

Current Status of Homelessness in Arizona

and Efforts to Prevent and Alleviate Homelessness

18th Annual Report December 2009

Prepared by the Arizona Homeless Coordination Office
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DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Neal Young
Director

Dear Fellow Arizonans,

On behalf of the Governor's Interagency and Community Council on Homelessness, we are pleased to present the eighteenth annual report on homelessness in Arizona prepared pursuant to A.R.S. § 41-1954(A)(19)(g). This report provides recent information on the demographics of homelessness in Arizona and includes specific program highlights from across the State. This year's report includes information on a variety of recent local and national research on homelessness and housing and should serve as an important resource for all stakeholders striving to prevent and end homelessness in Arizona.

Despite the challenges of inadequate resources, progress has been made throughout the state in the homeless and housing service networks. We all have reason to celebrate these successes and accomplishments.

In October, UMOM New Day Centers opened their new facility and wellness center, providing shelter and supportive services for an additional 44 families experiencing homelessness. The Phoenix Rescue Mission broke ground on their Changing Lives Center, intended to provide a safe haven for women and their children while the women participate in a long-term residential addiction recovery program. U.S. Vets opened Victory Place, providing a residential employment program, affordable housing, and an employment center.

The Maricopa County Continuum of Care was awarded one of few U.S. Department of Housing and Urban Development (HUD) Rapid Re-housing projects, intended to demonstrate that higher-functioning families can succeed by spending little time in shelter before quickly returning to permanent housing with minimal assistance. This Housing First approach is proven as a best practice in reducing family homelessness.

In partnership, the Arizona Department of Economic Security and the Arizona Department of Housing launched the *Housing Arizona Youth Project*, intended to rapidly re-house our most vulnerable, at risk, youth. In the first quarter of the project, 63 youth in five counties were moved from the streets, parks, cars, dumpsters, or adult shelters to permanent, safe and affordable housing.

Through a highly competitive process, the State almost doubled the number of Family Unification Program (FUP) Section 8 vouchers, from 300 to 575. The timing of these resources could not be better in terms of meeting the needs of those served through this Department's Child Protective Services programs.

The *2009 Arizona StandDown* weekend event served 743 homeless and at-risk veterans in a single weekend, breaking all previous attendance records. Similar programs in Tucson and Prescott served several hundred more homeless veterans. The Arizona Department of Veterans Services launched the new Homeless Veterans Services Division, with the intent of ending homelessness for veterans within five years.

You will find additional details on these accomplishments and much more within the report. We are grateful to the many individuals who contributed to this report on behalf of their organizations and agencies. It is truly a collaborative effort. We are committed to continued partnering with the Governor, our fellow state agencies, service providers, advocacy organizations, and local faith- and community-based organizations 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,

Neal Young, Director
Department of Economic Security

Michael Traylor, 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) Division of Aging and Adult Services, 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 annual street and shelter point-in-time surveys conducted statewide on January 27, 2009, 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 Continuums of Care and individual organizations providing services to homeless families, children, youth, and single individuals; reports submitted to the DES Homeless Coordination Office 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.

To access past reports in this series and for Homeless Coordination Office information and resources, visit the DES website at www.azdes.gov and enter "homeless" in the keyword search function.

All references to state fiscal year (SFY) 2009 refer to the time frame from July 1, 2008, through June 30, 2009.

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, and campgrounds 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.

Note: Many homeless youth organizations have urged the U.S. Department of Housing and Urban Development (HUD) to align its more restrictive definition of “homeless” with the education subtitle definition. In the 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, HUD did somewhat expand its definition to include additional children, youth, and families. In basic terms, the HUD definition now includes:

- People in motels not paid for by government or charities and who lack the resources to reside there for more than 14 days;
- People sharing the housing of others where there is “credible evidence” that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days;
- Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions; and
- Unaccompanied youth and families with children and youth who are homeless under other federal statutes and have: 1) experienced a long term period without living independently in permanent housing; and 2) have experienced persistent instability as measured by frequent moves over such period; and 3) can be expected to continue in such status for an extended period of time.

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.”

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, mortgage foreclosure, 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.

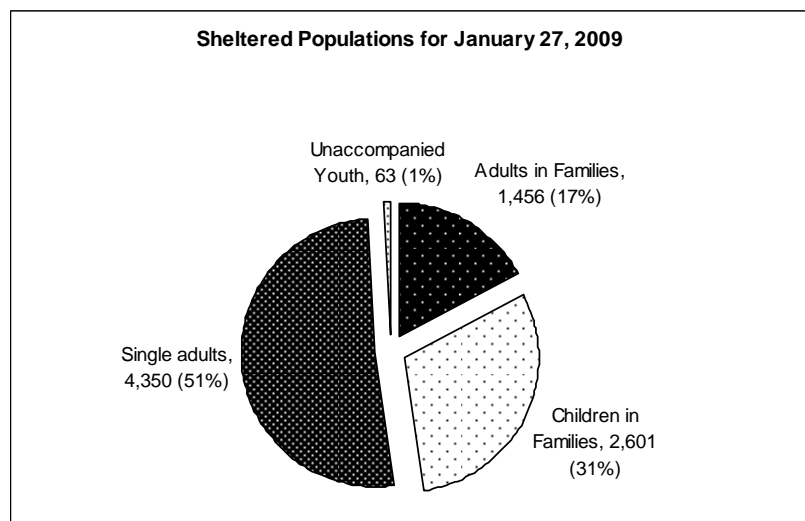
Data cited in these sections are primarily drawn from the DES annual point-in-time (PIT) shelter counts of *emergency shelter and transitional housing*, and from point-in-time counts of unsheltered persons conducted by local jurisdictions within each Continuum of Care. Summary PIT data tables can be found in the Appendices.

Families with children

The January 27, 2009, Arizona point-in-time (PIT) shelter survey identified 1,568 adults and children in families in emergency shelters and 2,489 in transitional housing programs for a total of 4,057 accompanied family members in shelter on that day – 47.9 percent of all sheltered persons. This percentage is considerably higher than the national PIT shelter percentage of 32 percent recently reported in HUD’s 2008 Annual Homeless Assessment Report (AHAR) to Congress. Persons in families comprised 38 percent of emergency shelter residents and 57 percent of those in transitional housing.

These proportions were slightly lower than those reported in 2008. Slightly less than one-third of sheltered homeless persons were children or unaccompanied youth.

Statewide, the total number of sheltered families counted on January 27, 2009, was 1,244, for an average of 3.2 persons per homeless family. According to



the 2009 statewide PIT count of *unsheltered* persons, 687 people in families were counted on the streets, constituting 11 percent of the unsheltered population.

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 (ADOH) show that housing is unaffordable due to inadequate supply and low family incomes. 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 budgets, cope with unanticipated expenses, find and maintain employment, and deal with landlord-tenant conflicts are especially effective in helping families exit the homeless assistance system.

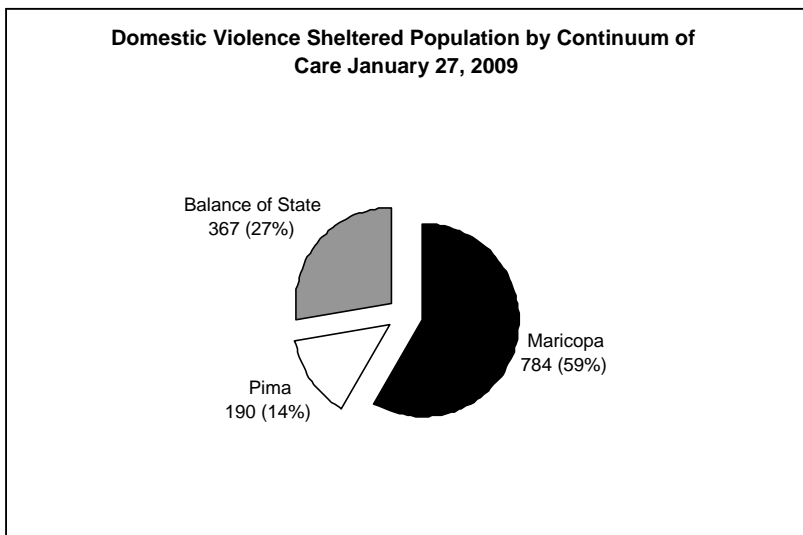
The National Alliance to End Homelessness (NAEH) notes that studies have shown that families exiting homelessness with a housing subsidy are *20 times more likely* to remain stably housed for the long term than comparable families exiting shelter without a subsidy. Housing vouchers are the least expensive 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. However, research shows that at current funding levels, federal programs cannot close the affordable housing gap. Over 10 million families eligible for housing subsidies do not receive them because of inadequate funding.

Victims of domestic violence

The January 2009 PIT survey of homeless shelters indicated that domestic violence was a major reason for the homelessness of 20 percent (1,181) of all adults in emergency shelter and transitional housing. Of the 1,181 DV-related adults, 60 percent were housed in emergency facilities; 40 percent were in transitional housing.

Of 1,341 persons housed in emergency and transitional

domestic violence shelters, 695 (52 percent) were children; 646 (48 percent) were adults. Of the



DV shelter population statewide, 59 percent were sheltered in Maricopa County, 14 percent in Pima County, and 27 percent were in shelters in the balance of the state.

From July 1, 2008 through June 30, 2009, staff and volunteers in 44 DES-funded residential domestic violence shelters and safe home networks responded to 22,358 hotline calls for emergency shelter information and referral. Unduplicated counts showed that DES-funded domestic violence shelters provided emergency shelter or transitional housing to 12,763 women and children for a total of 471,195 bed nights. The average length of stay in the domestic violence system in SFY 2009 was approximately 37 days.

The 2009 PIT shelter survey showed a total of 1,754 beds in emergency and transitional domestic violence shelters, with 933 (53 percent) reported in Maricopa County, 592 (34 percent) in the Balance of State Continuum, and 229 (13 percent) in Pima County. Domestic violence shelter beds represented 18 percent of 9,811 emergency and transitional beds reported statewide.

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 the 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 27, 2009 point-in-time (PIT) shelter survey and street count, efforts were made to identify chronically homeless individuals in each of the three Continuums of Care. Of sheltered persons, only those in emergency shelter facilities may be considered chronically homeless.

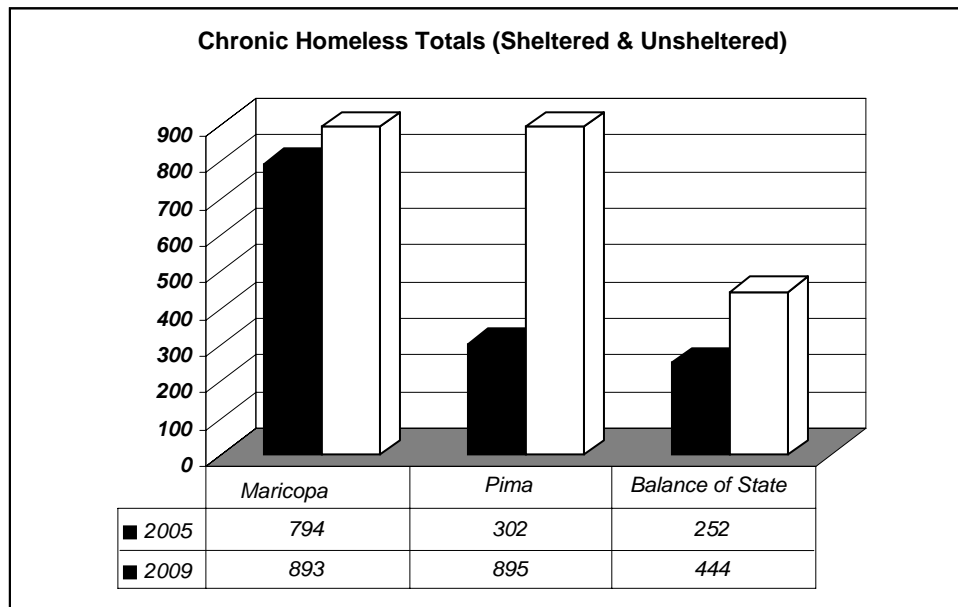
In Maricopa County, 624 unsheltered chronically homeless individuals were counted, while 269 chronically homeless individuals were counted in emergency shelter. In Pima County, 724 chronically homeless individuals were counted on the streets, while 171 were counted in emergency shelters. In the Balance of State (BoS) Continuum, 346 chronically homeless persons were counted as unsheltered, while 98 were reported in the shelter survey.

January PIT surveys counted 1,694 (27 percent) of *unsheltered* homeless persons as chronically homeless, with 80 percent of that number reported in Maricopa and Pima counties.

Of 538 *sheltered* chronically homeless persons reported across the state, 50 percent were counted in Maricopa County, 32 percent in Pima, and 18 percent in the other 13 counties. Statewide, chronically homeless persons represented 22 percent of single adults in emergency shelter and 32 percent of unsheltered single adults, a combined 29 percent of *all unaccompanied homeless adults*.

In the 2008 Annual Homeless Assessment Report to Congress, U.S. HUD reported an encouraging 20 percent reduction in the number of chronically homeless persons counted

nationally between 2006 and 2008. However, as the graph below indicates, *annual point-in-time surveys in Arizona between 2005 and 2009 have shown an overall trend in sharp contrast to the national picture.* In 2005, the three Continuums of Care reported a total, sheltered plus unsheltered, of 1,348 chronically homeless persons. While some fluctuation has been reported over time, the 2009 combined total of 2,232 represents an increase of 66 percent over the 2005 total.



It is important to note that it is estimated that the 22 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, detoxification facilities, and other settings.

Studies in many cities, 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.

For example, see the “Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems” article in the Research Briefs section for summaries of recent cost studies in Seattle and Chicago.

Regarding local research on the costs of chronic homelessness, see the November 2008 ASU Morrison Institute study, *Richard’s Reality: The Costs of Chronic Homelessness in Context.* *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.asu.edu.

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 the National Alliance to End Homelessness (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.

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 is reported as having problems with substance abuse. Based on the January 27, 2009, PIT shelter survey, 2,037 (35 percent) of 5,869 sheltered adults and unaccompanied youth were reported as experiencing chronic substance abuse problems. Twenty-seven percent of those with substance abuse problems were also reported to suffer from mental illness.

Of adults in permanent supportive housing, 23 percent were reported as having substance abuse problems. However, this does not mean that this 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 the annual PIT survey. 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 2009 PIT survey of emergency shelter and transitional housing facilities identified 1,092 individuals believed to be seriously mental ill (SMI). This represents 19 percent of the 5,869 sheltered homeless adults and unaccompanied youth counted. Just over 50 percent of those reported as SMI were also reported 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 suffers from serious mental illness (such as chronic depression, bipolar disorder, schizophrenia, or severe personality disorder) and that almost 60 percent of homeless adults report having experienced serious mental health problems during their lifetime.

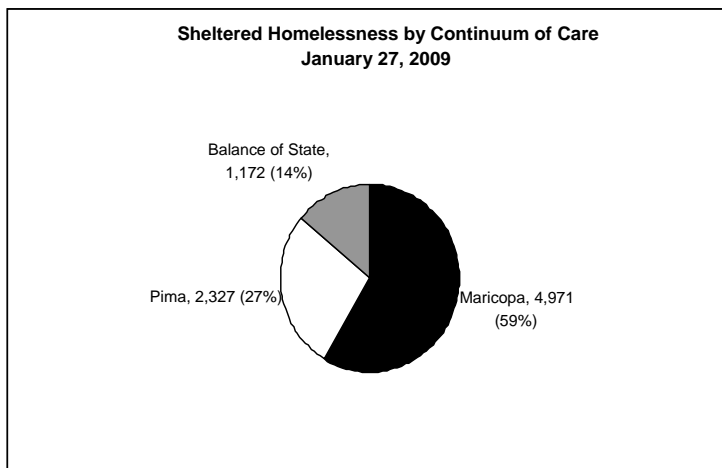
Most individuals with severe mental illness live at or below the poverty line. Even though many receive supports such as Supplemental Nutrition Assistance Program (SNAP), health care and disability insurance, the average rent on an efficiency apartment far exceeds existing levels of assistance. Moreover, 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.

Rural homelessness

People who experience rural homelessness are often referred to by advocates as the “hidden homeless.” Many rural homeless people live in substandard housing or are “doubled up” with other families. Others sleep in campgrounds, cars, abandoned buildings, and in forest areas. 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 NAEH has also noted that federal priorities and programs tend to favor urban areas.

The Balance of State Continuum of Care point-in-time (PIT) surveys in January 2009 reported a total of 2,094 *unsheltered* homeless persons, almost one-third of the total statewide “street” count. The PIT *shelter* count showed 14 percent (1,172) of all those in emergency shelter and transitional housing were sheltered in rural areas. The combined Balance of State street and shelter count was 22 percent of the 2009 statewide PIT survey total.



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 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 2009 Arizona PIT shelter survey counted 296 persons over age 65 in emergency shelters and transitional housing, a substantial increase over the 2008 PIT shelter total of 177. Another 91 persons over 65 were reported in permanent supportive housing. Statewide data compiled by the Arizona Department of Housing (ADOH) for SFY 2009 show a total of 789 persons *62 and older* as served by homeless service providers reporting through the Homeless Management Information System (HMIS). This was four percent of all persons served through the year, compared to 16 percent of “62-and-olders” in Arizona’s general population.

Nationally, HUD reports only four percent of sheltered homeless individuals are 62 or older, far below the 27 percent of low-income persons living alone in that age group. While the number of older persons reported in shelter in recent years has remained rather low, it is believed that many older persons often do not indicate their true age when entering shelter facilities. The scarcity of elderly people in the homeless population is also a reflection of high rates of early mortality among chronically homeless persons. According to HUD, studies of homeless mortality rates in seven cities placed the average life expectancy for a person without permanent housing between 42 and 52 years, primarily due to exposure to various health risks and lack of adequate health care over time. Another aspect of the general vulnerability of this population is found in national data indicating that more than one-quarter of homeless victims of violent crime are between 50 and 59 years of age.

Premature disability is also more likely among older chronically homeless persons. Ironically, premature disability can mean that vulnerable older individuals avoid shelter facilities by qualifying for Supplemental Security Income (SSI), Social Security, Medicare, and assisted housing for seniors. However, NCH has noted that homeless persons aged 50-65 frequently fall between the cracks of governmental safety nets and benefits, and often fail to cover the cost of housing. For example, a person receiving Supplemental Security Income (SSI) cannot afford housing at the Free Market Rate (FMR) anywhere in the country.

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. The City of Phoenix Housing Department data show a similar ratio, with approximately 6,000 seniors waiting for just over 636 subsidized senior housing units. Residential hotels or single room occupancies (SROs) often become the housing of choice for many low-income seniors faced with homelessness who are waiting to get into subsidized senior housing programs. Unfortunately, there has been a steady trend of diminishing SRO housing stock in many urban areas, including the Phoenix urban area where much SRO stock has disappeared over the past 20 years.

Special Focus on Homeless Veterans

“President Obama and I are personally committed to ending homelessness among veterans within the next five years. Those who have served this nation as veterans should never find themselves on the streets, living without care and without hope.”

- Secretary of Veterans Affairs Eric K. Shinseki

The U.S. Department of Veterans Affairs (VA) estimates that more than 130,000 veterans are homeless on any given night and that at least twice that many veterans experience homelessness over the course of a year. Conservatively, one out of every four homeless men has served in the military. Many other veterans are considered near homeless or at risk because of their poverty, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing. 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 VA, the nation's homeless veterans are overwhelmingly male and single, with 45 percent suffering from mental illness and slightly more than 70 percent suffer from alcohol or other drug abuse problems. Roughly 56 percent are African American or Hispanic. In addition to the complex set of factors affecting all homelessness – such as 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.

Veterans Affairs Unveils Strategy to End Homelessness among Veterans

On November 3, 2009, Veterans Affairs (VA) Secretary Eric Shinseki unveiled a new strategy to get every homeless veteran off the streets within five years. At the start of a three-day gathering of service providers fighting homelessness, Shinseki said “When I say a goal of zero homeless veterans in five years, it sure sounds like an absolute, but I do that with an understanding that unless we set ambitious targets for ourselves we would not, we all would not be giving this our best efforts. No one who has served this nation as veterans have should be living on the streets.”

There are more than 130,000 homeless veterans, Shinseki said, and without a change to the status quo the number could increase 10 to 15 percent in the next five years. The plan is an acknowledgement that the next five years are crucial in turning the tide on veteran homelessness, particularly with the increasing number of veterans from the wars in Iraq and Afghanistan living on the streets.

The plan involves a complete overhaul of the VA’s traditional framework, shifting to a focus on prevention and housing instead of on shelter services. “This plan tries to do something different,” Shinseki said. “It aims as much if not more at preventing homelessness as it does rescuing those already on streets.”

The five-year plan calls for more collaboration than the VA has been known for in the past, including renewing relationships with private, state and local service providers with whom the VA “has not maintained close links,” Shinseki said. The department will expand housing options and medical care, including more mental health services. The plan also includes a national referral center to connect veterans to local service providers.

Note: Portions of the preceding paragraphs are published with permission of *Stars and Stripes*. Visit the *Stars and Stripes* website at www.stripes.com for the full article by reporter Megan McCloskey.

A second important Veterans Administration development in 2009 was the creation of the **National Center on Homelessness Among Veterans** “to promote recovery oriented care for Veterans who are homeless or at-risk for homelessness.”

The mission of the National Center on Homelessness Among Veterans is to promote recovery oriented care for veterans who are homeless or at-risk for homelessness. The Center is designed to improve the lives and treatment services of veterans who are homeless or at-risk for homelessness and have mental health, substance use disorders, medical illness, cognitive impairment or other psychosocial treatment needs. The primary goal of the Center is to develop, promote, and enhance policy, clinical care research, and education to improve homeless services so that veterans may live as independently and self-sufficiently as possible in a community of their choosing. The Center is designed to be a national resource for both VA and community partners, improving the quality and timeliness of services delivered to homeless or at-risk veterans and their dependents.

Bills introduced in the U.S. Congress

In July 2009, U.S. Senators Reed (D-RI) and Bond (R-MO) introduced the Zero Tolerance for Veterans Homelessness Act of 2009, S. 1547. The bill currently has 11 additional co-sponsors. A second measure, the Homes for Heroes Act of 2009, H.R. 403/S. 1160, was introduced by Representative Green (D-TX) and Senator Schumer (D-NY). It passed 417-2 in the House and is awaiting action in the Senate.

If enacted, the two bills would:

- Create a homelessness prevention and rapid re-housing program within the Department of Veterans Affairs;
- Expand the Department of Housing and Urban Development-VA Supportive Housing program (HUD-VASH). Congress has already funded 20,000 HUD-VASH vouchers. Should S. 1547 pass, 10,000 new HUD-VASH vouchers would be authorized each year to reach a goal of 60,000 vouchers.
- Create a new program within HUD to develop supportive housing and ensure an adequate supply of affordable housing for veterans with low incomes, including 20,000 new rental vouchers for veterans and their families paying over 50 percent of income toward housing.
- Enhance existing VA homelessness programs, such as the Homeless Grant & Per Diem program, for better alignment with other federal housing programs.

Homeless Veterans in Arizona

In the 2009 Point-in-Time (PIT) shelter survey, a total of 1,107 persons were reported as military veterans, with 555 (50 percent) in Maricopa County, 429 (39 percent) in Pima County, and 123 (11 percent) in the Balance of State Continuum of Care. This was a 19 percent increase over the number of veterans reported in the 2008 PIT survey. Of all sheltered persons, the overall percentage of veterans (8.8 percent) was consistent with that of 2008.

In Arizona, the U.S. Department of Veterans Affairs provides medical care and outreach (through the VA Healthcare for Homeless Veterans program) for veterans in Phoenix, Tucson, and Prescott. Homeless veterans are served at each of these three locations, providing coverage in Central, Southern, and Northern regions. In addition, the Arizona Department of Veterans' Services (ADVS) was established in Arizona in 1999. Among its responsibilities, the department acts as a referral agency to the various homeless service providers and Veterans Affairs, and participates in and supports programs that assist the homeless.

In his October 27, 2009, address to the Arizona Coalition to End Homelessness, ADVS director Col. Joey Strickland outlined several new agency initiatives to address the needs of homeless veterans, including:

- Establishment of the Division of Homeless Veterans Services within ADVS, with Brad Bridwell, formerly of U.S. VETS-Phoenix, as division director;
- Negotiating with U.S. VETS-Phoenix on a \$250,000 grant to make it possible for that organization to build 75 new housing units for veterans;
- Working with Central Arizona Shelter Services (CASS), Habitat for Humanity and the Arizona Department of Housing (ADOH) to provide a \$50,000 grant to purchase and renovate two three-bedroom houses in Phoenix;
- Working with the Madison Street Veterans Association to renovate a former YWCA facility to house veterans in Phoenix; and
- Obtaining an ADOH grant to fund the first shelter in Arizona to house female veterans.

U.S. VETS-Phoenix

U.S. VETS-Phoenix is a major provider of transitional housing for homeless veterans in the Phoenix area through its Victory Place facility. Its AZ Veterans in Progress (AZ VIP) program is a veteran-specific, three-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. AZ VIP serves approximately 225 veterans each year assisting 75 percent to obtain employment, 65 percent to transition to independent living and 95 percent to maintain sobriety.

In December 2008, U.S. VETS-Phoenix opened its first permanent housing for disabled veterans program at an ancillary site called Sunset Harbor. The program provides permanent, subsidized housing for up to 17 homeless, disabled veterans. Additionally, Victory Place expanded by

completing construction on a new 20 unit affordable housing program for low-income veterans and “graduates” of AZ VIP. Occupancy began in October 2009. The two-story building features 20 Americans with Disabilities Act-spec studio units of approximately 350 square feet each. Finally, the AZ VIP program expanded its employment services by integrating new software technology that assists veterans in translating their military skills, building their resume and creating a profile that auto-searches all on-line job postings matching each veteran’s skill sets and placing the link of matched jobs on their home page.

Arizona StandDown

In times of war, the term “Stand Down” denoted a process where exhausted combat units were moved from frontline duty to a safe place to recuperate before being sent back into battle. Today, Stand Down refers to a community-sponsored event to help homeless veterans combat life on the streets. The *Arizona StandDown*, held annually in Phoenix, is a three-day, veteran-specific outreach event designed to engage and assist homeless veterans in services to meet their short- and long-term needs to abandon life on the streets.

The 2009 Phoenix event was held February 6-8 at the Veterans Memorial Coliseum in central Phoenix. 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; U.S. 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 2009 *Arizona StandDown* drew 743 homeless veterans, 47 of whom were immediately placed in transitional or permanent supportive housing. Over 2,700 hot meals were served. Judges from Phoenix City Court resolved 154 outstanding cases through community service requirements totaling nearly \$140,000 in resolved fines; 201 new driver’s licenses/state IDs were issued by the Department of Motor Vehicles; and 200 veterans received medical treatment by Veterans Administration doctors. *Arizona StandDown 2010* will be held February 5-7 at the Veterans Memorial Coliseum.

For more information on the *Arizona StandDown* and U.S. VETS-Phoenix, contact site director Donna Bleyle at (602) 305-8585 or dbleyle@usvets.inc.

U.S. VETS-Prescott

U.S. VETS-Prescott operates both transitional and permanent supportive housing programs serving the northern region of Arizona. The VIP Freedom House transitional housing facility is a 58-bed employment-based program designed to support veterans personal and employment goals through development of an Individual Action Plan (IAP). The IAP is designed to identify barriers standing in the way of individual self-sufficiency. Some specific barriers common with homeless veterans include lack of stable employment history, lack of marketable job skills, substance abuse problems, legal issues, mental and physical health issues, compulsive gambling, and computer illiteracy.

U.S. VETS-Prescott serves an average of 135 homeless veterans in VIP Freedom House each year. The site also offers supportive services to non-program homeless veterans by providing food, showers and laundry facilities during weekday business hours.

Employment staff work with each veteran to assess his/her needs and barriers to self-sufficiency. Veterans then have the opportunity to utilize site and community resources to develop and improve computer skills, write quality resumes, learn interviewing skills, locate and apply for job openings and identify skills trainings that will enhance the individuals' ability to gain full-time permanent employment. Of veterans who are assessed as employable, 70 percent obtain employment within six months of admission. The Prescott site maintains a sobriety rate of 87 percent of all veterans served in the program and over half acquire permanent housing upon discharge.

US VETS-Prescott's six-bed Permanent Housing (PH) program serves chronically homeless veterans who have disabilities including serious mental illness including PTSD, substance abuse (some of which are dual diagnosis), gambling and physical ailments. Those who qualify for PH have no time limit on length of stay, pay 30 percent of their income toward rent, and must agree to random testing to document sobriety. In addition, participants must attend sobriety support meetings, complete community service hours, and other individual milestones in preparation for their transition to the community.

The Prescott site is currently working with the Northern Arizona Veterans Administration Health Care System (NAVAHCS) to develop a small number of emergency shelter beds. This program is set to be implemented before the end of 2009. This new program will provide services to an additional population of veterans needing emergency shelter.

The *Northern Arizona StandDown*, held in Prescott in September 2009 served 263 veterans, with 47 receiving legal services in addition to many other supportive services. This *StandDown* event saw a 24 percent increase in homeless veterans served from the past year and a 60 percent increase in the number of participating service providers and other vendors. Transportation from Kingman, Flagstaff and Cottonwood was added to make it possible for homeless veterans from those areas to utilize the services. More than 150 volunteers assisted with the two-day event. Next year's *StandDown* will be held in the fall, with plans to add overnight shelter for those who receive services over the two-day event.

For more information on the *Northern Arizona StandDown* and U.S. VETS-Prescott, contact site director Barbara Mikkelsen at (928) 717-7581 or bmikkelsen@usvetsinc.org.

Tucson Veterans Serving Veterans

The Tucson Veterans Stand Down was held October 23-25, 2009, 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. Some funding was received from the U.S. Department of Veterans Affairs and the Department of Labor, Veterans Employment and Training Services, and veterans services organizations.

The Tucson event saw 212 volunteers serve 149 homeless veterans and family members. The majority 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 driver's licenses and state IDs issued by the Department of Motor Vehicles and paid for by TVSV, clothing, haircuts, over 1,000 meals, employment and job training assistance, legal services through the Homeless Court, and mental health and substance abuse treatment, and HUD-VASH housing counseling. A phone booth was set up to provide Stand Down participants the opportunity to call and talk with family members.

TVSV also conducts a one-day Stand Down each May to help homeless veterans prepare for the summer months. Contact TVSV's Steve Nelson at Steve.Nelson@pima.gov for more information on the Tucson Veterans Stand Down.

The HUD-VASH Program

The Department of Housing and Urban Development and the Department of Veterans Affairs Supported Housing (HUD-VASH) Program, through a cooperative partnership, provides long-term case management, supportive services and permanent housing support. This program was designed to address the needs of the most vulnerable homeless veterans. Eligible homeless veterans receive VA provided case management and supportive services to support stability and recovery from physical and mental health problems, substance abuse, and other functional concerns contributing to or resulting from homelessness.

HUD provides 20,000 "Housing Choice" Section 8 vouchers designated for HUD-VASH to participating public housing authorities to assist with rent payment. The program goals include promoting recovery and independence to sustain permanent housing in the community for the veteran and the veteran's family. To be eligible for this program, veterans must be VA health care eligible, homeless and need and participate in case management services in order to obtain and sustain permanent independent community housing. Vouchers are portable, allowing Veterans to live in communities where VA case management services are provided.

A 2009 National Alliance to End Homelessness (NAEH) analysis of HUD-VASH progress showed a significant and growing gap between veterans accepted in the program and the number of vouchers in use (under lease). Although approximately 5,100 veterans had been able to lease using HUD-VASH vouchers through June, over 6,100 more had been accepted but not housed.

According to NAEH, this lower rate of use will mean that none of the HUD-VASH vouchers authorized for use in 2009 would actually be used in 2009. The Alliance recommended that VA staff receive training in searching for housing, provide increased and more flexible funding for deposits and move-in costs, and increase its outreach efforts to expand the voucher pipeline.

Visit the NAEH website at www.endhomelessness.org to view the "Chart of HUD-VASH Progress through June 2009."

HUD-VASH in Tucson

A total of 210 HUD-VASH vouchers were made available to VA offices in Phoenix, Prescott and Tucson in 2008, with each office receiving 105, 35, and 70 vouchers respectively. In Tucson, the HUD-VASH program partnership between the Southern Arizona VA Medical Center and the City of Tucson's Public Housing Authority began in January, 2008, with the HUD allocation of Housing Choice Vouchers. To date, case management services and/or housing placements have been provided to more than 100 veterans in the Tucson area. The majority of housing units are occupied by single males. Approximately 15 percent of leases are held by veterans with dependents.

Referrals have come from the VA Medical Center's Homeless Program outreach efforts, VA funded transitional housing programs provided by community agencies or the various departments within the hospital. The Mental Health and Substance Abuse treatment programs operated by the Community Partnership of Southern Arizona (CPSA) have also identified and referred veterans in need of housing.

Charles Learned, HUD-VASH coordinator for the Southern Arizona VA Health Case Services Homeless Program, notes that the cycle of homelessness has dominated the lives of HUD-VASH veterans, and that, once secured, the on-going challenge is to maintain housing. The Southern Arizona HUD-VASH program networks with Tucson agencies providing household furnishings, vocational training and placement, funding for move-in expenses, legal assistance, food, financial management counseling and other services to help maintain housing, meet the unique needs of each veteran and support an improving quality of life.

For more information about the HUD-VASH program, visit the VA website at www.va.gov/homeless. In Southern Arizona, contact: Charles Learned, LCSW, HUD-VASH Coordinator at 520-92-1450, ext. 5529, or Southern Arizona VA Health Case Services, Homeless Program at 520-629-1839.

Research

2008 Project CHALENG for Veterans Report

March 2009

John H. Kuhn and John Nakashima
U.S. Department of Veterans Affairs

Since 1993, the Department of Veterans Affairs (VA) has collaborated with local communities across the United States on Project CHALENG for Veterans. CHALENG stands for Community Homelessness Assessment, Local Education and Networking Groups. The CHALENG survey was designed as an ongoing assessment process to describe the needs of homeless veterans and identifies the barriers they face to successful community re-entry. The CHALENG process is the only ongoing comprehensive national effort to poll VA staff, community providers and consumers about the needs of homeless veterans.

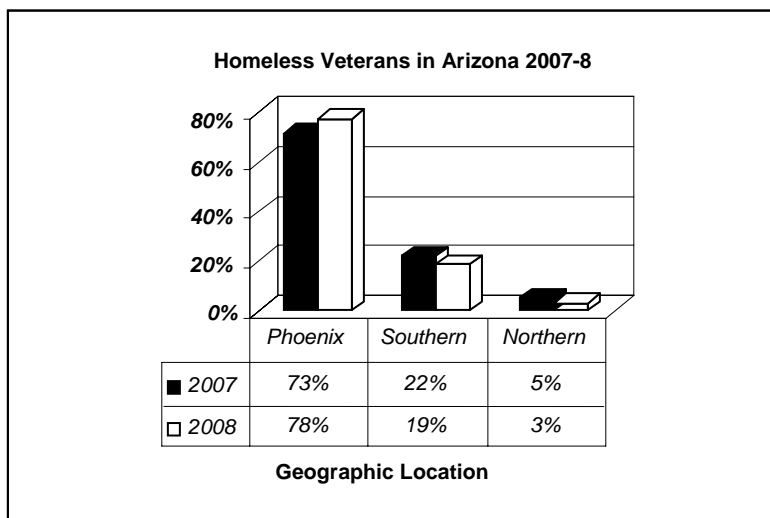
VA initiatives based in part on input from Project CHALENG, include: 1) major expansion of the HUD VA Supported Housing program (HUD-VASH), with thousands of new permanent housing vouchers and case management services available to homeless veterans, 2) greater emphasis on family preservation, with HUD-VASH allowing VA staff to place veterans *and their families* in affordable housing, 3) transitioning of former veteran inmates back into the community through the Healthcare for Re-Entry Veterans Program (HCRV), and 4) increased availability of safe, affordable housing through ongoing expansion of the VA Grant and Per Diem (GPD) transitional housing program.

Highlights of the 2008 CHALENG report:

- It is estimated that during the January 2008 point-in-time survey there were approximately 131,000 veterans who were homeless, a decrease of 15 percent from the estimate of 154,000 in the 2007 CHALENG report. Possible factors related to a drop in the national estimate are improved survey methodology, Veterans Administration housing interventions, and changing demographics.
- There were 11,711 respondents to the 2008 Participant Survey, a 28 percent increase from the previous year which had a total of 9,132 respondents.
- Over half (57 percent) of the 2008 participants (n=6,613) were consumers - homeless or formerly homeless veterans. Consumer involvement increased from 5,046 participants in 2007 to 6,613 participants in 2008, a 31 percent improvement.
- One hundred eighteen POC sites (85 percent of all sites) reported that a total of 1,282 homeless veteran families were seen. This was a 24 percent increase over the previous year's 1,038 homeless veteran families.
- Eighty-four percent of sites which prioritized permanent housing in their FY 2008 action plan reported success, due mainly to the nationwide expansion of the HUD-VASH program.

Arizona Highlights

- A total of 4,537 homeless veterans are estimated in Arizona in the 2008 CHALENG survey, *a 21 percent increase over the 2007 CHALENG estimate of 3,740*. This contrasts sharply with the 15 percent *decrease* estimated nationwide.
- The Arizona rate of increase is consistent with the 19 percent increase in homeless veterans found in the January 2009 statewide point-in-time (PIT) shelter count. The 2009 PIT shelter count showed a total of 1,107 veterans, an increase of almost 20 percent over the 2008 PIT count of 929.
- The Phoenix area accounts for 78 percent of the 2008 estimate, the Tucson area 19 percent, and the Prescott area three percent.
- A total of 210 new HUD-Veterans Affairs Supportive Housing (HUD-VASH) vouchers were made available to the Phoenix, Tucson and Prescott VA offices in 2008.



Top Ten Unmet Needs Identified by Homeless Veterans:

1) Welfare payments, 2) child care, 3) legal assistance for child support issues, 4) *long-term, permanent housing*, 5) family reconciliation assistance, 6) financial guardianship, 7) SSI/SSD process, 8) legal assistance for outstanding warrants/fines, 9) credit counseling, and 10) re-entry services for incarcerated veterans.

Housing Needs

In FY 2008, the rapid expansion of the HUD-VASH program made 10,000 new Section 8 vouchers available to homeless veterans along with VA case management services. Although this continues the overall improvement in addressing housing needs, this has not solved the need for new housing for homeless veterans. *The need for long-term, permanent housing remains high, ranking as the fourth highest unmet need.* Importantly, other housing types, such as emergency shelter and transitional housing, did not make the top ten list of unmet needs.

The report notes that although housing is obviously a critical step in ending homelessness, it is not a sufficient intervention to restore health and quality of life. According to the report, the VA's ability to offer many basic necessities, mental health and health care services, as well as safe, affordable housing has enabled homeless veterans to attend to issues central to their quality of life.

Visit www.va.gov/homeless to view the full report, including summary sections on Phoenix, Southern and Northern Arizona regions.

Research

Vital Mission: Ending Homelessness Among Veterans

November 11, 2009

National Alliance to End Homelessness

This NAEH update on the *Vital Mission* series uses data from the 2008 Project CHALENG for Veterans report (see preceding article) to detail the characteristics of veterans served by the VA's Health Care for Homeless Veterans programs. As noted in the previous article, VA data show that approximately 131,000 veterans were homeless at a point in time in 2008. This is a rate of 58 homeless veterans for every 10,000 veterans, more than double the rate of homelessness among the general population. New data also show that some veterans of the Afghanistan and Iraq conflicts are receiving homeless services and that the number of female veterans at risk of homelessness is increasing.

Selected National and Arizona Findings:

- Even though the national estimate of homeless veterans fell by 15 percent (from 153,584 to 131,230) from 2007 to 2008, the *Arizona CHALENG estimate* increased by 21 percent (from 3,740 to 4,537).
- According to VA figures, more than 6,000 female veterans are homeless nationwide. Female veterans make up a larger fraction of younger veteran cohorts, representing 18 percent of all veterans between 18 and 35 years of age.
- Once home, female veterans experience post-combat stress disorders at rates similar to their male counterparts. They are also more likely to be single parents, another risk factor for homelessness.
- Middle-aged veterans are most likely to become homeless, with 61 percent of homeless veterans between the ages of 35-54.
- Combat veterans of the Afghanistan and Iraq conflicts represent 4 percent of the homeless veteran population. Most combat-experienced homeless veterans served in the Vietnam War.
- In 2008, 82 of every 10,000 veterans in Arizona were homeless (4,537 out of 551,053), substantially higher than the national per capita rate of 58.

See the NAEH website at www.endhomelessness.org to view the full report.

Focus on Homeless Children and Youth

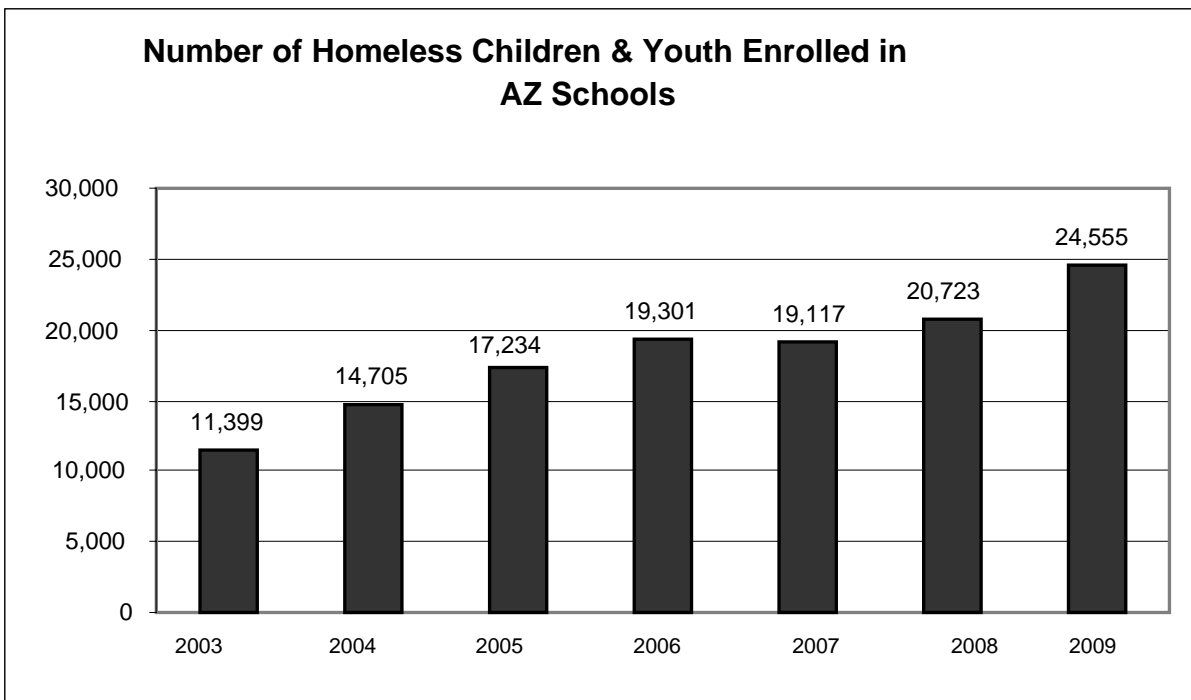
How many children and youth experience homelessness in Arizona?

