

Homelessness in Arizona Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT



**Department of Economic Security
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Homelessness in Arizona

Efforts to Prevent and Alleviate Homelessness

2010 Annual Report

EXECUTIVE SUMMARY

This is the nineteenth annual report on homelessness in Arizona prepared pursuant to A.R.S. § 41-1954(A)(19)(g). The report provides information about homelessness, including the causes, demographic characteristics, services, programs available to and issues facing people experiencing homelessness. This report includes highlights on programs across the state. This year's report also includes information on current local and national developments and research on homelessness and housing. It is intended to serve as an important resource for all stakeholders striving to prevent and end homelessness in our state.

The causes and factors contributing to homelessness are complex. Yet, there are consistent, identifiable contributing factors for both individuals and family members in urban and rural communities in Arizona such as poverty, domestic violence, health issues, substance abuse and general mental health issues that exacerbate the downward spiral leading to homelessness. As the causes of homelessness are complex, the solutions are equally complex. Multiple strategies and approaches are necessary to prevent and end homelessness and to re-establish homeless persons within the community.

Individual adults and youth who are not in families constitute the largest group of homeless persons. The majority of homeless persons not in families are reported by emergency and transitional housing programs as having problems with substance abuse or serious mental illness or both. Reports also indicate that many persons exiting institutional systems and foster care face insurmountable barriers to housing and family reunification. Homeless families, particularly women with children, are the fastest growing sub-population.

Estimates of the number of homeless people in Arizona vary. Based on actual shelter and street counts and estimates provided by community groups throughout the state, there may be as many as 22,000 homeless people in Arizona on any given day, including persons who are in emergency shelters, transitional housing, or other locations such as on the streets, camped in forests, or living in cars or buildings that are unsafe and/or unsuitable for habitation. This estimate does not include those living "doubled up" with relatives or friends.

Throughout the state there are a large number of households earning less than a livable wage who are at high risk of becoming homeless. Based on the latest available U. S. Census Bureau figures from 2008, 14.7 percent of the population in Arizona, about 945,000 persons, were living at or below the Federal Poverty Level (FPL) of \$22,050 for a family of four.

Including permanent supportive housing units, the homeless services system in Arizona is able to house approximately 14,000 persons statewide on any given night. Additionally, there are a host of faith and community-based non-profit organizations providing a variety of other services to assist people experiencing homelessness, including, but not limited: to temporary shelter in hotels/motels, congregate meals, food boxes distributed by food banks and pantries, clothing, mentoring, counseling, job training, and employment assistance programs.

This past year has been full of challenges in providing homeless services, but also has presented opportunities to establish new strategies and further existing efforts to end homelessness.

We thank the many individuals who have contributed to this report on behalf of their organizations and agencies. Arizona's commitment to ending homelessness is steadfast and will only be accomplished through the development of safe, decent and affordable housing for all citizens.

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 (DAAS), annually submits a report on the status of homelessness and efforts to prevent and alleviate homelessness to the Governor, the President of the Senate, and the Speaker of the House. This report provides information on the demographic characteristics and circumstances of 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 26, 2010;
- Point-in-time survey data from previous years;
- Arizona Department of Education (ADE) 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.

All references to state fiscal year (SFY) 2010 refer to the time frame from July 1, 2009 through June 30, 2010.

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.

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;

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 (DV), 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.

WHO IN ARIZONA EXPERIENCES HOMELESSNESS

FAMILIES AND ADULTS

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:

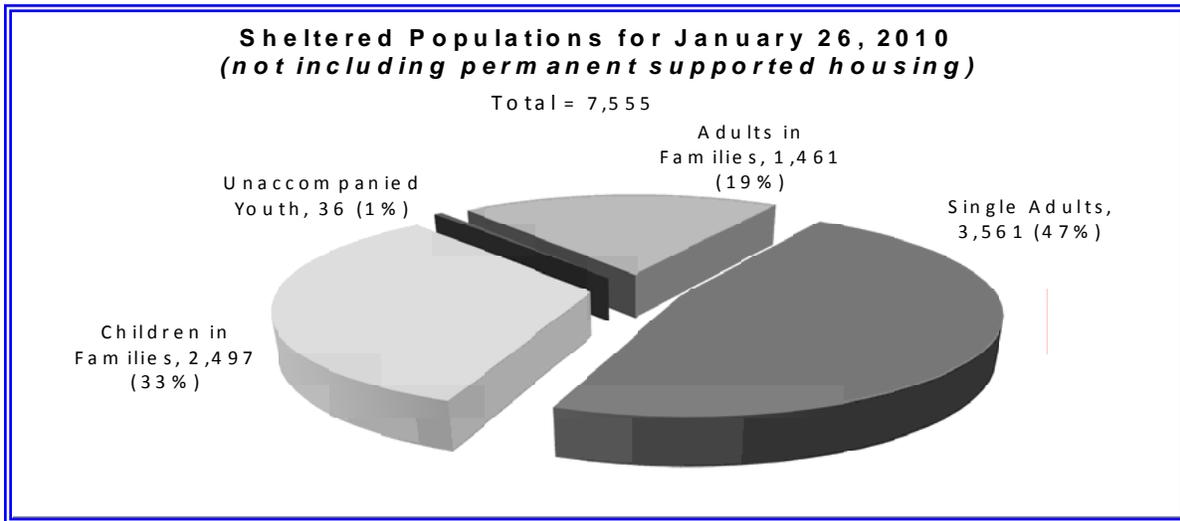
- DES annual point-in-time (PIT) counts of emergency shelter (ES), transitional housing (TH), Homeless Prevention and Rapid Re-Housing Program (HPRP), Safe Haven (SH), and permanent supportive housing (PSH) programs throughout the state;
- PIT counts of unsheltered persons conducted by the three Arizona Continuums of Care; and
- PIT counts of homeless students in grades K-12 reported to the Arizona Department of Education's Special Populations Section.

Note: The U.S. Department of Housing and Urban Development (HUD) defines permanent supportive housing (PSH) as housing for *formerly* homeless persons. Thus, the term *sheltered housing* in this report includes only the ES, TH, HPRP, and SH categories. When the PSH numbers are included or taken into account, the term *system-wide* data is used.

Summary PIT data tables can be found in Appendix E.

Families with Children - As reported in 2009, families represent the fastest growing segment of homeless people in the U.S. This trend is clearly accelerated in Arizona. The January 26, 2010, Arizona point-in-time (PIT) shelter survey identified 3,958 accompanied family members in sheltered housing on that day – 52 percent of all homeless persons sheltered. This is four percentage points higher than reported in the January 2009 PIT shelter count and similarly higher

than the national families-with-children shelter count figure of 46 percent reported in HUD's 2009 Annual Homeless Assessment Report (AHAR) to Congress.



The 2010 PIT data shows persons in families comprised 43 percent of emergency shelter residents and 61 percent of those in transitional housing. These proportions were significantly higher than those reported in 2009. As in 2009, one-third of sheltered homeless persons were children or unaccompanied youth.

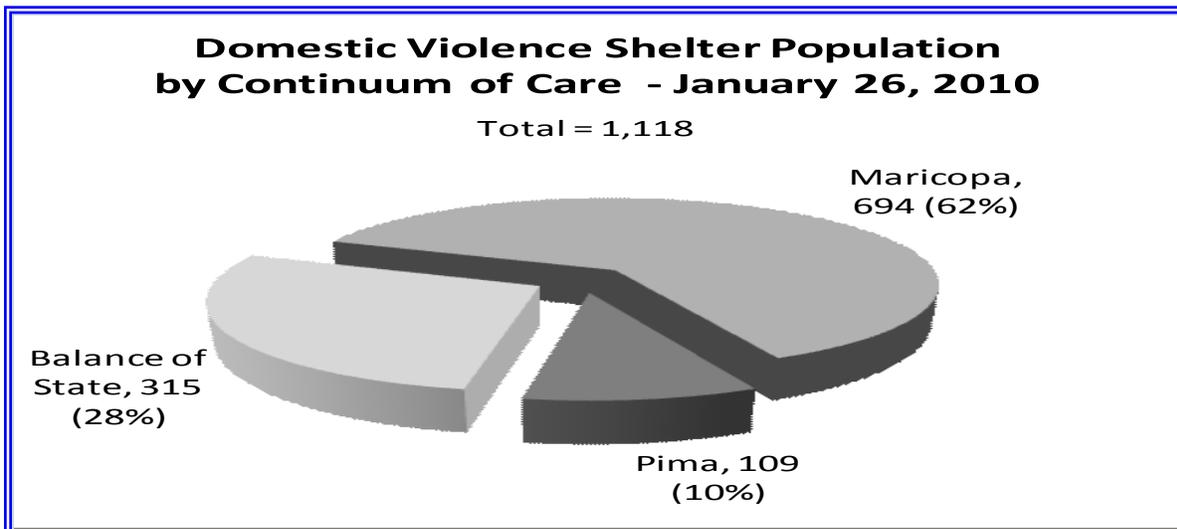
Statewide, the total number of sheltered families with children counted on January 26, 2010, was 1,221, for an average of 3.2 persons per homeless family.

Lack of affordable housing is 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 housing supply and low family incomes, making the task of finding affordable housing virtually impossible for families who have lost their housing.

In addition, homeless families are often comprised of young children parented by young parents, typically with weak social support networks and poor housing histories marked by frequent moves, with homeless episodes part of a longer period of residential instability. Understanding this, many communities have found targeted services – such as helping families manage budgets, cope with unanticipated expenses, find and maintain employment, and deal with landlord-tenant conflicts – especially effective in helping families exit the homeless services system.

Victims of Domestic Violence - The January 2010 PIT survey of homeless programs showed that DV was a major reason for the homelessness of 20 percent (1,015) of all adults in sheltered housing. Of 1,015 DV-related adults, 56 percent were housed in emergency facilities; 44 percent were in transitional housing.

Emergency and transitional domestic violence shelter services were provided to 1,118 people, of which 598 (53 percent) were children and 520 (47 percent) were adults. Of all adults, 274 (53 percent) were adults with children. Of the DV shelter population statewide, 62 percent were sheltered in Maricopa County, 10 percent in Pima County, and 28 percent were in shelters in the balance of the state.



From July 1, 2009 through June 30, 2010, staff and volunteers in 44 DES-funded residential domestic violence shelters and safe home networks responded to 21,719 hotline calls for emergency shelter information and referral. Unduplicated counts showed that DES-funded domestic violence shelters provided emergency shelter or transitional housing to 10,335 women and children (down 19 percent from the previous state fiscal year) for a total of 410,968 bed nights. The average length of stay in the domestic violence system in SFY 2010 was approximately 35 days.

The 2010 PIT shelter survey showed a system-wide total of 1,773 beds in emergency, transitional and permanent supportive domestic violence programs, with 938 beds (53 percent) reported in Maricopa County, 618 (35 percent) in the Balance of State Continuum, and 217 (12 percent) in Pima County. Domestic violence shelter beds represented 13 percent of 13,935 homeless shelter and permanent supportive beds reported statewide.

On the shelter survey date, domestic violence programs reported that 65 percent of available beds were occupied, with the system-wide 2010 count of DV-related adults 11 percent lower than the 2009 total.

Although the significantly lower 2010 number might seem counter-intuitive, DV shelter providers stress that in times of severe recession and extreme unemployment, domestic violence victims often feel they have no choice but to remain in abusive situations rather than risk losing significant economic support for themselves and their children.

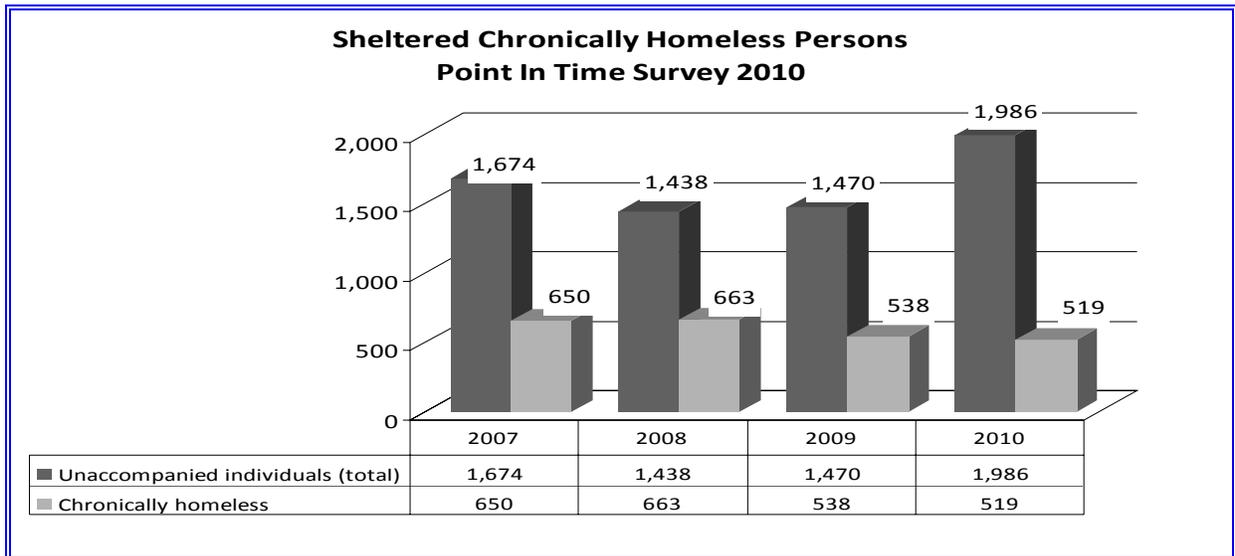
Although the domestic violence shelter system functions as a critical temporary haven, domestic violence victims must have a reasonable expectation of achieving safe, affordable housing and

economic opportunity in the process. Advocates say many are choosing not to enter the shelter system due to the realistic perception that prospects for achieving independence upon leaving the shelter system are bleak at present.

In addition to domestic violence as a direct cause of homelessness, many homeless women have been victims of domestic violence at some point in their past, even if they do not identify it as the immediate cause of their homelessness. State-level research has found that nine of ten homeless women had experienced severe physical or sexual assault at some point in their lives, six of ten had been victims of violence by an intimate partner, and one-third had been assaulted by their current or most recent partner. Women survivors of physical assault also often suffer from anxiety, panic disorder, major depression, and substance abuse, any of which can affect the likelihood of becoming homeless.

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 or substance abuse and has either been continuously homeless over the past 12 months or homeless at least four times in the past three years. In the sheltered population, only those in emergency shelter facilities may be counted as chronically homeless.

In Maricopa County, 615 unsheltered chronically homeless individuals were counted in the January 26, 2010, point-in-time survey, while 273 were counted in emergency shelter. In Pima County, 465 chronically homeless individuals were counted on the streets, while 162 were counted in emergency shelter. Rural counties reported a total of 84 chronically homeless persons in the annual shelter survey. Unsheltered persons were not surveyed in the rural counties in January 2010.



January PIT surveys of *sheltered* persons counted 519 (26 percent) of 2,007 unaccompanied persons in emergency shelter as chronically homeless, with 84 percent of that number reported in Maricopa and Pima counties.

Of 4,089 unsheltered unaccompanied persons counted in Maricopa and Pima counties, 1,080 (26 percent) were reported as chronically homeless.

In the 2009 Annual Homeless Assessment Report (AHAR) released in June 2010, U.S. HUD reported a 29 percent decrease nationally in the number of chronically homeless persons, sheltered and unsheltered, between 2006 and 2009. The national 2009 point-in-time (PIT) total was 110,917 people.

Annual PIT surveys in Maricopa and Pima counties have shown an even sharper overall reduction in chronic homelessness in an overlapping three-year period from 2007 to 2010. In 2007, the two counties reported a total of 2,379 chronically homeless persons. The Maricopa-Pima 2010 total of 1,515 represents a 36 percent decrease over the three-year period. Even higher rates of decrease have been reported in a number of major cities, such as Portland, Oregon, Wichita, Kansas, and Denver, Colorado.

Of single adult shelter users, 80 percent enter the homeless system only once or twice, stay just over a month, and do not return. The chronically homeless segment of single adults comprises the remaining 20 percent of shelter users. Although this group represents only one-fifth of the emergency shelter population, it utilizes well over half of all shelter system resources. This is due to the fact that many chronically homeless people virtually live in institutional systems, cycling between emergency shelters, hospitals, jails, detoxification facilities, and other settings. The cost to publicly funded systems of care typically runs into tens of thousands of dollars annually for each chronically homeless person.

One means of reducing chronic homelessness is through prevention. In Quincy, Massachusetts, jail, prison, hospital, psychiatric facilities, and treatment programs changed their discharge policies to focus on the housing needs of clients and to provide housing assistance if needed. This contributed to a 50 percent reduction in chronic homelessness over a four-year period. Targeting of individuals with the most extensive service needs or families who are repeatedly homeless has proven to be an effective approach in other communities.

Older Homeless Arizonans - The 2010 Arizona PIT shelter survey counted only 179 persons over age 65 in shelters statewide, less than two percent of all adults. However, statewide data compiled by the Arizona Department of Housing (ADOH) for SFY 2010 show a total of 1,196 persons 62 and older housed 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 individuals 62 or older in Arizona's general population.

The scarcity of older people in the homeless population is a reflection of high rates of early mortality among chronically homeless persons. According to HUD, the average life expectancy for a person without permanent housing is 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 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. This 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, the National Coalition for the Homeless (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 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. City of Phoenix Housing Department data show a similar ratio. 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, much SRO stock has disappeared in the urban landscape over the past 20 years.

The older adult population experiencing homelessness is rising. Notwithstanding the low numbers of older persons reported in shelter surveys, there is evidence as demonstrated in a report issued in April 2010 developed by the National Alliance to End Homelessness that homelessness is beginning to increase among older adults. In addition, demographic factors, such as the anticipated growth of the older adult population as baby boomers turn 65 years of age and reports of increases in the number of homeless adults ages 50 to 64, forecast a dramatic increase in the older adult homeless population over the next 20 years.

The older adult population has historically been underrepresented among the homeless population. Two primary demographic factors contribute to a projected increase in homelessness among older adults:

- The older adult population is expected to more than double in size between now and 2050; and
- The proportion of the older adult population living in poverty or deep poverty is forecast to remain at current levels.

U.S. Census 2008 American Community Survey data showed that 10 percent of people over 65 years of age have annual incomes below the federal poverty threshold. Moreover, one quarter of that group live in deep poverty, with incomes less than half the poverty level. These rates have varied little over the past decade and are unlikely to change significantly in the future.

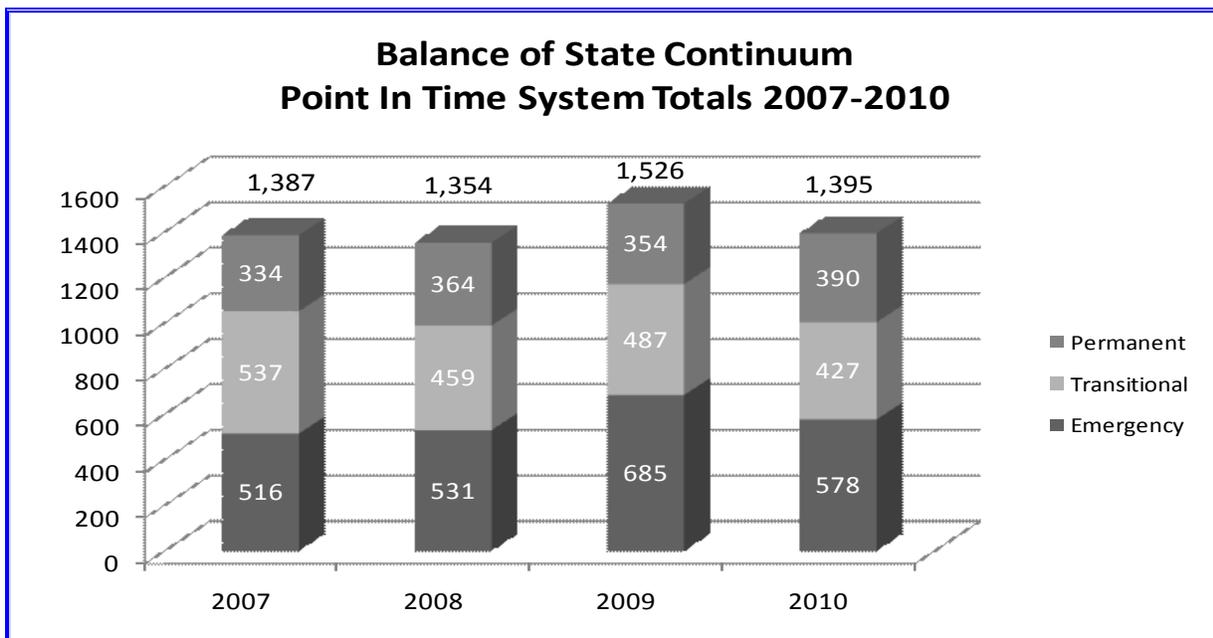
Rural Homelessness - The January 2010 point-in-time (PIT) shelter survey showed 13 percent of 7,555 sheltered homeless persons were sheltered in the thirteen rural counties. Although the Balance of State Continuum did not conduct a 2010 PIT count of unsheltered persons, the 2010 PIT street count showed that 32 percent of unsheltered persons were found in the rural counties. Arizona Department of Education PIT data for January 26, 2010, shows that rural doubled up homeless school students accounted for 26 percent of the statewide total of approximately 11,800 doubled up homeless children. These shelter, street, and doubled up counts suggest that the

extent of rural homelessness in Arizona is much higher than the latest national figure of seven percent.

Arizona data shows that of 1,010 sheltered rural persons, 212 (21 percent) were adults with children, 340 (34 percent) were children accompanied by adults and 458 (45 percent) were unaccompanied adults and children. Of adults with children, 84 percent were women. Of unaccompanied adults, 60 percent were men. Of 301 unaccompanied persons in emergency shelter in the rural counties, 28 percent were reported as chronically homeless. Of 663 sheltered adults, 17 percent were reported as military veterans, 33 percent as having experienced domestic violence, and 47 percent as suffering from severe mental illness, chronic substance abuse, or both.

Compared to 2009 point-in-time data, the number of persons in rural emergency shelters was 16 percent lower and transitional shelter populations were 12 percent lower. See the following table for a four-year comparison by housing type. System-wide capacity, including permanent supportive housing, was virtually unchanged from January 2009, as reduced transitional housing beds were offset by an increase in permanent supportive housing capacity.

For further shelter survey particulars, see the Balance of State Continuum shelter survey summary on page 38 and/or Appendix E.



People who experience rural homelessness are often referred to as the hidden homeless. Many live in substandard housing or are doubled up with other families. Others sleep in campgrounds, cars, abandoned buildings, and in forest areas. Just as in urban areas, lack of affordable housing and inadequate income 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. The lack of available jobs and steady income means that household income is significantly lower in rural areas. Poverty is also a major contributor, because the poverty rate in rural areas is significantly higher than the national rate.

Overall there are far fewer shelters in rural areas, very few affordable housing programs, and limited transportation services; thus, people experiencing homelessness are less likely to have access to shelter and more likely to live in a car or camper, or doubled up in overcrowded and/or substandard conditions.

As the Arizona Department of Education PIT count (Appendix E) of doubled up homeless school children suggests, 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.

Persons with Mental and Behavioral Health Problems - The January 2010 PIT survey counted 830 sheltered adults as seriously mentally ill (SMI), 17 percent of 5,022 sheltered homeless adults. Forty-four percent of those reported as SMI were also reported to be experiencing chronic substance abuse problems.

The National Alliance to End Homelessness estimates 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, 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.

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. In the January 2010 PIT shelter survey, 1,587 (32 percent) of 5,022 sheltered adults were reported as experiencing chronic substance abuse problems. Twenty-three percent of those with substance abuse problems were also reported to suffer from mental illness. Of adults in permanent supportive housing, 21 percent were reported as having substance abuse problems.

