2016

Pima County Unsheltered Point-in-Time Count Data Report

Southwest Institute
for Research on Women

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Pima County 2016 Point-In-Time Unsheltered Count Sampling Methodology for Counting Unsheltered Homeless Population

This document describes the sampling methodology used to obtain an estimate of the number of unsheltered homeless persons currently living in Pima County. Due to limited resources, it is not possible to cover the entire county on the day of the Point-In-Time Unsheltered count (PIT). Therefore, a plan was developed in consultation with social-science professionals to ensure an accurate estimate.

Initially, a map of Pima County was divided into areas of approximately equal size blocks or sections. These sections were then divided into four categories:

1. Sections with a relatively high number of expected unsheltered homeless persons.
2. Sections with a relatively low (or unknown) number of expected homeless persons.
3. Sections with no expected unsheltered persons (such as desert, or areas with few or no roads).
4. Sections designated as native lands, preserved lands or national/state forest.

From this map, areas to be surveyed by volunteers on January 27th were selected. First, sections with no expected unsheltered homeless persons and sections designated as native lands, preserved lands or national/state forest, were excluded from sections to be surveyed. Second, all sections with a high number of expected unsheltered homeless persons were included in the sections to be surveyed. Finally, a random sample of the remaining areas with a low/unknown number of expected unsheltered homeless persons were selected to be surveyed.

On the day of the PIT count, volunteers were divided into teams, and each team was given a section or sections to survey. The final PIT count consists of two sources of data: a census of **all** areas in which a high number of homeless was expected, and a **random sample** of areas in which a low/unknown number of homeless was expected.

Sections with a relatively high number of expected unsheltered homeless persons.

The 2016 Tucson-Pima Collaboration to End Homelessness (TPCH) PIT count included upwards of 300 community volunteers. Prior to the day of the count volunteers were divided into teams which are each led by a "team leader." Team leaders attended a team leader training prior to the count, where they received the map of the area they were charged with covering during the morning of the PIT count and a detailed training on how to serve as a team leader. Team leaders were required to survey the areas to which they were assigned prior to the day of the count in order to give their team direction on how to best cover the area. Volunteers met with their assigned team and their team leader at one of several community-wide volunteer trainings. The number of volunteers assigned to each area was based on data from current outreach workers and data collected during the 2015

PIT count. A census count was used in these areas and volunteers canvassed and either counted or interviewed all people experiencing homelessness in these areas.

The volunteers were charged with the task of interviewing currently displaced people to learn about their lives and current situation. The interview participants received a $5 gift card (which were donated to TPCH for use during the PIT Count) for their time and a pocket resource guide that lists community resources. The collected data is individual self-report data and is collected directly from people who were experiencing homelessness and were unsheltered the night prior to the morning of the count. While volunteers tried to collect all of the data from each participant, each individual could decide not to answer individual questions. Thus, some of the U.S. Department of Housing and Urban Development (HUD) required data remains uncollected. The data analysis team used the HUD provided data extrapolation tool that allows individual item data to be extrapolated when 80% or more people have responded to the item.

Sections with a relatively low (or unknown) number of expected homeless persons.

Random sampling was used to collect data from areas or sections of the map that were expected to have low or unknown numbers of people who are experiencing homelessness. Areas in the communities surrounding the metro Tucson area were selected and grouped with other areas that are similar with regard to size, socio-economic status, demographics and terrain. Randomly selected areas were counted using a census method and data collected from the people experiencing homelessness in those areas were counted and interviewed and totals was adjusted to represent the overall homeless population in these specific areas. Areas selected to be included in the subset of areas included in the random sample were based on information from current homeless outreach workers and from data collected during the 2015 PIT count. The census count of sampled areas was conducted in the same manner as detailed above.

Sections with no expected unsheltered persons (such as relatively inaccessible desert, or areas with few or no roads).

Extremely remote and rural areas that are accessible by car were also randomly sampled. These sampling of these areas was handled in the same manner as the areas expected to have low homelessness, however because there are not street maps for the entire county, we learned that some of the areas initially assigned into this category are actually inaccessible. This information will be used to inform subsequent counts and these areas will be designated as uninhabitable.

Sections designated as uninhabitable land, native lands, preserved lands or national/state forest.

During the 2015 PIT count, only native lands, preserved lands and national/state forests were included in this category. Based on data collected through random sampling, we learned that there are several areas throughout the county that have no roads and are not connected to any thorough fares. Areas that are inaccessible by car were excluded from the

PIT count, as it is highly unlikely that people who are experiencing homelessness are residing in these areas.

Pima County 2016 Unsheltered Homeless PIT Count Report

The Pima County PIT count occurred during the morning of January 27, 2016. There were approximately 312 volunteers, split into approximately 30 teams who explored the county between the hours of 6:30 and 10:30 AM in search of people who were experiencing homelessness. The volunteers were charged with the task of interviewing currently displaced people to learn about their lives and current situation. The interview participants received either a $5 gift card for their time or a cold kit that included socks, hats and hygiene kits (which were donated to TPCH for use during the PIT Count), and a pocket resource guide that lists community resources.

The reported data is individual self-report data and was collected directly from people who were experiencing homelessness and were unsheltered the night prior to the morning of the count.

Department of Housing and Urban Development (HUD) Required Data:

While the volunteers try to collect all of the data from each participant, each individual can decide not to answer individual questions. Thus, some of the HUD required data remains uncollected. HUD provides a data extrapolation tool that allows individual item data to be extrapolated when 80% or more people have responded to the item. Table 1 through Table 6 represent extrapolated data for the 381 displaced individuals who were interviewed during the PIT count.

Total Households and Persons

Table 1: Total Households and Persons	
	Unsheltered Count
Total number of households	380
Total number of persons	381
Total number of children (under 18)	2
Total number of persons (18-24)	13
Number of persons (over age 24)	366
Gender	
Female	84
Male	296
Transgender: male to female	1
Transgender: female to male	0
Ethnicity	
Non-Hispanic/Non-Latino	300
Hispanic/Latino	81
Race	
White	288
Black / African American	26
Asian	1
American Indian / Native Alaskan	40
Native Hawaiian / Pacific Islander	3
Multiple Races	23

Households with at least one adult and one child:

Table 2: Households with at least one child	
	Unsheltered count
Total number of households	1
Total number of persons	2
Number of children	1
Number of young adults (18-24)	0
Number of adults (24+)	1
Gender	
Female	1
Male	1
Transgender: male to female	0
Transgender: female to male	0
Ethnicity	
Non-Hispanic/Non-Latino	2
Hispanic/Latino	0
Race	
White	0
Black or African American	0
Asian	0
American Indian or Native Alaskan	2
Native Hawaiian or Pacific Island	0
Multiple races	0

Households without children:

Table 3: Households without children	
	Unsheltered Count
Total number of households	378
Total number of Persons	378
Number of Young Adults (18-24)	13
Number of Adults	365
Gender	
Female	83
Male	294
Transgender: male to female	1
Transgender: female to male	0
Ethnicity	
Non-Hispanic/Non-Latino	297
Hispanic/Latino	81
Race	
White	287
Black/African-American	26
Asian	1
American Indian / Alaskan Native	38
Native Hawaiian / Pacific Islander	3
Multiple Races	23

Youth and Unaccompanied Children Households

Table 4: Youth Households (unaccompanied children and youth ages 18-24)	
	Unsheltered Count
Total number of households	14
Total number of parenting youth households	0
Total number of youth (18-24) households	13
Number of unaccompanied children households	1
Gender	
Female	3
Male	11
Transgender: male to female	0
Transgender: female to male	0
Ethnicity	
Non-Hispanic/Non-Latino	14
Hispanic/Latino	0
Race	
White	11
Black/African-American	1
Asian	0
American Indian / Alaskan Native	1
Native Hawaiian / Pacific Islander	1
Multiple Races	0

Veteran households with at least one child and one adult

(None)

Veteran Households without children:

Table 5: Veteran Households without Children	
	Unsheltered Count
Total number of households	49
Total number of persons	49
Total number of veterans	49
Gender (veterans only)	
Female	1
Male	47
Transgender: male to female	1
Transgender: female to male	0
Ethnicity (veterans only)	
Non-Hispanic/Non-Latino	40
Hispanic/Latino	9
Race (veterans only)	
White	45
Black / African American	1
Asian	0
American Indian / Native Alaskan	2
Native Hawaiian / Pacific Islander	0
Multiple Races	1

Subpopulations of homeless individuals:

| Table 6: Subpopulations	Unsheltered Count
Chronically Homeless Individuals	120
Chronically Homeless Families	0
Persons in Chronically Homeless Families	0
Chronically Homeless Veteran Individuals	23
Chronically Homeless Veteran Families	0
Persons in Chronically Homeless Veteran Families	0
Adults with a Serious Mental Illness	161
Adults with a Substance Abuse Disorder	122
Adults with HIV/AIDS	4
Victims of Domestic Violence	89

Additional Pima County PIT count data

In addition to the data required by HUD, some additional data was collected data to provide additional information about homelessness in Pima County. The demographic charts and graphs are based on extrapolated data, therefore 381 participants are represented by these charts. The subsequent charts are based on data collected from the 381 people interviewed directly or their parents. Because each person did not answer each question, the charts are based on the number of individuals who responded to each individual question; the number of people who answered each question is listed as the "n" size.

