half the District's emergency shelter capacity would not be needed; and 2) providing permanent supportive housing for long-staying families would allow D.C. to accommodate shorter-stay families with much less shelter capacity.

Four primary recommendations focus on concerted development of permanent supportive housing, cutting emergency shelter beds by half, and a complete overhaul of the District's homeless management information system to make it "flexible, useful, and open." The recommendations are summarized in Burt & Hall's July 13, 2008, opinion piece in *The Washington Post* – "What It Will Take to End Homelessness in D.C.":

"Step one involves moving the city's most chronically homeless individuals into permanent supportive housing (PSH). Our study showed that only 14 percent of homeless people stay in emergency shelters longer than six months, but they use almost two-thirds of shelter resources. Still more linger on the streets, putting heavy demands on emergency medical and corrections

services. As Denver, San Francisco, and Portland, Oregon, have proved, providing housing plus counseling and similar services is far more humane, efficient and cost effective, and reduces street homelessness.”

“Another recommendation is that agencies developing PSH units commit themselves to housing those who have been homeless the longest or have the most severe forms of disability...The third pillar of the new system is restructuring emergency homeless shelters. As long-term users move to supportive housing, far fewer emergency beds will be needed. In several years, the District should be close to having a system half the present size, with savings poured into smaller shelters and more staff and services.”

The authors note that no methods exist for channeling the neediest homeless people into the city’s 3,200 currently available PSH units, and that specifying how potential PSH tenants are to be selected will have to be fair and agreed to by all parties. Regarding reconfiguring the emergency shelter system, they call for development of new intake, assessment, and triage procedures to identify client needs.

The D.C. Interagency Council on Homelessness Strategic Planning Committee has formed three work groups – Permanent Supportive Housing, Emergency Shelter Transformation, and HMIS – to address the Urban Institute recommendations.

This and two related reports by Martha Burt and Sam Hall on the D.C. homeless assistance system can be accessed through www.urban.org.

2008 Report Card on Homelessness in Los Angeles

June 2008

Inter-University Consortium Against Homelessness

This report is the first in what is intended as an annual series to measure efforts toward ending homelessness in the Los Angeles County Continuum of Care. With the highest number of homeless people among U.S. urban areas (73,702 according to the Continuum’s 2007 point-in-time survey), the Report Card is meant to provide critical feedback on community progress in the area served by the Los Angeles Homeless Services Authority (LAHSA).

The Report Card was prepared by academics from USC, UCLA, UC Irvine, UC Riverside, UC San Diego, Loyola Marymount University, and Occidental College with support from the Economic Roundtable. Thirty-eight experts on poverty, affordable housing and homelessness, all members of the Inter-University Consortium Against Homelessness, participated in scoring nine Action Areas identified as influencing the degree of homelessness and the availability of pathways toward achieving stable housing.

The action areas scored include: 1) affordable housing; 2) permanent supportive housing; 3) emergency and transitional housing; 4) governmental health and welfare programs; 5) emergency food provisions; 6) workforce opportunities; 7) homeless civil liberties; 8) regional fair share efforts; and 9) leadership and collaboration.

Scoring in the nine action areas includes an overall grade (A through F), trend (positive, neutral or negative), and effort to improve (strong, moderate, minor, none, or negative), with scoring as follows:

	<u>Grade</u>	<u>Trend</u>	<u>Effort</u>
Affordable Housing	F	Neutral	Minor
Permanent Housing	D	Positive	Minor
Emergency/Transitional	C-	Neutral	Minor
Health/Welfare	C-	Neutral	Moderate
Emergency Food	C-	Negative	Minor
Workforce Opportunities	D-	Neutral	Minor
Civil Liberties	F	Neutral	None
Regional Fair Share	F	Positive	Minor
Leadership & Collaboration	B-	Positive	Moderate

Discussion is provided to explain scoring in each action area. The overall assessment across the action areas is a D+.

The report provides basic demographics from the 2007 LAHSA point-in-time survey. For example, of those counted in the LA Continuum of Care, more than half were African American; 58 percent were between 41 and 60 years old; 59 percent were adult men; almost a quarter were living in families; almost half were chronically homeless; over 10,000 were children and youth; and over 5,000 live in LA’s Skid Row area. *Strikingly, 83 percent of LA County’s homeless people were unsheltered, a far higher rate than found in other major cities; for example, the Maricopa Continuum’s 2008 unsheltered rate is 24 percent, while New York City and Philadelphia each count less than 10 percent of homeless persons as unsheltered.*

Information is also provided on inventories and unmet needs for affordable housing, permanent supportive housing, emergency and transitional shelter based on a variety of needs assessment documents, such as the *Regional Housing Needs Assessment* by the Southern California Association of Governments, *Change in Affordable Housing Stock in Los Angeles* by the Southern California Association of Nonprofit Housing, LAHSA’s *2007 Homeless Count Report*, and the 2005-2006 “Annual Progress Report on Implementation of the Housing Element,” from the City of Los Angeles.

The authors note that, “[W]e recognize that much of the responsibility for homelessness lies beyond our immediate region, at the state and federal levels where a significant share of the resources needed to end homelessness must originate. However, other cities have made strides because of leadership, proactive planning, and forward-looking programs and policies. Thus an important part of the burden of resolving the homelessness crisis surely remains local.”

The complete report can be accessed at www.college.usc.edu/geography/ESPE/research.

9.0 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:

Association of Arizona Food Banks (AAFB)

AAFB is comprised of five 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.

AAFB produces the Arizona Emergency Food Providers Directory each year, which is also posted on its website in a zip code searchable format to assist agencies in finding emergency food for households experiencing hunger. AAFB also hosts an annual spring conference to provide current information on food banking to those engaged in this work in Arizona. A toll free hotline is maintained at 1-800-445-1914 for people in search of information and assistance on food resources.

Website: www.azfoodbanks.org

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. 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. 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 (People's Information 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 the Home Energy Assistance Fund, rate case intervention, food stamp outreach and the Arizona Self Help website.

Website: www.azcaa.org

Arizona Housing Alliance

The Arizona Housing Alliance is a newly-established organization with a mission to support and advocate for quality housing Arizonans can afford and a vision that all Arizonans will have quality, safe, affordable housing options and healthy, sustainable communities. The organization's initial advocacy agenda features the following items: 1) support for continued funding of the Arizona Housing Trust Fund (administered by the Department of Housing) as a critical source of funding for development of affordable housing; 2) support for implementation of a Uniform Tax Assessment methodology for deed-restricted affordable housing; and 3) support for establishment of an affordable housing component within the State General Plan to ensure thoughtful assessment of community housing needs and appropriate implementation strategies. The Alliance is currently fashioning a 2009 legislative agenda, and working to develop organizational documents, obtain not-for-profit status, and raise funds to open an office in January 2009.

Website: www.lisc.org/phoenix/programs/policy

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).

Website: www.azceh.org.

Children’s Action Alliance (CAA)

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. Through research, publications, media campaigns, and advocacy, CAA seeks to influence policies and decisions affecting 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 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

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 works to provide homeless people with the basic knowledge needed to access needed services while on the street, and help with obtaining the documents and identification to get off the street. Aid is offered through direct service, advocacy, and spirituality in an effort to rebuild 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 resource center for up to 80 homeless senior citizens with a particular focus on providing assistance with obtaining housing as well as 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. ICH has a long history of filling gaps in services and joining in wherever needed. Currently, ICH is composed of more than 30 congregations and 500 volunteers serving homeless and at-risk children, youth, and adults through emergency seasonal shelter services, community education and mentor recruitment.

Website: www.ichtucson.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

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 Children and Poverty (www.icpny.org), and

The Red, White, and Blue Book: A Survey of Programs and Services for Homeless Families (www.rwbicp.org)

Institute for the Study of Homelessness and Poverty (www.weingart.org/institute)

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/)

What Arizonans Experiencing Homelessness Want YOU to Know:

"Contrary to that I grew up believing, most of the homeless people I have met never intended to be homeless. "

"Don't stereotype when you see a homeless person."

"I've learned I have to ask for help."

"I'm tired of just existing. I want a life."

"Believe me, it isn't any fun or pleasure."

"You just need to just stop and listen to them and understand that they're just like you and me and we got to do our part. And every little bit you do makes a huge difference."

"Just because you were in prison doesn't mean you're not worth anything."

"The shelter has given my family hope and a chance to redeem, to strive forward."

"I wanted to make it.

I didn't want to be the statistic that couldn't make it."

"I AM SO GRATEFUL FOR A CHANCE TO START BUILDING A NEW LIFE."

"They think that if you're homeless that it's very contagious and things like that. They don't realize that we're just the same like everyone else. "

"I lost my job one day and I am here with my family just trying to work my way up to the top again because I told myself that I would not give up."

"Divorce, violence, lost jobs, medical conditions, and inability to find jobs occur to many more than those who choose to live on the street."

"I just want people to understand that I am not homeless because I didn't want to work or because I did drugs – it's just life is hard and things happen."

"It is hard for a homeless young female because you worry about where you are sleeping, your constantly on guard, and there are certain places you can't go."

Note: These quotes come from individuals experiencing homelessness across Arizona responding to the question, "What is most important for Arizonans to understand about homelessness?"

10.0 APPENDICES

See following tables

**Annual Point in Time Street Count
January 29, 2008
Maricopa and Pima Counties
with January 2007 Street Count Data from Other Counties**

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
Maricopa	1962	375	0	40	2,377	824	35%	10	0	31	18	49	2,426
Pima	788	129	55	12	984	628	64%	36	0	54	70	124	1,108
2008 Totals	2750	504	55	52	3,361	1,432	43%	46	0	85	88	173	3,534

January 2007 Street Count Data Reported by Balance of State

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
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
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
2007 Totals	1,212	292	0	44	1,548	332	21%	116	7	119	155	281	1,829

Note: Counties in Balance of State were not required to conduct Street Counts in January 2008; 2007 data is shown for those counties.

**Annual Point-in-Time Shelter Count
January 29, 2008
State of Arizona**

2008 Shelter Survey (287 responses)	Emergency Shelter				Transitional Housing				Permanent Supportive			
	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals
Families w/ children	256	106	93	455	459	221	79	759	239	83	48	370
Adults in Families	333	131	98	562	525	248	89	862	339	97	74	510
Children	615	146	161	922	981	414	173	1,568	460	148	99	707
Youth on Own	14	12	14	40	10	7	3	20	0	0	0	0
Single adult	1,438	490	258	2,186	847	575	194	1,616	1,642	761	191	2,594
Total Persons	2,400	779	531	3,710	2,363	1,244	459	4,066	2,441	1,006	364	3,811
Description of the above populations	Emergency Shelter				Transitional Housing				Permanent Supportive			
	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals	Maricopa	Pima	Rural	Totals
Chronically Homeless	365	219	79	663								
Veterans	187	117	45	349	152	169	73	394	61	119	6	186
Dom. Viol. Related	653	179	289	1,121	573	199	171	943	44	8	9	61
Serious Mental Illness	291	288	60	639	252	258	101	611	1,691	612	244	2,547
Sub. Abuse Disorder	443	265	92	800	699	500	162	1,361	231	293	95	619
Devel. Disability	52	19	27	98	21	33	4	58	11	4	2	17
Elderly	102	26	23	151	7	17	2	26	63	21	5	89
Physical Disability	233	79	33	345	28	67	7	102	65	61	22	148
Chronic Phys. Illness	101	45	22	168	52	52	3	107	44	37	14	95
HIV/AIDS	5	5	1	11	64	15	0	79	63	130	0	193

**Annual Point-in-Time Shelter Count by County
January 29, 2008
State of Arizona**

ES	Adults in Families	Children in Families	Youth on Own	Single Adults	Total Persons	Families	Chronic Homeless	Veterans	DV	SMI	Substance Abuse Disorder	SMI & Substance Abuse	Devel Disability	Elderly	Physically Disabled	Chronic Physical Illness	HIV/AIDS
Apache					0												
Cochise	10	25	1	31	67	10	9	4	51	3	4	3	1		1	1	
Coconino	19	34	1	70	124	19	23	11	56	10	12	4	2	3	9	6	
Gila	10	20		10	40	10	3		39							1	
Graham & Greenlee	4	5		1	10	3			10								
LaPaz	2	3		4	9	2			9		1			1			1
Maricopa	333	615	14	1,438	2,400	256	365	187	653	239	381	62	52	102	233	101	5
Mohave	9	16	8	42	75	9	9	7	36	1	10	4		3	5		
Navajo	11	10		31	52	9	10	5	15	4	8		4	1	8	3	
Pima	131	146	12	490	779	106	219	117	179	155	132	133	19	26	79	45	5
Pinal	8	16		10	34	8	3		27	2							
Santa Cruz				4	4						2			1			
Yavapai	13	16	4	13	46	12		3	20	2	10	2		2			
Yuma	12	16		42	70	11	22	15	26	7	14	18	20	12	10	11	
Totals	562	922	40	2,186	3,710	455	663	349	1,121	423	574	226	98	151	345	168	11