The Homeless Management Information System (HMIS) is a computerized data collection application designed by HUD to capture client-level information on the characteristics and service needs of adults and children experiencing homelessness. According to Arizona's HMIS for SFY 2009:

- Maricopa County homeless service providers assisted 3,681 children under the age of 18 and 742 ages 18-21.
- Rural providers assisted 839 children under the age of 18 and, 322 ages 18-21.
- Pima County nonprofit organizations served 885 children under the age of 18 and 205 youth ages 18-21.
- In all 5,415 children under the age of 18 and 1,269 youth ages 18-21 experienced homelessness and accessed services through nonprofit organizations in the state.

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 24,555 children (pre-kindergarten through 12th grade) were reported by 214 Local Educational Agencies (LEAs) throughout the state as "homeless" during fiscal year 2009. This represents an increase of 18.5 percent since last year, 42 percent since 2005, and 115 percent since 2003.

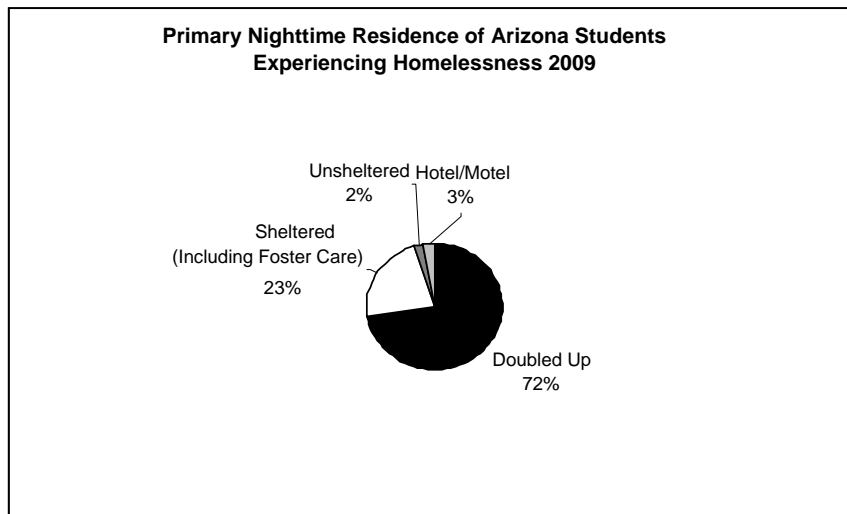


As noted in Section 2.0, the Arizona Department of Education and the designated Homeless Liaisons in the Local Educational Agencies use a broader definition of “homeless” to identify and serve children and youth experiencing homelessness. According to the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, the term “homeless children and youth” means “individuals who lack a fixed, regular, and adequate night-time residence.” This is believed to more accurately portray housing needs and needs for other basic services in the country.

Note: Communities may spend only 10 percent of their HUD Continuum of Care funds on families and youth considered homeless under this category, and under any other federal statute, except that communities with low rates of homelessness may spend up to 100 percent of Continuum of Care funds on families and youth considered homeless under other federal statutes.

Statistics regarding homeless students in Arizona:

- Of the 24,555 homeless children, 72 percent were reported as “doubled-up,” or living temporarily with another family, 23 percent were living in shelters or awaiting foster care placement, two percent were living in unsheltered situations, such as cars, parks, campgrounds, and abandoned buildings, and three percent were temporarily residing in hotels or motels due to lack of alternatives.
- Approximately 76 percent of the students experiencing homelessness attended schools in the urban counties (60 percent in Maricopa and 16 percent in Pima). Seven percent were reported in Yavapai County, and the remaining 17 percent were reported from the remaining counties.
- Of the approximately 620 Arizona LEAs (two-thirds of which are charter schools), 214 reported children and youth enrolled in school as homeless, a 12 percent annual increase in the number of LEAs educating students experiencing homelessness.
- Only 24 of these LEAs received federal funding in 2009 through ADE’s competitive McKinney-Vento subgrant program to provide a range of supplemental educational support services for homeless children and youth. The total amount awarded was \$1,126,434 for the school year.
- Over \$1.6 million in American Recovery and Reinvestment Act (ARRA) funding was distributed by formula grant in 2009 to 130 LEAs. This was based on the number of children and youth experiencing homelessness and enrolled in Arizona’s schools in 2008.



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, math, and writing assessments.

- Of the 1,769 homeless children in Grade Three who took the assessment tests in FY 2009, 51.6 percent were proficient in reading and 53.2 percent were proficient in math. In comparison, of all children in Grade Three who took the reading assessment, 72 percent were proficient in reading and 73 percent were proficient in math.
- Of the 1,476 homeless children in Grade Five who took the assessment tests in FY 2009, 56.2 percent were proficient in reading and 51.3 percent were proficient in math. These statistics indicate modest improvement over the FY 2008 Grade Five levels of 45.1 percent and 47.4 percent. In comparison, of all children in Grade Five who were assessed, 73 percent were proficient in reading and 72 percent were proficient in math.
- Of the 1,392 homeless children in Grade Eight who took the assessment tests in FY 2009, 46.1 percent were proficient in reading and 37.1 percent were proficient in math. Among all children in Grade Eight who were assessed, 69 percent were proficient in reading and 63 percent were proficient in math. These statistics indicate improvements over FY 2008 for all students in Arizona and those experiencing homelessness.
- Of the 3,535 homeless youth in high school who took the assessment tests in FY 2009, 37.4 percent were proficient in reading and 31.4 percent were proficient in math. Among all youth in high school who were assessed, 69 percent were proficient in reading and 59 percent were proficient in math.
- It should be noted that the achievement gap between students experiencing homelessness and all Arizona students appears to increase through the grade levels.

For more detailed FY 2009 information on homeless students reported by county and on reading and math proficiency, please refer to Appendices E and F.

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

To learn more about ADE's Homeless Education Office, the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, or the Database of Homeless Liaisons in the State, 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. Due to the current economic crisis, this has become more common. Unaccompanied homeless youth living in shelters or on the streets have increased exposure to physical violence and sexual assault, which often lead to depression, post-traumatic stress disorder, and suicide.

For the purposes of this report, “unaccompanied homeless youth” is defined as a youth, generally 16 to 26 years of age, on his or her own without a permanent address.

How many Unaccompanied 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.

- On January 27, 2009 in Maricopa County, 139 youth were counted living on the streets, up from the 58 counted in 2008, an increase of 140 percent. An additional 14 were counted in emergency shelters and 11 in transitional housing programs for a county total of 164.
- In Pima County, a total of 119 homeless youth were noted during the annual Street Count. When compared to the 2008 count, this represents an almost ten-fold increase. The majority, 70 percent, were males. An additional 8 were counted in emergency shelter and 7 in transitional housing, for a county total of 134.
- In the Balance of State counties, 66 youth were counted on the streets, 18 in emergency shelters, and 5 in transitional housing, for total of 89.
- For the first time, ADE was able to capture data on the number of “unaccompanied youth.” A total of 381 youth were documented as experiencing homelessness at some point during the school year and having no parental, foster, or institutional care, with 355 reported in Maricopa County, 21 in Coconino County, 2 in Cochise County, 2 in Mohave County, and 1 resided in Navajo County.

Why are they homeless?

According to the National Coalition for the Homeless, there are three basic, inter-related causes: family conflict, economic problems, and residential instability. Many youth leave their family homes because of experiences with physical and/or sexual abuse. In many cases, they are fleeing

abuse or neglect caused by parent or family addiction to substances. Family relationships are strained due to sexual orientation, school problems, or pregnancy, which may ultimately cause youth to leave or be forced out of the home.

Lack of affordable housing options, insufficient wages, and limited employment opportunities are contributing to youth and family homelessness. More frequently, youth are becoming homeless with their family members but are separated from them as the families are accepted into shelters or host homes which do not admit teenage or young adult children. It is not uncommon for the family home to become overcrowded or the income too limited to support all family members. In these cases, the older children and youth may be asked to leave and “fend for themselves” or make the choice to leave so that resources are available for siblings or parents who are struggling with disabilities, addictions, etc.

Residential stability refers primarily to the correlation between foster care involvement and youth homelessness. Some youth become homeless upon discharge from a residential or institutional placement. National studies demonstrate 35 percent to 50 percent of youth who “age out” of state custody (foster care or juvenile justice systems) will experience homelessness within two years of their 18th birthday.

Arizona survey data indicates the top three reasons for youth homelessness are: (1) family conflict, (2) running away from an unhealthy environment, and (3) “thrown away” by family.

What are the needs and characteristics of the population?

According to a 2008 DES survey, the primary needs of unaccompanied homeless youth include basic services (food, clothing, and 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 percent identify as male; 46 percent identify as female.
- 30 percent are White; 23 percent are Hispanic; and 6 percent are Black.
- 94 percent are legal residents of Arizona.
- 56 percent of the youth under the age of 18 experience homelessness less than a week before seeking services. 20 percent experience homelessness for more than a month but less than a year before seeking assistance.
- 39 percent of the youth 18-21 experience homelessness more than three months but less than a year before seeking assistance. 31 percent wait for more than a year.
- 68 percent of the youth under the age of 18 receive services for less than a month.
- 64 percent of the youth 18-21 receive services for more than a month but less than a year.
- 38 percent of the youth 18-21 are employed and 51 percent are actively seeking employment.

The New York Times issued a video series titled “When No One’s Looking” which provides a candid overview of the issues faced by youth experiencing homelessness.

<http://video.nytimes.com/video/2009/10/25/us/1247465360380/when-no-one-s-looking.html>

What services are available?

Homeless youth providers serve all Arizona counties. Their services include emergency shelter, transitional housing, housing, housing support services, street outreach, 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 eight percent of expenditures and counties for approximately five percent, with the remaining 14 percent coming from city governments, private donations, service organizations, corporations and miscellaneous donors.

On July 1, the **Housing Arizona Youth Project (HAYP)** was launched as one initiative of the Interagency and Community Council on Homelessness. It is funded by ADOH and administered by DES. The first \$1,000,000 designated for the HAYP will be used over two years to demonstrate the best practices of “Housing First” and “Rapid re-housing” with homeless youth.

The HAYP provides youth ages 18 through 25 (until their 26th birthday), experiencing homelessness or at imminent risk of homelessness with assistance to immediately access housing. The Project enhances existing homeless youth programs by increasing their statewide capacity to house youth, and therefore decreasing the number of youth living on Arizona’s streets and in shelters designed for adults. The Project is specifically designed to target youth in the highest risk categories.

HAYP contracts were awarded by DES’s Homeless Coordination Office to four providers in five counties: Tumbleweed Center for Youth Development and A&A Cottages in Maricopa County, Open Inn and La Paloma Family Services in Pima County, and Open Inn in Coconino, Yavapai, and Cochise counties. Within the first quarter of the project 64 youth were moved from bushes, alleys, abandoned buildings, parks, and adult shelters to permanent, safe rental units, therefore ending their homelessness. The majority of these youth faced significant barriers to stability, and without an intervention, may well become chronically homeless adults. According to aggregate data available for the first quarter of the HAYP:

Yvette is a young woman who aged out of foster care and was living independently with her boyfriend. She found herself homeless after leaving this abusive relationship. Thanks to the Housing Arizona Youth Project (HAYP), she has found a safe place to live, has stabilized in her own apartment, obtained employment, and enrolled in community college.

- 55.7 percent of the participants were male and 44.3 percent were female.
- 76 youth are on the waiting list for the HAYP.
- The average age of HAYP participants is 19.
- 84 percent fall into at least one of the follow high risk categories:
 - 13 percent have struggled with addictions to substances

- 11.5 percent have been diagnosed with mental or behavioral health conditions
- 26 percent have had experience with the Juvenile Justice system, and many have had felony convictions
- 23 percent have been victims of domestic or family violence
- 21 percent identify as lesbian, gay, bisexual or transgendered (LGBT)
- 18 percent have histories with child welfare involvement

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 provided services to homeless youth, ages 14 to 18, who were not currently served by the state child protective services or juvenile justice systems. HYIP case managers prevented homelessness by strengthening family relationships and reunifying homeless youth with their families as appropriate. This program provided 24-hour crisis services, family reunification, job training and employment assistance, assistance in obtaining shelter, transitional and independent living programs, character education and additional services necessary for youth to achieve self-sufficiency. In the last several years of operation, approximately 140 youth and their families were served annually (exceeding the 102 per year targeted). For contract years 2007 and 2009 an average of 56 percent of the youth referred to the HYIP program were reunited with their families. *This program is currently suspended due to a lack of funding.*

The **Federal Runaway and Homeless Youth Act** programs help youth in many ways. The Basic Center Program (BCP) provides emergency shelter for up to 15 days for unaccompanied youth under 18 years old. The Transitional Living Program (TLP) provides transitional housing for up to 18 months and life skills trainings for youth 16-21 years old. The Street Outreach Program (SOP) 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 Flagstaff (Northland Family Help Center, Open Inn, Inc.), Phoenix (Tumbleweed Center for Youth Development), Tucson (Open Inn, Inc., Our Family Services, and Pima Prevention Partnership), and Cochise County (Open Inn, Inc.). Given the current reductions to the DES budget and the continuing budget shortfalls, providers are unlikely to receive increases in funding.

In June 2009, the Arizona Governor's Youth Commission published a report, "Addressing the Issues of Today's Youth." It includes a section on youth homelessness which provides an overview of the issues, an analysis of the various methods of defining homelessness and several policy recommendations. The report can be accessed at:
http://gocyf.az.gov/CYD/Documents/CYD_Report_0709.pdf

The following chart illustrates the shelter capacity of homeless youth providers.

| | Capacity under 18 | | Capacity 18-21 | | | |
|---|-------------------|--|-------------------------------|--|--|--|
| | Emergency Shelter | Transitional Housing Supervised Apartments | Immediate (Emergency) Housing | Transitional Housing - Group Residence | Transitional Housing - Supervised Apartments | Transitional and Permanent Housing - Scattered Sites * |
| A&A Cottages | 0 | 0 | 0 | 8 | 0 | 14 |
| Florence Crittenton | 0 | 0 | 0 | 4 | 11 | 0 |
| HomeBase Youth Services | 0 | 0 | 1 | 24 | 0 | 0 |
| La Paloma Family Services | 0 | 0 | 0 | 6 | 0 | 9 |
| Northland Family Help Center | 4 | 0 | 0 | 0 | 0 | 0 |
| Open Inn, Inc. (Cochise) | 4 | 0 | 0 | 0 | 0 | 3 |
| Open Inn, Inc. (Flagstaff) | 4 | 0 | 0 | 0 | 0 | 4 |
| Open Inn, Inc. (Pima) | 12 | 8 | 6 | 0 | 5 | 36 |
| Open Inn, Inc. (Yavapai) | 6 | 6 | 0 | 0 | 0 | 6 |
| Our Family Services, Inc. | 8 | 0 | 2 | 0 | 20 | 17 |
| Tumbleweed Center for Youth Development | 10 | 15 | 6 | 13 | 6 | 6 |
| WestCare (CRRYS) | 0 | 0 | 0 | 0 | 0 | 0 |
| Statewide Capacity | 48 | 29 | 15 | 55 | 42 | 95 |

* Please note that the Housing Arizona Youth Project capacities are included in the far right column above, “Transitional and Permanent Housing – Scattered Sites.” There is a significant difference between transitional housing and permanent housing, and for future reports, these numbers will be separated to more accurately represent the capacities of the providers.

What challenges and barriers do homeless youth providers face?

Due to State budget reductions and the economic climate, for the past few years, providers have received level or decreased funding for support of their operations. 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 such 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 attitude among many is that runaway and homeless youth are “bad kids” who are in their current living situations because they chose to be “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. Despite the newly implemented Housing Arizona Youth Project, there continues to be a need for immediate housing options for youth ages 18-26. One indicator of unmet need is the demand for HAYP beds; the four HAYP providers report a total of 76 youth currently waiting for housing.

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.

What impact has the recent economy had on youth homelessness?

In short, there has been a dramatic increase in need. Agencies are attempting to serve higher volumes of youth than last year. They note that they are serving a “new” population of youth, those coming from families who have lost their housing due to foreclosures and evictions. The economic impact to Arizona families has increased stress on families, and in some cases parents are no longer able to provide basic needs for their children. Youth are being forced out on their own because of the parents’ inability to provide for them, loss of the family home, or overcrowding.

There are simply not enough resources to meet the rising demands. Agencies are faced with trying to maintain quality services with reduced staff and less funding. Due to these limitations, significant numbers of youth are at risk of living on the streets for extended periods of time. Additionally, government resources traditionally used to help youth achieve greater self-sufficiency have been reduced. Two examples are homeless young people with children and in need of child care subsidies and TANF Cash Assistance benefits. Reduced benefits and lack of availability limit the ability for youth experiencing homelessness to support themselves and their children.

For youth wanting to work, there are currently few employment options available, which significantly limits their prospects for safe, affordable housing and stability. The economic

recession has resulted in fewer jobs and greater competition for the jobs that are available. It has been extremely difficult for youth experiencing homelessness to find jobs this past year in such a competitive market. Nonprofit organizations have reported that youth are dependent on their services for longer periods of time because it is so challenging to secure employment.

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.

Motivational Interviewing is a technique for helping people to change. It is an “empathic, client-centered counseling style that increases intrinsic motivation for change by helping to resolve ambivalence and build confidence.” According to James Winarski of the University of South Florida, it is based on five assumptions:

- 1) Motivation is a state (a temporary condition), not a trait (a personality characteristic)
- 2) Resistance is not a force to be overcome, but a cue that we need to change strategies
- 3) Ambivalence is good
- 4) The client/participant is an ally, not an adversary
- 5) Recovery and change are intrinsic to the human experience

Three success stories

Often times in life, one is left in situations where she feels like all has failed and nothing is possible. In addition to this, she may not only have herself to take care of but also children whose future she is also responsible for. We never know where life will take us and can easily be put in a situation where we have no place to live, no food to feed our children, and no money to provide. This situation and many more are similar to mine and other ladies...my son and I were living out of my car, all of our stuff was in there and we were staying from home to home of friends of mine. I just turned 18 and had no clue...My friend, whose sister I was staying with, told me about this program and I decided to check it out...Being in the Common Unity Program has helped my life so much. I've learned how to live on my own, take better care of my son, use the resources available to me to better myself and so much more...Over all the Common Unity Program has helped me provide a safe and secure environment for myself and my son, further my education, and maintain stable employment in addition to paying low reduced rent. With all this support I receive and more it is almost guaranteed that my son and I will have a successful and prosperous future.

- Ashunti Copeland, Common Unity resident, Our Family Services

I first came to Tumbleweed in March. I had been living out of my car for about 8 months, and I was unable to attain a job, food, or shelter. I seemed to have hit bottom. The staff was so welcoming. They did an intake procedure and I was able to sit down and eat lunch, which I hadn't done in so long. I worked with my Case Manager to create a case plan which included getting a state identification card, finding a living space, and finding a job. We broke it down into small tasks, so it didn't seem impossible. Within 6 weeks, I have been able to get a job, find a steady place to live, and lead a more stable life. I am making money, I have found a place to live, and my life is normal again. I am so happy. It makes me feel valuable and I'm very grateful to Tumbleweed for helping me get there!

- Anonymous Tumbleweed resident

John is the youngest of eight siblings, and only has contact with a sister who is diagnosed with autism and another sister who lives in Mexico. John's biological father died when John was one year old; many of his other siblings were adopted out of the home. At age 15, John took to the streets due to the problems surrounding his mother's addiction to crystal meth. John spent the remaining three years learning how to cope with street homelessness. At one point during his youth, John was reunited with his mother who was attempting to quit her crystal meth habit. John lived with her at a shelter for less than one month.

At age 18, John moved with his older sister to Mexico and lived there for over one year. He ultimately left as he reported, "we were living among drug-lords and other violent people... it was like living in a war-zone." John moved back and set up camp at a familiar site from previous years near the San Xavier Mission in Tucson. Two months later, John heard about Job Corp where he learned of a 3-4 month wait list for housing. John walked to Open-Inn from Job Corp that same day, where he was placed in one of the master-leased apartments.

John reports he is so excited to be in his apartment unit. He takes diligent care for the cleaning of his unit. The smallest item, (i.e., a donated coffee maker) seems to light a spark of excitement and gratitude in John's demeanor. John's knowledge of survival is strong as he continues to share how he lived, ate, and slept in the desert for over 4 years. He is currently taking an employability skills training course with goals of gaining employment and continuing his education. John did not complete the 9th grade due to his living situation on the streets. He hopes to learn as much as he can and earn a certificate or training as an electrician.

- Contributed by Open Inn staff

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 Homeless Education
<http://www.serve.org/NCHE/>

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/>

Research

Homeless Youth and Sexual Exploitation

October 30, 2009

National Alliance to End Homelessness

Homeless youth attempting to survive from day to day on the streets are at constant risk of sexual exploitation by adults and of being recruited into the commercial sex industry. Additionally, they may be enticed to engage in survival sex to meet their basic needs for food, shelter, or clothing. They are particularly vulnerable to these situations because many have histories of physical and sexual abuse, neglect, and abandonment. This NAEH issue brief reviews research regarding the involvement of unaccompanied, homeless youth in various types of sexual exploitation and recommends a series of responses to meet their needs.

Key findings:

- Histories of abuse may increase vulnerability to sexual exploitation, engagement in survival sex, or prostitution.
- Once homeless, victimization remains a constant risk.
- Sexually exploited homeless youth rarely report their situation or seek help.

- Self-report research finds significant involvement of homeless youth in commercial and survival sex (exchange of sex for money, drugs or housing). A number of studies have found 15-30 percent having experience with commercial sex or exchanged sex for basic needs.
- Research shows a disproportionate experience of homelessness and sexual exploitation among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in the population. A cluster of studies have conservatively estimated at least 20 percent of the homeless youth population self-identifies as LGBTQ, which is double the number of LGBTQ youth in the general population.
- Once homeless, LGBTQ youth are at higher risk for sexual victimization than heterosexual homeless youth.

Recommendations

- The most direct way to reduce the risk of sexual exploitation among homeless youth is to *end their homelessness by housing them*, either with their families or independently.
- The *most effective interventions for sexually exploited youth* are street- and community-based outreach; early intervention mental health services to improve family functioning; intensive case management services; respite shelter tied to family reunification services; and housing through transitional housing, permanent supportive housing, host homes and rental assistance coupled with case management support.
- In developing housing and services, the use of *harm reduction principles* should be incorporated to incrementally reduce exposure to various harms or risks.
- In addition to incremental changes along a harm reduction spectrum, services should bolster *positive youth development*.
- The approach and delivery of services must be *culturally competent and trauma informed*.
- Services should *collect data and employ evaluation measures* to ensure youth experiencing sexual exploitation are achieving positive outcomes.

Visit the NAEH website at www.endhomelessness.org to view the full issue brief.

Research

America's Youngest Outcasts: State Report Card on Child Homelessness

March 2009

National Center on Family Homelessness

A new report by the National Center on Family Homelessness has found that more than 1.5 million children are homeless annually in the United States -- **one in every 50 American children**. *America's Youngest Outcasts: State Report Card on Child Homelessness* offers the first comprehensive state-by-state data on the status of homeless children and ranks the 50 states from top to bottom. The report urges federal and state action to end child homelessness and recommends how this can be done.

America's Youngest Outcasts documents the extent of child homelessness, describes the plight of

these children, profiles and ranks the states, and proposes solutions. The report presents several national data sets in one place for the first time, offering the clearest snapshot of child homelessness to date.

"Children without homes are on the frontline of the nation's economic crisis. These numbers will grow as home foreclosures continue to rise," said Ellen L. Bassuk, M.D., president of the National Center on Family Homelessness and Associate Professor of Psychiatry at Harvard Medical School.

How Arizona ranks

Data from all 50 states were collected and analyzed along four major domains: 1) extent of child homelessness; 2) child well-being; 3) risk for child homelessness; and 4) state policy and planning efforts. A composite of the four domains was used to rank the states.

Arizona was found to rank 36th in the nation in the composite child homelessness scale. Based on 2005-2006 data, more than 32,000 Arizona children are reported to be without permanent homes. Of approximately 933,000 children living in poverty in Arizona, one out of every 25 (4 percent) are homeless.

Other Arizona findings include the following:

- Considering an overall risk index of socio-economic, housing, and public assistance indicators, *Arizona ranks as the sixth worst state in the nation for children's vulnerability to homelessness.*
- Measured by federal standards, the state's homeless children and those eligible for the National School Lunch Program score below all children in reading and mathematics proficiency.
- Arizona receives \$38 per child from the federal government to address education for children experiencing homeless; however, there is currently no state-level funding dedicated to the education of homeless children.
- Regarding housing, national data shows that over 80 percent of families on waiting lists for public housing have extremely low incomes. In Arizona, only 28 percent of those on public housing waiting lists are families with extremely low incomes.
- Most public housing authorities in Arizona do not give priority to families experiencing homelessness or domestic violence.
- Arizona currently does not prioritize children who are homeless when distributing its child care vouchers.
- Approximately 15.9 percent of children in Arizona have no health insurance, compared to about 10 percent nationally.
- Homeless families are twice as likely as middle-income families to report that their children have moderate or severe health problems such as asthma, dental problems, and emotional difficulties.

According to the report, children experiencing homelessness struggle in school, with an average 16 percent lower proficiency in math and reading, and an estimated graduation rate below 25 percent.

Release of the report launches the Campaign to End Child Homelessness, an initiative by the National Center on Family Homelessness to bring together advocates, communities, families, policymakers, and others at local, state, and national levels to galvanize public and political will to prevent and end child homelessness.

The report offers state and federal policy recommendations such as increasing housing stock; improving supports for uninterrupted schooling; family-oriented services to treat the extreme trauma of homelessness; addressing family employment and income needs; and including homeless children in all federal and state plans to end homelessness.

America's Youngest Outcasts can be accessed at www.homelesschildrenamerica.org.

Research

Examination of Residential Instability and Homelessness Among Young Children

Fall 2009

The Institute for Children and Poverty

This report aims to understand the prevalence of homelessness and residential instability among a nationally representative group of children around age five. Empirical literature suggests that residential instability is a key factor in reducing the educational success of low-income children because frequent moves often include school transitions that may result in lower academic performance including high school completion. Likewise, residential instability compromises the school readiness skills of very young children who have just begun or not yet entered school.

Using data from the Fragile Families and Child Wellbeing Study, a nationally representative sample of approximately 5,000 births between 1998 and 2000 in twenty large U.S. cities, the analysis sheds light on these children's experiences with homelessness. In the dataset, mothers were interviewed at the child's birth and again when the child is one, three, and five years old.

- In the Fragile Families data, between the child's birth and the five-year survey, 32 percent of families did not move at all. However, the remaining 68 percent moved with quite a bit of variability. Among those who moved, families changed residences on average 2.3 times in the first five years of the child's life.
- Of those children who did not experience homelessness by the age of five, the majority moved only once or never, compared to children who experienced homelessness, of whom one-fifth had moved five or more times by age five.
- Over 50 percent of children who experienced homelessness by age five moved more than three times during that period.

- Among the poorest children (those with household incomes less than 50 percent of the federal poverty threshold), 15 percent experienced homelessness; another 20 percent moved three or more times before the age of five.

Conclusion

Existing research provides a link between housing instability and a range of child and adolescent challenges, from lower school achievement to poorer social and emotional adjustment. Housing instability almost always results in educational disruptions for school-age children, and evidence suggests that housing instability and homelessness early in life (ages 0–5) creates potent and potentially long-lasting effects for young children.

To access the full report, visit The Institute for Children and Poverty website at www.icpny.org.

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 four state agencies. By October, it had grown to a membership of more than 50 participants.



The Committee is co-chaired by Richard Geasland of Tumbleweed Center for Youth Development and Nancy Panico of Open Inn, Inc. The committee is staffed by the DES Homeless Coordination Office.

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

Janice K. Brewer
Governor

Office of the Governor

*** RUNAWAY PREVENTION MONTH ***

WHEREAS, running away from home is widespread, with one out of every seven youth in the United States running away from home before the age of 18; and

WHEREAS, runaway youth most often have been expelled from their homes by their families, physically, sexually, and emotionally abused at home, separated from their parents through death and divorce, unable to financially secure their own basic needs, and ineligible or unable to access adequate medical or mental health resources; and

WHEREAS, effective programs supporting runaway youth and assisting youth and their families in remaining at home succeed because of partnerships created among families, community-based human service agencies, law enforcement agencies, schools, faith-based organizations, and businesses; and

WHEREAS, the future well-being of the State is dependent on the opportunities provided for youth and families to acquire the knowledge, skills, and abilities necessary for youth to develop into safe, healthy, and productive adults; and

WHEREAS, organizations throughout the State are jointly sponsoring Runaway Prevention Month to increase public awareness of the life circumstances of youth in high-risk situations and the need for safe, healthy, and productive alternatives, resources, and supports for youth, families, and communities.

NOW, THEREFORE, I, Janice K. Brewer, Governor of the State of Arizona, do hereby proclaim the month of November, 2009 as

*** RUNAWAY PREVENTION MONTH ***

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

Janice K. Brewer
GOVERNOR

DONE at the Capitol in Phoenix on this fifteenth day of October in the year Two Thousand and Nine, and of the Independence of the United States of America the Two Hundred and Thirty-fourth.

ATTEST:

Ken Blumett

Secretary of State



What is most important for Arizonans to understand about homelessness? In the words of shelter residents:

It is not a choice.

Homeless are people, too.

We are not lazy – we want work, but we can't find employers to hire felons.

If one seeks help and there is more than just housing, then they can overcome their problem.

The longer people have to wait for services, the more likely they are to suffer and begin looking like a "homeless person."

I want a chance to support my family –
I can't pass a background or credit check to rent an apartment.

HOMELESSNESS IS A SOCIAL PROBLEM, NOT AN INDIVIDUAL PROBLEM.

I never used drugs or alcohol but people think I do because we are homeless.

There are a lot of single dads out here with our kids. I wish that people would understand that I am a good father.

Homeless people are not just single men and women. Homeless are families with single moms, single dads and grandparents.

Just providing food and shelter is not enough. Support services make the difference.

Sometimes, you can't avoid it.

TO STAY ALIVE, I HAD TO LEAVE MY HOME. (DV SHELTER RESIDENT)

There is no affordable housing [in the community] where I live.

People need help and lots of it - skills to get a good job, time to learn those skills, well-paying jobs, life skills classes and a support network.

There are a lot of intelligent citizens who have just lost jobs and become victims of the economy and they need a little help. Just remember they are human beings too.

Most [homeless people] have overwhelming obstacles to overcome – one is public opinion.

WITHOUT JOBS THAT PAY ENOUGH TO LIVE ON, WHERE AM I SUPPOSED TO GO?

Note: These quotes were taken from responses to Part E of the DES 2009 PIT shelter survey.

4.0 DATA SUMMARIES

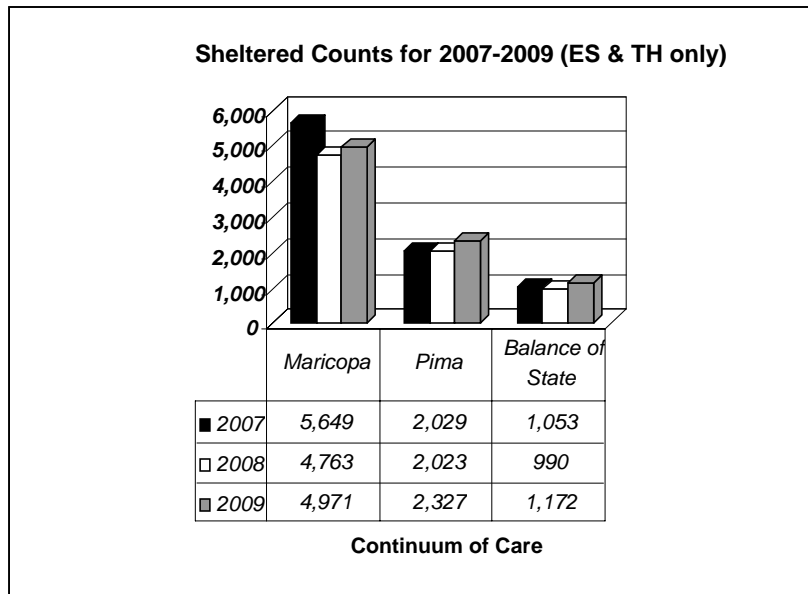
2009 Point in Time and Housing Inventory Data for Arizona

(See tables in Appendices for complete data.)

Selected data from the January 27, 2009, Point-in-Time Shelter Count:

- By U.S. HUD definition, 8,470 persons were counted as sheltered homeless persons *in emergency and transitional facilities* throughout Arizona – an increase of nine percent over the 2008 point-in-time count. Another 4,103 persons were counted as permanent supportive housing residents, *but are not considered homeless by federal definitions.*
- *Considering only emergency and transitional facility counts*, children and adults in families accounted for 48 percent of all sheltered homeless persons; single adults were 51 percent of the total, and unaccompanied youth accounted for 1 percent.

- Children accounted for almost one-third (31 percent) of all persons reported in emergency and transitional housing.
- Single adults comprised 61 percent of emergency shelter residents and 43 percent of those in transitional housing. Children and adults in families comprised 38 percent of those in emergency shelter and 57 percent of transitional housing residents.



- Of sheltered homeless persons statewide, 59 percent were counted in Maricopa County, 27 percent in Pima County, and 14 percent in the rural counties.
- A total of 538 chronically homeless persons were reported in *emergency shelters* statewide, representing 22 percent of 2,472 single adults in emergency shelters. Fifty percent of chronically homeless persons were counted in Maricopa County.
- Of 5,806 homeless adults and unaccompanied youth in emergency and transitional shelters, 2,037 (36 percent) were reported as experiencing substance abuse problems and 1,092 (19 percent) were reported as suffering from serious mental illness. A total of 558 persons (10 percent) were reported as experiencing both substance abuse and serious mental illness. The

substance abuse and mental illness percentages were somewhat lower than those reported in 2007.

- Of sheltered homeless adults, 835 persons (14 percent) were reported as military veterans, compared to 10 percent reported in 2008.
- Domestic violence or abuse was reported as a reason for homelessness by 20 percent (1,181) of all sheltered homeless adults.

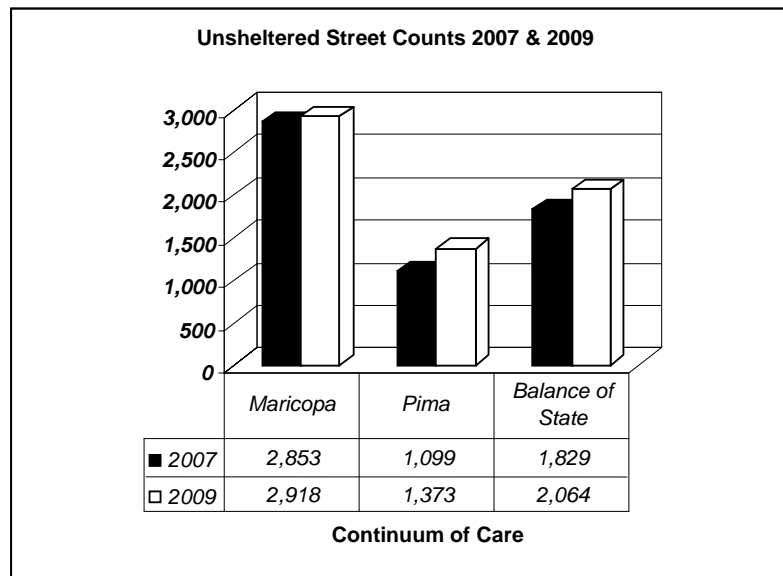
Combined emergency shelter (ES), transitional housing (TH) and permanent supportive housing (PSH) counts showed a system-wide total of 12,573 persons, a nine percent increase over the 2008 point-in-time system-wide total of 11,587. Other system-wide data showed:

- 32 percent of those counted were in ES, 35 percent in TH, and 33 percent were in PSH, *exactly duplicating the proportions reported in 2008.*
- Of all adults system-wide (ES, TH & PSH), 39 percent (3,516) were reported as seriously mentally ill (SMI). Seventy-three percent of adults in permanent supportive housing were reported as seriously mentally ill.

Selected facts from the January 27, 2009, Arizona Point-in-Time Counts of Unsheltered Homeless Persons

(Note: The 2009 “street count” was statewide, involving all three Continuums of Care. The Balance of State Continuum conducts an unsheltered persons count only every other year.)

- Of 6,355 people counted as unsheltered statewide, 89 percent (5,668) were single individuals; 69 percent were single adult males. Children and adults in families represented 11 percent of all unsheltered persons. A total of 324 unaccompanied youth were counted, primarily in Maricopa, Pima, and Mohave counties.



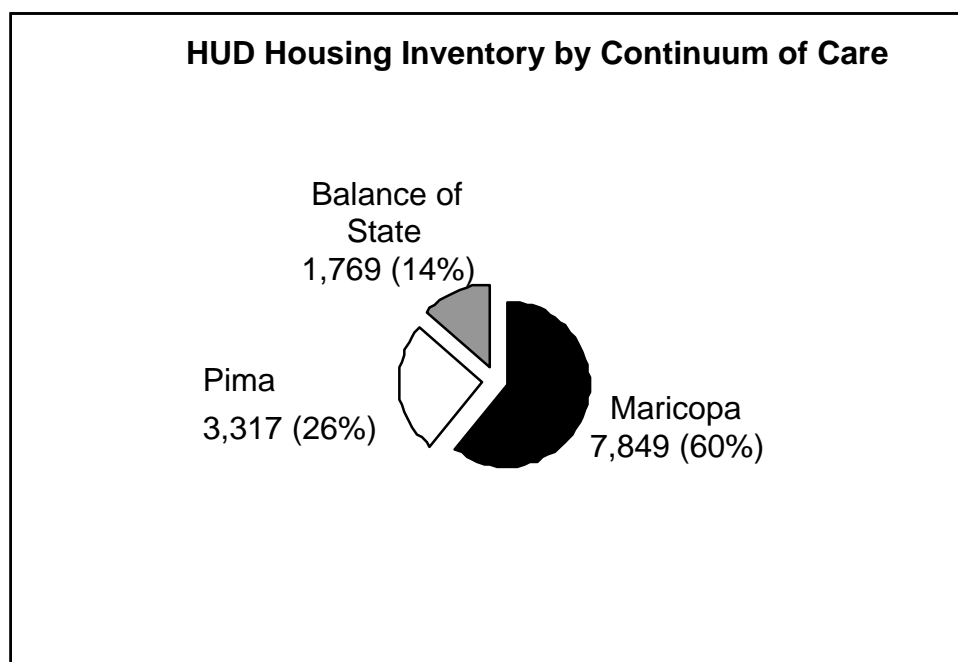
- Of unsheltered persons, 46 percent (2,918) were counted in Maricopa County, 22 percent (1,373) in Pima County, and 32 percent (2,064) in the rural counties.
- 1,694 (30 percent) of unsheltered single individuals were reported as chronically homeless.

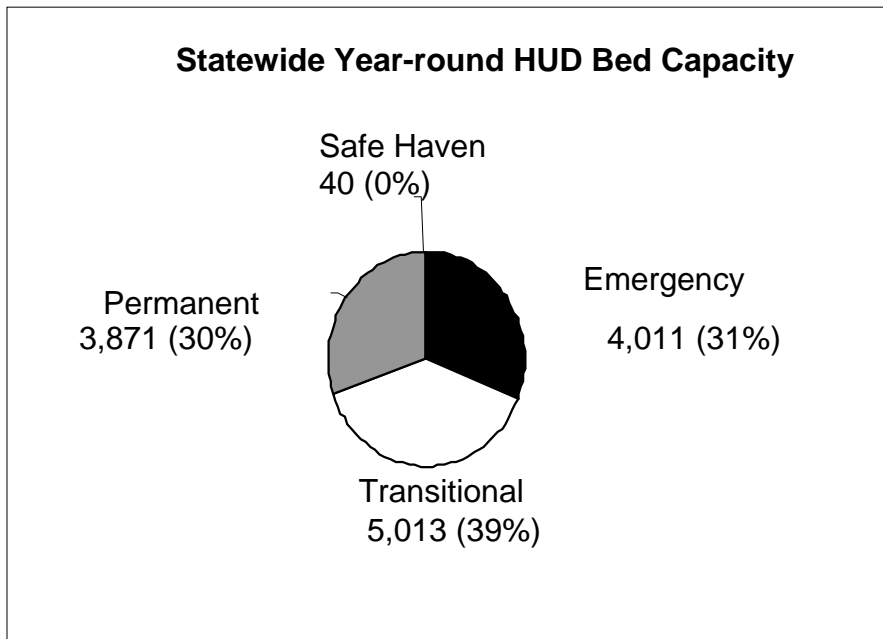
- Compared to the previous statewide street count in 2007, surveyors reported 574 more unsheltered persons, a 10 percent increase overall. All three Continuums of Care saw increases in numbers of unsheltered persons over the two-year period.

Selected data from 2009 Continuum of Care HUD Housing Inventory Charts

(see the Housing Inventory Summary table in the Appendices for details)

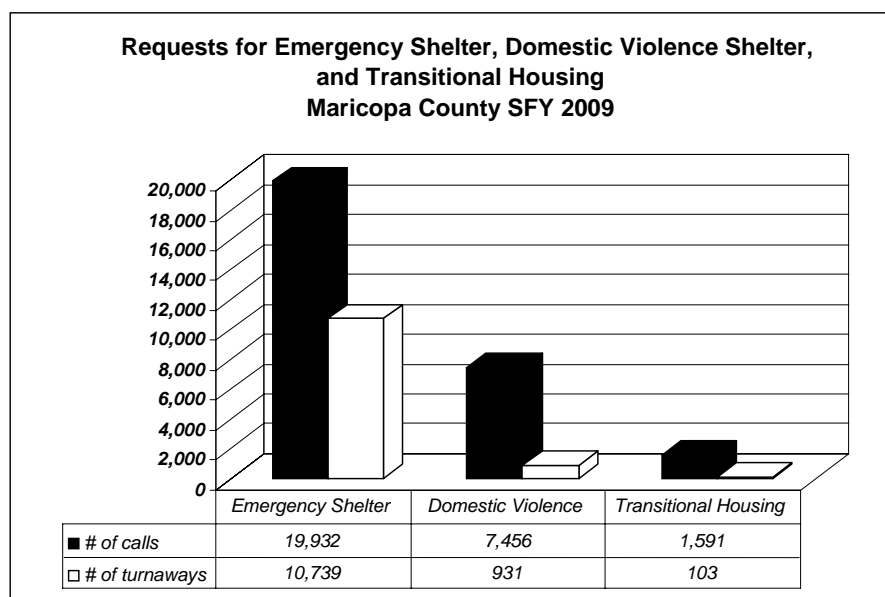
- System-wide (including ES, TH, PSH and “Safe Haven” housing) year-round beds in Arizona total 12,935, with 31 percent ES, 39 percent TH, 30 percent PSH, and less than one percent Safe Haven.
- System-wide programs include 91 emergency shelter programs, 110 transitional programs, 68 permanent supportive housing programs, and two Safe Haven programs.
- Among the 270 programs represented in the HUD Housing Inventory Charts, 48 percent of year-round beds are available for individuals, 52 percent for families.
- Levels of Homeless Management Information System (HMIS) participation vary somewhat by Continuum of Care, with 75 percent overall statewide coverage of emergency shelter beds, 90 percent of transitional housing beds, 95 percent of permanent supportive housing beds, and 100 percent of safe haven beds. HMIS participation stands at 88 percent overall, up from 83 percent in 2008. The most significant improvement has occurred in the emergency shelter category.
- Collectively, the three Continuums of Care estimate “unmet needs” of approximately 5,900 emergency shelter beds, 4,900 transitional housing beds, and 6,500 permanent supportive housing beds, for a total of over 17,000 individual and family beds.