**<u>Total population demographics:</u>**

Of the 381 people interviewed, 78.8% identify as male, 22.0% identify as female and 0.2% identify as transgender (see Chart 1).

Chart 1. Gender Identity
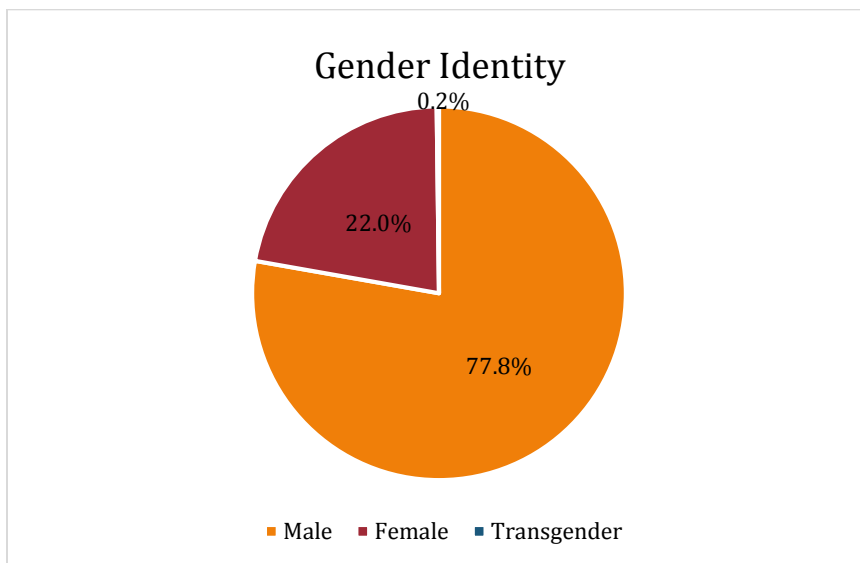
75.6% of participants identify their primary race as White, 6.8% of participants identify as Black or African-American, and 10.5% of participants identify as American Indian or Alaska Native. 6% of participants report identifying as multi-racial. 1% of participants identify as Asian, Native Hawaiian or other Pacific Islander (see Chart 2).

Chart 2. Race Identification

Race Identification

- White
- Black or African-American
- Asian
- American Indian/Alaska Native
- Hawaiian/Pacific Islander
- Multiple Races
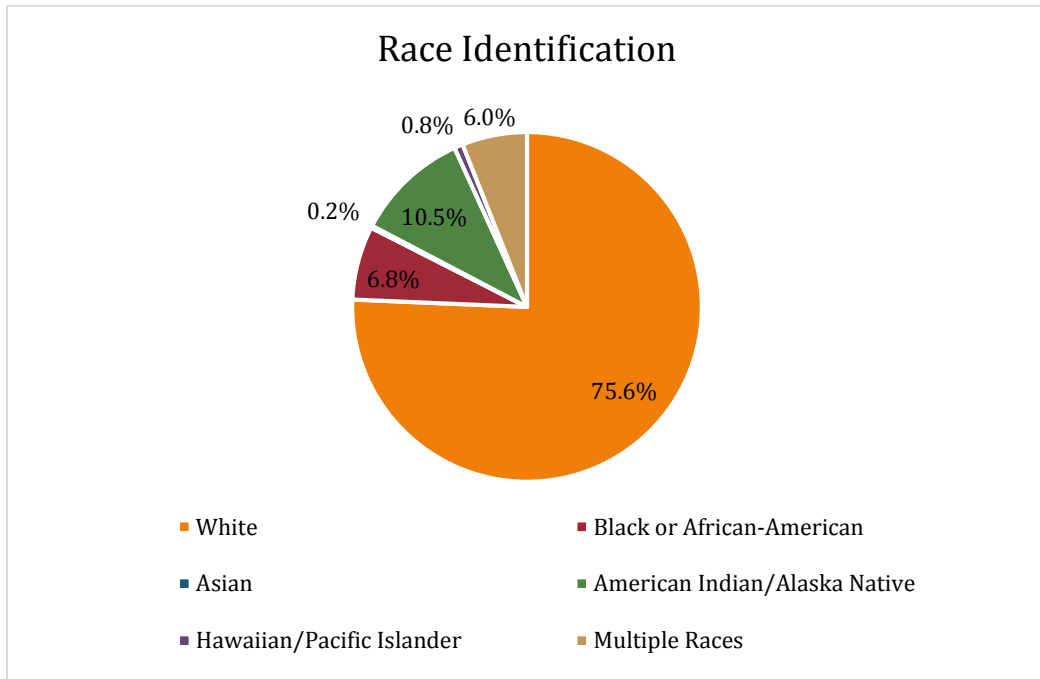
Approximately one-fourth of people who were interviewed during the PIT count identify as Hispanic or Latino (see Chart 3.)

Chart 3. Ethnicity

Hispanic/Latino Ethnicity

- Hispanic/Latino
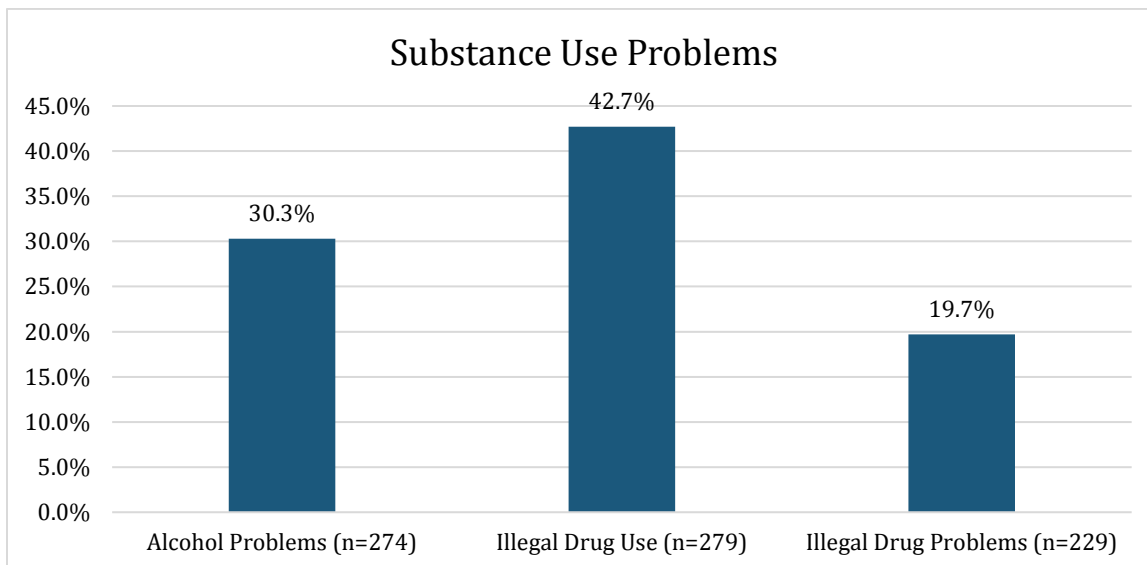- Non-Hispanic/Non-Latino
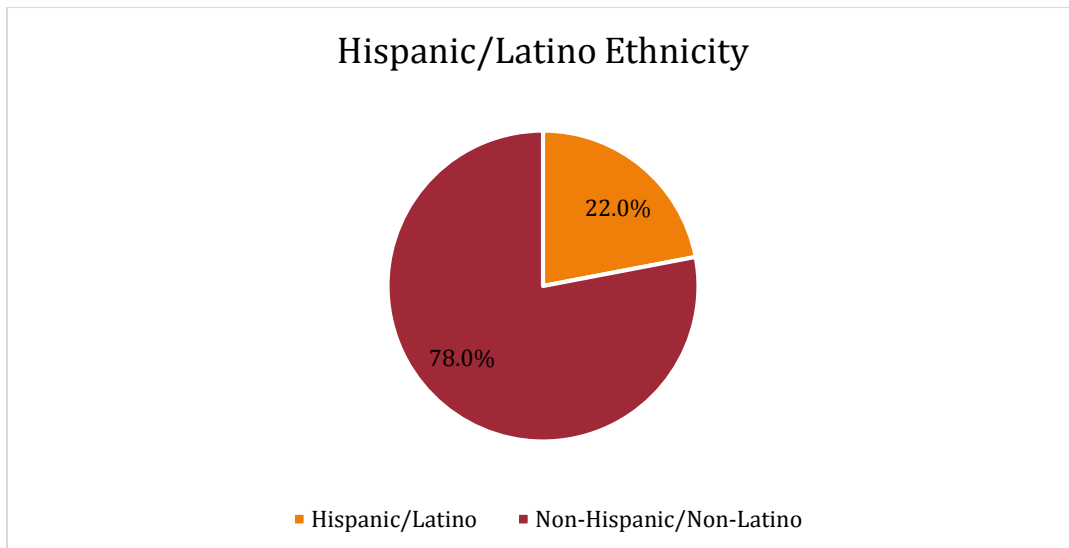
The majority of the people interviewed during the Pima County PIT Unsheltered Count were over the age of 24 (96.3%). People between the ages of 50-59 were also heavily represented in the count (31.1%) (see Chart 4).