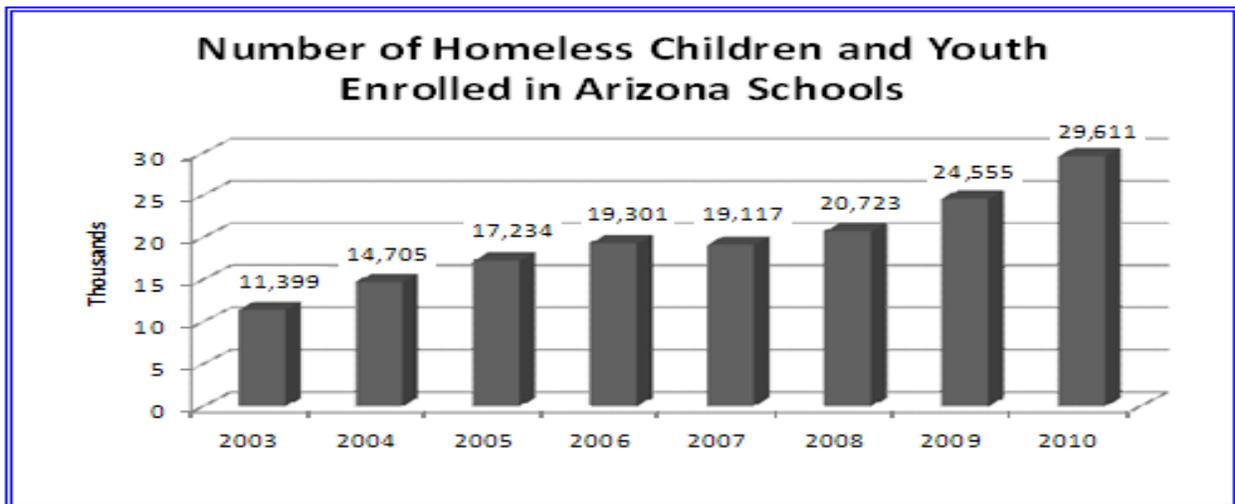
Adequately addressing the needs of the addicted homeless population is a high priority in most communities in the state, as identified through the local Continuum of Care processes. However, current funding is limited and cannot begin to meet the need for services for this sub-population.

CHILDREN AND YOUTH

Children and youth experiencing homelessness in Arizona - The U.S. Department of Housing and Urban Development (HUD) was directed by Congress to work with jurisdictions to gather data on homelessness through the Homeless Management Information System (HMIS). HMIS is a computerized data collection application designed to capture client-level information on the characteristics and service needs of adults and children experiencing homelessness over time. According to Arizona's HMIS data for SFY 2010:

- Maricopa County homeless service providers assisted 3,811 children under age 18 and 1,429 young adults ages 18-24.
- Pima County homeless service providers assisted 1,478 children under age 18 and 729 young adults ages 18-24.
- Rural providers assisted 798 children under the age of 18 and 858 ages 18-24.
- In total, 6,087 children under age 18 and 3,016 youth ages 18-24 experienced homelessness and accessed services through non-profit organizations in the state.

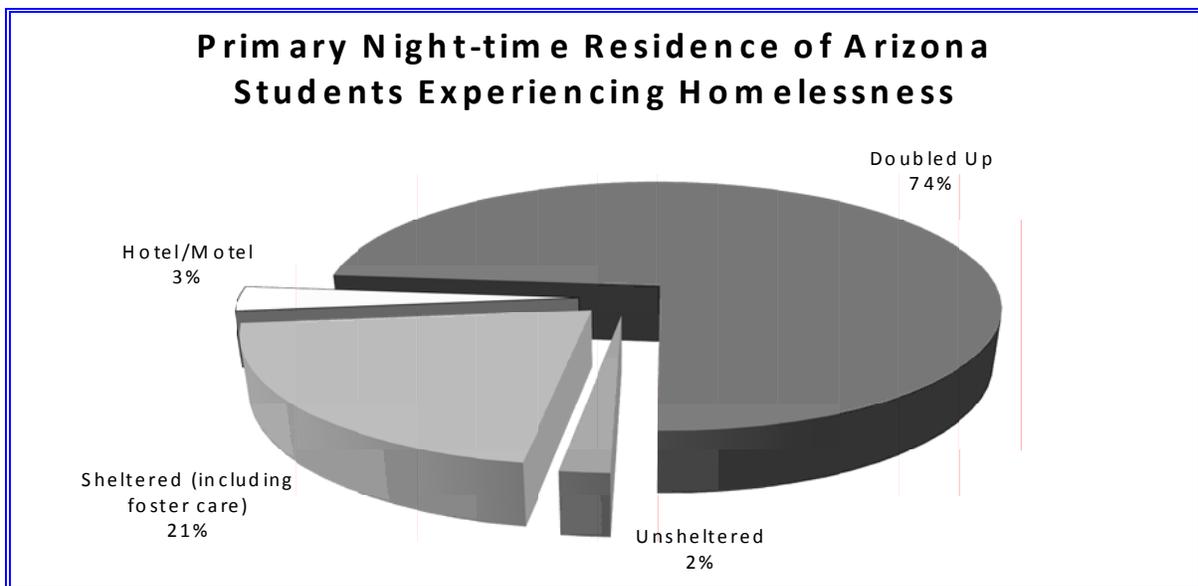
Homeless children in public schools - The number of children and youth experiencing homelessness in Arizona continues to increase. This year, data reported by the Arizona Department of Education (ADE) Homeless Education Office show 29,611 children (pre-kindergarten through 12th grade) were reported by 236 Local Educational Agencies (LEAs) throughout the state as "homeless" during SFY 2010. This represents a 21 percent increase from SFY 2009. The ADE count has increased by 160 percent since 2003.



As noted earlier, 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 (McKinney-Vento), 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.

Statistics regarding homeless students

- Of 29,611 homeless children, 74 percent were reported as doubled-up, or living temporarily with another family; 21 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 77 percent of the students experiencing homelessness attended schools in the urban counties (61 percent in Maricopa and 16 percent in Pima). Six percent were reported in Yavapai County, and the remaining 17 percent were reported from Arizona's remaining counties.
- Of approximately 620 Arizona LEAs (two-thirds of which are charter schools), 236 reported children and youth as enrolled in school and homeless. This represents a 10 percent increase in the number of LEAs reporting students experiencing homelessness from the previous year.
- Only 19 of these LEAs received federal funding through ADE's competitive McKinney-Vento sub-grant program to provide a range of supplemental educational support services for homeless children and youth, beyond the legal requirements. The total amount awarded for the school year was \$1,298,130.



Homeless children and youth face unique barriers to education. These barriers include being unable to meet enrollment requirements, high mobility resulting in lack of school stability and educational continuity, lack of transportation, lack of school supplies and clothing, and poor health, fatigue, and hunger. When these barriers are not addressed, homeless children and youth are often unable to enroll or attend school, which prevents them from obtaining the education that is both their legal right and their best hope of escaping poverty. 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 statewide reading, math and writing assessments.

For more detailed FY 2010 information on homeless students reported by county, please refer to Appendix E. 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 www.azed.gov/schooleffectiveness/specialpops/homeless/.

Unaccompanied 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. This has become more common due to the economic crisis. 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.

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 26, 2010 in Maricopa County, 181 youth were counted living on the streets. An additional 14 were counted in emergency shelters and transitional housing programs for a county total of 195, a 19 percent increase from the 2009 count.
- In Pima County, a total of 143 homeless youth were noted during the annual street count. An additional 16 were counted in emergency shelter and transitional housing for a county total of 159, a 19 percent increase from the 2009 count.
- During SFY 2010, ADE documented 431 youth as being unaccompanied – that is, experiencing homelessness at some point during the school year and having no parental, foster or institutional care. All but five were reported in Maricopa County.

Causes of homelessness in youth - According to the National Coalition for the Homeless, there are three basic, inter-related causes: (1) family conflict, (2) economic problems, and (3) 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 become 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, 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 behavioral health or other disabilities.

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 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) being thrown away by family.

Needs and characteristics of homeless youth - According to the 2009 DES survey of youth 18 to 21 years of age in the homeless services system, primary needs include basic services (food, clothing and shelter), mental health services, health services and personal safety. Housing is a barrier to many youth, partly because of lack of affordability, but also due to juvenile or criminal records and lack of credit history.

Surveys of 245 youth revealed the following statistics regarding unaccompanied homeless youth:

- Fifty percent identified as female, 50 percent as male.
- Thirty-two percent were non-Hispanic White, 39 percent Hispanic, 12 percent Native American and ten percent African American.
- Twenty-seven percent of the youth 18-21 had experienced homelessness for more than three months but less than a year; 30 percent had been homeless for more than a year.
- Twenty-seven percent of the youth 18-21 were employed; 57 percent were enrolled in school.

Available services for youths - Homeless youth providers service all of Arizona's 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 rely on a variety of funding sources. Approximately one-third of operating costs are met through federal funds requiring local matching funds. Another one-third of operating costs are paid for with state funds, primarily to agencies serving minors and youth "aging out" of foster care. City and county governments fund approximately ten percent, with foundation grants accounting for roughly the same percentage. The remaining portion, approximately 15 percent, comes from corporate and individual private donations, service organization contributions and other miscellaneous donors.

The Housing Arizona Youth Project - On July 1, 2009, the Housing Arizona Youth Project (HAYP) was launched as an initiative of the Interagency and Community Council on Homelessness. It is funded by the Arizona Department of Housing and implemented by the

*"It is giving me a chance to live without worrying about being homeless. I'm happy that I found this program and thankful God blessed me by keeping me alive." **

DES Homeless Coordination Office. The first \$1,000,000 designated for the HAYP will be used over two years to demonstrate the possibilities for implementing the best practices of “Housing First” and “Rapid Re-housing” with homeless youth.

*“It has enabled me to be able to work towards my goals and not having to worry about a roof over my head going away. It is a good feeling.” **

The HAYP provides young adults 18 to 26 years of age and experiencing or at imminent risk of homelessness with assistance to immediately access housing. The project enhances existing homeless youth programs by increasing their housing capacity to house youth and 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 to four providers serving youth in five counties: Tumbleweed Center for Youth Development and A&A Cottages (now A New Leaf’s HOPE Program) in Maricopa County, Open Inn and La Paloma Family Services in Pima County, and Open Inn programs in Coconino, Yavapai and Cochise counties.

According to aggregate data collected from HAYP providers, participating youth average 19 years of age. Substantial percentages have experienced family violence and have been involved with the child protective and/or juvenile justice systems. In addition, many have struggled with substance abuse problems and have been diagnosed with mental or behavioral health conditions. Approximately one-fifth identify as lesbian, gay, bisexual or transsexual (LGBT).

During SFY 2010, the four HAYP providers provided housing for an average of 95 youth on any given night. Slightly more than 100 youth exited the program during the year, with two-thirds leaving to move into permanent housing or reunite with family. Case managers reported approximately 80 percent of participants met or exceeded the goals they set for themselves during their stay in HAYP housing.

The most frequently requested services and service referrals among HAYP youth involved education, employment, food, life skills training, independent living counseling, transportation, and housing services. Youth faced particular difficulty in finding employment, accessing transportation, locating rental housing available to persons with criminal records, obtaining adequate resources for child care, and obtaining food stamps to assure adequate nutrition.

***Quotes provided by HAYP participants when asked how housing changed their lives:**

*“Housing has changed my life dramatically. I am able to move on with my life as an adult and raise my child on my own without all of the drama of other people. I am very happy in my new home and family.” **

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	9	0	14
Florence Crittenton	0	0	0	5	11	0
HomeBase Youth Services	0	0	1	24	0	0
La Paloma Family Services	0	0	0	4	0	18
Northland Family Help Center	4	0	0	0	0	0
Open Inn, Inc. (Cochise)	4	0	0	0	0	16
Open Inn, Inc. (Flagstaff)	4	0	0	0	0	4
Open Inn, Inc. (Pima)	12	8	6	0	0	46
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	0	0	0	36
WestCare (CRRYS)	0	0	0	0	0	0
Statewide Capacity	48	29	9	42	31	157

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 young mothers 18-21 years of age 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.).

Arizona Young Adult Program - The federal Chafee Foster Care Independence Program (CFCIP) provides funding to states to assist youth who are likely to “age out” of foster care in making successful transitions to adulthood. Arizona's CFCIP is called the Arizona Young Adult Program (AYAP). The AYAP provides services to youth who are current or former dependent wards of DES or a tribal child welfare agency and in an out-of-home placement at age 16 or

older. Other eligible persons include any legal resident of Arizona age 18 to 21 who was formerly in any state or tribal child welfare foster care program at age 16 or older. In March 2010, this program was serving 1,686 youth, including nearly 288 former foster youth who accessed the aftercare services component of the AYAP.

Services and supports are provided by DES Division of Children, Youth and Families (DCYF) case managers, or through contract providers, and include but are not limited to assistance in:

- Obtaining a high school diploma or General Equivalency Diploma (GED) ;
- Applying for enrollment in post-secondary education and training programs;
- Applying for financial aid to attend post-secondary education and training programs, including the Arizona Education and Training Voucher;
- Career exploration and job readiness;
- Identifying and entering vocational training;
- Health care and training in daily living skills;
- Training in budgeting and financial management skills; and
- Financial assistance for room and board costs (for youth age 18 to 21) or for items that support attainment of goals related to education, employment, vocational training, etc.

All services and supports, including financial assistance, are dependent on need and agency resources. Services and supports must be documented within the individualized case plan or service plan. This plan must also demonstrate the youth's acceptance of personal responsibility and efforts toward self-sufficiency.

In June 2009, the Arizona Governor's Youth Commission published *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

Challenges and barriers for homeless youth programs - Just like many community services, homeless youth providers are struggling with today's economic realities. 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 homeless youth have more complex histories and are in need of more intensive services. 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 surrounding the availability and requirements for aftercare resources. Communication between agencies (Child Protective Services, 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.

Misconceptions 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 choose to be, lending to the apathetic atmosphere that these youth struggle against. Pressures placed on runaway and homeless youth by law enforcement, business owners and others can cause them to move further into the fringes of the city in an effort to be out of sight. This makes youth difficult to locate, complicating efforts of outreach teams to make initial contact.

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 reported a total of 143 youth currently waiting for housing in July 2010.

For youth wanting to work, there are currently few employment options available, significantly limiting prospects for safe, affordable housing and stability. The economic recession has resulted in fewer jobs and greater competition for those jobs that are available. It has been extremely difficult for youth experiencing homelessness to find jobs this past year in such a competitive market. Non-profit organizations have reported that youth are dependent on their services for longer periods of time due to the challenge of securing employment.

Homeless Youth Stories of Change - See Appendix B to read several inspiring stories of change contributed by providers regarding individual youth who have taken advantage of Housing Arizona Youth Program services in the past year.

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. Over 50 individuals now participate in regular meetings. 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 Arizona Commission on Homelessness and Housing (ACHH); and
- Identifying barriers to ending youth homelessness, which the ACHH may be able to address through policy changes or improved coordination between state agencies.

For more information on the Committee, contact Judith Fritsch, DES Community Services Unit Manager, at (602) 542-0283 or jfritsch@azdes.gov.

VETERANS

	<p>“For the chronically-homeless Veteran, who is ‘hard-to-serve’ – those who may have refused care in the past, failed to complete previous programs, have a history of disruptive behaviors or who don’t fit easily into existing programs – the most effective option is HUD-VA Supportive Housing. VA will address all Veterans’ needs, no matter how difficult. We will not leave Veterans homeless while they seek treatment, but will house first and then provide comprehensive treatment and services.”</p> <p>- <i>Eric K. Shinseki, Secretary of Veterans Affairs</i></p>
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Arizona Plan to Prevent and End Homelessness Among Veterans - The Arizona Department of Veterans Services (ADVS) hosted strategic planning summits in February and July 2010 to develop a statewide plan to prevent and ultimately end homelessness among military veterans. With input from a wide variety of participants, a comprehensive five-year plan is scheduled for end-of-year completion.

The Arizona plan will localize the national five-year campaign outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, announced by the U.S. Interagency Council on Homelessness (USICH) on July 22, 2010. *Opening Doors* sets the goal of ending homelessness among veterans within five years. The federal plan sets forth strategic actions in five key areas – providing affordable housing, providing permanent supportive housing, increasing meaningful and sustainable employment, reducing financial vulnerability, and transforming homeless services to crisis response systems focused on prevention and rapid re-housing.

The Arizona plan shares the Veterans Administration’s (VA) “no wrong door” philosophy – assuring that all veterans seeking to prevent or end their own homelessness must have easy access to programs and services. Adherence to “no wrong door” means that any door a veteran approaches, whether a medical center, regional VA office, military base, court or corrections system, church or other community organization, must be ready, willing and able to provide immediate assistance.

While the details of the plan will be revised as a working document, guiding principles include the following:

- Homelessness among veterans can be prevented and ended.
- The beginning of the end of homelessness is through a visible street-level reduction of chronic homelessness.
- Chronically homeless veterans should average three years less on the streets than non-veterans, not the opposite as it stands today.
- The veterans' service community must fully integrate with the broader communities of homeless services, crisis response, economic security and mainstream programs.
- It is incumbent upon veteran-serving organizations and initiatives to lead the way in ending homelessness altogether.
- Given the full support of the VA and an abundance of federal resources, there should be no excuses for failing to end homelessness among veterans within five years.

In the area of outreach and education, summit participants outlined local strategies, including: (1) coordination of national and local referral networks and data systems; (2) integration of programs for justice-involved veterans with community-based supports, including housing and mainstream benefit programs; (3) continuous education of VA staff and community service providers through trainings and special events; (4) targeting of resources to enhance effectiveness; and (5) development of social media strategies.

In the area of treatment, proposed local strategies include: (1) enhancement of data sharing between VA and community based housing providers; and (2) targeting of permanent supportive housing resources to vulnerable and chronically homeless veterans in a "Housing First" model.

Regarding prevention, summit participants suggested strategies of: (1) connecting mainstream systems to identify and connect veterans to specific resources; (2) developing assessment opportunities in universal systems to identify "at-risk" persons and connect to targeted interventions; and (3) connecting VA and Arizona National Guard and Reserve resources with community and faith-based organizations.

Other strategic areas covered in the five-year planning exercise are housing and support services; income, employment and benefits; and community partnerships. Under housing and support services, summit participants' strategies include: (1) assisting the VA in making HUD Veterans Affairs Supportive Housing (VASH) vouchers available to chronically homeless veterans; (2) working with community-based providers to target grant and per diem programs for specific populations, such as justice system-involved veterans; and (3) advocating for new outcome-based program models.

Proposed income, employment and benefits strategies are: (1) linking HUD VASH resources with the VA compensated work therapy program; (2) targeting benefits counseling resources to respond to homeless veterans' claims; (3) cross-training of benefits assistance providers to assist with veteran and mainstream social services programs, such as Social Security Administration and the Arizona Department of Economic Security; and (4) exploring online technologies to better connect employment assistance, education and support services.

Concerning community partnerships, summit attendees stressed strategies of building innovative rural partnerships and targeting resources for rural response, and emphasizing the statewide five-year plan as a guide for linking community resources and organizations with the ADVS and VA.

Specific community partnership goals include ADVS coordination of community based network groups, involvement of groups such as Tucson Veterans Serving Veterans in projects such as the annual VA-sponsored CHALENG survey, and working to change public dialogue to advance a practical vision that homelessness among veterans can truly be *ended*.

Brad Bridwell, Homeless Veterans Services Coordinator, emphasizes that *The Arizona Plan to Prevent and End Homelessness Among Veterans* is a work in progress and requests input from all concerned parties. To provide additional feedback, contact Brad at bbridwell@azdvs.gov or (602) 234-8402.

To access *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, visit the U.S. Interagency Council on Homelessness website at www.usich.gov.

PHOENIX AREA VETERANS PROGRAMS

Madison Street Veterans Association (MSVA) MANA House - A June 4, 2010 dedication ceremony signaled the opening of the Madison Street Veterans Association's (MSVA) MANA House in the second floor of the Maricopa County Young Women's Christian Association (YWCA) building on East Willetta Street in Phoenix. MANA House provides up to 24 months of transitional housing for homeless veterans who need a period of additional support to assist with moving toward independent living. The facility is also intended to help relieve pressure from overcrowded shelters in Maricopa County and create a template for designing additional high-value, low-cost transitional housing facilities within the state of Arizona.

In early October 2010, the VA announced a federal funding award under the VA's Grant and Per Diem program in support of renovation and program operations at the 49-bed facility.

Prior to the MANA House opening, MSVA managed a 70-bed segment of the Central Arizona Shelter Services (CASS) Men's Outreach Shelter in downtown Phoenix. At the outreach shelter monitors assisted disabled or otherwise impaired homeless veterans to ensure their needs were addressed. That experience proved invaluable in planning for MANA House.

For more information on MANA House or the Madison Street Veterans Association, contact Terry Araman, MSVA Program Director, at (602) 525-4456 or taraman@lodestardrc.org.

U.S. VETS - Phoenix - continues to be a major provider of transitional housing for homeless veterans in the Phoenix area through its Victory Place facility and stateside rooms. The Arizona Veterans in Progress (AZ VIP) program still continues as a veteran-specific, three-phase residential employment program. Phase One resolves immediate employment barriers and builds employment search skills. Phase Two focuses on assertive job search, utilizing traditional and modern job search practices. Phase Three is post-employment and assists each veteran to maintain budgets, establish savings, resolve long-term barriers and plan for the transition to independent living.

In past program years, U.S. VETS - Phoenix's target goal for the client's length of stay was 120 days. However, program philosophy on length of stay has changed. Clients are encouraged to stay longer to increase their savings and stability and better prepare them for independent living. The organization has also increased its efforts in encouraging clients to pursue higher education and training opportunities to better prepare them for the challenges of the current workforce and independent living.

U.S. VETS - Phoenix has also incorporated more clinical services into the program to work to better prepare veterans for independent living. The clinical director works with case managers to enroll clients in clinical services. The organization will partner with a mental health provider to increase services in the areas of general counseling, anger management and grief counseling. Enhanced substance abuse treatment services will also be provided. These services will be provided both to residential and post-residential clients. For more information contact Alfred Edwards, (U.S. VETS – Phoenix), Career Services Manager, at (602) 305-8585.

Arizona StandDown 2010 – The 2010 StandDown was held February 5-7, at the Veterans Memorial Coliseum in Phoenix. U.S. VETS - Phoenix partnered with the City of Phoenix, the Arizona Departments of Veterans Services, Economic Security, and Transportation; Veterans Administration (VA) and Phoenix VA Health Care System; and the Social Security Administration (SSA) in assisting 804 veterans during the three-day event. A total of 503 homeless veterans were served, including 165 who reported being chronically homeless.

Housing was identified as a top priority by 43 percent of attendees. Permanent or transitional housing was provided to 49 individuals at the event. Housing providers present included Biltmore Properties, U.S. VETS – Phoenix, Young Men's Christian Association (YMCA), Blaze of Glory, Clean and Sober Living, Alternative Living, Amigo Foundation, Mercy Housing, Westward Ho, and Central Arizona Shelter Services.

Medical, dental and psychiatric care services were provided for 200 attendees by the VA, while City of Phoenix court staff handled 199 requests for legal assistance. Accrued fines in the amount of \$116,729 were cleared for homeless veterans who agreed to make restitution by performing community service. Meanwhile, more than 150 individuals were assisted by SSA staff in applying for disability benefits and replacing social security cards. In one case a veteran received more than \$12,000 in retroactive benefits; in another case, a monthly benefit amount was increased by more than \$300.

Arizona StandDown 2011 will be held February 4-6, 2011, at the same location. For more information, visit the website at www.arizonastanddown.org.

TUCSON AREA VETERANS PROGRAMS

City of Tucson Veterans Court Program - The Veterans Administration (VA) recognizes that many of the 1.7 million veterans who have fought in the current wars in Iraq and Afghanistan are returning with mental health problems. Many others are involved in some aspect of the justice system. The Southern Arizona VA Health Care System (SAVAHCS), University of Arizona Law School and the Tucson legal community are working jointly to engage these and other veterans and to offer treatment as an alternative to incarceration through the City of Tucson Veterans Court.