Selected Maricopa Continuum of Care Homeless Management Information System (HMIS) data

- Community Information and Referral (CIR) in Maricopa County received 19,932 calls requesting emergency shelter in SFY 2009, with 54 percent of callers “turned away” for lack of available shelter beds at the time of the call.
- 7,456 calls to CIR were specific requests for domestic violence shelter, with 12 percent turned away.
- Transitional housing beds were available in over 90 percent of cases in SFY 2009.



- The Maricopa County HMIS Project reported a total of 14,215 unique clients served during SFY 2009, including 10,494 adults and 3,681 children. Forty percent of those served self-reported as being homeless for the first time.
- Adults and children in families accounted for 43 percent of those served; individuals accounted for 57 percent.
- Among adult clients, 23 percent self-reported as chronically homeless.
- Almost one-third of those served reported their prior living situation as either an emergency shelter or a place not meant for habitation.

**SFY 2009 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 shelters and transitional housing programs* during SFY 2009, with operating funds totaling \$4,534,766*:

| | <u>Unique persons served</u> |
|--|--|
| Maricopa County programs | 11,703 (67 percent) |
| Pima County programs | 3,404 (20 percent) |
| Balance of State programs | 2,260 (13 percent) |
| Total persons served in SFY 2009 (87 percent emergency shelter, 13 percent transitional housing) (\$261.11 per person served) | 17,367 (up 14 percent from SFY 2008) |
| Total bed nights provided in SFY 2009 (51.3 bed nights per person) (2,440 bed nights provided per night) (\$5.09 per bed night) | 890,769 |

Domestic Violence Emergency and Transitional programs:

Unduplicated numbers of persons reported served by 41 DES-funded domestic violence emergency and transitional shelters during SFY 2009, with operating funds totaling \$13,065,033*:

| | <u>Unique persons served</u> |
|---------------------------|------------------------------|
| Maricopa County programs | 6,505 (56 percent) |
| Pima County programs | 2,025 (17 percent) |
| Balance of State programs | 3,177 (27 percent) |

Total persons served in SFY 2009 11,707
(88 percent emergency shelter, 12 percent transitional housing)
(\$1,116 per person served)

Total bed nights provided in SFY 2009 471,195
(40.2 bed nights per person served)
(1,291 bed nights provided per night)
(\$27.72 per bed night)

*Note: These totals include federal Emergency Shelter Grant, Social Services Block Grant, and Temporary Assistance for Needy Families funds, and State General and Lottery Fund appropriations. Providers may use a variety of other sources to fund shelter operations.

5.0 NEWS AND NOTES – Arizona and National

***The 100,000 Homes Campaign:* A national initiative beginning in Arizona**

Since 2008, the New York-based Common Ground organization has helped 15 cities make dramatic progress in reducing street homelessness. The Common Ground “*Street to Home*” program is a simple, replicable model that replaces traditional “outreach” services with immediate housing and supportive housing services targeted to people who are experiencing homelessness and who are determined to be most vulnerable to premature death on the street.

The Vulnerability Index is the survey instrument used to determine who is most vulnerable based on the fragility of their health. The tool is based on the work of Dr. Jim O’Connell of Boston’s Healthcare for the Homeless, who identified the specific health conditions that cause homeless individuals to be at higher risk for dying on the street. For individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality:

- 1) more than three hospitalizations or emergency room visits in a year
- 2) more than three emergency room visits in the previous three months
- 3) aged 60 or older
- 4) cirrhosis of the liver
- 5) end-stage renal disease
- 6) history of frostbite, immersion foot, or hypothermia
- 7) HIV+/AIDS
- 8) tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition

The *100,000 Homes Campaign* is a national initiative launched in November 2009 by Common Ground. Its intent is to find the most vulnerable Americans who are sleeping on the streets and in shelter and house them. For the first three years of the initiative, the Campaign has targeted the 50 cities with the highest counts of unsheltered homeless persons. The Phoenix and Tucson metropolitan areas are cited by Common Ground as among the 50, with “street” counts of 2,918 and 1,373 respectively, and a combined estimate of more than 1,300 chronically homeless individuals. Note: According to HUD, Arizona’s 2008 point-in-time unsheltered homeless population count was 10th highest in the nation.

The first step for communities participating in the campaign is to complete a “registry week.” This experience coordinates the efforts of government agencies, nonprofit organizations, and volunteers to gain familiarity with their neighbors experiencing homelessness through personal interviews.

- On the first day volunteers and professional outreach workers attend Common Ground’s training on how to safely and accurately administer the Vulnerability Index Survey. Teams are assigned small geographic areas in which to survey.
- On Days Two through Four, volunteers canvass their assigned geographic areas and interview their homeless neighbors while completing the survey instruments. At the

conclusion of each survey, with written consent, volunteers take photos of their neighbors as part of the registry.

- On Day Five, the survey results are presented to the community. The first names and faces of the most vulnerable people are presented as a prioritized “to house” list. Attendees of the briefing commit to providing the goods and services needed to assist in housing the community’s most vulnerable.

Thereafter, the community is expected to utilize a “Housing First” approach to house at least the fifty most vulnerable persons as expeditiously as possible.

Los Angeles County used the Vulnerability Index to create a registry of 350 individuals living on Skid Row and expedite housing placement for the 50 most vulnerable. Since February, 2008, 41 of the most vulnerable and chronic have been placed into housing with an average of 14 days from the first outreach contact to the day the person is enters permanent supportive housing. In Santa Monica, the City Council pledged to prioritize housing for all 110 of the most chronic and vulnerable persons identified through use of the Vulnerability Index. The city has used the findings to successfully advocate for an additional \$1 million in funding from Los Angeles County for case management services to be matched with the city’s housing vouchers for the cohort.

In Arizona, the DES Homeless Coordination Office collaborated with the Arizona Coalition to End Homelessness (AzCEH), Arizona Foundation for Behavioral Health, and Arizona Council of Human Service Providers to bring Common Ground’s Becky Kanis to Phoenix to deliver a keynote address at the AzCEH annual conference. Following her October 26, 2009, presentation, 57 people signed up to help in the implementation of a Common Ground initiative in Maricopa County. This group is titled the Common Ground Implementation Team (CGIT). Maricopa County CGIT currently plans to schedule a “registry week” in March 2010 and to house at least the 50 most vulnerable people thereafter. Five housing units and ongoing supportive services have been secured thus far.

The following are the future goals of the Common Ground Implementation Team (CGIT):

- 1) Secure the necessary support and volunteerism to conduct “registry week” in March 2010.
- 2) Secure 50 housing units or vouchers for use as part of the campaign to house the 50 most vulnerable in the region.
- 3) Encourage people, organizations, and groups to commit to a regional implementation of the 100,000 Homes Campaign. This commitment will make the training and technical assistance available free of charge and allow the region to schedule registry week.
- 4) Engage the business/private sector in this regional initiative.
- 5) Develop the capacity of the volunteer community to find and furnish available units and provide housing stability support services.
- 6) Begin the process in Tucson.

Persons interested in helping with the Common Ground Implementation Team or interested in starting a local initiative can contact Mattie Lord MLord@azdes.gov or Andy Hall

JAHall@azdes.gov at the DES Homeless Coordination Office, or Jacki Taylor JTaylor@azceh.org at the Arizona Coalition to End Homelessness.

Homelessness Prevention and Re-Housing (HPRP) in Arizona

In February 2009, Congress passed a nearly \$800 billion economic stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA). Of the total, \$1.5 billion is specified for homelessness prevention and rehousing, administered by the U.S. Department of Housing and Urban Development (HUD) through its Homelessness Prevention and Rapid Re-Housing. The \$1.5 billion sum equals HUD's entire annual homelessness assistance budget.

The overall goal of HPRP is housing stability. HPRP funds are intended to provide homelessness prevention assistance for households who would otherwise become homeless, and to offer assistance to quickly re-house persons who have become homeless. Financial assistance under the program is meant for short- and medium-term needs, linking program participants to community resources and mainstream benefits, and to help individuals and families plan to prevent future housing instability. HPRP funds are not intended for mortgage assistance or for long-term support.

Approximately \$22 million has been granted to Arizona jurisdictions through the Emergency Shelter Grants (ESG) program formula, including the state through the Arizona Department of Housing (\$7,033,520); the cities of Chandler (\$575,271), Glendale (\$914,122), Mesa (\$1,405,094), Phoenix (\$6,996,243), Tempe (\$661,474), and Tucson (\$2,534,340) and the counties of Maricopa (\$900,303) and Pima (\$1,063,430). No matching funds are required.

Under the terms of ARRA, states and local jurisdictions must spend 60 percent of their HPRP grants within two years and 100 percent within three years of receipt of their allocations. Families and individuals may be assisted for up to 18 months; however, HPRP funds are to be paid only to third parties, such as landlords or utility companies.

Local jurisdictions responsible for administering these funds are charged by HUD to carefully assess the needs of potential participants to avoid mismanagement. Local assessment is required to include initial consultation with a case manager; proof of household income at or below 50 percent of the local Area Median Income (AMI); and demonstration that applicants for assistance are either homeless or at imminent risk of becoming homeless. Jurisdictions are strongly encouraged to direct assistance to individuals and families at "greatest risk of becoming homeless."

Project Action in Tucson

Project Action is a collaborative effort between the City of Tucson and Pima County to distribute Homelessness Prevention and Rapid Rehousing funds to those eligible for the assistance. The two jurisdictions have been awarded a combined total of approximately \$3.6 million in HPRP funding.

The city and county formed a joint design team and community advisory group to formulate the program, which will provide case management with rent assistance and deposits, utility assistance and deposits, moving assistance and storage, hotel vouchers, budget and credit counseling and legal assistance. When a client isn't eligible for HPRP assistance, referrals to appropriate resources will be made. A resource specialist will travel to outlying rural areas to provide assistance to persons living in Ajo, Rillito, Green Valley, Three Points, etc.

Three agencies were selected to provide the direct assistance, Southern Arizona AIDS Foundation, Primavera, and CODAC Behavioral Health Services. Potential clients will be able to access a HPRP website to determine whether they may qualify for the assistance. If they feel that they qualify, they will be able to send an email to the web site, leaving their phone number, name and best time to reach them. Resource specialists (case managers) will respond to the emails, provide a brief telephone screening and schedule an appointment for those who may be eligible.

Also, a telephone number will be available for those who would prefer to telephone or do not have access to a computer. Potential clients will be able to obtain information about the program, and leave a message for a resource specialist to return their call. Referrals from community agencies will also be accepted. As the program is just beginning, it isn't known yet how many families and individuals will be served by the program, but it is expected that at least 400 families will be assisted.

For more information on Project Action, contact Jodie Barnes, City of Tucson, Department of Housing and Community Development, at (520) 837-5363 or Jodie.Barnes@tucsonaz.gov.

Statewide HMIS Reporting System

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

June 30, 2009

Arizona Department of Housing

This report is a compilation of state FY 2009 (July 1, 2008 – June 30, 2009) data from the state's three Continuums of Care (CofCs) – Maricopa, Pima, and Balance of State. Each Continuum operates a separate Homeless Management Information System (HMIS). Each Continuum is required to utilize the HMIS data collection system in annual competitive grant applications to U.S. HUD for federal McKinney-Vento funding.

HMIS system administrators from each CofC have extracted aggregate, summary level data to generate a series of statewide reports on various aspects of the homeless client population and services. *It is noted that the compilation is not a complete picture of homelessness in the State.* Primary reasons for this caveat include the following:

- Although the quality and completeness of data entered by homeless service provider agencies is greatly improved since system inception in 2004, not all shelter providers participate in HMIS.
- Domestic violence shelter providers do not participate in the HMIS system.

- Pima County data for SFY 2008 and SFY 2009 are incomplete due to the fact that the Pima Continuum's HMIS system was inactive from July 2007 through the first quarter of SFY 2009.

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

Selected data

- The report estimates that as many as 20,000 to 30,000 persons may be homeless in Arizona on any given day.
- The statewide total of homeless persons served during SFY 2009 was 26,849, a 13 percent increase since SFY 2007. Of that total, 17,812 persons (73 percent) were served in emergency, transitional or permanent supportive housing programs. Other services included street outreach and homeless prevention.
- A June 30, 2009, point-in-time (PIT) survey of persons served by HMIS-participating programs found 8,481 persons served, 49 percent of which were persons in families.
- Maricopa County program participants comprised 57 percent of all persons served during SFY 2009.
- Although the 31-50 age group comprises 27 percent of Arizona's general population, that group accounted for 37 percent of homeless persons served during the year and 52 percent of persons reported as chronically homeless. Persons 51 and older accounted for 33 percent of chronically homeless persons.
- Of chronically homeless persons served, 81 percent were reported as having chronic substance abuse problems; 38 percent were reported as suffering from serious mental illness.
- Only 11 percent of persons receiving services came from outside the state.
- Approximately half of all persons served reported being disabled, due primarily to serious mental health issues, chronic substance abuse problems and physical disabilities.
- On June 30, 2009, year-round beds reported by HMIS-participating programs totaled 11,994, while the total capacity of programs reporting in the January 2009 DES annual shelter count (including domestic violence shelters) was 14,544.

In addition to these topics, the 2009 summary document provides data on client area of residence and type of residence prior to program entry, intended destination on program exit, average program stay, reason for leaving the program, sources of income and benefits, and employment status.

For more information about the Statewide HMIS Report, contact Mark Ludwig, ADOH Special Needs Housing Administrator at 602-771-1024 or markl@housingaz.com.

Arizona Poverty Rises Twice as Fast as U.S. Average

On September 29, 2009, the U.S. Census Bureau published poverty data for 2008 showing the percentage of Arizonans living below the federal poverty level increased twice as fast as the

national average for the year. The national poverty standard for a family of three was \$17,600 and \$22,025 for a family of four.

An estimated 938,924 persons, or 14.7 percent of the state's population, were estimated living in poverty in 2008. The 14.7 percent figure is a half-point increase from the 2007 overall rate of 14.2 percent, while the national rate increased by only two-tenths of one percent to 13.2 percent.

Census data indicate numbers and trends vary significantly across the state, with Tucson and Yuma seeing the largest increases and highest overall poverty rates. Both cities reported poverty rates of 21 percent, far above the national average. Meanwhile, poverty rates in some other communities, such as Tempe and Gilbert, decreased somewhat.

Consistent with poverty data, the number of Arizonans receiving nutrition assistance in 2008 also increased sharply, from roughly 155,000 in 2007 to approximately 187,000, a 20 percent jump.

Nationally, the Bureau said 39.8 million residents lived below the poverty line – 2.6 million more than in 2007. At 13.2 percent, the poverty rate rose to its highest level since 1997. Almost one in five children younger than 18 were in poverty, with the total number rising to 14.1 million. However, economists warned that the real spike in poverty will occur in 2009 due to the sharp increase in unemployment this year throughout the U.S.

Another sign of severe recession was found in the significant drop in median family income to \$50,300, compared to \$52,200 in 2007. Adjusted for inflation, median family incomes were lower in 2008 than a decade earlier. The income loss is the largest one-year decline on record. Some 46.3 million Americans were found to be without health insurance.

For detailed data, see the Census Bureau website at www.census.gov.

Urban Institute research fellow Martha Burt, author of *Helping America'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.” According to Burt's projection, with an estimated 938,924 Arizonans living below the federal poverty line in 2008, *as many as 93,000 children and adults may have experienced homelessness in Arizona last year.*

For more information on Ms. Burt's estimate, see the Urban Institute website at www.urban.org.

News Summary

Arizona Housing Alliance Incorporates

The Arizona Housing Alliance was formed in 2008 to create a unified and influential voice for affordable housing in Arizona. The mission of this statewide nonprofit organization is to support and advocate for quality housing that Arizonans can afford. Over the past year, the Alliance laid a strong foundation for its future work by incorporating, developing a strong board of directors with diverse members from throughout the state, and hiring Val Iverson as executive director.

Moving forward, the Alliance will create new education opportunities to develop the skills and leadership capacity of the affordable housing industry; form collaborative partnerships to promote affordable housing choices and sustainable communities; and expand grassroots advocacy efforts to shift the public perception and the policy environment at the local, state and national level.

In 2010, the Alliance will specifically work to ensure that low and moderate income housing is included in the green revolution; promote affordable housing in sustainable communities; secure additional support for the state's Housing Trust Fund; and create awareness of the importance of each community's General Plan in creating quality affordable homes everywhere. The Alliance also provides tools and knowledge to help meet the challenges of creating and preserving housing choices in Arizona through its workshops and trainings.

For more information regarding the Alliance, visit www.azhousingalliance.org.

Family Unification Vouchers Awarded in Arizona

In November 2008, HUD issued a Notice of Funding Availability (NOFA) for the first new Section 8 housing vouchers in almost a decade. These vouchers were to be part of the Family Unification Program (FUP), which requires local level partnerships between housing authorities and child welfare agencies.

The DES Homeless Coordination Office sent letters to Arizona housing authorities, making them aware of the opportunity and of the fact that as many as 30 percent of children in foster care could be reunited with their parents if safe, affordable housing were made available. The letters encouraged the housing authorities to initiate the application process and offered support in creating Memorandums of Understanding (MOUs) with DES as the state's child welfare agency. Of 39,000 existing FUP vouchers in the U.S. at that time, only 300 had been awarded to Arizona jurisdictions.

As a result of the HUD competition, housing authorities in Phoenix, Tucson, and Yuma were awarded *275 new FUP housing vouchers*, bringing the state total to 575. At more than \$1.8 million, this was the largest award in the country.

The purposes of the Family Unification Program (FUP) are to:

- Promote family unification by providing rental assistance to families for whom the lack of adequate housing is a primary factor in the separation, or the threat of imminent separation, of children from their families, and
- Provide Housing Choice vouchers to youths 18 to 21 years old who left foster care at age 16 or older and lack adequate housing.

Public housing authorities provide Section 8 subsidies to families who are under case management contracts with the local child welfare agency. FUP is considered a model for

collaboration because the housing authorities provide the housing and the child welfare agencies provide case management services to help families become stable and healthy.

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, through the Regional Behavioral Health Authority (RBHA) in your 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 seven 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 obtain 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.

RBHAs receive limited funding for housing. *To receive housing, individuals must be enrolled in the RBHA with an 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 Regional Behavioral Health Authority (NARBHA)** at 1-800-640-2123.

News Summary

Congress Reauthorizes McKinney-Vento Program

Compiled from National Alliance to End Homelessness, Corporation for Supportive Housing, and Change.org websites.

On May 19, 2009, both the House and Senate overwhelmingly passed S. 896, the Helping Families Save Their Homes Act. President Obama signed the bill into law on May 25. The legislation reauthorizes McKinney-Vento Homeless Assistance programs for the first time in nearly 20 years, providing communities with new resources and better tools to prevent and end homelessness. S. 896 incorporates as an amendment the compromise, bipartisan Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

The legislation:

- Increases prevention resources and changes the current Emergency Shelter Grants Program to the Emergency Solutions Grants (ESG) Program;
- Requires HUD to provide family rapid re-housing incentives so long-term stability becomes the emphasis;
- Continues the chronic homelessness initiative and adds families with children to the initiative;
- Designates 30 percent of total funds for permanent housing solutions for families and individuals with disabilities;
- McKinney-Vento now incorporates an expanded and more realistic definition of who is homeless;
- Consolidates HUD's competitive grant programs;
- Improves homeless assistance in rural communities and gives them greater flexibility;
- Increases emphasis on performance so that states, communities and nonprofits aiming to help homeless people are measured not by their intentions, but by their results.
- Simplifies the match requirement; and
- Authorizes a funding level of \$2.2 billion.

These changes will not go into effect until 18 months after passage, giving HUD and local communities time to prepare. S. 896 also includes language that will require that tenants living in foreclosed properties be given 90 days notice prior to eviction.

For a section-by-section analysis of the HEARTH Act, see the National Alliance to End Homelessness website at www.endhomelessness.org/content/general/detail/2385.

Four other things to know about McKinney-Vento:

- It was the first federal response to the growing homelessness crisis in the United States. Passed in 1987, the text established that homelessness is an immediate and growing problem that the nation had an obligation to address.
- To this day, McKinney-Vento remains the largest federal investment into preventing and addressing homelessness in the nation in terms of dollars spent and people served. McKinney-Vento established 20 homelessness assistance programs out of nine federal agencies and last year, nearly \$2 billion was distributed through these assistance programs.
- McKinney-Vento established the Interagency Council on Homelessness, a group of representatives from 15 federal agencies charged to design a comprehensive approach to reduce, prevent, and end homelessness in the country. This Council exists today, and met for the first time under the Obama administration on June 18, 2009 to discuss permanent supportive housing for the nation's veterans. HUD Secretary Shaun Donovan and Labor Secretary Hilda Solis serve as Chair and Vice Chair of the Council.
- The McKinney-Vento Act provides services to homeless children, including access and the right to attend public schools. As a condition of the Act, public schools are required to register homeless children as well as designate a statewide homeless coordinator to review policies and create procedures to ensure that homeless children are able to attend school.

Visit the National Alliance to End Homelessness website at www.endhomelessness.org, Corporation for Supportive Housing website at www.csh.org, and Change.org at www.homelessness.change.org.

Excerpts from an address by

**Secretary of Housing and Urban Development Shaun Donovan
National Alliance to End Homelessness Annual Conference
Thursday, July 30th, 2009**

“Three years ago, The New Yorker ran an article that most of you are probably familiar with. It was called "Million Dollar Murray" and it chronicled the story of an ex-marine who, for well over a decade, was a fixture in the part of Reno, Nevada, that tourists rarely see: its shelters, emergency rooms, jail cells, and back streets.”

“Like too many of our nation's homeless population, Murray Barr died while still homeless, still on the streets. For the general public, Murray Barr's story captured something this audience is all too familiar with: The cost of homelessness - not only in the dollars we spend as taxpayers, but also in the terrible price individuals and families experiencing homelessness pay when we spend those dollars in a disjointed, fragmented way.”

“Despite all the diversity among people experiencing homelessness that our tracking systems reveal - why people become homeless and where - every member of America's homeless population does share one thing in common: They lack access to housing they can afford. Ensuring they have that access is our challenge at HUD.”

“I believe the mission of the Interagency Council is simple: To bring as many partners as possible to the table - at the local, state and federal levels to prevent and end homelessness. Indeed, our first job will be to build on and strengthen existing partnerships such as HUD-VASH, which addresses the housing and service needs of homeless veterans...Across the country we've already seen that the correlation between successful housing and good schools is no longer theory - it's practice.”

“But I believe there is no bigger opportunity to prevent and end homelessness than through partnership with the Department of Health and Human Services. Secretary Sebelius and I are in discussions to link HUD's housing work with HHS programs to address a broad range of issues from homelessness and aging in place to unnecessary institutionalization and designing more livable, healthy communities.”

“Whether it's reforming our health care system or preventing and ending homelessness, the fundamental question is the same: It's not one of ability - rather, it's a question of will. It's a question of whether we believe in our ability as Americans to do great and important things.”

“I am committed to making sure that we at HUD do everything within our power to "close the front door to homelessness and open the back door to permanent housing." And it's time we did.”

“The fact is we have now proven that we can house anyone. Our job now is to house everyone - to prevent and end homelessness -- all homelessness.”

National Reentry Resource Center and Website Created

In October 2009, the Council of State Governments (CSG) Justice Center launched the [National Reentry Resource Center](#). The resource center aims to promote the successful reintegration of individuals from prisons and jails into their communities by providing resources for state and local governments, service providers, nonprofit organizations, and corrections institutions. The website will highlight current best practices and helpful resources on a variety of topics related to recidivism, including housing, mental health, substance abuse, and employment, among others.

Helping people released from prisons or jails to find safe places to live is critical to reducing homelessness and recidivism and to ensuring stable housing situations for the children, families, and communities. *The website includes an entire page devoted to the relationship between housing and reentry.*

The housing and reentry page notes that research has shown a lack of stable housing can increase the risk of recidivism for people leaving jails and prisons. According to a qualitative study by the Vera Institute of Justice, people released from prison and jail to parole who entered homeless shelters in New York City were *seven times more likely to abscond* during the first month after release than those who had some form of housing.

The housing page includes a list of key resources, program examples, and other tools. The National Reentry Resource Center will also provide technical assistance to Second Chance Act grantees.

Go to www.nationalreentryresourcecenter.org/topics/housing-topic to access the CSG National Reentry Resource Center's Reentry and Housing website.

Excerpts from

Additional Housing Vouchers Needed to Stem Increase in Homelessness

April 16, 2009

By Douglas Rice

Center on Budget and Policy Priorities

In recent months, the Administration and Congress have done much to strengthen the safety net and ease the hardships that families have experienced during the recession. The American Recovery and Reinvestment Act (ARRA) temporarily expanded unemployment and food stamp benefits, for example, and provided \$1.5 billion for a new Homelessness Prevention and Rapid Re-housing Program (HPRP). This temporary program will help families cover one-time costs such as security deposits or moving costs, short- or intermediate-term rental assistance, and housing search assistance or other services.

Yet these resources will fall well short of addressing the increase in housing instability and homelessness. As rising numbers of people lose jobs and fall into poverty during the recession, the number of homeless American households — which already exceeds one million over the course of a year — could increase by a third in 2009 and 2010 according to one estimate by the National Alliance to End Homelessness. Homelessness will likely remain elevated in 2011 as well. The HPRP funds can assist roughly 500,000 households over the next three years, or about 167,000 households per year — a significant number, but one that meets only a fraction of the likely increase in need.

In addition, families may not receive rental assistance under HPRP for longer than 18 months. With a number of forecasters projecting that unemployment will remain above pre-recession levels into 2014, and with a significant share of families being at risk of homelessness due to limited job skills (which makes it hard for them to compete in markets where jobs are scarce), many families will need rental assistance for a longer period.

A portion of the assistance under HPRP also will be needed to offset the expected decline in turnover in federal rental assistance caseloads during the recession. In the voucher program, for example, about 220,000 vouchers become available to families on waiting lists in a typical year as other families exit the program. As job losses and worsening employment prospects make it more difficult for families to “graduate” from the program, however, fewer families leave. Consequently, the number of housing vouchers that become available due to turnover could fall by as much as 100,000 per year during this recession. Similar trends would reduce the number of assisted units available in other programs such as public housing.

The nation may be on the cusp of the largest increase in homelessness since the surge experienced during the deep recession of the early 1980s. Additional housing vouchers will be needed to stem this increase, as well as to address the persistent, long-term problem of homelessness.

Visit www.cbpp.org to view the full report.

Excerpt from

Finding Safe Ground

October 2009

By Wendy Grace Evans

Homelessness Resource Center

Tent cities have become part of the landscape in Sacramento, California and in cities across the nation. *Safe Ground Sacramento* is a community-organized group working to repeal stringent anti-camping laws and create a legally sanctioned campground. With the Mayor's support, it may become one of the first cities to find a temporary, working solution to help those with nowhere else to go when the shelters are full.

The official Sacramento point-in-time count showed that there were 1,200 people without shelter of any kind on one night in January of 2009, though the number is believed to have risen to 1,500 since. Nineteen percent of the people living in tents in Sacramento are veterans. Thirty-five percent are people who are homeless for the first time and for less than a year.

“There is no room for everyone who wants to go to a shelter. One shelter is currently turning away over three hundred women and children a night in Sacramento,” says Joan Burke, a housing advocate at [Loaves and Fishes](#) and a member of [Safe Ground Sacramento](#). “Sacramento has one of the most stringent anti-camping ordinances in the country. People are in constant fear of citation or arrest and no one wants to be an outlaw,” says Joan.

“The police are very cognizant of the fact that people have nowhere to go, and will give warnings, instead of arresting them. But the result is that people who are just surviving are hounded from place to place, with all of their meager belongings on their back. It is an extremely stressful existence and it severely inhibits the ability of someone to move out of homelessness.”

Safe Ground Sacramento is comprised of people experiencing homelessness, advocates, businesses, legal counsel, and organizations that provide homeless services. The group is leading efforts to establish a moratorium on the anti-camping ordinance, with support from Sacramento Mayor Kevin Johnson, former Phoenix Suns all-star guard.

Last summer, Mayor Johnson convened a task force to develop recommendations related to a legal campground. Basic requirements would include permission from the government, internal self-governance by the residents of the site with a non-profit sponsor, sanitation, bathrooms and

showers. People seeking shelter at the campground would be asked to abide by three requirements: no drugs, no alcohol, and no violence.

Safe Ground Sacramento has identified a location for a legal campsite and will propose it to the Mayor's task force for consideration. The site is on four acres owned by the Sacramento Housing and Redevelopment Agency in a predominantly industrial area. The land has been unused for a decade, and is close to existing services. The group would like to have outreach workers from community agencies and a full-time on-site social worker who would help people transition out of homelessness.

The Homelessness Resource Center is a program of the U.S. Department of Health and Human Services Substance Abuse & Mental Health Services Administration, Center for Mental Health Services. See the Center's website at www.homelessness.samhsa.gov.

Excerpts from

Homelessness as a Public Health Issue

Home & Healthy for Good Progress Report

June 2009

Massachusetts Housing and Shelter Alliance

A lack of stable housing is associated with significant health concerns and consequently homeless people have disproportionately poor health. The most compelling evidence of this link between homelessness and poor health is the high rate of premature death in homeless populations. It has been well documented that mortality rates in homeless individuals in American cities are approximately 3.5 to 5 times higher than the general population, with death occurring prematurely at an average age of 47 years.

Several fundamental issues that directly affect the health of homeless persons include:

- Lack of stable housing prevents resting and healing during illness
- Increased potential for theft of medications
- Lack of privacy for dressing changes or medication administration
- Need for food and shelter take precedence over medical appointments
- Higher risk for physical and sexual violence (including homicide)
- Cognitive impairments seen in people with severe head injury, chronic substance abuse, or developmental disabilities are common
- Risk of communicable diseases is increased in shelter settings
- Medical care is often not sought until illnesses are advanced
- Lack of transportation is a primary obstacle to medical care
- Constant stress that homeless people experience negatively impacts illness
- Social supports are often extremely limited

Health Care Costs of Chronic Homelessness

Chronically homeless people, defined by the federal government as those who have experienced repeated or extended stays of a year or more on the street or in temporary shelter and have a disability, constitute about ten percent of the homeless population and consume more than half of homeless resources. This subset of people suffers from extraordinarily complex medical, mental, and addiction disabilities that are virtually impossible to manage in the unstable setting of homelessness. Medical illnesses frequently seen in this population include hypertension, cirrhosis, HIV infection, diabetes, skin diseases, osteoarthritis, frostbite, and immersion foot.

With an extreme level of disability, these individuals are among the highest-end utilizers of our state's health care systems. Recently collected data from clinicians at Boston Health Care for the Homeless Program (BHCHP) has catalogued some of the medical needs and costs associated with chronically living unsheltered on the streets. Over a five year period, a cohort of 119 street dwellers accounted for an astounding 18,384 emergency room visits and 871 medical hospitalizations. The average annual health care cost for individuals living on the street was \$28,436, compared to \$6,056 for individuals in the cohort who obtained housing.

A growing body of evidence in the mental and public health literature shows dramatic improvement in health outcomes, residential stability, and cost to society when homeless people receive supportive medical and case management services while living in permanent, affordable housing units.

Report highlights include:

- As of June 22, 2009, 388 formerly chronically homeless people have been housed in the Home & Healthy for Good (HHG) program.
- Tenant retention stands at 84 percent.
- The annual costs per person decreased from \$33,108 before housing to \$24,159 after housing placement, resulting in an annual savings of \$8,949 per person.
- A recent analysis by the state Office of Medicaid showed that on average, Medicaid costs per HHG participant dropped by 67 percent after participants moved into housing.

Access the full report at www.mhsa.net.

10 Tips for Recovery-Oriented, Trauma-Informed Agencies

Source: A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness.

2008

By L. Prescott, P. Soares, K. Konnath, & E. Bassuk

For U.S. Center for Mental Health Services Administration

Some people experience very few traumatic events in their lives. For others, experiences of traumatic stress are chronic. Research and experience tell us that for people experiencing homelessness, rates of trauma are extraordinarily high. Many who enter the homeless service system have experienced violence, loss, and disruptions to important relationships from an early age.

Additionally, people who are homeless experience the loss of place, safety, stability, and community. These losses are also traumatic. They have a major impact on how people understand themselves, the world, and others. People who have experienced multiple traumas do not relate to the world in the same way as those who have not. They require services and responses that are uniquely sensitive to their needs.

What makes an experience traumatic?

- The experience involves a threat to one's physical or emotional well-being.
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves people feeling helpless.
- It changes the way a person understands themselves, the world and others.

People who are homeless often experience trauma, mental illness, and/or substance use problems. Recovery happens in relationships that help people move past these obstacles.

These ten tips can help your agency create an environment that supports recovery:

1) Create a physical environment that is welcoming and safe, where different ways of expressing emotions are tolerated. Try incorporating living, colorful, and beautiful items such as fish tanks and plants. When clients arrive, designate someone to greet them, sit with them in the waiting area, and familiarize them with the physical space.

2) Develop policies and procedures based on the assumption that people who are homeless have been impacted by trauma. By creating an atmosphere of openness and transparency, you can help clients to feel safe. If eligibility criteria are barriers for some clients, assist them to make alternative arrangements to get the services they need. By minimizing barriers, you can support clients in their recovery and avoid retraumatization.

3) Review policies and procedures to ensure that they do not re-traumatize people. Procedures such as "night checks" are often important to ensure physical safety, but the sudden entry of someone with a flashlight can be startling and upsetting. Let clients know who will be coming in – and how often – and ask them about the least intrusive way for someone to enter their sleeping space.

4) Establish a wide-range of voluntary services and supports where consistent, caring relationships are offered and crisis prevention activities are ongoing. The creation of individual safety and crisis prevention plans is a proactive approach to physical and emotional safety. Don't forget about the kids – develop services targeted to children, and work with caregivers to learn about their greatest parenting strengths and needs.

5) Support client involvement in all aspects of services: as volunteers, board members, advisory committee members and staff. Try interviewing clients about suggestions for improving policies and procedures. Make a commitment to hiring former clients, and

creating visible peer support and leadership roles within your agency.

6) Create activities that help people to think about, talk about, and get support to make recovery-focused changes. Through peer support, clients can decrease isolation, foster accountability, and increase self-esteem. Peers can act as supportive liaisons in a variety of roles, including health care visits, accessing entitlements, filling out paperwork, and going to court.

7) Talk about the principles of trauma-informed care among staff and clients. You could also place trauma-specific educational material in highly visible areas for people to read. The more opportunities that staff have to learn and talk about trauma-informed care, the sooner it will become part of a common language in your agency.

8) Provide training for consumers and providers on trauma-informed care. Organize trainings about the relationship between trauma, mental health, physical health and substance use. Teach staff how to identify triggers and respond in a trauma-sensitive way.

9) Develop newsletters, art, poems and other ways to highlight the possibility of recovery from trauma. Creative and artistic activities don't only help people who are in the process of recovery - they can teach others about the journey as well.

10) Create surveys, focus groups and reports to document and move your agency towards more trauma-informed practices. Identify gaps in services and ways to fill those gaps. Hold your team accountable at monthly, quarterly or bi-annual check-ins.

Dumping Case Highlights Dearth of Care for Homeless Mentally Ill

April 10, 2009

by Cara Mia DiMassa and Richard Winton

Reprinted with permission from *The Los Angeles Times*

More than three years into a crackdown on patient dumping downtown, Los Angeles officials have reached settlements with four hospitals and collected millions in payments. However, Skid Row has the region's largest concentration of social services for the homeless and hospitals have long said patients without families have few other options. Downtown remains the prime location of service providers for the homeless.

While activists decry the practice of hospitals simply dumping patients on skid row without planning where they will go, they acknowledge that finding care for such patients is difficult. The situation, they said, reveals a major weakness in the region's safety net for the homeless and mentally ill. There are fewer than 100 shelter beds in Los Angeles County reserved for homeless people with chronic psychiatric issues.

State law obligates hospitals to provide appropriate discharge planning, but there are not always adequate services available for homeless patients -- especially those with mental conditions.

The L.A. city attorney's office announced a settlement Wednesday with College Hospital, which has facilities in Cerritos and Costa Mesa and allegedly dumped more than 150 mental patients in the downtown area in 2007 and 2008. Ellen Satkin, program director of the Patients' Rights Office at the Los Angeles County Department of Mental Health, said discharge planning for psychiatric patients, particularly if they are homeless, must start the minute they are admitted to a hospital.

Permanent supportive housing as the primary need

Fran Hutchins, a policy and planning analyst at the Los Angeles Homeless Services Authority, said the issue is not whether there are enough shelter beds, or whether board and care facilities can handle the load of indigent patients, but whether the region has enough permanent supportive housing to care for them.

Under that model, people live in a building with on-site medical clinics, mental health care and alcohol and drug treatment, funded with both public and private dollars. In most cases, the residents are given the time they need to seek treatment and apply for disability.

"Whenever attention comes to this issue, it gives us an opportunity to think about not just shelters but building the permanent supportive housing to end homelessness for this really vulnerable population," Hutchins said. "Unless we end homelessness, they are going to keep showing up in hospitals and having problems with discharge planning."

Pathways to Housing DC

a Washington, DC, *housing first* program

Founded in New York City in 1992, Pathways to Housing works with individuals who have been turned away from other programs because of active substance abuse, refusal to participate in psychiatric treatment, histories of violence or incarceration, or other behavioral problems.

Pathways to Housing DC was formed as a replication program in 2004 by the New York-based parent organization to provide housing and voluntary services to homeless individuals with serious mental illnesses in Washington DC. Like New York's Common Ground, the program seeks out the most visible and vulnerable segment of DC's homeless population.

Based on the *housing first* model, Pathways DC offers clients immediate access to an apartment of their own (according to its website "a reprieve from the war zone that is homelessness") without requiring participation in psychiatric treatment or treatment for sobriety. Honoring clients' choices is the fundamental principle that guides all support and clinical services. In addition, Pathways adheres to a *harm reduction* philosophy, believing it is better to mitigate the harm incurred from certain behaviors, rather than outright prohibition.

Unlike traditional housing programs, Pathways' admission requirements are minimal: to be eligible, clients must be homeless, have a psychiatric disability, and elect to participate in the program. After settling into new apartments, clients are offered a wide range of support and

clinical services that include psychiatric and substance abuse treatment, comprehensive health care, supported employment services, art and photography workshops, and family reconnection.

Pathways to Housing DC separates housing from treatment.

It treats homelessness by providing people with individual apartments, and then treats mental illness by intensive and individualized programs that actively work with clients on a twenty-four-hour, seven-day-a-week basis for as long as necessary to address their emotional, psychiatric, medical, and human needs. Ultimately, Pathways to Housing is dedicated to working with people others reject or deem beyond treatment or recovery. Yet, in its brief history, Pathways DC—unique in providing *housing first*, has demonstrated a remarkable 85 percent retention rate.

Not only does the program work, it is also one of the most cost-effective solutions to ending chronic homelessness. Total program costs include: the fair market value of the housing, and the local area salaries and costs required to staff and operate an Assertive Community Treatment team. In New York City, this is approximately \$22,500 per person per year. This compares very favorably with any other alternative residential program widely used for this population: \$65,000 for a community residence, \$40,000 for an SRO with services; \$27,000 for a cot in a public shelter; \$85,000 for a bed in a jail cell; and \$175,000 for a bed in a state hospital.

For more information, see the Pathways to Housing DC website at www.pthdc.org.

6.0 CONTINUUM OF CARE EFFORTS TO END HOMELESSNESS

The Continuum of Care approach is HUD's primary strategy to end homelessness. HUD requires jurisdictions applying for McKinney-Vento funding for local projects to implement a Continuum of Care planning process to bring community groups together to address the goal of ending homelessness and to design formal plans to accomplish that goal. Local Continuums of Care include representatives of local and state government, non-profit agencies, businesses, charitable organizations, the faith community, housing developers, corporations, neighborhood groups, homeless and formerly homeless people and other interested parties.

Arizona's Continuums of Care are the:

- Maricopa County Continuum, facilitated by the Maricopa Association of Governments (MAG);
- Pima County Continuum, facilitated by the Tucson Planning Council for the Homeless (TPCH); and the
- Balance of State Continuum, comprised of the remaining 13 counties and facilitated by the Arizona Department of Housing and the Arizona Coalition to End Homelessness.

Maricopa County Continuum of Care

facilitated by the Maricopa Association of Governments

The Maricopa County Continuum of Care Regional Committee on Homelessness has provided policy direction and leadership on homeless issues for Maricopa County 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 \$172 million in HUD funding over the past ten years in support of over fifty permanent supportive and transitional housing projects. In December 2008, HUD announced a total of \$24,575,645 in grants to support 53 homeless services programs in the Continuum. The 2009 McKinney Vento request will include a request to fund 51 renewal projects and one or more permanent housing bonus projects.

In response to HUD national objectives, the following progress was achieved by the Continuum of Care:

- 59 new permanent supportive housing beds were created for chronically homeless individuals.
- Homeless persons staying in permanent supportive housing over six months has increased to 82 percent.
- Homeless persons moving from transitional housing to permanent supportive housing has been increased to 64 percent.
- Homeless persons employed at program exit have increased to 43 percent.
- 80 new units for homeless families were added through the implementation of a rapid rehousing for homeless families project.

In January 2009, the MAG Continuum of Care Regional Committee on Homelessness approved the *2009 Regional Plan to End Homelessness*. The plan is built on five areas of focus, including 1) Community Awareness and Collaboration, 2) Prevention, 3) Housing, 4) Services, and 5) Education, Training and Employment.

The following goals lead the charge:

- High-profile community champions will raise awareness and support for coordinated responses to end homelessness in the region.
- Leverage funding, services and housing to end homelessness in the region by creating innovative new partnerships and strengthening collaborative relationships.
- Coordinate an effective information network to prevent people from becoming homeless.
- Increase the number, availability, and coordination of permanent supportive housing, affordable housing and services to individuals and families who are experiencing homelessness.
- Promote information about resources that provide people who are homeless with the skills and knowledge they need to ameliorate barriers to housing.

On April 20, 2009, more than one hundred stakeholders gathered to begin implementation of the *2009 MAG Regional Plan to End Homelessness*. Implementation progress was assessed in September, 2009 and eleven of the thirty goals had been completed or are in progress for completion. For a copy of the plan, visit www.mag.maricopa.gov.

The Continuum of Care has become the coordinating body for regional heat relief planning efforts. In 2005, over thirty homeless people in Maricopa County died due to a prolonged heat wave. Cities, homeless service providers, Community Action Programs, faith-based groups, local businesses, and caring individuals have joined together in an effort to prevent such a tragedy in the future. In the summer of 2009, 70 hydration stations and refuge locations were created throughout the valley to provide water, refuge from the heat and other resources to those in need. In addition, 61 collection and donation sites were available throughout the community for those providing donations for the effort.

For more information on the MAG Continuum of Care Regional Committee on Homelessness, contact Brande Mead, Human Services Planner III 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 now collects client data from programs representing over 89 percent of the total bed capacity in Maricopa County.