TH	Adults in Families	Children in Families	Youth on Own	Single Adults	Total Persons	Families	Veterans	DV	SMI	Substance Abuse Disorder	SMI & Substance Abuse	Devel Disability	Elderly	Physically Disabled	Chronic Physical Illness	HIV/AIDS
Apache	6	8		7	21	5	3	2	5					3		
Cochise	2	2		12	16	2	1	2		11	3			1		
Coconino	16	34		10	60	14	1	42	1	4		1	1			
Gila	4	7			11	4		11								
Graham & Greenlee	1	1			2	1		2								
LaPaz	1	2		1	4	1		4								
Maricopa	525	981	10	847	2,363	459	152	573	95	542	157	21	7	28	52	64
Mohave	11	19		14	44	11		16		17	3			1		
Navajo	5	8		27	40	4	2	2	14	6	4			1		
Pima	248	414	7	575	1,244	221	169	199	66	308	192	33	17	67	52	15
Pinal	22	59		6	87	19		58	2	8	4	1			1	
Santa Cruz																
Yavapai	21	33	3	98	155	18	63	31	7	43	46	1	1		1	
Yuma				19	19		3	1	6	7	6	1		1	1	
Totals	862	1,568	20	1,616	4,066	759	394	943	196	946	415	58	26	102	107	79

**Annual Point-in-Time Shelter Count by County
January 29, 2008
State of Arizona**

PSH	Adults in Families	Children in Families	Single Adults	Total Persons	Veterans	Families	DV	SMI	Substance Abuse Disorder	SMI & Substance Abuse	Devel Disability	Elderly	Phys. Disabled	Chronic Physical Illness	HIV/AIDS
Apache	2	4	11	17	1	1		10		3			2		
Cochise	12	17	57	86		10		59		6					
Coconino	6	6	37	49	2	3	1	6	3	29	1	3			
Gila															
Graham*	see note below				see note below										
Greenlee*	see note below				see note below										
LaPaz	15	25	8	48		10		16		6	1		4	4	
Maricopa	339	460	1,642	2,441	61	239	44	1,584	124	107	11	63	65	44	63
Mohave	6	6	17	29		4	6	9	1	9			6		
Navajo			8	8			2	6		2			1		
Pima	97	148	761	1,006	119	83	8	401	82	211	4	21	61	37	130
Pinal			17	17				8		9		1			
Santa Cruz*	see note below				see note below										
Yavapai			10	10	3			2	1	7		1	3	3	
Yuma	33	41	26	100		20		38		19			6	7	
Totals	510	707	2,594	3,811	186	370	61	2,139	211	408	17	89	148	95	193

* PSH data for these counties is combined with Cochise County data by Southeast Arizona Behavioral Health Services (SEABHS).

2008 HUD Application Housing Inventory Summary for State Continuums of Care

	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	Total # of Beds in HMIS	% of beds in HMIS	Unmet Need - Individual Beds	Unmet Need - Family Beds	Total Unmet Needs
Emergency Shelter										
Maricopa	36	1,471	1,223	2,694	2,076	1,393	67%	596	731	1,327
Pima	20	496	253	749	650	196	30%	18	30	48
Rural/Balance of State	44	271	530	801	326	319	98%	790	969	1,759
Totals	100	2,238	2,006	4,244	3,052	1,908	62%	1,404	1,730	3,134
Transitional Housing										
Maricopa	52	993	2,006	2,999	2,691	2,210	82%	999	999	1,998
Pima	47	952	814	1,766	1,734	1,440	83%	59	156	215
Rural/Balance of State	34	311	443	754	583	504	86%	773	999	1,772
Totals	133	2,256	3,263	5,519	5,008	4,154	87%	1,831	2,154	3,985
Permanent Supportive Housing										
Maricopa	17	1,699	824	2,523	2,523	2,503	99%	999	999	1,998
Pima	21	455	167	622	608	585	96%	77	11	88
Rural/Balance of State	19	286	87	373	373	343	92%	594	468	1,062
Totals	57	2,440	1,078	3,518	3,504	3,431	98%	1,670	1,478	3,148
Safe Haven Housing										
Maricopa	1	25	0	25	25	25	100%	0	0	0
Pima	1	15	0	15	15	15	100%	0	0	0
Rural/Balance of State	0	0	0	0	0	0	0%	0	0	0
Totals	2	40	0	40	40	40	100%	0	0	0
State Totals	292	6,974	6,347	13,321	11,604	9,533	82%	4,905	5,362	10,267

Note: Due to capacity changes during the reporting year, year-round bed capacity totals may not correspond to the capacity totals shown in the Continuum of Care map set tables in this report.

Also, calculation of the percentage of year-round beds covered in the Homeless Management Information System (HMIS) excludes domestic violence beds, as domestic violence shelters do not participate in HMIS.

Number of McKinney-Vento eligible students by Grade and County

	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Apache County	0	10	6	6	6	7	1	12	21	18	0	1	0	1	89
Cochise County	9	46	58	47	38	44	42	40	38	32	44	31	35	45	549
Coconino County	9	50	37	52	52	33	48	34	21	17	44	34	21	20	472
Gila County	2	14	26	26	17	22	11	4	8	6	21	14	10	4	185
Graham	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
LaPaz County	0	2	2	5	1	3	4	3	1	0	1	2	2	2	28
Maricopa County	88	1334	1227	1123	1066	960	957	865	823	796	1386	1010	883	987	13505
Mohave County	3	106	76	86	62	65	61	69	61	56	55	37	40	47	824
Navajo County	1	25	26	34	24	19	20	17	14	19	22	24	29	22	296
Pima County	27	293	293	278	268	273	220	302	244	268	332	251	215	297	3561
Pinal County	10	82	96	66	63	72	60	74	78	77	23	29	31	32	793
Santa Cruz County	0	1	1	3	3	1	1	0	2	2	0	1	1	3	19
Yavapai County	11	63	75	81	70	67	68	81	79	107	48	55	51	51	907
Yuma County	2	12	12	9	8	16	6	10	13	15	8	5	5	28	149
Total	162	2038	1935	1816	1678	1582	1499	1511	1403	1413	1984	1494	1323	1539	21377*

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

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	Homeless	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	Homeless	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	Homeless	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%

FY 2008 Academic Achievement of McKinney-Vento Eligible Students

READING	AZ	Homeless	Homeless	Homeless
Grade	% M&E*	# M&E	# Tested	% M&E
3	85%	720	1,424	50.6%
5	85%	576	1,276	45.1%
8	48%	464	1,132	41.0%
H.S.	48%	1103	2,739	40.3%

MATH	AZ	Homeless	Homeless	Homeless
Grade	% M&E	# M&E	# Tested	% M&E
3	88%	792	1,428	55.5%
5	85%	604	1,273	47.4%
8	44%	389	1,132	34.4%
H.S.	38%	919	2,897	31.7%

Homeless Housing Map Sets

Maricopa Continuum of Care
Pima Continuum of Care
Rural Continuum of Care

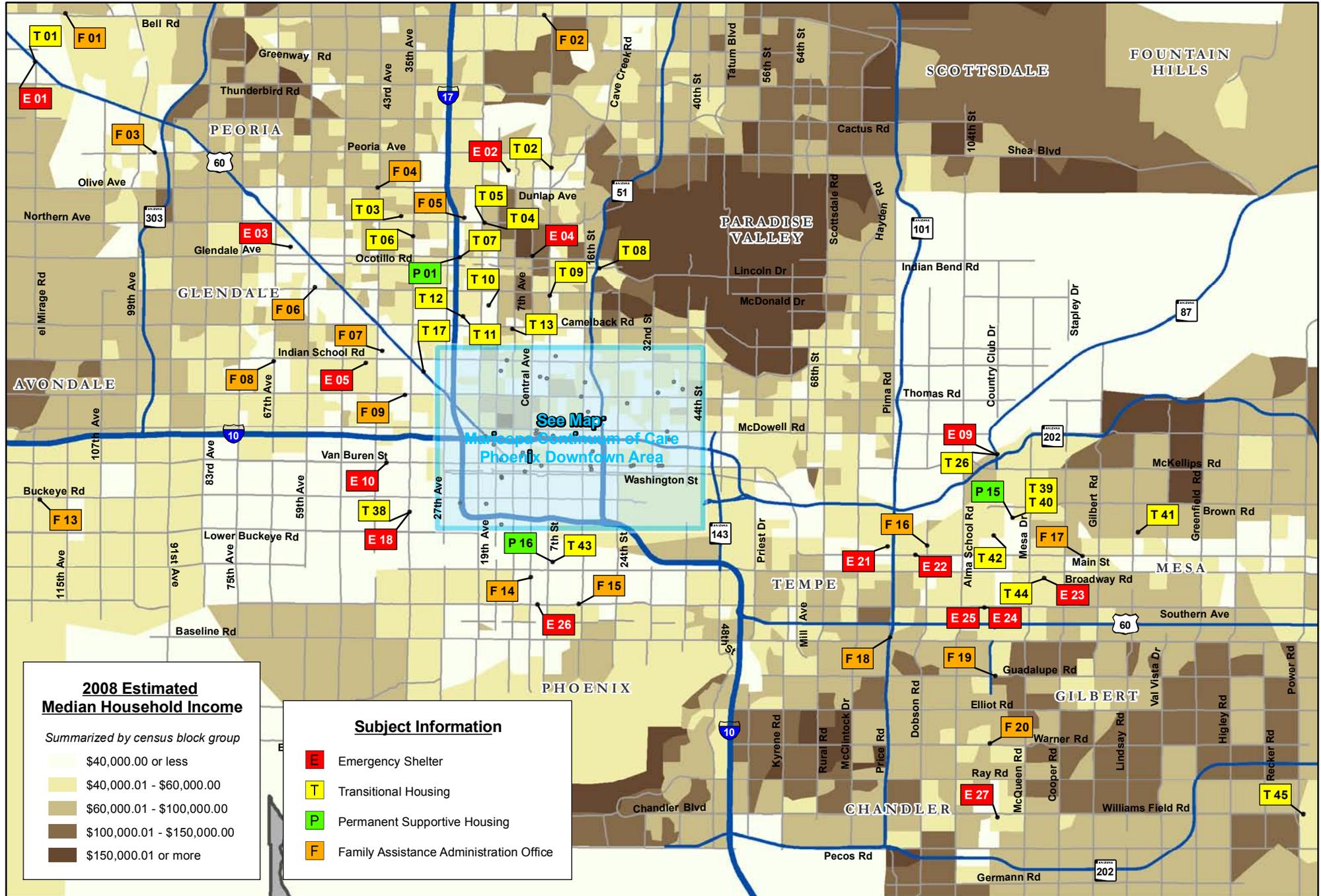
Contents:

- Maps of emergency shelters, transitional housing and permanent supportive housing in each Continuum of Care, with median income by census block group.
- Map-keyed listings of all housing programs participating in the 2008 Arizona Point-in-Time Shelter survey, including population and capacity data for each program.
- Map-keyed listings of DES Family Administration offices in each Continuum of Care.

Produced by the
Arizona Department of Economic Security GIS Unit

with the
DES Homeless Coordination Office

Homeless Shelters and Median Income Maricopa Continuum of Care

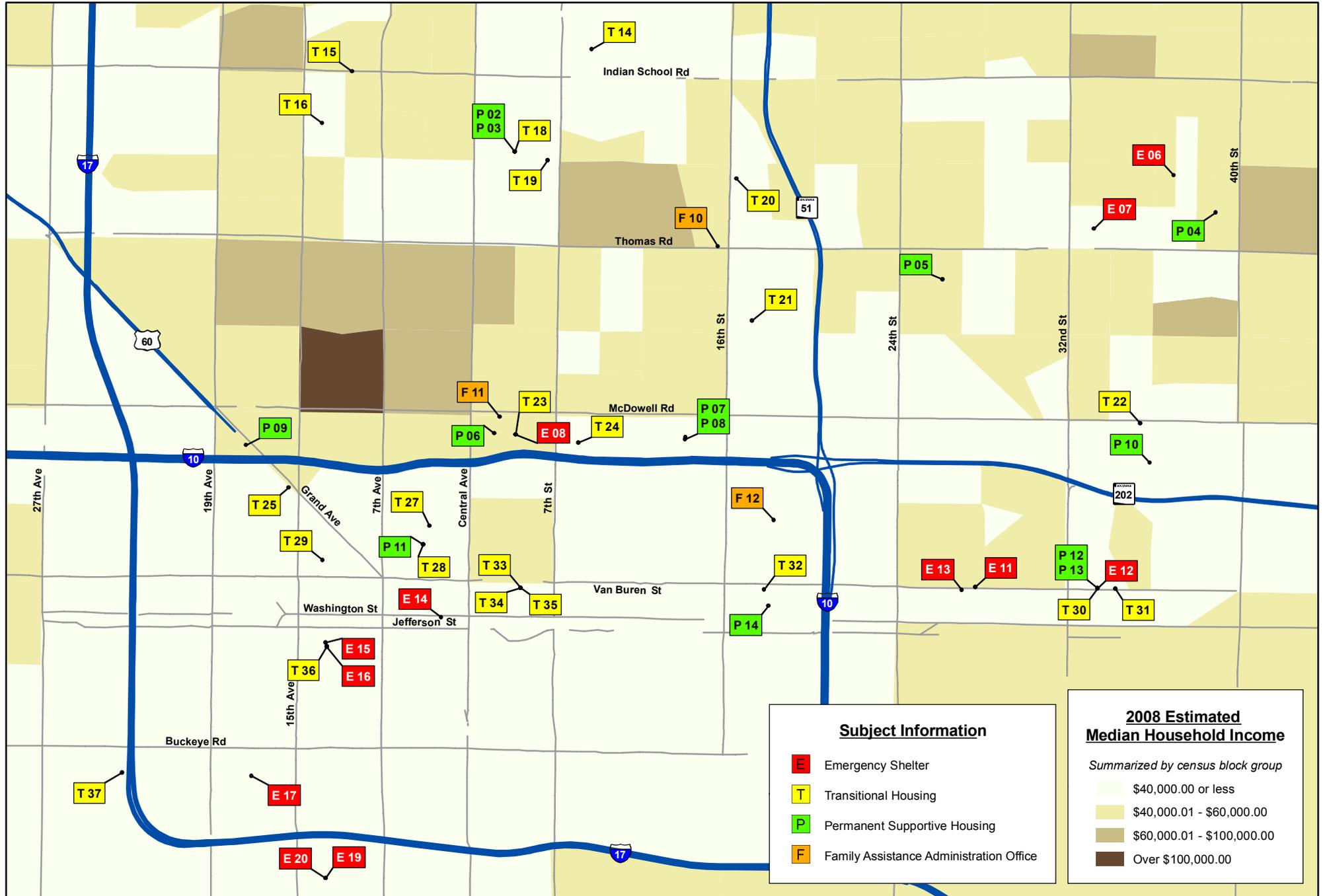


108050 - November 2008, Arizona Department of Economic Security (DES) - GIS Unit
DES makes no warranties, implied or expressed, with respect to the information shown on this map.
Source: ESRI, 2008 (Demographics); Arizona Department of Transportation, 2008 (Highways)

Note: Domestic Violence shelters are not included in this map.