The Court's goal is to divert all veterans charged with misdemeanor offenses, many of whom are homeless, from further criminal involvement by engaging them in rehabilitation. Eligible veterans are those with City of Tucson misdemeanor charges not involving victims, sexual offenses or violent crimes. Chief benefits of the program are:

- No incarceration at the time of arrest if accepted into Veterans Court;
- Resolution of current and prior cases based on successful participation;
- Active involvement with VA treatment and case management resources for veterans with mental health and/or substance abuse problems;
- Treatment provided at no cost to either the veteran or the City of Tucson;
- Reduced costs of incarceration and freeing of space for more serious offenders in the City Jail; and
- Reduced expenditures for medical and psychological treatment in the City Jail.

This program benefits both the Veterans Administration and the court by involving both agencies in the community and improving the perception of their willingness to help those who have served our country. For more information on the Tucson Veterans Court Program, contact Steven Cohen, SAVAHCS Homeless Coordinator, at Steven.Cohen@VA.gov or (520) 792-1450, extension 1-2995.

Southern Arizona Veterans Administration Health Care System (SAVAHCS) HUD-VASH (HUD-VASH) Tucson - In 2009, its second program year, the Southern Arizona Veterans Administration Health Care System (SAVAHCS) HUD-VASH Program received 70 Housing Choice Section 8 vouchers, matching the 2008 allocation of 70 vouchers. The 2010 program year allocation of HUD-VASH vouchers in Southern Arizona, announced in June, provided an additional 75 vouchers for Tucson, bringing the total Tucson allocation to 215. Also, 25 vouchers were allocated to Sierra Vista in Cochise County.

As of July 30, 2010, HUD-VASH housed 123 veterans with 17 enrolled in case management and either working toward a voucher or actively looking for a housing unit. Since the beginning of the HUD-VASH program partnership between the Tucson VA Medical Center and the City of Tucson's Public Housing Authority in January 2008, more than 275 homeless veterans have been interviewed and screened.

A close working relationship between the HUD-VASH program and Project Action, funded by the Homeless Prevention and Rapid Re-Housing Program, provides rent and utility deposits to

eligible veterans. The Sullivan Jackson Employment Program, a veteran's employment and training service program funded by the Department of Labor, refers veterans in need of case management to support independence in permanent, supported housing.

Charles Learned, SAVAHCS HUD-VASH coordinator, notes that HUD-VASH is now a viable option on the VA's continuum of housing options. As members of the Tucson Pima Collaboration to End Homelessness (TPCH), SAVAHCS and the HUD-VASH program contribute to the Tucson community's efforts to meet the housing needs of the homeless in Tucson and Pima County. For more information about the HUD-VASH program, visit the VA website at www.va.gov/homeless. In Southern Arizona, contact: Charles Learned, HUD-VASH Coordinator, at (520) 792-1450, ext. 5529, or SAVAHCS Homeless Program at (520) 629-1839.

Primavera Foundation's Homeless Veterans Reintegration Program - In early 2010, Primavera's *Vocation for Veterans* Homeless Veterans Reintegration Program (HVRP) received first-year funding of \$200,000 from the U.S. Department of Labor. The new Tucson-based program is focused on helping homeless veterans with job training and job placement to expedite their reintegration in the workforce. Eligible participants must be homeless and must have received an "other than dishonorable" discharge. The project is administered by Primavera's workforce development program, Primavera Works, which intends to serve at least 80 participants by June 30, 2011 with a target wage of \$9.00 per hour for job placements.

The project began July 1, 2010, with possible renewal for an additional two years. *Vocation for Veterans* focuses on job training and education with an emphasis on helping participants obtain jobs in the environmental sector. Project staff provides case management, job training, job development, and assistance with supportive services such as monthly bus passes, job search and work clothes, tools, etc.

Staff works closely with the VA, Pima County's One Stop employment program, Disabled Veterans' Outreach Programs (DVOP) staff, Local Veterans' Employment Representatives (LVER), Pima Continuum of Care partners, and other service providers to address the many barriers faced by homeless veterans. Veterans are referred to appropriate service providers for housing, mental health assistance, entitlement benefits and local educational and certification programs. A minimum of 80 percent of participants will receive formal job training.

Interested persons should contact Primavera Works at (520) 882-9668 to speak with the HVRP Employment Specialist.

Tucson Veterans Serving Veterans (TVSV) – TVSV organizes both a May one-day and an October two-day StandDown event each year. TVSV member organizations include the Veterans Administration (VA) Medical Center, Arizona Department of Veterans Services, DES Department of Vocational Rehabilitation, VA Department of Vocational Rehab, DES Disabled Veterans Outreach Program (DVOP), DES Local Veterans Employment Representative (LVER), Red Cross, DK Advocates, Comin' Home, Inc., Esperanza En Escalante, Interfaith Coalition for the Homeless, Pima County Sullivan Jackson Employment Center, Old Pueblo Community Services, Gold Star Wives, Marine Corps League of Marana and the Tucson Veterans Center.

The annual one-day Tucson Veterans Stand Down event was held May 21, 2010, at the Tucson Allen Army Reserve Center. A total of 113 veterans attended, including 104 male veterans, three female veterans, and six families with a male veteran as an adult member of the family. The event was supported by 66 homeless services providers and 89 community volunteers who helped with various tasks throughout the day, from washing dishes to escorting veterans to various services. TVSV members organized the event and played leading roles in all aspects of the agenda.

Contact TVSV's Steven Nelson (Steve.Nelson@pima.gov) for more information on Tucson Veterans Stand Down events.

OTHER STATEWIDE VETERAN PROGRAMS

U.S. VETS - Prescott - Currently operates transitional, permanent supportive and emergency housing programs for homeless veterans, serving the northern region of Arizona. U.S. VETS - Prescott's VIP Freedom House transitional facility is a 56-bed employment-based program designed to support veterans' personal and employment goals through development of an Individual Action Plan (IAP) and intensive case management services.

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. Case managers work with each veteran to assess his/her needs and identify individual barriers to self-sufficiency.

U.S. VETS - Prescott's Victory Place, a six-bed Permanent Housing (PH) program, serves chronically homeless veterans who have disabilities including serious mental illness such as post-traumatic stress disorder (PTSD), substance abuse, gambling addiction and chronic physical conditions. Those who qualify for Victory Place have no time limit on length of stay.

The Prescott site partners with the Northern Arizona Veterans Administration Health Care System (NAVAHCS) to provide emergency housing beds for veterans identified by the VA's Rural Outreach to Homeless Veterans (ROHV) program as needing this assistance. This program has three beds and has been at capacity since implementation in June 2010.

For more information, contact site director Barbara Mikkelsen at (928) 717-7581 or bmikkelsen@usvetsinc.org.

Northern Arizona StandDown – Was held in Prescott in September 2010, served 300 veterans with the help of 175 volunteers and 50 providers of services and support. The event featured enhanced legal services to resolve civil and criminal legal issues for veterans who opt for this service. Arizona Department of Transportation (ADOT) staff was also on hand for *StandDown* attendees who wished to obtain driver's licenses.

For more information on the *Northern Arizona StandDown*, contact Barbara Mikkelsen at (928) 717-7581 or bmikkelsen@usvetsinc.org.

ARIZONA COMMISSION ON HOMELESSNESS AND HOUSING

Governor Janice K. Brewer created the Governor's Arizona Commission on Homelessness and Housing (ACHH) through an Executive Order on January 13, 2010.

The purposes of the ACHH are to: (1) serve as the statewide homelessness planning and policy development resource for the Governor and the State of Arizona, and (2) oversee the implementation and progress of the Housing Arizona: State Plan to Prevent and End Homelessness.

State Plan to Prevent and End Homelessness - In 2003 and 2004, Arizona state agency partners and community members participated in two National Governor's Association Policy Academies hosted by the U.S. Departments of Housing and Urban Development (HUD), Health and Human Services (DHHS), Labor (USDOL), and Veterans' Affairs. Each Policy Academy focused on developing goals and strategies for enhanced service delivery systems for individuals and families experiencing homelessness. Draft plans were developed and strengthened through community presentations and focus groups. As a result, the Housing Arizona: State Plan to Prevent and End Homelessness was created.

The Commission's vision is that all Arizonans have safe, permanent housing, income, and access to support services. Ending homelessness in Arizona will contribute to economic development and improve the quality of life for everyone.

Its mission is to solve homelessness by providing the housing opportunities and support services needed to keep individuals and families housed and restore Arizonans experiencing homelessness to productive, healthy lives.

The following principles reflect the beliefs and values critical to reforming the systems serving individuals and families at risk of or experiencing homelessness. The principles serve as the "guide posts" or parameters that must be met when recommending and implementing structural, policy, or funding changes. Housing policies and programs must be centered upon the following principles:

- Housing should be safe, decent, affordable, accessible, and appropriate.
- Preservation of existing affordable housing stock is a priority.
- Rapid re-housing (Housing First) should be a priority for projects funded with state resources.
- Housing sites should be accessible to services, employment, educational opportunities and public transportation, recognizing urban, rural, and tribal differences in Arizona.
- Housing sites should meet the residential and service needs of those who will live in the housing.
- Persons who are not able to be totally independent should have access to housing and support in a humane environment that provides as much independence as he/she can manage.

Service delivery systems must be:

- Efficient, effective and integrated: Maximizing the use of funding, reducing barriers for individuals and families and increasing the opportunity for self-sufficiency.
- Individual and Family Centered: System design and service delivery in partnership with individuals and families based on their identified needs, wants and goals.
- Just: Treating every individual and family fairly and promoting opportunities, acknowledging that poverty and homelessness disproportionately effect some populations.
- Respectful: Affording respect and dignity to individuals and families.
- Statewide: Responsive to the diverse needs of all areas of the state - rural and urban.

Commission Initiatives - As stated in the Governor's Executive Order (see Appendix F), the Commission is charged with overseeing the implementation of the state's Plan to Prevent and End Homelessness. In its initial meetings, the Commission identified six initiatives to be undertaken in the initial year and asked several individuals to staff the development of detailed work plans for each initiative. Initiative work plan staff will comprise the work group referenced in item six of the ACHH Executive Order. They will be joined by other interested persons, including Commission members, in developing and carrying out work plans for each initiative.

The initiatives are:

- Initiative 1.** Develop joint pre-release discharge planning processes.
- Initiative 2.** Create an interagency mechanism for state agencies to effectively coordinate resources that fund housing or services regarding homelessness.
- Initiative 3.** Provide cross-training among benefits specialists.
- Initiative 4.** Develop and maintain a statewide inventory of housing stock designated for special populations and paired with some level of support services.
- Initiative 5.** Conduct a comprehensive statewide needs assessment and analyze results.
- Initiative 6.** Create a business plan for developing an array of housing and support services to meet the needs of homeless populations in the state.

Efforts on initiatives one through five will culminate in work to complete Initiative Six – creation of the Commission's business plan in 2011. The Commission plans to undertake the following action steps to complete the business plan:

- Identify key housing and services strategies to meet the needs of homeless sub-populations.
- Provide specific, detailed recommendations regarding legislation, policy, and practice.
- Provide specific, detailed recommendations for securing or reallocating funding for capital, operating, and services.
- Develop an operational timeline for implementation 2011-2015.

For more information on the Commission's work, contact the DES Homeless Coordination Office at (602) 542-2255.

CONTINUUM OF CARE EFFORTS TO END HOMELESSNESS

The Continuum of Care approach is the U.S. Department of Housing and Urban Development's (HUD) 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:

- 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
- Balance of State Continuum, facilitated by the Arizona Department of Housing Special Needs Programs Office.

Maricopa County Continuum of Care - The Maricopa Continuum of Care Regional Committee on Homelessness has provided policy direction and leadership on homeless issues for the Maricopa County region since June 1999. Supported by Maricopa Association of Governments (MAG) staff, the Committee directs year-round planning, 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 develop 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 MAG Continuum has secured more than \$196 million in HUD funding over the past ten years in support of over 50 permanent supportive and transitional housing projects.

In 2010, HUD announced a total of \$23,567,138 in grants to support 53 homeless services programs in the Continuum. This includes bonus awards totaling \$1,393,580 to support two new permanent supportive housing programs. For details, see the HUD grant awards website at: www.hud.gov/offices/cpd/homeless/budget/2009/.

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

- Sixty-seven new permanent supportive housing beds were created for chronically homeless individuals and homeless families to be served throughout Maricopa County.
- The rate of homeless persons staying in permanent supportive housing over six months has increased to 89.3 percent.

- The rate of homeless persons moving from transitional housing to permanent supportive housing has increased to 65 percent.
- The rate of homeless persons employed at program exit remains above the national average at 33 percent.
- Twenty-five homeless families were enrolled in the Next Step Housing rapid re-housing program as of August, 2010. The new program will rapidly re-house a total of 50 homeless families over the next year.

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 plan includes the following key goals:

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

Implementation of the Regional Plan is being tracked by the Continuum of Care Regional Committee on Homelessness. As of August, 2010, 40 percent of the action steps in the Plan have either been accomplished or engaged. 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 30 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 2010, nearly 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, more than 40 collection sites were made available throughout the community for those wishing to donate to the effort. For more information on the Maricopa Continuum of Care Regional Committee on Homelessness, contact Brande Mead, Human Services Program Manager at (602) 254-6300.

Maricopa Continuum of Care 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 87 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 1,961 beds.
- Transitional shelters – 92 percent of 2,329 beds.
- Supportive housing – 94 percent of 2,999 beds.
- Overall HMIS coverage – 87 percent of 6,432 non-DV beds.

Twenty-nine shelter providers with a total of 55 programs now participate in the Maricopa HMIS system. These programs provide a total of over 6,000 beds and serve an average of about 14,598 persons annually. The 2010 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 246 training classes for 761 trainees during FY 2009-2010. A total of 305 different users attended training sessions from 47 agencies.
- 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 six AHAR reports for Phoenix and Maricopa County providers.
- Convertible laptops – The Maricopa HMIS Project provides outreach workers and case managers with convertible laptops and wireless internet cards to record case notes when visiting individual clients in their homes or on the streets. This eliminates the need to write case notes by hand and enter the information into HMIS upon returning to the office, saving many hours of staff time and greatly improving the accuracy of case records.
- Community Network for Accessing Shelter (CONTACS) – The CONTACS 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 those turned away are documented. The program can now track repeat calls for shelter. In 2010, CONTACS began making electronic referrals to shelters using HMIS.
- Self Sufficiency Matrix – The Maricopa HMIS Project worked with the Arizona Department of Economic Security and with the Maricopa County Continuum of Care to provide agencies with a standardized report for program and agency performance using the Arizona Evaluation Project Self Sufficiency Matrix.

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

For 2010 Maricopa Continuum of Care Highlights, please see Appendix A for summaries of Continuum of Care activities and achievements, including several Maricopa Continuum highlights. The section includes the 2010 Brian Mickelsen Housing Hero Award to Project H3: Home, Health, Hope.

Also included in the Maricopa Continuum section of Appendix A are reports on:

- Project H3 and Governor Brewer's statement of support for the project;
- Arizona Housing, Inc., and the Foundation for Senior Living partnership to develop 152 units of permanent supportive housing;
- Valley of the Sun United Way's (VSUW) work to spearhead development of 1,000 units of permanent supportive housing for chronically homeless persons;
- The City of Tempe's collaboration with VSUW to provide 35 units of permanent supportive housing;
- The five-year anniversary celebration of services at the Human Services Campus; and
- The Robert Wood Johnson Foundation's 2010 Community Health Leaders Award to Dr. Kris Volchek for his work establishing the Dental Clinic for the Homeless at Central Arizona Shelter Services (CASS).

Pima County Continuum of Care - The Tucson Planning Council for the Homeless (TPCH) is a collection of community and faith-based organizations, government entities, businesses, and individuals committed to the mission of ending homelessness and addressing the issues related to homelessness in our community. The goals of TPCH are:

- To increase community awareness and support for individuals and families experiencing homelessness;
- To increase community ownership of, and responsibility for preventing and ending homelessness;
- To create a forum for communication, education and information sharing among those involved in ending homelessness in Tucson and Pima County; and
- To provide expertise necessary for ongoing implementation of the City of Tucson/Pima County Plan to End Homelessness in conjunction with the Federal Strategic Plan to Prevent and End Homelessness.

A paramount function is that of providing leadership and advice to local, state and federal planning and funding bodies regarding issues that impact services to homeless populations.

The membership of TPCH is made up of two groups: general members and voting members. Persons who attend meetings of the Council or one of its standing committees are considered general members and can participate in discussion, projects and other activities. However, only those designated as voting members may vote on issues brought before the Council for a decision. To become a voting member an individual or an organization must attend three consecutive TPCH general meetings, attend two consecutive Standing Committee meetings, and complete and submit a membership application. Voting privileges commence at the beginning of the fourth Council meeting after review by the membership committee.

TPCH committees are formed to serve the Council. Items coming from a committee are brought before the General Council. Committee minutes and any items requiring a vote by the Council must be submitted to the Executive Committee for placement on the General Council's monthly agenda. In addition to the Executive Committee there are Standing Committees and Workgroups. Standing Committees include Education, Membership, Emergency Services, Homeless Youth, Continuum of Services, Discharge Planning, Plan to End Homelessness, Homeless Management Information Systems, and Tucson Homeless Connect. Current workgroups are Street Count and Nominating.

The Council operates programs in support of Continuum of Care planning and provides services that coordinate the planning activities of the Council. Examples of programs to support the efforts of Continuum of Care planning are Tucson Homeless Connect, The Winter Shelter and Summer Sun programs, the Annual Educational Conference on Homeless Issues and Practices, and the Transportation program.

Examples of services provided that coordinate the planning activities of the Council are the *Guidelines on Getting Out* instructional booklet for persons reentering the community from prison or jail, the "Need Help" brochures on community resources for the homeless, and the annual street count.

In 2010, HUD announced that a total of 27 Continuum of Care applicants were awarded \$7,722,164 in HUD Homeless Assistance Grants through the TPCH Continuum of Care planning process. This includes a bonus award of \$446,006 in support of the Frontiers permanent supportive housing program. For further details, see the HUD grant awards website at www.hud.gov/offices/cpd/homeless/budget/2009/.

As the lead entity for the Continuum of Care of the City of Tucson and Pima County, TPCH is responsible for the annual strategic planning process to secure HUD Homeless Assistance Grants. In a national competition, 440 Continuum of Care communities submit applications scored in five categories of community progress in attaining the goal of ending homelessness and securing family and individual self-sufficiency. In the fiscal year 2009 competition, TPCH scored 80 points of a maximum 100. The funding line for achieving additional funding for a permanent supportive housing project was 71.5. Due to the relatively high score obtained by TPCH, the Continuum was awarded an additional \$446,006 for the funding of the Frontiers project. For more information on the Tucson Pima Collaboration to End Homelessness, please visit the website at www.tpch.org.

Tucson/Pima County HMIS Program - The Tucson/Pima County HMIS program is managed by the Pima County Community Development & Neighborhood Conservation Department on behalf of the Tucson Planning Council for the Homeless (TPCH). Pima uses the ServicePoint software product from Bowman Systems, LLC and Symmetric Solutions, Inc., to provide all implementation, training, support and related HMIS services.

The Tucson/Pima County HMIS continued to build on the successes from the prior year. After renewed operation of HMIS that began in October 2008, implementation of HMIS has expanded to additional agencies and programs.

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

- Emergency shelters – 91 percent of 473 beds + 238 seasonal/overflow beds.
- Transitional shelters – 96 percent of 1,496 beds.
- Permanent Supportive housing – 87 percent of 1,007 beds.
- Overall HMIS coverage – 92 percent of 2,976 non-DV beds.

Twenty-three Tucson area homeless providers now participate in the HMIS system, with a total of 127 programs. Together these programs provide a total of almost 3,000 beds and serve an average of about 7,000 persons annually. The 2010 Tucson/Pima County HMIS highlights include:

- Continued expansion of HMIS to additional providers and programs that do not receive HUD funding.
- Two of the largest providers, Primavera Foundation and Gospel Rescue Mission, implemented the ServicePoint HMIS product as their agency-wide systems. ServicePoint replaced older systems that had been in place for many years. This accomplishment was exceptional, as Gospel Rescue Mission receives no government funding and thus had no requirement to use HMIS. However, the Mission saw the benefits of using HMIS and elected to participate in HMIS.
- During 2009, HUD announced the Homeless Prevention and Rapid Re-Housing Program (HPRP) as part of the American Recovery and Reinvestment Act. The City of Tucson and Pima County were selected as grantees for HPRP and selected three local non-profit providers – CODAC Behavioral Health Services, Primavera, and Southern Arizona AIDS Foundation (SAAF) – to perform the activities of the program. Use of HMIS was required for participation. The ServicePoint software was upgraded to allow the inclusion of elements required for HPRP. Users from each of the HPRP contractors were trained and HMIS was used from the first day of operation. In addition, extensive reports were developed and added to meet the stringent reporting requirements of HPRP.
- Participation in the 2009 Annual Homeless Assessment Report (AHAR) as a contributing community, including participation in the supplemental Veteran's AHAR.
- Production of all Annual Progress Reports (APRs) for all HUD programs through HMIS.
- Completed implementation of all new data elements from the Revised HMIS Data Standards.
- Preparation for the first continuum-wide report produced from HMIS.
- Implementation of HMIS for several outreach programs including the local Projects for Assistance in Transition from Homelessness (PATH) program.
- Presentation on HMIS at the TPCH Annual Conference.

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.

For 2010 Pima Continuum of Care Highlights, please see Appendix A. The Continuum of Care appendix includes Pima Continuum highlight reports on the awarding of a HUD grant for the Frontiers Supportive Housing Project for youth ages 18-24 with disabilities, development of the

Gospel Rescue Mission's Dream Project to provide emergency and transitional family housing (aided by a Federal Home Loan Bank matching grant) and the City of Tucson and Pima County collaboration to administer HPRP assistance through Project Action, which relies on CODAC Behavioral Health Services, Primavera and Southern Arizona AIDS Foundation for direct assistance.

Balance of State Continuum of Care - The Balance of State Continuum of Care encompasses 13 Arizona counties. The Continuum is a confederation of local committees (usually countywide) that share programmatic experience and design. This process brings together local governments, community businesses, faith-based organizations, non-profits, current and/or formerly homeless persons to develop local solutions to end homelessness; 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. ADOH applies for competitive funding from HUD on an annual basis for projects and programs identified as priority needs through the Balance of State Continuum process. ADOH then acts as the administering agency for grants that are passed through to the participating sub-recipients.

The Balance of State Continuum of Care committee is chaired by the ADOH Special Needs Program Administrator. 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 early 2010, the HUD announced awards totaling \$3,474,188 for 26 projects within the Rural Continuum. This amount includes a bonus award of \$264,096 to support the Northern Sky permanent supportive housing project in Flagstaff. For details, see the HUD grant awards website at: www.hud.gov/offices/cpd/homeless/budget/2009/. The Balance of State Continuum achieved the following in 2010:

- Received notice of funding for an additional 11 units of permanent supportive housing for chronically homeless individuals and homeless disabled individuals and families;
- Increased the percentage of homeless persons staying in supportive housing for over six months from 80 to 88 percent; and
- Ensured that the Continuum maintained a functional HMIS system.

The Continuum plans to continue increasing progress in the above areas in 2010-2011, including action steps of increased employment and self-determination. The Continuum is proposing approximately \$266,000 in funding for two new permanent housing projects for veterans and those experiencing chronic homelessness in Coconino and Navajo counties. For more information on the Balance of State Continuum of Care, contact Noel Schaus, ADOH Special Needs Program Administrator, at noel.schaus@azhousing.gov.

Balance of State Continuum of Care HMIS Program - The Balance of State HMIS program is managed by the ADOH Special Needs Housing Office. The Continuum uses the ServicePoint software product from Bowman Systems, LLC and Symmetric Solutions, Inc., to provide all implementation, training, support and related HMIS services. 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 394 beds.
- Transitional shelters – 91 percent of 466 beds.
- Permanent Supportive housing – 100 percent of 403 beds.
- Overall HMIS coverage – 95 percent of 1,268 non-DV beds.