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

- Emergency shelters – 73 percent of 1896 beds
- Transitional shelters – 92 percent of 2,313 beds
- Supportive housing – 99 percent of 2,529 beds
- Overall HMIS coverage – 89 percent of 6,738 non-DV beds

Twenty-nine shelter providers with a total of 50 programs now participate in the Maricopa HMIS system. These programs provide a total of over 6,000 beds and serve an average of about 14,215 persons annually.

2009 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. Fifty percent of the users have satisfactorily completed the certification test.
- **Training** – The Maricopa HMIS Project held 158 training classes for 341 trainees during 2008. A total of 178 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 five AHAR reports for Phoenix and Maricopa County providers.
- **Convertible laptops** – The Maricopa HMIS Project provides outreach workers and case managers who visit clients in their homes with convertible laptops and wireless internet cards to record case notes while visiting individuals in their homes or on the streets. 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 2010, CONTACTS will begin making electronic referrals to shelters using HMIS as soon as Bowman Systems completes a modification that we require to begin the project.
- **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

The DOVES[®] Program – Offering a New Start for Older Victims of Domestic Violence and Elder Abuse

When people hear about domestic violence, they do not picture older adults among the victims, but the statistics tell a different story. The Arizona Coalition Against Domestic Violence, which monitors the domestic violence-related deaths in Arizona, consistently reports that 25 percent or more of these deaths are of people aged 50 and older. The Area Agency on Aging, Region One's 15 years of experience working with older adults has revealed that older victims of abuse are less likely, for many reasons, to come forward for help than younger victims. In response to this unmet need, the Area Agency on Aging developed the Domestic Older Victims Empowerment and Safety (DOVES[®]) Program, the first of its kind in Arizona and possibly in the United States.

The program serves victims of late-life domestic violence and elder abuse in Maricopa County through outreach, education, support groups, emergency housing, transitional housing, and interim housing. Support groups help older victims of abuse find friendship and hope and begin to overcome the isolation, which is a hallmark of abuse. For safety's sake, some victims are forced to leave their homes and essentially become homeless. The DOVES[®] program partners with nursing homes and assisted living facilities in the community to provide free emergency housing for up to two weeks.

But two weeks is not enough time to change a life, and many victims return to their abusers for lack of any other place to go. So in 2003, the DOVES[®] program expanded to include transitional housing for up to two years. Many residents leave their situations in crisis and arrive with few or no personal belongings. DOVES[®] provides not only a safe haven, but also food, clothing and personal care items as needed. While residing in the 15-unit transitional housing apartment complex, each resident receives safe affordable housing, counseling and referrals to needed services. The domestic violence staff provides intensive one-on-one case management and support services to help older victims through this difficult period and assist them in getting a fresh start in life. The program also offers interim housing for DOVES[®] clients who are ready to move out on their own but are awaiting affordable housing or completion of schooling or training that will enable them to find employment and become self-sufficient.

More than 700 older adults have been served through the DOVES program since 1996: 70 older adults in transitional housing, over 200 older adults in emergency housing, and more than 500 older women in support groups. Clients have ranged in age from 50 to 82.

For more information about the DOVES[®] program or other services and programs offered by the Area Agency on Aging, call the 24-Hour *Senior* HELP LINE at 602-264-4357 (264-HELP) or toll-free at 888-783-7500, 24 hours a day. Program information can also be found at www.dovesprogram.org or on the Area Agency's website at www.aaaphx.org.

Native American Connections

Native American Connections (NAC), is a non-profit organization focused on improving the lives of Native American individuals and families through culturally appropriate behavioral health, affordable housing and community development services.

NAC has been changing lives, strengthening families and building healthy communities since 1972. In that time, the organization has expanded from a small grassroots organization operating one program for Native American men in recovery from substance abuse to one which now owns and operates 15 sites throughout Central Phoenix, offering a continuum of affordable housing and behavioral health services. NAC now owns and manages 300 units of quality, affordable housing in a continuum and stair-step approach from homelessness to homeownership, touching the lives of over 5,000 individuals and families each year.

NAC has created an affordable housing program that supports individuals in alcohol and drug recovery as well as creating family stabilization and community wellness. Currently, NAC operates five multi-family apartment complexes, one single family complex and two rehabilitation developments, with two more housing programs under development. Several of the organization's programs provide housing for working families that simply need an affordable apartment for financial stability. Other housing communities provide much-needed support services to individuals and families that are living with a disability, may be homeless or are in recovery from substance abuse.

Residents in NAC *permanent supportive housing* communities, including Stepping Stone Place (44 units) and Sunrise Circle (34 units), receive case management services based on their needs and financial eligibility, including Section 8 rental subsidies, transportation vouchers, meal assistance, employment counseling, and referral and assistance with benefits and permanent entitled income. Catherine Arms, a 28-unit permanent supportive housing project for families, is due to open in central Phoenix in December 2009.

Residents build a sense of community and belonging by organizing socials, recreational activities, 12 Step meetings and cultural and traditional healing ceremonies. Residents participate in the development of ground rules for operating programs and services including those that are alcohol and drug free in support of recovery. NAC is able to bring desirable on-site services to its housing communities through successful partnerships with other nonprofit, government and business entities.

In addition to affordable housing, NAC owns and operates three office buildings, two located in downtown Phoenix and one in midtown Phoenix. The first property was purchased in 1978. NAC has leveraged the equity and value of these assets as a means of acquiring and securing land and properties that expand possibilities for further affordable housing and community development efforts. With almost 20 years of development experience, NAC also serves as a mentor to other nonprofit organizations seeking technical assistance for their housing and development projects.

NAC oversees the management and operations (over 350,000 square feet) of affordable housing communities, licensed behavioral health facilities and office rental opportunities which are

available to other nonprofits, government offices or private sector businesses. Communication between the organization's behavioral health programs and the property management team ensures a successful outcome and improved quality of living for clients and residents.

For more information on NAC's services, visit the website at www.nativeconnections.org, phone 602-254-3247, or visit the offices at 4520 North Central Avenue, Suite 600, Phoenix, AZ 85012.

UMOM New Day Centers

UMOM New Day Centers was founded by local United Methodist Churches in 1964 and incorporated in 1985 as a private, nonsectarian, nonprofit agency serving homeless and low-income families. UMOM operates the largest homeless shelter for families in Arizona and serves more than 550 individuals each day through a continuum of services that include: shelter, food, case management, transportation assistance, child care, teen programs, education, housing, job search, relocation assistance and medical care.

In October, the organization moved to its new main campus at 3320 East Van Buren in Phoenix. In addition to emergency and transitional housing, the campus includes a wellness center, chapel, "Kids Den" for after-school activities, a retail clothes closet for residents and the public, and a community dining facility providing three meals daily plus a culinary skills education program.

The UMOM Child Care Center is licensed and accredited for up to 81 children, providing a safe learning environment and sense of normalcy for children who have experienced precarious living conditions. Attendance develops social skills and improves preparedness for school while it frees parents to focus on education and employment. The center is Arizona's only accredited child care facility on a homeless shelter campus.

Emergency shelter is provided for 66 homeless and low-income families, for up to 120 days, on the main campus. Focused on crisis intervention and stabilization, it provides a secure environment and cadre of services including three daily meals, clothing, required case management, crisis counseling, housing and transportation assistance, child care and education and life skills training – all aimed at breaking the cycle of homelessness. Case managers work with families for one year after departure.

Transitional shelter is provided for 46 homeless and low-income families for up to 24 months on the main campus. To be eligible, adults must have income, be in school, or enrolled in a training program. The full range of services is available, all geared toward reestablishing independent living and self-sufficiency. As in the emergency shelter program, case managers work with families for one year after departure.

Near the main campus is Lamplighter Place, home to 16 single individuals, half of whom are seriously mentally ill. Recognizing that a large proportion of homeless persons suffer from mental illness, UMOM took a step toward alleviating the situation by offering permanent housing for this population in 1991.

In 2007, UMOM secured funding to open its first shelter specifically targeting victims of domestic violence. This program has become one of the largest DV shelters in the state. UMOM

also operates the Watkins Street Shelter for the City of Phoenix, providing shelter and meals to homeless women and families. More than 100 homeless women and families seek respite at this facility where they receive shelter, meals, showers, health checks, clothes and personal hygiene items.

As mentioned, UMOM New Day Centers' case managers continue to work with residents for as long as one year after “graduation” from emergency and transitional housing to assure that they remain in housing. Case managers help in accessing needed services and dealing with various challenges experienced in the first months in affordable housing.

One of the greatest challenges families preparing to leave UMOM New Day Centers face is the shortage of permanent affordable housing. The Casa Nueva apartment complex is UMOM’s first endeavor to answer this call. UMOM opened Casa Nueva in spring 2002 in collaboration with Community Services of Arizona. This project turned an inner city vacant lot into a magnificent 64-unit complex consisting of 1-, 2- and 3-bedroom apartments. Twenty-six of the units are designated as affordable housing, targeting families with incomes 30, 40 and 50 percent of the area’s median income. Casa Nueva is a natural next step in the continuum for families completing the emergency shelter or transitional housing programs.

Model Program Elevates Homeless Families to Permanent Housing

In September 2009, UMOM announced its merger with Helping Hands Housing Services, a leader in affordable housing and support services to the Valley’s low income populations. Experiencing greater demands for services, the two organizations thought outside the box to serve those most in need. The collaboration will maximize the services they offer the Valley’s most vulnerable individuals.

Helping Hands Housing Services’ mission is to break the cycle of poverty for low-income families by providing permanent affordable housing and comprehensive support services. They seek to serve underprivileged families who want a hand-up, not a hand-out and make it their goal to provide them with the resources they need to succeed. Helping Hands will now be waiting at the top of that ladder; providing permanent affordable housing and comprehensive support services to families.

“The need for UMOM’s services is at an all time high,” states Darlene Newsom, CEO of UMOM New Day Centers. “Families are staying longer due to the lack of truly affordable housing options; during the past quarter, the average length of stay in the emergency shelter program increased from 82 to nearly 100 days, while the average stay in the transitional shelter program dramatically increased from 135 days to more than 330 days. This collaborative effort ultimately helps both organizations make a greater impact; providing homeless families with the tools they need to become self-sufficient, and following up with assessable housing options to ensure they can maintain their self-sufficiency.”

For additional information, visit www.umom.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 the homeless 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. In 2009, TPCH had a total of 54 members of which 33 were voting members.

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.

TPCH also used local grants to provide additional bus passes to homeless-serving agencies. In the 2008-09 fiscal year, \$13,250 in funding was distributed to 18 homeless-serving agencies for 7,980 bus passes and 58 taxi vouchers and gas cards.

In 2006, TPCH completed a Plan to End Homelessness for Tucson and 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 access to detoxification services.
- Developed a new source of funding for bus passes.
- Developed a searchable web site for affordable housing.
- Improved local homeless data by implementing HMIS in Pima County.
- Increased Transitional Housing by 180 beds.
- Increased Permanent Supportive Housing by 618 beds.

In 2009, TPCH implemented another goal, to form a Plan to End Homelessness Task Force in order to provide more multi-sector leadership for ongoing Plan implementation. The 15-member Task Force is comprised of representatives from TPCH, local governments, the Fire Department, Carondelet Health Network, El Rio Community Health Center, the Regional Behavioral Health Authority, and the Downtown Tucson Partnership. The Task Force has identified systems for homelessness assistance and prevention that need strengthening, and will complete an update of the Plan to End Homelessness in early 2010.

As the Continuum of Care for Tucson and Pima County, TPCH coordinates a large, collaborative grant application each year to secure HUD funding for homeless assistance and prevention resources. In early 2009, U.S. HUD announced a total of \$6,634,304 in grants to support 24 homeless services programs in the Pima Continuum. For details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2008/.

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

Pima HMIS Program

Working together with the HUD Regional Office, the Continuum of Care, and the City of Tucson, Pima County assumed a mid-year transfer of the HMIS grant from a local non-profit organization. Renewed operation of the Pima County HMIS began in October 2008.

Protocols for a new governance structure were an immediate priority in order to clarify expectations and responsibilities related to the HMIS grant. Protocols were developed and finalized in June 2009. The protocol provides for a performance review of vendors (Bowman Systems and Symmetric Solutions) and the HMIS Contractor (Pima County) to insure that issues and problems can be addressed and adjustments made, if necessary.

In an abbreviated year, starting in October 2008, ending in June 2009, all Continuum of Care Grantees received training and are now actively participating in HMIS. The following was accomplished in the abbreviated program year:

- Implementation of HMIS for all HUD/CoC grantees - total of 25 grants for HUD-funded SHP transitional housing, SHP permanent supportive housing, and Shelter Plus Care permanent supportive housing;
- Implementation of HMIS for 20 agencies and 62 programs;
- HMIS bed coverage of 79 percent, including 79 percent of emergency shelter beds, 77 percent of transitional housing beds, and 81 percent of permanent supportive housing beds;
- Implementation of HMIS for the two largest employment programs serving homeless persons – Jackson Employment Center and Primavera Works;
- Seventy-five active HMIS users;
- Over 4,600 clients entered into programs with over 3,500 unduplicated clients; and
- Eighteen group training classes, 38 onsite training sessions, and ten Annual Progress Report workshops.

Trainings are conducted on a monthly basis, for both new and experienced users, in the computer lab at Pima County's Kino Services One Stop Center.

The successes in implementing HMIS can be attributed to the collaborative approach and partnerships that have developed between TPCH members; Symmetric Solutions, the HMIS consultant; Bowman Software Systems, the provider; and the Arizona Department of Housing. Support from the Pima County Administrator's Office, County Attorney's Office, Procurement

Department and Information Technology Department were instrumental in enabling the County to enter into contracts with Symmetric Solutions and Bowman Systems.

It is projected that 95 percent bed coverage will be achieved for all categories by December 2009, with 5,000-6,000 clients per year entered into HMIS exclusive of those entered through the prevention grant. Participation in the 2008-2009 Annual Homeless Assessment Report (AHAR) is planned for Fall 2009. Finally, for the first time all grantees will be able to compile and submit Annual Progress Reports using data compiled through use of HMIS.

For further information on the Pima HMIS, contact Gary Bachman, Pima County Community Development and Neighborhood Conservation Department, at gbachman@pima.gov or 520-243-6750.

Pima Continuum Program Highlights

Tucson Homeless Connect

In 2008, TPCH began implementing Tucson Homeless Connect, a one-day, one-stop outreach event to connect homeless people with services. In 2009, TPCH held two more Homeless Connect events, one in February and another in July. TPCH used participant feedback gathered at each event to improve services and organization. All three Tucson Homeless Connect events have been held at Trinity Presbyterian Church, just north of the downtown area. Each year there has been increasing participation and support from faith communities and local businesses.

Results from February and July 2009 Tucson Homeless Connect events show the two events served an average of 250 homeless participants and involved 120 volunteers and 30 provider agencies. A total of 97 state ID cards were provided by the State Department of Motor Vehicles (paid for by TPCH), over 400 bus passes were distributed, 140 haircuts were provided, and 174 health and dental screenings were conducted. Total cost for the two events was approximately \$5,300, not including some \$1,900 in donated goods and services.

Visit www.tpch.org for more information on Tucson Homeless Connect.

Tucson's Seasonal Emergency Shelter and Services Program, 2008-2009

The Tucson Planning Council for the Homeless oversees the Seasonal Emergency Shelter and Services Program. The program takes place in the metropolitan Tucson area, and is comprised of the Winter Shelter Program and Project Summer Sun.

Winter Shelter Program

The Winter Shelter Program is an interagency effort to ensure that shelter is available to homeless people during the winter months. The winter of 2008-09 is the 22nd year of successful collaboration.

The Salvation Army Hospitality House is the intake facility for all Winter Shelter activities, which run from November 15th to March 31st. In 2008-09, the program provided 13,126 bednights of shelter to 1,107 people experiencing homelessness. Approximately 155 of these guests were women and children. The Winter Shelter program also received extra funding from the Arizona Lottery, which was used to purchase 320 motel nights of shelter for families. The Primavera Foundation provided case management and other supportive services to these families. A volunteer-staffed medical clinic, consisting of a doctor, nurses and lay volunteers, was available at the Salvation Army intake site 30 nights during the season. The clinic team saw 690 patients.

The Winter Shelter Program consists of three sub-programs:

1. Operation Deep Freeze, an emergency plan for sheltering everyone in need on nights of severe weather conditions;
2. Project Hospitality, in which local religious congregations provide beds and meals at their facilities on a pre-scheduled, rotating basis; and
3. One Step Beyond, a congregation-based, extended stay program for selected veterans who are working on case management plans geared towards long-term treatment for mental health and substance abuse problems.

Operation Deep Freeze (ODF)

ODF goes into effect when the overnight temperature is predicted to be 35 degrees or less. Precipitation and wind chill factors are also a consideration. ODF was called on 22 nights in the winter of 2008-09. When ODF is called, an additional shelter facility is opened. An average of 80 people per night stayed in this shelter in 2008-09. Compass Health Care was on call to provide other appropriate shelter and medical screening for people who were intoxicated.

Project Hospitality

Twenty-nine congregations provided overnight supervision and home-cooked meals in their facilities in 2008-09. Many provided transportation and some also provided clothing, new underwear and socks. All church/synagogue services were staffed solely by volunteers and congregations often worked together to share in this program. Participants in Project Hospitality are required to register with a case manager from participating homeless-serving agencies. Seven social service agencies contributed case management for people seeking jobs, job training, treatment for behavioral health problems and entitlements.

One Step Beyond

Three congregations provided meals and a consistent place to stay for 35 veterans. The participants in One Step Beyond are enrolled in treatment or pre-treatment programs in agencies whose clients benefit substantially from a stable environment. This year some of the clients were awaiting substance abuse treatment at the Southern Arizona V.A. Health Care System (SAVAHCS). Others were placed in the program through the outreach efforts of Comin' Home, a transitional housing facility for veterans. Of these 35 clients, 75 percent successfully fulfilled their goals and moved into the substance abuse treatment programs. Although the numbers who qualify for placement in the One Step Beyond program are relatively small, the security and stability offered by the program is a vital element in helping its clients recover and move closer to successful reintegration into mainstream society.

Project Summer Sun

Project Summer Sun began four years ago and runs from approximately June 1 to the end of August. Nine sites were available as day-respite centers in 2009, and most provided sack lunches or snacks to their guests. Six congregations provided collection sites for supplies such as sunscreen, hats, socks, and bottled water. Over 200 cases of water were disbursed to day sites and parks. Not all sites kept track of how many guests visited each day. The St. Francis Cooling Center saw an average of 50 people a day.

Funding for the winter and summer Seasonal Emergency Shelter and Services Program comes from The Arizona Department of Economic Security, the City of Tucson, the Federal Emergency Management Agency (FEMA), and private donations. The Interfaith Coalition for the Homeless served as the Fiscal Agent for this program.

These programs utilize over 700 volunteers who provide approximately 12,000 hours of service to the community each year, and leverage funded services by almost 2 to 1. If the program had to pay for medical personnel, staffing, meals, transportation, space, utilities and supplies contributed by our congregations and other caring community volunteers, the cost would be well in excess of \$260,000 (not including space and utilities) -- almost double the cash budget for the program.

For more information on Winter Shelter and Summer Sun programs, contact Interfaith Coalition for the Homeless at 520-745-9443 or visit the TPCCH website at info@tpch.org.

El Rio Community Health Center – Health Care for the Homeless programs

The El Rio Community Health Center has been providing comprehensive healthcare to the homeless for over twenty years, supported by funding from the Health Resources and Services Administration (HRSA). In 2008, the El Rio Health Center provided care to 3,719 homeless patients totaling 14,187 visits.

The El Rio Broadway Clinic is designed to provide a medical home environment for chronically homeless persons. Primary health care, an in-house pharmacy, lab services, and care coordination create a one-stop experience for patients in need. Accessibility barriers are addressed by El Rio's transportation department, which provides scheduled shuttle services between shelters and the Broadway Clinic. Bus passes are also provided to homeless patients.

The following additional needs are addressed through care and/or resource referrals:

- Financial Assistance
- Food Boxes/Clothing
- Housing/Shelter
- Medication Assistance

- Mental Health Follow-up
- Substance Abuse Detox/Treatment
- Voc Rehab –Lifeworks
- Legal Assistance
- Domestic Violence Intervention
- Sexual/Physical Abuse Support

El Rio’s Healthcare for the Homeless Program also provides vouchers for eye exams/glasses, and restorative and preventative dental care to those who qualify through funding from the El Rio Foundation and private donations. Homeless people can also access other El Rio Community Health Center services such as internal medicine, OB/GYN services, behavioral health, and specialty clinics for HIV/AIDS, hepatitis C, asthma, and diabetes.

The El Rio Community Health Center also serves homeless people through a three-member outreach team that consists of a family nurse practitioner, medical assistant, and an outreach care coordinator. The outreach team makes five visits a week at four different sites frequented by homeless persons. With volunteer assistance, El Rio also offers health education sessions targeting homeless people in the greater Tucson area through specially-designed curricula.

For more information, contact El Rio Health Care for the Homeless at 520-624-7750 or visit www.elrio.org/broadway.

Balance of State Continuum of Care

facilitated by the Arizona Department of Housing

The Balance of State Continuum of Care encompasses 13 Arizona counties. This Continuum 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 Balance of State 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 Continuums of Care for changes in funding and policies regarding services and housing for homeless persons.

In February 2009, the U.S. Department of Housing and Urban Development (HUD) announced 2008 awards totaling \$3,062,599 million for 24 projects within the Rural Continuum.

For details, see the HUD grant awards website at <http://www.hudhre.info/index.cfm?do=viewGrantAwards>

As reported in the Homeless Assistance Program Exhibit I for the 2008 HUD application, the Balance of State Continuum achieved the following in 2009:

- created 12 new permanent supportive housing beds for chronically homeless persons;
- increased the percentage of homeless persons staying in supportive housing for over six months from 75 percent to 80 percent;
- increased the percentage of homeless persons moving from transitional to supportive housing from 70 percent to 71 percent;
- increased the percentage of homeless persons employed at exit from 46 percent to 71 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 2009-2010, including action steps of proposing approximately \$260,000 in funding for a new permanent housing project in Coconino County.

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

Balance of State Continuum HMIS

The Balance of State HMIS program 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 HMIS program 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 – 95 percent of 371 beds
Transitional shelters – 89 percent of 443 beds
Supportive housing – 88 percent of 430 beds
Overall HMIS coverage – 91 percent of 1,244 non-DV beds

Thirty-nine rural Arizona homeless providers now participate in the HMIS system, with a total of 128 programs in 27 cities and towns. Together these programs provide a total of over 1,100 beds and serve an average of about 6,000 persons annually.

2009 Balance of State HMIS highlights include:

- HPRP Implementation - During 2009, HUD announced the Homeless Prevention and Rapid Re-housing Program (HPRP). With ADOH as the grantee, CAP agencies and local government organizations received sub-grants to administer HPRP in the rural counties. Use of HMIS was required for participation in HPRP, thus all HPRP sub-grantees have been trained and implemented HMIS for HPRP. Reporting capabilities have been added to meet the extensive reporting requirements for HPRP.
- Implementation of Revised HMIS Data Standards – HUD released the first major revision to the HMIS Data Standards in 2009. This included changes to certain data elements, addition of the Arizona Self-Sufficiency Matrix as a national standard, addition of elements to support HPRP, and the inclusion of detailed program descriptors. To comply with the standards, a major HMIS software upgrade was required along with retraining users and additional data entry.
- Data Quality – Additional review and analysis processes were put in place to improve overall data quality, including monthly review with users.
- AHAR Participation - The Balance of State 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 HMIS program has provided data for all of the first five AHAR reports for Flagstaff providers.

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

Balance of State Continuum Program Highlights

Coconino Continuum of Care

During 2009, the *Sunshine Rescue Mission/Hope Cottage* shelter for women and children in Flagstaff began construction of a new 70-bed shelter. It is anticipated that this shelter will open in early 2010 and will greatly increase the availability of shelter beds in Flagstaff for this population. Hope Cottage also began coordinating an overflow shelter program in concert with a local church that provides overnight shelter for women and children when Hope Cottage is full. In late 2009 the Continuum of Care planning group initiated efforts to recruit more local churches to provide additional overflow beds for single men and women.

Flagstaff Cares Project

In July 2009, Catholic Charities Community Services in Flagstaff began providing permanent supportive housing for 12 chronically homeless individuals through the *Flagstaff Cares Project*. Case management and supportive services are provided by The Guidance Center. This project is funded under the HUD Samaritan Initiative and was a new project submitted by the Arizona Department of Housing in 2008. The Catholic Charities PATH outreach program contacts

chronically homeless individuals throughout the county and assists them in voluntarily accessing the program.

Clients are not responsible for locating their own housing. Instead, *Flagstaff Cares* housing staff identify and secure appropriate units within the community to assure accessibility to basic community amenities and services. When an individual's program eligibility is determined, she/he meets with program staff to be briefed on program requirements. Case managers become a part of the housing search process to assure the housing option is appropriate, with an emphasis on the safety of the individual.

Housing specialists explain the terms of the lease and provide a copy of tenant rules, rights and responsibilities, and the grievance procedure. Participant comments on the services are encouraged in accordance with Council on Accreditation (COA) guidelines. Case management support, along with the delivery of support services in accordance with the individual's strengths, values, preferences and stated goals, are the keys to housing retention and maximizing the client's ability to obtain employment and live independently.

For more information on the *Flagstaff Cares Project*, contact Catholic Charities Community Services in Flagstaff at 928-774-9125.

Community Partnership of Arizona

Community Partnership of Arizona (CPSA), the Regional Behavioral Health Authority (RBHA) for Pima, Cochise, Graham, Greenlee and Santa Cruz counties since 1995, has collaborated with the Continuum of Care in each of these counties to identify housing and services gaps for homeless persons. When the extensive need for permanent supportive housing became obvious, CPSA successfully applied for and became the sponsor for a Shelter Plus Care and two HUD Permanent Supportive Housing projects, including one specifically for chronically homeless persons in southeastern Arizona.

These grants have created a total of 72 units of tenant-based housing. The housing and support services are provided by Southeastern Arizona Behavioral Health Services (SEABHS) with CPSA providing technical and administrative support. Referrals for program participants come to SEABHS from homeless shelters, transitional housing, the religious community and other providers of services for homeless people.

In response to the recognition that there was still an unmet need for permanent supportive housing in the four rural counties, CPSA and SEABHS, with funding from the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), Federal Home Loan Bank, and HOME, developed 58 units of project-based housing. In the past year, with funding from ADHS/DBHS, an additional 42 units of tenant-based rental assistance for adults with a serious mental illness was developed to address the need for housing to prevent as well as end homelessness. All of the housing programs include supportive services based upon the recovery model. The support services provided for participants in each program equals almost twice the dollar amount spent on operations and rental assistance.

Recently, CPSA and SEABHS initiated Project Step as a pilot program to encourage the recovery of participants in supportive housing. Project Step is an employment initiative partnering housing and vocational services. During the next year, all housing residents will be offered and encouraged to participate in prevocational and/or vocational services. The goal is for everyone to engage in meaningful activities of their choice.

For further information, contact CPSA's housing services director, Barbara Montrose, at Barbara.Montrose@cpsa-rhba.org.



Project Homeless Connect

Project Homeless Connect (PHC) has been identified by the United States Interagency Council on Homelessness (USICH) as an innovation that can move people more quickly toward housing and stability and furthers the goals of community ten year plans to end homelessness. Project Homeless Connect originated in San Francisco under Mayor Gavin Newsom in October 2004.

Today, PHC is emulated in 200 cities across the United States as well as Canada, Puerto Rico and Australia. The PHC service delivery model emphasizes immediacy of service. Services may include medical insurance, TANF and SNAP benefits, mental health services, substance abuse treatment, shelter, housing, haircuts, Social Security Insurance (SSI) benefits, legal counseling, eyeglasses, personal identification, food, employment counseling and job placement, clothing, showers, toiletries, and more.

The goals of PHC are:

- Improve access to services and housing for Arizonans experiencing homelessness.
- Engage and increase the collaborative involvement of homeless consumers, business, non-profit community, and individual volunteers to work together to create solutions to homelessness.
- To improve the system of care by creating opportunities for collaboration and sharing of best practices among local homeless provider communities.
- Leverage private, corporate and foundation money and in-kind support to augment local efforts to increase housing options and build service capacity for Arizonans experiencing homelessness.

Project Homeless Connect in Arizona

The first PHC event in Arizona was organized in January 2007 by the City of Tempe Housing Department. Since that time community volunteers have partnered with city governments, non-profits and the private sector in Maricopa, Pima and Coconino Counties to provide a one-stop

shop of health and human services for individuals and families experiencing homelessness. In Maricopa, the City of Tempe and Valley of the Sun United Way have collaborated to provide leadership in organizing many events and recruiting scores of service providers and volunteers. Coconino County Community Services has played a lead role in Flagstaff PHC events. In Pima, the Tucson Planning Council for the Homeless has been a driving force.

A total of 29 PHCs have been held in Arizona to date, including 10 in Tempe, six in Phoenix, five in other Maricopa County cities, five in Flagstaff, and three in Tucson, with approximately 15 events planned for 2010 in Coconino, Maricopa and Pima Counties.

Coconino County

Flagstaff held three Project Homeless Connect (PHC) events in 2009 — in January, May and October. These events were organized by Coconino County Community Services and St. Vincent de Paul, with a dedicated steering committee made up of community members, service providers, people who have been homeless, and local college students.

Flagstaff PHCs have brought together nearly fifty service providers and 500 rotating volunteers to help a total of 1241 people navigate the events. The steering committee works to offer the program at various locations, with events having been held at St. Pius Catholic Church, Mount Elden Middle School, Christ's Church of Flagstaff and Trinity Heights United Methodist Church. Future plans include the possibility of offering a PHC event on the NAU campus.

Most guests have been single people, averaging 42 percent of those participating, closely followed by children at 30 percent. According to exit surveys, approximately 2800 distinct services are provided at each event. The steering committee looks forward to facilitating three more events in 2010 and hopes to expand outreach to more guests and volunteers.

Maricopa County

Valley of the Sun United Way (VSUW) sponsored 11 Project Homeless Connect events in 2009. For the first time events were held in Goodyear, Mesa, Glendale, Chandler and Buckeye; these locations are in addition to repeat sites in Tempe and Phoenix. Event planning committees include representation from the cities of Avondale, Chandler, Gilbert, Glendale, Goodyear, Mesa, Phoenix, Scottsdale, Tempe; churches that serve as host sites and volunteer recruitment bases, service providers (including DES benefits eligibility and homeless coordination staff), and community volunteers.

Valley-wide PHCs brought together a base of more than 40 service providers and hundreds of volunteers to assist more than 2,200 individuals and families experiencing homelessness. By taking PHCs to under-served areas of the Valley, individuals are able to connect with services that they normally are unable to access.

Guests attending Project Homeless Connect events are typically single men, although the number of women and families has increased month-to-month and the number of people who state that they live with family or friends has increased. Military veterans on average account for more

than 17 percent of guests at each event and chronically homeless individuals represent on average 15 percent of the guests served.

In addition to connecting people with services, media partners and elected officials have attended PHC events to learn more about the complex issues related to homelessness. Corporate partners are committing volunteer groups up to three months in advance of event dates. VSUW will work with partners to deliver 12 PHC events in 2010, including a Family Connect. To volunteer at future events, visit VSUW's Project Homeless Connect page at www.vsuw.org/volunteer/project-homeless-connect.

Pima County

As detailed in the Pima County Continuum of Care section of this report, February and July 2009 PHC events served an average of 250 homeless participants and involved 120 volunteers and 30 provider agencies. Almost 100 ID cards were provided by the State Department of Motor Vehicles, several hundred bus passes were distributed, 140 haircuts were provided, and more than 170 health and dental screenings were conducted. Total cost for the two events was approximately \$5,300, not including some \$1,900 in donated goods and services.

Visit the DES Homeless Coordination Office's Project Homeless Connect webpage at <http://deswebpro.azdes.gov/cms400min/common.aspx?menu=36&menuc=28&id=10098> for additional information on PHC events, resources and local coordinators.

Visit the USICH Project Homeless Connect webpage at www.ich.gov/slocal/NationalProjectHomelessConnectPromo.html for a range of resources for hosting a successful event including a toolkit, a best practices webinar, the National Project Homeless Connect logo and helpful forms and templates.

7.0 RESEARCH BRIEFS – Arizona and National

2009 Arizona’s Housing Market

September 2009

Arizona Department of Housing

The *2009 Arizona’s Housing Market* report notes that mortgage foreclosure rates in Arizona, Florida, Nevada and California have topped the list nationally for most of the past two years following the severe contraction of the economy which began in late 2007. Falling housing prices have caused more and more homeowners to find themselves in “upside down” or “underwater” mortgages, with their homes are worth less than what they owe on them. With little economic incentive to keep making mortgage payments, thousands of homeowners are “walking away” from devalued homes.

One especially alarming statistic related to foreclosures concerns falling home prices. It is noteworthy that three 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 19.51 percent* from the first quarter of 2008 to the first quarter of 2009. Arizona was ranked 48th in home price appreciation in 2007-2008 as well, but with an annual price decrease of only 5.5 percent.

As the housing market continues to move downward in terms of prices, construction, sales and mortgages, Arizona families are facing extreme difficulty in finding affordable housing to purchase or rent. 2007 U.S. Census Bureau data show that almost 46 percent of renters and more than 26 percent of homeowners spent more than 30 percent of household income on housing, the generally accepted standard of affordability.

Although affordability has improved in some Arizona communities, such as Casa Grande, Florence, Holbrook, Kingman, and in the Phoenix resale market, the Department’s housing affordability data show that the State housing market continues to be generally hostile toward both renters and buyers. The 2009 table indicates that while the hourly median wage for all occupations stands at \$14.87 in 2009, the median hourly wage needed to rent a two-bedroom apartment is \$15.03. The median wage of retail sales workers is \$10.29, producing a rent-to-earnings differential of 46 percent for that occupation. The hourly wage needed to buy a home priced at the median \$240,000 is \$33.40, far beyond the statewide median hourly wage.

One important explanation for the “affordability gap” lies in the fact that even though the housing market has generally collapsed over the past two years, home prices have still increased faster than income during the past decade. The report points to a 70.7 percent increase in the median sales price of homes from 2000 to 2008, while median family income increased by only 22.4 percent over the same period.

Selected facts and figures

- Earnings needed to afford a two-bedroom rental are highest in Coconino, Maricopa, Pinal and Yavapai counties. The same four counties show the largest gaps between average wages paid and wages needed to rent.

- In Flagstaff, the hourly wage needed to afford a two-bedroom rental is \$20.08, while the median wage for Flagstaff workers is \$13.01, a rent-to-earnings differential of 54 percent.
- The median hourly wage for all occupations in Arizona is \$14.87. At the housing affordability standard of 30 percent of income, the average worker can afford to buy or rent in only three communities – Clifton, Holbrook and Parker. Two-bedroom rentals are affordable in eight other rural communities and Tucson.

This year’s “glance” emphasizes ADOH director Michael Traylor’s perspective that continuing job losses and depreciation in real estate values are exacerbating the state’s massive wave of mortgage foreclosures. Traylor warns that the foreclosure rate is likely to continue at the current extreme level unless lenders work harder to provide mortgage modifications and other types of assistance for homeowners at risk of losing their homes.

He notes that although home prices have fallen in many communities, improved affordability is offset by substantially tougher lending criteria and the severe and worsening unemployment picture. With increasing numbers of households unable to afford to buy or rent at market rates and with shrinking development resources, Traylor urges increased diligence and innovation from housing advocates in designing and funding “the very best of projects to meet the needs of our customers.”

The complete report can be accessed at www.housingaz.com under Publications, as “State of Housing in Arizona 2009.”

Excerpts from

The 2008 Annual Homeless Assessment Report

July 2009

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

HUD Office of Community Planning and Development

The 2008 Annual Homeless Assessment Report (AHAR) is the fourth in a series of reports on homelessness in the United States. The reports respond to a series of Congressional directives calling for the collection and analysis of data on homelessness. The 2008 AHAR breaks new ground by being the first report to provide year-to-year trend information on homelessness in the United States. This AHAR also is the first to compare Point-in-Time estimates reported by Continuums of Care across several years.

Point-in-Time (PIT) Estimates of Homeless Persons in 2008

On a single night in January 2008, there were 664,414 sheltered and unsheltered homeless persons nationwide. Nearly 6 in 10 people who were homeless at a single point-in-time were in emergency shelters or transitional housing programs, while 42 percent were unsheltered on the “street” or in other places not meant for human habitation.

About three-fifths of the people homeless on a single night were homeless as individuals (62 percent), while two-fifths (38 percent) were homeless as part of a family. Family members were much less likely than individuals to be unsheltered. About 27 percent of all homeless family members were unsheltered on the night of the point-in-time count, while almost half of homeless individuals were unsheltered.

One-day PIT counts of homelessness changed little between 2007 and 2008: the total number of homeless persons decreased by about 1 percent or 7,500 people.

Measuring the scope of chronic homelessness remains challenging, however, and thus the PIT estimates of persons experiencing chronic homelessness that are reported in CofC applications should be interpreted as approximations. The January 2008 PIT estimate of chronic homelessness is 124,135 persons, or 30 percent of all homeless individuals. The PIT count of chronically homeless persons in 2008 is nearly identical to the count in 2007.

The concentration of homeless persons in a state—or the estimated number of homeless persons as a percent of the state’s total population—varies considerably across the United States. On a single night in January 2008, the states with the highest concentrations of homeless people were Oregon (0.54 percent of the state’s population), Nevada (0.48 percent), Hawaii (0.47 percent), and California (0.43 percent). More than half of all homeless people on a single night in January 2008 were found in just five states: California (157,277), New York (61,125), Florida (50,158), Texas (40,190) and Michigan (28,248). Their share is disproportionate, as these states constitute only 36 percent of the total U.S. population.

One-Year Estimates of Sheltered Homeless Persons, October 2007- September 2008

About 1.6 million persons used an emergency shelter or a transitional housing program during the 12-month period (October 1, 2007 through September 30, 2008), suggesting that 1 in every 190 persons in the United States used the shelter system. The nation’s sheltered homeless population over a year’s time included approximately 1,092,600 individuals (68 percent) and 516,700 persons in families (32 percent). A family is a household that includes an adult 18 years of age or older and at least one child. All other sheltered homeless people are considered individuals.

The total number of sheltered homeless persons remained essentially unchanged between 2007 and 2008, increasing by only 5,200 people. However, the household composition of the sheltered homeless population shifted somewhat between 2007 and 2008. The number of homeless individuals was fairly stable, while homelessness among persons in families increased by about 43,000 or 9 percent.

Sheltered Homeless People in 2008

The most common demographic features of all sheltered homeless people are: male, members of minority groups, older than age 31, and alone. More than two-fifths of sheltered homeless people have a disability. At the same time, sizable segments of the sheltered homeless population are white, non-Hispanic (38 percent), children (20 percent), or part of multi-person households (33 percent).

Approximately 68 percent of the 1.6 million sheltered homeless people were homeless as individuals and 32 percent were persons in families. When compared to family members, people who use the homeless residential system as individuals are particularly likely to be men, middle aged (between the ages of 31 and 50), and to have a disability. About 13 percent of sheltered homeless individuals are veterans. By contrast, sheltered homeless families are very likely to be headed by a woman under age 30 without a male partner. A majority of homeless families have 2 or 3 members. Half of all children in families are 5 years old or younger.

About two-fifths of people entering an emergency shelter or transitional housing program during 2008 came from another homeless situation (sheltered or unsheltered), two-fifths came from a housed situation (in their own or someone else's home), and the remaining one-fifth were split between institutional settings or other situations such as hotels or motels.

Families were particularly likely to be housed the night before becoming homeless: more than 6 in 10 were either in their own housing unit (19 percent), staying with family (28 percent), or staying with friends (15 percent).

Trends in Sheltered Homelessness, 2007-2008

Sheltered homelessness among individuals may be characterized increasingly by people with relatively high needs. Between 2007 and 2008, the share of sheltered homeless individuals who were in institutional settings (e.g., prisons, jails, or inpatient facilities) the night before they became homeless increased. Also, among persons who provided information, the share of sheltered homeless adults who report a disability increased, and the percentage of individual homeless people with very short stays in emergency shelter declined. These shifts may suggest that communities have achieved some success in preventing homelessness among individuals with less severe needs, thereby resulting in a sheltered homeless population with greater needs.

The Nationwide Capacity of Residential Programs for Homeless People

In their annual applications to HUD, Continuums of Care (CofCs) submit information on their inventories of residential beds for homeless people. In 2008, CofCs reported a total of 614,042 year-round beds nationwide, almost evenly divided among emergency shelters, transitional housing, and permanent supportive housing.

For several years, one of HUD's policy priorities has been the development of permanent supportive housing programs that provide a combination of housing and supportive services to formerly homeless people with disabilities. The number of permanent supportive housing beds in 2008 was 195,724, a 22 percent increase since 2006. Between 2007 and 2008, the rate at which beds in residential programs were used on an average day increased to 91 percent for emergency shelter and 83 percent for transitional housing.

Looking Ahead

The 2009 AHAR will use HMIS-based trend data for three years, 2007-2009 and will feature two important additions: a special chapter on homeless veterans and data on HUD's efforts to prevent

homelessness and re-house homeless people through the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

Visit www.hudhre.info/documents/4thHomelessAssessmentReport.pdf to access the full report.

Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems

April 1, 2009

Principal researcher – Mary E. Latimer, PhD, University of Washington

Journal of the American Medical Association, Vol. 301 No. 13

Chronically homeless people with severe alcohol problems, sometimes referred to as chronic public inebriates, are highly visible on the streets and are costly to the public through high use of publicly funded health and criminal justice systems resources. Typical interventions such as shelters, abstinence-based housing, and treatment programs fail to reverse these patterns for this population.

One type of supportive housing, called Housing First, removes the requirements for sobriety, treatment attendance, and other barriers to housing entrance. A Housing First program in Seattle known as 1811 Eastlake targets homeless adult alcoholics who are frequent users of local crisis services. The project has been controversial because residents are allowed to drink in their rooms. This study evaluated outcomes of the project on public use and costs for 95 housed participants compared with 39 wait-list controls and evaluated changes in reported alcohol use and the effects of housing duration on service use.

Outcome measures were:

Use and cost of services (jail bookings, days incarcerated, shelter and sobering center use, hospital-based medical services, publicly funded alcohol and drug detoxification and treatment, emergency medical services, and Medicaid-funded services) for 95 Housing First participants relative to 35 wait-list controls.

Conclusions

The project demonstrated significant cost savings and reductions in alcohol use for housed individuals over the course of the year. At 12 months, the 95 housed individuals had reduced their total costs by more than \$4.0 million compared with the year prior to enrollment. After accounting for housing program costs, average per person costs were reduced from \$42,964 to \$13,440 per person per year, an average cost reduction of \$29,524 per participant.

The study also demonstrated that individuals in the housed group experienced reductions in their alcohol use and likelihood of drinking to intoxication over time. The Housing First intervention was associated with substantial declines in drinking despite no requirement to abstain from or reduce drinking to remain housed. In sum, Housing First is associated with improvements in the

life circumstances and drinking behaviors of this chronically homeless population while substantially reducing their use of expensive health and criminal justice services.

The complete article can be found in *The Journal of the American Medical Association*, 2009; Vol. 301 No. 13, pp. 1349-1357.

