System-Wide Gaps Analysis of the Pima County Continuum of Care

Prepared by:

OrgCode Consulting, Inc.
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Introduction

Communities across North America are working to develop and implement effective and efficient programs and services to address homelessness. However, it is not often that communities dedicate time and resources to intentionally look inward to identify opportunities to make changes to its service orientation and programming with the goal of improving outcomes for its clients. You must be recognized for having the courage and dedication to investigate how practices and policies can be improved to ensure service excellence for the individuals and families experiencing homelessness within the city.

OrgCode Consulting, Inc. was contracted in March of 2018 to conduct a systems-wide gaps analysis for Pima County/Tucson Continuum of Care. This gaps analysis occurred within three distinct, but interconnected domains:

1. Services
2. Housing
3. Financial Resources

Through the review and analysis of provided documents and materials we are pleased to present you with this analysis of your community's gaps and opportunities.

Executive Summary

Homelessness as it exists across the Continuum of Care is an entirely solvable issue if resources are used appropriately. There has been an overall 12% reduction in homelessness in Pima County, however bed utilization at both Emergency Shelter and Transitional Housing programs remain low and exits back into homelessness remain high. Underutilization of Emergency Shelter and Transitional Housing beds while still reporting 299 unsheltered persons, including children, suggest a need to identify not an increase in program capacity, but improvement in function. In short, your community is quickly identifying those who are experiencing a housing crisis and getting them housed, but they are returning to homelessness at a rate that has impact on your system level performance, and your commitment to ensuring that homelessness is rare,

brief, and non-reoccurring. To do this, Pima County must:

- Ensure that front-end resources - emergency shelter, outreach, and transitional housing – are responding effectively to meet the basic needs of the people and families experiencing homelessness. New resources are not necessary, but effective, low barrier, housing-focused services must be available to increase utilization and impact of these resources.
- Ensure service delivery is grounded in best and promising practices, including Housing First, Harm Reduction, and Trauma Informed Care.
- Provide Prevention and Diversion as resourced interventions to help reduce the inflow into the system and should be resourced interventions.
- Decrease recidivism. At the time of analysis, it was found that 29% of those housed return to homelessness. At the back end of services, all persons moving into housing should have robust, evidence-based housing stability services including case management and other wrap-around services to reduce the risks that could put them back into homelessness.

Services

The 1,380 people experiencing homelessness within 1,165 households during the most recent January Point-in-Time Count represent a more than 12% reduction in overall homelessness across Tucson/Pima County from the previous year, despite increasing HMIS coverage from 95% to a comprehensive 100% during that same time.

Reductions are even more impressive among several specific populations, including a more than 19% reduction among both veterans and youth age 18-24 years:

Reductions in Homelessness by Group
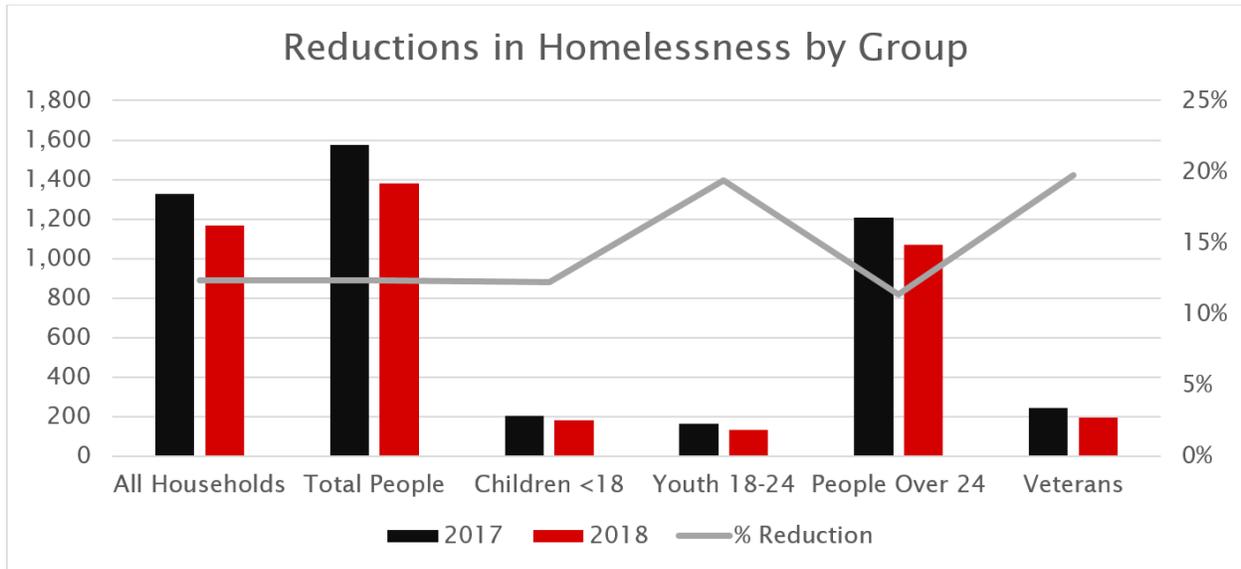
For the 265 people experiencing chronic homelessness, an increasing amount live with a severe mental illness (7%) or HIV/AIDS (17%) but with declining rates of both substance use (20%) and having survived domestic violence (70%).