Thirty-nine rural Arizona homeless providers now participate in the HMIS system, with a total of 157 programs in 27 cities and towns. Together these programs provide a total of over 1,200 beds and serve an average of about 6,000 persons annually. The 2010 Balance of State HMIS highlights include:

- During 2009, HUD announced the Homeless Prevention and Rapid Re-Housing Program (HPRP) as part of the American Recovery and Reinvestment Act. ADOH was selected as the grantee for HPRP for the Balance of State and selected providers in each of the thirteen rural counties, typically the local community action agencies, to perform the activities of the program. Use of HMIS was required for participation in HMIS. The ServicePoint software was upgraded to allow the inclusion of elements required for HPRP. Users from each of the HPRP providers were trained and HMIS was used for all activities, including financial tracking, for the HPRP. In addition, extensive reports were developed and added to meet the stringent reporting requirements of HPRP.
- 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. Also, for the first time, a separate special AHAR was done just for veterans.
- The Balance of State HMIS was selected to be one of the contributors to the Homeless Pulse, a new project by HUD to provide quarterly homeless statistics to be used for rapid reporting of homelessness nationwide.
- Completed implementation of all new data elements from the Revised HMIS Data Standards.
- Extensive data quality reporting and efforts resulted in significant improvements in overall data quality.
- Completion of the Eviction Prevention/Emergency Housing (EPEH) program, discontinued by ADOH at the end of the fiscal year.
- Preparations were initiated for the upgrade to ServicePoint version 5.0, a major upgrade to the software providing better workflow, error prevention, and usability.

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

For 2010 Balance of State Continuum Highlights, including reports from local Continuums of Care involved in the 13-county area comprising the Balance of State Continuum, see Appendix A. Headlining the section is the 2010 Brian Mickelsen Housing Hero Award to the Western Arizona Council of Governments (WACOG).

Also included in the Continuum of Care appendix are reports from:

- Cochise County on the Good Neighbor Alliance, the continuum's involvement in the national 100,000 Homes initiative, collaboration to house homeless veterans, and the development of permanent supportive housing;
- Coconino County on the Northern Sky Housing program, New Hope Cottage, work with Flagstaff Medical Center to house individuals suffering alcohol abuse, and involvement in the 100,000 Homes initiative;
- Gila County on the Vets Helping Vets and Time Out programs in Payson, and the opening of Gila House in Globe;
- Mohave County on permanent supportive housing the county's Bridge Subsidy Program, and the Community Services Department's work with chronically homeless mentally ill individuals;
- Navajo and Apache counties on the Salvation Army Life Transition program and cooperation of various service providers in the area;
- Yavapai County on the Verde Valley Homeless Coalition, Northern Arizona Regional Behavioral Health Authority (NARBHA) and Catholic Charities to open a Day Center, the "Hearts for the Hungry and Homeless" program, the Project HOPE program; and
- Yuma and La Paz counties on the activities of the Yuma Coalition to End Homelessness and its poverty simulation exercises, the Yuma Housing Festival, Crossroads Mission's family shelter groundbreaking, and Western Arizona Council of Governments' (WACOG) Homeless Prevention and Rapid Reentry Program.



NATIONAL 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.

PHC is intended to change how business is done in local communities when it comes to expediting outcomes, lowering barriers, removing obstacles, and increasing results. Public and private sector resource providers work side-by-side in a new configuration, with a focus on problem - solving and results.

Today, PHC is emulated in 220 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 Supplemental Nutrition Assistance Program (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.
- 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 County, 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 County, the Tucson Planning Council for the Homeless has been a driving force.

Coconino County - To date, Flagstaff has held two Project Connect events in 2010 – in March and August. 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 50 service providers and 500 rotating volunteers to help a total of 700 people navigate the events. The steering committee works to offer the program at various locations, with events 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 Northern Arizona University (NAU) campus.

Most guests have been single people, averaging approximately 40 percent of those participating, closely followed by children at 30 percent. According to exit surveys, approximately 2,800 distinct services are provided at each event. The steering committee looks forward to facilitating three more events in 2011 and hopes to expand outreach to more guests and volunteers.

Maricopa County - Valley of the Sun United Way (VSUW) sponsored twelve Project Homeless Connect (PHC) events in 2010. Events were held in Avondale, Surprise, and Gilbert for the first time, in addition to repeat sites in Goodyear, Mesa, Glendale, Buckeye, Tempe, and Phoenix. Event planning committees include representation from those cities as well as Scottsdale and Chandler; churches that serve as host sites and volunteer recruitment bases, service providers (including The Department of Economic Security (DES) benefits eligibility and homeless coordination staff), and community volunteers. Year 2010 also included the first Family Homeless Connect event in partnership with the Arizona Diamondbacks and Arizona Department of Education; more than 200 adults and children in families were able to connect with services and enjoy an afternoon of baseball.

Since 2009, valley-wide PHCs have engaged the services of over 100 service providers from the private, public, and government sectors. Over 2,000 volunteers have contributed more than 13,000 hours to assist more than 3,100 individuals and families experiencing homelessness. By taking PHCs to underserved areas of the Valley, individuals are able to connect with services they normally are unable to access.

Guests attending PHCs are typically single men. The number of women and families has increased month-to-month, and the number of people who say they live doubled-up with family or friends has increased. Military veterans on average account for 18 percent of guests at each event; chronically homeless individuals represent on average 17 percent of the guests served. In addition to connecting people with services, media partners and elected officials attend PHCs to learn more about the complex issues related to homelessness. Corporate partners commit volunteer groups up to three months in advance of event dates. VSUW will work with partners to deliver twelve PHC events in 2011. To volunteer, visit www.vsuw.org/volunteer/project-homeless-connect.

Pima County - On July 30, 2010, TPCCH conducted its fifth Tucson Homeless Connect event. As in past years, 2010 events were held in February and July. The events are a true “one stop” experience for those who attend. Although some services are one-time compassionate care services, event planners increasingly seek providers offering more empowering, continuum of care assistance. Each year the project has been able to add services and expedite service delivery. An example of this is the pro bono donation of a portable satellite communications dish which allows providers to communicate to their home offices on line through a “hot spot.” The first five Homeless Connect events have been held at Trinity Presbyterian Church in the central Tucson. Increasing attendance and other factors have prompted a search for a larger venue for the 2011 events.

Results from the February and July events for 2010 showed an increase in services and in numbers of guests, especially families who have not experienced homelessness previously. Attendance increased from 224 in February to 292 in July. Thirty-one state identification cards were issued by the Motor Vehicle Department in February and 61 at the July event.

Event planners are especially proud of the collaboration between Pima County Animal Care and Partners in Animal Wellness Services (PAWS) veterinary services which provided free licenses, rabies shots, microchips, and examinations to the pets of homeless guests. Attendance of homeless veterans rose from 10 percent in February to 15 percent in the July event. In July, the City of Tucson Homeless Court heard 24 cases. Two volunteer barbers provided 48 haircuts – a much-appreciated service. The Project Homeless Connect annual budget now stands at \$12,000 dollars, including in-kind donations.

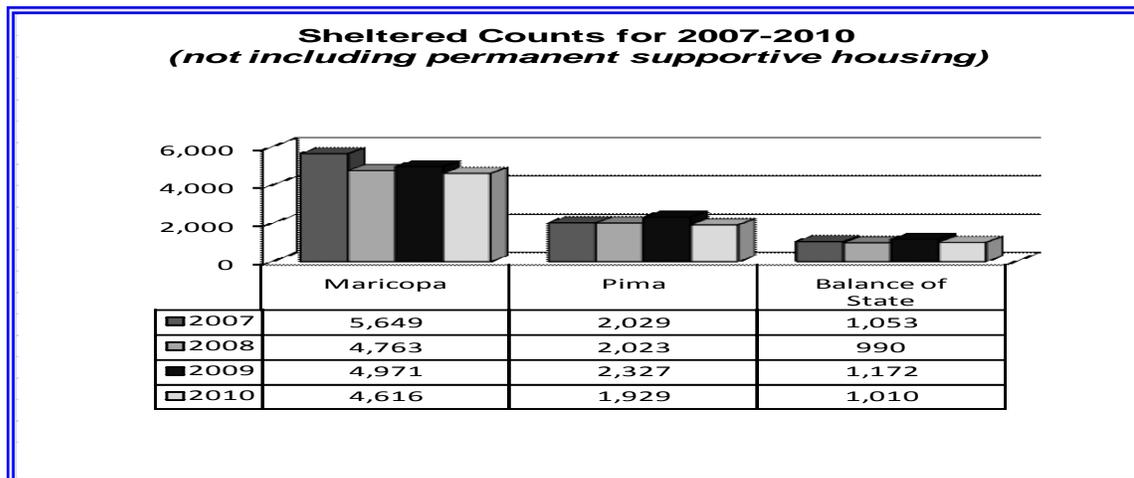
2010 POINT IN TIME AND HOUSING INVENTORY DATA

Point-in-time surveys of sheltered and unsheltered homeless people are conducted annually to provide information for regional planning purposes and for Continuum of Care applications for federal funding through HUD. Housing inventory data is also collected through the point-in time survey process.

Highlighted data from the January 26, 2010, Point-in-Time (PIT) Shelter Count:

- By U.S. HUD definition, 7,555 persons were counted as sheltered homeless persons in emergency shelter (ES), transitional housing (TH), Homeless Prevention and Rapid Rehousing Program (HPRP), and Safe Haven (SH) programs throughout Arizona – down 9 percent from the 2009 point-in-time sheltered count.
- Permanent supportive housing (PSH) residents, not considered sheltered homeless by federal definitions, totaled 4,251, an increase of 11 percent from 2009. The system-wide total, including all housing categories tallied in the 2010 PIT, was 11,806.
- Considering only the HUD-defined sheltered categories (ES, TH, HPRP and SH) outlined above, children and adults in families accounted for approximately 51 percent of all sheltered homeless persons; single adults were 47 percent of the total, and unaccompanied youth accounted for less than one percent.

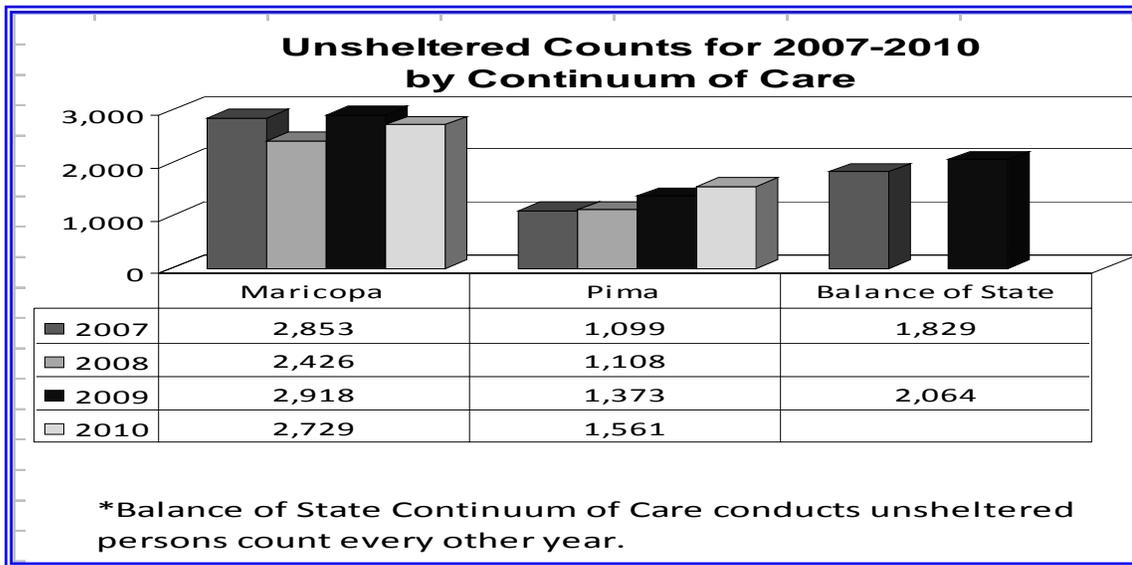
- Children accounted for one-third of all persons reported in the sheltered categories and one-fifth of persons in permanent supportive housing. Dependent children comprised 28 percent of the system-wide count.
- Single adults comprised 57 percent of emergency shelter residents and 39 percent of those in transitional housing. Children and adults in families comprised 43 percent of those in emergency shelter and 61 percent of transitional housing residents.
- The proportion of sheltered children and adults in families is significantly higher than in 2009, while the proportion of unaccompanied persons dropped by more than 5 percent.
- Of sheltered homeless persons statewide, 61 percent were counted in Maricopa County, 26 percent in Pima County, and 13 percent in the rural counties.
- A total of 519 chronically homeless persons were reported in emergency shelters statewide, representing 26 percent of 1,986 single adults in emergency shelters. Of chronically homeless persons, 53 percent were counted in Maricopa County.
- Of 5,058 sheltered homeless adults and unaccompanied youth, 1,587 (31 percent) were reported as experiencing substance abuse problems and 830 (16 percent) were reported as suffering from serious mental illness. 364 persons (eight percent) were reported as experiencing both substance abuse and serious mental illness. Substance abuse numbers were somewhat lower than those reported in 2009.
- Of sheltered homeless adults, 764 persons (15 percent) were reported as military veterans; this proportion was virtually unchanged from 2009.
- Domestic violence or abuse was reported as a reason for homelessness by 1,015 (20 percent) of all sheltered homeless adults; the proportion was consistent with the 2009 PIT survey.
- System-wide counts (including PSH) showed a total of 11,806 persons, approximately two percent lower than the 2009 point-in-time system-wide total of 12,059.
- System-wide, 30 percent of those counted were in ES, 33 percent in TH, 36 percent in PSH, one percent in HPRP, and less than one-half of one percent in SH.
- Of all adults system-wide, 3,136 (37 percent) were reported as seriously mentally ill (SMI). Of 3,402 adults in permanent supportive housing, 68 percent were reported as seriously mentally ill.



Selected facts from the January 26, 2010, Point-in-Time Counts of Unsheltered Homeless Persons

(Note: The 2010 “street count” involved only the Maricopa and Pima Continuums of Care. The Balance of State Continuum will conduct an unsheltered persons count in January 2011.)

- Of 2,729 people counted as *unsheltered* in Maricopa County, 2,587 (95 percent) were single individuals and 76 percent were adult males. 615 (24 percent) of single individuals were reported as chronically homeless.
- Of 1,561 *unsheltered* persons in Pima County, 1,502 (96 percent) were single individuals and 67 percent were adult males. 465 (31 percent) of single individuals were reported as chronically homeless.
- A total of 181 unaccompanied youth were counted as *unsheltered* in Maricopa County; 143 were found in Pima County.
- Children and adults in families represented five percent of all *unsheltered* persons in Maricopa County and four percent in Pima County.
- The overall *unsheltered* count in Maricopa County has followed an up-and-down pattern over the past four years while Pima Continuum numbers reflect a consistent upward trend, increasing 42 percent since 2007.



Selected data from 2010 Continuum of Care HUD Housing Inventory Charts

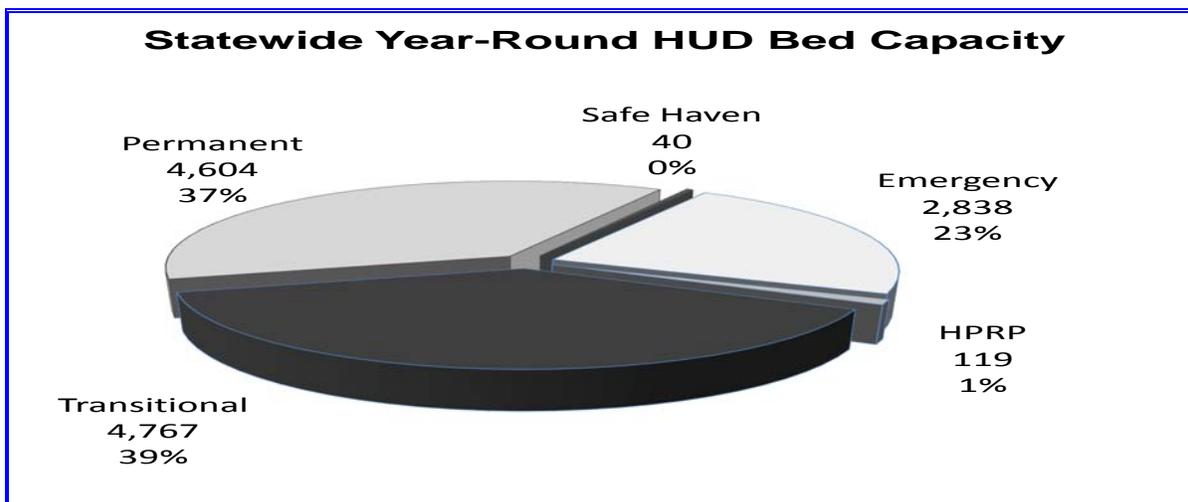
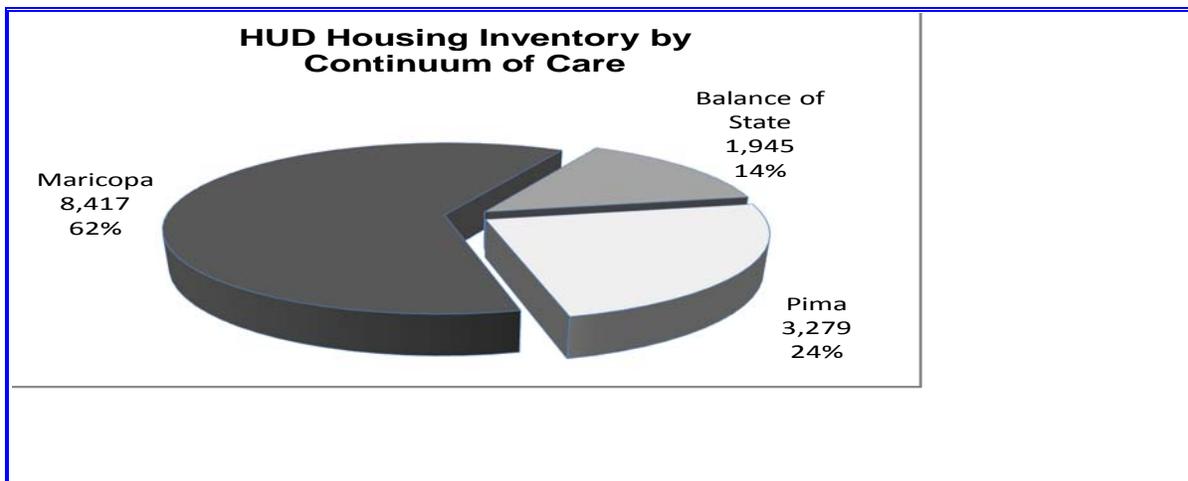
(See the Housing Inventory Summary table in the Appendices for details)

- *System-wide* (including ES, TH, PSH, HPRP and Safe Haven (SH) housing) year-round beds in Arizona total 13,641, with 30 percent ES, 35 percent TH, 34 percent PSH, one percent HPRP, and less than one percent SH. The permanent supportive housing share of the inventory rose four percent from 2009 while the transitional housing share fell by the same percentage.
- The *system-wide* inventory includes 97 emergency shelter, 128 transitional housing, 81 permanent supportive housing, six HPRP, and two SH programs.

- Among the 314 programs represented in the HUD Housing Inventory Summary table, the number of year-round beds available for unaccompanied individuals and persons in families are virtually the same.
- Levels of participation in Homeless Management Information Systems (HMIS) vary by Continuum of Care, with 79 percent overall statewide coverage of emergency shelter beds, 93 percent of transitional housing beds, 97 percent of permanent supportive housing beds, and 100 percent of HPRP and SH beds.

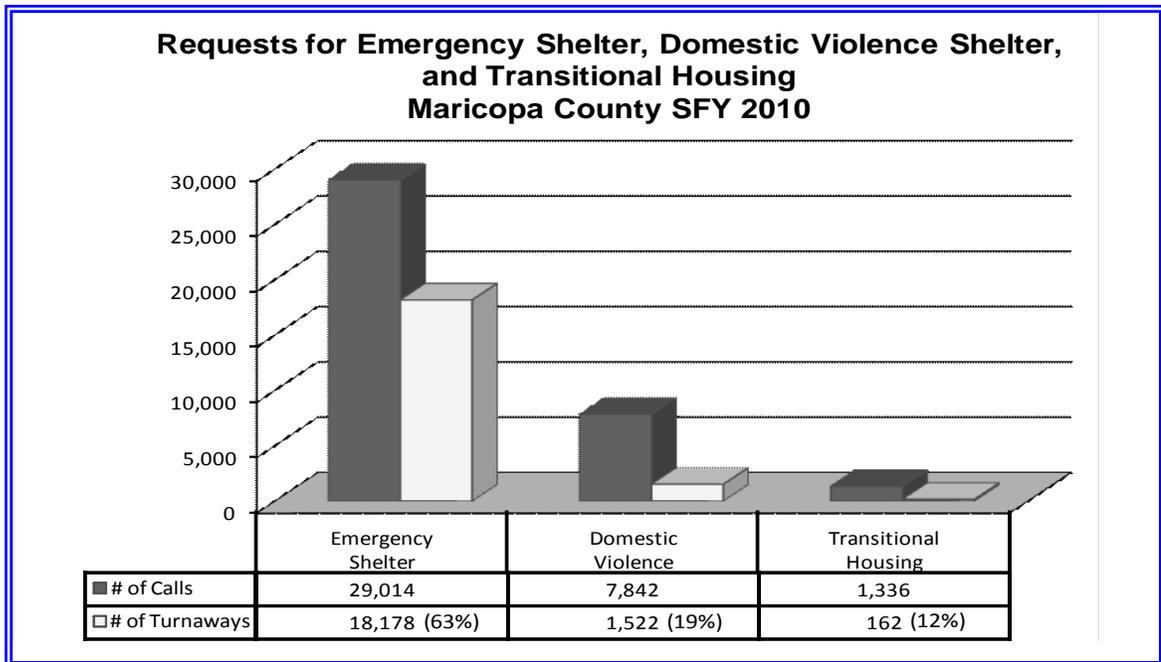
Note: In accordance with provisions of the federal Violence Against Women Act, domestic violence shelter programs do not participate in HMIS.

- HMIS participation stands at 90 percent overall, up from 88 percent in 2009 and 83 percent in 2008. The most significant improvement has occurred in the emergency shelter category.
- Although Continuum of Care housing inventories indicate a five percent system-wide increase in year-round beds since 2009, system-wide unmet need is estimated to be ten percent higher than in 2009. Emergency shelter unmet need is lower, while the need for additional transitional and permanent supportive housing has increased substantially.



Selected Maricopa Continuum of Care HMIS data

- Community Information and Referral (CIR) in Maricopa County received 29,014 calls from individuals and families requesting emergency homeless shelter in SFY 2010, with 63 percent of callers “turned away” for lack of available shelter beds at the time of the call.
- A total of 7,842 calls to CIR were specific requests for domestic violence shelter, with 19 percent turned away – one-third of the homeless shelter turn-away rate. Transitional housing beds were available in 88 percent of cases in SFY 2010.



- The Maricopa County HMIS Project reported a total of 14,598 unique clients served during SFY 2010, including 10,745 adults and 3,811 children. 42 percent of those served self-reported as being homeless for the first time.
- Adults and children in families accounted for 45 percent of those served; individuals accounted for 55 percent.
- Among adult clients, 19 percent self-reported as chronically homeless.
- Among all clients, 35 percent of those served reported their prior living situation as either an emergency shelter or a place not meant for habitation.
- Among all clients, the most frequently reported primary reasons for homelessness were joblessness (16 percent), poverty (16 percent), and eviction or foreclosure (11 percent). Economic issues were primary for 54.4 percent of all clients.
- Among adults, the most frequently reported disabilities were mental illness (31 percent), substance abuse (19 percent), and physical illness/impairment (9 percent). Mental and behavioral health disabilities were reported by 54 percent of adults.

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

Selected Pima Continuum of Care HMIS data

HMIS data reported in *Homelessness in Tucson/Pima County* shows 6,888 adults and children accessed homeless services at some point during the July 2009-June 2010 state fiscal year. On a single day (June 30, 2010), 3,497 homeless persons were receiving services.

Of those accessing services from agencies participating in HMIS, 65 percent were single adults; 35 percent were adults and children in families. Adults comprised 78 percent of those served; 22 percent were children under the age of 18. Fifteen percent of those served were military veterans. One-third reported disabilities of long duration; 11 percent said they were living with a mental illness.