Chart 4. Age

Age

1.7%   0.2%

12.5%   13.4%

31.1%   18.3%

22.7%

■ Under 18 ■ 18-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-69 ■ 70-79
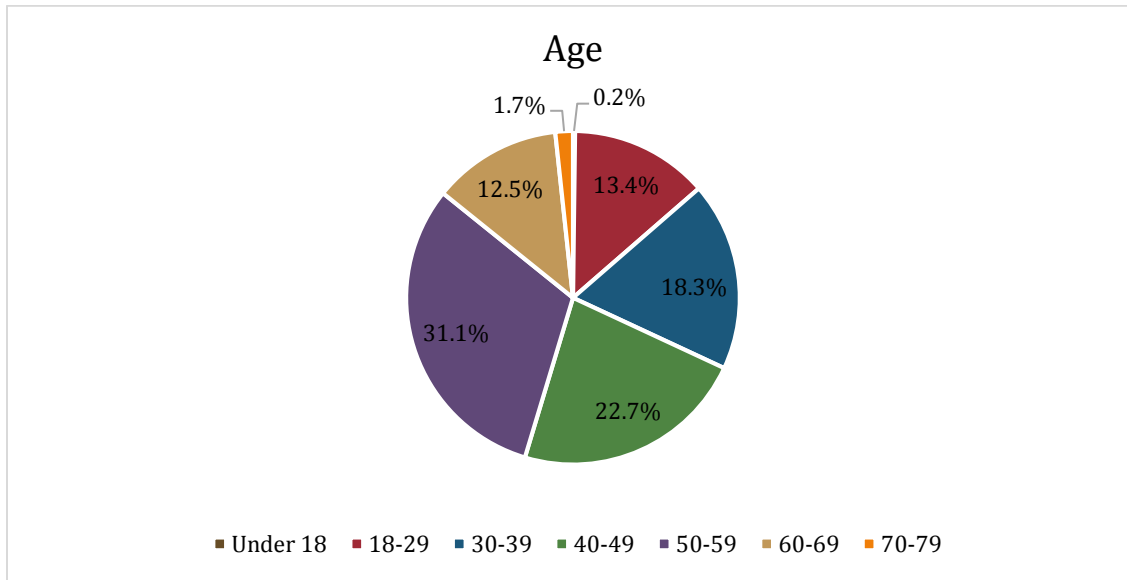
Participants were asked if they use alcohol or illegal drugs. Of the participants who answered the question regarding alcohol, 30.3% reported having problems with alcohol use. 42.7% of participants report illegal drug use and 19.7% of participants reported having problems related to illegal drug use.

Chart 5. Substance use

Substance Use Problems

| | Alcohol Problems (n=274) | Illegal Drug Use (n=279) | Illegal Drug Problems (n=229) |

30.3%   42.7%   19.7%
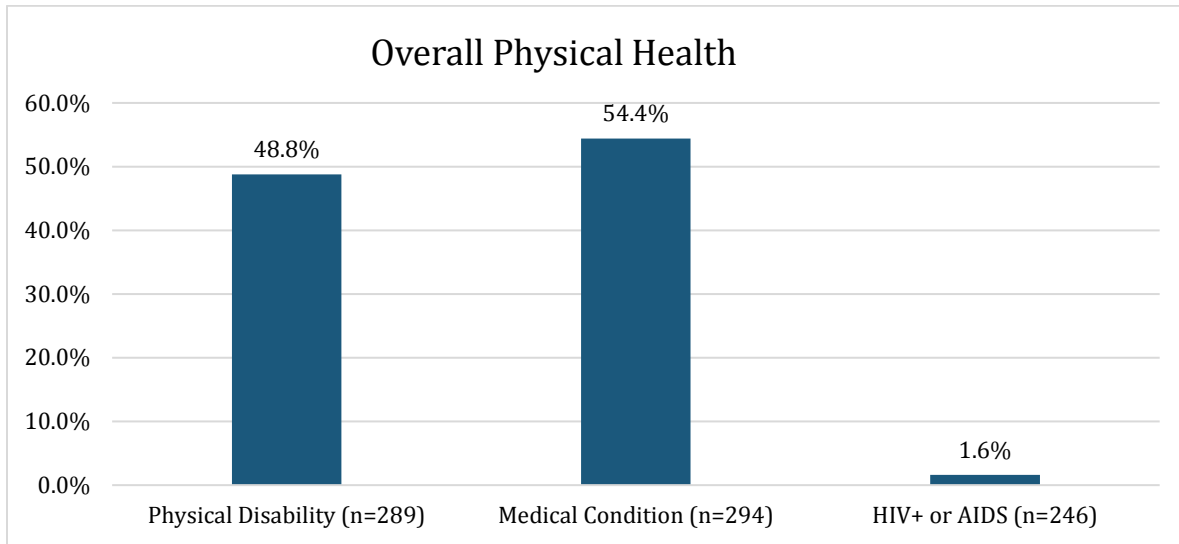
42.0% of participants reported having physical health problems and 1.6% of the respondents reported either having a positive HIV status or as living with AIDS.

Chart 6. Physical health

Overall Physical Health

Although 48.8% of participants reported having a physical disability, only 18.7% reported that they are currently receiving disability benefits such as Social Security Income or Veteran's Disability Benefits.

Chart 7. Physical disability

Physical Disability
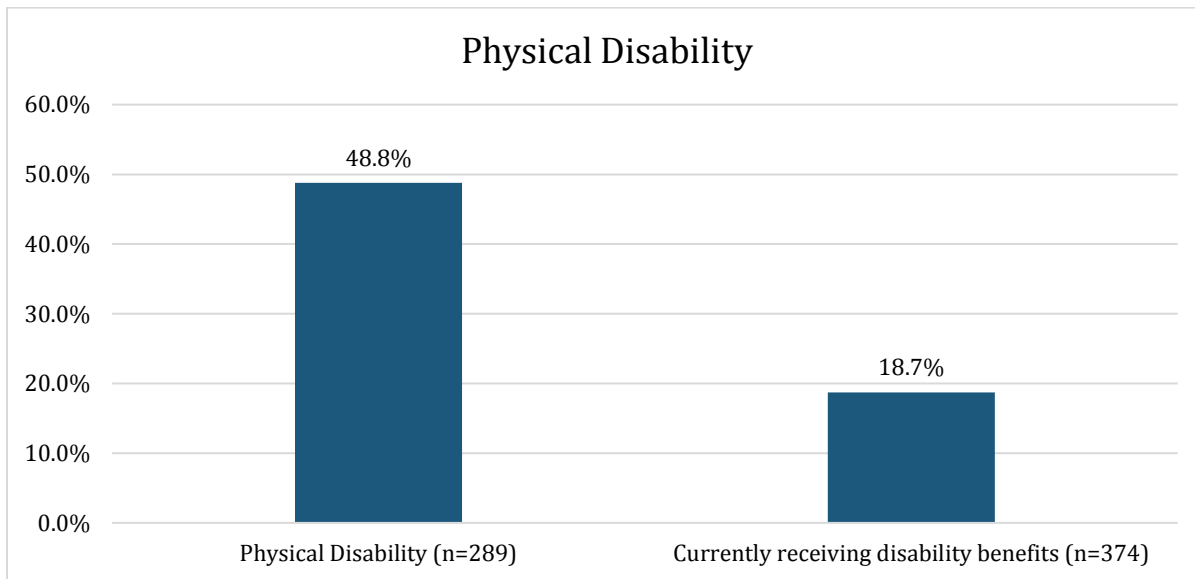
53.5% of respondents reported having psychiatric or mental health problems and 41.1% said that they suffer from post-traumatic stress disorder (PTSD.) 47.1% of respondents said they have a traumatic brain injury.