Adults with the Following Conditions/Experiences
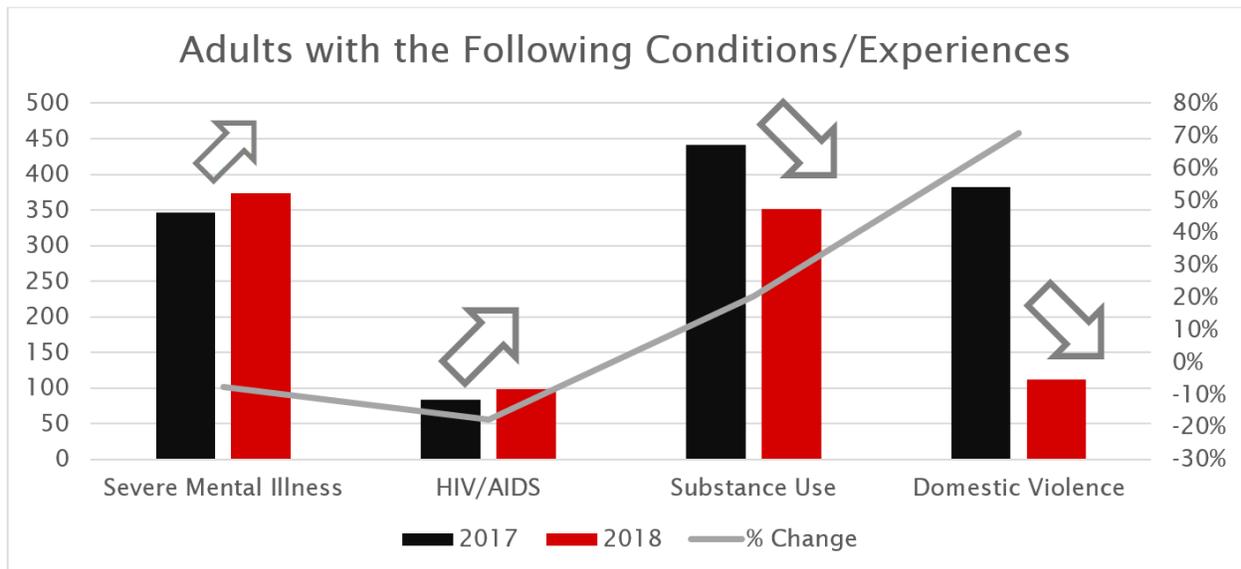
These trends have endured across recent Annual Homeless Assessment Report (AHAR) that broaden the reporting period from one night to one year, while narrowing the focus to people residing in emergency shelter and transitional housing (excluding those uniquely engaged by street outreach). Overall homelessness decreased by more than 12% when compared to the previous year, and when comparing results to changes since 2015, the 45% decrease in individuals using transitional housing offset the 28% increase in individuals using

shelter. The upcoming 2018 AHAR submission will enable similar trend analysis across overall homelessness through additional data from families using emergency shelter.   With the most recent Housing Inventory identifying approximately one in four shelter or transitional housing beds remaining vacant, these sites offer additional capacity to Tucson/Pima County's efforts to end homelessness.