Regarding the prior living situations of persons entering homeless programs, the data show that 14 percent lived in places not meant for human habitation (street, sleeping in car); 23 percent had stayed in an emergency homeless shelter; eight percent came from an institution such as hospital or jail; 22 percent had been living with family or friends; and 13 percent had rented or owned their own residence.

Of persons exiting programs, 44 percent had permanent housing destinations; 23 percent had temporary housing destinations (shelter or transitional housing); 13 percent were going to live temporarily with family or friends; six percent were going to live in an institution such as hospital, jail, or group home; and seven percent were going to live in a place not meant for human habitation (street or sleeping in car).

To access the complete report, visit the Tucson Planning Council for the Homeless website at www.tpch.org under “Reports, Resources, and Links.”

SFY 2010 Summary Data for DES Contracted Emergency Shelter, Transitional Housing And Emergency Shelter Grant Programs

Please note: This summary only accounts for DES contract dollars, which include federal Emergency Shelter Grant, Social Services Block Grant, and Temporary Assistance for Needy Families funds, and State General Fund appropriations. All shelter providers rely on a variety of public and private sources to meet operating costs.

Homeless Emergency Shelter and Transitional Housing programs:

Unduplicated numbers of homeless persons reported housed by 41 DES-contracted homeless emergency shelter and transitional housing programs during SFY 2010, with operating funds totaling \$5,104,265:

	<u>Unique persons served</u>
Maricopa County programs	2,906 (17%)
Pima County programs	11,965 (72%)
Balance of State programs	1,814 (11%)
Total persons served in SFY 2010	16,685 (-4% from SFY 2009)
<ul style="list-style-type: none"> • (89% emergency shelter, 11% transitional housing) • (DES funding -- \$305.92 per person served) 	
Total bed nights provided in SFY 2010	867,809 (-3% from SFY 2009)
<ul style="list-style-type: none"> • (38 bed nights per person) • (2,378 bed nights provided per night system-wide) • (DES funding -- \$5.88 per bed night) 	

Domestic Violence Emergency Shelter and Transitional Housing programs:

Unduplicated numbers of persons reported housed by 44 DES-contracted domestic violence emergency shelter and transitional housing programs during SFY 2010, with operating funds totaling \$14,334,949:

	<u>Unique persons served</u>
Maricopa County programs	5,987 (56%)
Pima County programs	1,038 (17%)
Balance of State programs	3,279 (27%)
Total persons served in SFY 2010	10,304 (-19% from SFY 2009)
<ul style="list-style-type: none"> • (95% emergency shelter, 5% transitional housing) • (DES funding -- \$1,241 per person served) 	
Total bed nights provided in SFY 2010	410,968 (-13% from SFY 2009)
<ul style="list-style-type: none"> • (35 bed nights per person) • (1,126 bed nights provided per night system-wide) • (DES funding -- \$31.13 per bed night) 	

CONCLUSION

Today more Arizonans are experiencing homelessness than ever before. It is estimated that as many as 40 percent of Arizonans currently experiencing homelessness are doing so for the first time. Many families who have been able to maintain self-sufficiency in the past are no longer able to do so. Due to the economic environment, it is unlikely that homelessness in the state will decrease significantly; therefore the services of emergency shelter, transitional housing, and case management/outreach will continue to be critical to individuals and families in temporary crisis.

It is well documented that effective homeless services result in reduced long-term expenditures for emergency health and public safety costs, resulting in safer communities:

- About 75 percent of homeless adults access services for a brief period of time and never need to return to the system. Emergency shelter is essential but support services are critical to enable these individuals to return to self-sufficiency as soon as possible.
- Without these support services, individuals and families experiencing homelessness must access far more expensive public safety and health venues. According to a 2004 Lewin Group report, per diem housing costs in jail are four times more expensive than shelter in greater Phoenix, twelve times more expensive in mental hospitals, and fifty times more expensive in acute care hospitals.
- In 2008, ASU's Morrison Institute for Public Policy calculated an annual cost of emergency shelter and basic services of \$10,340 per person, but estimated total shelter, hospital, emergency response, treatment and justice system costs for chronically homeless individuals could easily reach more than \$40,000 per year, in line with estimates from other major U.S. cities.

Through a combination of federal and state funds invested in homeless programs, thousands of homeless men, women, and children are returned to productive, self-sufficient lives as tax-paying citizens each year. However, there remains a substantial unmet need for more emergency shelter beds. For example, in Maricopa County alone, 40 to 60 percent of requests for emergency crisis shelter are denied due to lack of capacity.

Homelessness is a complex problem that requires a variety of solutions and resources both public and private. This report is 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 tools at hand for finally ending homelessness in our state. We invite you to join the efforts taking place in communities all across Arizona as highlighted in this report.

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 the word homeless in the keyword search function. Comments and suggestions for future reports are always welcome.

Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT

APPENDICES

Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT

Appendix A
Continuum of Care Highlights

Maricopa Continuum of Care

Project H3: Home, Health, Hope

 <p>PROJECT H3 home, health, hope</p>	<p>Project H3: Home, Health, Hope is a collaborative effort of community leaders from the non-profit, governmental, business and faith-based communities in the Maricopa County region striving to end homelessness in our communities. Project H3 is led by the Arizona Coalition to End Homelessness, whose mission it is to serve as a leader in the efforts to end homelessness through advocacy, education and coordination with local communities. For more information, please visit http://www.azceh.org.</p>
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In late 2009, Project H3 joined Common Ground's national *100,000 Homes Campaign* and began planning local implementation of the national goal to find and house the 100,000 most vulnerable homeless persons in the U.S.

The mission of Common Ground is to end homelessness by transforming people, buildings, and communities. Founded in 1990, Common Ground is the largest developer and manager of supportive housing in New York City, and has pioneered a new approach to outreach called Street to Home that is being replicated in cities across the country. The Street to Home model is based on providing immediate housing and supportive services targeted to unsheltered medically vulnerable people.

The Project H3 Implementation Team consists of individual members representing over 60 organizations, agencies and entities throughout the region. During the week of April 19-23, 2010, between the hours of 3:30 a.m. and 6:00 a.m. over 170 community volunteers canvassed the streets of targeted areas in Phoenix, Mesa, and Glendale. The volunteer teams used Common Ground's Vulnerability Index to survey and create a by-name list of individuals experiencing street homelessness who are most at risk of premature death.

In addition to systematically gathering the names, photographs, and other identifying information of individuals sleeping on the streets, the teams also captured data on their health status, institutional history (jail, prison, hospital, and military), length of homelessness, patterns of shelter use, and previous housing situation. These data were collected using a 36-item questionnaire – the Vulnerability Index.

The Vulnerability Index is based on research by Dr. Jim O'Connell, director of Boston's Healthcare for the Homeless organization. O'Connell's ground-breaking research showed that certain medical conditions place a homeless individual at a higher risk than others for dying if they remain on the streets.

The index was used by Project H3 volunteers to identify those who have been homeless the longest and determine which persons are the most vulnerable. The survey results are now being used to target housing and service resources to the most vulnerable in an effort to reduce chronic homelessness within targeted communities. For more information about the Vulnerability Index, visit www.commonground.org.

Selected results from the April 2010 Project H3 survey:

- A total of 262 individuals experiencing street homelessness were interviewed in the downtown Phoenix, Mesa, Glendale, and Sunnyslope communities.
- A total of 106 respondents (40 percent) were found to have health conditions associated with a high mortality risk.
- A total of 24 percent were found to be tri-morbid – suffering from co-occurring chronic medical conditions, substance abuse, and mental illness.
- A total of 39 percent reported both substance abuse and mental illness.
- A total of ten individuals reported being homeless for over 10 years; one person reported having been homeless for 30 years.
- Almost 10 percent of respondents were over 60 years of age.
- A total of 21 percent were veterans of military service; 40 percent of that group were found to be medically vulnerable.
- A total of 36 percent reported having been victims of violent attack while living on the streets.
- A total of 24 percent of those interviewed said they had experienced brain injury or head trauma requiring hospitalization.

One highly important finding concerned the cost of emergency care and hospitalization. Respondents reported a total of 129 hospitalizations over the preceding 12 months and 168 emergency room visits in the three months prior to the survey. Based on average per incident costs, the survey group accounted for more than \$1 million in medical expenses annually.

The Project H3 Implementation Team is now using all available existing resources to house the 50 persons who were found to be most medically vulnerable as quickly as possible. The collaboration intends to complete the task of providing permanent supportive housing, including intensive case management, for everyone in that cohort by spring 2011.

For more information on Project H3, contact Mattie Lord, UMOM Chief Programs Officer and Arizona Coalition to End Homelessness board member, at (602) 889-0671 or mlord@umom.org.

For more information on the *100,000 Homes Campaign*, visit the campaign website at 100khomes.org.

2010 Brian Mickelsen Housing Hero Award goes to Project H3

The Arizona Department of Housing's Arizona Housing Forum, held in Tucson on September 15-17, 2010, was the occasion for presentation of the 2010 Brian Mickelsen Housing Hero awards. Project H3 received one of six awards.

The presentation read as follows:

“Project H3 is an innovative partnership, a grass-roots initiative adopted and championed by the Arizona Coalition to End Homelessness and moved from concept to implementation largely due to the planning and guidance of the H3 Core Vision Team. Working alongside Common Ground, a non-profit organization from New York, Project H3 is reshaping how homelessness is addressed in Maricopa County. Using the “Housing First” model, they have identified permanent solutions to homelessness, not the normal band-aid fixes.

“They have demonstrated that by working together to prioritize resources, homelessness is solvable – one person, one home at a time. By working together to coordinate services and resources, Project H3 has been able to direct these existing resources to those who need them most by providing permanent supportive housing to formerly homeless individuals. Through ongoing intensive support and the development of the “Navigator” program to help individuals navigate through the outreach and support activities, the most vulnerable of the homeless population are receiving services in their new homes, eliminating many of the traditional barriers they normally face.”

New Supportive Housing for 152 Households Announced by Arizona Housing, Inc. and Foundation for Senior Living

In July 2010, Arizona Housing, Inc. (AHI) and the Foundation for Senior Living (FSL) announced their collaboration to purchase two Phoenix apartment complexes, then design and construct model campuses to permanently house a total of 152 homeless households. Their aim is to ensure each resident has access to the personal, social and health services necessary to sustain permanent residency.

The two complexes are Royal Suites Apartments at 10421 North 33rd Avenue, and North 17 Apartments, a garden-style complex located at 9601 N. 17th Avenue. Both properties are convenient to retail stores, public transportation, employment and educational resources.

Federal Neighborhood Stabilization Program (NSP) funds made available through the City of Phoenix will be used to renovate both properties. FSL will supervise the renovation process.

The residential units will be fully rehabilitated to bring them up to date with emphasis on energy conservation and accessibility. Community centers at both complexes will include a kitchen area, classrooms, computer area, and offices for the supportive services.

AHI and FSL plan to house individuals and families who are homeless with a special focus on serving persons with disabilities. The residents must be:

- At or below 50 percent of area median income,
- Cannot have convictions for sex offenses, violent offenses or arson, and
- Must be able to take care of their personal needs with appropriate supportive services.

Families will be able to use HUD rapid re-housing program (HPRP) vouchers to cover their rent for up to 18 months or until they are self sufficient.

AHI will be responsible for supportive services at both projects, expanding on the program model currently employed at Steele Commons which has served homeless individuals for the past 13 years with great success. An important part of the program model involves creating a sense of community. Residential service coordinators will help to generate this by holding social and recreational events. A resident's council, block watch group, free farmers market, and after-school and childcare programming are also planned.

FSL will be responsible for the property management functions. This includes providing daytime coverage by the property manager from 7am to 3pm and the overnight desk clerks from 10pm until 8am. The property manager will also oversee the facility maintenance staff.

Other primary collaborating organizations include Community Bridges, HOM, Inc., Carl T. Hayden Medical Center (VA), Project H3: Home, Health, Hope, U.S. HUD, and Vista Colina Family Shelter, which will serve as a primary source of referrals for homeless families.

For more information on the AHI/FSL supportive housing collaboration, contact John Wall, AHI Supportive Housing Director, at jwall@call-az.org.

Valley of the Sun United Way Launches Permanent Supportive Housing Initiative

About 8,000 homeless men, women and children are on Maricopa County streets and shelters every day. Of those, approximately 20 percent have been homeless for three or more consecutive years – often multiple times over a 10-year period. Known as the chronically homeless, these individuals consume more than half of the resources allocated for shelter and support services. For the other 80 percent, homelessness is typically a one-time, episodic event.

Valley of the Sun United Way (VSUW) works to assist both these groups by providing comprehensive support services tailored to an individual's needs. VSUW strategies include:

- Providing permanent housing solutions for the chronically homeless;
- Providing emergency and basic needs services for individuals at risk;
- Increasing shelter, housing and services for individuals experiencing homelessness; and
- Developing and strengthening broader community support to end homelessness.

VSUW's work to end chronic homelessness in Maricopa County includes the launch of a permanent supportive housing pilot project in partnership with the City of Tempe and the Arizona Department of Health Services (see the article below). The Tempe pilot project will provide 35 units of supportive housing. VSUW is working with other agencies to generate 250 units of permanent supportive housing by 2012 as the first phase of implementation of a plan to collaborate in developing new 1,000 units for chronically homeless individuals. Permanent supportive housing is one of four VSUW strategies to reduce homelessness in Maricopa County by 75 percent by 2020.

VSUW Goals for 2012:

- Generate 250 units of permanent supportive housing for individuals who were formerly chronically homeless as the first phase of implementation of a wider permanent supportive housing plan.
- Provide assistance to 75,000 households to address serious crises that may lead to homelessness.

VSUW's Vision for 2020:

Valley of the Sun United Way is committed to developing, expanding and enhancing support services to help community members experiencing homelessness become stable and self-sufficient. As mentioned above, the organization's overall goal is to reduce homelessness in Maricopa County by 75 percent by 2020, providing the necessary services to address chronic homelessness and freeing up emergency shelter resources for displaced families and individuals who are seeking emergency shelter for the first time.

Visit www.vsuw.org to learn more about VSUW's work to end homelessness in Maricopa County.

City of Tempe Permanent Supportive Housing Pilot

By December 2010, the City of Tempe Housing Services Division, Community Development Department, in partnership with the Valley of the Sun United Way (VSUW) and the Arizona Department of Health Services (ADHS), will achieve its goal of developing a 35-unit scattered-site permanent supportive housing program.

The first tenants moved into their apartments in mid-March 2010. By November 2010, 33 chronically homeless individuals had been housed in 32 apartments with 100 percent retention. Prior to being housed, tenants had been homeless an average of six years.

The city is using its allocation of federal Homelessness Prevention and Rapid Re-Housing (HPRP) funds to support development of the program. To be eligible for the program, individuals must be:

- Chronically homeless (that is, continuously homeless for a least one year or having experienced four episodes of homelessness in the last three years);

- Living with a disability and/or medical condition making them vulnerable;
- Assessed by local homeless service providers to be “likely to succeed” in supportive housing (an HPRP requirement); and
- Individual income must be at or below 50 percent of Area Median Income, also an HPRP requirement.

Magellan Health Services, through ADHS, is providing supportive services to tenants diagnosed with serious mental illness. VSUW has contracted with Urban Outreach, a Tempe-based non-profit, to provide 24-hour supportive services to tenants who are not mentally ill.

In addition to using HPRP funds to start the program, the City of Tempe awarded Tumbleweed Youth Development Center a portion of its HPRP allocation to rapidly re-house homeless youth who are at least 18 years old. Also, the City of Tempe Housing Services Division is going through the necessary steps to change the wait list preferences for the Section 8 Housing Choice Voucher program so that tenants will be eligible to receive Section 8 vouchers.

For more information, contact Theresa James, Homeless/Fair Housing Coordinator, City of Tempe Housing Services, 480-858-2360 or Theresa_James@tempe.gov.

Human Services Campus Celebrates Five Years of Service

On November 5 2010, the Human Services Campus (HSC) held its five-year anniversary celebration with a formal presentation highlighting the accomplishments of the last five years. Speakers included Maricopa County Board of Supervisors Chairman Don Stapley, Supervisor Mary Rose Wilcox, Marty Schultz, Vice President of Government Affairs of Pinnacle West, staff of the Human Services Campus, and homeless and formerly homeless clients.

Some HSC accomplishments since opening in November 2005 include:

- Providing shelter for over 14,500 people;
- Serving more than 1.8 million meals;
- Providing postal service for 5,000 individuals at the nation’s only post office for homeless people;
- Assisting more than 15,500 persons in obtaining IDs, birth certificates and other critical legal documents;
- Helping almost 4,000 people find full-time employment;
- Offering dignity, respect and hope to approximately 1,300 people at the Campus each day; and
- Reducing crime reports in the neighborhood surrounding the Campus by almost 50 percent.

The Campus consists of 15 agencies offering more than 60 programs and services. The primary partners are Central Arizona Shelter Services (CASS), Maricopa County Healthcare for the Homeless, Northwest Organization for Voluntary Alternatives (NOVA) Safe Haven, St. Joseph the Worker, St. Vincent de Paul, and Lodestar Day Resource Center (LDRC).

Other agencies providing services at the Campus include Community Bridges, Department of Economic Security, Ecumenical Chaplaincy for the Homeless, Madison Street Veteran’s

Association, Maricopa County Adult Probation, New Arid Club, People of Color Network and Southwest Behavioral Health Services PATH.

For more information, see the Campus website at www.humanservicescampusaz.org.

CASS Dentist Receives National Award

(From a Robert Wood Johnson Foundation press release dated August 12, 2010)

In August, the Robert Wood Johnson Foundation announced the recipients of the 2010 Community Health Leaders Award, honoring individuals who have overcome daunting odds to improve the health and quality of life for vulnerable men, women and children in underserved communities across the United States. The Community Health Leaders Award elevates the work of these outstanding individuals to bring national visibility to their extraordinary contributions.

Dr. Kris Volcheck was named one of eight recipients of the 2010 award. Dr. Volcheck quit his Globe dental practice after ten years and began searching for a new, more fulfilling career. He became a volunteer at Central Arizona Shelter Services (CASS), the state's largest homeless shelter. There he witnessed the extensive dental needs of this community and the dire social costs of poor oral health.

In response, Volcheck established the CASS Dental Clinic for the Homeless to provide comprehensive oral health services to this underserved population. The CASS clinic now provides free comprehensive dental care to more than 6,000 homeless Arizonans. Starting with two chairs in a trailer, he now oversees 500 volunteer dentists and hygienists in a modern \$1.5 million building, largely equipped through donations. The CASS clinic also provides training and mentoring to local dental students.

Pima Continuum of Care

Frontiers Supportive Housing Project

Earlier this year the Pima Continuum was awarded an additional \$446,006 by HUD for the funding of the Frontiers Supportive Housing Project. Frontiers is a permanent housing program collaboration involving the Community Partnership of Southern Arizona (CPSA) and Open Inn to provide housing and supportive services to youth ages 18-24. This is the first Pima Continuum project for youth with disabilities and is the outgrowth of an on-going strategic planning process initiated within the TPCCH committee structure and brought to the Council for implementation.

Frontiers Supportive Housing Project will provide permanent supportive housing for 22 homeless young men and women who are CPSA-enrolled members and have a disability including but not limited to serious mental illness and/or substance use. Although it is anticipated that participants will stay in the program for an extended period, some will be ready to move on after six months. Therefore, it is expected that the project will serve 30 participants in the two year project time frame. The project model is scattered site, tenant-based. Participants will select one-bedroom (or 2-bedroom for a family) units that are within the fair market rents and meet HUD's housing quality standards.

Open Inn will provide intensive case management to address the specific needs of homeless and chronically homeless young adults. Open Inn has provided case management services to this population for 15 years. Meetings take place in both an office setting as well as on-site in the participant's housing unit. This allows for hands-on activities and "real world" assistance such as balancing a checkbook and maintaining a home. Service plans are developed with the participant, the CPSA provider and others in the participant's support network to focus on the individualized needs including employment, behavioral health and substance use counseling, life skills training and home management, as well as assisting the participants in accessing mainstream resources including food stamps, SSI and healthcare.

For more information on Frontiers, contact Barbara Montrose, CPSA Housing Services Director, at 520-784-5325 or barbara.montrose@cpsa-rbha.org.

Gospel Rescue Mission Dream Project

Tucson's Gospel Rescue Mission has served homeless individuals and families since 1953. In 2007, concern over the lack of adequate shelter facilities for homeless women led the Mission's board of directors to start work on a three-phase program to significantly expand the organization's capacity. The board's dream was that the Mission would never again have to tell women seeking shelter that there was "no room in the inn."

The \$4.2 million Dream Project was begun, with Step One planned for a 5,000 square foot Transition Home facility with six units; kitchen, dining and living areas; children's play area; and 2.5 acres of landscaped grounds at an approximate cost of \$530,000. Step Two involved purchase and renovation of the Wayward Inn Lodge motel in Tucson. A major hurdle was crossed in September 2008 when the City of Tucson granted an exception to zoning restrictions, making it possible to establish an emergency shelter program on the Wayward Inn site.

In December 2008, the Mission received a Federal Home Loan Bank matching grant of \$1 million to help with the motel purchase and renovation. With the Wayward Inn purchase completed in April 2009, the board began work on remodeling and restoring the complex at a total cost of approximately \$2.5 million. When renovation is complete in early 2011, 38 emergency shelter units will be available to women and children adjacent to the Transition Home program.

With completion of Steps One and Two, the organization is now raising funds to construct a new 5,200 square foot building adjacent to the Transition Home and the Women and Children's shelter. This \$1.2 million building will house a chapel, staff offices, kitchen and dining hall, and childcare programs. Step Three construction has begun and the entire Dream Project is scheduled for completion in spring 2011.

For more information, contact Pastor Scott Munro, Gospel Rescue Mission development director, at scott@grmtucson.com or (520) 740-1501.

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 (HPRP) funds to those persons eligible for the assistance. The two jurisdictions were awarded a combined total of approximately \$3.6 million in HPRP funding through HUD for a three-year period. The program became fully operational in January 2010.

The city and county formed a joint design team and community advisory group to formulate the program. The program provides case management with rent and deposits assistance, utility and deposits assistance, moving assistance and storage, hotel vouchers, budget and credit counseling and legal assistance. If a client is ineligible for HPRP assistance, referrals to appropriate resources are made. A resource specialist travels to outlying rural areas to provide assistance to persons living in Ajo, Rillito, Green Valley, Three Points, and other locations.

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

A telephone number is available for those who would prefer to telephone or do not have access to a computer. Potential clients are able to obtain information about the program and leave a message for a resource specialist to return their call. Referrals are accepted from the HUD Veterans Affairs Supportive Housing program (VASH) and Legal Aid.

It is expected that at least 400 families will be assisted over the three-year period of the grant. Through June 2010, 147 unduplicated households consisting of 377 individuals were served with financial assistance totaling \$414,952.

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.

Balance of State Continuum

Western Arizona Council of Governments (WACOG) receives 2010 Brian Mickelsen Housing Hero Award

The Arizona Department of Housing's Arizona Housing Forum, held in Tucson on September 15-17, 2010, was the occasion for presentation of the 2010 Brian Mickelsen Housing Hero awards. WACOG received one of six awards. The presentation read as follows:

“Nominated for its outstanding local housing programs, the Western Arizona Council of Governments (WACOG) has demonstrated that it can develop strong community involvement and participation to serve the tri-county area of La Paz, Mohave and Yuma Counties, an area

approximately 23,500 square miles. To be successful, WACOG has had to be forward thinking and innovative in planning programs that benefit the greatest number of the area's residents and then successfully meet the goals of the programs.

“In 2009, WACOG handled the assistance to 4,852 Arizona households through such programs as ‘A Hand Up’, a housing counseling program to assist those in need of foreclosure assistance; the Green Earth Living Project (GELP), a program being developed to combine energy conservation with affordable housing; and an ever expanding weatherization program.”