Homeless Shelters and Median Income

Maricopa Continuum of Care - Phoenix Downtown Area



Subject Information

- E Emergency Shelter
- T Transitional Housing
- P Permanent Supportive Housing
- F Family Assistance Administration Office

2008 Estimated Median Household Income

Summarized by census block group

- Lightest Yellow: \$40,000.00 or less
- Yellow: \$40,000.01 - \$60,000.00
- Light Brown: \$60,000.01 - \$100,000.00
- Dark Brown: Over \$100,000.00

108050 - November 2008, Arizona Department of Economic Security (DES) - GIS Unit
DES makes no warranties, implied or expressed, with respect to the information shown on this map.
Source: ESRI, 2008 (Demographics); Arizona Department of Transportation, 2008 (Highways)

Note: Domestic Violence shelters are not included in this map.



Maricopa Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008			
				Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children	
Emergency Shelters (Non-Domestic Violence)															
E 01	Emergency	Catholic Social Services - El Mirage	623-875-0519	0	0	16	4	0	0	0	0	0	4	8	10
E 02	Emergency	CASS Vista Colina Family Shelter	602-870-8778	0	0	119	31	0	0	0	0	29	49	70	
E 03	Emergency	Steps House - Last Resort	623-939-1566	12	0	0	0	8	8	0	0	0	0	0	
E 04	Emergency	Respite Shelter	602-870-4353	9	0	0	0	8	8	0	0	0	0	0	
E 05	Emergency	Spirit of God Ministries - 12th Ave	602-272-3662	12	0	0	0	5	5	0	0	0	0	0	
E 06	Emergency	New AZ Family - 37th St.	602-553-7300	16	0	0	0	14	11	3	0	0	0	0	
E 07	Emergency	New AZ Family - Pinchot Gardens	602-553-7300	24	0	16	4	26	0	26	0	6	6	8	
E 08	Emergency	Tumbleweed - Open Hands	602-271-9704	0	12	0	0	0	0	0	12	0	0	0	
E 09	Emergency	A New Leaf - East Valley Men's Center	480-610-6722	66	0	0	0	59	59	0	0	0	0	0	
E 10	Emergency	Church on the Street	602-252-7444	150	0	0	0	75	75	0	0	0	0	0	
E 11	Emergency	Community Bridges Central Recovery Ctr	480-831-7566	39	0	0	0	66	53	13	0	0	0	0	
E 12	Emergency	UMOM New Day Ctr - Emergency Family	602-889-0671	0	0	198	66	0	0	0	0	46	69	115	
E 13	Emergency	Salvation Army - Kaiser Family Center	602-267-4139	0	0	113	23	0	0	0	0	27	44	63	
E 14	Emergency	City of Phoenix - Voucher Program	602-534-1879	0	0	n/a	0	0	0	0	0	0	0	0	
E 15	Emergency	CASS Low Demand Shelter	602-256-6945	325	0	0	0	325	325	0	0	0	0	0	
E 16	Emergency	CASS Single Adult Shelter	602-256-6945	415	0	0	0	437	329	108	0	0	0	0	
E 17	Emergency	Gift of Mary Home	602-254-8424	20	0	0	0	12	5	7	0	0	0	0	
E 18	Emergency	Phoenix Rescue Mission - Emergency	602-346-3360	113	0	0	0	112	112	0	0	0	0	0	
E 19	Emergency	City of Phoenix - Watkins Family Shelter	602-534-1879	0	0	54	10	0	0	0	0	18	25	38	
E 20	Emergency	City of Phoenix - Watkins Women's Shelter	602-534-1879	95	0	0	0	95	0	95	1	0	0	0	
E 21	Emergency	Tempe Community Action I-HELP	480-350-5894	30	0	0	0	32	27	5	0	0	0	0	
E 22	Emergency	A New Leaf - La Mesita Family Shelter	480-834-8723	0	0	120	30	0	0	0	0	20	25	45	
E 23	Emergency	Community Bridges East Valley Recovery Ctr	480-831-7566	27	0	0	0	40	30	10	0	0	0	0	
E 24	Emergency	New AZ Family - 619 W. Southern	602-553-7300	8	0	0	0	5	5	0	0	0	0	0	
E 25	Emergency	New AZ Family - 621 W. Southern	602-553-7300	8	0	0	0	8	8	0	0	0	0	0	
E 26	Emergency	New Arizona Family - E. Southern	602-553-7300	8	0	0	0	8	0	8	0	0	0	0	
E 27	Emergency	Jesus Cares Ministry	480-831-1737	9	0	0	0	3	3	0	1	0	0	0	
Emergency Shelter (Non-Domestic Violence) Totals				1,386	12	636	168	1,338	1,063	275	14	150	226	349	
Emergency Domestic Violence Shelters - Locations Unmapped															
DV Shelter	A New Leaf - Autumn House DV	480-835-5817	0	0	22	4	4	0	4	0	0	5	5	12	
DV Shelter	A New Leaf - DVSTOP Vouchers	480-890-3039	0	0	n/a	0	0	0	0	0	0	2	2	7	
DV Shelter	A New Leaf - Faith House DV	480-733-3019	0	0	22	4	0	0	0	0	0	4	4	11	
DV Shelter	Catholic Charities - My Sister's Place	480-821-1024	2	0	22	7	2	0	2	0	0	5	5	10	
DV Shelter	Chrysalis - Phoenix Shelter	602-944-4999	0	0	16	4	5	0	5	0	0	2	2	6	
DV Shelter	Chrysalis - Scottsdale Shelter	480-481-0402	0	0	24	6	6	0	6	0	0	6	6	11	
DV Shelter	CPLC De Colores Crisis DV	602-269-1515	0	0	58	12	1	0	1	0	0	12	12	40	
DV Shelter	New Life Center DV	623-932-4404	9	0	73	16	5	0	5	0	0	19	19	34	
DV Shelter	Salvation Army - Elim House DV	602-267-4142	19	0	50	14	2	0	2	0	0	8	8	23	
DV Shelter	Sojourner Center - Heritage Campus DV	602-296-3337	0	0	84	20	2	0	2	0	0	26	26	62	
DV Shelter	Sojourner Center - Hope Campus DV	602-296-3337	0	0	156	37	73	0	73	0	0	5	5	7	
DV Shelter	UMOM New Day Center - DV Shelter	602-526-6261	0	0	56	14	0	0	0	0	0	12	13	43	
Emergency Domestic Violence Shelter Totals				30	0	583	138	100	0	100	0	106	107	266	
Emergency Shelter Totals				1,416	12	1,219	306	1,438	1,063	375	14	256	333	615	

Maricopa Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
				Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
Transitional Housing (Non-Domestic Violence)														
T 01	Transitional	Catholic Social Services - El Mirage	623-875-0519	0	0	20	4	0	0	0	0	3	5	10
T 02	Transitional	House of Refuge Sunnyslope	602-678-0223	35	0	0	0	26	26	0	0	0	0	0
T 03	Transitional	Clean and Sober Living (4 sites)	602-540-0258	28	0	0	0	28	28	0	0	0	0	0
T 04	Transitional	Catholic Charities - Dignity at Sundance	602-361-0579	10	0	0	0	7	0	7	0	0	0	0
T 05	Transitional	Catholic Charities - Dignity House	602-361-0579	5	0	0	0	3	0	3	0	0	0	0
T 06	Transitional	Crossroads for Men - 35th Ave	602-249-8002	50	0	0	0	50	50	0	0	0	0	0
T 07	Transitional	Phoenix Shanti Group	602-279-0008	20	0	0	0	19	18	1	0	0	0	0
T 08	Transitional	Crossroads for Men - Ocotillo Rd	602-249-8002	40	0	0	0	40	40	0	0	0	0	0
T 09	Transitional	Labor's Community Service	602-263-5741	0	0	220	48	0	0	0	0	41	53	136
T 10	Transitional	Childhelp - The Bridge	602-589-5556	0	0	40	8	0	0	0	0	7	7	10
T 11	Transitional	Homeward Bound Scattered Site Housing	602-374-8725	0	0	269	73	0	0	0	0	68	96	163
T 12	Transitional	Homeward Bound Thunderbirds Family Village	602-374-8725	0	0	187	80	0	0	0	0	59	59	110
T 13	Transitional	Florence Crittenton Transitional Housing	602-274-7318	7	0	10	6	1	0	1	0	3	3	3
T 14	Transitional	HomeBase - Nicholas Transitional Program	602-651-1805	25	0	0	0	24	18	6	0	0	0	0
T 15	Transitional	Tumbleweed START	602-264-6035	0	9	0	0	5	1	4	0	1	1	1
T 16	Transitional	Crossroads for Men - 13th Ave	602-249-8002	32	0	0	0	32	32	0	0	0	0	0
T 17	Transitional	Phoenix Dream Center	602-346-8700	150	0	0	0	75	75	0	0	0	0	0
T 18	Transitional	Southwest Beh. Hlth. - HOPWA Transitional	602-351-6908	35	0	20	9	21	17	4	0	4	14	8
T 19	Transitional	Family Promise Greater Phoenix	602-294-0222	0	0	16	6	0	0	0	0	5	7	8
T 20	Transitional	Crossroads for Women	602-249-8002	64	0	0	0	60	0	60	0	0	0	0
T 21	Transitional	SW Behav. Health - Harvard SIL (since closed)	602-495-1156	14	0	0	0	12	9	3	0	0	0	0
T 22	Transitional	Streets of Joy (closed August 2008)	602-285-9382	50	0	0	0	48	48	0	2	0	0	0
T 23	Transitional	Tumbleweed YAP	602-468-2417	0	20	0	5	1	0	1	8	4	1	9
T 24	Transitional	YWCA - Haven House	602-258-0990	0	0	45	16	0	0	0	0	16	16	26
T 25	Transitional	Teen Challenge	602-271-4084	60	0	0	0	35	35	0	0	0	0	0
T 26	Transitional	A New Leaf - East Valley Men's Shelter	480-610-6722	18	0	0	0	18	18	0	0	0	0	0
T 27	Transitional	Native Amer. Connections Indian Rehabilitation	602-495-3085	16	0	0	0	13	13	0	0	0	0	0
T 28	Transitional	Native Amer. Connections - Catherine Arms	602-443-0298	5	0	10	5	1	1	0	0	1	1	1
T 29	Transitional	Andre House	602-255-0580	10	0	0	0	7	4	3	0	0	0	0
T 30	Transitional	UMOM New Day - Transitional Family	602-889-0671	0	0	105	30	0	0	0	0	30	37	66
T 31	Transitional	Native Amer. Connections - Guiding Star	602-254-5805	16	0	32	16	26	0	26	0	0	0	0
T 32	Transitional	St Vincent De Paul - Ozanam Manor	602-495-3050	49	0	0	0	41	22	19	0	0	0	0
T 33	Transitional	Maggie's Place - Elizabeth House	602-262-5555	5	0	5	2	3	0	3	0	1	1	1
T 34	Transitional	Maggie's Place - Magdalene House	602-262-5555	0	0	8	2	4	0	4	0	4	4	4
T 35	Transitional	Maggie's Place - Michael House	602-262-5555	3	3	3	2	0	0	0	0	3	3	3
T 36	Transitional	NOVA Safe Haven	602-528-0758	25	0	0	0	21	15	6	0	0	0	0
T 37	Transitional	Southwest Behavioral Health - The Haven	602-258-1542	16	0	0	0	15	8	7	0	0	0	0
T 38	Transitional	Phoenix Rescue Mission - Transitional	602-346-3360	20	0	0	0	20	20	0	0	0	0	0
T 39	Transitional	Women in New Recovery	480-464-5764	50	0	10	1	39	0	39	0	0	0	0
T 40	Transitional	Women in New Recovery - Alternative Living	480-464-5764	0	0	55	6	42	0	42	0	0	0	0
T 41	Transitional	A & A Cottages - Empower House	480-610-6722	4	0	8	4	3	0	3	0	0	0	0
T 42	Transitional	Save the Family	480-898-0228	0	0	364	80	0	0	0	0	73	77	139
T 43	Transitional	US Vets - VIP	602-305-8585	69	0	0	0	66	64	2	0	0	0	0
T 44	Transitional	Community Bridges - Center for Hope	480-831-7566	12	0	24	24	12	0	12	0	14	13	11
T 45	Transitional	House of Refuge East	480-988-9242	0	0	245	84	3	0	3	0	79	83	162
Transitional Housing (Non-Domestic Violence) Totals				943	32	1,696	511	821	562	259	10	416	481	871