Overall Reduction

12%

AHAR Year-to-Year Comparison

1/4 **of both shelter and transitional housing beds remain vacant according to the most recent Housing Inventory submitted to HUD**

Bed utilization remains relatively low. In the 2018 TPCH Housing Inventory County, there are 86 participating programs reported. Of those, 37 (43%) report a 100% bed utilization. Of the 37, 16 (42%) were PSH, 15 (41%) were RRH, 3 (8%) were Emergency Shelter and TH respectively.

While this is positive, 21% report an 80-96% bed utilization and the remaining 35% are under 80% utilization. Of the programs that are operating under 80%, 16 or 53% of those under 80% utilization were Emergency Shelters, 6 or 20% of underutilized programs were PSH, another 6 (20%) were TH, and RRH represent 2 or 7%. Of the 30 programs representing less than 80% utilization, 6 programs reported zero utilization. 4 of these were ES, 3 of which were motel vouchers making up 52 vouchers in total.
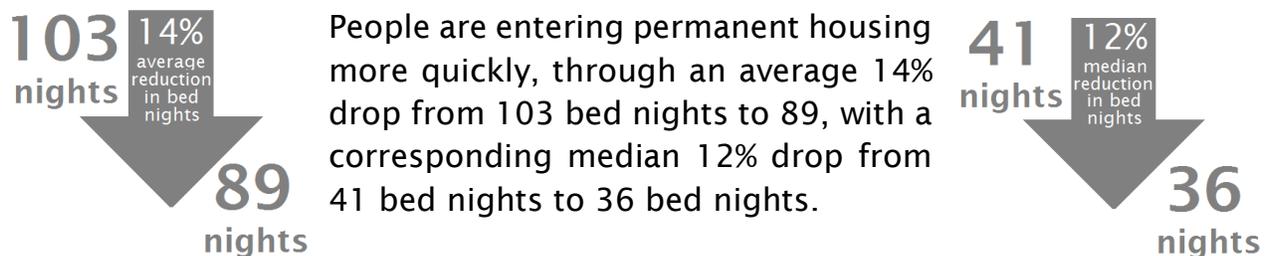
Underutilization of Emergency Shelter and Transitional Housing beds while still reporting 299 unsheltered persons, including children, suggest a need to identify not program capacity, but function. Program monitoring of Emergency Shelters and Transitional Housing Programs within the Continuum of Care would be an important step in identifying opportunities for program enhancements and to ensure that programs are operating with best and promising practices for effective sheltering, including a low-barrier, housing-first service orientation and providing trauma-informed service delivery. Shelters must function as a process, not a destination, and low-barrier, housing-focused sheltering is a critical step in ensuring a coordinated entry into, as well as a coordinated exit out of homelessness.

Continuing to experience homelessness or losing permanent housing to return to homelessness perpetuates the cycle of trauma associated with surviving in

places not meant for human habitation or shelter and comes with tremendous system-wide costs. Homelessness is exceedingly expensive, both financially and in the costs of human suffering. With the last Point-in-Time count reporting over 299 unsheltered households, there is an opportunity to decrease the number of unsheltered households through increased utilization of shelter beds and hotel vouchers within your community. Opportunities also exist in the potential reallocation of dollars going unspent in these programs.

When examining results across these specific locations (emergency shelter, safe haven and transitional housing) through overall system performance measures, fiscal year 2017 represents more than a 16% reduction in homelessness.

103 nights — 14% average reduction in bed nights → **89 nights**

People are entering permanent housing more quickly, through an average 14% drop from 103 bed nights to 89, with a corresponding median 12% drop from 41 bed nights to 36 bed nights.