In a related study, Dr. Laura Sadowski and colleagues at Stroger Hospital in Chicago reviewed the cases of 405 homeless adults with chronic medical illnesses to determine whether permanent housing and case management would reduce hospitalizations and emergency department (ED) visits. Half of frequent users of hospital services were placed in housing with coordinated medical care with substance abuse and mental health treatment as needed. Standard discharge planning from hospital social workers was provided for others.

Over 18 months, compared with the “usual care” group, the intervention group had a reduction of 29 percent in hospitalizations and hospital days and 24 percent in ED visits.

The two studies offer further evidence that service use is substantially reduced when homeless adults with chronic medical illnesses are offered stable housing. In an editorial, Drs. Stefan Kertesz and Saul Weiner state that the studies “add to the increasing evidence that at least some large U.S. cities cannot afford not to house some who live on their streets.”

The article by Dr. Sadowski and colleagues and the editorial by Drs. Kertesz and Weiner can be found in *The Journal of the American Medical Association*, 2009, Vol. 301 No. 17, pp. 1771-1778.

2009 State of the Nation’s Housing Report

June 2008

Joint Center for Housing Studies, Harvard University

The Joint Center for Housing Studies’ 21st annual state-of-the-nation report concludes that despite some stabilization in homebuilding and home sales in the spring, real home prices continued to fall and foreclosures mounted in most areas in the first quarter of the 2009. With mortgage interest rates heading higher in June and the economy still contracting, a sustained recovery for housing still faces an uphill climb. Housing starts stand near 60+ year lows, with any life in home sales coming from distressed foreclosure sales, temporary first-time buyer tax credits, and low interest rates.

Housing demand has withered under the weight of crushing job losses, house price deflation, and tighter credit standards, the report concludes. First-time homebuyers are struggling to meet today’s stricter underwriting guidelines, household growth is well below long-term trends, and immigration has slowed; as a result, the share of homes for sale and vacancies stand at near record levels despite sharp decreases in housing production.

The report notes that the housing downturn has hit low-income minorities especially hard. With unemployment rates sharply higher among minorities, minority households are more likely than

others to spend more than half of their incomes on housing. Also, higher shares of minorities live in neighborhoods with elevated foreclosure rates and the sharpest declines in house prices.

Meanwhile, the number and share of households spending more than half their incomes on housing continues to remain at elevated levels. Before the economy began to shed jobs in 2008 and 2009, the number of households with such severe cost burdens, in 2007, stood at 18 million, up from 14 million, in 2001. Although renters are more cost burdened than homeowners, the most rapid growth in households with housing burdens, during the decade, occurred among owners.

Other findings:

- Foreclosure rates in **California, Arizona, Nevada, and Florida** surged from less than 0.9 percent at the start of 2007 to 5.9 percent by the end of 2008. According to the Mortgage Bankers Association, by the first quarter of 2009 there were nearly 800,000 outstanding loans in foreclosure in just those four states, amounting to 46 percent of the national total.
- The number of households with severe housing cost burdens (paying more than half their incomes for housing) jumped from 13.8 million in 2001 to 17.9 million in 2007.
- No household earning the equivalent of the full-time minimum wage (\$11,500) can afford a modest two-bedroom apartment at the federal fair market rent anywhere in the US.
- Sales of existing single-family homes were down 30 percent last year from the 2005 level to 4.35 million, their lowest level since 1997.
- New home sales showed a record-breaking plunge of more than 60 percent from 2005 to 2008.
- Housing starts were down by more than 30 percent for the year in 2008 and more than 50 percent from the 2005 level.
- Measured on a monthly basis and adjusted for inflation, the national median home price fell by 29.8 percent from October 2005 to January 2009.
- Given the combination of lower home values and higher loan balances from cashing out equity, Moody's Economy.com estimates that more than 14 million households owned homes that were worth less than their outstanding mortgages in March 2009.

The Joint Center for Housing Studies is one of the nation's leading centers for information and research on housing markets and trends in the United States. *The State of the Nation's Housing* report has summarized national housing trends for a wide audience of policymakers, practitioners, industry decision makers, academics, affordable housing advocates, and public sector leaders since 1988. The Center's research and additional information about its programs and activities are available at www.jchs.harvard.edu.

Out of Reach 2009

April 2009

National Low Income Housing Coalition

The National Low Income Housing Coalition's (NLIHC) annual *Out of Reach* report provides data for every state, metropolitan area and county in the country showing how much a household

must earn to afford a modest market-rate rental home. The report also provides local wage and income data for comparison purposes.

“The longstanding structural deficit of rental homes that the lowest income people can afford, exacerbated by the economic recession, will surely lead to more people becoming homeless,” said Sheila Crowley, President of the National Low Income Housing Coalition. “We hope that *Out of Reach* will demonstrate to policy makers the urgency of acting now to increase the supply of affordable housing and housing assistance for those who are hit hardest by the recession.”

According to the report, a person with a full-time job needs to earn an hourly wage of \$17.84 to afford a two-bedroom rental at the nation’s average Fair Market Rent (FMR). However, in 2009, the estimated median wage for workers in America is only \$16.03. At the federal minimum wage of \$6.55, a household would have to work 109 hours each week to afford the nation’s average FMR for a two-bedroom home. In no county in the U.S. can a full-time minimum wage worker afford even a one-bedroom apartment at the FMR.

A unit is considered affordable if it costs no more than 30 percent of the renter's income.

The statistics in *Out of Reach* show the clear disconnect between what it costs to afford decent rental housing in the U.S. and what low-wage employment actually pays. Even before the current foreclosure and economic crises, renters with the lowest incomes faced a shortage of homes they could afford. With more families turning to the rental market and job losses numbering in the millions, the struggle to find affordable housing has become even more acute.

State-Level Findings

- The number of renters with unaffordable housing cost burdens—those spending more than 30 percent of their income on rent and utilities—increased from 16.8 million to 17.4 million from 2006 to 2008.
- More families at every income level are facing housing cost burdens. Lowest-income renters are the hardest hit, with nearly 88 percent of renter families earning \$20,000 or less experiencing an unaffordable housing cost burden compared with 15.3 percent of those earning \$50,000 or more.
- Median gross rents increased from \$763 to \$824 between 2006 and 2008.
- In 34 states, a low-income household cannot afford to spend more than \$500 per month on rent and utilities.
- NLIHC points to a shift from owning to renting since 2006, a time that many families lost their homes to foreclosures or postponed buying a house. The result is some families are doubling up, taking in tenants, or moving into smaller, more affordable units.

Arizona Findings

- In Arizona, the Fair Market Rent (FMR) for a two-bedroom apartment is \$835. In order to afford this level of rent and utilities, without paying more than 30 percent of income on housing, a household must earn \$2,785 monthly or \$33,419 annually. Assuming a 40-hour

work week, 52 weeks per year, this level of income translates into a Housing Wage of \$16.07.

- In Arizona, a minimum wage worker earns an hourly wage of \$7.25. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 89 hours per week, 52 weeks per year. Or, a household must include 2.2 minimum wage earner(s) working 40 hours per week year-round in order to make the two-bedroom FMR affordable.
- In Arizona, the estimated mean (average) wage for a renter is \$13.96 an hour. In order to afford the FMR for a two-bedroom apartment at this wage, a renter must work 46 hours per week, 52 weeks per year. Or, working 40 hours per week year-round, a household must include 1.2 worker(s) earning the mean renter wage in order to make the two-bedroom FMR affordable.
- Monthly Supplemental Security Income (SSI) payments for an individual are \$674 in Arizona. If SSI represents an individual's sole source of income, \$202 in monthly rent is affordable, while the FMR for a one-bedroom is \$685.

To help ease the nation's housing crisis, NLIHC has been calling on Congress to fund the National Housing Trust Fund with at least \$1 billion. The fund was created in 2008 but has not yet received funding.

For more information, visit www.nlihc.org.

Decade of Neglect Has Weakened Federal Low-Income Housing Programs

February 2009

Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities (CBPP) report presents new data on the growing number of low-income renters facing unaffordable housing costs, and shows how recent funding shortfalls and policy changes have weakened federal housing programs that could address the growing needs.

Key findings of the report are:

- The need for rental assistance among low-income families is growing. In 2007, more than 8 million low-income renter households paid more than half their income for rent and basic utilities, an increase of 2 million, or 32 percent, since 2000.
- However, low-income housing programs have declined as a priority in the federal budget. Since 1995, federal spending on low-income housing assistance dropped by well over 20 percent, both as a share of all non-defense, discretionary spending and as a share of Gross Domestic Product (GDP).
- When substantial federal budget deficits emerged, the fiscal pressure on low-income housing programs increased considerably. From 2004 to 2008, total funding for all low-income housing programs fell by \$2 billion, or 5 percent. For some programs, such as public housing, these cuts came on top of earlier funding reductions.

- Reductions in funding have weakened the Housing Choice Voucher, Public Housing, and Section 8 Project-Based Rental Assistance programs, the three largest federal rental assistance programs. Housing voucher assistance for approximately 150,000 low-income families was eliminated from 2004 to 2006, as funding shortfalls compelled state and local housing agencies to serve fewer families.
- Following a decade of neglect, new resources, as well as a comprehensive strategy, are needed to preserve existing public and private assisted housing, utilize more fully the Housing Choice vouchers that Congress has already authorized, and expand assistance to help more families secure stable, affordable housing.

In CBPP's view, the most cost-effective way to expand assistance is to fund new, "incremental" vouchers. Two million new vouchers (e.g., funding 200,000 new vouchers per year over ten years) would help roughly 3 million low-income households to secure decent, affordable homes; lift an estimated 3.3 million people, including 1.6 million children, out of poverty; and prevent 230,000 people, including 110,000 children, from becoming homeless.

The report is available at <http://www.cbpp.org/2-24-09hous.htm>.

Priced Out in 2008: The Housing Crisis for People with Disabilities

April 2009

[Technical Assistance Collaborative](#) and Consortium for Citizens for Disabilities

Across the United States in 2008, people with disabilities with the lowest incomes faced an extreme housing affordability crisis as rents for moderately priced studio and one-bedroom apartments soared above their entire monthly income. This crisis is documented in *Priced Out in 2008* - a study of the severe housing affordability problems of people with disabilities who must survive on incomes far below the federal poverty line.

The study compares the federal Supplemental Security Income (SSI) payments of people with serious and long-term disabilities to U.S. Department of Housing and Urban Development (HUD) Fair Market Rents for modestly priced rental units. *Priced Out* is published every two years by the Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force to shine a spotlight on the nation's housing affordability crisis.

The major findings from the *Priced Out in 2008* study include the following:

- People with disabilities who rely on SSI as their sole source of income continue to be the nation's poorest citizens. In 2008, the annual income of a single individual receiving SSI payments was \$8,016 – equal to only 18.6 percent of the national median income for a one-person household and almost 30 percent below the 2008 federal poverty level of \$10,400.
- In 2008, as a national average, a person receiving SSI needed to pay 112.1 percent of their monthly income to rent a modest one-bedroom unit. People with disabilities were also priced out of smaller studio/efficiency units which averaged 99.3 percent of monthly SSI.

- In the ten years since the first Priced Out was published, the amount of monthly SSI income needed to rent a modest one-bedroom unit has risen an astonishing 62 percent – from 69 percent of SSI in 1998 to 112.1 percent of SSI in 2008.
- Since the first Priced Out study was published in 1998, the value of SSI payments compared to median income has declined precipitously – from 24.4 percent of median income in 1998 to 18.6 percent in 2008 – while national average rents have skyrocketed. The national average rent for a modest one-bedroom unit rose from \$462 in 1998 to \$749 in 2008 – an increase of 62 percent.
- Even in the State of Alaska – which had the highest state SSI supplement in 2008 of \$362 and a total monthly SSI payment of \$999 – people with disabilities receiving SSI still needed to pay 80.6 percent of their monthly income to rent a modest one-bedroom unit.

Arizona Disability Benefits Facts

- Arizona provides no state SSI supplement for people with disabilities.
- 58,263 non-elderly Arizonans with disabilities received SSI benefits in 2008.
- In 2008, the average disabled Arizonan needed 107.5 percent of SSI benefits to rent a one-bedroom apartment, or 92.9 percent of SSI benefits to rent an efficiency unit.
- According to the 30 percent-of-income housing affordability standard, the average wage needed to rent a one-bedroom apartment in Arizona was \$13.00 per hour. Average SSI benefits for disabled persons amounted to 28 percent of that figure.

To access the complete report, go to the Technical Assistance Collaborative website at www.tacinc.org.

Where We Sleep: The Costs of Housing and Homelessness in Los Angeles

November 2009

Prepared for the Los Angeles Homeless Services Authority
by Daniel Flaming, Michael Matsunaga and Patrick Burns
Los Angeles Economic Roundtable

Los Angeles Homeless Services Authority (LAHSA) and the consortium of Skid Row Collaborative partners sought an assessment of the financial impact the Chronic Homeless Initiative housing program on the use of health care services. The initial scope and objectives of the assessment were to compare the use of local county public services and related costs for two years before and two years after clients were placed in permanent supportive housing, with specific attention to health, mental health and jail costs.

As additional data became available, the assessment expanded into a much larger study of homeless single adults and their housed counterparts, encompassing 10,193 homeless individuals in Los Angeles County, 9,186 who experienced homelessness while receiving General Relief public assistance and 1,007 who exited homeless by entering supportive housing.

Cost comparison numbers:

The typical public cost for residents in supportive housing was found to be \$605 a month. The typical public cost for similar homeless persons was \$2,897, *five-times greater than their counterparts that were housed*, showing that tangible public benefits result from providing supportive housing for vulnerable homeless individuals. The stabilizing effect of housing plus supportive care is demonstrated by a 79 percent reduction in public costs for these residents.

Six bottom line findings:

- 1) Public costs go down when individuals are no longer homeless –
 - a. 79 percent for chronically homeless, disabled individuals in supportive housing;
 - b. 50 percent for the entire population of homeless General Relief recipients when individuals move temporarily or permanently out of homelessness;
 - c. 19 percent for individuals with serious problems – jail histories and substance abuse issues – who received only minimal assistance in the form of temporary housing.
- 2) Public costs for homeless individuals vary widely depending on their attributes, such as age, employment history, jail history, and degree of substance abuse and/or mental health difficulties. A range of solutions is required that match the needs of different groups in the homeless population.
- 3) Public costs increase as homeless individuals grow older. There is a strong case for intervening early rather than deferring substantive help until problems become acute.
- 4) Most savings in public costs come from reductions in health care outlays – 69 percent of the savings for supportive housing residents are in reduced costs for hospitals, emergency rooms, clinics, mental health, and public health.
- 5) Higher levels of service for high-need individuals result in higher cost savings, as shown by much higher savings from supportive housing compared to temporary housing, and by higher savings for supportive housing residents in service-rich environments.
- 6) One of the challenges in addressing homelessness is housing retention – keeping individuals who may well be socially isolated, mentally ill and addicted from abandoning housing that has been provided for them.

The report includes these recommendations:

- Link housing strategies to cost savings.
- Strengthen government-housing partnerships and leverage resources through expanding the role of public agencies in providing on-site services for supportive housing, including mental health and drug and alcohol services.
- Improve retention rates in supportive housing by focusing on individuals with above-average risks of leaving housing include those with co-occurring mental health and substance abuse problems, those with jail histories, and young adults.
- Increase the supply of supportive housing through new construction, master leases, and scattered site rentals.
- Produce information for developing comprehensive strategies and improving outcomes by gathering enough information on the homeless population to understand who they are and what they require.

View the full report at www.economicrt.org.

2009 Greater Los Angeles Homeless Count: Summary Report

October 2009

Los Angeles Homeless Service Authority

The Los Angeles Continuum of Care (CofC) includes all of Los Angeles County, excluding the cities of Glendale, Long Beach, and Pasadena who administer and operate their own respective Continuum of Care systems. If the reported numbers for those cities (5,359 homeless people) were totaled with the Los Angeles CofC count of 42,694, the homeless population of Los Angeles County on a given day would be 48,053 people.

The 42,694 persons counted in the Los Angeles Continuum represent a *decrease of 38 percent* when compared to the total number of homeless persons included in the 2007 Homeless Count. While many factors contributed to this decline, new and expanded programs implemented by the Continuum's network of housing and service providers are acknowledged. These programs include the County's \$100 million Homeless Prevention Initiative, the City Permanent Supportive Housing Program and the expanded Section 8 voucher programs that specifically target homeless individuals and families.

Providers dispute decrease

The count's 38 percent drop in the homeless population was met with consternation by homeless service providers who claim the findings are inaccurate and could hurt their fundraising efforts at a time when the need is great. As reported in the November 12, 2009, *Los Angeles Times*, providers have written newspaper opinion pieces, public letters, and blog postings taking issue with the census, conducted over three days in January.

The decrease seemed particularly suspect to some because it came in the midst of a recession, when many people across the region have lost their homes. The director of Santa Monica's Upward Bound House, which focuses on homeless families and low-income seniors, expressed surprise and shock at the numbers.

Other front-line service providers said the count decrease contradicted what they were seeing daily. For example, the report said the number of homeless family members fell from 16,000 in 2007 to about 5,000 this year. This was disputed by Andy Bales, president of Union Rescue Mission, who said, "We've been describing an overwhelming tsunami of families" seeking services. "There's no way that anybody who works with families would agree with" those numbers, said Bales.

The summary report also notes that local housing and service providers are making an important "paradigm shift" with programs centered on direct permanent supportive housing placement of homeless families and individuals. Also, while the methodology for the 2009 homeless count remained consistent with previous counts, enhancements to the data collection process such as

the increased number of volunteers, expansion of census tracts covered, and the reduction of possible counting biases are said to have enabled researchers to extrapolate more detailed information.

The total number of homeless persons counted in the Los Angeles CofC is 42,694, of which 14,050 (33 percent) were sheltered and 28,644 (67 percent) were unsheltered. A total of 37,809 (89 percent) single individuals were counted; family members totaled 4,885 (11 percent).

Other characteristics (not mutually exclusive): Chronically Homeless -- 10,245 (24 percent); Persons with AIDS or HIV-Related Illness -- 1,064 (two percent); Persons with Mental Illness -- 10,387 (24 percent); Persons with Substance Abuse Problems -- 17,419 (41 percent); Veterans -- 6,540 (17 percent); Victims of Domestic Violence -- 3,762 (10 percent); and Unaccompanied Youth (Under 18) -- 638 (two percent).

A copy of the 2009 Greater Los Angeles Homeless Count Report can be obtained at www.lahsa.org.

United Way of Greater Los Angeles *Homeless Cost Study*

October 2009

By Michael Cousineau and Heather Lander

USC Center for Community Health Studies at the Keck School of Medicine
in conjunction with Mollie Lowery of Housing Works.

United Way of Greater Los Angeles' *Homeless Cost Study* has uncovered the financial implications of living on the streets in Los Angeles and the social and economic benefits of permanent supportive housing programs. The qualitative study profiles four previously-homeless individuals who have now been placed in a supportive housing environment. The study shows tremendous savings to the average taxpayer, in addition to individual and community benefits by placing chronically homeless people into permanent supportive housing.

Profiling C.N., a 52 year-old White female; D.B., a 58 year-old White male; J.S., a 32 year-old Hispanic male; and J.W., a 61 year-old African American male, the study takes into account five principal cost areas, including substance abuse, physical health, mental health, criminal justice and housing. Combining costs associated with these five areas, the study finds that the total cost to provide public services for two years was over \$80,000 greater than with permanent housing with support services, representing a nearly 43 percent savings for taxpayers when permanent housing solutions are used.

The four individuals had been homeless for most of their adult lives (11-47 years). They had a difficult time taking care of their mental and physical health while living on the streets or emergency shelters, spending nights under bridges or in parking lots. Traumatized by years on the streets they found it hard to trust people. They needed mental health treatment, but didn't trust the system and found it hard to access medication or get refills for their prescriptions. And they were plagued by other chronic health issues (allergies, pre-emphysema and arthritis). They

also had multiple run-ins with police, from minor citations for sleeping in a public area to arrests and jail time for alcohol and drug related incidents.

The United Way findings are consistent with several quantitative studies, which provide growing evidence that permanent housing is a far less costly approach to managing chronic homelessness than leaving people on the streets or in emergency shelters. By investing in supportive housing solutions, U.S. cities like New York and Chicago have significantly increased taxpayer savings and drastically reduced their chronic homeless populations.

Cost of Life on the Streets

In order to analyze the costs of public services, investigators focused first on the two-year period before the individuals were placed in permanent supportive housing. During that time period, two of the four had gone through detox six times costing \$23,382. Two of the four had been hospitalized (removal of kidney stone and bladder infection) at a cost of \$20,250. All four had used the hospital emergency room for health and alcohol issues (19 visits), costing an additional \$7,885. All four had been arrested at least once (\$2,756) and spent time in jail (\$8,545). One of the four had also served 90 days in prison (\$12,060). *The total cost of public services spent on these four individuals over two years on the streets was \$187,288.*

The Cost of Permanent Supportive Housing

After two years in permanent housing, investigators observed increased stability in the lives of the four individuals. All four were housed with access to mental and physical health and education classes. None of the four had required medical attention, except for one emergency room visit (versus a total of 19 emergency room visits total while the four lived on the streets). None of the individuals had entered the criminal justice system and, while one individual did relapse into drug and alcohol abuse, the services available for rehabilitation and therapy helped this person to regain sobriety (seven months at time of the interview). Costs increased in one area—mental health—which is a desirable outcome given the benefits of regular encounters with the community mental health system. **The total cost of public services for these four individuals living in permanent housing with support services for two years was \$107,032.**

Visit www.unitedwayla.org to access the full report.

Pathways to Housing Evaluation Series

Pathways to Housing in New York, widely known as a pioneer of the *housing first* model (defined below), has demonstrated success in several studies over the past few years. In a two-year study comparing the outcomes of individuals receiving services-as-usual in the New York City mental health system, 84 percent of the Pathways to Housing's clients remained housed, in contrast to 60 percent of the city's clients (Tsemberis, 1999). In a follow-up study at five years, using a much larger sample of clients, 88 percent of Pathways to Housing's clients remained housed as compared to 47 percent of the city sample (Tsemberis & Eisenberg, 2000).

More recent comparisons were made in a federally-funded study using a randomized, intent-to-treat longitudinal design. A total of 225 homeless individuals were assigned to either Pathways to Housing (N=99) or to NYC programs serving the same population but using the treatment first method (N=126). Results showed that after 12 months 80 percent of the Pathways to Housing group were living in stable housing compared to only 24 percent of the control group (Tsemberis, Moran, Shinn, Asmussen & Shern, 2003).

Similar outcomes are expected in Pathways to Housing DC (read about that program in the News & Notes section). Pathways plans continuing evaluation research to provide guidance on needs for program modifications and keep the organization attuned to its true impact on program participants.

The organization also points to the cost effectiveness of its *housing first* and *harm reduction* approaches, wherein seriously mentally ill persons are offered immediate access to their own apartments without sobriety or treatment requirements.

Pathways can provide individual apartments with round-the-clock support services for an annual cost of \$22,500 per client in New York City. This compares very favorably with the per-year costs of other residential programs widely used for this population: \$65,000 for a community residence, \$40,000 for an SRO with services; \$27,000 for a cot in a public shelter; \$85,000 for a bed in a jail cell; and \$175,000 for a bed in a State Hospital.

To review the research, see:

- Tsemberis, S., Asmussen, S. (1999) From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model. *Alcoholism Treatment Quarterly*, 17(1/2), 113-131.
- Tsemberis, S., & Eisenberg, R.F. (2000). Pathways to Housing: Supported Housing for Street-dwelling Homeless individuals with Psychiatric Disabilities. *Psychiatric Services*, 51(4), 487-493.
- Tsemberis, S., Moran, L.L., Shinn, M., Asmussen, S., & Shern, D.L. (2003) Consumer Preference Programs for Homeless Individuals with Psychiatric Disabilities: A Drop-in Center and a Supported Housing Program. *American Journal of Community Psychology*, 32, 305-317.

See also the Pathways to Housing website at www.pathwaystohousing.org.

Cost of Rural Homelessness

State of Maine Rural Supportive Housing Cost Analysis

May 2009

Shalom House, Inc

According to a new cost analysis of supportive housing in Maine, providing permanent supportive housing for homeless people in rural Maine is less expensive than serving them while they are homeless and provides a better quality of life. It is the *first statewide cost of homelessness data collection in the country that looks at costs of rural homelessness* and

provides solid evidence to support the importance of permanent supportive housing development throughout Maine.

The study was prepared by Melany Mondello of Shalom House; Jon Bradley of Preble Street; and Tom Chalmers McLaughlin and Nancy Shore, both from the University of New England. The study defined permanent supportive housing as housing for those who are homeless and where support services for people with mental illness or co-occurring disorders of mental illness and substance abuse are available on-site or in other community locations.

The 163 participants in the study were chosen from all areas of the state, except for Greater Portland. The great majority of participants (97 percent) had severe mental illness; more than a third suffered from chronic alcohol or drug abuse. Researchers looked at actual cost records of service providers and individual service records to determine costs. Previous studies in other states have used estimated cost calculations and estimated service contacts to determine costs.

Key findings:

- Rural homeless people with disabilities who retained permanent, supportive housing saw a reduction in spending of 32 percent.
- The study also reported a 57 percent reduction in the cost of mental health services over a six-month period. Part of that reduction was a dramatic 79 percent drop in the cost of psychiatric hospitalization, from \$452,800 to \$96,641.
- Other reductions reported in the study include a 95 percent decrease in incarceration costs and a 32 percent decline in ambulance transportation costs.
- Homeless people who obtained supportive housing avoid returning to emergency shelter, cutting emergency shelter costs by 99 percent.
- Meanwhile, income increased on average by 77 percent. The number of study participants reporting that they had no income declined from 41 percent to 17 percent.

Total costs, including that of providing the permanent supportive housing, were lower for people living in supportive housing by \$1,348 per person over six months, for total annualized savings of nearly \$440,000 for the 163 people in the study.

Valuable insight into the nature and cost of rural homelessness also emerged from the study:

- Rural homelessness is often hidden because people live in doubled-up situations, garages, barns and abandoned buildings instead of on the street or in a shelter.
- Rurally homeless people with disabilities tend to rely on their support network of family and friends to find temporary housing instead of relocating to shelters. Due to the existence of this temporary network of resources, individuals and families may not qualify for housing assistance.
- Strict definitions which govern the housing programs often lead to rurally homeless people not qualifying for permanent supportive housing programs.
- Rural emergency shelters often lack bed capacity and may be located far from a person's home community.
- Centralized service and referral centers are not common in rural areas. Often people with disabilities must interact with many different providers to access the few available resources.

- Distance to service providers prohibits their utilization in some communities. Transportation is not usually available unless there is a documented medical need.

"This study shows that providing permanent housing and services to people with mental illness or substance abuse issues is cost-effective, even in rural settings," said Nancy Fritz, Director of Homeless Initiatives for Governor Baldacci. "It offers clients a higher level of personal stability."

For the complete *Cost of Rural Homelessness* report, go to the Shalom House website at www.shalomhouseinc.org.

Supportive Housing in Illinois: A Wise Investment

April 2009

[Heartland Alliance Mid-America Institute on Poverty](#)

Supportive housing that provides on-site services for people who are homeless and have serious and persistent issues such as mental illness, chronic health problems and substance use could dramatically reduce the use and cost of expensive public services such as state prisons and mental health facilities, according to a new report released by the Heartland Alliance Mid-America Institute on Poverty (MAIP), the Supportive Housing Providers Association (SHPA), and the Corporation for Supportive Housing (CSH).

Supportive Housing in Illinois: A Wise Investment found an overall 39 percent cost reduction in the use of public services, such as inpatient mental health care, nursing homes, jails and courts after a sample of 177 individuals were moved into supportive housing. Analysis compared the two years before they entered supportive housing with the two years after. Data were collected on these residents from Medicaid, mental health hospitals, substance use treatment, prisons, and various county jails and hospitals.

Key Findings

- There were cost savings in every system studied from pre- to post-supportive housing. There was a 39 percent reduction in the total cost of services from pre- to post-supportive housing with an overall savings of \$854,477. *This was an average savings of \$4,828 per resident for the 2-year time period or \$2,414 per resident per year.*
- Once in supportive housing, residents who had previously lived in more restrictive settings (i.e., nursing homes, mental health hospitals, and prisons) were unlikely to return.
- Residents shifted the type and volume of services they used – from a high reliance on expensive inpatient/acute services before supportive housing to less expensive outpatient/preventive services after supportive housing.
- Residents reported an increased quality of life after entry into supportive housing. Not only did their housing stabilize, but their health improved and they experienced less stress.

The cost savings from supportive housing is likely to be much higher than reported here. A number of costs were beyond the scope of this analysis, including the homeless system and

related costs, substance use treatment costs, and social costs. Also, cost savings are likely to continue in the years following the study time frame. In sum, supportive housing reduced the volume of publicly-funded services residents used, changed the type of services used, and resulted in a significant cost savings over time.

An electronic version of the full report is available at www.heartlandalliance.org/research, www.supportivehousingproviders.org, and www.csh.org.

Solutions for Homeless Chronic Alcoholics in Austin

September 2009

Ending Community Homelessness Coalition (ECHO)

This report, produced by Austin's ECHO organization, focuses on the overlap between homelessness and alcoholism in Travis County, Texas, and on Housing First and Harm Reduction strategies being used successfully elsewhere to address harmful patterns associated with homelessness. A primary concern is the high cost of handling alcohol-related episodes among chronically homeless persons through the traditional means of hospital, court, jail, emergency shelter, and law enforcement.

The Austin-area Continuum of Care (CoC) estimates that over 1,200 homeless persons on Austin streets suffer from some form of alcohol disorder, with more than 900 considered chronically homeless (that is, continuously homeless for a year or more, or having been homeless at least four times in the past three years).

One-quarter of all homeless persons in Austin are estimated to be chronic substance abusers, typically the most frequent users of emergency rooms, police, and the court system, at tremendous cost to the community. Considering the example of public inebriate arrests:

“..[B]ecause most of the costs associated with episodically processing and handling the homeless population do not contribute at all towards solving the problem, this money is being thrown towards a pattern that likely ends only with an individual's death.”

ECHO outlines successful Harm Reduction (reducing the level of harm by meeting substance abusers “where they're at” without demanding sobriety) and Housing First (direct placement from the streets, providing supportive housing with no preconditions) strategies in several jurisdictions. Those cited include:

- Chicago's Christian Community Health Center's 300+ unit scattered site Housing First program, which operates with no restrictions based on sobriety or other conditions;
- San Jose's EHC LifeBuilders program, a 42-unit scattered site Housing First program serving chronically homeless alcoholics, which places individuals directly from the streets with no barriers to entry based on treatment requirements;
- Seattle's Downtown Emergency Service Center (DESC), a 75-room facility specifically designed for chronically homeless, late-stage alcoholics. The “1811 Eastlake” center applies

both Harm Reduction and Housing First approaches, with no requirement of housing readiness or sobriety.

The report recommends leaders establish a city and county priority to address the chronically homeless street population, identify and assess the needs of “frequent service users,” determine the cost benefits of applying Harm Reduction and Housing First strategies, and build collaboration to house those who are at highest risk of danger and thus have the greatest impact in terms of public expense.

ECHO cites the Seattle DESC’s Vulnerability Assessment Tool, Common Ground’s Vulnerability Index, and the Arizona Self-Sufficiency Matrix as best practice assessment tools. Each is appended. Seattle’s Chronic Public Inebriates (CPI) Task Force is cited as a possible organizing model for Austin providers, law enforcement officials, neighborhood associations and downtown business leaders.

The report can be accessed at www.caction.org/homeless/.

8.0 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

Division of Aging and Adult Services/Community Services Unit

- *Homeless Coordination Office*
 - Annual Point-in-Time Shelter Survey
 - Annual Report on Current Status of Homelessness in Arizona
 - Arizona Evaluation Project
 - Case Management/Outreach, Research and Coordination contracts
 - Emergency Shelter Grant Program
 - Emergency Shelter and Transitional Housing contracts
 - Housing Arizona Youth Project
 - Governor's Interagency and Community Council on Homelessness
- *Community Action Programs*
 - Short-Term Crisis Services
- *Domestic Violence Intervention*
 - Emergency and Transitional Domestic Violence Shelter contracts

(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

(www.azdhs.gov/bhs)

Arizona Department of Housing

- State Housing Trust Fund Program
- Federal HOME Program
- Community Development Block Grant Program
- 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 (AzCEH)

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 statewide nonprofit organization with a mission to support and advocate for quality housing that Arizonans can afford. The Alliance was formed in 2008 to create an influential voice for housing choices in Arizona and to be the unified resource in the state for affordable housing education and advocacy. The Alliance works to shift the public perception and the policy environment at the local, state and national level through its grassroots advocacy efforts. The Alliance also provides tools and knowledge to help meet the challenges of creating and preserving housing choices in Arizona through its workshops and trainings. In 2010 the Alliance will specifically work to ensure that low- and moderate-income housing is included in the green revolution; promote affordable housing in sustainable communities; secure additional support for the state's Housing Trust Fund; and create awareness of the importance of each community's General Plan in creating quality affordable homes everywhere.

Website: www.azhousingalliance.org

Basic Needs Coalition in Arizona

The Basic Needs Coalition 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, 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 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. 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.cfmo)

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/)

9.0 CONCLUSION

The Current Status of Homelessness in Arizona report is produced annually by the Homeless Coordination Office and is made possible by the cooperation of service providers and advocates throughout the state through their contributions of written material and data. It is truly a collaborative effort intended to aid the Governor, the Legislature and the broader community in understanding the full extent of the problem of homelessness in Arizona and the many tools at hand for finally ending homelessness in our state.

Limited quantities of the report are available in hard copy by contacting Mattie Lord at MLord@azdes.gov, or Andy Hall at JAHall@azdes.gov. To access this and past reports in this series and for Homeless Coordination Office information and resources, visit the DES website at www.azdes.gov and enter “homeless” in the keyword search function. Comments and suggestions for future reports are always welcome.

10.0 APPENDICES

The following items are included:

- Appendix A – Annual Point-in-Time Street Count
- Appendix B – Annual Point-in-Time Shelter Count
- Appendix C – Annual Point-in-Time Shelter Count by County
- Appendix D – HUD Housing Inventory Summary
- Appendix E – Number of McKinney-Vento Eligible Students
- Appendix F – Academic Proficiency of Homeless Students
- Appendix G – Homeless Housing Map Sets
- Appendix H – Glossary of Terms

Appendix A:
Annual Point-in-Time Street Count

**Appendix A:
Annual Point in Time Street Count
January 27, 2009
State of Arizona**

| County | Individual Men | Individual Women | Individual gender unknown | Unaccompanied Youth | Total Individuals | Total and % Reported Chronically Homeless | | Number of Families | Number of Adults in Families | Number of Children in Families | Total Number of Persons in Families | Total Unsheltered Homeless Persons 2009 |
|-------------------|----------------|------------------|---------------------------|---------------------|-------------------|---|------------|--------------------|------------------------------|--------------------------------|-------------------------------------|---|
| | | | | | | | | | | | | |
| Apache | 9 | 1 | 0 | 0 | 10 | 3 | 30% | 0 | 0 | 0 | 0 | 10 |
| Cochise | 91 | 18 | 0 | 0 | 109 | 47 | 43% | 1 | 1 | 1 | 2 | 111 |
| Coconino | 92 | 40 | 0 | 0 | 132 | 34 | 26% | 16 | 47 | 31 | 78 | 210 |
| Gila | 76 | 8 | 0 | 0 | 84 | 1 | 1% | 1 | 2 | 1 | 3 | 87 |
| Graham & Greenlee | 26 | 4 | 0 | 3 | 33 | 10 | 30% | 5 | 10 | 12 | 22 | 55 |
| LaPaz* | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0 | 0 |
| Maricopa | 2,173 | 376 | 0 | 139 | 2,688 | 624 | 23% | 37 | 149 | 81 | 230 | 2,918 |
| Mohave | 343 | 78 | 0 | 54 | 475 | 127 | 27% | 31 | 57 | 58 | 115 | 590 |
| Navajo | 34 | 14 | 0 | 3 | 51 | 0 | 0% | 11 | 36 | 18 | 54 | 105 |
| Pinal | 80 | 23 | 0 | 0 | 103 | 20 | 19% | 10 | 11 | 22 | 33 | 136 |
| Pima | 887 | 184 | 162 | 119 | 1,352 | 724 | 54% | 7 | 14 | 7 | 21 | 1,373 |
| Santa Cruz | 6 | 1 | 0 | 0 | 7 | 3 | 43% | 1 | 2 | 1 | 3 | 10 |
| Yavapai | 338 | 79 | 0 | 6 | 423 | 101 | 24% | 35 | 55 | 71 | 126 | 549 |
| Yuma | 200 | 1 | 0 | 0 | 201 | 0 | 0% | 0 | 0 | 0 | 0 | 201 |
| TOTAL | 4,355 | 827 | 162 | 324 | 5,668 | 1,694 | 30% | 155 | 384 | 303 | 687 | 6,355 |

Notes:

46% of unsheltered persons were counted in Maricopa County, 22% in Pima, 32% in the remaining counties. 30% of unsheltered individuals were counted as chronically homeless. 11% were counted as persons in families with children.

* LaPaz County not counted.

Appendix B:
Annual Point-in-Time Shelter Count

**Appendix B:
DES Annual Point-in-Time Shelter Count
January 27, 2009
State of Arizona**

| 2009 Shelter Survey (332 programs) | Emergency Shelter | | | | Transitional Housing | | | | Permanent Supportive | | | |
|---|-------------------|------------|------------|--------------|----------------------|--------------|------------|--------------|----------------------|--------------|------------|--------------|
| | Maricopa | Pima | BOS* | Totals | Maricopa | Pima | BOS | Totals | Maricopa | Pima | BOS | Totals |
| Families w/ children | 309 | 72 | 97 | 478 | 457 | 222 | 87 | 766 | 256 | 117 | 36 | 409 |
| Adults in Families | 372 | 78 | 106 | 556 | 529 | 267 | 104 | 900 | 346 | 144 | 60 | 550 |
| Children | 672 | 149 | 191 | 1,012 | 952 | 455 | 182 | 1,589 | 493 | 201 | 82 | 776 |
| Youth on Own | 14 | 8 | 18 | 40 | 11 | 7 | 5 | 23 | 0 | 0 | 0 | 0 |
| Single adult | 1470 | 632 | 370 | 2,472 | 951 | 731 | 196 | 1,878 | 1758 | 807 | 212 | 2,777 |
| Total Persons | 2528 | 867 | 685 | 4,080 | 2443 | 1460 | 487 | 4,390 | 2597 | 1152 | 354 | 4,103 |
| Description of the above populations | | | | | | | | | | | | |
| | Maricopa | Pima | BOS | Totals | Maricopa | Pima | BOS | Totals | Maricopa | Pima | BOS | Totals |
| Chronically Homeless (single adults) | 269 | 171 | 98 | 538 | | | | | | | | |
| Veterans | 243 | 86 | 51 | 380 | 157 | 236 | 62 | 455 | 155 | 107 | 10 | 272 |
| DV-Related (see note 2) | 397 | 147 | 154 | 698 | 291 | 141 | 51 | 483 | 65 | 41 | 9 | 115 |
| Severe Mental Illness | 289 | 190 | 90 | 569 | 145 | 287 | 91 | 523 | 1586 | 594 | 244 | 2,424 |
| Substance Abuse Disorder | 424 | 206 | 107 | 737 | 545 | 599 | 156 | 1,300 | 295 | 392 | 91 | 778 |
| Developmental Disability | 56 | 39 | 34 | 129 | 22 | 30 | 0 | 52 | 1 | 14 | 10 | 25 |
| Older Arizonans | 108 | 89 | 40 | 237 | 16 | 38 | 5 | 59 | 56 | 27 | 8 | 91 |
| Physical Disability | 193 | 97 | 69 | 359 | 32 | 85 | 44 | 161 | 39 | 72 | 13 | 124 |
| Chronic Physical Illness | 114 | 144 | 44 | 302 | 51 | 75 | 12 | 138 | 42 | 57 | 18 | 117 |
| HIV/AIDS | 6 | 2 | 3 | 11 | 41 | 16 | 2 | 59 | 53 | 136 | 0 | 189 |
| Bed capacity | | | | | | | | | | | | |
| | Maricopa | Pima | BOS | Totals | Maricopa | Pima | BOS | Totals | Maricopa | Pima | BOS | Totals |
| Family | 1,273 | 285 | 580 | 2,138 | 1,797 | 1,079 | 415 | 3,291 | 1,160 | 846 | 132 | 2,138 |
| Individual | 1,425 | 558 | 277 | 2,260 | 1,069 | 709 | 239 | 2,017 | 1,707 | 663 | 225 | 2,595 |
| Youth | 12 | 14 | 53 | 79 | 10 | 8 | 8 | 26 | 0 | 0 | 0 | 0 |
| Total beds | 2,710 | 857 | 910 | 4,477 | 2,876 | 1,796 | 662 | 5,334 | 2,867 | 1,509 | 357 | 4,733 |

Notes:

- 1) * BOS refers to the remaining 13 counties, sometimes referred to as rural counties.
- 2) Per HUD, 2009 DV-related shelter survey numbers are adults only; 2008 count includes dependent children.
- 3) Per HUD, DES shelter survey does not count chronically homeless persons in transitional or permanent supportive housing.