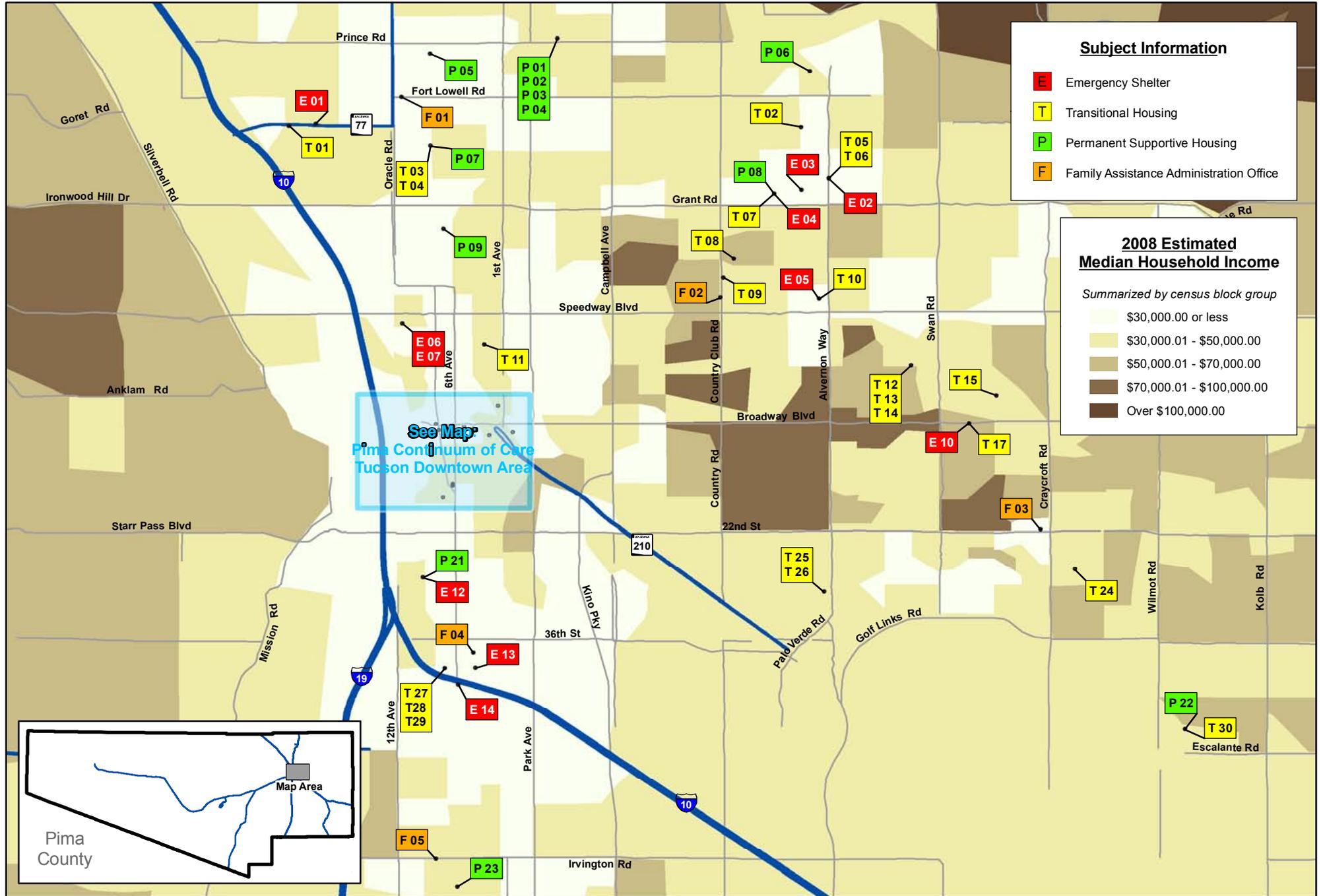
Maricopa Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
				Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
Transitional Domestic Violence Housing - Locations Unmapped														
DV Transitional	A New Leaf - Faith House		480-733-3019	0	0	64	16	0	0	0	0	7	7	25
DV Transitional	Area Agency on Aging - DOVES		602-277-2004	15	0	0	0	14	0	14	0	0	0	0
DV Transitional	Catholic Charities - Pathways		480-821-1024	0	0	13	4	0	0	0	0	4	4	9
DV Transitional	Chrysalis - Transitional Shelter		602-944-4999	0	0	42	9	2	0	2	0	8	8	12
DV Transitional	CPLC - De Colores		602-269-1515	0	0	30	6	0	0	0	0	6	6	26
DV Transitional	CPLC - De Colores Casa de Vida		602-269-1515	0	0	14	5	2	0	2	0	3	3	7
DV Transitional	CPLC - De Colores Transitional COP		602-269-1515	0	0	14	5	0	0	0	0	3	3	7
DV Transitional	House of Compassion		602-316-5644	2	0	9	2	3	0	3	0	1	2	7
DV Transitional	Sojourner Center - Heritage Campus		602-296-3337	0	0	40	12	3	0	3	0	5	5	7
DV Transitional	Sojourner Center - SLP Campus		602-296-3337	11	0	32	15	2	0	2	0	6	6	10
Transitional Domestic Violence Housing Totals				28	0	258	74	26	0	26	0	43	44	110
Transitional Housing Totals				971	32	1,954	585	847	562	285	10	459	525	981
Permanent Supportive Housing														
P 01	Supportive	Phoenix Shanti Group	602-279-0008	6	0	4	1	6	6	0	0	1	2	3
P 02	Supportive	Southwest Behav. Hlth. - HOPWA Permanent	602-351-6908	23	0	12	6	28	23	5	0	2	3	3
P 03	Supportive	Southwest Behav. Hlth - Brookside Permanent	602-257-9339	8	0	4	2	7	7	0	0	2	2	2
P 04	Supportive	Native Amer. Connections - Sunrise Circle	602-443-0298	0	0	54	25	19	10	9	0	3	3	3
P 05	Supportive	Recovery Innovations - Another Chance	602-636-4614	97	0	0	0	97	61	36	0	0	0	0
P 06	Supportive	AZ Behavioral Health - Supportive Housing	602-712-9200	1,309	0	746	221	1,309	711	598	0	221	315	431
P 07	Supportive	Native Amer. Connections - Stepping Stones	602-443-0298	24	0	0	0	21	18	3	0	0	0	0
P 08	Supportive	Area Agency on Aging - HIV Case Mngt	622-277-2004	20	0	0	0	20	20	0	0	0	0	0
P 09	Supportive	AZ Housing Inc. - Steele & Copper Commons	602-256-6945	84	0	0	0	83	58	25	0	0	0	0
P 10	Supportive	UMOM - Sahara Luna	602-889-0671	0	0	9	3	0	0	0	0	3	3	6
P 11	Supportive	Native Amer. Connections - Catherine Arms	602-443-0298	5	0	10	5	1	1	0	0	3	6	7
P 12	Supportive	UMOM - Lamplighter Place	602-889-0671	15	0	0	0	13	8	5	0	0	0	0
P 13	Supportive	UMOM New Day Center - Single Room Occ.	602-889-0671	31	0	0	0	20	6	14	0	0	0	0
P 14	Supportive	UMOM - Casa Nueva	602-889-0671	0	0	10	4	0	0	0	0	4	5	5
P 15	Supportive	Women in New Recovery - Achievers	480-464-5764	10	0	0	1	6	0	6	0	0	0	0
P 16	Supportive	US Vets - VIP Stateside	602-305-8585	12	0	0	0	12	11	1	0	0	0	0
Permanent Supportive Housing Totals				1,644	0	849	268	1,642	940	702	0	239	339	460
Emergency Shelters, Transitional Housing and Permanent Supportive Housing Grand Total				4,031	44	4,022	1,159	3,927	2,565	1,362	24	954	1,197	2,056

Maricopa Continuum of Care - Family Assistance Administration Offices

Map Symbol	Address	City	State	ZIP Code	Office Phone	Zip Code Coverage Areas
F 01	11526 W Bell Rd	Surprise	AZ	85374	602-771-1840	85388, 85363, 85378, 85379, 85387, 85390, 85351, 85342, 85361, 85358, 85355, 85373, 85374, 85375, 85320, 85335
F 02	350 E Bell Rd	Phoenix	AZ	85022	602-843-3934 x2280	85086, 85087, 85027, 85022, 85023
F 03	9516 W Peoria Ave	Peoria	AZ	85345	623-878-0749	85303, 85305, 85307, 85308, 85309, 85310, 85345, 85381, 85382, 85383, 85083
F 04	4323 W Olive Ave	Glendale	AZ	85302	623-931-5640 x7208	85053, 85029, 85085, 85306, 85304, 85302, 85083
F 05	2311 W Royal Palm Rd	Phoenix	AZ	85021	602-242-0024	85051, 85015, 85020, 85021
F 06	6010 N 57th Dr	Glendale	AZ	85301	623-842-6300	85301
F 07	4205 W Glenrosa Ave	Phoenix	AZ	85019	602-253-2588	85019, 85017
F 08	4016 N 67th Ave	Phoenix	AZ	85033	623-846-1046 x2211	85031, 85033, 85037
F 09	3631 W Thomas Rd	Phoenix	AZ	85019	602-484-0204 x3003	85009, 85035, 85015, 85043
F 10	1500 E Thomas Rd	Phoenix	AZ	85014	602-265-3091 x501	85012, 85014, 85016, 85018
F 11	215 E McDowell Rd	Phoenix	AZ	85004	602-495-1308	85003, 85004, 85007, 85013
F 12	1824 E McKinley St	Phoenix	AZ	85006	602-258-2695	85006, 85008
F 13	290 E. La Canada,	Avondale	AZ	85323	623-925-0095	85329, 85323, 85340, 85338, 85353, 85392, 85395
F 14	4635 S Central Ave	Phoenix	AZ	85040	602-276-5773	85041, 85339
F 15	1522 E Southern Ave	Phoenix	AZ	85040	602-243-0404	85034, 85040, 85042
F 16	163 N Dobson Rd	Mesa	AZ	85201	480-890-7300	85201
F 17	1619 E Main St	Mesa	AZ	85203	480-834-4066 x3205	85203, 85205, 85206, 85207, 85208, 85211, 85213, 85215, 85252, 85264, 85268, 85269, 85271, 85209
F 18	5038 S Price Rd	Tempe	AZ	85282	480-890-7300 x7362	85044, 85045, 85048, 85251, 85257, 85281, 85282, 85283, 85284, 85287
F 19	2288 W Guadalupe Rd	Gilbert	AZ	85233	480-777-1168	85282, 85204, 85210
F 20	2018 N Arizona Ave	Chandler	AZ	85225	480-812-2160 x7061	85224, 85225, 85226, 85227, 85212, 85233, 85234, 85296, 85997, 85299, 85236, 85240, 85242, 85244, 85246, 85248, 85249, 85286, 85295, 85298

Homeless Shelters and Median Income Pima Continuum of Care



Subject Information

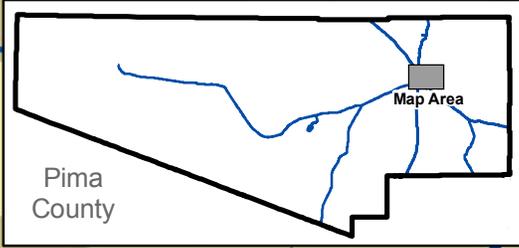
- E Emergency Shelter
- T Transitional Housing
- P Permanent Supportive Housing
- F Family Assistance Administration Office

2008 Estimated Median Household Income

Summarized by census block group

- \$30,000.00 or less
- \$30,000.01 - \$50,000.00
- \$50,000.01 - \$70,000.00
- \$70,000.01 - \$100,000.00
- Over \$100,000.00

[See Map](#)
 Pima Continuum of Care
 Tucson Downtown Area



108050 - November 2008, Arizona Department of Economic Security (DES) - GIS Unit
 DES makes no warranties, implied or expressed, with respect to the information shown on this map.
 Source: ESRI, 2008 (Demographics); Arizona Department of Transportation, 2008 (Highways)

Note: Domestic Violence shelters are not included in this map.