41 nights — 12% median reduction in bed nights → **36 nights**

Concerningly, more people return to homelessness across Tucson/Pima County than similarly sized Continuum of Care, with a substantially high 29% total returns to homelessness, including the following returns by bed type:

- Exits from Street Outreach Returning to Homelessness within Two Years: 22%
- Exits from Emergency Shelter Returning to Homelessness within Two Years: 44%
- Exits from Transitional Housing Returning to Homelessness within Two Years: 16%
- Exits from Safe Haven Returning to Homelessness within Two Years: 53%
- Exits from Permanent Housing Returning to Homelessness within Two Years: 22%
- Total Exits Returning to Homelessness within Two Years: 29%

With the significant work required to move people experiencing homelessness into permanent housing, additional support to maintain that housing once it is secured will not only prevent future episodes of homelessness, but further reduce new inflow into homelessness overall. While increasing from 40% the previous year, only 46% of people in shelter, safe haven, transitional housing and rapid re-

housing exit successfully to permanent housing, representing further opportunities for increased capacity building across the system. Housing First, but not housing *only,* is an important consideration. Housing stabilization services that provide holistic, objective-based case management, using assessments to identify and inform service planning and the need to broker additional services for successful community integration is critical for assisting vulnerable households to not just exit homelessness, but reduce the chances of that household returning to homelessness in the future.

Many communities across the country have positions dedicated to cultivating relationships with landlords to incentivize participation and ensure access to the private rental market, especially in tight housing markets. Positions like this can also seek to develop or strengthen relationships with Public Housing Authorities and play a key role in identifying housing solutions, such as shared housing or master leasing.

Rapid Re-Housing and Permanent Supportive Housing program monitoring, and evaluation can reveal opportunities for opportunities and enhancements to support an increase in exits to permanency. If not an assumed function of a program component, as with RRH or PSH, communities should look to how services can be offered to households who have been housed through the Coordinated Entry System and ensure capacity through allocation or re-allocation of resources to support these critical housing stability support services to support the goal of an increase in exits to housing and a decrease in recidivism.

Ending homelessness increases in urgency upon examination of the heightened vulnerability demonstrated by those across Tucson/Pima County. Over the six months prior to completing the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), people have received health care at an emergency department more than 36,000 times, been taken to hospital by ambulance more than 15,000 times, hospitalized in-patient more than 17,000 times, used crisis services (including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines) more than 19,000 times, interacted with police for law enforcement more than 25,000 times, and stayed at least one night in a holding cell, jail or prison more than 9,000 times:

	VI-SPDAT for Individuals		VI-SPDAT for Families	VI-SPDAT for Youth	Total
	Version 2	Version 1			
Health care in E.R.	22,330	9,560	3,561	935	36,386
Ambulance to	10,154	3,841	800	342	15,137

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hospital					
In-patient hospitalizations	11,813	4,326	1,053	451	17,643
Used crisis services	13,116	4,194	1,369	534	19,213
Policed for law enforcement	17,151	5,988	1,899	813	25,851
Holding cell, jail or prison stays	8,830		520	261	9,611

An examination of available national data, including data of comparable size to Pima County, demonstrates that the local community has above average engagement in emergency services. There are likely a range of factors that influence this, as opposed to one single reason. For example, it could be that in other communities, access to emergency services is more restricted to people that are homeless, especially repeat users. It could be that more police engagement, for example, is a positive relationship as opposed to a negative one. It may also be that the local culture amongst those that are homeless is to access rather than avoid services that can meet their health and other needs.

More than 36% of unaccompanied single adults, 18% of families and 30% of youth reported being attacked or beaten up since becoming homeless.

More than 57% of unaccompanied single adults, 53% of families and 53% of youth identified an experience of emotional, physical, psychological, sexual abuse or other trauma as causing their current period of homelessness.