Appendix C:
Annual Point-in-Time Shelter Count by County

**Appendix C:
Annual Point-in-Time Shelter Count by County
January 27, 2009
State of Arizona**

| ES | Adults in Families | Children in Families | Single Adults | Youth on Own | Total Persons | Families with Children | Chronic Homeless | Veterans | DV | SMI | Chronic Substance Abuse | SMI & Substance Abuse | Devel Disability | Older Arizonans | Physically Disabled | Chronic Physical Illness | HIV/AIDS |
|-------------------|--------------------|----------------------|---------------|--------------|----------------------|------------------------|------------------|------------|------------|------------|-------------------------|-----------------------|------------------|-----------------|---------------------|--------------------------|-----------|
| Apache | 1 | 2 | 2 | 0 | 5 | 1 | | | | | | | | | | | |
| Cochise | 10 | 22 | 25 | 4 | 61 | 10 | 5 | 3 | 20 | 1 | 3 | 1 | | | 2 | | |
| Coconino | 18 | 32 | 96 | 9 | 155 | 17 | 29 | 9 | 31 | 28 | 31 | 14 | 5 | 19 | 22 | 11 | |
| Gila | 5 | 13 | 6 | 0 | 24 | 5 | 2 | | 10 | | 3 | | | | 2 | 1 | |
| Graham & Greenlee | 12 | 21 | 3 | 0 | 36 | 9 | | 1 | 4 | | | | | | | | |
| LaPaz | 0 | 0 | 3 | 0 | 3 | 0 | 1 | 1 | 1 | 1 | | | | | | | 2 |
| Maricopa | 372 | 672 | 1,470 | 14 | 2,528 | 309 | 269 | 243 | 397 | 227 | 362 | 62 | 56 | 108 | 193 | 114 | 6 |
| Mohave | 7 | 13 | 36 | 5 | 61 | 7 | 9 | 4 | 19 | 2 | 2 | | 2 | 2 | 2 | 7 | |
| Navajo | 15 | 19 | 33 | 0 | 67 | 13 | 9 | 4 | 17 | 2 | 5 | 6 | 2 | 3 | 9 | 7 | 3 |
| Pima | 78 | 149 | 632 | 8 | 867 | 72 | 171 | 86 | 147 | 76 | 92 | 114 | 39 | 89 | 97 | 144 | 2 |
| Pinal | 12 | 24 | 19 | 0 | 55 | 12 | | | 29 | 3 | 1 | 2 | 1 | | | | |
| Santa Cruz | 4 | 9 | 9 | 0 | 22 | 4 | 2 | | 5 | | | | | | | | |
| Yavapai | 16 | 22 | 23 | 0 | 61 | 13 | 3 | 6 | 12 | 3 | 9 | | 2 | 2 | 2 | | |
| Yuma | 6 | 14 | 115 | 0 | 135 | 6 | 38 | 23 | 6 | 18 | 21 | 9 | 22 | 14 | 30 | 16 | |
| Totals | 556 | 1,012 | 2,472 | 40 | 4,080 | 478 | 538 | 380 | 698 | 361 | 529 | 208 | 129 | 237 | 359 | 302 | 11 |

| TH | Adults in Families | Children in Families | Single Adults | Youth on Own | Total Persons | Families with Children | | Veterans | DV | SMI | Chronic Substance Abuse | SMI & Substance Abuse | Devel Disability | Older Arizonans | Physically Disabled | Chronic Physical Illness | HIV/AIDS |
|-------------------|--------------------|----------------------|---------------|--------------|----------------------|------------------------|--|------------|------------|------------|-------------------------|-----------------------|------------------|-----------------|---------------------|--------------------------|-----------|
| Apache | 14 | 18 | 5 | 0 | 37 | 10 | | 1 | 5 | | 2 | 1 | | | | | |
| Cochise | 1 | 1 | 15 | 0 | 17 | 1 | | | 1 | | 12 | 1 | | | 1 | | |
| Coconino | 12 | 23 | 17 | 1 | 53 | 12 | | | 13 | | 3 | 6 | | | 3 | 2 | |
| Gila | 3 | 7 | 1 | 0 | 11 | 3 | | | 4 | | | | | | | | |
| Graham & Greenlee | 6 | 7 | 0 | 0 | 13 | 4 | | | | | | | | | | | |
| LaPaz | 1 | 2 | 0 | 0 | 3 | 1 | | | 1 | | | | | 1 | | 1 | 1 |
| Maricopa | 529 | 952 | 951 | 11 | 2,443 | 457 | | 157 | 291 | 67 | 467 | 78 | 22 | 16 | 32 | 51 | 41 |
| Mohave | 12 | 25 | 15 | 0 | 52 | 12 | | | 9 | | 15 | | | | | 2 | |
| Navajo | 12 | 21 | 27 | 0 | 60 | 10 | | 1 | 1 | 19 | 7 | 5 | | | 1 | | |
| Pima | 267 | 455 | 731 | 7 | 1,460 | 222 | | 236 | 141 | 74 | 386 | 213 | 30 | 38 | 85 | 75 | 16 |
| Pinal | 21 | 38 | 4 | 0 | 63 | 17 | | 1 | 11 | | 3 | 1 | | | 1 | 1 | |
| Santa Cruz | 0 | 0 | 4 | 0 | 4 | 0 | | | | | 2 | | | | | | |
| Yavapai | 22 | 40 | 86 | 4 | 152 | 17 | | 59 | 6 | 5 | 39 | 42 | | 4 | 36 | 5 | 1 |
| Yuma | 0 | 0 | 22 | 0 | 22 | 0 | | | | 8 | 14 | 3 | | | 2 | 1 | |
| Totals | 900 | 1,589 | 1,878 | 23 | 4,390 | 766 | | 455 | 483 | 173 | 950 | 350 | 52 | 59 | 161 | 138 | 59 |

**Appendix C:
Annual Point-in-Time Shelter Count by County
January 27, 2009
State of Arizona**

| PSH | Adults in Families | Children in Families | Single Adults | Youth on Own | Total Persons | Families with Children | | Veterans | DV | SMI | Chronic Substance Abuse | SMI & Substance Abuse | Devel Disability | Older Arizonanz | Phys. Disabled | Chronic Physical Illness | HIV/AIDS |
|---------------|--------------------|----------------------|---------------|--------------|----------------------|------------------------|--|------------|------------|--------------|-------------------------|-----------------------|------------------|-----------------|----------------|--------------------------|------------|
| Apache | 3 | 5 | 15 | 0 | 23 | 2 | | | | 16 | | 1 | | | | | |
| Cochise | 10 | 12 | 63 | 0 | 85 | 8 | | | | 50 | 4 | 22 | | | | | |
| Coconino | 6 | 7 | 37 | 0 | 50 | 5 | | | 1 | 25 | 5 | 13 | | 5 | | | |
| Gila | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Graham* | | | | | | | | | | | | | | | | | |
| Greenlee* | | | | | | | | | | | | | | | | | |
| LaPaz | 14 | 19 | 17 | 0 | 50 | 7 | | | | 17 | 4 | 8 | 2 | | 2 | 3 | |
| Maricopa | 346 | 493 | 1,758 | 0 | 2,597 | 256 | | 155 | 65 | 1,488 | 197 | 98 | 1 | 56 | 39 | 42 | 53 |
| Mohave | 7 | 9 | 23 | 0 | 39 | 5 | | 5 | 8 | 22 | 4 | 5 | 4 | 1 | 1 | 5 | |
| Navajo | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Pima | 144 | 201 | 807 | 0 | 1,152 | 117 | | 107 | 41 | 329 | 127 | 265 | 14 | 27 | 72 | 57 | 136 |
| Pinal | 0 | 0 | 12 | 0 | 12 | 0 | | | | 4 | 2 | 6 | | | | | |
| Santa Cruz* | | | | | | | | | | | | | | | | | |
| Yavapai | 0 | 0 | 11 | 0 | 11 | 0 | | 4 | | 3 | | 8 | | 1 | 6 | 4 | |
| Yuma | 20 | 30 | 34 | 0 | 84 | 9 | | 1 | | 35 | | 9 | 4 | 1 | 4 | 6 | |
| Totals | 550 | 776 | 2,777 | 0 | 4,103 | 409 | | 272 | 115 | 1,989 | 343 | 435 | 25 | 91 | 124 | 117 | 189 |

* PSH data for these counties is combined with Cochise County data.

Appendix D:
HUD Housing Inventory Summary

**Appendix D:
2009 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 | 32 | 1,335 | 1,236 | 2,571 | 1,896 | 1,380 | 73% | 1,503 | 1,516 | 3,019 |
| Pima | 23 | 377 | 254 | 631 | 497 | 330 | 66% | 805 | 320 | 1,125 |
| Rural/Balance of State | 36 | 282 | 527 | 809 | 371 | 354 | 95% | 790 | 969 | 1,759 |
| Totals | 91 | 1,994 | 2,017 | 4,011 | 2,764 | 2,064 | 75% | 3,098 | 2,805 | 5,903 |
| Transitional Housing | | | | | | | | | | |
| Maricopa | 46 | 794 | 1,930 | 2,724 | 2,316 | 2,139 | 92% | 1,350 | 1,442 | 2,792 |
| Pima | 29 | 631 | 1,063 | 1,694 | 1,615 | 1,389 | 86% | 169 | 115 | 284 |
| Rural/Balance of State | 35 | 242 | 363 | 595 | 443 | 396 | 89% | 773 | 1,046 | 1,819 |
| Totals | 110 | 1,667 | 3,356 | 5,013 | 4,374 | 3,924 | 90% | 2,292 | 2,603 | 4,895 |
| Permanent Supportive Housing | | | | | | | | | | |
| Maricopa | 19 | 1,690 | 839 | 2,529 | 2,529 | 2,495 | 99% | 3,903 | 1,305 | 5,208 |
| Pima | 28 | 612 | 365 | 977 | 929 | 758 | 82% | 183 | 88 | 271 |
| Rural/Balance of State | 21 | 232 | 133 | 365 | 365 | 360 | 99% | 594 | 468 | 1,062 |
| Totals | 68 | 2,534 | 1,337 | 3,871 | 3,823 | 3,613 | 95% | 4,680 | 1,861 | 6,541 |
| 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 | 271 | 6,235 | 6,710 | 12,935 | 11,001 | 9,641 | 88% | 10,070 | 7,269 | 17,339 |

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.

Appendix E:
Number of McKinney-Vento Eligible Students

**Appendix E:
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 | 25 | 6 | 10 | 11 | 12 | 12 | 20 | 11 | 11 | 0 | 0 | 0 | 0 | 89 |
| Cochise County | 12 | 63 | 62 | 54 | 61 | 55 | 49 | 39 | 51 | 41 | 34 | 37 | 37 | 39 | 549 |
| Coconino County | 8 | 51 | 49 | 53 | 57 | 62 | 43 | 36 | 37 | 38 | 67 | 53 | 71 | 61 | 472 |
| Gila County | 2 | 63 | 68 | 63 | 32 | 35 | 28 | 29 | 11 | 23 | 44 | 33 | 33 | 39 | 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 | 3 | 5 | 2 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 28 |
| Maricopa County | 134 | 1387 | 1177 | 1184 | 1198 | 1008 | 967 | 1013 | 1007 | 998 | 1412 | 1278 | 1140 | 1217 | 13505 |
| Mohave County | 16 | 93 | 75 | 67 | 78 | 72 | 69 | 65 | 79 | 67 | 55 | 55 | 40 | 66 | 824 |
| Navajo County | 4 | 33 | 23 | 22 | 38 | 42 | 29 | 25 | 27 | 18 | 35 | 28 | 20 | 20 | 296 |
| Pima County | 34 | 329 | 374 | 335 | 324 | 296 | 267 | 286 | 304 | 311 | 301 | 282 | 249 | 389 | 3561 |
| Pinal County | 10 | 76 | 109 | 75 | 85 | 85 | 77 | 80 | 82 | 63 | 58 | 46 | 54 | 81 | 793 |
| Santa Cruz County | 0 | 4 | 3 | 2 | 2 | 1 | 4 | 1 | 0 | 0 | 4 | 2 | 0 | 3 | 19 |
| Yavapai County | 17 | 216 | 172 | 182 | 190 | 172 | 152 | 147 | 96 | 100 | 77 | 53 | 64 | 75 | 907 |
| Yuma County | 3 | 22 | 17 | 15 | 19 | 13 | 12 | 14 | 12 | 14 | 13 | 7 | 7 | 18 | 149 |
| Total | 240 | 2364 | 2138 | 2067 | 2097 | 1854 | 1710 | 1756 | 1717 | 1685 | 2100 | 1874 | 1715 | 2009 | 21377* |

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

Appendix F:
Academic Proficiency of Homeless Students

Appendix F: Academic Proficiency of Homeless Students Compared to that of all Arizona Students

FY 2005 Academic Achievement of McKinney-Vento Eligible Students

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

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

FY 2007 Academic Achievement of McKinney-Vento Eligible Students

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

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

FY 2009 Academic Achievement of McKinney-Vento Eligible Students

| READING | AZ | Homeless | Homeless | Homeless |
|---------|--------|----------|----------|----------|
| Grade | % M&E* | # M&E | # Tested | % M&E |
| 3 | 72% | 913 | 1,769 | 51.6% |
| 5 | 73% | 830 | 1,476 | 56.2% |
| 8 | 69% | 642 | 1,392 | 46.1% |
| H.S. | 69% | 1321 | 3,535 | 37.4% |

| MATH | AZ | | | Homeless |
|-------|-------|-------|----------|----------|
| Grade | % M&E | # M&E | # Tested | % M&E |
| 3 | 73% | 941 | 1,769 | 53.2% |
| 5 | 72% | 757 | 1,476 | 51.3% |
| 8 | 63% | 517 | 1,392 | 37.1% |
| H.S. | 59% | 1089 | 3,473 | 31.4% |

| WRITING | AZ | Homeless | Homeless | Homeless |
|---------|-------|----------|----------|----------|
| Grade | % M&E | # M&E | # Tested | % M&E |
| 3 | 79% | 1129 | 1,769 | 63.8% |
| 5 | 79% | 922 | 1,476 | 62.5% |
| 8 | 86% | 1020 | 1,392 | 73.3% |
| H.S. | 67% | 1331 | 3,535 | 37.7% |

Appendix G: Homeless Housing Map Sets

**Maricopa Continuum of Care
Pima Continuum of Care
Balance of State Continuum of Care**

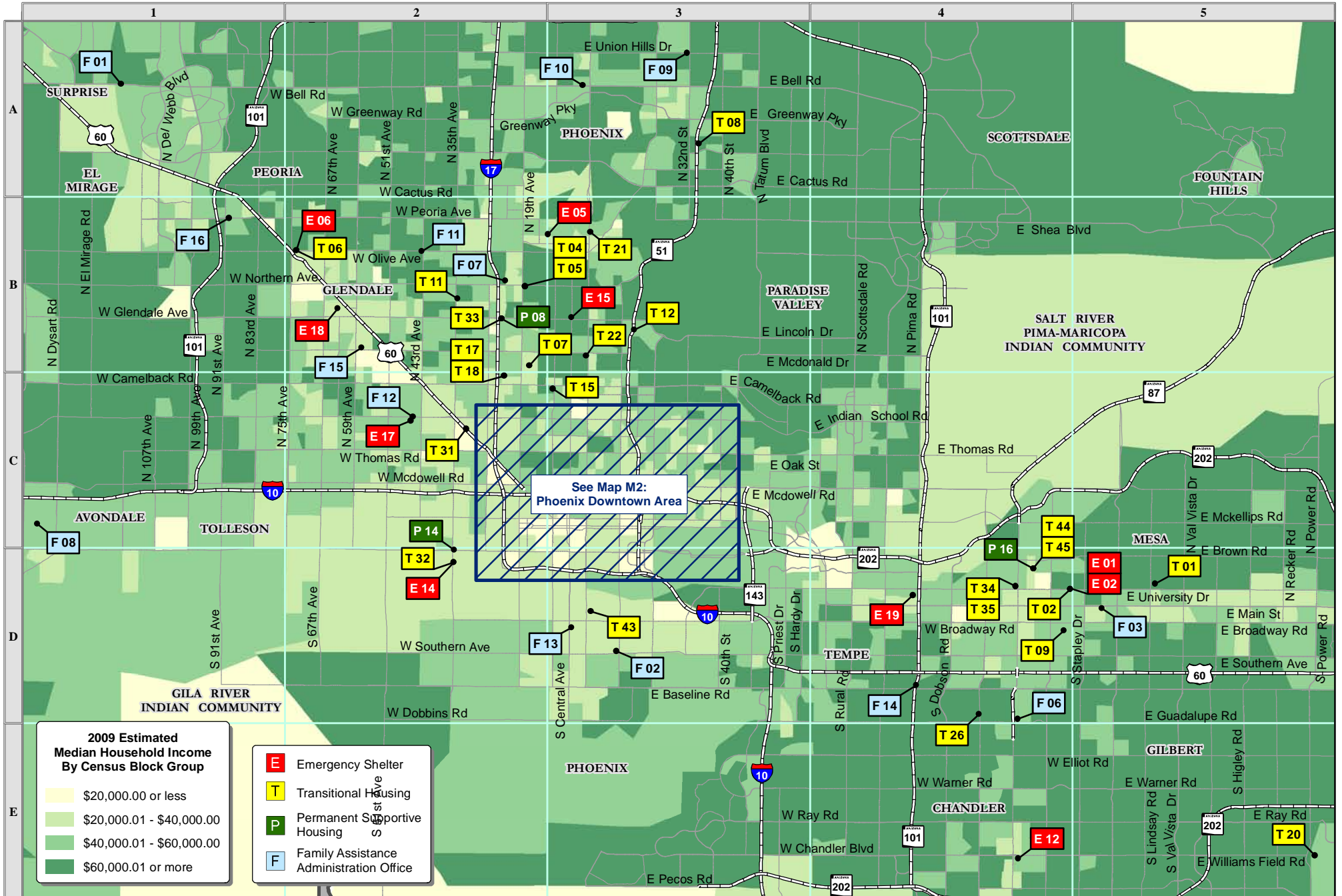
Contents:

- 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

Maricopa Continuum Of Care Shelters Map M1.

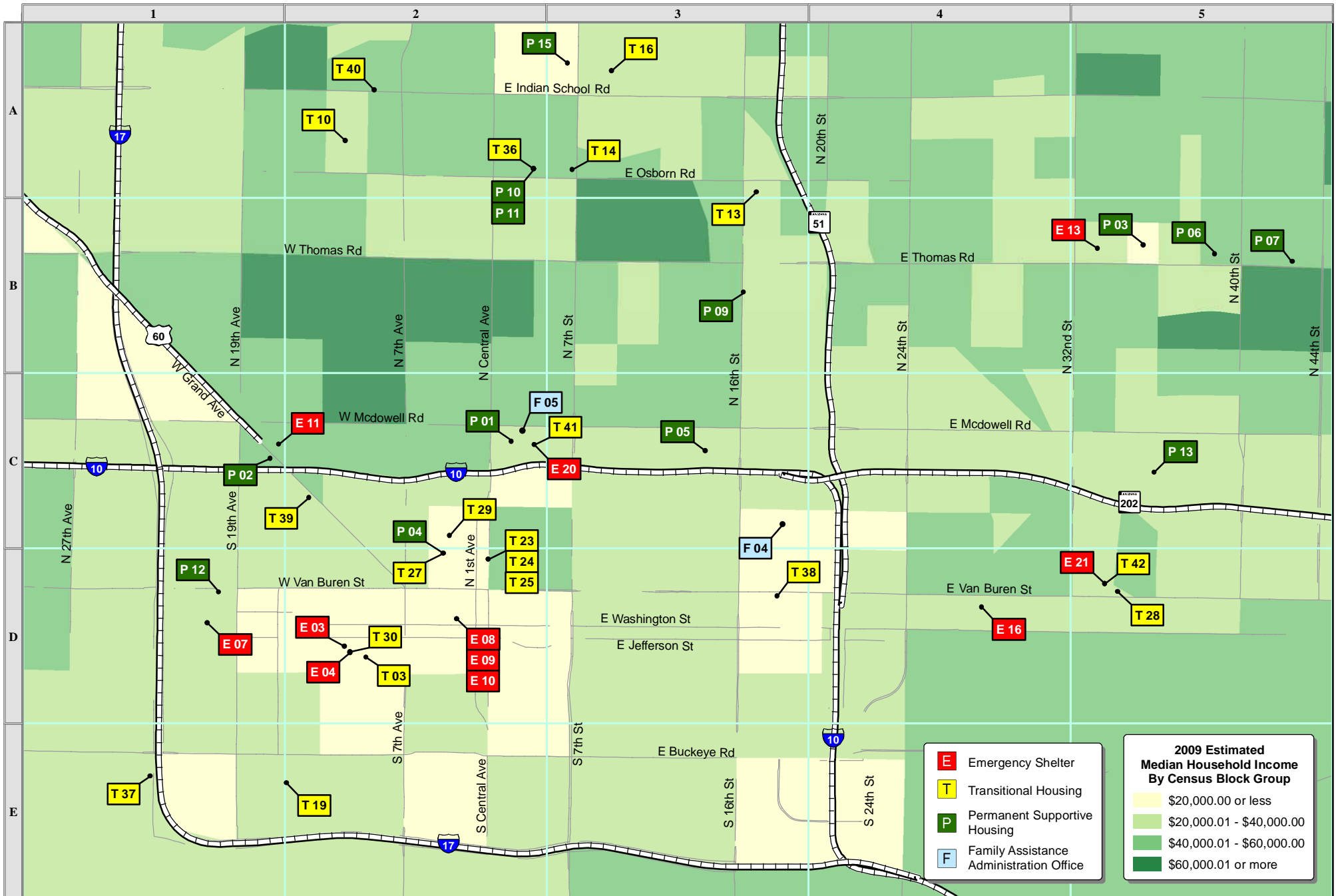


August 2009, Arizona Department of Economic Security (DES) GIS Team. Sources: Arizona Department of Economic Security, 2009 (Shelters, FAA Offices); ESRI, 2009 (Income); Arizona Department of Transportation, 2009 (Highways); Tele Atlas/ESRI, 2009 (Streets); US Census, 2008 (Reservations, Counties); Arizona State Land Department, 2008 (Cities)

Domestic violence shelters were not included in this map. All Maricopa County shelters participating in the DES Annual Point-in-Time Shelter Survey are shown on maps M1 and M2.

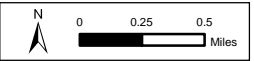
Maricopa Continuum Of Care Shelters

Map M2. Phoenix Downtown Area.



August 2009, Arizona Department of Economic Security (DES) GIS Team. Sources: Arizona Department of Economic Security, 2009 (Shelters, Domestic violence shelters were not included in this map. All Maricopa County shelters participating in the DES Annual Point-in-Time Shelter Survey are shown on maps M1 and M2.

Domestic violence shelters were not included in this map. All Maricopa County shelters participating in the DES Annual Point-in-Time Shelter Survey are shown on maps M1 and M2.



Maricopa Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | | | |
|--|------|------|--------------|---|----------------|------------------------|--------------|--------------|--------------|-------------------------------|--------------|------------|--------------|--------------------------------|------------|------------|-----|---|
| | | | | | | 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 | M1 | D:4 | Emergency | A New Leaf - East Valley Men's Center | (480) 610-6722 | 66 | 0 | 0 | 0 | 64 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | |
| E 02 | M1 | D:4 | Emergency | A New Leaf - La Mesita Family Shelter | (480) 834-8723 | 0 | 0 | 120 | 30 | 0 | 0 | 0 | 0 | 0 | 27 | 30 | 57 | |
| E 03 | M2 | D:2 | Emergency | CASS Low Demand Shelter | (602) 256-6945 | 450 | 0 | 0 | 0 | 451 | 451 | 0 | 0 | 0 | 0 | 0 | 0 | |
| E 04 | M2 | D:2 | Emergency | CASS Single Adult Shelter | (602) 256-6945 | 415 | 0 | 0 | 0 | 443 | 333 | 110 | 1 | 0 | 0 | 0 | 0 | |
| E 05 | M1 | B:3 | Emergency | CASS Vista Colina Family Shelter | (602) 870-8778 | 0 | 0 | 120 | 30 | 0 | 0 | 0 | 0 | 31 | 47 | 77 | 77 | |
| E 06 | M1 | B:2 | Emergency | Catholic Social Services - El Mirage | (623) 486-9868 | 0 | 0 | 16 | 4 | 0 | 0 | 0 | 0 | 3 | 3 | 7 | 7 | |
| E 07 | M2 | D:1 | Emergency | Church on the Street Mission | (602) 257-8918 | 75 | 0 | 0 | 0 | 75 | 75 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 08 | M2 | D:2 | Emergency | City of Phoenix - Voucher Program | (602) 494-7044 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 09 | M2 | D:2 | Emergency | City of Phoenix - Watkins Family Shelter | (602) 494-7044 | 0 | 0 | 54 | 18 | 0 | 0 | 0 | 0 | 18 | 30 | 32 | 32 | |
| E 10 | M2 | D:2 | Emergency | City of Phoenix - Watkins Women's Shelter | (602) 494-7044 | 120 | 0 | 0 | 0 | 118 | 0 | 118 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 11 | M2 | C:1 | Emergency | Gift of Mary Home | (602) 254-8424 | 20 | 0 | 0 | 0 | 7 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 12 | M1 | E:4 | Emergency | Jesus Cares Ministry | (480) 283-7433 | 0 | 0 | 9 | 4 | 1 | 1 | 0 | 0 | 1 | 2 | 1 | 1 | |
| E 13 | M2 | B:5 | Emergency | New AZ Family - Pinchot Gardens (*) | (602) 553-7311 | 40 | 0 | 0 | 0 | 24 | 0 | 24 | 0 | 5 | 5 | 6 | 6 | |
| E 14 | M1 | D:2 | Emergency | Phoenix Rescue Mission - Emergency | (602) 346-3384 | 118 | 0 | 0 | 0 | 95 | 95 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 15 | M1 | B:3 | Emergency | Respite Shelter | (602) 870-4353 | 9 | 0 | 0 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 16 | M2 | D:4 | Emergency | Salvation Army - Kaiser Family Center | (602) 267-4139 | 0 | 0 | 113 | 28 | 0 | 0 | 0 | 0 | 23 | 30 | 58 | 58 | |
| E 17 | M1 | C:2 | Emergency | Spirit of God Ministries - 12th Ave | (602) 272-3662 | 12 | 0 | 0 | 0 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 18 | M1 | B:2 | Emergency | Steps House - Last Resort (*) | (623) 939-1566 | 12 | 0 | 0 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 19 | M1 | D:4 | Emergency | Tempe Community Action I-HELP | (480) 350-5893 | 33 | 0 | 0 | 0 | 33 | 28 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 20 | M2 | C:2 | Emergency | Tumbleweed - Open Hands | (602) 271-9904 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 0 |
| E 21 | M2 | D:5 | Emergency | UMOM New Day Ctr - Emergency Family | (602) 889-0671 | 0 | 0 | 231 | 66 | 0 | 0 | 0 | 0 | 49 | 73 | 120 | 120 | |
| Emergency Shelter (Non-Domestic Violence) Totals | | | | | | 1,370 | 12 | 663 | 180 | 1,334 | 1,073 | 261 | 14 | 157 | 220 | 358 | | |
| Emergency Domestic Violence Shelters - Locations Unmapped | | | | | | | | | | | | | | | | | | |
| DV | - | - | Emergency | A New Leaf - Autumn House | (480) 835-5555 | 0 | 0 | 22 | 4 | 1 | 0 | 1 | 0 | 6 | 6 | 14 | 14 | |
| DV | - | - | Emergency | A New Leaf - DVSTOP Vouchers | (480) 890-3039 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DV | - | - | Emergency | A New Leaf - Faith House | (480) 733-3019 | 0 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 6 | 6 | 11 | 11 | |
| DV | - | - | Emergency | Catholic Charities - My Sister's Place | (480) 821-1024 | 2 | 0 | 25 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 13 | 13 | |
| DV | - | - | Emergency | Chrysalis - Phoenix Shelter | (602) 944-4999 | 0 | 0 | 16 | 4 | 5 | 0 | 5 | 0 | 2 | 2 | 5 | 5 | |
| DV | - | - | Emergency | Chrysalis - Scottsdale Shelter | (480) 481-0402 | 0 | 0 | 24 | 6 | 6 | 0 | 6 | 0 | 6 | 6 | 9 | 9 | |
| DV | - | - | Emergency | CPLC De Colores Crisis | (602) 269-1515 | 0 | 0 | 58 | 14 | 0 | 0 | 0 | 0 | 20 | 20 | 36 | 36 | |
| DV | - | - | Emergency | Eve's Place | (623) 853-6930 | 0 | 0 | 38 | 9 | 11 | 0 | 11 | 0 | 9 | 9 | 12 | 12 | |
| DV | - | - | Emergency | Harmony House | (602) 299-8689 | 15 | 0 | 4 | 2 | 2 | 0 | 2 | 0 | 3 | 3 | 3 | 3 | |
| DV | - | - | Emergency | New Life Center | (623) 932-4404 | 24 | 0 | 61 | 16 | 23 | 0 | 23 | 0 | 20 | 20 | 42 | 42 | |
| DV | - | - | Emergency | Salvation Army - Elim House | (602) 267-4185 | 14 | 0 | 50 | 14 | 2 | 0 | 2 | 0 | 8 | 8 | 21 | 21 | |
| DV | - | - | Emergency | Sojourner Center - Heritage Campus | (602) 296-3337 | 0 | 0 | 84 | 20 | 7 | 0 | 7 | 0 | 28 | 28 | 61 | 61 | |
| DV | - | - | Emergency | Sojourner Center - Hope Campus | (602) 296-3337 | 0 | 0 | 156 | 45 | 78 | 0 | 78 | 0 | 27 | 27 | 55 | 55 | |
| DV | - | - | Emergency | UMOM New Day Center | (602) 889-0671 | 0 | 0 | 56 | 14 | 1 | 0 | 1 | 0 | 12 | 12 | 32 | 32 | |
| Emergency Domestic Violence Shelter Totals | | | | | | 55 | 0 | 610 | 148 | 136 | 0 | 136 | 0 | 152 | 152 | 314 | | |
| Emergency Shelter Totals | | | | | | 1,425 | 12 | 1,273 | 328 | 1,470 | 1,073 | 397 | 14 | 309 | 372 | 672 | | |

Maricopa Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | |
|--|------|------|--------------|--|----------------|------------------------|--------------|--------------|--------------|-------------------------------|------------|------------|--------------|--------------------------------|------------|------------|
| | | | | | | 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 | M1 | D:5 | Transitional | A & A Cottages - Empower House | (480) 792-0265 | 5 | 0 | 9 | 4 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| T 02 | M1 | D:4 | Transitional | A New Leaf - East Valley Men's Shelter | (480) 610-6722 | 18 | 0 | 0 | 0 | 18 | 18 | 0 | 0 | 0 | 0 | 0 |
| T 03 | M2 | D:2 | Transitional | Andre House | (602) 255-0580 | 11 | 0 | 0 | 0 | 7 | 5 | 2 | 0 | 0 | 0 | 0 |
| T 04 | M1 | B:2 | Transitional | Catholic Charities - Dignity at Sundance | (602) 361-0579 | 10 | 0 | 0 | 0 | 6 | 0 | 6 | 0 | 0 | 0 | 0 |
| T 05 | M1 | B:2 | Transitional | Catholic Charities - Dignity House | (602) 361-0579 | 5 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 0 |
| T 06 | M1 | B:2 | Transitional | Catholic Social Services - El Mirage | (623) 486-9868 | 0 | 0 | 20 | 4 | 0 | 0 | 0 | 0 | 3 | 4 | 6 |
| T 07 | M1 | B:2 | Transitional | Childhelp - The Bridge | (602) 589-5556 | 0 | 0 | 32 | 8 | 0 | 0 | 0 | 0 | 8 | 8 | 12 |
| T 08 | M1 | A:3 | Transitional | Clean and Sober Living (4 sites) (*) | (602) 540-0258 | 37 | 0 | 0 | 0 | 37 | 37 | 0 | 0 | 0 | 0 | 0 |
| T 09 | M1 | D:4 | Transitional | Community Bridges - Center for Hope | (480) 461-1711 | 0 | 0 | 32 | 24 | 11 | 0 | 11 | 0 | 10 | 10 | 10 |
| T 10 | M2 | A:2 | Transitional | Crossroads for Men - 13th Ave (*) | (602) 249-8002 | 32 | 0 | 0 | 0 | 32 | 32 | 0 | 0 | 0 | 0 | 0 |
| T 11 | M1 | B:2 | Transitional | Crossroads for Men - 35th Ave (*) | (602) 249-8002 | 50 | 0 | 0 | 0 | 49 | 49 | 0 | 0 | 0 | 0 | 0 |
| T 12 | M1 | B:3 | Transitional | Crossroads for Men - Ocotillo Rd (*) | (602) 249-8002 | 40 | 0 | 0 | 0 | 40 | 40 | 0 | 0 | 0 | 0 | 0 |
| T 13 | M2 | A:3 | Transitional | Crossroads for Women (*) | (602) 249-8002 | 60 | 0 | 0 | 0 | 37 | 0 | 37 | 0 | 0 | 0 | 0 |
| T 14 | M2 | A:3 | Transitional | Family Promise Greater Phoenix | (602) 294-0222 | 0 | 0 | 16 | 6 | 0 | 0 | 0 | 0 | 2 | 2 | 3 |
| T 15 | M1 | C:3 | Transitional | Florence Crittenton Transitional Housing | (602) 274-7318 | 6 | 0 | 11 | 5 | 3 | 0 | 3 | 1 | 8 | 8 | 8 |
| T 16 | M2 | A:3 | Transitional | HomeBase - Nicholas Transitional Program | (602) 263-7773 | 25 | 0 | 0 | 0 | 24 | 16 | 8 | 0 | 0 | 0 | 0 |
| T 17 | M1 | C:2 | Transitional | Homeward Bound Scattered Site Housing | (602) 374-8725 | 0 | 0 | 183 | 76 | 2 | 1 | 1 | 0 | 66 | 102 | 116 |
| T 18 | M1 | C:2 | Transitional | Homeward Bound Thunderbirds Family Village | (602) 374-8725 | 0 | 0 | 160 | 80 | 0 | 0 | 0 | 0 | 72 | 77 | 136 |
| T 19 | M2 | E:2 | Transitional | House of Compassion | (602) 316-5644 | 3 | 0 | 8 | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 7 |
| T 20 | M1 | E:5 | Transitional | House of Refuge East | (480) 988-9242 | 0 | 0 | 249 | 83 | 10 | 1 | 9 | 0 | 57 | 60 | 121 |
| T 21 | M1 | B:3 | Transitional | House of Refuge Sunnyslope | (602) 678-0223 | 35 | 0 | 0 | 0 | 35 | 32 | 3 | 0 | 0 | 0 | 0 |
| T 22 | M1 | B:3 | Transitional | Labor's Community Service Agency | (602) 263-5741 | 0 | 0 | 220 | 48 | 0 | 0 | 0 | 0 | 39 | 49 | 134 |
| T 23 | M2 | D:2 | Transitional | Maggie's Place - Elizabeth House | (602) 262-5555 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| T 24 | M2 | D:2 | Transitional | Maggie's Place - Magdalene House | (602) 262-5555 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 2 |
| T 25 | M2 | D:2 | Transitional | Maggie's Place - Michael House | (602) 262-5555 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 4 |
| T 26 | M1 | D:4 | Transitional | NAFI - Desert Esperanza | (602) 553-7311 | 16 | 0 | 0 | 0 | 15 | 11 | 4 | 0 | 0 | 0 | 0 |
| T 27 | M2 | D:2 | Transitional | Native Amer. Connections - Catherine Arms | (602) 443-0298 | 0 | 0 | 10 | 5 | 9 | 1 | 8 | 0 | 1 | 1 | 1 |
| T 28 | M2 | D:5 | Transitional | Native Amer. Connections - Guiding Star (*) | (602) 254-5805 | 0 | 0 | 32 | 27 | 16 | 0 | 16 | 0 | 2 | 2 | 2 |
| T 29 | M2 | C:2 | Transitional | Native Amer. Connections Indian Rehabilitation (*) | (602) 495-3085 | 16 | 0 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 0 |
| T 30 | M2 | D:2 | Transitional | NOVA Safe Haven | (602) 528-0758 | 25 | 0 | 0 | 0 | 24 | 19 | 5 | 0 | 0 | 0 | 0 |
| T 31 | M1 | C:2 | Transitional | Phoenix Dream Center - Life Recovery School | (602) 346-8700 | 240 | 0 | 0 | 0 | 224 | 176 | 48 | 0 | 0 | 0 | 0 |
| T 32 | M1 | D:2 | Transitional | Phoenix Rescue Mission - Transitional | (602) 346-3384 | 10 | 0 | 0 | 0 | 21 | 21 | 0 | 0 | 0 | 0 | 0 |
| T 33 | M1 | B:2 | Transitional | Phoenix Shanti Group | (602) 279-0008 | 20 | 0 | 0 | 0 | 14 | 13 | 1 | 0 | 0 | 0 | 0 |
| T 34 | M1 | D:4 | Transitional | Save the Family | (480) 898-0228 | 0 | 0 | 228 | 52 | 0 | 0 | 0 | 0 | 45 | 45 | 105 |
| T 35 | M1 | D:4 | Transitional | Save the Family - DV-Exp | (480) 898-0228 | 0 | 0 | 136 | 28 | 0 | 0 | 0 | 0 | 28 | 28 | 47 |
| T 36 | M2 | A:2 | Transitional | Southwest Beh. Hlth. - HOPWA Transitional | (602) 285-4278 | 35 | 0 | 20 | 9 | 25 | 19 | 6 | 0 | 3 | 3 | 3 |
| T 37 | M2 | E:1 | Transitional | Southwest Behavioral Health - The Haven | (602) 258-1542 | 16 | 0 | 0 | 0 | 14 | 7 | 7 | 0 | 0 | 0 | 0 |
| T 38 | M2 | D:3 | Transitional | St Vincent De Paul - Ozanam Manor | (602) 495-3050 | 49 | 0 | 0 | 0 | 42 | 21 | 21 | 0 | 0 | 0 | 0 |
| T 39 | M2 | C:2 | Transitional | Teen Challenge Phoenix Men's Center | (602) 271-4084 | 62 | 0 | 0 | 0 | 45 | 45 | 0 | 0 | 0 | 0 | 0 |
| T 40 | M2 | A:2 | Transitional | Tumbleweed START | (602) 271-9904 | 8 | 0 | 6 | 3 | 8 | 3 | 5 | 0 | 0 | 0 | 0 |
| T 41 | M2 | C:2 | Transitional | Tumbleweed YAP | (602) 271-9904 | 0 | 10 | 10 | 5 | 0 | 0 | 0 | 10 | 3 | 0 | 6 |
| T 42 | M2 | D:5 | Transitional | UMOM New Day - Transitional Family | (602) 898-0671 | 0 | 0 | 170 | 46 | 0 | 0 | 0 | 0 | 44 | 64 | 110 |
| T 43 | M1 | D:3 | Transitional | US Vets - VIP | (602) 305-8585 | 70 | 0 | 0 | 0 | 64 | 60 | 4 | 0 | 0 | 0 | 0 |
| T 44 | M1 | D:4 | Transitional | Women in New Recovery - Alternative Living (*) | (480) 464-5764 | 50 | 0 | 0 | 0 | 40 | 0 | 40 | 0 | 0 | 0 | 0 |
| T 45 | M1 | D:4 | Transitional | Women in New Recovery (*) | (480) 464-5764 | 50 | 0 | 0 | 0 | 42 | 0 | 42 | 0 | 0 | 0 | 0 |
| Transitional Housing (Non-Domestic Violence) Totals | | | | | | 1,046 | 10 | 1,552 | 514 | 932 | 640 | 292 | 11 | 407 | 479 | 839 |

Maricopa Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | |
|--|------|------|--------------|---|----------------|------------------------|--------------|--------------|--------------|-------------------------------|--------------|--------------|--------------|--------------------------------|--------------|--------------|
| | | | | | | 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 | 16 | 16 | 38 |
| DV | - | - | Transitional | Area Agency on Aging - DOVES | (602) 264-2255 | 12 | 0 | 0 | 0 | 12 | 0 | 12 | 0 | 0 | 0 | 0 |
| DV | - | - | Transitional | Catholic Charities - Pathways | (480) 821-1024 | 0 | 0 | 13 | 2 | 0 | 0 | 0 | 0 | 2 | 2 | 7 |
| DV | - | - | Transitional | Chrysalis - Transitional Shelter | (602) 944-5335 | 0 | 0 | 42 | 10 | 4 | 0 | 4 | 0 | 8 | 8 | 17 |
| DV | - | - | Transitional | CPLC - De Colores | (602) 269-1515 | 0 | 0 | 30 | 6 | 0 | 0 | 0 | 0 | 6 | 6 | 19 |
| DV | - | - | Transitional | CPLC - De Colores Transitional COP | (602) 269-1515 | 0 | 0 | 12 | 3 | 0 | 0 | 0 | 0 | 3 | 3 | 6 |
| DV | - | - | Transitional | CPLC - De Colores Vida y Esperanza | (602) 269-1515 | 0 | 0 | 12 | 5 | 0 | 0 | 0 | 0 | 5 | 5 | 5 |
| DV | - | - | Transitional | Sojourner Center - Heritage Campus | (602) 296-3337 | 0 | 0 | 40 | 12 | 1 | 0 | 1 | 0 | 5 | 5 | 10 |
| DV | - | - | Transitional | Sojourner Center - SLP Campus | (602) 296-3337 | 11 | 0 | 32 | 15 | 2 | 0 | 2 | 0 | 5 | 5 | 11 |
| Transitional Domestic Violence Housing Totals | | | | | | 23 | 0 | 245 | 69 | 19 | 0 | 19 | 0 | 50 | 50 | 113 |
| Transitional Housing Totals | | | | | | 1,069 | 10 | 1,797 | 583 | 951 | 640 | 311 | 11 | 457 | 529 | 952 |
| Permanent Supportive Housing | | | | | | | | | | | | | | | | |
| P 01 | M2 | C:2 | Supportive | AZ Behavioral Health - Supportive Housing | (602) 712-9200 | 1,346 | 0 | 723 | 221 | 1,346 | 716 | 630 | 0 | 217 | 300 | 423 |
| P 02 | M2 | C:1 | Supportive | AZ Housing Inc. - Steele Commons | (602) 258-3876 | 84 | 0 | 0 | 0 | 84 | 61 | 23 | 0 | 0 | 0 | 0 |
| P 03 | M2 | B:5 | Supportive | NAFI Pinchot Apts (family) | (602) 553-7311 | 0 | 0 | 46 | 18 | 0 | 0 | 0 | 0 | 18 | 18 | 31 |
| P 04 | M2 | D:2 | Supportive | Native Amer. Connections - Catherine Arms | (602) 443-0298 | 0 | 0 | 10 | 5 | 6 | 2 | 4 | 0 | 1 | 2 | 2 |
| P 05 | M2 | C:3 | Supportive | Native Amer. Connections - Stepping Stone | (602) 443-0298 | 44 | 0 | 0 | 0 | 41 | 37 | 4 | 0 | 0 | 0 | 0 |
| P 06 | M2 | B:5 | Supportive | Native Amer. Connections - Sunrise Circle | (602) 443-0298 | 0 | 0 | 34 | 8 | 20 | 16 | 4 | 0 | 6 | 6 | 8 |
| P 07 | M2 | B:5 | Supportive | New AZ Family - 7 locations (*) | (602) 553-7300 | 44 | 0 | 0 | 0 | 44 | 30 | 14 | 0 | 0 | 0 | 0 |
| P 08 | M1 | B:2 | Supportive | Phoenix Shanti Group | (602) 279-0008 | 6 | 0 | 10 | 4 | 6 | 6 | 0 | 0 | 1 | 2 | 2 |
| P 09 | M2 | B:3 | Supportive | Recovery Innovations - Another Chance | (602) 284-1217 | 125 | 0 | 0 | 0 | 82 | 54 | 28 | 0 | 0 | 0 | 0 |
| P 10 | M2 | A:2 | Supportive | Southwest Behav. Hlth - Brookside | (602) 545-1782 | 6 | 0 | 4 | 2 | 7 | 6 | 1 | 0 | 0 | 0 | 0 |
| P 11 | M2 | A:2 | Supportive | Southwest Behav. Hlth. - HOPWA Permanent | (602) 285-4278 | 23 | 0 | 12 | 6 | 22 | 17 | 5 | 0 | 3 | 4 | 4 |
| P 12 | M2 | D:1 | Supportive | UMOM - Lamplighter Place | (602) 889-0671 | 16 | 0 | 0 | 0 | 14 | 8 | 6 | 0 | 0 | 0 | 0 |
| P 13 | M2 | C:5 | Supportive | UMOM - Sahara Luna (*) | (602) 889-0671 | 0 | 0 | 6 | 2 | 0 | 0 | 0 | 0 | 2 | 3 | 3 |
| P 14 | M1 | D:2 | Supportive | US Vets - PHP | (602) 305-8585 | 3 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| P 15 | M2 | A:3 | Supportive | Veterans Administration - HUD-VASH | (602) 277-5551 | 0 | 0 | 315 | 105 | 75 | 66 | 9 | 0 | 8 | 11 | 20 |
| P 16 | M1 | D:4 | Supportive | Women in New Recovery - Achievers | (480) 464-5764 | 10 | 0 | 0 | 0 | 8 | 0 | 8 | 0 | 0 | 0 | 0 |
| Permanent Supportive Housing Totals | | | | | | 1,707 | 0 | 1,160 | 371 | 1,758 | 1,022 | 736 | 0 | 256 | 346 | 493 |
| Emergency Shelters, Transitional Housing and Permanent Supportive Housing Grand Total | | | | | | 4,201 | 22 | 4,230 | 1,282 | 4,179 | 2,735 | 1,444 | 25 | 1,022 | 1,247 | 2,117 |

Note: Due to capacity changes during the reporting year, bed capacity totals may not correspond to the year-round capacity totals shown in the 2009 HUD application housing inventory table in this report.