Chart 8. Mental health

Overall Mental Health

Category	Percentage
Mental Health Problems (n=301)	53.5%
PTSD (n=280)	41.1%
Traumatic Brain Injury (n=280)	47.1%
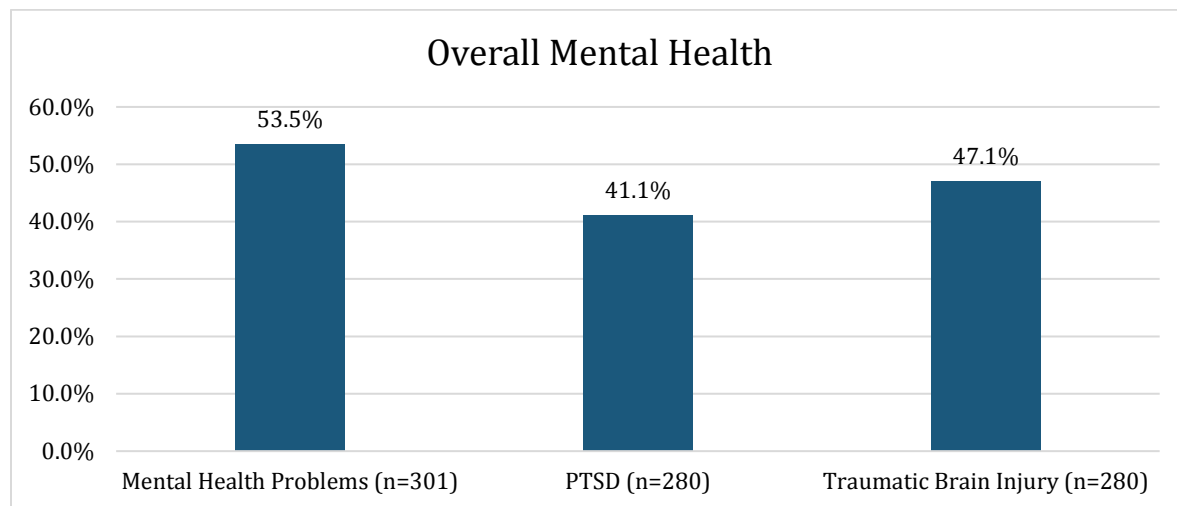
As previously stated, each question has a different number of respondents. The number of people who answered each question is listed next to each variable.

Supplemental Subpopulation Data

While continued efforts are made by the PIT count committee to provide a more comprehensive picture of homelessness in Pima County, it is still necessary to review additional data sources to better understand homelessness and the factors that contribute to its persistence in Pima County. Local and national data were reviewed and discussed with key community stakeholders in a series of individual interviews following the 2016 PIT count. These additional data sources, as well as local interviews support the interpretation of PIT count data and may shed light on populations not counted or otherwise invisible during the 2016 data collection time frame. Moreover, this supplemental evaluation allows for review of barriers and opportunities that may exist in housing and other services necessary to improve outcomes in the Pima County effort to reduce homelessness.

Veteran Homelessness

In 2015, OrgCode Consulting, Inc. completed an analysis for ending homelessness in Pima County—*Service Gaps and Opportunities in Ending Homelessness*. This analysis, which reviewed counts of homeless veterans between 2012 and 2015, states that increases in Permanent Supportive Housing (PSH) could make veteran homelessness "a completely solvable issue" (9). However, while the number of PSH units continue to increase, numbers of unsheltered veterans increased from 39 in 2015 PIT count to 49 in 2016 PIT count. This increase negatively differs from federal data trends, and encourages further examination of annual data trends to better determine the effectiveness of the many recent local efforts to end veteran homelessness.

Tucson is a participating member in several national efforts to reduce numbers of homeless veterans, including the Mayors Challenge initiated by the White House. This initiative calls for mayors to pledge to engage local community organizations cohesively to reduce veteran homelessness, which current Tucson Mayor Jonathan Rothschild has signed. Tucson is also a participating city in the 25 Cities Effort. This effort is led by the U.S. Department of Veterans Affairs (VA), in partnership with HUD and the U.S. Interagency Council on Homelessness (USICH). The 25 Cities Effort provides technical assistance, aids in mobilizing local planning efforts, and works to streamline "coordinated assessment and entry systems." According to a local homeless outreach worker who specializes in supporting veterans, these efforts have been most effective in housing white male homeless veterans over the age of 40 years, (personal communication, May 18, 2015). These positive outcomes can be attributed to the commitment from the community and partnerships developed between agencies, like the VA, Pima County, and TPCH to ameliorate this problem (Outreach Worker, personal communication, May 18, 2015). This initiative, however, according to a local outreach worker, has been less successful in housing veterans under 40 years, female veterans, lesbian, gay, bisexual, transgender, or queer (LGBTQ) veterans, and/or veterans of color, especially Native Americans. These populations of veterans are more challenging to locate and may have different housing needs, which can create additional barriers (personal communication, May 18, 2015). These groups of veterans may be less likely to disclose their veteran status and, as such, cannot be offered veteran specific services (Outreach Worker, personal communication, May 18, 2015). VA outreach efforts and housing requirements for these groups of veterans may need to be modified in order to better connect these individuals to permanent housing resources.
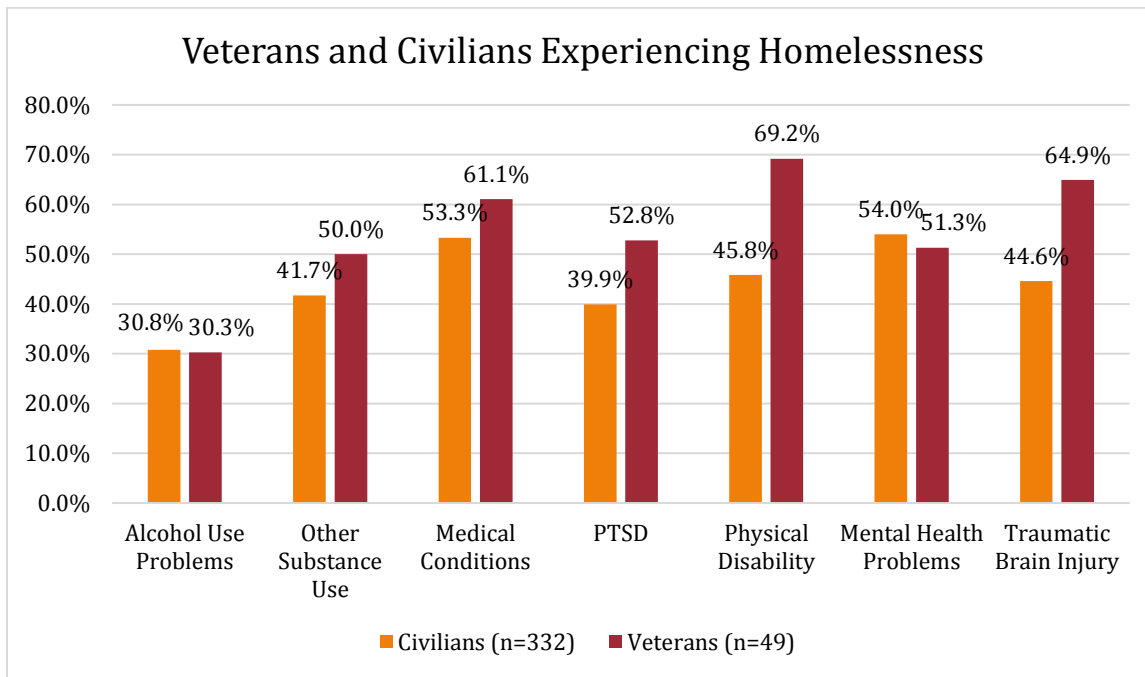
Other regions in the U.S., including Washington D.C., have seen declines in their homeless populations, including veterans. The *Homelessness in Metropolitan Washington: Results and Analysis from the 2015 Point-in-Time Count of Persons Experiencing Homeless in the Metropolitan Washington Region,* reports a 19% reduction in homeless veterans from 2011 to 2015 (Chapman & Goodwin, p. 2). This success is attributed to an increase in "access to additional dedicated housing resources, such as HUD-VASH vouchers" (Chapman & Goodwin, p. 2). Washington D.C.'s PIT count report also states that, "Newer veterans' programs, such as the Supportive Services for Veterans and Families (SSVF) and the VA's Supportive Housing program (VASH) may have contributed to the region's decrease in homeless veterans" (30). SSVF provides technical assistance and homelessness prevention grants to nonprofit organizations to assist veterans remain in their current housing. VASH supplies Housing Choice Vouchers (HCVs), which pay for a portion of an eligible participant's rent. In order to be eligible for an HCV participants are required to participate in VA case management services, including supportive services and adhering to treatment recommendations. There are additional barriers to access veteran specific services (e.g., those with "Lifetime Sexual Offender Registry" status are not eligible to participate) (U.S. Department of Veterans' Affairs). HUD-VASH criteria states that veterans must continue participation in treatment to remain eligible for HCVs. Though Pima County homeless veterans are provided with HUD-VASH vouchers, in addition to other veteran specific