Have you been attacked or beaten up since becoming homeless?
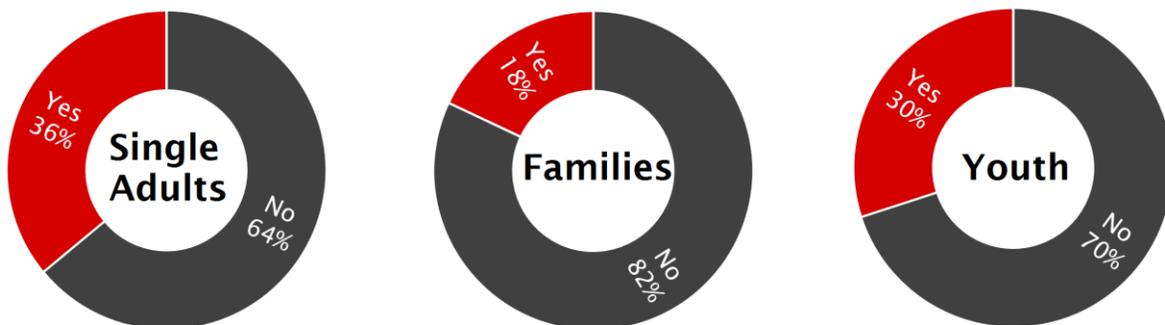
Through an analysis of system-wide data it was revealed that the decrease of newly homeless and the reduction of households experiencing homelessness, in contrast with the decrease of increased income among housed individuals and increased numbers in recidivism, that the front end of your system – outreach,

shelter, etc. – is functioning at a greater capacity than the back end of your system – housing stability services. Ending homelessness requires that we have a coordinated into, as well as a coordinated exit out of our systems of care. In order for communities to ensure that homelessness is rare, brief, and non-reoccurring, having the necessary housing stability supports within supportive housing programs is critical to ensure previously homeless households are successful in matched housing solutions for both the stability and success of the household as well as the impact returns to homelessness has on your overall system performance.

Housing

Using all available existing data and the OrgCode model for predicting housing need, we are able to indicate the following housing needs over the next 10 years, as outlined in the table below:

10 YEAR PROJECTIONS					
	Additional PSH Units Necessary Over 10 Year Period	Additional Rapid Re-Housing Over 10 Year Period	Additional Section 8 or Other Rent Geared to Income Housing Over 10 Year Period	ADDITIONAL TOTAL HOUSING OVER 10 YEAR PERIOD	Shelter Beds Required Per Year
Maintaining the Status Quo	896	1041	784	2721	683
Marginal Improvement	1124	1421	985	3530	486
Resolving Homelessness	1717	2061	1423	5201	341

This is based upon an understanding of current inventory, trends in homelessness, understanding of the current rental and employment market, and a broad range of other economic and social conditions. Projections are based assuming 100% bed utilization. However, while this is a 10-year projection, the model only works as indicated if certain matters are addressed within the first 3-5 years - otherwise the projections across the board increase.

Looking closer at the first 5 years of this decade-long projection:

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FIRST 5 YEAR PROJECTIONS					
	Additional PSH Units Necessary Over Next 5 Years	Additional Rapid Re-Housing Over Next 5 Years	Additional Section 8 or Other Rent Geared to Income Housing Over Next 5 Years	ADDITIONAL TOTAL HOUSING OVER 5 YEAR PERIOD	Shelter Beds Required Per Year
Maintaining the Status Quo	406	635	287	1328	737
Marginal Improvement	624	796	477	1897	612
Resolving Homelessness	885	1310	589	2784	452

In order to reduce homelessness, a year by year implementation estimate is provided for each of the next five years in order to inform near-term investment in Permanent Support Housing and Rapid Re-Housing interventions:

YEAR OVER YEAR PSH FORECAST NEXT 5 YEARS						
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Maintaining the Status Quo	71	82	78	83	92	406
Marginal Improvement	103	120	131	133	137	624
Resolving Homelessness	147	157	183	192	206	885

YEAR OVER YEAR RRH FORECAST NEXT 5 YEARS						
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Maintaining the Status Quo	114	124	131	145	121	635
Marginal Improvement	151	153	163	171	158	796
Resolving Homelessness	237	332	318	217	206	1310

Homelessness has a compounding effect of worsening if needs are not met in a timely fashion. This is why over a 10 year time horizon it is incorrect to assume

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an even distribution per year over the 10 year time horizon. If certain measures are not taken over the first 5 years, one could reasonably expect things to get worse, not better - and that applies to both maintaining the status quo *and* making improvements to resolve homelessness.