Pima Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
				Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
Emergency Shelters (Non-Domestic Violence)														
E 01	Emergency	Gospel Rescue - Women & Children	520-690-1295	20	0	27	9	19	0	19	0	8	8	12
E 02	Emergency	New Beginnings - Family Shelter	520-325-8800	0	0	45	13	0	0	0	0	12	12	23
E 03	Emergency	Compass Behavioral Health - Desert Hope detox	520-618-8741	66	0	0	0	41	35	6	0	0	0	0
E 04	Emergency	Comin' Home	520-322-6980	21	0	0	0	21	19	2	0	0	0	0
E 05	Emergency	Our Family Services - Reunion House	520-323-1708	0	8	0	0	0	0	0	6	0	0	0
E 06	Emergency	Salvation Army - Hospitality House	520-622-5411	54	0	37	9	89	57	32	0	0	0	0
E 07	Emergency	Salvation Army - Hospitality House Religious Congreg.	520-622-5411	40	0	0	0	40	40	0	0	0	0	0
E 08	Emergency	Open Inn - Independent Living Svcs EHCOT	520-670-9040	6	0	0	0	9	7	2	0	0	0	0
E 09	Emergency	Open Inn - Louis & Linden	520-318-9100	0	5	0	0	0	0	0	5	0	0	0
E 10	Emergency	The Giving Tree - Grace Home	520-245-4483	0	0	69	17	21	7	14	1	42	56	15
E 11	Emergency	CODAC - Safety Zone	520-202-1879	15	0	0	0	2	2	0	0	0	0	0
E 12	Emergency	Gospel Rescue - Men's Shelter	520-740-1501	122	0	0	0	108	108	0	0	0	0	0
E 13	Emergency	Primavera Foundation - Greyhound Family Shelter	520-882-5383	0	0	67	17	0	0	0	0	15	23	37
E 14	Emergency	Primavera Foundation - Men's Shelter	520-623-4300	100	0	0	0	97	97	0	0	0	0	0
Emergency Shelter (Non-Domestic Violence) Totals				444	13	245	65	447	372	75	12	77	99	87
Emergency Domestic Violence Shelters - Locations Unmapped														
DV Shelter		Emerge - Ava Shelter (was TCW&C)	520-795-8011	8	0	16	4	3	0	3	0	4	4	5
DV Shelter		Emerge - Casa Amparo (was Brewster)	520-320-7556	0	0	10	4	7	0	7	0	4	7	10
DV Shelter		Emerge - TCWC Shelter (was TCW&C)	520-795-8011	0	0	69	18	16	0	16	0	15	15	31
DV Shelter		Emerge - West House (was Brewster)	520-320-7556	0	0	34	8	17	0	17	0	6	6	13
Emergency Domestic Violence Shelter Totals				8	0	129	34	43	0	43	0	29	32	59
Emergency Shelter Totals				452	13	374	99	490	372	118	12	106	131	146

Transitional Housing (Non-Domestic Violence)														
T 01	Transitional	La Frontera - Sonora House	520-624-5518	15	0	0	0	15	10	5	0	0	0	0
T 02	Transitional	Compass Health Care - New Directions	520-327-9863	43	0	0	0	40	31	9	0	0	0	0
T 03	Transitional	Compass Health Care - MICA Program	520-887-5902	15	0	0	0	15	11	4	0	0	0	0
T 04	Transitional	Compass Health Care - Vida Serena	520-620-0188	54	0	0	0	44	31	13	0	0	0	0
T 05	Transitional	New Beginnings - Bridges	520-325-8800	0	0	81	19	0	0	0	0	15	15	27
T 06	Transitional	New Beginnings - La Promesa	520-325-8800	0	0	222	42	0	0	0	0	41	42	106
T 07	Transitional	Comin Home - VA, HUD, self-pay	520-322-6980	44	0	0	0	71	66	5	0	1	2	3
T 08	Transitional	Salvation Army - SAFE housing	520-546-5969	6	0	20	10	17	13	4	0	20	24	24
T 09	Transitional	TMM Family Services - Family Journey	520-322-9557	0	0	30	16	0	0	0	0	16	16	32
T 10	Transitional	Our Family - Teens in Transition	520-323-1708	16	0	18	9	6	3	3	0	4	5	4
T 11	Transitional	Primavera Foundation - Women in Transition	520-622-3480	12	0	0	0	12	0	12	0	0	0	0
T 12	Transitional	Old Pueblo - Oasis Project	520-546-0122	0	0	27	12	18	18	0	0	9	11	25
T 13	Transitional	Old Pueblo - Female Transitional	520-546-0122	42	0	0	0	30	0	30	0	0	0	0
T 14	Transitional	Old Pueblo - Male Transitional	520-546-0122	112	0	0	0	90	90	0	0	0	0	0
T 15	Transitional	AZ Housing & Prevention - New Chance	520-795-0107	15	0	2	1	16	14	2	0	1	1	1
T 16	Transitional	Open Inn - Independent Living Svcs	520-670-9040	16	0	4	4	17	7	10	0	3	3	3
T 17	Transitional	The Giving Tree	520-245-4483	0	0	52	13	12	8	4	6	28	28	33
T 18	Transitional	COPE Community Services - Casa de Anna	520-879-6666	29	0	0	0	28	20	8	0	0	0	0
T 19	Transitional	Primavera Foundation - Catalina House	520-624-0534	20	0	0	0	20	20	0	0	0	0	0
T 20	Transitional	Southern AZ AIDS Foundation - SAAF properties	520-628-7223	5	0	6	3	6	6	0	0	2	2	3
T 21	Transitional	Primavera Foundation - Casa Paloma	520-882-0539	9	0	0	0	9	0	9	0	0	0	0
T 22	Transitional	Primavera Foundation - 5 Points	520-622-4864	28	0	0	0	28	20	8	0	0	0	0
T 23	Transitional	Pio Decimo Center	520-624-0551	0	0	88	20	0	0	0	0	20	27	39

Pima Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
				Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
T 24	Transitional	Open Inn - TALP	520-571-9253	0	10	0	0	0	0	0	1	0	0	0
T 25	Transitional	Primavera Foundation - Transitional Housing for Disabled	520-622-4864	8	0	3	1	7	5	2	0	1	1	2
T 26	Transitional	Primavera Foundation - Winstel Apts	520-622-4864	28	0	0	0	29	22	7	0	0	0	0
T 27	Transitional	Primavera Foundation - Bridges	520-882-5383	0	0	33	9	0	0	0	0	7	10	15
T 28	Transitional	Primavera Foundation - CASA I	520-882-5383	0	0	21	7	0	0	0	0	5	5	10
T 29	Transitional	Primavera Foundation - CASA II	520-882-5383	0	0	33	9	0	0	0	0	9	14	19
T 30	Transitional	Esperanza En Escalante	520-571-8294	49	0	18	8	45	43	2	0	4	7	9
Transitional Housing (Non-Domestic Violence) Totals				566	10	658	183	575	438	137	7	186	213	355
Transitional Domestic Violence Housing - Locations Unmapped														
DV Transitional		Emerge - Wings of Freedom	520-320-7556	0	0	8	8	0	0	0	0	8	8	17
DV Transitional		Our Family - Common Unity	520-293-3015	0	0	73	20	0	0	0	0	27	27	42
Transitional Domestic Violence Housing Totals				0	0	81	28	0	0	0	0	35	35	59
Transitional Housing Totals				566	10	739	211	575	438	137	7	221	248	414

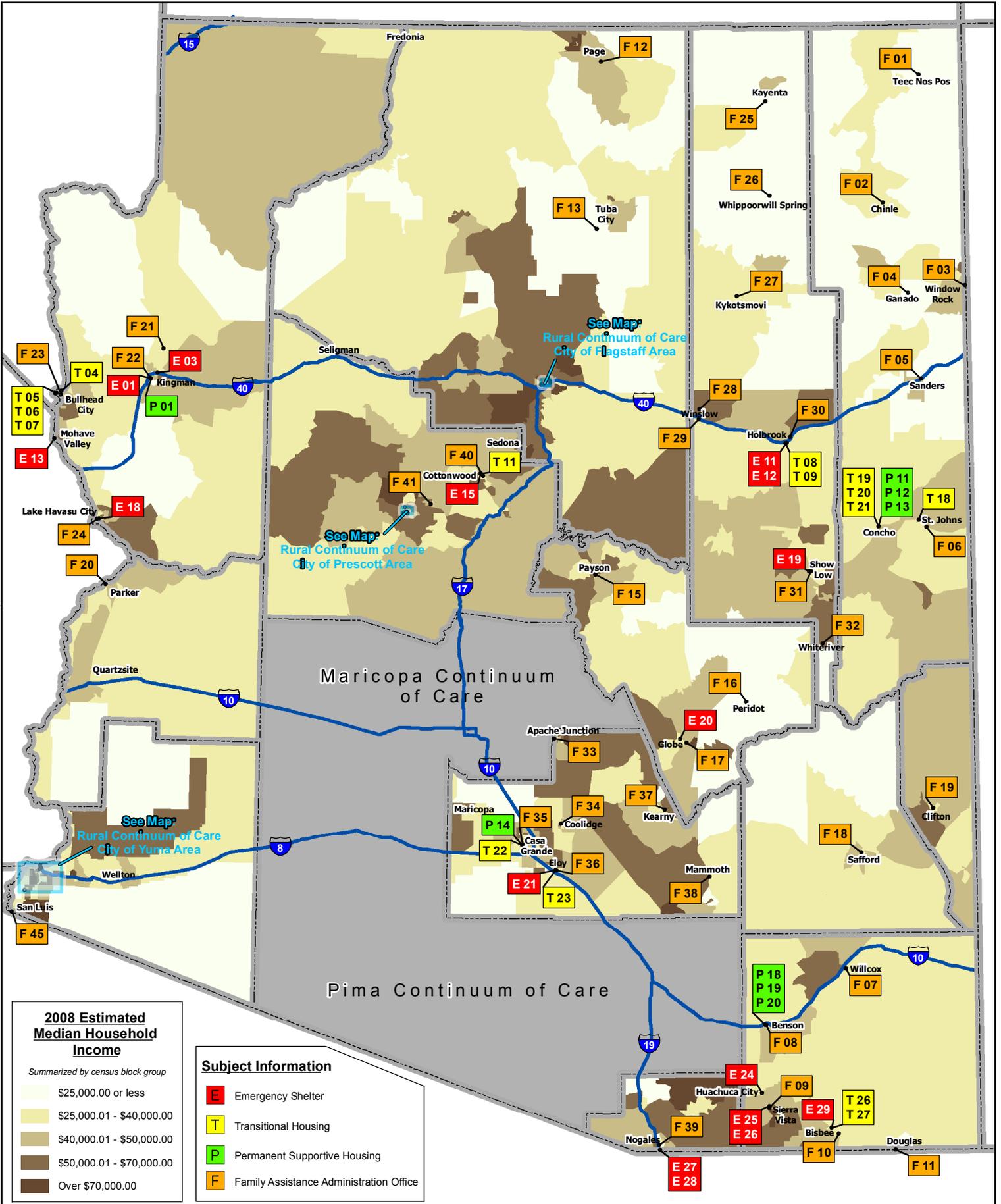
Permanent Support Housing														
P 01	Supportive	La Frontera - Pathways LFC	520-624-5518	3	0	0	0	3	2	1	0	0	0	0
P 02	Supportive	La Frontera/CPSA - S+Care TRA-Pima	520-624-5518	47	0	0	0	38	20	18	0	0	0	0
P 03	Supportive	La Frontera - CPSA - SPC3	520-624-5518	20	0	2	2	20	9	11	0	2	2	8
P 04	Supportive	La Frontera - Talavera	520-624-5518	14	0	0	0	12	5	7	0	1	1	3
P 05	Supportive	Compass Healthcare - Vida Nueva	520-888-3361	0	0	32	22	8	0	8	0	9	9	14
P 06	Supportive	La Frontera - Chapel Apts	520-624-5518	7	0	0	0	7	4	3	0	0	0	0
P 07	Supportive	Compass Healthcare - Safe Harbor II	520-888-3361	28	0	0	0	22	16	6	0	0	0	0
P 08	Supportive	Comin Home - Scattered Site Housing	520-322-6980	49	0	0	0	49	42	7	0	0	0	0
P 09	Supportive	La Frontera - Flores Apts	520-624-5518	12	0	0	0	12	8	4	0	0	0	0
P 10	Supportive	COPE Community Services - Arizona Hotel	520-879-6666	25	0	0	0	23	18	5	0	0	0	0
P 11	Supportive	COPE Community Services - Casa Bonita	520-879-6666	80	0	10	10	80	45	35	0	7	7	7
P 12	Supportive	CODAC - SPC TRA - PIMA	520-202-1879	80	0	45	15	78	34	44	0	13	13	24
P 13	Supportive	CODAC - Supportive Housing Prog.	520-202-1879	17	0	9	3	17	13	4	0	4	5	12
P 14	Supportive	CODAC - Solitude	520-202-1879	26	0	0	0	28	22	6	0	1	1	1
P 15	Supportive	COPE Community Services - Casita Mia	520-879-6666	88	0	0	0	86	52	34	0	0	0	0
P 16	Supportive	COPE Community Services - Life Works	520-879-6666	25	0	0	0	25	17	8	0	0	0	0
P 17	Supportive	COPE Community Services - Shelter + Care	520-879-6666	40	0	9	9	40	16	24	0	6	3	8
P 18	Supportive	COPE Community Services - TRA-PIMA	520-879-6666	31	0	5	5	31	16	15	0	3	2	4
P 19	Supportive	Southern AZ AIDS Foundation - SAAF properties	520-628-7223	57	0	35	18	67	56	11	0	14	21	21
P 20	Supportive	Southern AZ AIDS Foundation - Tenant based	520-628-7223	46	0	87	26	36	31	5	0	23	33	46
P 21	Supportive	Gospel Rescue - Life Fdtn	520-740-1501	50	0	0	0	50	50	0	0	0	0	0
P 22	Supportive	Esperanza En Escalante	520-571-8294	12	0	0	0	12	12	0	0	0	0	0
P 23	Supportive	La Frontera - Sueno Nuevo Apts	520-624-5518	17	0	0	0	17	12	5	0	0	0	0
Permanent Supportive Housing Totals				774	0	234	110	761	500	261	0	83	97	148