programs, additional data should be reviewed to better determine its impact and effectiveness in Pima County.

Another national effort that our community is fully committed to in alliance with the VA is the "100,000 Homes Initiative," which encourages community stakeholders to keep housing criteria "as 'low-threshold' as possible so that chronic and vulnerable homeless people can easily enter and remain in permanent housing." Some examples of common housing entrance criteria that create barriers to entering housing are: committing to a substance-free lifestyle; submitting to drug testing; requirements to take medication for mental health conditions; participation in programming, religious services/activities, or substance abuse treatment services (including NA/AA); absence of felony convictions and/or other serious violent offenses; minimum credit score rating; restrictions on guests; and agreeing to frequent home inspections. These examples are by no means exhaustive of all "low-threshold" common eligibility criteria, but illustrate frequent challenges to entering Permanent Supportive Housing (PSH). The 100,000 Homes Initiative seeks to reduce these barriers for homeless people in need of permanent housing.

As demonstrated by the 2016 PIT data this year, it is likely that a large percentage of veterans do not meet the eligibility criteria for certain types of housing support, as 30.3% reported having problems with alcohol use and 50% reported using illegal drugs. Similarly, mental health problems likely create barriers for veterans accessing housing. As seen in Chart 9, 51.3% of the veterans surveyed reported a mental health problem, which is slightly fewer than those surveyed who are not veterans (54.0%). 52.8% of veterans reported PTSD which is more than 10% higher than civilians who reported suffering from PTSD. Most significant, however is that 64.9% of veterans reported suffering from a traumatic brain injury at some point in their lives, while only 32.8% of non-veterans reported experiencing a traumatic brain injury. Since HUD-VASH vouchers require veterans to be seeking case management or receiving care in order to be eligible for vouchers, homeless veterans experiencing these health issues may be excluded from supportive housing unless they are willing to participate in these services. Given the likelihood that veterans are likely dealing with other personal concerns, in addition to their homelessness, it is possible that they may be reluctant to take on the additional commitment to service participation. This example serves to illustrate the call put forth in the 100,000 Homes Initiative, as well as the need reported by a local veterans outreach worker to decrease housing entrance criteria and increase the availability of no barrier shelter and housing resources (personal communication, May 18, 2015).
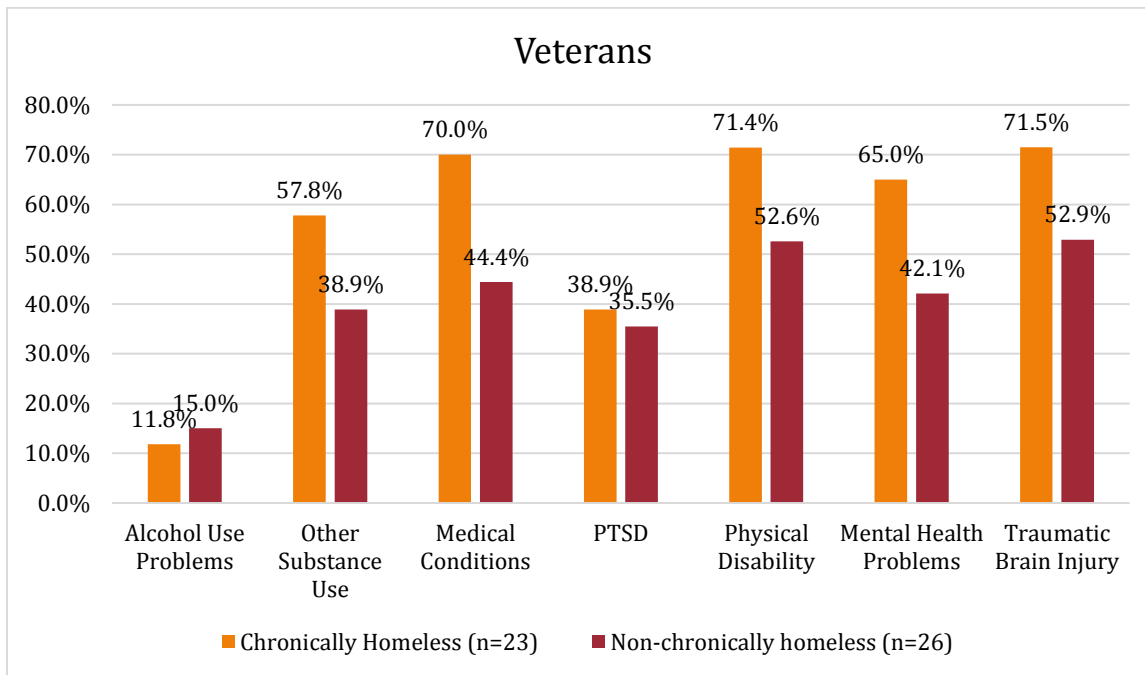
Chart 9. Veterans experiencing homelessness[1]

Veterans and Civilians Experiencing Homelessness

Category	Civilians (n=332)	Veterans (n=49)
Alcohol Use Problems	30.8%	30.3%
Other Substance Use	41.7%	50.0%
Medical Conditions	53.3%	61.1%
PTSD	39.9%	52.8%
Physical Disability	45.8%	69.2%
Mental Health Problems	54.0%	51.3%
Traumatic Brain Injury	44.6%	64.9%

■ Civilians (n=332) ■ Veterans (n=49)

While chronic homelessness among veterans decreased during the 2016 Pima County Unsheltered PIT Count, community-wide efforts to reach some of our more vulnerable community members continue. Chronically homeless veterans are more likely to experience medical problems, PTSD, physical disabilities, mental health problems and traumatic brain injuries than their peers who are not chronically homeless (see Chart 10). However, alcohol use problems are less common among chronically homeless veterans and illegal substance use is similar among the groups. These data indicate that chronically homeless veterans are at increased risk in almost all areas of health compared to those who have been homeless less frequently or for a shorter period of time.

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[1] For Charts 9-11, each question has a different number of respondents. The number of people identified as a part of the identified population is listed as the "n size". The actual number of respondents to each question varies.