No single strategy is going to allow a community like Pima to achieve even the status quo projections on a regular basis. The forecasts are intentionally an exercise in what is needed, not what is easily possible. Most communities that go about tackling the targets use multiple strategies such as:

1. Advocating for additional resources from local, county, state and federal government

2. New construction of units

3. Acquisition or conversion of existing buildings into housing, which can even include transitioning shelters into congregate housing

4. Fundraising for specific initiatives like Rapid ReHousing

5. Getting a percentage of local sales tax or hotel taxes ear-marked for homeless initiatives

6. Inclusive zoning to ensure new multi-unit residential construction has a set number of units for the purposes of achieving the targets

As the community goes about implementing these housing forecast targets, it is in their best interest to consider that Permanent Supportive Housing, Rapid Re-Housing and Section 8 vouchers mirror the findings of the Point in Time Count or population counts in the AHAR. For example, if 15% of the chronic homeless population is comprised of families then 15% of the Permanent Supportive Housing construction or acquisition should be for families.
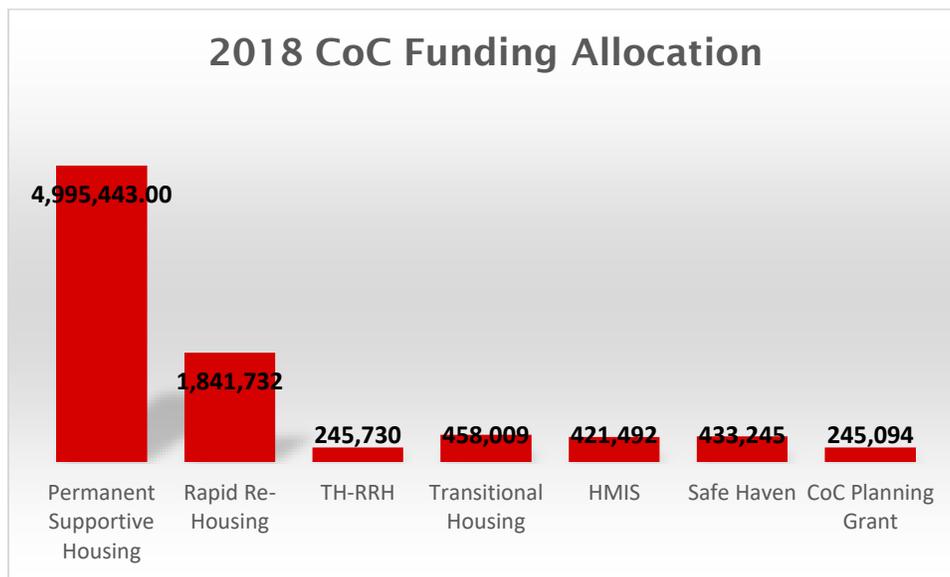
It should also be noted that shelters play a crucial role in ending homelessness. Like most communities, the past couple of decades saw an increase in shelter provision in the absence of a unified housing plan. However, the time has come to ensure that the shelter system gets right-sized while the housing response gets equally implemented. This is the only balanced approach to truly ending homelessness in the community. To maintain the status quo, the community will need 737 shelter beds available per day, each day, over the next five years.

However, if the steps are taken to truly resolve homelessness in the community, only 452 shelter beds would be required each day over the next five years.

Financial Assistance

The great majority of the Pima/Tucson Continuum of Care's financial resources are allocated for a Permanent Supportive Housing intervention. In the 2018 HUD CoC Funding Award, over half of your awarded funds went toward this intervention.

2018 CoC Funding Allocation

Category	Amount
Permanent Supportive Housing	4,995,443.00
Rapid Re-Housing	1,841,732
TH-RRH	245,730
Transitional Housing	458,009
HMIS	421,492
Safe Haven	433,245
CoC Planning Grant	245,094

There is an opportunity for a deeper program performance evaluation to determine if the PSH intervention in your community is truly ending homelessness permanently. This would support previous findings of a higher than usual return to homelessness, or recidivism, rate. While there is success in your community to better identify and quickly house, are the programs truly providing housing supportive and stabilization services that meet the needs of high-acuity, very vulnerable individuals and families. It's critical in a Housing First system of care that programs are providing Housing *First*, not housing only.