Good Neighbor Alliance, Cochise County

Good Neighbor Alliance (GNA) was born as a result of a strategic planning session of the Sierra Vista United Methodist Church. The church identified an unmet gap in emergency shelter services for homeless men and families with children. GNA was incorporated in 1998. In 2003, with a grant from AZ Department of Commerce, GNA opened the doors of *Samaritan Station* shelter serving men, women, and families with children.

Since opening, GNA has worked to fulfill its mission and become a valuable community resource for families and individuals in need and to the community at large. The organization has also worked to offer leadership in addressing homelessness, assessing housing issues, and facilitating good working relationships among Cochise County Continuum of Care participants.

Cochise Continuum participants include Community Partnership of Southern Arizona (CPSA), South East Arizona Behavioral Health Services (SEABHS), Women's Transition Project DBA The Renaissance House, Cochise Children's Center/Open Inn, South East Arizona Community Action Program, Arizona Department of Veterans Services-Sierra Vista office, City of Sierra Vista Community Development, Southeastern Arizona Consumer-Run Services, and Good Neighbor Alliance.

Year 2010 has been a very exciting year in Cochise County. Continuum agencies have come together to coordinate services and plan to participate in the Common Ground national 100,000 Homes initiative. GNA has committed the Sierra Vista community to housing fifteen of the most vulnerable homeless persons in our area. It is a big step to take the Common Ground Housing First model (www.100khomes.org) for cities and urban areas and adapt it for a small rural community.

Additionally, throughout Cochise County there are permanent supportive housing programs which have been secured with grants submitted by CPSA. CPSA contracts with SEABHS to administer the programs and provide services for residents. This has been a valuable resource for those with mental health issues as well as those experiencing chronic homelessness with substance abuse problems. Also, the Housing Authority of Cochise County and the Veterans Administration are collaborating to house 25 homeless veterans using the Veterans Affairs Supportive Housing (VASH) vouchers that have just been awarded to Cochise County.

Finally, living and operating on the border, GNA's relationships with DES and ADOH are very important. With continued connections, collaborations and teamwork, Good Neighbor Alliance

is confident that it and partner Cochise Continuum of Care organizations will continue to make a difference in the lives of those experiencing temporary and chronic homelessness.

For more information on Good Neighbor Alliance, contact Kathy Calabrese at (520) 439-0776 or gnashelter@qwestoffice.net.

Coconino County Continuum of Care

Catholic Charities Housing Programs are adding “Northern Sky Housing,” a HUD Samaritan Initiative bonus program, which will consist of six units of housing designated for families with a disability and children under age 18. Additionally there will be six units of housing for singles with disabilities, four of which will house chronically homeless persons. All those served will receive behavioral health services from a partner agency, such as the Guidance Center or Southwest Behavioral Health Services. These units should be available in Fall 2010.

New Hope Cottage, a program of the Sunshine Rescue Mission in Flagstaff, opened its doors in April 2010 with 70 beds for women and children. This is a nightly drop-in shelter and offers both short- and longer-term stays based on clients meeting productivity goals. On-site daycare is planned. Overflow beds will be provided if necessary in the winter months. Sunshine Rescue Mission has also converted the old Hope Cottage facility into 12 units of transitional living for men in order to provide long-term opportunities for working individuals in need of housing.

A planning committee comprised of several local agencies is addressing the growing problem of repeat visits to the Flagstaff Medical Center emergency room and repeat arrests of individuals suffering from alcohol abuse. A plan has been developed to hire a specialized case manager to work with agencies such as the Flagstaff Medical Center, Flagstaff Police Department, and the Guidance Center to identify the individuals most in need of assistance and to coordinate services to them. Flagstaff Medical Center has generously agreed to provide the funding for one year for this position, which will be staffed by Catholic Charities as part of its PATH homeless outreach program.

The plan is to provide services and assistance to the individuals to improve their quality of life with the goal of reducing alcohol-related emergency room visits and arrests. Since housing is proven to help reduce alcohol use and the need for medical and police services, the group has identified permanent supportive housing that will be made available for the most medically vulnerable individuals. The committee has also joined the national 100,000 Homes Campaign, led by the Common Ground organization, to develop housing resources for the most vulnerable homeless persons. For more information, contact Catholic Charities Flagstaff office at (928) 774-9125.

Gila County Continuum of Care

Social services providers in Payson and Globe are collaborating to assist the homeless population. The Vets Helping Vets transitional housing program and the Time Out domestic violence shelter are active in Payson. Gila County Community Action Program services are also present in both communities, with some resources for short-term motel vouchers, first month rent and utility deposit assistance. However, a huge need for emergency homeless shelter continues to exist in both communities.

Gila House in Globe is a new faith-based residential program. Organized through the Gila Community Food Bank, the program currently provides a two-bedroom house as a 90-day family shelter and plans to open a second house soon. Gila House works closely with Gila County Community Action/Housing Services. Three families have been housed since January 2010 and all have continued to be successful. For more information, contact Malissa Buzan, Gila County Community Action Program, (928) 425-7631.

Mohave County Community Services

During the past fiscal year, the Mohave County Community Services Department (MCCSD) provided permanent housing through the Supportive Housing Program (SHP) for 26 families, 13 of which were chronically homeless. In addition, 35 families, four of whom were homeless, were provided transitional housing assistance through HPRP funding. MCCSD also operates the Bridge Subsidy Program and has provided transitional housing assistance to 22 homeless or edge-of-homelessness individuals and families affected by severe mental illness.

The Department was particularly happy to be able to assist one individual – a chronically homeless 67-year-old mentally ill woman with serious medical problems, living in a broken-down motor home with no running water, heating or cooling. Her situation illustrates the face of homelessness in Mohave County. The woman was squatting on a piece of property in the desert and the property owner was cited by County Planning and Zoning for dumping of waste and garbage. By the time MCCSD received her referral and application her doctor had convinced her she would die if she did not change her living situation.

Happily, the woman agreed to housing and case management services, including a live-in aide, and is now doing well – very likely a life saved through the SHP program. It is not unusual to encounter such conditions, with families living in dilapidated motor homes without bathroom facilities, running water, heating or cooling. This is often the reality of homelessness in this and other rural parts of the state. For more information, contact Robert Gonzalez, MCCSD, at Robert.gonzalez@co.mohave.az.us or (928) 753-0723.

The Salvation Army Life Transition Program, Navajo County

The Salvation Army Life Transition (SALT) program is operated by The Salvation Army White Mountain Outpost in Show Low. It has grown out of the needs of homeless persons, domestic violence survivors, and the mentally ill in northeastern Arizona. Originally intended as an emergency shelter program funded primarily through a grant from the Arizona Department of Economic Security, it has grown into much more. SALT now plays a central role in a regional collaboration, responding to service requests and referrals from White Mountain area churches, other non-profit service providers, and local and state government agencies.

Most SALT residents find themselves in a homeless situation because of other underlying problems, such as addictions, domestic violence, mental health issues, or simply poor decision making. Intake staff attempt to uncover those underlying reasons and make arrangements with cooperating agencies, such as Catholic Charities, Community Counseling Centers, Society of St. Vincent DePaul, Summit Healthcare, and the Navajo County Community Network Team, to address the various issues the client faces.

If referral is not required, clients are urged to participate in the SALT life skills program to address such issues as banking and budgeting, how to save money, goals-based decision making, parenting skills, cooking skills, menu planning, nutritional shopping, and various other needs. This holistic approach has led to a very high success rate. Life skills hours are well worth the investment, with lack of recidivism a reward in and of itself.

Unemployed clients must apply daily for jobs in the regional labor market. If a shelter resident is not involved in the SALT life skills program, their primary job is to find a job. Approximately 85 percent of those exiting the program are employed. Residents are encouraged to take immediate employment and to continue to search for a better job while they are employed. Employment helps individuals recognize their responsibility for their own return to normalcy, and even modest earnings generate feelings of accomplishment and success.

Because there is no homeless shelter facility in the area, clients are housed in local motels. Program residents are visited by SALT staff on a frequent basis to assure that rooms are kept clean. No other visitors are allowed and no alcohol or drug use is permitted. Over 75 percent of shelter residents exit the program to permanent housing.

This program is successful because of the collaboration and communication between agencies, churches and government. When no one cares who gets the credit, the client wins every time.

For more information on The Salvation Army White Mountain Outpost SALT program, contact Pastor David Sherman at (928) 368-9953.

Verde Valley Homeless Coalition, Yavapai County

Verde Valley Homeless Coalition (VVHC) has partnered with Northern Arizona Regional Behavioral Health Authority (NARBHA) and the Catholic Charities PATH program to open up a drop-in center at 736 N. Main Street in Cottonwood. With a Community Reinvestment grant award, a part-time volunteer coordinator has been hired to oversee operations as well as recruit volunteers that will be trained by the PATH outreach team to offer day services such as basic case management, mail service, showers and laundry services on a limited basis. It is a safe, “one-stop” location where individuals and families can learn what social services are available in the community. The Day Center will operate under a “Benefit to the Community” model, moving it beyond a safe place for homeless clients and toward a program that improves the local area through such activities as street and yard clean-up projects.

Catholic Charities has also partnered with NARBHA to provide permanent supportive housing for persons with a serious mental illness, with or without co-occurring substance abuse problems. Case management will be provided to these recipients by the Verde Valley Guidance Clinic. This will be a primary resource for those seeking services through the Homeless Drop-In Center.

VVHC and six area churches continue to support the efforts of “Hearts for the Hungry and Homeless.” This volunteer program has served a weekly dinner at Riverfront Park in Cottonwood for over two years, helping put a face on the growing homeless population in the Verde Valley. The organization serves a nutritious home-cooked dinner and provides hope for the homeless rain or shine every Friday night. A praise band plays during dinner and volunteers take time to share friendship and faith with those in need.

Catholic Charities is also administering the Homelessness Prevention and Rapid Rehousing Program (HPRP) that provides housing services to clients at risk of becoming homeless and rapid rehousing for those who have lost their homes and become homeless.

Project HOPE (Help Out of Poverty forever) is a new Catholic Charities initiative to combat poverty in Central and Northern Arizona. Project HOPE assists motivated individuals realize personal goals pertaining to security, stability and satisfaction. The program consists of four sessions of financial education classes, 15 sessions of Getting Ahead classes, followed by Circles of Support. A program of the Coalition for Compassion and Justice, Circles of Support recruits community volunteers to work with individuals as they develop and pursue long-term goals. Catholic Charities also offers a VITA site where low income households can have their tax returns prepared at no cost.

Increased street homelessness in Prescott has led to collaboration between the Mayor's office, the Mayor's Committee on Homelessness, and Yavapai Volunteers in Service to America (VISTA). The Coalition for Compassion and Justice and several other Prescott-area non-profit organizations are involved. The "homeless outreach project" will be staffed by two AmeriCorps VISTA volunteers to work with homeless persons and the downtown business and residential communities to help direct people to services and a safe shelter and housing.

For more information, contact Carol Quasula, director, Catholic Charities Cottonwood Office, (928) 634-4254 or CQuasula@cc-az.org.

Yuma Coalition to End Homelessness

The Yuma Coalition to End Homelessness (YCEH) had a very active year. The YCEH sponsored two Yuma Community Action Poverty Simulations (CAPS) since January. CAPS is an exercise designed to increase participants' awareness of the challenges faced daily by those who live in poverty. The simulation gives participants an opportunity to consider the ways in which they can impact poverty in their personal and professional lives.

Poverty simulation

The CAPS poverty simulation experience is designed to help participants begin to understand what it might be like to live in a typical low-income family trying to survive from month to month. It is a simulation, not a game. It is hoped that the program will provide the participants, volunteers, and community with a better understanding of the complexity and depth of poverty as well as the many ways the quality of life can be improved.

In the simulation, approximately 40 participants role-play the situations of different families facing poverty – for example, the newly unemployed, those recently deserted by the “breadwinner,” subjects of housing discrimination, TANF (Temporary Assistance for Needy Families) recipients, senior citizens receiving Social Security, or grandparents raising their grandchildren.

The simulation is conducted in a large room with the “families” seated in groups in the center. Around the perimeter are tables representing community resources and services for the families including a bank, super center, Community Action Agency, employer, utility company, pawn broker, grocery, DES office, payday and title loan facility, mortgage company, school, and child care facility.

The experience lasts approximately two to three hours. It includes an introduction, the actual simulation exercise, and a debriefing period in which participants and volunteers share their feelings, experiences and what they learned about the lives of people in poverty.

Some of the changes in the Yuma community as a direct result of the poverty simulation include changing business hours at the Yuma Community Food Bank, initiation of the “Break Box” program (a food box given to elementary students just before a school break), DES office consolidation, and streamlining program intake at Western Arizona Council of Governments (WACOG).

Other activities

WACOG has begun implementing the Homeless Prevention and Rapid Reentry Program (HPRP) in Yuma and is working closely with other area non-profits to inform them of this new program. WACOG was also recently approved as a federal housing counseling agency. Two Low Income Housing Tax Credit (LIHTC) projects have been developed in the Yuma area, one a senior living complex that will be opening shortly, and the second nearing completion. Together these projects will provide 140 new units of affordable housing.

The City of Yuma, in partnership with Community Legal Services, WACOG, Southwest Fair Housing Council, Yuma County, and the Arizona Department of Housing, sponsored the second annual Yuma Housing Festival in April 2010. The festival is organized to give families a chance to obtain information on fair housing and local housing services and enjoy free food and games.

Crossroads Mission held a groundbreaking for a new family shelter facility, with construction to beginning in Fall 2010. The Mission participated in this year’s shelter count and also participated in the federal census to assure that homeless individuals were counted. Economic conditions have had a toll on Yuma’s homeless population. In July 2010, Crossroads Mission opened its overflow shelter for the first time ever in the summer. Overflow in the winter is routine, but in July the overflow, shelter housed 43 individuals in addition to a full capacity men’s and family shelter.

Finally, Crossroads Mission lost a very dear friend and employee in July. John Concannon, Men’s Shelter Director, passed away on July 27. He touched countless lives in the Yuma area. The Mission held a celebration of John’s life in early August, attended by hundreds of people. John was an ardent supporter of the Yuma Coalition to End Homelessness and the Yuma Community Action Poverty Simulation. His passing has deeply touched the Mission and all those who had the privilege of working with him.

For more information on the Yuma Coalition, contact Valarie Donnelly, City of Yuma Neighborhood Specialist, (928) 373-5000, ext. 3053.

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Appendix B
Youth Success Stories

Stories of change contributed by homeless youth services providers

A young man's story

Last week, a school counselor from a local high school frantically called stating they had an 18-year old student who disclosed to staff he had been living on the streets for over four months and prostituting to survive. Out of protocol, school staff members had to call the police, but were desperately seeking emergency assistance for this student.

Two of our case managers went to the school to meet with the student and conducted an immediate needs assessment on site. Through the assessment, the staff members uncovered the tragic life story of a young man who lacked a stable and healthy childhood existence. The student reported he had never felt safe or wanted in his life. At age six his parents were murdered and he went into the custody of his grandmother. Several months later he was given over to state custody. He shared horror stories of physical abuse in several group homes and foster care placements.

At age 16 he ran away from foster care only to turn himself in weeks before his 18th birthday but said he was turned away without supportive services. On his 18th birthday he went back to the streets. This young man had been diagnosed with mental health issues and had a history of substance abuse, gang activity and a lengthy legal history.

Upon finishing an assessment, it became clear that this young man was in dire need of services and the projected case plan of self-sufficiency might very well be a difficult task. The first objective was to stabilize this person's housing and meet his basic needs. He was transported to an apartment unit where he was able to have a safe place to eat, sleep and maintain proper hygiene. The only possessions he had were the clothes he was wearing, so staff went to the store to buy some much-needed clothing items.

Once stabilized, his case manager began the process of encouraging this young man to look toward a future where he can be a self-sufficient, empowered and healthy individual. Currently, this young man and his case manager are attempting to use his strengths to meet his goals of graduating high school, working towards higher training, and gaining a mental health re-assessment.

Sheila's story

There was once a little girl who grew up in a household where she was told by her biological mother every day that she was never going to amount to anything. She had an older sister she was once close to but it seemed her sister was not willing to change her life for the better. Her sister started to follow their mother's footsteps. Her only fond memories of her childhood involved her father. When she spoke about her father her face would light up. Even though she was young when her father passed away, she knew he loved her. She often wonders how things would have turned out if he had stayed alive.

Her father had made sure that in the event of his death, his daughter would be taken care of financially. She was to receive her father's SSI, but instead her mother took the money and spent it on herself.

She was not able to live at home because her mother was not able to provide a safe and stable environment. She was very determined to educate herself and have a home where she felt safe. She entered the program, was able to graduate from high school, and is currently enrolled in Pima Community College. She now has a full-time position at Walgreens with plenty of room of advancement.

Gum's story

Gum moved to the United States from Kenya in 1996 with his family. A few years later he found himself in trouble with the law. The first time he went to detention he was 12. Soon after, he was placed in group homes because he reported his mother was abusive. He lived in group homes until he was 18, when he reconnected with his older brother. It wasn't long before that situation no longer worked; Gum says his brother began "messing up." He tried going to Nebraska to reunite with family there but soon returned to Phoenix.

This time he stayed with a "step brother" until things started going down hill again. He ended up homeless and sleeping in his car. He found help with one provider but still wouldn't tell anyone his problems until he realized things wouldn't change unless he did. He stayed at the agency for a short time and then left to move in with friends. This did not work out for Gum and that is when he finally found our scattered-site apartment and case management program. Gum says our program is "the best thing that ever happened" to him. He entered in 2008 and in less than a year he was able to transition into a program stage offering greater independence and less case management contact.

Gum struggled somewhat after this transition, landing in jail and on probation. For this he will tell you he didn't do as well as he should have, but these struggles didn't stop him from moving forward. He was allowed to continue in our program and is currently working two jobs. He has always succeeded in saving money and will be leaving us in December with \$7,000 in savings, an all time high for any client!

He has worked on learning how to read, attending school three days a week to accomplish this goal. He has attended all required group sessions. He says, "Groups teach you stuff you don't know. Even when I don't talk, I'm listening." Gum says he will always remember our program as his big start in life.

Denise's story

Denise was born in Kentucky and has been homeless several times through her teen years. She recently spent two years living in a group home and was "aged out." Her mother was heavily involved with drugs and admitted using heavily two years ago. Her home environment in Kentucky was abusive and she was also dealing with a learning disability. Denise has been clean since she moved to Tucson two years ago to live with her cousin. She later moved in with friends, but was left alone and abandoned to pay the rent on her own. Denise ended up staying with one of her high school teachers temporarily because she wanted to continue her schooling, was actively involved with Vocational Rehab, and receiving financial assistance from the Youth On Their Own organization in Tucson.

Denise was referred to our agency by her teacher and has now received her high school diploma, graduating early in December 2009. She is currently working full-time at the federal courthouse as a janitor, is attending Pima Community College part-time and would like to work in a day care.

Crystal's story

Crystal left California a couple of years ago because of her father. She knew she needed to get out on her own. She came to Phoenix and stayed with a friend for a short time to figure out how she could become independent. Crystal also wanted to go to school but knew she couldn't afford it. She found our program and began working to get into school. She got help with financial aid and soon she was on her way.

She was referred to our scattered site apartment program because she needed to find other housing and believed she needed to learn how to be independent if she was going to truly make it. Crystal entered in the program in May 2009 in a shared apartment with lots of case management contact. She did so well that she soon transitioned into a second phase with more independence. This helped Crystal accomplish a lot of "firsts" -- her first job, the first time living on her own and the first time she ever saved money.

Crystal shared that her dad never taught her about saving money. She currently has \$4,200 in her savings! Crystal says she has been able to find more of herself, realizing why she is doing what she is doing. She says what helped her most was learning early on "not to let anyone interfere, even family or friends. They can't live for you. Remain focused!"

Crystal has been diligent about meeting the requirements of the program. She says, "You have to be willing to do what you are supposed to do to be successful." Crystal shared that she has learned a lot from the program. She believes she can make it on her own because she now has the tools.

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Appendix C
News and Notes

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

http://www.usich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf

Source: U.S. Interagency Council on Homelessness news release

On June 22, 2010, the lead Cabinet secretaries from the United States Interagency Council on Homelessness (USICH) – from the U.S. Departments of Housing and Urban Development (HUD), Labor (DOL), Health and Human Services (HHS), and Veterans Affairs (VA) – joined USICH Director Barbara Poppe to unveil the nation's first comprehensive strategy to prevent and end homelessness. The full report is titled *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

The HEARTH Act, enacted by Congress in May 2009 mandated that USICH produce a "national strategic plan" to end homelessness for Congress and the President. Beginning in January 2010 USICH held regional stakeholder meetings, organized federal working groups focused on specific populations, solicited public comment through an interactive website, and engaged experts from across the country to develop an action plan to solve homelessness for veterans, adults, families, youth and children. <http://www.usich.gov/OpeningDoors.html>

The USICH is chaired by HUD Secretary Shaun Donovan. The 19 member agencies span the nation's housing, health, job, education, and human services to coordinate the Federal response to homelessness, create a national partnership to reduce and end homelessness in the nation, and maximize the effectiveness of the Federal government in contributing to the end of homelessness.

Opening Doors serves as a roadmap for joint action by the USICH member agencies along with local and state partners in the public and private sectors. The plan charts a path to ending veterans and chronic homelessness by 2015, and to ending homelessness among children, family and youth by 2020.

<http://www.usich.gov/PDF/FactSheetVeterans.pdf>

<http://www.usich.gov/PDF/FactSheetChronicHomelessness.pdf>

The Plan is focused on four key goals:

- Finish the job of ending chronic homelessness in five years.
- Prevent and end homelessness among veterans in five years.
- Prevent and end homelessness for families, youth, and children in ten years.
- Set a path to ending all types of homelessness.

USICH points to the 10-year goal of ending family homelessness as the most ambitious. This goal's signature initiative, included in the President's FY2011 Budget, will implement a housing and services program for 6,000 families with children who are homeless or at risk of homelessness. HUD will provide Section 8 Housing Choice Vouchers to communities with high concentrations of families experiencing homelessness. Service providers will coordinate these vouchers with assistance and services administered by the states and available through the Temporary Assistance to Needy Families (TANF) program and other HHS-funded programs.

The Department of Education will help identify families through its network of homeless liaisons. This initiative will also test models for aligning federally-funded programs and local funding to improve effectiveness in helping families prevent or escape homelessness.

Overall, the Plan presents strategies building upon the lesson that mainstream housing, health, education and human service programs must be fully engaged and coordinated to prevent and end homelessness, including:

- Transforming homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing;
- Increasing leadership, collaboration, and civic engagement through a focus on providing and promoting collaborative leadership at all levels of government and across all sectors;
- Increasing access to stable and affordable housing by providing affordable housing and permanent supportive housing;
- Increasing economic security, expanded meaningful and sustainable employment and improved access to mainstream programs and services; and,
- Linking health care with homeless assistance programs and housing, advancing stability for youth aging out of systems such as foster care and juvenile justice, and improving discharge planning for people who have frequent contact with hospitals and criminal justice systems.

Visit the USICH website at www.usich.gov to access *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* and to learn more about each of the four key goals outlined above.

HEARTH Act Implementation

On May 20, 2009, President Obama signed the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009. The Act amends the McKinney-Vento Homeless Assistance Act and enacts major changes to McKinney-Vento for the first time in 20 years. These changes allow for increased flexibility in who may be served and what activities may be carried out. HUD believes the changes introduced by the HEARTH Act present tremendous opportunities for communities to take a fresh look at strategies and programs for ending homelessness and see where they might be improved.

Much work will be necessary over the next several years to realize the possibilities introduced by HEARTH. The HUD Office of Special Needs Assistance Programs (SNAPS) is committed to helping local Continuum of Care (CoC) participants take advantage of the opportunities that HEARTH brings during this time of change.

The HEARTH Act* amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- Consolidation of HUD's competitive CoC grant programs – Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) – and a change to the definition of who is eligible to be served by them;
- Formal recognition of the role of local governance, planning, data collection and management, plus authorization of administrative funding to support this role;

- Increased emphasis on performance of homeless systems and programs funded through HEARTH;
- Increased emphasis on prevention and recognition of the rapid re-housing model; and
- Creation of a Rural Housing Stability Assistance Program.