Emergency Shelters, Transitional Housing and Permanent Supportive Housing Grand Total				1,792	23	1,347	420	1,826	1,310	516	19	410	476	708
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Pima Continuum of Care - Family Assistance Administration Offices

Map Symbol	Address	City	State	ZIP Code	Office Phone	Zip Code Coverage Areas
F 01	316 W. Ft. Lowell,	Tucson	AZ	85705	520-293-0214 x4185	85704, 85705, 85718, 85745
F 02	1200 N. Country Club,	Tucson	AZ	85716	520-881-4081	85619, 85712, 85715, 85716, 85749, 85750
F 03	5441 E. 22nd St,	Tucson	AZ	85711	520-745-5802 x123	85707, 85708, 85710, 85711, 85730, 85748, 85751
F 04	2760 S. 4th Ave,	Tucson	AZ	85713	520-620-6616 x2103	85713, 85714
F 05	195 W. Irvington	Tucson	AZ	85714	520-741-9751 x2501	85601, 85614, 85629, 85640, 85641, 85645, 85706, 85714, 85723, 85725, 85726, 85731, 85732, 85734, 85747, 85756
F 06	250 S. Toole,	Tucson	AZ	85701	520-791-2732 x1024	85701, 85702, 85703, 85705, 85719, 85720, 85721, 85722, 85733, 85740, 85745

Homeless Shelters and Median Income Rural Continuum of Care



2008 Estimated Median Household Income
Summarized by census block group

Lightest Yellow	\$25,000.00 or less
Light Yellow	\$25,000.01 - \$40,000.00
Yellow	\$40,000.01 - \$50,000.00
Orange	\$50,000.01 - \$70,000.00
Dark Orange	Over \$70,000.00

Subject Information

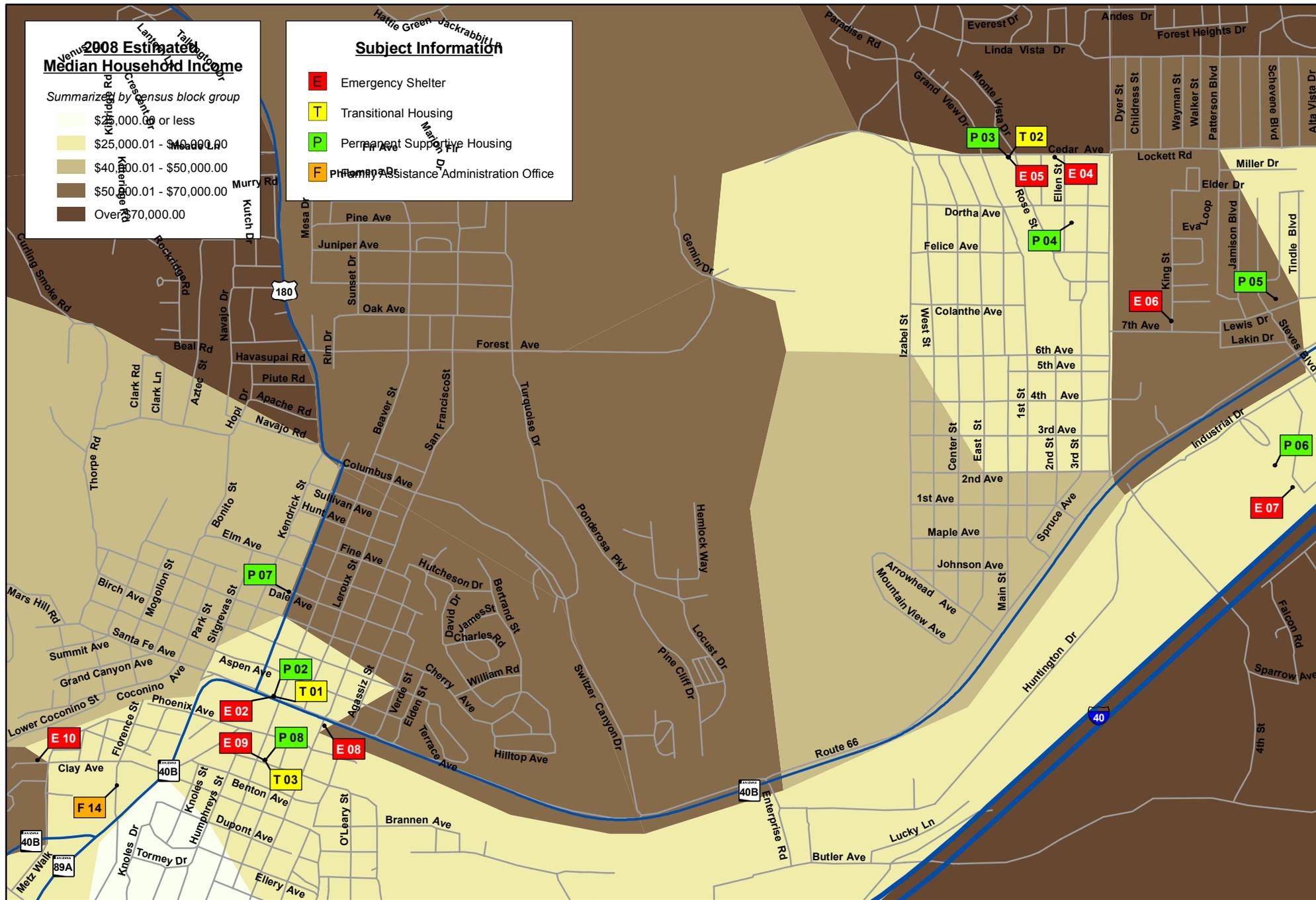
E (Red)	Emergency Shelter
T (Yellow)	Transitional Housing
P (Green)	Permanent Supportive Housing
F (Orange)	Family Assistance Administration Office

108050 - November 2008, Arizona Department of Economic Security (DES) - GIS Unit
DES makes no warranties, implied or expressed, with respect to the information shown on this map.
Source: ESRI, 2008 (Demographics); Arizona Department of Transportation, 2008 (Highways)

Note: Domestic Violence shelters are not included in this map.



Homeless Shelters and Median Income Rural Continuum of Care - City of Flagstaff Area



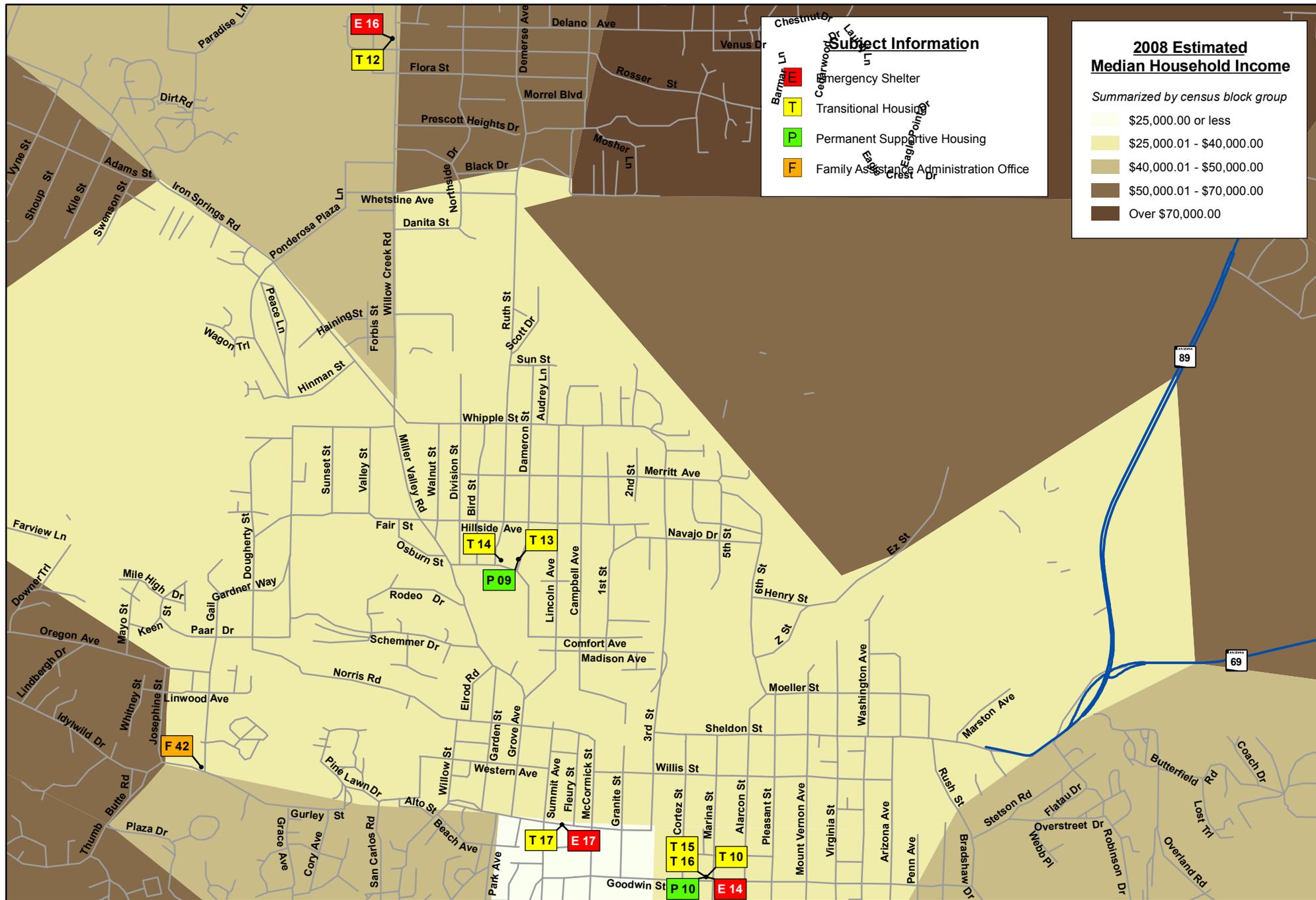
108050 - November 2008, Arizona Department of Economic Security (DES) - GIS Unit
DES makes no warranties, implied or expressed, with respect to the information shown on this map.
Source: ESRI, 2008 (Demographics); Arizona Department of Transportation, 2008 (Highways)

Note: Domestic Violence shelters are not included in this map.