Chart 10. Veterans and chronic homelessness

Veterans

Chronically Homeless (n=23) | Non-chronically homeless (n=26)

Category	Chronically Homeless	Non-chronically homeless
Alcohol Use Problems	11.8%	15.0%
Other Substance Use	57.8%	38.9%
Medical Conditions	70.0%	44.4%
PTSD	38.9%	35.5%
Physical Disability	71.4%	52.6%
Mental Health Problems	65.0%	42.1%
Traumatic Brain Injury	71.5%	52.9%

Chronic Homelessness

People who are experiencing chronic homelessness often represent one of the more vulnerable groups of those who are homeless, making finding, obtaining and retaining housing quite a challenge. Individuals who have been homeless for long periods of time commonly experience "a combination of mental health problems, substance use disorders, and medical conditions that worsen over time and too often lead to an early death" (U.S. Interagency Council on Homelessness, 2016). Data from numerous studies and communities across the country find that it is more cost effective to provide those who are chronically homelessness with supportive housing than for them to continue to be homeless (U.S. Interagency Council on Homelessness, 2016). Community costs for those experiencing prolonged episodes of homelessness include frequent interactions with law enforcement and emergency services, incarceration, emergency room visits, substance use treatment, and regular access to homeless and other community based services. When the underlying need for housing is left unaddressed, the actual cost to the community is much higher than providing these individuals with permanent housing and supportive services (U.S. Interagency Council on Homelessness, 2016).

HUD recently released a new definition for chronic homelessness, which defines a chronically homeless individual (or head of household) as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years (must be a cumulative of 12 months), and also has a condition that prevents them from maintaining work or housing (a disability) (U.S.

Department of Housing and Urban Development, 2016). Changing this definition is meant to ensure that people with disabilities and long histories of homelessness are prioritized for access to housing programs. A disabling condition is defined as "a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions… a disabling condition limits an individual's ability to work or perform one or more activities of daily living" (U.S. Department of Housing and Urban Development, 2007). Although providers serve all persons experiencing homelessness regardless of their participation in coordinated entry or the local HMIS, to be prioritized for housing services, people experiencing homelessness must complete the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). It is through this tool that individual need is measured to assure those who are in greatest need receive housing priority. Being chronically homeless is a factor that classifies an individual a higher priority for receiving services.

The Obama Administration spurred national efforts to end to chronic homelessness by 2017. The FY 2016 Budget request includes an increase of $265 million in HUD's Homeless Assistance Grants that would help to increase the creation of more supportive housing and "promote the adoption of Housing First practices that help people obtain housing quickly and without barriers and preconditions" (U.S. Interagency Council on Homelessness, 2016). Numerous studies have found that supportive housing helps people "permanently stay out of homelessness, improve health conditions, and, by reducing their use of crisis services, lower public costs" (U.S. Interagency Council on Homelessness, 2016).

The need to increase access to no-barrier PSH to address chronic homelessness in Pima County is supported by data from a survey completed by staff at local shelters, which revealed many of the types of barriers chronically homeless individuals face when seeking emergency shelter and by additional data collected during the 2016 Unsheltered PIT count. Many of these barriers include characteristics and regulations of the shelters themselves, like available length of stay, check-in hours and curfews, safety and security of the shelter environment (Torres, 2016). Additionally, some shelters' restrictions may prevent the entrance of some individuals experiencing chronic homelessness, as they may be unable or unwilling to comply with the requirements. Some examples from the shelter survey, as well as from data collected from an interview with a man experiencing chronic homelessness in Pima County of barriers to shelter include: Individuals who do not possess the proper identification records; men and women who do not want to separate; families who do not want to separate or those with teenage sons; those with pets; individuals who are unwilling to submit to, or cannot pass a breathalyzer test; those with criminal backgrounds—sex offender or felony status may eliminate ability to enter many emergency shelters altogether (personal communication, May 3, 2016). Substance use screening, specifically breathalyzers creates a great challenge for those using substances, especially for individuals who have problems with alcohol. According to a local homeless outreach worker, many times these individuals abstain from alcohol and use an alternative

substance, like spice [synthetic marijuana,] in order to access shelter for the night (personal communication, May 3, 2016). Another unique challenge for shelters is supporting individuals who remain homeless, but are employed. A local homeless outreach worker shared an example of a person who works a shift that conflicts with either the check-in and/or curfew requirements of a shelter—this person must choose between shelter for the night or their current employment (personal communication, May 3, 2016; Torres, 2016). Similarly, many shelters have cell phone regulations that inhibit homeless individuals from taking important calls that might be employment and/or service related (Homeless Outreach Worker, personal communication, May 3, 2016).

In addition to barriers that stem from housing regulations, there are issues surrounding the culture and safety of shelters. According to data collected from a man experiencing chronic homelessness and a local homeless outreach worker, many chronically homeless individuals prefer to sleep in a desert encampment because shelter culture and the physical attributes of shelters may mirror negative experiences of the past (e.g., incarceration; other government institutions, like group homes for children in foster care or mental health hospitals) and may invoke a traumatic response. Additionally, most people who are experiencing homelessness know that hospitals must keep them for a certain amount of time if they claim to be suicidal. Many people would rather have a brief stint in a hospital than sleep in a shelter when outdoor conditions become too severe (personal communication, May 3, 2016). Shelters also have a reputation for having issues with sanitation, overcrowding, and violence. Shelter safety is also a concern for some patrons and some avoid shelters because their belongings are insufficiently protected overnight (Homeless Outreach Worker, personal communication, May 3, 2016). While employing formerly homeless people as shelter staff can be a positive and practical solution for staffing these positions and promoting employment, according to a currently homeless individual, currently homeless people's past negative experiences with some of these individuals may create a deterrent from particular shelters (personal communication, May 3, 2016). For those with mental health problems, specifically PTSD, the close quarters and personal safety concerns can become overwhelming and exacerbate their mental health and associated substance use problems (Homeless Outreach Worker, personal communication, May 3, 2016).

Further complicating the factors of chronic homelessness include shifts in data related to substance abuse, mental illness and physical health. The Pima County Gaps Analysis reported 242 unsheltered chronically homeless individuals in 2015, which was an increase "from the sub-200 levels experienced in three of the previous four years," while also reporting a decrease in unsheltered individuals living with substance abuse or mental illness (10). The Pima County Gaps Analysis reports that this could mean, "that many of these persons [were] living with compromised physical health in addition to having longer bouts of homelessness" (10). This year, 53.4% of chronically homeless individuals reported having a physical disability, and 54.2% report an ongoing health problem or medical condition, but only 20.6% were receiving any kind of disability benefits. Veterans were

more likely than non-veterans to be receiving disability benefits. Data collected from an interview with a man experiencing chronic homelessness for over a year, suggests that many individuals are living with chronic health conditions and are in need of health care, but often choose not to access services because of the severity of their substance use addictions (personal communication, May 3, 2016). Others, he stated, "have given up on themselves," and make no effort to access health services (personal communication, May 3, 2016).

Compared with people who are experiencing homelessness on a more temporary basis, chronically homeless individuals reported more concerns across the board. Chronically homeless individuals are more likely to have alcohol use problems (26.0% vs. 19.8%,) use other illegal substances (43.5% vs. 25.0%,) have serious medical conditions or health problems (54.2% vs. 35.5%,) have post-traumatic stress disorder (41.2% vs. 24.6%,) have a physical disability (53.4%vs. 28.6%,) have mental health problems (61.1% vs. 31.9%,) and have had a traumatic brain injury (48.1% vs. 27.8%.) Similar to national demographic trends, 19.8% of those identified as chronically homeless during the 2016 Pima County Unsheltered PIT Count were women. Nationally, between 20-25% people experiencing chronic homelessness are women (Edens, Mares & Rosenheck, 2011).