The increase of Rapid Re-Housing and decrease or reallocation of Transitional Housing has been wise. National data trends show that even high acuity households are doing well in a Rapid Re-Housing intervention, when they have the right supports. Rapid Re-Housing also supports a progressive engagement[1] approach to ending homelessness. Progressive engagement refers to a strategy

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[1] http://www.20khomes.ca/wp-content/uploads/OrgCode-Progressive-Engagement-and-Coordinated-Entry.pdf

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of providing a small amount of assistance to everyone entering the homelessness system. For most households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it. This approach is supported by research that household characteristics such as income, employment, substance use, etc., cannot predict what level of assistance a household will need.

Best and Promising Practices for Ending Homelessness

Opportunity exists for a deeper dive through program monitoring to ensure programs are operating with best and promising practices including Housing First, Trauma-Informed Care, and Harm Reduction.

Housing First[2]

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were "ready" for housing. By contrast, Housing First is premised on the following principles:

- Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing
- All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period of time, while others may need more intensive and long-term supports.
- Everyone is "housing ready." Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be "consumer ready."

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[2] https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf

- Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.

Trauma Informed Care

Trauma Informed Care is an intentional process that emphasizes understanding the symptoms, prevalence, and impact of trauma and looks at physical, psychological, and emotional safety for both clients and providers. The five tenets of TIC: Safety, Trustworthiness, Choice, Collaboration, and Empowerment ensure programs recognize that people have had different and complex traumatic experiences and ensure systems and programs do not unintentionally re-traumatize service seekers through any process, policy, or procedure and instead create environments where recovery from trauma is possible.

Harm Reduction[3]

At its core, harm reduction is a pragmatic approach that aims to reduce the adverse consequences of drug abuse and psychiatric symptoms. It recognizes that consumers can be at different stages of recovery and that effective interventions should be individually tailored to each consumer's stage. Consumers are allowed to make choices for themselves regarding substances or other 'high-risk' behaviors and regardless of their choices they are not treated adversely, their housing status is not threatened, and help continues to be available to them.

A program level evaluation reflecting good stewardship of funding so providers who are funded to serve households who need permanent supports to maintain their housing are indeed doing so. The impact of this level of evaluation will support system level performance as noted here, as well as ensure a consumer-focused system of care. It is through high quality, housing-focused services grounded in best and promising practices that households truly stabilize within housing which supports both front end reduction in need through returns to homelessness as well as guarantees households do not re-enter homelessness in the future, saving your community significant costs in other areas as well as supporting the overall wellness and a holistic, trauma-informed recovery

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[3] Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. American journal of public health, 94(4), 651-6.

orientation for consumers.

Conclusion

Homelessness is solvable. OrgCode has witnessed the impact that federal, state and local investments can have when evidence informed practices; strategies and tools are incorporated within communities. However, we have also witnessed the missed opportunities when communities do not take full responsibility and ownership for maintaining fidelity to housing focused practices, service orientation and policies. Lack of performance monitoring, compliance requirements, ongoing professional development opportunities as well as outcome and impact evaluation ensure that individuals that are experiencing homelessness and high acuity of needs will not achieve long term housing stability, improved wellness, and community integration.

We know that communities across Pima County want to end homelessness and have the leadership and commitment needed to do what it takes to achieve this goal. Courage is necessary to use existing resources in a different way in order to get there. At the same time, new resources have to be used in the right way in order to achieve the intended results.

If the community truly wants to end homelessness, as in homelessness is of a short-term duration and not repeated, then investment in the right types of support and housing resources will be necessary over the next 10 years with a concerted effort over the next five years to really turn the page.

Appendix

The following data and reports were reviewed and evaluated for this 2018 System-Wide Gaps Analysis of the Pima County Continuum of Care:

- Tucson Pima Collaboration to End Homelessness (TPCH) Housing Inventory Chart (HIC); 2016 – 2018
- VI-SDPAT data; 2016 – 2018
- TPCH Point in Time Count data; 2017 and 2018
- HMIS Performance Measurement Model (Sys PM) Summary Report for AZ 501 – Tucson/Pima County CoC; 2015 – 2017
- Annual Homeless Assessment Report for all populations; 2015 - 2017