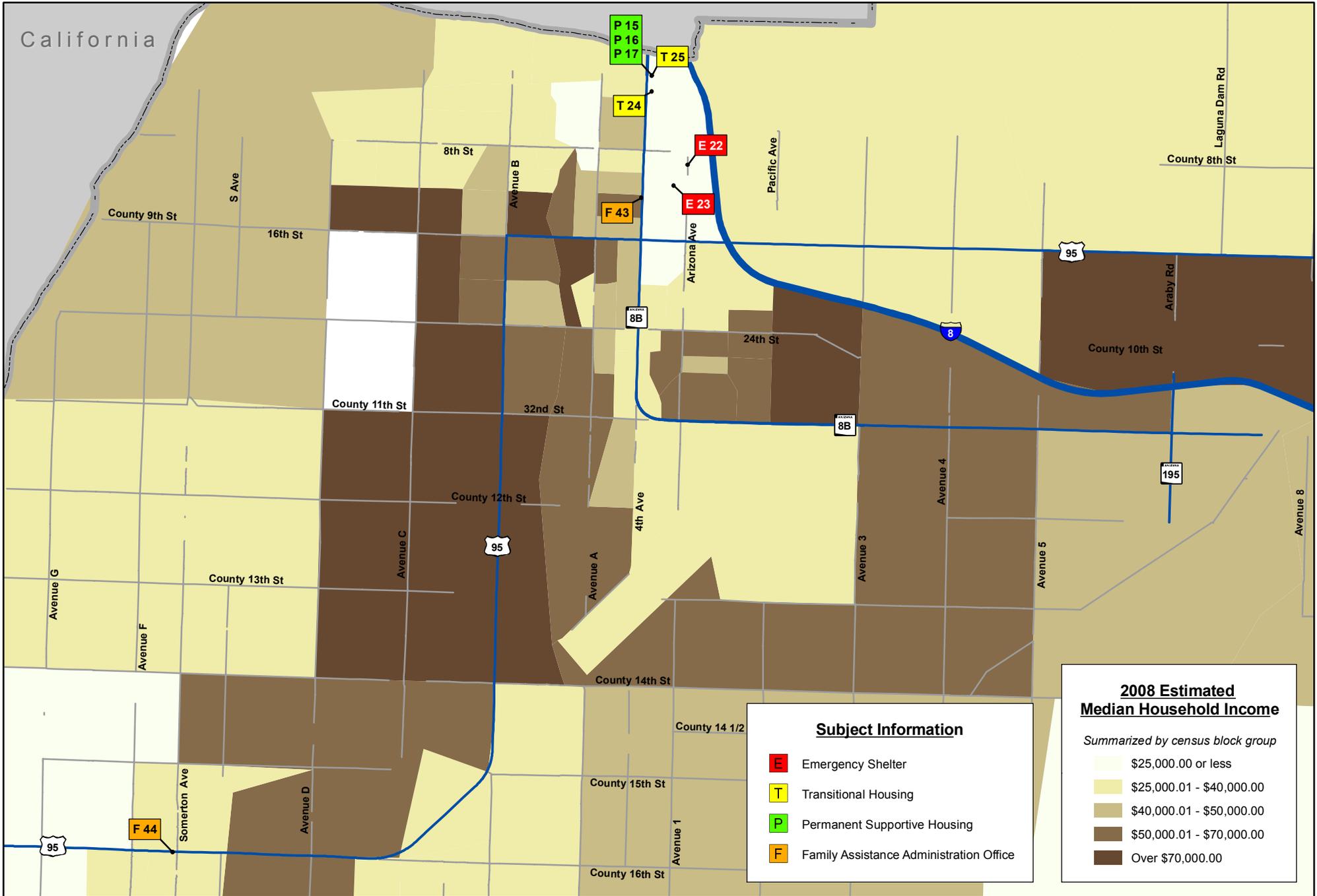
Homeless Shelters and Median Income

Rural Continuum of Care - City of Prescott Area



Homeless Shelters and Median Income

Rural Continuum of Care - City of Yuma Area



Rural Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	County	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
					Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
Emergency Shelters (Non-Domestic Violence)															
E 01	Emergency	Mohave County CED - vouchers	Mohave	928-753-0723	n/a	0	n/a	0	0	0	0	0	0	0	0
E 02	Emergency	Sunshine Rescue - Men's Shelter	Coconino	928-774-3512	22	22	5	1	7	7	0	0	0	0	0
E 03	Emergency	Cornerstone Mission	Mohave	928-757-1535	30	0	0	0	23	23	0	0	0	0	0
E 04	Emergency	Flagstaff Shelter Services	Coconino	928-225-2533	29	0	0	0	29	26	3	0	0	0	0
E 05	Emergency	Catholic Char. - Cedar Rose	Coconino	928-214-7154	0	0	12	3	0	0	0	0	3	3	7
E 06	Emergency	Coconino Comm. Svcs. - vouchers	Coconino	928-679-7456	n/a	0	n/a	0	0	0	0	0	3	3	4
E 07	Emergency	Northland Family - Children's Shelter	Coconino	928-233-4308	0	4	0	0	0	0	0	1	0	0	0
E 08	Emergency	Catholic Char. - PATH vouchers	Coconino	928-774-9125	0	0	0	0	2	2	0	0	0	0	0
E 09	Emergency	Sunshine Rescue - Hope Cottage	Coconino	928-774-9270	15	0	7	3	17	0	17	0	2	2	3
E 10	Emergency	Open Inn - ACFBS	Coconino	928-214-9050	0	9	0	0	0	0	0	0	0	0	0
E 11	Emergency	Bread of Life Mission	Navajo	928-524-3874	23	0	5	2	19	17	2	0	1	1	1
E 12	Emergency	Bread of Life Mission Winter Shelter	Navajo	928-524-3874	14	0	0	0	6	6	0	0	0	0	0
E 13	Emergency	WestCare CRR Youth Shelter	Mohave	928-768-1500	0	20	0	0	0	0	0	8	0	0	0
E 14	Emergency	Project Aware ES	Yavapai	928-778-7744	10	0	0	0	8	8	0	0	0	0	0
E 15	Emergency	Catholic Char. Cottonwood	Yavapai	928-634-4254	0	0	4	2	0	0	0	0	2	3	3
E 16	Emergency	Open Inn - Turning Point	Yavapai	928-778-7900	0	7	0	0	0	0	0	4	0	0	0
E 17	Emergency	Catholic Char. Prescott	Yavapai	928-778-2531	0	0	6	3	0	0	0	0	3	3	5
E 18	Emergency	SSIC of Lake Havasu vouchers	Mohave	928-453-5800	n/a	0	n/a	0	5	2	3	0	2	2	4
E 19	Emergency	Salvation Army ES voucher	Navajo	928-368-9953	n/a	0	n/a	0	0	0	0	0	4	6	4
E 20	Emergency	Gila County CAP - vouchers	Gila	928-402-8667	0	0	0	0	1	0	1	0	0	0	0
E 21	Emergency	CAHRA - DreamCatcher vouchers	Pinal	520-466-1112	0	0	7	2	1	1	0	0	2	2	5
E 22	Emergency	Crossroads Mission - Men's	Yuma	928-783-9362	132	0	0	0	35	35	0	0	0	0	0
E 23	Emergency	Crossroads Mission - Family	Yuma	928-783-9362	0	0	30	7	0	0	0	0	4	5	4
E 24	Emergency	Open Inn - CCCC	Cochise	520-456-1000	0	16	0	0	0	0	0	1	0	0	0
E 25	Emergency	Good Neighbor Alliance	Cochise	520-439-0776	7	0	13	4	9	8	1	0	0	0	0
E 26	Emergency	St. Vincent De Paul - motel vouchers	Cochise	520-378-9398	n/a	0	n/a	0	0	0	0	0	0	0	0
E 27	Emergency	Crossroads New Life Center	Santa Cruz	520-287-5828	0	0	4	2	0	0	0	0	0	0	0
E 28	Emergency	Crossroads Nogales Mission	Santa Cruz	520-287-5828	10	0	0	0	4	4	0	0	0	0	0
E 29	Emergency	Bisbee Coalition for the Homeless	Cochise	520-432-6649	10	0	0	0	9	9	0	0	0	0	0
Emergency Shelter (Non-Domestic Violence) Totals					302	78	93	29	175	148	27	14	26	30	40
Emergency Domestic Violence Shelters - Locations Unmapped															
DV Shelter	Against Abuse - La Casa de Paz		Pinal	520-836-0858	8	0	16	0	9	0	9	0	6	6	11
	Alice's Place		Navajo	928-289-3003	2	0	3	2	0	0	0	0	0	0	0
	Catholic Comm Svcs - Forgash House		Cochise	520-432-2285	0	0	40	7	10	0	10	0	7	7	15
	Catholic Comm Svcs - House of Hope		Cochise	520-364-2465	0	0	24	6	3	0	3	0	3	3	10
DV Shelter	Catholic Comm. Svcs. - SafeHouse		Yuma	928-341-9400	0	0	40	10	7	0	7	0	7	7	12
DV Shelter	Colorado River Regional Crisis Shelter		La Paz	928-669-8527	0	0	12	6	4	0	4	0	2	2	3
DV Shelter	Horizon Human Svcs - Safe Home		Gila	928-402-0648	0	0	11	3	0	0	0	0	3	3	7
DV Shelter	Kingman Aid to Abused - Shelter 1		Mohave	928-753-6222	0	0	20	5	8	0	8	0	0	0	0
DV Shelter	Kingman Aid to Abused - Shelter 2		Mohave	928-753-6222	0	0	28	7	0	0	0	0	3	3	5
DV Shelter	Mt. Graham Safe House		Graham/Greenlee	928-348-9104	0	0	20	5	1	0	1	0	3	4	5
DV Shelter	Northland Family - Women & Children		Coconino	928-233-4306	0	0	24	7	7	0	7	0	6	6	9
DV Shelter	Page Regional - Another Way		Coconino	928-645-5300	5	0	39	21	8	0	8	0	5	5	11
DV Shelter	SSIC of Lake Havasu - Sally's House		Mohave	928-453-5800	0	0	10	1	5	0	5	0	2	2	3
DV Shelter	Time Out Shelter		Gila	928-468-8635	0	0	28	7	9	0	9	0	7	7	13
DV Shelter	Tohdeneshai Shelter Home		Navajo	928-697-3635	0	0	12	3	1	0	1	0	1	1	1
DV Shelter	Valley Youth Org. - Stepping Stones		Yavapai	928-772-4184	0	0	15	7	0	0	0	0	7	7	8
DV Shelter	Verde Valley Sanctuary		Yavapai	928-634-2511	0	0	28	0	5	0	5	0	0	0	0
DV Shelter	WestCare Safehouse		Mohave	928-763-7233	0	0	24	0	1	0	1	0	2	2	4
DV Shelter	White Mtn. SAFE House		Navajo	928-367-6017	0	0	20	0	5	0	5	0	3	3	4
Emergency Domestic Violence Shelter Totals					15	0	414	97	83	0	83	0	67	68	121

Rural Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	County	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
					Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
Emergency Shelter Totals					317	78	507	126	258	148	110	14	93	98	161
Transitional Housing (Non-Domestic Violence)															
T 01	Transitional	Sunshine Rescue - Men's Shelter	Coconino	928-774-3512	8	8	5	1	5	5	0	0	0	0	0
T 02	Transitional	Catholic Char. - Cedar Rose	Coconino	928-214-7154	0	0	12	3	0	0	0	0	3	4	7
T 03	Transitional	Sunshine Rescue - Harper House	Coconino	928-774-9270	9	0	7	3	4	0	4	0	0	0	0
T 04	Transitional	WestCare AZ - Legacy House	Mohave	928-876-7233	0	0	10	6	0	0	0	0	2	2	4
T 05	Transitional	WestCare AZ - Diamond House	Mohave	928-876-7233	0	0	6	4	0	0	0	0	2	2	3
T 06	Transitional	WestCare AZ - Blossom House	Mohave	928-763-1945	10	0	10	10	4	0	4	0	3	3	3
T 07	Transitional	WestCare AZ - Emery House	Mohave	928-758-0952	10	0	0	0	10	10	0	0	0	0	0
T 08	Transitional	Comm. Coun. Ctrs. - Delaware Apts	Navajo	928-524-6701	6	0	0	0	6	2	4	0	0	0	0
T 09	Transitional	Comm. Coun. Ctrs. - New Horizons Apts	Navajo	928-524-6701	10	0	0	0	10	2	8	0	0	0	0
T 10	Transitional	Project Aware	Yavapai	928-778-7744	2	0	2	1	2	2	0	0	0	0	0
T 11	Transitional	Catholic Char. Cottonwood	Yavapai	928-634-4254	4	0	27	11	4	0	4	0	7	9	14
T 12	Transitional	Open Inn - Turning Point TALP	Yavapai	928-778-7900	0	6	0	0	0	0	0	3	0	0	0
T 13	Transitional	West Yavapai Guidance Ctr	Yavapai	928-445-5211	4	0	0	0	3	2	1	0	0	0	0
T 14	Transitional	Women in New Recovery	Yavapai	480-464-5764	35	0	0	0	23	0	23	0	0	0	0
T 15	Transitional	US Vets Initiative - Project Aware	Yavapai	928-445-4860	4	0	0	0	4	4	0	0	0	0	0
T 16	Transitional	US Vets Initiative - VIP	Yavapai	928-445-4860	58	0	0	0	58	57	1	0	0	0	0
T 17	Transitional	Catholic Char. Prescott	Yavapai	928-778-2531	0	0	4	2	0	0	0	0	2	3	3
T 18	Transitional	New Hope Ranch	Apache	928-337-5060	5	0	5	2	2	2	0	0	0	0	0
T 19	Transitional	Old Concho CAC - Navajo Co.	Navajo	928-337-5047	20	0	42	10	10	3	7	0	3	4	5
T 20	Transitional	Old Concho CAC - New Start	Apache	928-337-5047	0	0	32	7	5	5	0	0	4	5	7
T 21	Transitional	Old Concho CAC - Winslow DES	Navajo	928-337-5047	2	0	5	2	1	1	0	0	1	1	3
T 22	Transitional	Horizon Human Svcs	Pinal	520-836-1675	0	0	9	3	4	2	2	0	0	0	0
T 23	Transitional	CAHRA DreamCatcher	Pinal	520-466-1112	0	0	65	14	0	0	0	0	14	17	47
T 24	Transitional	Crossroads Mission - Serenity Hs.	Yuma	928-783-9362	15	0	0	0	9	9	0	0	0	0	0
T 25	Transitional	EXCEL Group - Orange Ave.	Yuma	928-782-5754	11	0	0	0	10	7	3	0	0	0	0
T 26	Transitional	Verhelst Recovery House	Cochise	520-432-3764	10	0	0	0	6	6	0	0	0	0	0
T 27	Transitional	Women's Transition Proj. - Renaissance	Cochise	520-432-1771	9	0	18	9	6	0	6	0	2	2	2
Transitional Housing (Non-Domestic Violence) Totals					232	14	259	88	186	119	67	3	43	52	98
Transitional Domestic Violence Housing - Locations Unmapped															
DV Transitional	Against Abuse - Tres Casitas		Pinal	520-836-0858	0	0	28	5	2	0	2	0	5	5	12
DV Transitional	Bothands - Sharon Manor		Coconino	928-773-1882	6	0	68	23	1	0	1	0	11	12	27
DV Transitional	Colorado River Regional Crisis Shelter		La Paz	928-453-5800	1	0	16	4	1	0	1	0	1	1	2
DV Transitional	Mt. Graham Safe House		Graham/Greenlee	928-669-8527	0	0	16	4	0	0	0	0	1	1	1
DV Transitional	New Hope Ranch		Apache	928-337-5060	0	0	2	1	0	0	0	0	1	1	1
DV Transitional	SSIC Lake Havasu - Transitional House		Mohave	928-478-8635	0	0	16	4	0	0	0	0	4	4	9
DV Transitional	Time Out		Gila	928-348-9104	0	0	12	4	0	0	0	0	4	4	7
DV Transitional	Valley Youth Org. - Stepping Stones		Yavapai	928-772-4184	2	0	15	6	2	0	2	0	4	4	5
DV Transitional	Verde Valley Sanctuary		Yavapai	928-634-2511	2	0	15	5	2	0	2	0	5	5	11
Transitional Domestic Violence Housing Totals					11	0	188	56	8	0	8	0	36	37	75
Transitional Housing Totals					243	14	447	144	194	119	75	3	79	89	173