Chart 11. Chronically Homeless Individuals
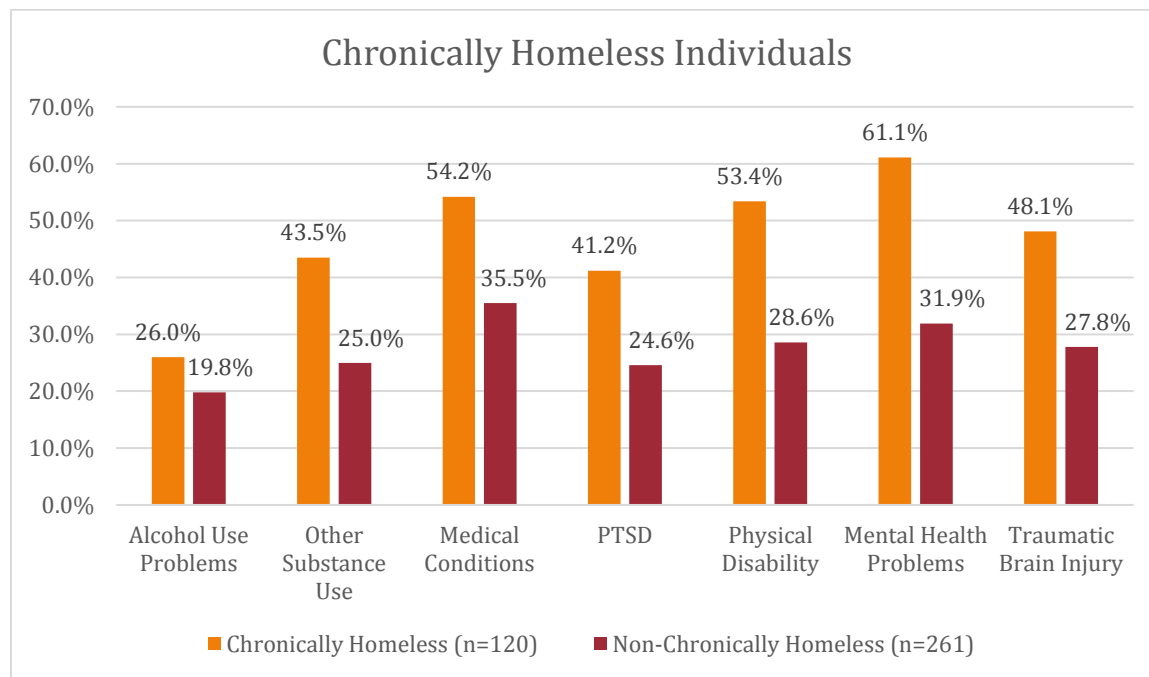
During the 2016 Pima County Unsheltered PIT Count chronically homeless individuals who ocassionally access services listed their mental health problems as the main reason they don't access services more often. Their substance abuse problems and PTSD were mentioned second and third, respectively. For people who were identified as chronically

homeless and do not access services, problems with transportation and mental health problems were cited most frequently as the reasons they do not access services. Shelter overcrowding and inadequate services were mentioned second and third. Some shelters may refer individuals to other services, but do not provide screening and diagnosis for severe mental health conditions and physical disabilities. This may not be sufficient to address the need of chronically homeless populations for lifelong regimented methods of care and/or counseling. Proper screening, case management and referrals to appropriate service providers are paramount (Chapman, Mintier, & Goodwin, 2015). Though these additional case management services and service providers may have their own infrastructural barriers to providing adequate care, most agencies lack enough resources to meet the needs of the community in particular those with co-occurring conditions. According to a homeless outreach worker, some of the most difficult to house and retain in housing programs are people who have significant developmental disabilities. (Homeless Outreach Worker, personal communication, May 3, 2016).

<u>Family Homelessness</u>

The HUD definition for a homeless family includes either a single person or a group of persons with or without: (1) children, including children away in foster care counting as members; (2) an elderly family of whom any member is 62 or older; (3) a disabled family of whom any member is disabled; or (4) a displaced family whose dwelling has been extensively damaged or destroyed as a result of a disaster (U.S. Department of Housing and Urban Development, 2011).

According to HUD's *2015 Annual Homeless Assessment Report to Congress*, 36% of all people experiencing homelessness are individuals in families. The risk of homelessness is highest among families headed by a single woman, usually in her late 20s, with two children, one of whom is under the age of 6 years (U. S. Department of Health and Human Services, 2015). Families experiencing homelessness are not considerably different from impoverished families, as they face significant challenges, including financial struggles and "exposure to family and community violence, before, during, or after an episode of homelessness" (U. S. Department of Health and Human Services, 2015). The HHS Administration for Children and Families (ACF) reported in 2014 that more than 50% of children in federally funded homeless shelters are under age six. These numbers have an enormous impact on early childhood development, including: lower birth weights; higher levels of illness; reduced educational well-being; trauma and stress-caused changes in brain function and structure (Fisher, 2016).

The McKinney-Vento Education of Homeless Children and Youth Assistance Act is a federal law that guarantees enrollment and educational stability for homeless children and youth through Local Education Agencies (LEAs). LEAs receiving grants under McKinney-Vento legislation must report the number of homeless families to the U.S. Department of Education annually. During the 2013-14 school year, LEAs counted a total of 29,763 homeless children in the state of Arizona (U.S. Department of Education, p. 62), however in

this year's Pima County Unsheltered PIT count, only one child under 18 was who was a member of a household was counted. Understanding the complexity of the HUD definition and the data collected during the 2016 Pima County Unsheltered PIT Count, shed light on the difficulty of accurately counting homeless families. Public schools reporting significantly higher numbers of homeless children than are reported in the annual PIT count, is generally due to differing definitions of homelessness. Public schools are able to track numbers of homeless children "on a cumulative basis throughout the school year, compared to the one-day snapshot of the region's homeless provided by the Point-in-Time count" (Chapman, 2015, p. 14). It is clear that there are barriers in the PIT count design that impact the ability to identify homeless families. A staff member from a local family housing services organization noted that families experiencing homelessness will "do anything to keep their children off the streets" (personal communication, May 3, 2015). This means that these families are very well hidden and ensure that they "blend into the crowd" (personal communication, May 3, 2015). Families, especially single mothers work to remain sheltered wherever they can, sometimes in a car parked in the Walmart parking lot, other times crammed into an already full house with a friend or relative (personal communication, May 3, 2015). According to a staff from a local family service agency, parents' need to keep their children sheltered unfortunately means that many families are forced to make difficult choices about where and with whom to stay, putting the children in very unstable and sometimes dangerous situations (personal communication, May 3, 2015). Moreover, families' need to remain safe and hidden makes them challenging to identify, not only during the PIT count, but for service providers, as well. A volunteer for the PIT count is less apt to approach a woman with two children, as they do not necessarily look homeless. Similarly, though other data sources provide a more comprehensive report on shelter usage, the PIT shelter count offers only a snapshot of sheltered families on one night of the year. The numbers of families in shelters can vary greatly from month to month, thus the design of this count is not apt to collect accurate numbers of families in the community experiencing homelessness (personal communication, May 3, 2015).

It is important to also note that not all families are headed by an adult. Many youth who have left home, either to escape family troubles and/or abuse or who have been kicked out, find themselves pregnant and/or parenting their own children. "For some youth, becoming self-sufficient means not only supporting themselves but also supporting a child. Indeed, running away more than doubles a teenager's chances of pregnancy in her first year away from home" (U.S. Department of Health and Human Services, p. 17). Noting the connection between pregnancy and the greater likelihood of bearing parental responsibilities may point to a need for additional child-inclusive emergency shelter services. Furthermore, homeless mothers experience higher rates of depression, post-traumatic stress disorder, and are more likely to have a severe trauma history (Administration for Children and Families, 2016).

Homelessness among families is typically not a long-term experience with the right types of community supports in place. According to the National Alliance to End Homelessness,

about 75 percent of families who enter shelter have a short stay, receive little or no support and never return to shelter (2015). U.S. Interagency Council on Homelessness, rapid re-housing is a key strategy for lifting families from homelessness (2015). Furthermore, "the more quickly families are connected with permanent housing, the more quickly their homelessness can be solved and their lives can return to relative stability. Similarly, prevention strategies – in the form of cash assistance, housing subsidies, and other services – can avert homelessness before it starts" (National Alliance to End Homelessness, 2015).

Two local service organizations in Pima County, Primavera Foundation and Our Family Services, have taken steps to improve their response to family homelessness by developing a coordinated intake system via a Pathways Home grant. This system aims to quickly connect families to housing services available throughout Pima County and has been successful to the point that there are not enough resources to meet the community need. A staff from one such agency, noted that the coordinated intake hotline is consistently overwhelmed—regularly 130 messages behind (personal communication, May 3, 2015). The funds do not exist to designate a staff person to be primarily responsible for following-up with calls received on the coordinated care hotline. In turn, the system becomes overwhelmed and less effective. This means that many families reaching out for services, some emergency and some preventative, are forced to search for support outside of the coordinated system and exhaust other natural community services. This was a recurring theme in interviews with stakeholders in the community—community resources are regularly depleted and/or changing in such a way (i.e., requirements) that make it challenging to make referrals and even more challenging for families to access adequate services (personal communication, May 3, 2015). To ameliorate homelessness for families, local staff from a family housing agency recommends increasing the amount of no barrier permanent supportive scattered site housing in Pima County (personal communication, May 3, 2015).