*http://www.hudhre.info/documents/S896_HEARTHAct.pdf

To read the amended and reauthorized McKinney-Vento Act, see The McKinney-Vento Homeless Assistance Act as amended by S.896, the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009:

<http://www.hudhre.info/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

The public comment portion of the regulatory process for implementing HEARTH began in April 2010 with the publication of the proposed rule for the definition of homelessness, which can be found at <http://www.hudhre.info/documents/ProposedHomelessDefinition.pdf>.

After considering public comments and making adjustments to the regulations, final regulations will be published.

HUD anticipates that the new regulations will first impact programs in FY2011. The definitions and recordkeeping requirements in the proposed rule will not impact the 2010 CoC NOFA competition or the use of 2010 ESG funds. Current definitions and recordkeeping requirements remain in effect until modified by the final HEARTH Act regulations.

HUD will be providing a wide range of assistance to help communities to plan their transition to the HEARTH Act, including training conferences, sample tools and templates, guidebooks and white papers, webinars, FAQs and a Virtual Help Desk. HEARTH transition planning will focus on:

- Continuum of Care system performance and redesign;
- Continuum of Care governance and management;
- Combining SHP, S+C, and SRO programs;
- Rethinking Emergency Solutions Grant (ESG) programs;
- Rural homelessness; and
- Enhancing connections to mainstream resources.

The HRE HEARTH page (<http://www.hudhre.info/hearth/>) will keep local CoC participants informed about all HUD guidance and other assistance related to transitioning to the new programs. It will be updated as new information becomes available.

Housing Needs

Rapid expansion of the HUD-VASH program has made 20,000 new Section 8 vouchers, coupled with VA case management services, available to homeless veterans. Although this is a remarkable 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.* CHALENG points-of-contact (POCs) were asked to select their highest priority needs. The need for permanent housing topped the list.

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

Supportive Services for Veteran Families (SSVF) Program

Public Law 110-387 authorized the Veterans Administration (VA) to develop the new Supportive Services for Veteran Families (SSVF) Program. Under the SSVF Program, the VA will award grants to private non-profit organizations and consumer cooperatives to provide supportive services to very low-income veteran families residing in or transitioning to permanent housing. The grantees will provide a range of supportive services designed to promote housing stability to such families.

Estimates of veteran homelessness have dropped substantially in the past five years from 313,000 in 2003 to 107,000 in 2009. Despite that success, VA must continue to assist families transitioning from homelessness to permanent housing and prevent at-risk families from becoming homeless.

To be eligible to receive supportive services under this program, individuals must be:

- A member of a veteran family – a single person or a family in which the head of household or the spouse of the head of household is a veteran;
- Very low-income – with household income not exceeding 50 percent of area median income; and
- Occupying permanent housing – either (1) residing in permanent housing, (2) being homeless and scheduled to become a resident of permanent housing within 90 days, or (3) having exited permanent housing within the previous 90 days to seek other housing.

Through the SSVF Program, VA aims to improve very low-income veteran families' housing stability. Grantees will provide outreach and case management services and will assist participants in obtaining VA benefits and other public benefits, including health care, transportation, child care, legal and financial planning services. Housing counseling services and temporary financial assistance will also be available through the program.

For further information about the SSVF Program, visit the Veterans Administration website at www.va.gov.

2009 U.S. Census Poverty Data

from September 17, 2010 press reports

U.S. Census Bureau data for 2009 reflect the severity of the recent recession, as poverty rose sharply. Both the number and percentage of Americans in poverty climbed. The number of poor people rose by 3.7 million, to 43.6 million. The percentage of people in poverty rose from 13.2 percent to 14.3 percent.

At 21 percent, Arizona's poverty rate was reported as second-highest in the nation behind Mississippi. Arizona's poverty rate also appears to be growing faster than all other states.

These increases reflect the deep recession and the unusually large number of long-term unemployed. The number of jobs dropped by more than eight million between the start of 2008 and the end of 2009. Over 60 percent of that loss occurred before Congress enacted the Recovery Act in February 2009. In addition, by late 2009, the share of unemployed workers who had been out of work for more than six months topped 40 percent, a record for modern recessions.

Poverty would have risen much higher without the temporary expansions in unemployment insurance benefits provided by the Recovery Act and other legislation. In 2008, unemployment benefits kept 900,000 Americans out of poverty. In 2009, by contrast, unemployment benefits kept 3.3 million Americans out of poverty.

However, the official poverty figures do not count tax credits or non-cash benefits as income, and, as a result, do not reflect the poverty-reducing impact of the Recovery Act's substantial increases in tax credits for low-income working families and food stamp benefits. A broader poverty measure that the Census will issue later this year will almost certainly show a considerably smaller increase in poverty in 2009.

Poverty will likely remain very high in 2010 and climb even higher in 2011.

The Congressional Budget Office forecasts the expected average unemployment rate in 2011 at a high 9.0 to 9.3 percent. And in each of the past three recessions, poverty did not begin to fall until a year after the unemployment rate began to fall.

Furthermore, key forms of federal assistance are slated to expire by the end of this year. If Congress fails to extend these measures and unemployment remains high, poverty and hardship almost certainly will climb still higher next year.

For more information on national and state-level poverty data, visit www.census.gov/.

Doubled Up in the United States

Source: NAEH Homelessness Research Institute "Economy Bytes" issue brief

In a May 2010 issue brief, the NAEH Homelessness Research Institute defined doubling up as an individual or family living in a housing unit with extended family or with friends or other non-relatives due to economic hardship, earning no more than 125 percent of the federal poverty level. Although not all people who are doubled up become homeless, doubling up is said to serve as a precursor for many.

U.S. Census data indicate that the number of doubled up people in the United States increased by over 215,000 (five percent) to 4,846,193 between 2005 and 2008.

The Institute estimates over 153,000 persons were doubled up in Arizona in 2008.

While all doubled-up people are economically vulnerable, a large majority of this population is poor, earning less than 100 percent of the poverty level, or very poor, earning less than 50 percent.

A growing share of the doubled up population are people in families. Approximately 2,135,000 people in just fewer than 800,000 families were doubled up in 2008. This represents an 8.5 percent increase in the number of people in families over 2005, and a 3.5 percent increase in the number of family units.

According to the 2009 Annual Homeless Assessment Report to Congress (AHAR), approximately 43 percent of people accessing shelter services spent the previous night at the home of a friend or family member. This percentage has increased over the past two years and the trend is likely to continue due to the recession.

Severe housing cost burden, defined by a household paying more than 50 percent of its income for housing costs, results in housing instability. Doubling up with households that are already unstable likely increases the risk of homelessness for a segment of this population. However, it could also mean that households are “co-housing,” combining their limited resources to keep from becoming homeless. In both circumstances there exists economic and housing instability, and it is growing.

Between 2005 and 2008 the number of doubled up people living with severely cost burdened households increased by 11 percent. Further, the percent of all doubled up people living with severely cost burdened households increased from 34.2 percent in 2005 to 36.4 percent in 2008. Overcrowding in these households is relatively common. In 2008, 22 percent of the 1.8 million people doubling up in severely cost burdened housing units were also living in overcrowded conditions.

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

Five myths about America's homeless

Excerpts from July 11, 2010, *Washington Post* editorial reprinted with permission of the author, Dennis Culhane, University of Pennsylvania School of Social Policy and Practice

1. Homelessness is usually a long-term condition.

To the contrary, the most common length of time that someone is homeless is one or two days, and half the people who enter the homeless shelter system will leave within 30 days, never to return.

Long-term homelessness is relatively rare. According to the Department of Housing and Urban Development, about two million people in the United States were homeless at some point in 2009 (meaning they stayed overnight in a shelter or in a place not meant for human habitation). But on any given day, only about 112,000 people fit the federal definition of "chronic homelessness," which applies to those who have been continuously homeless for a year or more, or are experiencing at least their fourth episode of homelessness in three years.

While the long-term homeless make up a small share of the homeless population, they are disproportionately costly to society: They consume nearly 60 percent of the resources spent on emergency and transitional shelter for adults and occupy hospitals and jails at high rates.

2. Most of the homeless have a severe mental illness.

Because the relatively small number of people living on the streets who suffer from paranoia, delusions and other mental disorders are very visible, they have come to stand for the entire homeless population -- despite the fact that they are in the minority. As a result, many people falsely concluded that an increase in homelessness in the 1980s resulted from the deinstitutionalization of psychiatric care in the 1960s and 1970s.

In my own research, I have calculated that the rate of severe mental illness among the homeless (including families and children) is 13 to 15 percent. Among the much smaller group of single adults who are chronically homeless, however, the rate reaches 30 to 40 percent. For this population mental illness is clearly a barrier to exiting homelessness.

3. Homeless people don't work.

According to a 2002 national study by the Urban Institute, about 45 percent of homeless adults had worked in the past 30 days -- only 14 percentage points lower than the employment rate for the general population last month. The number of working homeless would probably be even higher if "off the books" work was included. Whether scavenging for scrap metal or staffing shelters, many homeless people adopt ingenious ways to subsist.

A recent job loss is the second most common reason people say they became homeless. In a study my colleagues and I are completing, we observe a steep drop in earned income in the year prior to the onset of homelessness. Our preliminary data also suggest that about a third of the chronically homeless eventually end up working, thanks, quite likely, to substance-abuse recovery.

4. Shelters are a humane solution to homelessness.

When homelessness became a national epidemic in the 1980s, reformers responded with emergency shelters that were meant to be temporary havens. But as homelessness became more entrenched, so did shelters. Their capacity more than doubled by the late 1980s, then again a few years later, and then again by 2000. Along the way, they became institutionalized way stations for lots of poor people with temporary housing crises, including those avoiding family conflicts, leaving prison or transitioning from substance-abuse treatment.

To be in a shelter is to be homeless, and the more shelters we build, the more resources we divert from the only real solution to homelessness: permanent housing.

5. These poor you will always have with you.

Researchers and policymakers are newly optimistic about the prospect of ending homelessness. For two decades, the goal of our homeless programs was to first treat people for their myriad afflictions (substance abuse, say, or illness) and hope that this would lead them out of homelessness. Now, the attention has shifted to the endgame: Get people back into housing as quickly as possible, the new thinking goes, and the treatment for everything else can quickly follow -- and with greater benefits.

People who haven't had a private residence in years have succeeded in these new "housing first" programs, which place the homeless directly into their own housing units, bypassing shelters. Rent is subsidized and services are provided to help these tenants maintain their housing and be good neighbors.

The cost of these programs is partly offset by reductions in expensive hospitalizations, arrests and shelter stays by the chronically homeless -- to say nothing of the moral victory a society can claim in caring for its most vulnerable.

Invisible to Visible: Tips for Working with People Who Have Cognitive Impairments

Source: Homelessness Resource Center, Substance Abuse and Mental Health Services Administration (SAMHSA)

Description: Here are some helpful tips for homeless service providers and their organizations to work more effectively with people who have problems with remembering, thinking or understanding due to mental illness, substance use, head injury, fetal alcohol exposure or other causes.

General Tips:

- Be present.
- Be authentic.
- Always use person-first language (e.g. "someone suffering from schizophrenia" rather than "a schizophrenic")
- Let people finish their sentences, even if it takes some time.
- Agree with what you can agree with.
- Listen to the person's story.
- When the client is seated, sit down when interacting. Don't put yourself at a higher level.
- Come out from behind the desk and sit next to the person.
- Recognize and advocate against stigmatizing language.

Specific Tips:

- Write down what the person needs to remember.
- Put it where a daily activity occurs, such as in the bathroom.
- Ask people to read to you to find out their reading abilities.
- Ask people to repeat back what they heard.
- In determining a plan, ask "What do you want to do and how can I help you achieve that?"
- Frequently repeat directions and plans.
- Break down instructions into tiny steps.
- Respect the person's inability to focus for a long period of time by keeping appointments short.
- Remind clients by leaving messages on their phones.

Tips for Organizations:

- Keep rules few, simple and flexible.
- Assume that inability following a rule is not deliberate.
- Write down names of medications and contact information for providers.
- Ask for cell phone numbers and email addresses from clients.
- Require welcoming skills as a competency for all front desk staff.
- Decrease stimuli in environment to reduce attention overload.
- Schedule an appointment for the client before the office gets too busy.

Visit <http://homelessness.samhsa.gov/> to access the Homelessness Resource Center's website.

Excerpt from

Supporting Transitions: Critical Time Intervention

September 2010

by Wendy Grace Evans

Homelessness Resource Center

Critical time intervention (CTI) is a time-limited case management model designed to prevent homelessness among people with mental illness following discharge from hospitals, shelters, prisons and other institutions. Columbia University developed the original model in conjunction with the New York State Psychiatric Institute, the National Institute of Mental Health and the New York State Office of Mental Health.

CTI grew out of the direct experience of workers providing on-site mental health and social services in large homeless shelters in New York City. On-site services evolved and teams experienced some success in getting people stabilized, but they found that after the transitional period, many people were returning to the shelters or were homeless again.

Trying to find solutions for the challenges of transitions from emergency shelters was the impetus for the program. However, work is also being done to adapt and test the CTI model for transitions from other settings, such as following release from prisons and residential treatment facilities.

In New York, Project Connect uses CTI in a pilot program serving men who are homeless after hospital release. The program is breaking new ground by working with peer specialists to build the primary relationship essential to CTI. The CTI specialist is charged with developing a relationship with the client very quickly.

Hermenio Maldonado is one of the Project Connect peer specialists. "I go with clients to their appointments. I encourage them and share with them what has worked for me. Recovery is real when they see it in me. They can see living proof. I give them motivation and the hope that they need. This is not coming from a book; this is coming from what I have experienced myself."

Currently work is being done to develop a web-based distance education curriculum to train more providers across the country in CTI. Project Connect is also conducting an evaluation to see to what extent CTI would help with the use of community services.

Visit the Homelessness Resource Center website at www.homelessness.samhsa.gov/Library/ for more information. Search for "critical time intervention."

Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT

Appendix D
Research Briefs

Tools for Identifying High-Cost, High-Need Homeless Persons

June 2010 - Los Angeles Economic Roundtable

The 2009 *Current Status of Homelessness in Arizona* summarized the Economic Roundtable report, “Where We Sleep: Costs when Homeless and Housed in Los Angeles.” That study analyzed the cases of 10,193 homeless individuals in Los Angeles County, 90 percent of whom experienced homelessness while receiving General Relief public assistance; 10 percent exited homelessness by entering supportive housing.

Cost comparison showed the typical public cost for residents in supportive housing was \$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 was demonstrated clearly by a 79 percent reduction in public costs for those residents.

Economic Roundtable researchers Daniel Flaming, Patrick Burns and Michael Matsunaga have now generated a second report. Records were linked across multiple public agencies to obtain information about individual characteristics and the public costs for health, mental health, justice system and welfare services they used.

When the overall population was ranked by the cost of public services, 90 percent were found to have relatively low costs. However, the most expensive ten percent:

- Had average public costs of \$8,083 per month compared to \$710 for the other 90 percent, because of extensive use of hospitals and secure medical and mental health facilities;
- Accounted for 56 percent of all public costs for homeless single adults; and
- Had average cost reductions of \$5,731 per month, or 71 percent, when in supportive housing.

The findings from this analysis of high-cost, high-need homeless residents support seven major conclusions and action recommendations:

1. Identify homeless residents who are likely to have high levels of need and high public costs and give them high priority for admission to supportive housing.
2. Build face-to-face assessment and intensive housing placement services into the referral system to ensure that housing referrals are correctly matched to homeless individuals’ level of need and that high-need individuals are assisted in obtaining supportive housing.
3. Provide bridge housing for high-need individuals while their applications for supportive housing are going through the review and approval process.
4. Change the administrative plans of the Los Angeles city and county housing authorities to allow set-asides of supportive housing units for the highest need individuals rather than requiring applications to be considered solely on a first-come, first-served or lottery basis.

5. Change the policies of the Los Angeles city and county housing authorities that prevent Section 8 housing subsidies from going to homeless individuals with drug convictions. Roughly half of the high-need, high-cost population may be prevented from receiving Section 8 housing support because of their substance abuse arrest records.
6. Support the outcomes achieved by supportive housing by assigning staff of the county departments of Health Services, Mental Health and Public Health or the staff of their contracted agencies to provide much needed on-site services for supportive housing residents.
7. Provide additional, intensive on-site services for unstable residents who are at high risk of leaving housing.

The authors note that hospitals and jails are particularly well-positioned to identify homeless individuals who should be given high priority for housing and services because they have contact with many high-need, high-cost homeless adults. They are also likely to have many pieces of information that identify high-need individuals.

For the complete report, visit the Economic Roundtable website at www.economicrt.org.

Costs Associated With First-Time Homelessness for Families and Individuals

March 2010 - Prepared by Abt Associates Inc. for the HUD Office of Special Needs Assistance Programs

Researchers at Abt Associates report that cities, states and the federal government pay more to provide homeless families and individuals with emergency and transitional shelter than what it would cost to rent permanent housing. A study of 9,000 families and individuals conducted for the U.S. Department of Housing and Urban Development (HUD) found that costs to house newly homeless persons vary widely, depending on the type of shelter and social services provided by the six cities in the report.

Researchers found that many communities are unaware that they are spending as much or more per month to support an emergency shelter bed as it would cost to rent an efficiency apartment.

Shelter operating costs were much higher and lengths of stay were found to be much longer than expected for those experiencing homelessness for the first time. Market rate rentals were found to be lower than monthly emergency shelter and transitional housing costs in every city studied. In Jacksonville, the monthly cost of an individual emergency shelter bed was \$799, while a market rate one-bedroom apartment rented for an average \$643. In Houston, the cost to house a family in emergency shelter was \$1,391 while the average monthly rent for a two-bedroom apartment was \$743.

Emergency shelter for families was the most costly. Costs to shelter first-time homeless people varied based on the type of shelter and other services provided, how long they stayed and overhead. Shelters may offer drug and alcohol treatment, mental health care, family counseling and help obtaining government benefits.

The report supports an Obama administration focus on helping homeless families and individuals obtain permanent housing. It is hoped the report will prompt communities to lower costs by targeting people with only the services they need and to improve housing opportunities for families and individuals who repeatedly become homeless.

Find the full report at www.huduser.org under Recent Research.

Rural Homelessness: Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas

July 2010 - United States Government Accountability Office (GAO)

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 directed GAO to conduct a broad study of homelessness in rural areas. The report addresses the following questions:

- What are the characteristics of homelessness in rural areas?
- What assistance is available to individuals or families experiencing homelessness and what amount of funding have the federal departments and agencies awarded to organizations that assist persons experiencing homelessness in rural areas?
- What barriers do persons experiencing homelessness and homeless service providers' encounter when seeking assistance or funding to provide assistance?

Based on GAO visits to six states, persons experiencing homelessness in rural areas could be living in one of a limited number of shelters, in extremely overcrowded situations, in severely substandard housing, or outdoors. While HUD and other agencies collect some data on homeless populations, several challenges exist in using these data to compare the extent of homelessness in rural and non-rural areas. They include difficulties in counting transient populations, limited reporting by service providers in federal data systems, and inconsistent reporting across programs.

Barriers to accessing and providing homeless services in rural areas include limited access to services, large service areas, dispersed populations, and a lack of transportation and affordable housing according to state and local officials and persons experiencing homelessness in the states visited. For instance, many rural areas have few shelters or shelters with few beds serving very large areas.

GAO recommends that the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) explore further opportunities to strengthen formal collaboration on linking housing and supportive services to address homelessness, with specific consideration for how such collaboration can minimize barriers to service provision in rural areas.

Visit www.gao.gov/products/GAO-10-724 to access the full report.

Recovery and Homeless Services: New Directions for the Field

By Laura Gillis, Gloria Dickerson and Justine Hanson

Center for Social Innovation, *The Open Health Services and Policy Journal*, 2010, Vol. 3, pp 71-79

The concept and principles of recovery have gained acceptance by demonstrating improved outcomes over the past twenty years. The authors contend that even though many persons experiencing homelessness suffer from co-occurring mental illness, substance abuse and traumatic stress disorders – and could benefit from recovery-oriented approaches – the homelessness services system has failed to embrace the recovery movement.

Recovery-oriented care is built on the belief that recovery is possible for everyone and that no one is beyond hope. Recovery is defined basically as a process by which an individual regains control of major life decisions and is able to function in significant and valued roles. As part of the recovery process, individuals learn to accept and eventually embrace their own limitations and identify the supports they need to alleviate or minimize symptoms.

The authors quote anthropologist Richard Desjarlais' observation that "life on the streets can come close to causing a civil death, in which people cease to be fully social human beings." For people experiencing homelessness, this creates the sense of being a "ghostly nonperson," silent and absent in the world of others. To combat the loss of personhood and the multitude of losses often experienced in the process of becoming homeless, a recovery-based orientation should be adopted as a unifying vision within the homeless services system.

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies eight system-level values in a recovery-oriented system of care:

- Believing in recovery;
- Making "any door the right door" to services;
- Using mainstream resources to serve people who are homeless;
- Being flexible and/or offering low-demand services;
- Tailoring services to meet individual needs;
- Developing culturally competent services;
- Involving consumers and recovering persons; and
- Offering long-term follow-up support.

The State of Connecticut has worked to achieve these values through a systemic initiative to make recovery the principle goal of its publicly funded system of care. This includes creation of a Recovery Education and Training Institute to train providers in areas such as being a recovery guide, person-centered planning, recruiting and working with peer staff, peer support, cultural competency, motivational interviewing and other topics.

The authors also cite the University of Arizona's Recovery Support Specialist Institute as a leader in the effort to establish cutting edge recovery-oriented care.

To access the full article, visit the SAMHSA Homelessness Resource Center website at www.homelessness.samhsa.gov.

Hate Crimes Against the Homeless: America's Growing Tide of Violence

August 2010 - National Coalition for the Homeless

With 43 known deaths, 2009 was the deadliest year for attacks on homeless people in a decade and the second highest since the National Coalition for the Homeless (NCH) began tracking the violence in 1999. However, NCH acknowledges that many more attacks go unreported.

Hate Crimes Against the Homeless: America's Growing Tide of Violence is the eleventh annual report documenting violence against homeless persons. In the past 11 years, NCH has documented over a thousand acts of violence against homeless individuals by housed perpetrators. These crimes are believed to be motivated by the perpetrators' bias against homeless individuals or their ability to target homeless people with relative ease.

Selected findings:

- A total of 1,074 reported acts of bias-motivated violence have been committed against homeless individuals between 1999 and 2010.
- A total of 291 homeless individuals lost their lives as a result of the attacks.
- Reported violence has occurred in 47 states, Puerto Rico and Washington, DC.
- In 2009, 80 percent of the attacks were committed by people under 30 years of age; 98 percent of perpetrators were men; and nearly one in three attacks ended in death.

The most common victim of homeless hate crimes is a middle aged, homeless man. Between 1999 and 2009, on average, 70 percent of the victims were between the ages of 40 and 60. In 2009, the homeless victim's average age was 45. In addition to being predominantly middle-aged, 85 percent of victims were male.

In contrast to the average victim, the most common perpetrators of homeless hate crimes are young men. In the past 11 years, 78 percent of the perpetrators were under the age of 25. In 2009, nearly half of the accused/convicted perpetrators were under 20 years old. The youngest known perpetrator in 2009 was twelve. Almost all (98 percent) of the perpetrators of homeless hate crimes in 2009 were male.

The report includes descriptions of the cases, current and pending legislation that would help protect homeless people, and recommendations for advocates to help prevent violence against homeless individuals. The Coalition sees hate crimes against the homeless community as a growing problem in need of public attention.

Visit www.nationalhomeless.org to access the complete report.

A Framework for Developing Supports and Services for Families Experiencing Homelessness

By Ellen L. Bassuk, Katherine T. Volk, and Jeffrey Olivet

Center for Social Innovation, *The Open Health Services and Policy Journal*, 2010, Vol. 3, pp 34-40

The authors charge that despite the growing numbers of families who experience homelessness each year, public policy and federal funding over the last decade have focused largely on the needs of homeless individuals with long histories of homelessness and some combination of health, mental health and substance abuse issues. They feel homeless families have been excluded as scarce resources have been allocated by pitting one subgroup of homeless people against another.