Rural Continuum of Care - Homeless Shelter Details

Map Symbol	Shelter Type	Program	County	Phone	Bed Capacity 1/29/2008				# Singles sheltered 1/29/2008				# Families sheltered 1/29/2008		
					Single Adult	Youth on Own	Family Beds	Family Units	Adults	Men	Women	Youth on Own	Families	Adults	Children
Permanent Support Housing															
P 01	Supportive	Mohave County - SHP, CHP, SAM	Mohave	928-753-0723	0	0	21	5	17	12	5	0	4	6	6
P 02	Supportive	Sunshine Rescue - Men's Shelter	Coconino	928-774-3512	4	0	0	0	3	3	0	0	0	0	0
P 03	Supportive	Catholic Char. - Cedar Rose	Coconino	928-214-7154	0	0	12	3	0	0	0	0	3	6	6
P 04	Supportive	Guidance Center - Ponderosa House	Coconino	928-714-6434	12	0	0	0	12	3	9	0	0	0	0
P 05	Supportive	Guidance Center - Lewis House	Coconino	928-714-6434	6	0	0	0	6	5	1	0	0	0	0
P 06	Supportive	Guidance Center - Inverrary	Coconino	928-714-6434	8	0	0	0	8	4	4	0	0	0	0
P 07	Supportive	Guidance Center - Dale House	Coconino	928-714-6434	6	0	0	0	6	3	3	0	0	0	0
P 08	Supportive	Sunshine Rescue - Discipleship	Coconino	928-774-9270	1	0	6	2	2	0	2	0	0	0	0
P 09	Supportive	West Yavapai Guidance Ctr.	Yavapai	928-445-5211	7	0	0	0	7	3	4	0	0	0	0
P 10	Supportive	US Vets Initiative - Victory Place	Yavapai	928-445-4860	3	0	0	0	3	3	0	0	0	0	0
P 11	Supportive	Old Concho CAC - BNA	Apache	928-337-5047	5	0	5	5	5	3	2	0	0	0	0
P 12	Supportive	Old Concho CAC - BNA	Navajo	928-337-5047	8	0	8	8	8	2	6	0	0	0	0
P 13	Supportive	Old Concho CAC - Little Colorado PH	Apache	928-337-5047	8	3	18	4	6	2	4	0	1	2	4
P 14	Supportive	Horizon Human Svcs	Pinal	520-836-1675	19	0	0	8	17	4	3	0	0	0	0
P 15	Supportive	EXCEL Group - PH Yuma	Yuma	928-782-5754	9	0	31	11	11	4	7	0	11	21	30
P 16	Supportive	EXCEL Group - S+C La Paz	Yuma	928-782-5754	16	0	23	9	15	4	11	0	9	12	11
P 17	Supportive	EXCEL Group - S+C La Paz	La Paz	928-782-5754	15	0	32	10	8	3	5	0	10	15	25
P 18	Supportive	SEABHS - Casas Primera	Cochise	520-586-3850	22	0	0	0	19	8	11	0	0	0	0
P 19	Supportive	SEABHS - HOGAR	Cochise/SntaCrz	520-586-3850	0	0	16	4	16	9	7	0	2	3	3
P 20	Supportive	SEABHS - Shelter Plus	Cch/SC/Grm/Grnl	520-586-3850	0	0	35	8	22	13	9	0	8	9	14
Permanent Supportive Housing Totals					149	3	207	77	191	88	93	0	48	74	99
Emergency Shelters, Transitional Housing and Permanent Supportive Housing Grand Total					709	95	1,161	347	643	355	278	17	220	261	433

Rural Continuum of Care - Family Assistance Administration Offices

Map Symbol	County	Address	City	State	ZIP Code	Office Phone	Zip Code Coverage Areas
F 01	Apache	PO Box 100	Teec Nos Pos	AZ	86514	928-656-3275	86514, 86544, 86545, 86547, 87420
F 02	Apache	N. Highway 191 Building 7395A PO 157	Chinle	AZ	86503	928-674-5085	86503, 86507, 86538, 86540, 86556
F 03	Apache	54B Hwy 264 Junction	Window Rock	AZ	86515	928-871-3436	86504, 86505, 86511, 86515, 86549, 86528
F 04	Apache	HC 58 Box65,	Ganado	AZ	86605	928-654-3325	86502, 86505
F 05	Apache	PO Box 428	Sanders	AZ	86512	928-688-2871	86502, 86505, 86506, 86508, 86509, 86512
F 06	Apache	395 W. Washington	St. Johns	AZ	85936	928-337-2113	85920, 85922, 85924, 85925, 85932, 85936, 85937, 85938, 85940
F 07	Cochise	256 S. Curtis,	Willcox	AZ	85643	520-384-3583 x144	85605, 85606, 85609, 85610, 85625, 85632, 85643, 85644
F 08	Cochise	551 W. 4th St,	Benson	AZ	85602	520-586-2303 x118	85602, 85606, 85609, 85627, 85630
F 09	Cochise	820 E. Fry Blvd,	Sierra Vista	AZ	85636	520-459-6901 x206	85611, 85613, 85615, 85616, 85635, 85636, 85637, 85638, 85650, 85670
F 10	Cochise	207 Bisbee Rd,	Bisbee	AZ		520-432-5415 x5680	85603, 85610, 85615, 85617, 85620, 85638
F 11	Cochise	615 2nd St,	Douglas	AZ	85607	520-364-1291 x2202	85607, 85608, 85610, 85617, 85626, 85632
F 12	Coconino	1057 Vista Ave.	Page	AZ	86040	928-645-8132	86020, 86021, 86022, 86024, 86040, 86044, 86053, 86432
F 13	Coconino	PO 130	Tuba City	AZ	86045	928-283-4511	86020, 86036, 86044, 86045, 86053
F 14	Coconino	397 Malpais,	Flagstaff	AZ	86001	928-213-3556	86001, 86004, 86011, 86015, 86016, 86017, 86018, 86023, 86024, 86038, 86046, 86320
F 15	Gila	122 E. Highway 260,	Payson	AZ	85541	928-474-4521 x211	85541, 85544, 85547, 85553, 85554
F 16	Gila	Peridot Shopping Center, PO Box 747	Peridot	AZ	85542	928-475-2663 x223	85501, 85502, 85542, 85550
F 17	Gila	605 S. 7th St,	Globe	AZ	85501	928-425-3101 x1044	85292, 85501, 85502, 85532, 85539, 85545, 85554
F 18	Graham	1938 W. Thatcher,	Safford	AZ	85546	928-428-6731 x1164	85530, 85531, 85536, 85542, 85543, 85546, 85548, 85550, 85551, 85552, 85632, 85643

Rural Continuum of Care - Family Assistance Administration Offices

Map Symbol	County	Address	City	State	ZIP Code	Office Phone	Zip Code Coverage Areas
F 19	Greenlee	300 N. Coronado,	Clifton	AZ	85533	928-865-4131 x113	85533, 85534, 85540
F 20	La Paz	1032 Hopi Ave,	Parker	AZ	85344	928-669-9293 x229	85325, 85328, 85334, 85344, 85346, 85348, 85357, 85359, 85371
F 21	Mohave	519 S. Beale,	Kingman	AZ	86401	928-753-8811	85360, 86411, 86412, 86413, 86431, 86434, 86435, 86437, 86438, 86401, 86441, 86443, 86444, 86445
F 22	Mohave	301 Pine,	Kingman	AZ	86401	928-718-3153	86401, 86402, 86409, 86433
F 23	Mohave	2601 Hwy 95,	Bullhead City	AZ	86442	928-704-7776 x2217	86426, 86427, 86429, 86430, 86433, 86436, 86439, 86440, 86442
F 24	Mohave	232 London Bridge,	Lake Havasu	AZ	86403	928-680-6003 x204	86403, 86404, 86405, 86406, 86436
F 25	Navajo	PO Box 68	Kayenta	AZ	86033	928-697-3509	86033, 86044, 86053, 86054, 86503, 86510, 86535, 86538
F 26	Navajo	PO Box 679	Pinon	AZ	86510	928-725-3488	86034, 86503, 86510, 86520
F 27	Navajo	PO Box 44	Kykotsmovi	AZ	86039	928-734-2202	86030, 86034, 86039, 86042, 86043, 86045, 86047, 86510
F 28	Navajo	HC 63 Box J	Winslow	AZ	86047	928-657-3278	86025, 86031, 86032, 86034, 86035, 86047, 86505
F 29	Navajo	319 E. 3rd St,	Winslow	AZ	86047	928-289-2425 x117	86047
F 30	Navajo	153 W. Vista,	Holbrook	AZ	86025	928-524-6294	85942, 86025, 86028, 86029, 86032
F 31	Navajo	2500 E. Cooley,	Show Low	AZ	85901	928-532-4310	85901, 85902, 85912, 85923, 85924, 85928, 85929, 85931, 85933, 85934, 85935, 85937, 85939, 85940
F 32	Navajo	PO Box 1180	Whiteriver	AZ	86041	928-338-4134	85901, 85911, 85926, 85930, 85941, 85943
F 33	Pinal	2066 W. Apache Tr,	Apache Junction	AZ	85220	480-982-9182 x5227	85217, 85218, 85219, 85220, 85240, 85242, 85243, 85278, 85290
F 34	Pinal	1155 N. Arizona,	Coolidge	AZ	85228	520-723-5351 x1046	85227, 85228, 85232, 85242, 85243, 85291
F 35	Pinal	318 N. Florence,	Casa Grande	AZ	85222	520-836-7435 x7201	85222, 85223, 85230, 85238, 85239, 85272, 85293, 85294
F 36	Pinal	109 N. Sunshine,	Eloy	AZ	85231	520-466-4226 x3762	85223, 85231, 85241, 85245

Rural Continuum of Care - Family Assistance Administration Offices

Map Symbol	County	Address	City	State	ZIP Code	Office Phone	Zip Code Coverage Areas
F 37	Pinal	331 Alden Rd,	Kearny	AZ	85237	520-363-5568 x110	85235, 85237, 85273, 85292
F 38	Pinal	228 Main St,	Mammoth	AZ	85618	520-487-2311	85292, 85602, 85618, 85623, 85631, 85737, 85755
F 39	Santa Cruz	1843 N. State Dr,	Nogales	AZ	85621	520-281-2634x204	85611, 85621, 85624, 85628, 85637, 85640, 85645, 85646, 85648, 85662
F 40	Yavapai	1500 Cherry,	Cottonwood	AZ	86326	928-649-6808	86322, 86324, 86325, 86326, 86331, 86335, 86336, 86339, 86340, 86341, 86342, 86351
F 41	Yavapai	7875 E. Florentine,	Prescott Valley	AZ	86314	928-775-3140	85324, 86312, 86314, 86315, 86327, 86329, 86333, 86343
F 42	Yavapai	1519 W. Gurley,	Prescott	AZ	86305	928-445-7427	85332, 85362, 86301, 86303, 86305, 86313, 86320, 86321, 86323, 86332, 86334, 86337, 86338
F 43	Yuma	1220 S. 4th Ave,	Yuma	AZ	85364	928-782-7101 x226	85333, 85347, 85352, 85356, 85364, 85365, 85366, 85367, 85369
F 44	Yuma	342 Main St,	Somerton	AZ	85350	928-627-2075 x1001	85336, 85350
F 45	Yuma	22341 S. First St,	San Luis	AZ	85349	928-627-1890 x2216	85349

Arizona Homeless Coordination Office
Arizona Department of Economic Security
P.O. Box 6123, Site Code 086Z
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DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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