Unaccompanied Youth Homelessness

HUD defines unaccompanied youth as individuals who are not part of a family with children during their episode of homelessness, if youth are under the age of 18. If youth are between the ages of 18 and 24 years, they are defined as youth who are not a part of a family with children, and who are not accompanied by their parent or guardian during their episode of homelessness.

According to HUD's *2015 Annual Homeless Assessment Report to Congress*, that 23% of all homeless people were children under the age of 18 , while 9% were between the ages of 18 and 24 (U. S. Department of Health and Human Services, 2015). There are subpopulations of youth who are over-represented among youth who experience homelessness and are likely to be "particularly vulnerable" (U.S. Interagency Council on Homelessness, 2016). These groups include "LGBTQ youth; pregnant and parenting youth; youth involved with juvenile justice and child welfare systems; children with disabilities, and victims of human trafficking and exploitation" (U.S. Interagency Council on Homelessness, 2016). A study

conducted in 2016 by ACF's Family & Youth Services Bureau on homeless youth, ages 14 to 21 years, found that half of youth experiencing homelessness had been in foster care. Moreover, youth with a foster care history were likely to be homeless for "much longer – 27.5 months on average, compared to youth who had never been in foster care (19.3 months on average)" (Administration for Children and Families, 2016). More than 60% of homeless youth had experienced robbery, assault, or sexual violence (Administration for Children and Families, 2016).

As Pima County has struggled to locate youth for the PIT count over the years, a youth specific PIT count was conducted during 2016. HUD acknowledges the limitations of counting unaccompanied minors stating that counting, "sheltered and unsheltered unaccompanied children can be challenging" (2011). In efforts to remain hidden and safe from (re)entering custody and/or the foster care system, "unaccompanied children [in shelters] often choose not to use homeless residential services and thus never appear in local HMIS or develop relationships with local providers who can ensure that each child is counted. The challenges to counting the number of unaccompanied children who are unsheltered are even greater. Unaccompanied children may hide from providers and the police during a community's street count because they are minors. Also, homeless children may congregate in different areas and at different hours of the day than older individuals experiencing homelessness. Lastly, enumerators may be required to conduct interviews to verify the age and household composition of a person who appears to be an unaccompanied child" (2011).

During the 2016 Pima County Youth PIT Count (which was a separate event held during the afternoon of January 27, 2016) 14 youth and young adults were interviewed. Thirteen of those interviewed consider themselves homeless or unstably housed, however only one person met HUD's definition of "unsheltered" on the night before the PIT count. The thirteen youth and/or young adults who did not qualify to be counted for the purposes of the PIT count all reported staying with friends or relatives during the previous night. The Pima County Youth Count reflects national trends in youth homelessness that youth who are homeless or unstably housed often "couch hop" or stay with friends or relatives for short periods of time. While these youth were not unsheltered during the night prior to the PIT count, their housing situation could change at any point and, thus render them unsheltered. Continued and innovative outreach efforts to reach unstably housed youth could prevent future homelessness. Only one youth who was an unaccompanied minor and was unsheltered during the night before the PIT count was counted this year. This limited number of identified youth confirms that continued efforts to reach unsheltered unaccompanied minors are necessary.

The Executive Office of Health and Human Services Special Commission on Unaccompanied Homeless Youth: FY15 Status Report proposes a series of policy recommendations and a model to be adopted by other states. These recommendations include the following: (1) evaluation of the current state policy on emancipation and the benefits thereof; (2) develop clear guidelines for eligibility and process for emancipation; and (3) establish policies that

would increase access for unaccompanied homeless youth to obtain identification. Some possible options include, "a system of electronic records for those involved with state systems as minors; establishing policies within youth-serving agencies that mandate the provision of documents to youth leaving systems; waiving of fees for homeless youth to obtain state issued identification; or evaluate if state/federal law allows for the expansion of proof of identity and residency to permit the use of a state issued ID card" (Executive Office of Health and Human Services, 2014).

Successful practices implemented in the state of Washington describe the range of outreach and services include innovative actions to reach unaccompanied minors and transitional age youth, like designing a print and social media campaign, providing a special 24-hour hotline available to youth and young adults experiencing homelessness, a countywide task-force consisting of of representatives from the school system, health and human service agencies, youth serving agencies, U.S. Department of Health and Human Services and HUD funded shelter providers, public safety officials, employers, post-secondary institutions, faith-based groups, and the juvenile justice system, and conducting street outreach in areas where youth currently gather (Chapman, Mintier & Goodman, 2015).

Local practices could benefit from drawing connections between transitional age youth and closing the gap between those formerly unaccompanied youth transitioning out of foster care and into independent living facilities. Another critical consideration is that youth and young adults may have different needs that older people experiencing homelessness and thus, need different services. According to a person experiencing chronic homelessness, many homeless youth see themselves differently than the older people on the street and are not interested in utilizing the same services (personal communication, May 3, 2015).

According to the U.S. Interagency Council on Homelessness, youth experiencing homelessness who self-identify as LGBTQ is typically reported at 20 to 40%. These numbers of LGBTQ homeless youth are proportionally much higher than the 3% to 5% of the nation's general population at large who self-identify as LGBTQ (2016). "Coming out at a young age is associated with increased risk for longer time spent homeless. LGBTQ youth often come out to significant negative reactions from their families, and more than 40% are rejected and put out of their homes as a result of sharing their sexual orientation or gender identity" (U.S. Interagency Council on Homelessness, 2016).

While gender identity is measured by the Pima County PIT Count tool, it limits transgender identities to options of MTF (Male to Female) or FTM (Female to Male). This precludes transgender individuals who identify with additional gender identities (i.e., gender non-conforming (GNC) or gender queer). Moreover, there is no measure in the PIT count related to sexual orientation. A 2016 survey of Washington, D.C. LGBTQ youth determined that 43% of the city's homeless youth population identify as LGBT (Brodie, 2016). This significant proportion of the LGBTQ population calls for an examination of contributing factors. The National Alliance to End Homelessness has examined primary reasons as to

why many LGBTQ identified youth experience homelessness, including recurring episodes of homelessness. Lesbian, gay and bisexual-identified youth experience harassment, rejection by family and friends, and both physical and sexual abuse, and transgender youth are estimated to experience these factors at even higher rates (Child Welfare League of America, 2012). These factors call for further investigation for the individual needs of LGBTQ youth, separate from non-LGBTQ youth well-being (Choi, 2015). Finally, "survey respondents cited staff qualities and characteristics, such as LGBTQ-inclusion and staff competencies, and program qualities, such as targeted programming for LGBTQ youth, as reasons for success in serving LGBTQ youth who are homeless. Many respondents also point to lack of training in serving LGBTQ needs as a barrier for success in ending homelessness" (Brodie, 2016).

Conclusion

TPCH, the City of Tucson and Pima County are all committed to ongoing efforts to end homelessness in this community. Some of these efforts include participation in federal initiatives (e.g., Mayor's Challenge, 25 Cities Initiative and Zero:2016), developing a highly functional coordinated entry system and making continuous improvements to the annual PIT count of sheltered and unsheltered people experiencing homelessness in Pima County. While the PIT count gives an accurate representation of the unsheltered people identified and encountered on the morning after the PIT count, there are some populations of people experiencing homelessness who are more difficult to find and/or count. Additionally, some unstably housed or homeless people do not meet the qualifications to be counted during the PIT count. Specifically, some of the most difficult to count groups are youth, families with children, undocumented immigrants, and those who have an anti-establishment philosophy. Given the difficulties in counting these groups, the PIT data should be considered only one of many data sources regarding local homelessness.

Also in accordance with federal initiatives, Pima County is dedicated to ending homelessness for veterans, those who are chronically homeless and youth and families within the next few years. Service providers who serve these populations look forward to a coordinated entry system that is accessible, transparent and provides up-to-date information about community resources. A coordinated entry system shows promise in aiding service providers to address the essential needs of those who are most vulnerable and linking individuals to programs that will best address their current needs. Through continuous improvements to community-wide systems, innovative programming, and the continued hard work of our dedicated and experienced service professionals, Pima County will continue to make progress toward ending homelessness in this community.

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