(*) - Shelter will be dropped from the 2010 survey.

Maricopa Continuum of Care
Family Assistance Administration Offices

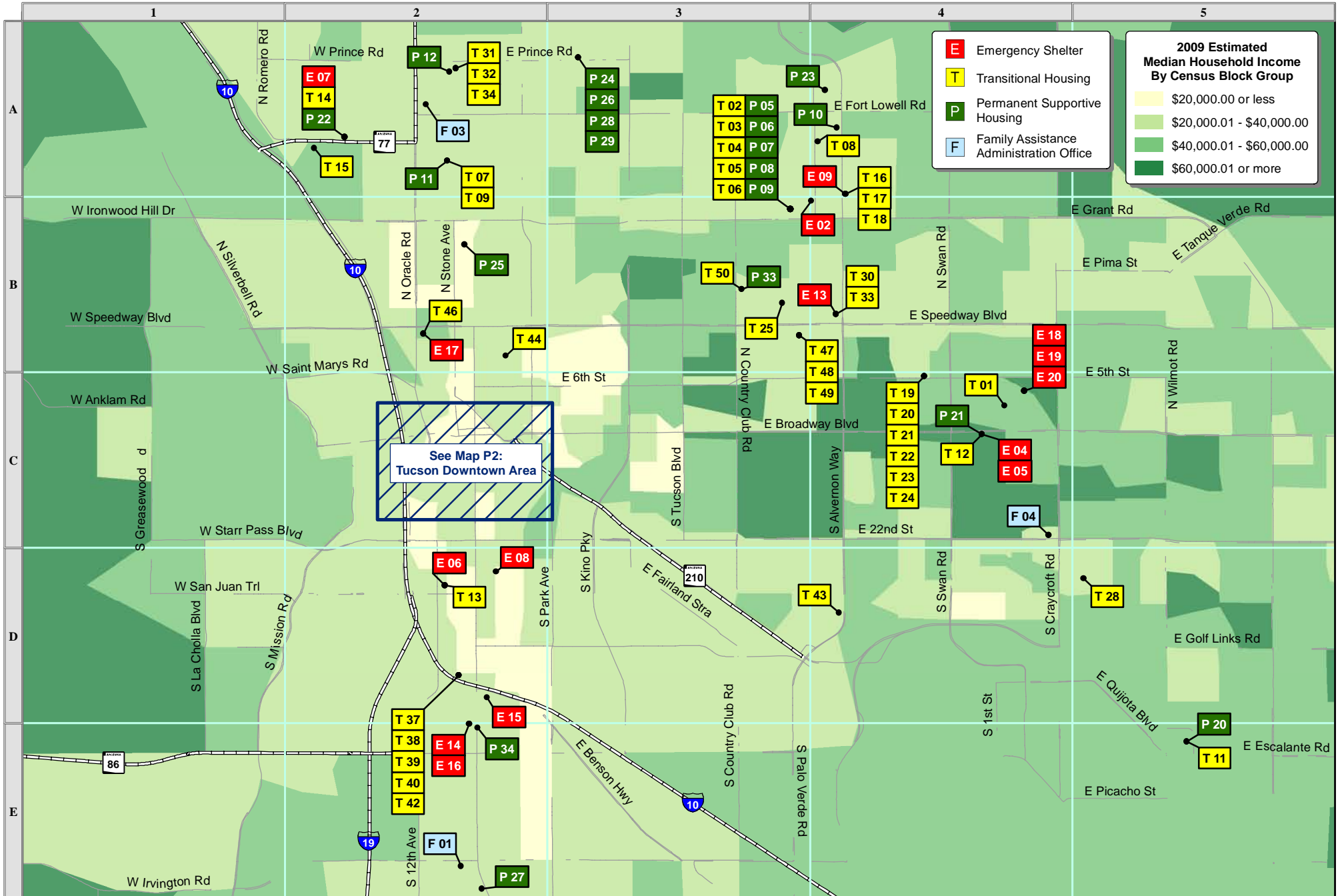
| Map Symbol | Map# | Grid | Address | City | ZIP Code | Office Phone | Zip Code Coverage Areas |
|------------|------|------|-------------------------------|----------|----------|----------------|--|
| F 01 | M1 | A:1 | 11526 W. Bell Rd. | Surprise | 85374 | (602) 771-1840 | 85320, 85335, 85342, 85351, 85355, 85358, 85361, 85363, 85372, 85373, 85374, 85375, 85376, 85378, 85379, 85387, 85388, 85390 |
| F 02 | M1 | D:3 | 1522 E. Southern Ave., Ste. 2 | Phoenix | 85040 | (602) 243-0404 | 85034, 85040, 85042 |
| F 03 | M1 | D:5 | 1619 E. Main St. | Mesa | 85203 | (480) 834-4066 | 85203, 85205, 85206, 85207, 85208, 85209, 85211, 85213, 85215, 85252, 85264, 85268, 85269, 85271 |
| F 04 | M2 | C:3 | 1824 E. Mckinley St. | Phoenix | 85006 | (602) 258-2695 | 85006, 85008, 85012, 85014, 85016, 85018 |
| F 05 | M2 | C:2 | 215 E. McDowell Rd. | Phoenix | 85004 | (602) 495-1308 | 85003, 85004, 85007, 85013 |
| F 06 | M1 | D:4 | 2288 W. Guadalupe Rd. | Gilbert | 85233 | (480) 777-1168 | 85127, 85142, 85202, 85204, 85210, 85212, 85224, 85225, 85226, 85233, 85234, 85236, 85244, 85246, 85248, 85249, 85286, 85295, 85296, 85297, 85298, 85299 |
| F 07 | M1 | B:2 | 2311 W. Royal Palm Rd. | Phoenix | 85021 | (602) 242-0024 | 85015, 85020, 85021, 85051 |
| F 08 | M1 | C:1 | 290 W. La Canada Blvd. | Avondale | 85323 | (623) 925-0095 | 85323, 85329, 85338, 85340, 85353, 85392, 85395 |
| F 09 | M1 | A:3 | 3150 E. Union Hills Dr. | Phoenix | 85050 | (602) 482-0211 | 85024, 85028, 85032, 85050, 85054, 85250, 85253, 85254, 85255, 85258, 85259, 85260, 85262, 85263, 85266, 85331, 85362, 85377 |
| F 10 | M1 | A:3 | 350 E. Bell Rd., Ste. J4 | Phoenix | 85022 | (602) 843-3934 | 85022, 85023, 85027, 85086, 85087 |
| F 11 | M1 | B:2 | 4323 W. Olive Ave. | Glendale | 85302 | (623) 931-5640 | 85029, 85053, 85083, 85085, 85302, 85304, 85306 |
| F 12 | M1 | C:2 | 4502 W. Indian School Rd. | Phoenix | 85031 | (623) 245-6300 | 85009, 85015, 85017, 85019, 85031, 85035, 85043 |
| F 13 | M1 | D:3 | 4635 S. Central Ave. | Phoenix | 85040 | (602) 276-5773 | 85041, 85339 |
| F 14 | M1 | D:4 | 5038 S. Price Rd. | Tempe | 85282 | (480) 831-1408 | 85044, 85045, 85048, 85201, 85251, 85257, 85281, 85282, 85283, 85284, 85287 |

Maricopa Continuum of Care
Family Assistance Administration Offices

| Map Symbol | Map# | Grid | Address | City | ZIP Code | Office Phone | Zip Code Coverage Areas |
|------------|------|------|---------------------|----------|----------|----------------|---|
| F 15 | M1 | B:2 | 6010 N. 57th Dr. | Glendale | 85301 | (623) 842-6300 | 85301, 85033 |
| F 16 | M1 | B:1 | 8990 W. Peoria Ave. | Peoria | 85345 | (602) 771-0011 | 85037, 85303, 85305, 85307, 85308, 85309, 85310, 85345, 85381, 85382, 85383 |

Pima Continuum Of Care Shelters

Map P1.



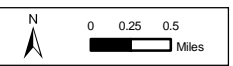
- E Emergency Shelter
- T Transitional Housing
- P Permanent Supportive Housing
- F Family Assistance Administration Office

2009 Estimated Median Household Income By Census Block Group

- \$20,000.00 or less
- \$20,000.01 - \$40,000.00
- \$40,000.01 - \$60,000.00
- \$60,000.01 or more

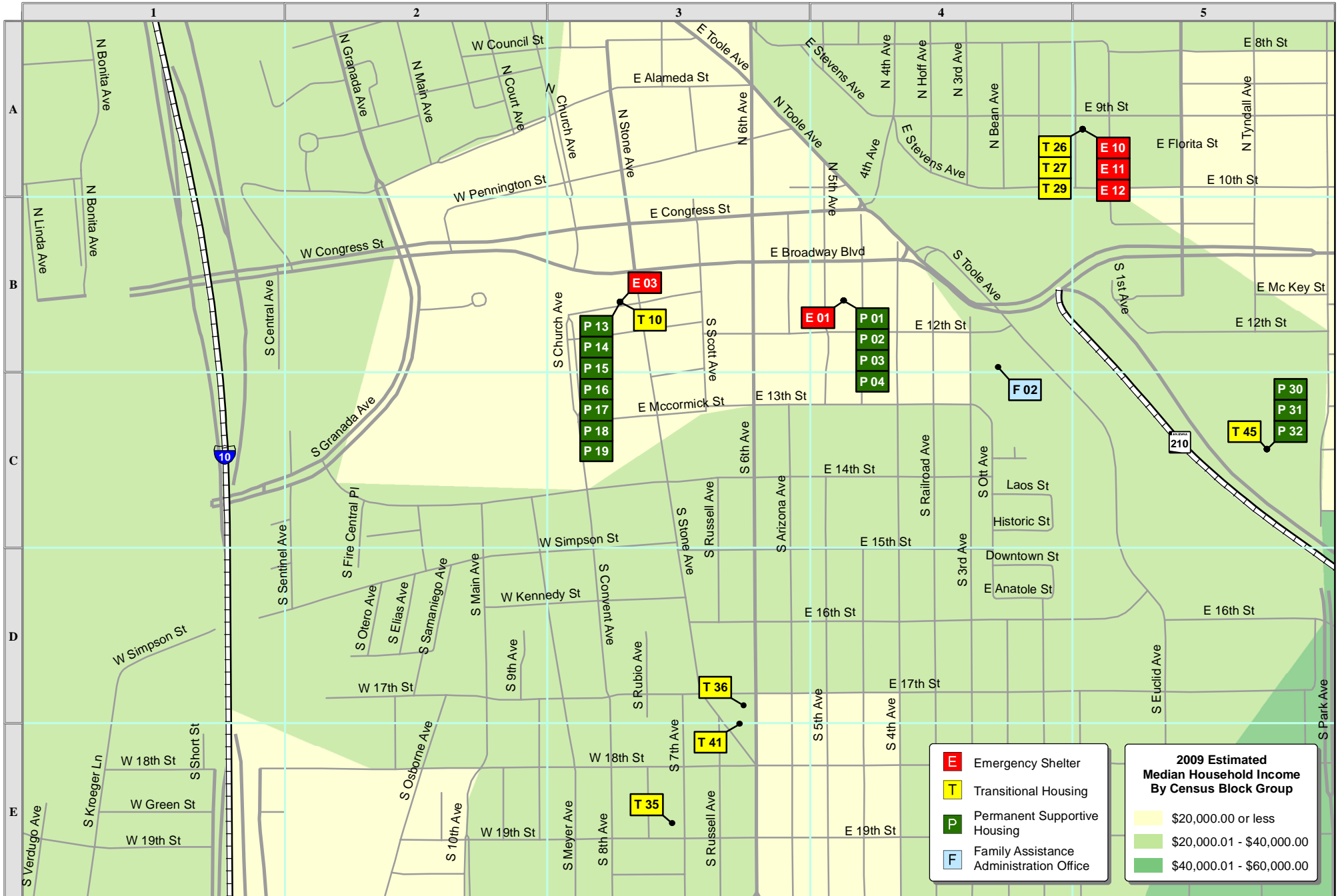
August 2009, Arizona Department of Economic Security (DES) GIS Team. Sources: Arizona Department of Economic Security, 2009 (Shelters, FAA Offices); ESRI, 2009 (Income); Arizona Department of Transportation, 2009 (Highways); Tele Atlas/ESRI, 2009 (Streets);

Domestic violence shelters were not included in this map. All Pima County shelters participating in the DES Annual Point-in-Time Shelter Survey are shown on maps P1 and P2.



Pima Continuum Of Care Shelters

Map P2. Tucson Downtown Area.



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

2009 Estimated Median Household Income By Census Block Group

- \$20,000.00 or less
- \$20,000.01 - \$40,000.00
- \$40,000.01 - \$60,000.00

Pima Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | |
|--|------|------|--------------|---|----------------|------------------------|--------------|-------------|--------------|-------------------------------|------------|------------|--------------|--------------------------------|-----------|------------|
| | | | | | | 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 | P2 | B:4 | Emergency | CODAC - Safety Zone (*) | (520) 327-4505 | 5 | 0 | 0 | 0 | 5 | 5 | 0 | 0 | 0 | 0 | 0 |
| E 02 | P1 | B:4 | Emergency | Compass Behavioral Health - Desert Hope detox (*) | (520) 624-5272 | 58 | 0 | 0 | 0 | 55 | 43 | 12 | 0 | 0 | 0 | 0 |
| E 03 | P2 | B:3 | Emergency | COPE Community Svcs - Arizona Hotel | (520) 624-3310 | 3 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| E 04 | P1 | C:4 | Emergency | Giving Tree - Compassion Hope Ctr | (520) 320-5437 | 0 | 0 | 35 | 12 | 58 | 34 | 24 | 0 | 8 | 8 | 9 |
| E 05 | P1 | C:4 | Emergency | Giving Tree - GTHT voucher | (520) 320-5437 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 5 |
| E 06 | P1 | D:2 | Emergency | Gospel Rescue - Men's Shelter | (520) 740-1501 | 72 | 0 | 0 | 0 | 144 | 144 | 0 | 0 | 0 | 0 | 0 |
| E 07 | P1 | A:2 | Emergency | Gospel Rescue - Women & Children | (520) 690-1295 | 8 | 0 | 12 | 3 | 10 | 0 | 10 | 0 | 5 | 5 | 9 |
| E 08 | P1 | D:2 | Emergency | Jackson Employment Ctr - Proj. Advent voucher | (520) 838-3300 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 7 |
| E 09 | P1 | A:4 | Emergency | New Beginnings - Family Shelter | (520) 325-8800 | 0 | 0 | 45 | 13 | 0 | 0 | 0 | 0 | 13 | 13 | 25 |
| E 10 | P2 | A:5 | Emergency | Open Inn - Crisis Assist. & Shelter | (520) 670-9040 | 6 | 0 | 0 | 0 | 6 | 5 | 1 | 0 | 0 | 0 | 0 |
| E 11 | P2 | A:5 | Emergency | Open Inn - Linden & Louis | (520) 318-9100 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| E 12 | P2 | A:5 | Emergency | Open-Inn - Youth Crisis Shelter | (520) 670-9040 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| E 13 | P1 | B:4 | Emergency | Our Family Services - Reunion House | (520) 323-1708 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| E 14 | P1 | E:2 | Emergency | Primavera Fdtn - Greyhound Family | (520) 622-8900 | 0 | 0 | 51 | 17 | 0 | 0 | 0 | 0 | 14 | 19 | 36 |
| E 15 | P1 | D:2 | Emergency | Primavera Fdtn - Men's Shelter | (520) 623-4300 | 100 | 0 | 0 | 0 | 99 | 99 | 0 | 0 | 0 | 0 | 0 |
| E 16 | P1 | E:2 | Emergency | Primavera Fdtn - P&I voucher | (520) 622-8900 | 0 | 0 | 0 | 0 | 4 | 2 | 2 | 0 | 1 | 1 | 3 |
| E 17 | P1 | B:2 | Emergency | Salvation Army - Hospitality House | (520) 622-5411 | 83 | 0 | 8 | 2 | 55 | 38 | 17 | 0 | 0 | 0 | 0 |
| E 18 | P1 | C:4 | Emergency | TPCH - One Step Beyond | (520) 745-9443 | 14 | 0 | 0 | 0 | 13 | 13 | 0 | 0 | 0 | 0 | 0 |
| E 19 | P1 | C:4 | Emergency | TPCH - Operation Deep Freeze | (520) 745-9443 | 150 | 0 | 0 | 0 | 74 | 65 | 9 | 0 | 0 | 0 | 0 |
| E 20 | P1 | C:4 | Emergency | TPCH - Project Hospitality | (520) 745-9443 | 59 | 0 | 0 | 0 | 49 | 34 | 15 | 0 | 0 | 0 | 0 |
| Emergency Shelter (Non-Domestic Violence) Totals | | | | | | 558 | 14 | 151 | 47 | 574 | 484 | 90 | 8 | 46 | 52 | 96 |
| Emergency Domestic Violence Shelters - Locations Unmapped | | | | | | | | | | | | | | | | |
| DV | - | - | Emergency | Emerge - Ava Shelter | (520) 795-8001 | 0 | 0 | 20 | 5 | 14 | 0 | 14 | 0 | 3 | 3 | 5 |
| DV | - | - | Emergency | Emerge - Casa Amparo | (520) 795-8001 | 0 | 0 | 10 | 4 | 2 | 0 | 2 | 0 | 2 | 2 | 6 |
| DV | - | - | Emergency | Emerge - TCWC Shelter | (520) 795-8001 | 0 | 0 | 70 | 15 | 26 | 0 | 26 | 0 | 14 | 14 | 27 |
| DV | - | - | Emergency | Emerge - West House | (520) 795-8001 | 0 | 0 | 34 | 9 | 16 | 0 | 16 | 0 | 7 | 7 | 15 |
| Emergency Domestic Violence Shelter Totals | | | | | | 0 | 0 | 134 | 33 | 58 | 0 | 58 | 0 | 26 | 26 | 53 |
| Emergency Shelter Totals | | | | | | 558 | 14 | 285 | 80 | 632 | 484 | 148 | 8 | 72 | 78 | 149 |

| | | | | | | | | | | | | | | | | |
|---|----|-----|--------------|--|----------------|----|---|-----|----|----|----|----|---|----|----|----|
| Transitional Housing (Non-Domestic Violence) | | | | | | | | | | | | | | | | |
| T 01 | P1 | C:4 | Transitional | AZ Housing & Prevention - New Chance | (520) 795-0107 | 0 | 0 | 18 | 11 | 16 | 9 | 7 | 0 | 2 | 2 | 4 |
| T 02 | P1 | B:3 | Transitional | Comin Home - Advent | (520) 322-6980 | 16 | 0 | 0 | 0 | 16 | 16 | 0 | 0 | 0 | 0 | 0 |
| T 03 | P1 | B:3 | Transitional | Comin Home - Operation Desert Hope | (520) 322-6980 | 27 | 0 | 0 | 0 | 25 | 25 | 0 | 0 | 0 | 0 | 0 |
| T 04 | P1 | B:3 | Transitional | Comin Home - Second Tour | (520) 322-6980 | 22 | 0 | 0 | 0 | 22 | 22 | 0 | 0 | 0 | 0 | 0 |
| T 05 | P1 | B:3 | Transitional | Comin Home - Substance Abuse Programs | (520) 322-6980 | 23 | 0 | 0 | 0 | 23 | 22 | 1 | 0 | 0 | 0 | 0 |
| T 06 | P1 | B:3 | Transitional | Comin Home - VIP VETS | (520) 322-6980 | 16 | 0 | 0 | 0 | 16 | 14 | 2 | 0 | 0 | 0 | 0 |
| T 07 | P1 | A:2 | Transitional | Compass Health Care - MICA (*) | (520) 887-5902 | 14 | 0 | 0 | 0 | 7 | 5 | 2 | 0 | 0 | 0 | 0 |
| T 08 | P1 | A:4 | Transitional | Compass Health Care - New Directions (*) | (520) 327-9863 | 43 | 0 | 0 | 0 | 41 | 31 | 10 | 0 | 0 | 0 | 0 |
| T 09 | P1 | A:2 | Transitional | Compass Health Care - Vida Serena (*) | (520) 628-3370 | 14 | 0 | 0 | 0 | 14 | 12 | 2 | 0 | 0 | 0 | 0 |
| T 10 | P2 | B:3 | Transitional | COPE Community Svcs - Bridges | (520) 624-3310 | 27 | 0 | 4 | 2 | 28 | 19 | 9 | 0 | 0 | 0 | 0 |
| T 11 | P1 | E:5 | Transitional | Esperanza En Escalante | (520) 571-8294 | 47 | 0 | 30 | 8 | 50 | 49 | 1 | 0 | 4 | 8 | 6 |
| T 12 | P1 | C:4 | Transitional | Giving Tree - GTHMS | (520) 320-5437 | 31 | 0 | 48 | 16 | 12 | 1 | 11 | 3 | 20 | 25 | 51 |
| T 13 | P1 | D:2 | Transitional | Gospel Rescue Mission - Men's | (520) 740-1501 | 34 | 0 | 0 | 0 | 32 | 32 | 0 | 0 | 0 | 0 | 0 |
| T 14 | P1 | A:2 | Transitional | Gospel Rescue Mission - Women's | (520) 690-1295 | 4 | 0 | 12 | 4 | 3 | 0 | 3 | 0 | 3 | 3 | 3 |
| T 15 | P1 | A:2 | Transitional | La Frontera - Sonora House | (520) 404-8504 | 15 | 0 | 0 | 0 | 15 | 10 | 5 | 0 | 0 | 0 | 0 |
| T 16 | P1 | A:4 | Transitional | New Beginnings - Bridges | (520) 325-8800 | 0 | 0 | 81 | 19 | 0 | 0 | 0 | 0 | 15 | 15 | 25 |
| T 17 | P1 | A:4 | Transitional | New Beginnings - La Promesa | (520) 325-8800 | 0 | 0 | 233 | 39 | 0 | 0 | 0 | 0 | 36 | 37 | 79 |

Pima Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | |
|--|------|------|--------------|--|-----------------|------------------------|--------------|--------------|--------------|-------------------------------|------------|------------|--------------|--------------------------------|------------|------------|
| | | | | | | Single Adult | Youth on Own | Family Beds | Family Units | Adults | Men | Women | Youth on Own | Families | Adults | Children |
| T 18 | P1 | A:4 | Transitional | New Beginnings - Mariposa | (520) 325-8800 | 0 | 0 | 58 | 12 | 0 | 0 | 0 | 0 | 7 | 7 | 11 |
| T 19 | P1 | C:4 | Transitional | Old Pueblo - Casa Santa Clara | (520) 546-0122 | 82 | 0 | 0 | 0 | 82 | 82 | 0 | 0 | 0 | 0 | 0 |
| T 20 | P1 | C:4 | Transitional | Old Pueblo - Homeless Vets | (520) 546-0122 | 22 | 0 | 0 | 0 | 22 | 22 | 0 | 0 | 0 | 0 | 0 |
| T 21 | P1 | C:4 | Transitional | Old Pueblo - Men in Transition | (520) 546-0122 | 12 | 0 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 0 |
| T 22 | P1 | C:4 | Transitional | Old Pueblo - New Chance SHP | (520) 546-0122 | 24 | 0 | 0 | 0 | 24 | 12 | 12 | 0 | 0 | 0 | 0 |
| T 23 | P1 | C:4 | Transitional | Old Pueblo - Oasis House For Women | (520) 546-0122 | 32 | 0 | 0 | 0 | 32 | 0 | 32 | 0 | 0 | 0 | 0 |
| T 24 | P1 | C:4 | Transitional | Old Pueblo - Oasis Project SHP | (520) 546-0122 | 18 | 0 | 21 | 8 | 18 | 18 | 0 | 0 | 8 | 12 | 24 |
| T 25 | P1 | B:3 | Transitional | Open Inn - Bridges | (520) 670-9040 | 4 | 0 | 0 | 0 | 4 | 3 | 1 | 0 | 1 | 1 | 1 |
| T 26 | P2 | A:5 | Transitional | Open Inn - CASA | (520) 670-9040 | 8 | 0 | 0 | 0 | 6 | 4 | 2 | 0 | 1 | 1 | 1 |
| T 27 | P2 | A:5 | Transitional | Open Inn - La Casita | (520) 670-9040 | 6 | 0 | 0 | 0 | 5 | 2 | 3 | 0 | 1 | 1 | 1 |
| T 28 | P1 | D:5 | Transitional | Open Inn - TALP | (520) 571-9253 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| T 29 | P2 | A:5 | Transitional | Open Inn - Your Place | (520) 670-9040 | 5 | 0 | 0 | 0 | 5 | 5 | 0 | 0 | 3 | 3 | 3 |
| T 30 | P1 | B:4 | Transitional | Our Family - City of Tucson Teens | (520) 323-1708 | 2 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| T 31 | P1 | A:2 | Transitional | Our Family - Common Unity | (520) 323-1708 | 0 | 0 | 52 | 20 | 0 | 0 | 0 | 0 | 20 | 20 | 21 |
| T 32 | P1 | A:2 | Transitional | Our Family - King St. Shelter | (520) 323-1708 | 0 | 0 | 18 | 7 | 0 | 0 | 0 | 0 | 6 | 6 | 9 |
| T 33 | P1 | B:4 | Transitional | Our Family - Young Adult Indep. Living | (520) 323-1708 | 2 | 0 | 20 | 6 | 2 | 1 | 1 | 0 | 6 | 12 | 8 |
| T 34 | P1 | A:2 | Transitional | Our Family- La Casita Housing Teens | (520) 323-1708 | 5 | 0 | 5 | 2 | 5 | 3 | 2 | 0 | 2 | 2 | 2 |
| T 35 | P2 | E:3 | Transitional | Pio Decimo Center | (520) 624-0551 | 0 | 0 | 88 | 20 | 0 | 0 | 0 | 0 | 20 | 31 | 47 |
| T 36 | P2 | D:3 | Transitional | Primavera Foundation - 5 Points | (520) 622-4864 | 28 | 0 | 0 | 0 | 27 | 21 | 6 | 0 | 0 | 0 | 0 |
| T 37 | P1 | D:2 | Transitional | Primavera Foundation - Bridges | (520) 882-5383 | 0 | 0 | 36 | 9 | 0 | 0 | 0 | 0 | 6 | 9 | 15 |
| T 38 | P1 | D:2 | Transitional | Primavera Foundation - CASA I | (520) 882-5383 | 0 | 0 | 25 | 8 | 0 | 0 | 0 | 0 | 5 | 5 | 11 |
| T 39 | P1 | D:2 | Transitional | Primavera Foundation - CASA II | (520) 882-5383 | 0 | 0 | 45 | 10 | 0 | 0 | 0 | 0 | 7 | 10 | 22 |
| T 40 | P1 | D:2 | Transitional | Primavera Foundation - Casa Paloma | (520) 882-5383 | 9 | 0 | 0 | 0 | 8 | 0 | 8 | 0 | 0 | 0 | 0 |
| T 41 | P2 | E:3 | Transitional | Primavera Foundation - Catalina House | (520) 624-0534 | 20 | 0 | 0 | 0 | 20 | 20 | 0 | 0 | 0 | 0 | 0 |
| T 42 | P1 | D:2 | Transitional | Primavera Foundation - Transitional Housing for Disabled | (520) 882-5383 | 9 | 0 | 0 | 0 | 7 | 3 | 4 | 0 | 0 | 0 | 0 |
| T 43 | P1 | D:4 | Transitional | Primavera Foundation - Winstel Apts | (520) 747-7751 | 28 | 0 | 0 | 0 | 30 | 25 | 5 | 0 | 0 | 0 | 0 |
| T 44 | P1 | B:2 | Transitional | Primavera Foundation - Women in Transition | (520) 622-3480 | 12 | 0 | 0 | 0 | 12 | 0 | 12 | 0 | 0 | 0 | 0 |
| T 45 | P2 | C:5 | Transitional | SAAF HOPWA | (520) 628-7223 | 2 | 0 | 2 | 1 | 2 | 2 | 0 | 0 | 1 | 1 | 2 |
| T 46 | P1 | B:2 | Transitional | Salvation Army - Hospitality House | (520) 622-5411 | 0 | 0 | 19 | 6 | 7 | 5 | 2 | 0 | 0 | 0 | 0 |
| T 47 | P1 | B:3 | Transitional | Salvation Army - SAFE ADVENT | (520) 795- 9561 | 0 | 0 | 45 | 15 | 11 | 10 | 1 | 0 | 8 | 13 | 25 |
| T 48 | P1 | B:3 | Transitional | Salvation Army - SAFE CASA I | (520) 795- 9561 | 36 | 0 | 0 | 0 | 6 | 6 | 0 | 0 | 0 | 0 | 0 |
| T 49 | P1 | B:3 | Transitional | Salvation Army - SAFE CASA II | (520) 795- 9561 | 0 | 0 | 72 | 18 | 50 | 17 | 33 | 0 | 13 | 16 | 34 |
| T 50 | P1 | B:3 | Transitional | TMM Family Services - Family Journey | (520) 322-9557 | 0 | 0 | 62 | 15 | 0 | 0 | 0 | 0 | 11 | 11 | 25 |
| Transitional Housing (Non-Domestic Violence) Totals | | | | | | 699 | 8 | 994 | 256 | 719 | 541 | 178 | 7 | 206 | 251 | 430 |
| Transitional Domestic Violence Housing - Locations Unmapped | | | | | | | | | | | | | | | | |
| DV | - | - | Transitional | Emerge! Center - DES Transitional Program | (520) 795-8001 | 0 | 0 | 61 | 15 | 0 | 0 | 0 | 0 | 11 | 11 | 16 |
| DV | - | - | Transitional | Emerge! Center - Wings of Freedom | (520) 795-8001 | 0 | 0 | 24 | 8 | 2 | 0 | 2 | 0 | 5 | 5 | 9 |
| DV | - | - | Transitional | Old Pueblo Community Services - Casa Mariposa | (520) 546-0122 | 10 | 0 | 0 | 0 | 10 | 0 | 10 | 0 | 0 | 0 | 0 |
| Transitional Domestic Violence Housing Totals | | | | | | 10 | 0 | 85 | 23 | 12 | 0 | 12 | 0 | 16 | 16 | 25 |
| Transitional Housing Totals | | | | | | 709 | 8 | 1,079 | 279 | 731 | 541 | 190 | 7 | 222 | 267 | 455 |

Pima Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | |
|--|------|------|--------------|--|----------------|------------------------|--------------|--------------|--------------|-------------------------------|--------------|------------|--------------|--------------------------------|------------|------------|
| | | | | | | Single Adult | Youth on Own | Family Beds | Family Units | Adults | Men | Women | Youth on Own | Families | Adults | Children |
| Permanent Supportive Housing (Non-Domestic Violence) | | | | | | | | | | | | | | | | |
| P 01 | P2 | B:4 | Supportive | CODAC - Solitude | (520) 327-4505 | 29 | 0 | 2 | 1 | 29 | 23 | 6 | 0 | 1 | 1 | 1 |
| P 02 | P2 | B:4 | Supportive | CODAC - SPC 2 | (520) 327-4505 | 10 | 0 | 0 | 0 | 7 | 4 | 3 | 0 | 0 | 0 | 0 |
| P 03 | P2 | B:4 | Supportive | CODAC - SPC TRA - PIMA | (520) 327-4505 | 74 | 0 | 30 | 10 | 74 | 31 | 43 | 0 | 10 | 11 | 17 |
| P 04 | P2 | B:4 | Supportive | CODAC - Supportive Housing | (520) 327-4505 | 20 | 0 | 32 | 18 | 15 | 10 | 5 | 0 | 4 | 6 | 12 |
| P 05 | P1 | B:3 | Supportive | Comin Home - El Portal | (520) 322-6980 | 3 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| P 06 | P1 | B:3 | Supportive | Comin Home - Pathways | (520) 322-6980 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| P 07 | P1 | B:3 | Supportive | Comin Home - Second Tour | (520) 322-6980 | 2 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| P 08 | P1 | B:3 | Supportive | Comin Home - SPC III | (520) 322-6980 | 20 | 0 | 0 | 0 | 20 | 16 | 4 | 0 | 1 | 1 | 1 |
| P 09 | P1 | B:3 | Supportive | Comin Home - SPC IV | (520) 322-6980 | 30 | 0 | 0 | 0 | 29 | 26 | 3 | 0 | 1 | 1 | 1 |
| P 10 | P1 | A:4 | Supportive | Compass Healthcare - Libertad | (520) 888-3361 | 14 | 0 | 8 | 4 | 14 | 3 | 11 | 0 | 4 | 5 | 6 |
| P 11 | P1 | A:2 | Supportive | Compass Healthcare - Safe Harbor | (520) 620-0188 | 28 | 0 | 0 | 0 | 28 | 20 | 8 | 0 | 0 | 0 | 0 |
| P 12 | P1 | A:2 | Supportive | Compass Healthcare - Vida Nueva | (520) 888-3361 | 13 | 0 | 19 | 9 | 14 | 0 | 14 | 0 | 5 | 5 | 9 |
| P 13 | P2 | B:3 | Supportive | COPE Community Svcs - Casa Bonita I & II (*) | (520) 624-3310 | 16 | 0 | 32 | 16 | 27 | 17 | 10 | 0 | 1 | 1 | 1 |
| P 14 | P2 | B:3 | Supportive | COPE Community Svcs - Arizona Hotel (*) | (520) 624-3310 | 23 | 0 | 0 | 0 | 21 | 14 | 7 | 0 | 0 | 0 | 0 |
| P 15 | P2 | B:3 | Supportive | COPE Community Svcs - Casa Bonita 3-5 (*) | (520) 624-3310 | 0 | 0 | 120 | 60 | 53 | 28 | 25 | 0 | 7 | 7 | 7 |
| P 16 | P2 | B:3 | Supportive | COPE Community Svcs - Casita Mia (*) | (520) 624-3310 | 88 | 0 | 0 | 0 | 82 | 54 | 28 | 0 | 0 | 0 | 0 |
| P 17 | P2 | B:3 | Supportive | COPE Community Svcs - Life Works | (520) 624-3310 | 32 | 0 | 0 | 0 | 32 | 21 | 11 | 0 | 0 | 0 | 0 |
| P 18 | P2 | B:3 | Supportive | COPE Community Svcs - S+C TRA-PIMA voucher | (520) 624-3310 | 0 | 0 | 70 | 35 | 29 | 16 | 13 | 0 | 4 | 6 | 8 |
| P 19 | P2 | B:3 | Supportive | COPE Community Svcs - SPC2 voucher | (520) 624-3310 | 0 | 0 | 110 | 55 | 49 | 20 | 29 | 0 | 6 | 8 | 9 |
| P 20 | P1 | E:5 | Supportive | Esperanza En Escalante | (520) 571-8294 | 12 | 0 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 0 |
| P 21 | P1 | C:4 | Supportive | Giving Tree - GTAP | (520) 320-5437 | 23 | 0 | 0 | 0 | 21 | 10 | 11 | 0 | 3 | 4 | 8 |
| P 22 | P1 | A:2 | Supportive | Gospel Rescue - Women's Recovery | (520) 690-1295 | 10 | 0 | 20 | 5 | 6 | 0 | 6 | 0 | 4 | 4 | 8 |
| P 23 | P1 | A:4 | Supportive | La Frontera - Chapel Apts | (520) 404-8504 | 7 | 0 | 0 | 0 | 7 | 2 | 5 | 0 | 0 | 0 | 0 |
| P 24 | P1 | A:3 | Supportive | La Frontera - CPSA - SPC3 | (520) 404-8504 | 12 | 0 | 18 | 6 | 14 | 8 | 6 | 0 | 4 | 4 | 6 |
| P 25 | P1 | B:2 | Supportive | La Frontera - Flores Apts | (520) 404-8504 | 10 | 0 | 0 | 0 | 10 | 7 | 3 | 0 | 0 | 0 | 0 |
| P 26 | P1 | A:3 | Supportive | La Frontera - Pathways LFC | (520) 404-8504 | 6 | 0 | 0 | 0 | 6 | 4 | 2 | 0 | 0 | 0 | 0 |
| P 27 | P1 | E:2 | Supportive | La Frontera - Sueno Nuevo Apts (*) | (520) 404-8504 | 17 | 0 | 0 | 0 | 17 | 12 | 5 | 0 | 0 | 0 | 0 |
| P 28 | P1 | A:3 | Supportive | La Frontera - Talavera (*) | (520) 404-8504 | 16 | 0 | 0 | 0 | 14 | 6 | 8 | 0 | 0 | 0 | 0 |
| P 29 | P1 | A:3 | Supportive | La Frontera/CPSA - S+Care TRA-Pima | (520) 404-8504 | 40 | 0 | 6 | 2 | 40 | 22 | 18 | 0 | 2 | 3 | 3 |
| P 30 | P2 | C:5 | Supportive | So.AZ AIDS Fdn - HOPWA | (520) 628-7223 | 36 | 0 | 71 | 20 | 43 | 36 | 7 | 0 | 20 | 29 | 41 |
| P 31 | P2 | C:5 | Supportive | So.AZ AIDS Fdn - Shelter Plus Care | (520) 628-7223 | 37 | 0 | 26 | 10 | 36 | 31 | 5 | 0 | 10 | 13 | 14 |
| P 32 | P2 | C:5 | Supportive | So.AZ AIDS Fdn - Supportive Housing | (520) 628-7223 | 31 | 0 | 16 | 6 | 28 | 25 | 3 | 0 | 5 | 8 | 7 |
| P 33 | P1 | B:3 | Supportive | TMM Family Svcs - SPC 3 | (520) 322-9557 | 0 | 0 | 14 | 6 | 0 | 0 | 0 | 0 | 7 | 7 | 7 |
| P 34 | P1 | E:2 | Supportive | Veterans Admin. - HUD-VASH | (520) 792-1450 | 0 | 0 | 210 | 70 | 18 | 16 | 2 | 0 | 4 | 6 | 7 |
| Permanent Supportive Housing (Non-Domestic Violence) Totals | | | | | | 663 | 0 | 804 | 333 | 801 | 499 | 302 | 0 | 103 | 130 | 173 |
| Permanent Supportive Domestic Violence Housing - Locations Unmapped | | | | | | | | | | | | | | | | |
| DV | - | - | Supportive | Emerge Center - SHP | (520) 795-8001 | 0 | 0 | 0 | 0 | 3 | 0 | 3 | 0 | 5 | 5 | 14 |
| DV | - | - | Supportive | Emerge Center - Wings of Freedom | (520) 795-8001 | 0 | 0 | 42 | 14 | 3 | 0 | 3 | 0 | 9 | 9 | 14 |
| Permanent Supportive Domestic Violence Housing Totals | | | | | | 0 | 0 | 42 | 14 | 6 | 0 | 6 | 0 | 14 | 14 | 28 |
| Permanent Supportive Housing Totals | | | | | | 663 | 0 | 846 | 347 | 807 | 499 | 308 | 0 | 117 | 144 | 201 |
| Emergency Shelters, Transitional Housing and Permanent Supportive Housing Grand Total | | | | | | 1,930 | 22 | 2,210 | 706 | 2,170 | 1,524 | 646 | 15 | 411 | 489 | 805 |

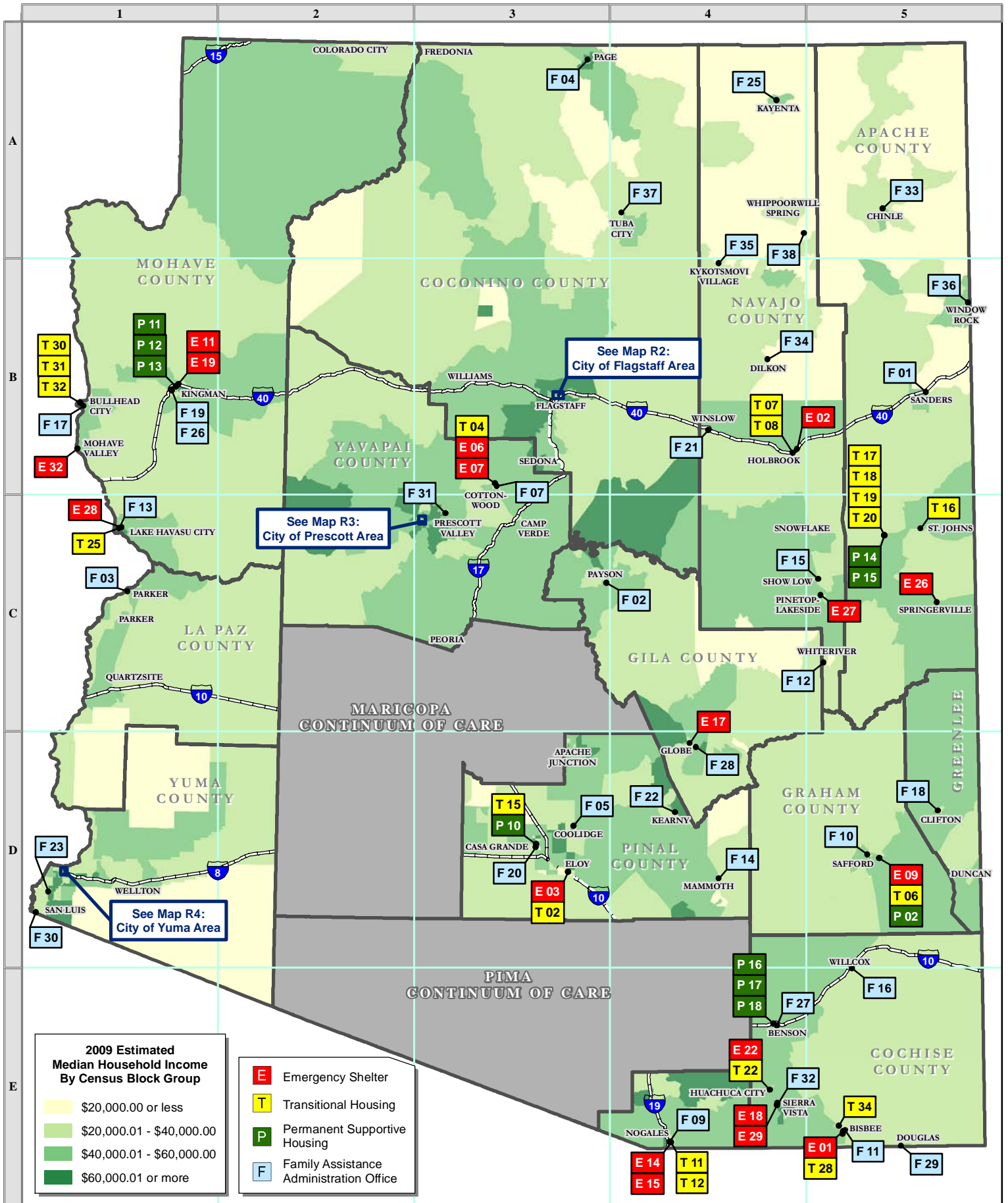
Note: Due to capacity changes during the reporting year, bed capacity totals may not correspond to the year-round capacity totals shown in the 2009 HUD application housing inventory table in this report.

(*) - Shelter will be dropped from the 2010 survey.

Pima Continuum of Care
Family Assistance Administration Offices

| Map Symbol | Map# | Grid | Address | City | ZIP Code | Office Phone | Zip Code Coverage Areas |
|------------|------|------|----------------------------|--------|----------|----------------|---|
| F 01 | P1 | E:2 | 195 W. Irvington Rd. | Tucson | 85714 | (520) 741-9751 | 85601, 85614, 85622, 85629, 85640, 85641, 85645, 85706, 85714, 85723, 85725, 85726, 85731, 85732, 85734, 85747, 85756 |
| F 02 | P2 | B:4 | 250 S. Toole Ave. | Tucson | 85701 | (520) 791-2732 | 85701, 85702, 85703, 85705, 85713, 85719, 85720, 85721, 85722, 85733, 85740, 85745 |
| F 03 | P1 | A:2 | 316 W. Fort Lowell Rd. | Tucson | 85705 | (520) 293-0214 | 85704, 85705, 85712, 85715, 85718, 85738, 85745, 85749, 85750 |
| F 04 | P1 | C:4 | 5441 E. 22nd St., Ste. 115 | Tucson | 85711 | (520) 745-5802 | 85707, 85708, 85710, 85711, 85730, 85748, 85751 |

Balance of State Continuum of Care Shelters Map R1.

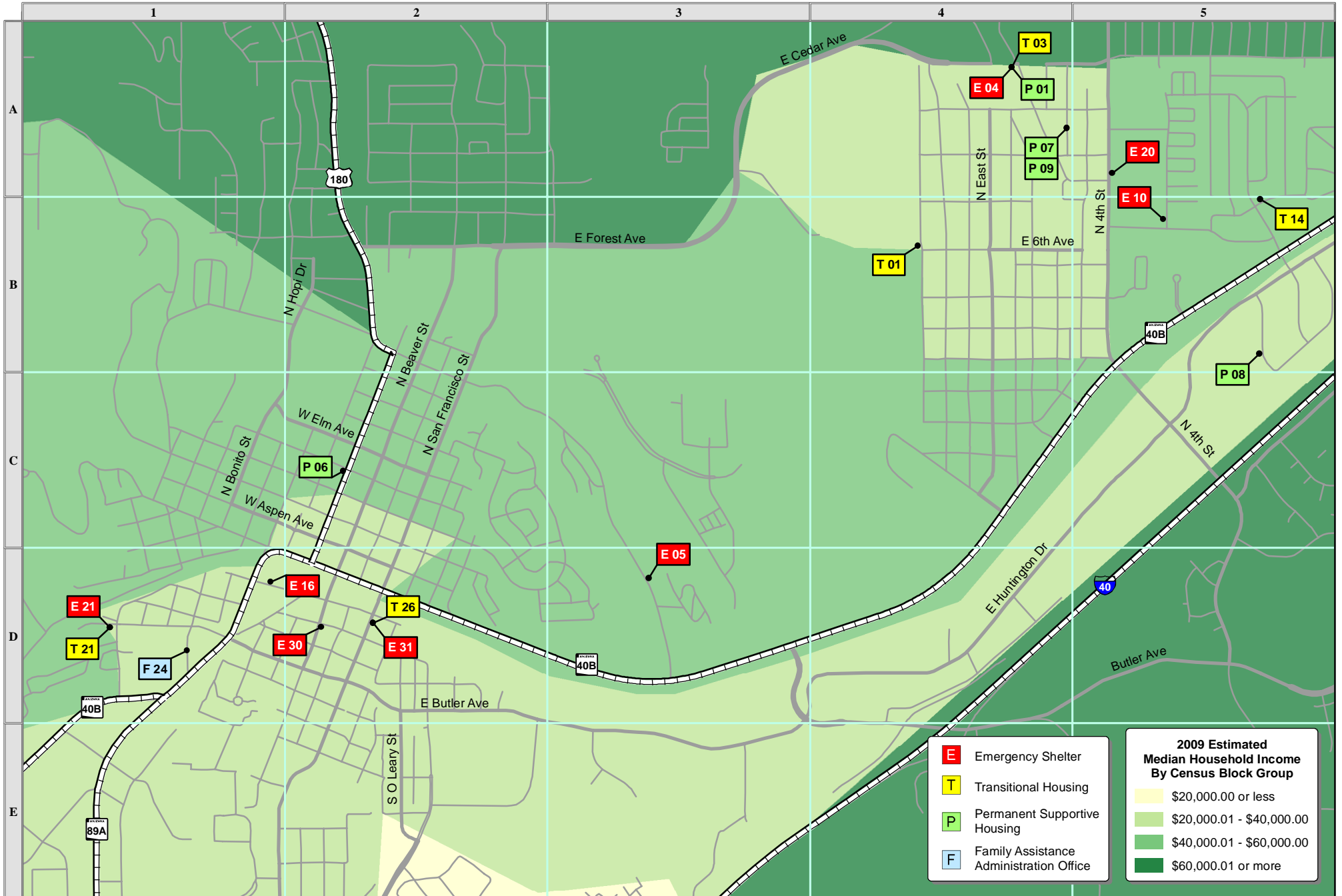


August 2009, Arizona Department of Economic Security (DES) GIS Team. Sources: DES, 2009 (Shelters, FAA Offices); ESRI, 2009 (Income); Arizona Department of Transportation, 2009 (Highways); US Census, 2007 (Counties); Arizona State Land Department, 2009 (Cities)

Domestic violence shelters were not included in this map.

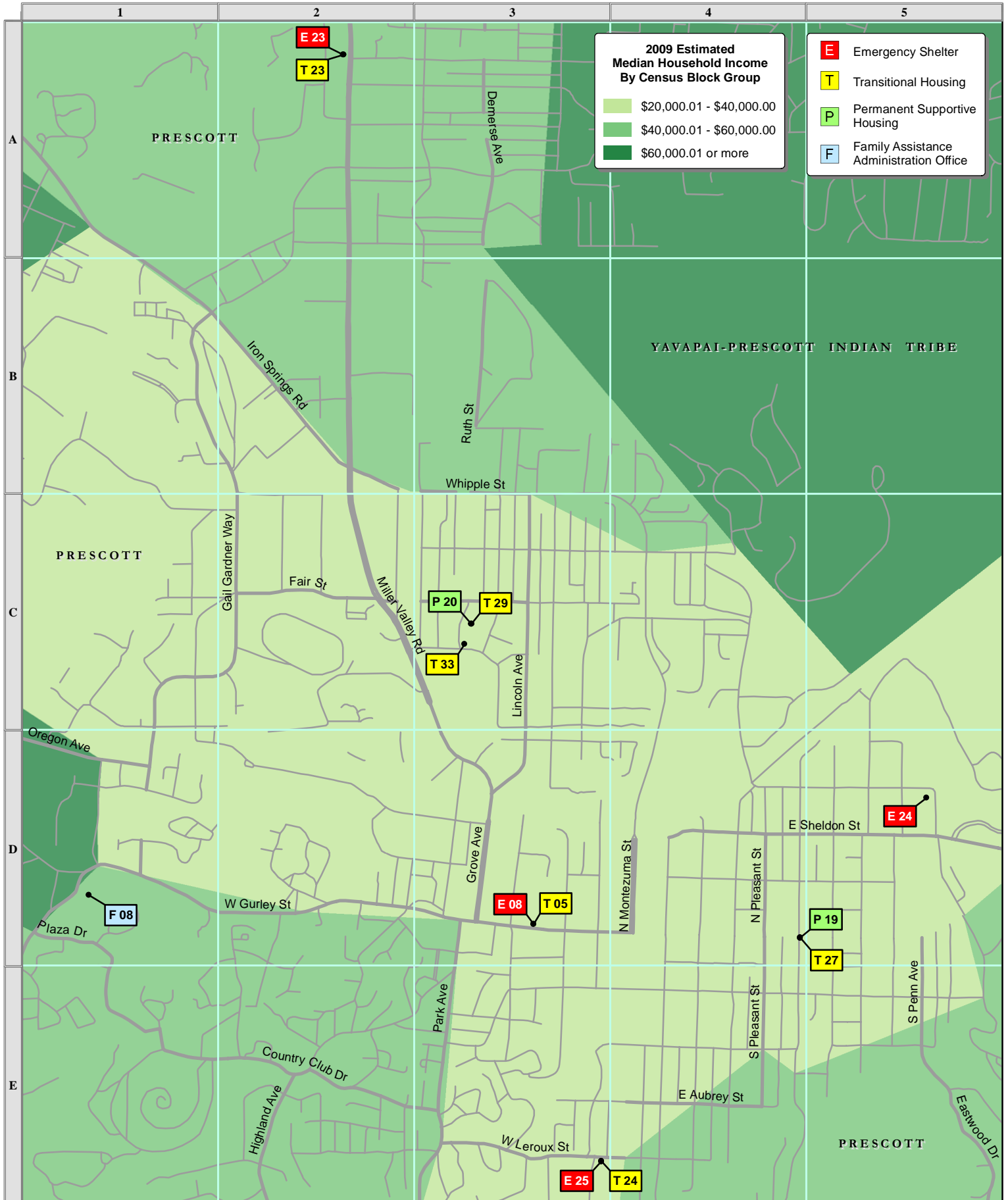
Balance of State Continuum of Care Shelters

Map R2. City of Flagstaff Area.



Balance of State Continuum of Care Shelters

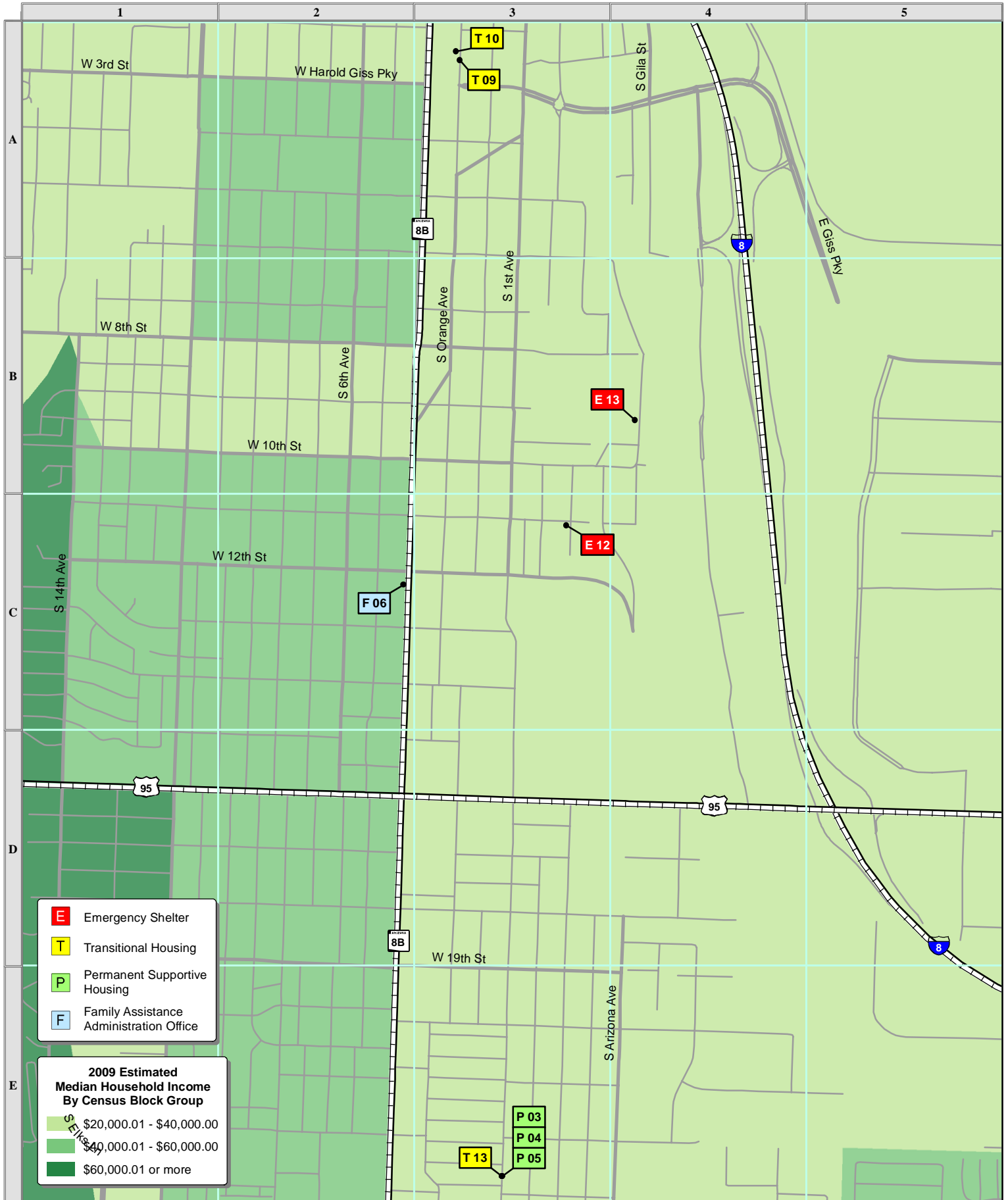
Map R3. City of Prescott Area.



August 2009, Arizona Department of Economic Security (DES) GIS Team. Sources: DES, 2009 (Shelters, Domestic violence shelters were not included in this map. FAA Offices); ESRI, 2009 (Income); Arizona Department of Transportation, 2009 (Highways); Tele Atlas/ESRI, 2009 (Streets); US Census, 2008 (Reservations)

Balance of State Continuum of Care Shelters

Map R4. City of Yuma Area.



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

2009 Estimated Median Household Income By Census Block Group

- \$20,000.01 - \$40,000.00
- \$40,000.01 - \$60,000.00
- \$60,000.01 or more

Balance of State Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | County | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | |
|--|------|------|--------------|---|-----------------|----------------|------------------------|--------------|-------------|--------------|-------------------------------|------------|-----------|--------------|--------------------------------|-----------|-----------|
| | | | | | | | 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 | R1 | E:5 | Emergency | Bisbee Coalition for the Homeless | Cochise | (520) 432-6649 | 10 | 0 | 0 | 0 | 5 | 5 | 0 | 0 | 0 | 0 | 0 |
| E 02 | R1 | B:4 | Emergency | Bread of Life Mission - Life Change | Navajo | (928) 524-3874 | 22 | 0 | 8 | 2 | 24 | 16 | 8 | 0 | 2 | 3 | 4 |
| E 03 | R1 | D:3 | Emergency | CAHRA - DreamCatcher vouchers | Pinal | (520) 466-1112 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 04 | R2 | A:4 | Emergency | Catholic Char. - Cedar Rose | Coconino | (928) 214-7154 | 0 | 0 | 12 | 3 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| E 05 | R2 | D:3 | Emergency | Catholic Char. - PATH vouchers | Coconino | (928) 774-9125 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 1 |
| E 06 | R1 | B:3 | Emergency | Catholic Char. Cottonwood | Yavapai | (928) 634-4254 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 3 |
| E 07 | R1 | B:3 | Emergency | Catholic Char. Cottonwood vouchers | Yavapai | (928) 634-4254 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 08 | R3 | D:3 | Emergency | Catholic Char. Prescott | Yavapai | (928) 778-2531 | 0 | 0 | 6 | 3 | 0 | 0 | 0 | 0 | 3 | 5 | 3 |
| E 09 | R1 | D:5 | Emergency | CHAP Ministries | Graham | (928) 792-3100 | 0 | 0 | 22 | 6 | 2 | 2 | 0 | 0 | 4 | 7 | 14 |
| E 10 | R2 | B:5 | Emergency | Coconino Comm. Svcs. - vouchers | Coconino | (928) 679-7427 | 0 | 0 | 0 | 0 | 4 | 3 | 1 | 0 | 1 | 2 | 4 |
| E 11 | R1 | B:1 | Emergency | Cornerstone Mission | Mohave | (928) 757-1535 | 20 | 0 | 0 | 0 | 20 | 20 | 0 | 0 | 0 | 0 | 0 |
| E 12 | R4 | C:3 | Emergency | Crossroads Mission - Family | Yuma | (928) 783-9362 | 0 | 0 | 28 | 9 | 13 | 0 | 13 | 0 | 4 | 4 | 6 |
| E 13 | R4 | B:4 | Emergency | Crossroads Mission - Men's | Yuma | (928) 783-9362 | 102 | 0 | 0 | 0 | 102 | 102 | 0 | 0 | 0 | 0 | 0 |
| E 14 | R1 | E:4 | Emergency | Crossroads New Life Center | Santa Cruz | (520) 287-5828 | 0 | 0 | 8 | 3 | 2 | 0 | 2 | 0 | 1 | 1 | 1 |
| E 15 | R1 | E:4 | Emergency | Crossroads Nogales Mission | Santa Cruz | (520) 287-5828 | 12 | 0 | 0 | 0 | 5 | 5 | 0 | 0 | 0 | 0 | 0 |
| E 16 | R2 | D:1 | Emergency | Flagstaff Shelter Services | Coconino | (928) 225-2533 | 34 | 0 | 0 | 0 | 42 | 40 | 2 | 0 | 0 | 0 | 0 |
| E 17 | R1 | D:4 | Emergency | Gila County CAP - vouchers | Gila | (928) 425-7631 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 18 | R1 | E:4 | Emergency | Good Neighbor Alliance | Cochise | (520) 439-0776 | 7 | 0 | 13 | 4 | 9 | 7 | 2 | 0 | 0 | 0 | 0 |
| E 19 | R1 | B:1 | Emergency | Mohave County CED - vouchers | Mohave | (928) 753-0723 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 20 | R2 | A:5 | Emergency | Northland Family - Children's Shelter | Coconino | (928) 927-1800 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |
| E 21 | R2 | D:1 | Emergency | Open Inn - Clay St. Alternatives Center | Coconino | (928) 214-9050 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| E 22 | R1 | E:4 | Emergency | Open Inn - Cochise Co. Children's Ctr | Cochise | (520) 456-1000 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| E 23 | R3 | A:2 | Emergency | Open Inn - Turning Point Youth Center | Yavapai | (928) 778-7900 | 0 | 7 | 7 | 2 | 0 | 0 | 0 | 0 | 2 | 3 | 2 |
| E 24 | R3 | D:5 | Emergency | Prescott Area Women's Shelter | Yavapai | (928) 778-5933 | 0 | 0 | 15 | 5 | 4 | 0 | 4 | 0 | 0 | 0 | 0 |
| E 25 | R3 | E:3 | Emergency | Project Aware Men's Shelter | Yavapai | (928) 778-7744 | 10 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 0 | 0 |
| E 26 | R1 | C:5 | Emergency | Round Valley Senior Ctr vouchers | Apache | (928) 333-2516 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 1 | 1 | 2 |
| E 27 | R1 | C:5 | Emergency | Salvation Army White Mtn. vouchers | Navajo | (928) 368-9953 | 0 | 0 | 0 | 0 | 6 | 3 | 3 | 0 | 3 | 4 | 3 |
| E 28 | R1 | C:1 | Emergency | SSIC of Lake Havasu vouchers | Mohave | (928) 453-5800 | 0 | 0 | 0 | 0 | 3 | 0 | 3 | 0 | 1 | 1 | 2 |
| E 29 | R1 | E:4 | Emergency | St. Vincent De Paul - motel vouchers | Cochise | (520) 378-9398 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E 30 | R2 | D:2 | Emergency | Sunshine Rescue - Hope Cottage | Coconino | (928) 774-9270 | 22 | 0 | 12 | 3 | 23 | 0 | 23 | 0 | 5 | 5 | 7 |
| E 31 | R2 | D:2 | Emergency | Sunshine Rescue - Men's Shelter | Coconino | (928) 774-3512 | 22 | 0 | 0 | 0 | 14 | 14 | 0 | 0 | 0 | 0 | 0 |
| E 32 | R1 | B:1 | Emergency | WestCare CRR Youth Shelter | Mohave | (928) 768-1500 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |
| Emergency Shelter (Non-Domestic Violence) Totals | | | | | | | 261 | 53 | 135 | 42 | 291 | 229 | 62 | 18 | 31 | 40 | 54 |
| Emergency Domestic Violence Shelters - Locations Unmapped | | | | | | | | | | | | | | | | | |
| DV | - | - | Emergency | Against Abuse - La Casa de Paz | Pinal | (520) 836-1239 | 14 | 0 | 32 | 10 | 19 | 0 | 19 | 0 | 12 | 12 | 24 |
| DV | - | - | Emergency | Alice's Place | Navajo | (928) 289-3003 | 2 | 0 | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DV | - | - | Emergency | Catholic Comm Svcs - Forgash House | Cochise | (520) 448-9096 | 0 | 0 | 40 | 8 | 3 | 0 | 3 | 0 | 7 | 7 | 17 |
| DV | - | - | Emergency | Catholic Comm Svcs - House of Hope | Cochise | (520) 364-2465 | 0 | 0 | 24 | 8 | 8 | 0 | 8 | 0 | 3 | 3 | 5 |
| DV | - | - | Emergency | Catholic Comm Svcs - Nuestra Casa | Santa Cruz | (520) 287-2107 | 0 | 0 | 10 | 4 | 2 | 0 | 2 | 0 | 3 | 3 | 8 |
| DV | - | - | Emergency | Catholic Comm. Svcs. - SafeHouse | Yuma | (928) 782-0077 | 0 | 0 | 40 | 10 | 0 | 0 | 0 | 0 | 2 | 2 | 8 |
| DV | - | - | Emergency | Colorado River Regional Crisis Shelter | La Paz | (928) 669-8620 | 0 | 0 | 23 | 7 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| DV | - | - | Emergency | Horizon Human Svcs - Safe Home | Gila | (928) 402-0648 | 0 | 0 | 11 | 4 | 3 | 0 | 3 | 0 | 2 | 2 | 7 |
| DV | - | - | Emergency | Kingman Aid to Abused - Shelter 1 | Mohave | (928) 753-6222 | 0 | 0 | 30 | 10 | 1 | 0 | 1 | 0 | 1 | 1 | 2 |
| DV | - | - | Emergency | Mt. Graham Safe House | Graham/Greenlee | (928) 348-9104 | 0 | 0 | 20 | 5 | 1 | 0 | 1 | 0 | 5 | 5 | 7 |
| DV | - | - | Emergency | Northland Family - Halo House | Coconino | (928) 233-4306 | 0 | 0 | 24 | 7 | 6 | 0 | 6 | 0 | 4 | 4 | 7 |
| DV | - | - | Emergency | Page Regional - Another Way | Coconino | (928) 645-5300 | 0 | 0 | 39 | 13 | 6 | 0 | 6 | 0 | 4 | 4 | 11 |
| DV | - | - | Emergency | SSIC of Lake Havasu - Sally's House | Mohave | (928) 453-5800 | 0 | 0 | 10 | 4 | 7 | 0 | 7 | 0 | 3 | 3 | 5 |

Balance of State Continuum of Care - Homeless Shelter Details

| Map Symbol | Map# | Grid | Shelter Type | Program | County | Phone | Bed Capacity 1/27/2009 | | | | # Singles sheltered 1/27/2009 | | | | # Families sheltered 1/27/2009 | | | |
|--|------|------|--------------|---|------------------|----------------|------------------------|--------------|--------------|--------------|-------------------------------|------------|------------|--------------|--------------------------------|------------|------------|--|
| | | | | | | | 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 | Against Abuse - Tres Casitas | Pinal | (520) 836-1239 | 3 | 0 | 28 | 7 | 2 | 0 | 2 | 0 | 4 | 4 | 9 | |
| DV | - | - | Transitional | Catholic Comm Svcs - Forgach Bridges | Cochise | (520) 448-9096 | 0 | 0 | 4 | 3 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | |
| DV | - | - | Transitional | Colorado River Regional Crisis Shelter | La Paz | (928) 669-8620 | 0 | 0 | 8 | 4 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | |
| DV | - | - | Transitional | Kingman Aid to Abused | Mohave | (928) 753-6222 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | |
| DV | - | - | Transitional | Mt. Graham Safe House | Graham/Greenlee | (928) 348-9104 | 0 | 0 | 20 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| DV | - | - | Transitional | New Hope Ranch | Apache | (928) 337-5060 | 0 | 0 | 14 | 4 | 0 | 0 | 0 | 0 | 4 | 4 | 10 | |
| DV | - | - | Transitional | Time Out | Gila | (928) 468-1611 | 0 | 0 | 10 | 4 | 1 | 0 | 1 | 0 | 3 | 3 | 7 | |
| DV | - | - | Transitional | Valley Youth Org. - Stepping Stones | Yavapai | (928) 772-4184 | 0 | 0 | 12 | 4 | 1 | 0 | 1 | 0 | 3 | 3 | 3 | |
| DV | - | - | Transitional | Verde Valley Sanctuary | Yavapai | (928) 634-2511 | 0 | 0 | 14 | 5 | 0 | 0 | 0 | 0 | 4 | 4 | 10 | |
| DV | - | - | Transitional | WestCare AZ - Diamond House | Mohave | (928) 763-7233 | 4 | 0 | 4 | 2 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | |
| DV | - | - | Transitional | WestCare AZ - Legacy House | Mohave | (928) 763-7233 | 0 | 0 | 6 | 6 | 1 | 0 | 1 | 0 | 4 | 4 | 8 | |
| Transitional Domestic Violence Housing Totals | | | | | | | 7 | 0 | 124 | 45 | 7 | 0 | 7 | 0 | 25 | 25 | 53 | |
| Transitional Housing Totals | | | | | | | 239 | 8 | 415 | 146 | 196 | 125 | 71 | 5 | 87 | 104 | 182 | |
| Permanent Support Housing | | | | | | | | | | | | | | | | | | |
| P 01 | R2 | A:4 | Supportive | Catholic Char. - Cedar Rose | Coconino | (928) 214-7154 | 0 | 0 | 20 | 5 | 0 | 0 | 0 | 0 | 5 | 6 | 7 | |
| P 02 | R1 | D:5 | Supportive | CHAP Ministries | Graham | (928) 792-3100 | 0 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 2 | 3 | 4 | |
| P 03 | R4 | E:3 | Supportive | EXCEL Group - PH Yuma | Yuma | (928) 783-4939 | 15 | 0 | 33 | 7 | 15 | 5 | 10 | 0 | 7 | 17 | 21 | |
| P 04 | R4 | E:3 | Supportive | EXCEL Group - S+C La Paz | La Paz | (928) 783-4939 | 17 | 0 | 27 | 7 | 17 | 5 | 12 | 0 | 7 | 14 | 19 | |
| P 05 | R4 | E:3 | Supportive | EXCEL Group - S+C Yuma | Yuma | (928) 783-4939 | 19 | 0 | 11 | 2 | 19 | 12 | 7 | 0 | 2 | 3 | 9 | |
| P 06 | R2 | C:2 | Supportive | Guidance Center - Dale House | Coconino | (928) 714-6434 | 6 | 0 | 0 | 0 | 6 | 2 | 4 | 0 | 0 | 0 | 0 | |
| P 07 | R2 | A:4 | Supportive | Guidance Center - Heart Prairie | Coconino | (928) 714-6434 | 12 | 0 | 0 | 0 | 12 | 8 | 4 | 0 | 0 | 0 | 0 | |
| P 08 | R2 | B:5 | Supportive | Guidance Center - Inverrary | Coconino | (928) 714-6434 | 8 | 0 | 0 | 0 | 5 | 1 | 4 | 0 | 0 | 0 | 0 | |
| P 09 | R2 | A:4 | Supportive | Guidance Center - Ponderosa House | Coconino | (928) 714-6434 | 14 | 0 | 0 | 0 | 14 | 4 | 10 | 0 | 0 | 0 | 0 | |
| P 10 | R1 | D:3 | Supportive | Horizon Human Svcs | Pinal | (520) 836-1675 | 12 | 0 | 0 | 0 | 12 | 7 | 5 | 0 | 0 | 0 | 0 | |
| P 11 | R1 | B:1 | Supportive | Mohave Co. - Bridging N. AZ Samaritan Prog. | Mohave | (928) 753-0723 | 9 | 0 | 0 | 0 | 9 | 7 | 2 | 0 | 0 | 0 | 0 | |
| P 12 | R1 | B:1 | Supportive | Mohave Co. - CSHP | Mohave | (928) 753-0723 | 3 | 0 | 0 | 0 | 5 | 4 | 1 | 0 | 0 | 0 | 0 | |
| P 13 | R1 | B:1 | Supportive | Mohave Co. - SHP | Mohave | (928) 753-0723 | 11 | 0 | 16 | 13 | 9 | 8 | 1 | 0 | 5 | 7 | 9 | |
| P 14 | R1 | C:5 | Supportive | Old Concho CAC - BNA | Apache/Navajo | (928) 337-5047 | 13 | 0 | 0 | 0 | 11 | 5 | 6 | 0 | 0 | 0 | 0 | |
| P 15 | R1 | C:5 | Supportive | Old Concho CAC - Little Colorado PH | Apache | (928) 337-5047 | 14 | 0 | 6 | 2 | 4 | 1 | 3 | 0 | 2 | 3 | 5 | |
| P 16 | R1 | E:4 | Supportive | SEABHS - Casas Primera | Cochise | (520) 586-3850 | 22 | 0 | 0 | 0 | 17 | 9 | 8 | 0 | 0 | 0 | 0 | |
| P 17 | R1 | E:4 | Supportive | SEABHS - HOGAR | Cochise/SantaCrz | (520) 586-3850 | 16 | 0 | 0 | 0 | 17 | 7 | 10 | 0 | 3 | 4 | 4 | |
| P 18 | R1 | E:4 | Supportive | SEABHS - Shelter Plus Care | Cch/SC/Grm/Grml | (520) 586-3850 | 21 | 0 | 12 | 4 | 29 | 14 | 15 | 0 | 3 | 3 | 4 | |
| P 19 | R3 | D:4 | Supportive | US Vets Initiative - Victory Place | Yavapai | (928) 445-4860 | 6 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | |
| P 20 | R3 | C:3 | Supportive | West Yavapai Guidance Ctr. | Yavapai | (928) 445-5211 | 7 | 0 | 0 | 0 | 7 | 3 | 4 | 0 | 0 | 0 | 0 | |
| Permanent Supportive Housing Totals | | | | | | | 225 | 0 | 132 | 42 | 212 | 106 | 106 | 0 | 36 | 60 | 82 | |
| Emergency Shelters, Transitional Housing and Permanent Supportive Housing Grand Total | | | | | | | 741 | 61 | 1,127 | 358 | 778 | 460 | 318 | 23 | 220 | 270 | 455 | |

Note: Due to capacity changes during the reporting year, bed capacity totals may not correspond to the year-round capacity totals shown in the 2009 HUD application housing inventory table in this report.

Balance of State Continuum of Care
Family Assistance Administration Offices

| Map Symbol | Map# | Grid | Address | City | ZIP Code | County | Office Phone | Zip Code Coverage Areas |
|------------|------|------|-------------------------------|------------------|----------|------------|----------------|--|
| F 01 | R1 | B:5 | P.O. Box 428 | Sanders | 86512 | Apache | (928) 688-2871 | 86502, 86505, 86506, 86508, 86509, 86512 |
| F 02 | R1 | C:3 | 100 Tonto St., Ste. B | Payson | 85541 | Gila | (928) 468-9800 | 85541, 85544, 85547, 85553, 85554 |
| F 03 | R1 | C:1 | 1032 S. Hopi Ave. | Parker | 85344 | La Paz | (928) 669-9293 | 85325, 85328, 85334, 85344, 85346, 85348, 85357, 85359, 85371 |
| F 04 | R1 | A:3 | 1057 Vista Ave. | Page | 86040 | Coconino | (928) 645-8131 | 86020, 86021, 86022, 86024, 86040, 86044, 86053, 86432 |
| F 05 | R1 | D:3 | 1155 N. Arizona Blvd. | Coolidge | 85128 | Pinal | (520) 723-5351 | 85127, 85128, 85132, 85142, 85143, 85191 |
| F 06 | R4 | C:2 | 1220 S. 4th Ave. | Yuma | 85364 | Yuma | (928) 782-7101 | 85333, 85347, 85352, 85356, 85364, 85365, 85366, 85367, 85369 |
| F 07 | R1 | B:3 | 1500 E. Cherry St., Ste. A | Cottonwood | 86326 | Yavapai | (928) 649-6800 | 86322, 86324, 86325, 86326, 86331, 86335, 86336, 86339, 86340, 86341, 86342, 86351 |
| F 08 | R3 | D:1 | 1519 W. Gurley St., Ste. 1 | Prescott | 86305 | Yavapai | (928) 277-2800 | 85332, 85362, 86301, 86303, 86305, 86313, 86320, 86321, 86323, 86332, 86334, 86337, 86338 |
| F 09 | R1 | E:4 | 1843 N. State Dr. | Nogales | 85621 | Santa Cruz | (520) 281-2634 | 85611, 85621, 85624, 85628, 85637, 85640, 85645, 85646, 85648, 85662 |
| F 10 | R1 | D:5 | 1938 W. Thatcher Blvd. | Safford | 85546 | Graham | (928) 428-6731 | 85530, 85531, 85536, 85542, 85543, 85546, 85548, 85550, 85551, 85552, 85632, 85643 |
| F 11 | R1 | E:5 | 207 Bisbee Rd. | Bisbee | 85603 | Cochise | (520) 432-5415 | 85603, 85610, 85615, 85617, 85620, 85638 |
| F 12 | R1 | C:5 | 210 W. Fatco Rd. | Whiteriver | 85941 | Navajo | (928) 338-4134 | 85901, 85911, 85926, 85930, 85941, 85943 |
| F 13 | R1 | C:1 | 228 London Bridge Rd., Ste. 2 | Lake Havasu City | 86403 | Mohave | (928) 854-0300 | 86403, 86404, 86405, 86406, 86436 |
| F 14 | R1 | D:4 | 228 Main St. | Mammoth | 85618 | Pinal | (520) 487-2311 | 85192, 85602, 85618, 85623, 85631, 85737, 85755 |
| F 15 | R1 | C:5 | 2500 E. Cooley, Ste. 410 | Show Low | 85901 | Navajo | (928) 532-4300 | 85901, 85902, 85912, 85920, 85922, 85923, 85924, 85925, 85928, 85929, 85931, 85932, 85933, 85934, 85935, 85936, 85937, 85938, 85939, 85940 |
| F 16 | R1 | E:5 | 256 S. Curtis Ave. | Willcox | 85643 | Cochise | (520) 384-3583 | 85605, 85606, 85609, 85610, 85625, 85632, 85643, 85644 |
| F 17 | R1 | B:1 | 2601 State Hwy. 95 | Bullhead City | 86442 | Mohave | (928) 704-7776 | 86426, 86427, 86429, 86430, 86433, 86436, 86439, 86440, 86442 |

Balance of State Continuum of Care
Family Assistance Administration Offices

| Map Symbol | Map# | Grid | Address | City | ZIP Code | County | Office Phone | Zip Code Coverage Areas |
|------------|------|------|------------------------------------|-----------------|----------|----------|----------------|--|
| F 18 | R1 | D:5 | 300 N. Coronado Blvd. | Clifton | 85533 | Greenlee | (928) 865-4131 | 85533, 85534, 85540 |
| F 19 | R1 | B:1 | 301 Pine St. | Kingman | 86401 | Mohave | (928) 753-4441 | 86401, 86402, 86409, 86433 |
| F 20 | R1 | D:3 | 318 N. Florence St. | Casa Grande | 85122 | Pinal | (520) 836-7435 | 85122, 85123, 85130, 85131, 85138, 85139, 85141, 85145, 85172, 85193, 85194 |
| F 21 | R1 | B:4 | 319 E. 3rd St. | Winslow | 86047 | Navajo | (928) 289-2425 | 86025, 86028, 86029, 86032, 85942, 86047 |
| F 22 | R1 | D:4 | 331 Alden Rd. | Kearny | 85137 | Pinal | (520) 363-5560 | 85135, 85137, 85173, 85192 |
| F 23 | R1 | D:1 | 342 W. Main St. | Somerton | 85350 | Yuma | (928) 627-2075 | 85336, 85350 |
| F 24 | R2 | D:1 | 397 Malpais Lane, Ste. 7 | Flagstaff | 86001 | Coconino | (928) 779-0327 | 86001, 86004, 86011, 86015, 86016, 86017, 86018, 86023, 86024, 86038, 86046, 86320 |
| F 25 | R1 | A:4 | P.O. Box 68 | Kayenta | 86033 | Navajo | (928) 697-3509 | 86033, 86044, 86053, 86054, 86503, 86510, 86535, 86538 |
| F 26 | R1 | B:1 | 519 E. Beale St., Ste. 130 | Kingman | 86401 | Mohave | (928) 753-7882 | 85360, 86411, 86412, 86413, 86431, 86434, 86435, 86437, 86438, 86401, 86441, 86443, 86444, 86445 |
| F 27 | R1 | E:4 | 595 S. Dragoon St. | Benson | 85602 | Cochise | (520) 586-8300 | 85602, 85606, 85609, 85627, 85630 |
| F 28 | R1 | D:4 | 605 S. 7th St. | Globe | 85501 | Gila | (928) 425-3101 | 85192, 85501, 85502, 85532, 85539, 85542, 85545, 85550, 85554 |
| F 29 | R1 | E:5 | 615 E. 2nd St. | Douglas | 85607 | Cochise | (520) 364-1291 | 85607, 85608, 85610, 85617, 85626, 85632 |
| F 30 | R1 | D:1 | 663 N. 1st Ave. | San Luis | 85349 | Yuma | (928) 627-1890 | 85349 |
| F 31 | R1 | C:3 | 7875 E. Florentine Rd. | Prescott Valley | 86314 | Yavapai | (928) 775-3140 | 85324, 86312, 86314, 86315, 86327, 86329, 86333, 86343 |
| F 32 | R1 | E:4 | 820 E. Fry Blvd. | Sierra Vista | 85635 | Cochise | (520) 459-6901 | 85611, 85613, 85615, 85616, 85635, 85636, 85637, 85638, 85650, 85670 |
| F 33 | R1 | A:5 | P.O. Box 157 | Chinle | 86503 | Apache | (928) 674-5085 | 86503, 86507, 86538, 86540, 86556 |
| F 34 | R1 | B:4 | Dilkon Chapter House (HC-63-Box J) | Winslow | 86047 | Navajo | (928) 657-3278 | 86025, 86031, 86032, 86034, 86035, 86047, 86505 |

Balance of State Continuum of Care
Family Assistance Administration Offices

| Map Symbol | Map# | Grid | Address | City | ZIP Code | County | Office Phone | Zip Code Coverage Areas |
|------------|------|------|---|--------------------|----------|----------|----------------|--|
| F 35 | R1 | B:4 | Hopi Tribe Complex | Kykotsmovi Village | 86039 | Navajo | (928) 734-2304 | 86030, 86034, 86039, 86042, 86043, 86045, 86047, 86510 |
| F 36 | R1 | B:5 | Hwy. 264 & Indian Route 12 | Window Rock | 86515 | Apache | (928) 871-3436 | 86502, 86504, 86505, 86511, 86515, 86549, 86528 |
| F 37 | R1 | A:4 | P.O. Box 130 | Tuba City | 86045 | Coconino | (928) 283-4511 | 86020, 86036, 86044, 86045, 86053 |
| F 38 | R1 | A:4 | Whippoorwill Spring Chapter Compound (P.O. Box 679) | Whippoorwillspring | 86510 | Navajo | (928) 725-3488 | 86034, 86503, 86510, 86520 |

Appendix H: Glossary of Terms

Appendix H: Glossary of terms

Chronic homelessness

HUD defines a chronically homeless person as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

Continuum of Care

A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

Co-occurring disorders

The presence of two or more disabling conditions such as mental illness, substance abuse, HIV/AIDS, and others.

Discharge planning

A significant percentage of homeless individuals report recent discharge from incarceration, hospitalization, residential health care, or treatment facilities. Successful discharge planning begins long before the end of someone's stay in such an institution and includes connection to housing and supportive services to assist the person in gaining/ maintaining stability. Integrated services both within and outside of institutions are necessary to assure effective discharge planning.

Family homelessness

The primary cause of homelessness is a lack of housing that very low-income people can afford. In no jurisdiction in the United States does a minimum wage job provide enough income for a household to afford the rent for a modest apartment. More than a million children will experience homelessness this year. Indeed, one in ten poor children in our country will experience homelessness and the risk is higher the younger the child.

Harm reduction

Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior.

Homeless Management Information System (HMIS)

HMIS is a community-wide database congressionally mandated for all programs funded through the Department of Housing and Urban Development (HUD) homeless assistance grants. The system collects demographic data on consumers as well as information on service needs and usage.

Housing First

The goal of "housing first" is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.

Mainstream services

Refers to the government funded safety net including Workforce Investment Programs, Temporary Assistance to Needy Families, state-administered General Assistance, Medicaid, Social Security, Veterans Services, and other large government programs. Many cite an erosion of safety net services as a significant contributor to the dramatic increase in homelessness in recent years.

Permanent supportive housing

A cost-effective solution to long-term homelessness in which residential stability is combined with appropriate supportive services to meet residents' individual needs. Permanent supportive housing can come in a variety of forms. Some programs are "scattered site," meaning a client or agency leases apartments in the community, and the program subsidizes the rent. Others develop a dwelling or apartment building where supportive services are available on site. Some programs require that clients utilize services as a condition for remaining in the program while others provide, but do not require, participation in services. For many, the need for supportive services is reduced over time, as households gain stability.

Prevention

Refers to any of a number of strategies used to keep individuals and families from becoming chronically homeless. Homelessness prevention is an essential element of any effort to end homelessness either locally or nationwide. Every day in the United States, families and single adults who have never been homeless lose their housing and enter a shelter or find themselves on the streets. No matter how effective services are to help people leave homelessness, reducing homelessness or ending it completely requires stopping these families and individuals from becoming homeless. Policies and activities capable of preventing new cases, often described as "closing the front door" to homelessness, are as important to ending homelessness as services that help those who are already homeless to reenter housing.

Re-entry housing

This refers to transitional and supportive housing options for people coming out of prison and jail. Research has shown that homelessness is prevalent among people released from prison and jail, and that there is insufficient affordable housing available to people coming out of prison. Individuals released from prison who have a connection to stable housing may be less likely to be re-incarcerated than their counterparts.

Section 8 housing

This type of affordable housing is based on the use of subsidies, the amount of which is geared to the tenant's ability to pay. The subsidy makes up the difference between what the low-income household can afford, and the contract rent established by HUD for an adequate housing unit. Subsidies are either attached to specific units in a property (project-based), or are portable and move with the tenants that receive them (tenant-based). The Section 8 program was passed by Congress in 1974 as part of a major restructuring of the HUD low-income housing programs. Section 8 was created to permit federal housing assistance to go for construction or rehabilitation of new low-income housing or to subsidize existing housing.

Ten year plans to end long-term homelessness

These local and statewide campaigns in regions across the country seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each Ten Year Plan to End Homelessness provides solutions and options for looking communities committed to ending homelessness rather than just managing it.

Voluntary services

The term "supportive" in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to but not demanded of tenants, such as service coordination/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management.

Note: Sources for this glossary include the Corporation for Supportive Housing, the HUD Glossary of Terms, and the National Alliance to End Homelessness.

This report was prepared by:
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This report and past reports can be accessed at
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