Scarce resources and general lack of support for the importance of services in ending family homelessness have led to a prevailing opinion that only a small number of homeless families require services and supports.

However, the authors believe that recent research and feedback from the field increasingly point to the importance of ensuring long-term housing stability for all homeless women and children, far beyond access to housing vouchers.

For example, a study by Health Care for the Homeless Clinicians' Network and the National Center for Family Homelessness concluded that "all programs serving homeless families and children should provide a core group of support services central to stabilizing families and improving their well-being."

They challenge the belief that most families can "go it alone" and become self-sufficient. Recognizing the pervasiveness of traumatic stress and its consequences in the lives of families experiencing homelessness, the researchers assert that 90 percent of families need some ongoing infusion of support and services.

They propose a continuum of service framework to meet the needs of three basic groups:

- The typical or average homeless family comprising approximately 80 percent of all homeless families with ongoing support needs that may vary in intensity over the family's lifetime;
- The 10 percent of families which will need lifetime income supports and high levels of intensive services in order to maintain permanent housing; and
- The remaining 10 percent of families who need only basic services and transitional supports.

Visit the SAMHSA Homelessness Resource Center website at www.homelessness.samhsa.gov to access the full article outlining a three-tier system of services for families without homes.

Housing Affordability Problems Worsen for Poor Renters

September 2010 - Douglas Rice, Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities (CBPP) reports that housing has become increasingly unaffordable for low-income renters since the start of the recession, according to fresh data from several sources:

- In 2009 5.6 million households with incomes below the poverty line – or about 60 percent of all low-income renter households – paid at least half of their income for rent and basic utilities, according to newly released data from the Census Bureau’s American Housing Survey. That is a 17 percent rise since the last survey in 2007 and 45 percent rise since 2003. For a typical family, housing costs are only about a quarter of household income. The federal government considers housing unaffordable if it costs more than 30 percent of a household’s income.
- In 2009 roughly 325,000 children lived at least part of the year in a homeless shelter, according to HUD data, an increase of 12 percent since 2007. Data from the Department of Education indicate that two to three times as many children were homeless if you count those living temporarily in hotels or motels, doubled-up with other families, or on the street as well as those in shelters.

CBPP suggests the explanation for these trends is that many poorer households’ incomes have fallen during the recession due to job losses, which has widened the gap between incomes and housing costs. However, recent changes in the housing market have done little to ease burdens on renters. While home prices have fallen by nearly 30 percent since the market peaked in 2006, residential rents are actually 11 percent higher now than in 2006.

While federal rental assistance programs have helped low-income families find affordable housing, they have not kept pace with the rapidly growing need. As the number of low-income renter families that pay more than half of their income for housing increased by 1.7 million from 2003 to 2009, the number of families receiving rental assistance actually declined slightly.

Visit the CBPP website at www.cbpp.org for more information.

Out of Reach 2010

April 2010 - National Low Income Housing Coalition

A family in the United States needs to earn \$18.44 an hour, or nearly \$38,360 a year, in order to afford a modest rental home, according to *Out of Reach 2010*, released in April by the National Low Income Housing Coalition. Despite the recession, the report finds that rents continue to rise while wages continue to fall across the country.

The amount a person working full-time must earn to afford the Fair Market Rent on a two-bedroom unit is known as the Housing Wage. *Out of Reach* calculates this wage for every state, metropolitan area, non metropolitan area and county in the country. The report also calculates how many hours someone must work at the minimum and average renter wages in an area to afford typical rents, and provides local wage and income data for comparison purposes.

According to *Out of Reach 2010*, the national two-bedroom Fair Market Rent (FMR) is \$959 per month, while the FMR in Arizona is \$884. Nationally, 74 percent of metro renters live in an area

where having two full-time jobs at the minimum wage would still not allow them to afford the two-bedroom FMR.

Other key national and Arizona findings from *Out of Reach 2010* include:

- In 2010, the estimated average wage for renters in the United States is only \$14.44, a decline from \$14.69 in 2009.
- In Arizona, the estimated average wage for a renter is \$13.74 an hour. In order to afford the FMR for a two-bedroom apartment at this wage, a renter must work 49 hours per week.
- At the federal minimum wage of \$7.25, an Arizona household would have to work 94 hours each week to afford the state average FMR for a two-bedroom apartment.
- 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; however, the FMR for a one-bedroom apartment is \$725.
- There is no county in Arizona in which a full-time minimum wage worker can afford a one-bedroom apartment at the FMR.

This year's data demonstrate that the recession has worsened an already severe housing crisis and that the persistence of high rates of unemployment and under-employment is making it ever more difficult for families to secure decent housing.

NLIHC has called on Congress to fund the National Housing Trust Fund, which would provide communities with funds to build, rehabilitate, and preserve rental housing for people with the lowest incomes. Legislation creating the National Housing Trust Fund passed in 2008, but Congress has not yet capitalized the fund.

The organization argues that providing \$1 billion for the National Housing Trust Fund will help address the growing shortage of affordable housing, which is one of the most serious economic problems facing the country. In addition, it is asserted that every \$1 billion provided to the Trust Fund would support the immediate construction of 10,000 rental homes, creating 15,100 new construction jobs and 3,800 new jobs in ongoing operations.

Out of Reach shows a growing need to preserve and expand the current stock of affordable rental housing. The hardships faced by many low income renters in an economy recovering from the recession and record foreclosures make this need all the more urgent.

Extensive data for every state, metropolitan area and county in the country are available online at www.nlihc.org/oor2010/. Ranking tables and maps are also available at the website, as is further analysis and explanation of the data.

Worst Case Housing Needs: A Report to Congress

May 2010 - U.S. Department of Housing and Urban Development

In 2007, nearly 13 million low-income persons paid more than half their monthly income for rent, lived in severely substandard housing, or both. In a report to Congress, the U.S. Department

of Housing and Urban Development (HUD) found that these "worst case" housing needs grew significantly between 2001 and 2007.

Worst case needs are defined as experienced by unassisted very low-income renters who either (1) pay than one-half of their monthly income for rent; or (2) live in severely inadequate conditions, or both. HUD defines "very low-income" as below 50 percent of the local area median income (AMI) and "extremely low income" as below 30 percent of AMI.

HUD's study is the twelfth in a series of reports designed to measure the scale of critical housing problems facing low-income renting households. Based on data from the American Housing Survey (AHS) conducted between May and September of 2007, HUD found that 5.91 million households had worst case housing needs in 2007 compared to 5.01 million in 2001.

The report makes clear that worst case housing needs cut across all regions of the country and included all racial and ethnic groups, regardless of whether they lived in cities, suburbs or rural areas.

Demographics of *Worst Case Housing Needs* include:

- The number of households with worst case housing needs in 2007 was 5.91 million households, comprising 12.97 million individuals.
- The primary cause of worst case needs is severe rent burden (paying more than half of income for rent). Of the 5.91 million households with worst case housing needs, 5.48 million (93 percent) had severe rent burden as their sole problem, 190,000 households lived in severely inadequate housing, and 240,000 households had both problems.
- In general, worst case needs are more prevalent among extremely low-income families. A majority of households (4.33 million) had extremely low incomes (less than 30 percent of area median income).
- Disabilities – In addition to the 602,000 non-elderly disabled households, there were 404,000 families with children that had an adult with disabilities present – bringing the combined total of these two types of households with disabilities and worst case housing needs to more than one million.

The continuing worst case needs crisis shows the need for both more affordable housing and increased family incomes. Key elements of the [President's proposed Fiscal Year 2011 Budget](#) for HUD affordable housing and economic development activities include:

- Transforming HUD's rental assistance by consolidating 13 separate programs into one streamlined program to preserve the existing affordable housing stock.
- Investing \$1 billion for the National Housing Trust Fund to support state and local affordable housing production.
- Building on the American Recovery and Reinvestment Act to increase family incomes and job growth through key economic development.

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

Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT

Appendix E
Data Tables

2010 Statewide Point-in-Time Shelter Survey Summary

317 programs	Households with Dependent Children				
	Families with children	Adults in families	Men	Women	Children
Emergency	452	545	107	438	940
Transitional	740	875	161	714	1488
Permanent Supportive	445	641	176	466	848
HPRP Homeless*	29	41	11	30	69
Safe Haven*	0	0	0	0	0
2010 totals	1666	2102	455	1648	3345
2009 totals	1636	1988	376	1620	3358

Households without Dependent Children				
H'holds	Adults	Men	Women	Youth on Own
1994	1986	1453	533	21
1528	1526	1062	464	15
2561	2761	1657	1104	1
9	9	3	6	0
40	40	28	12	0
6132	6322	4203	2119	37
6492	6738	4423	2252	63

	Special Populations (adults only)										
	CHL	Vets	DV	SMI	Chronic Sub Abuse	SMI & Sub Abuse	Devel. Disab	Older	Phys Disab	Chronic Physical Illness	HIV AIDS
Emergency	519	329	571	333	393	160	54	68	211	273	13
Transitional		430	441	120	827	180	31	21	114	172	68
Permanent Supportive		412	142	1847	255	459	39	90	180	183	196
HPRP Homeless*		1	0	0	0	0	0	0	3	0	0
Safe Haven*		4	3	13	3	24	11	0	11	16	0
2010 totals	519	1176	1157	2313	1478	823	135	179	519	644	277
2009 totals	523	1092	1296	2397	1633	822	206	384	633	522	259

Population Summary	2010		2009
Adults in families	2102	(+5.7%)	1988
Dependent children	3345	(-0.4%)	3358
Single adults	6322	(-4.9%)	6650
Youth on Own	37	(-41.2%)	63
Total persons	11806	(-2.0%)	12059

	2010		2009
Emergency	3492	(-12.2%)	3977
Transitional	3904	(-7.5%)	4219
Permanent Supportive	4251	(+11.2%)	3823
HPRP Homeless*	119	(+100%)	0
Safe Haven	40	NC	40
Total persons	11806	(-2.0%)	12059

Capacity Summary							
	Family Units	Family	Indiv. Adult	Youth	2010 capacity		2009 capacity
Emergency	534	1867	2274	40	4181	(-5.5%)	4425
Transitional	907	3159	1899	32	5090	(-2.7%)	5234
Permanent Supportive	518	1616	2889	0	4505	(-3.8%)	4683
HPRP Homeless*	30	118	1	0	119	(+100%)	0
Safe Haven*	0	0	40	0	40	NC	40
Total capacity	1989	6760	7103	72	13935	(-3.1%)	14382

* **Note:** HPRP (Homelessness Prevention and Rapid Re-Housing Program) and Safe Haven programs are reported separately in accordance with U.S. HUD 2010 Housing Inventory Guidance.

Maricopa Continuum of Care 2010 Point-in-Time Shelter Survey Summary

98 programs	Households with Dependent Children					Households without Dependent Children				
	Families with children	Adults in families	Men	Women	Children	H'holds	Adults	Men	Women	Youth on Own
Emergency	302	376	82	294	661	1257	1253	923	330	4
Transitional	440	516	86	430	872	810	805	524	281	10
Permanent Supportive	293	416	110	306	564	1748	1897	1127	770	0
HPRP Homeless*	22	30	7	23	56	8	8	3	5	0
Safe Haven	0	0	0	0	0	25	25	18	7	0
2010 totals	1057	1338	285	1053	2153	3848	3988	2595	1393	14
2009 totals	1013	1237	236	1009	2106	3935	4038	2648	1390	25

Special Populations (adults only)											
	CHL	Vets	DV	SMI	Chronic Sub Abuse	SMI & Sub Abuse	Devel. Disab	Older	Phys Disab	Chronic Physical Illness	HIV AIDS
Emergency	273	215	363	220	207	59	17	30	93	182	11
Transitional		172	275	58	460	35	16	7	35	77	58
Permanent Supportive		228	86	1489	144	159	25	59	106	90	50
HPRP Homeless*		1	0	0	0	0	0	0	2	0	0
Safe Haven		4	3	13	3	9	11	0	11	16	0
2010 totals	273	620	727	1780	814	262	69	96	247	365	119
2009 totals	254	553	753	1781	927	189	79	180	263	221	100

Population Summary	2010		2009
Adults in families	1338	(+8%)	1237
Dependent children	2153	(+2%)	2106
Single adults	3988	(-1%)	4038
Youth on Own	14	(-44%)	25
Total persons	7493	(+1%)	7406

	2010		2009
Emergency	2294	(-8%)	2485
Transitional	2203	(-7%)	2349
Permanent Supportive	2877	(+13%)	2547
HPRP Homeless*	94	(+100%)	0
Safe Haven	25	nc	25
Total persons	7493	(+1%)	7406

Capacity Summary							
	Family Units	Family	Indiv Adult	Youth	2010 capacity		2009 capacity
Emergency	346	1199	1325	12	2536	(-5%)	2658
Transitional	534	1825	1043	20	2888	(+3%)	2791
Permanent Supportive	325	1066	1933	0	2999	(+6%)	2817
HPRP Homeless*	22	94	0	0	94	(+100%)	0
Safe Haven	0	0	25	0	25	nc	25
Total capacity	1227	4184	4326	32	8542	(+3%)	8291

* Note: HPRP (Homelessness Prevention and Rapid Re-Housing Program) is a new program, reported separately in accordance with U.S. HUD 2010 Housing Inventory Guidance.

Annual Point-in-Time Shelter Count by County January 26, 2010

ES	Adults w/ Children	Children in Families	Adults w/o Children	Youth on Own	Total Persons	Families with Children	Chronic Homeless	Vets	DV	SMI	Chronic Substance Abuse	SMI & Substance Abuse	Devel Disability	Older Arizonans	Physically Disabled	Chronic Physical Illness	HIV AIDS
Apache	5	4	0	0	9	3			1								0
Cochise	13	24	18	0	55	13	2	3	18	1	6	1	1	1	1	3	
Coconino	16	24	83	3	126	15	30	9	31	15	17	5	5	4	12	1	
Gila	11	19	7	0	37	9	2	2	13	1	4				1		
Graham & Greenlee	5	14	7	0	26	5		1	4								
LaPaz			2		2				2								
Maricopa	376	661	1,253	4	2,294	302	273	215	363	220	207	59	17	30	93	182	11
Mohave	9	14	30	0	53	9	6		16	1	7	3	1	1	5	3	0
Navajo	8	13	32	0	53	7	9	5	12	3	13	2	1	1	9	4	0
Pima	63	108	438	11	620	56	162	69	61	55	81	76	17	20	62	44	1
Pinal	13	24	18	0	55	10	2	1	20	11	6	2	1	3	3	4	1
Santa Cruz	4	7	15	0	26	4	4	2	4		3			1			
Yavapai	12	16	30	3	61	11	1	4	12	7	7	2	3	1	6	7	0
Yuma	10	12	53	0	75	8	28	18	14	19	42	10	8	6	19	25	0
Totals	545	940	1,986	21	3,492	452	519	329	571	333	393	160	54	68	211	273	13
TH	Adults w/ Children	Children in Families	Adults w/o Children	Youth on Own	Total Persons	Families with Children		Vets	DV	SMI	Chronic Substance Abuse	SMI & Substance Abuse	Devel Disability	Older Arizonans	Physically Disabled	Chronic Physical Illness	HIV AIDS
Apache	6	10	10	0	26	5			2	3	3	1					
Cochise	6	9	12	0	27	5			2		13						
Coconino	24	34	13	0	71	19			22		2				3	1	
Gila	2	7	0	0	9	2			2								
Graham & Greenlee	5	10	0	0	15	3			2		1						
LaPaz	1	1	2	0	4	1			3			1					
Maricopa	516	872	805	10	2,203	440		172	275	58	460	35	16	7	35	77	58
Mohave	11	18	13	0	42	11			9		13				2		
Navajo	13	16	4	0	33	10			1		7	2			2		
Pima	255	449	566	4	1,274	217		201	110	40	305	103	12	13	58	87	9
Pinal	17	38	11	0	66	14		1	3								1
Santa Cruz	0	0	0	0	0	0											
Yavapai	19	24	70	1	114	13		55	10	19	19	38	1	1	14	7	0
Yuma	0	0	20	0	20	0		1			4		2				
Totals	875	1,488	1,526	15	3,904	740		430	441	120	827	180	31	21	114	172	68

Annual Point-in-Time Shelter Count by County January 26, 2010 (continued)

PSH	Adults w/ Children	Children in Families	Adults w/o Children	Youth on Own	Total Persons	Families With Children		Vets	DV	SMI	Chronic Substance Abuse	SMI & Substance Abuse	Devel Disability	Older Arizonans	Phys. Disabled	Chronic Physical Illness	HIV AIDS
Apache	1	3	16	0	20	1				16							
Cochise	12	12	77	0	101	7			6	52	3	25					
Coconino	9	10	59	0	78	7					7	44		2	1		
Gila	0	0	0	0	0												
Graham & Greenlee*																	
La Paz	9	16	22	0	47	6		1		4	3	6	5				4
Maricopa	416	564	1,897	0	2,877	293		228	86	1,489	144	159	25	59	106	90	50
Mohave	7	8	22	0	37	5		3	9	16		10	1				
Navajo	0	0	0	0	0												
Pima	166	208	609	1	984	114		172	39	226	95	196	5	27	71	74	146
Pinal	0	0	12	0	12	0		1		11		1					
Santa Cruz*																	
Yavapai	3	2	11	0	16	2		4	2	3	3	8		1	2	3	
Yuma	18	25	36	0	79	10		3		30		10	3	1		12	
Totals	641	848	2,761	1	4,251	445		412	142	1,847	255	459	39	90	180	183	196

PSH	Adults w/ Children	Children in Families	Adults w/o Children	Youth on Own	Total Persons	Families with Children		Vets	DV	SMI	Chronic Substance Abuse	SMI & Substance Abuse	Devel Disability	Older Arizonans	Phys. Disabled	Chronic Physical Illness	HIV AIDS
Apache	1	3	16	0	20	1				16							
Cochise	12	12	77	0	101	7			6	52	3	25					
Coconino	9	10	59	0	78	7					7	44		2	1		
Gila	0	0	0	0	0												
Graham & Greenlee*																	
LaPaz	9	16	22	0	47	6		1		4	3	6	5				4
Maricopa	416	564	1,897	0	2,877	293		228	86	1,489	144	159	25	59	106	90	50
Mohave	7	8	22	0	37	5		3	9	16		10	1				
Navajo	0	0	0	0	0												
Pima	166	208	609	1	984	114		172	39	226	95	196	5	27	71	74	146
Pinal	0	0	12	0	12	0		1		11		1					
Santa Cruz*																	
Yavapai	3	2	11	0	16	2		4	2	3	3	8		1	2	3	
Yuma	18	25	36	0	79	10		3		30		10	3	1		12	
Totals	641	848	2,761	1	4,251	445		412	142	1,847	255	459	39	90	180	183	196

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

Annual Point-in-Time Shelter Count by County January 26, 2010 (continued)

HPRP	Adults w/ Children	Children in Families	Adults w/o Children	Youth on Own	Total Persons	Families with Children		Vets	DV	SMI	Chronic Substance Abuse	SMI & Substance Abuse	Devel Disability	Older Arizonanz	Phys. Disabled	Chronic Physical Illness	HIV AIDS
Maricopa	30	56	8	0	94	22		1							2		0
Pima	9	11	0	0	20	6											
BoS (Rural)	2	2	1	0	5	1									1		
Totals	41	69	9	0	119	29		1	0	0	0	0	0	0	3	0	0

Safe Haven	Adults w/ Children	Children in Families	Adults w/o Children	Youth on Own	Total Persons	Families with Children		Vets	DV	SMI	Chronic Substance Abuse	SMI & Substance Abuse	Devel Disability	Older Arizonanz	Phys. Disabled	Chronic Physical Illness	HIV AIDS
Maricopa	0	0	25	0	25	0		4	3	13	3	9	11	0	11	16	0
Pima	0	0	15	0	15	0		0	0	0	0	15	0	0	0	0	0
Totals	0	0	40	0	40	0		4	3	13	3	24	11	0	11	16	0

Pima Continuum of Care 2010 Point-in-Time Shelter Survey Summary

Transitional	Households with Dependent Children					Households without Dependent Children				
	Families with children	Adults in families	Men	Women	Children	H'holds	Adults	Men	Women	Youth on Own
Emergency	56	63	13	50	108	443	438	370	68	11
Transitional	217	255	55	200	449	565	566	428	138	4
Permanent Supportive	114	166	50	117	208	574	609	406	203	1
HPRP Homeless*	6	9	3	6	11	0	0	0	0	0
Safe Haven	0	0	0	0	0	15	15	10	5	0
2010 totals	393	493	121	373	776	1597	1628	1214	414	16
2009 totals	403	481	87	394	797	1782	1849	1297	537	15

Special Populations (adults only)											
	CHL	Vets	DV	SMI	Chronic Sub Abuse	SMI & Sub Abuse	Devel. Disab	Older	Phys Disab	Chronic Physical Illness	HIV AIDS
Emergency	162	69	61	55	81	76	17	20	62	44	1
Transitional		201	110	40	305	103	12	13	58	87	9
Permanent Supportive		172	39	226	95	196	5	27	71	74	146
HPRP Homeless*		0	0	0	0	0	0	0	0	0	0
Safe Haven		0	0	0	0	15	0	0	0	0	0
2010 totals	162	442	210	321	481	390	34	60	191	205	156
2009 totals	171	416	329	354	515	470	83	151	244	227	154

Population Summary	2010			2009	2010			2009
	Adults in families	493	(+3%)	481	Emergency	620	(-23%)	807
Dependent children	776	(-2%)	797	Transitional	1274	(-8%)	1383	
Single adults	1628	(-11%)	1834	Permanent Supportive	984	(+7%)	922	
Youth on Own	16	(+7%)	15	HPRP Homeless*	20	(+100%)	0	
Total persons	2913	(-6.8%)	3127	Safe Haven	15	NC	15	
				Total persons	2913	(-6.8%)	3127	

Capacity Summary (please see second note below)							
	Family Units	Family	Individual Adult	Youth	2010 capacity		2009 capacity
Emergency	62	194	528	11	733	(-15%)	857
Transitional	245	941	636	6	1583	(-11%)	1781
Permanent Supportive	150	416	687	0	1103	(-27%)	1509
HPRP Homeless*	6	20	0	0	20	(+100%)	0
Safe Haven	0	0	15	0	15	NC	15
Total capacity	463	1571	1866	17	3454	(-17%)	4162

* **Note:** HPRP (Homelessness Prevention and Rapid Re-Housing Program) is a new program, reported separately in accordance with U.S. HUD 2010 Housing Inventory Guidance.

* **Note:** The bulk of capacity reduction from 2009 was due to the Pima Continuum's determination that several programs previously included in the shelter survey were not serving homeless persons exclusively and/or did not reserve beds for homeless persons. System capacity was also reduced due to significant reductions in public and private funding during the year.

Balance of State Continuum of Care 2010 Homeless Shelter Survey Profile

Emergency Shelter	County	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
			Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Springerville Comm. Svcs. - vouchers	Apache	(928) 333-2516				3	5	4				
Bisbee Coalition for the Homeless	Cochise	(520) 432-6649		10					2	1	1	
Good Neighbor Alliance	Cochise	(520) 439-0776	4	20		1	1	1	11	9	2	
Open Inn - Cochise Children's Ctr	Cochise	(520) 456-1000			4							0
St. Vincent De Paul - motel vouchers	Cochise	(520) 378-9398				0						
Catholic Charities - Cedar Rose	Coconino	(928) 214-7154	12			3	4	4				
Catholic Charities - PATH vouchers	Coconino	(928) 774-9125				0						
Coconino Comm. Svcs. - vouchers	Coconino	(928) 679-7427							3	1	2	
Flagstaff Shelter Services	Coconino	(928) 225-2533		30					30	30		
Open Inn - ACFBS Shelter	Coconino	(928) 527-1800			4							3
Sunshine Rescue - Hope Cottage	Coconino	(928) 774-9270	12	23		5	5	7	23		23	
Sunshine Rescue - Men's Shelter	Coconino	(928) 774-3512		22					14	14		
Gila County CAP - vouchers	Gila	(928) 425-7631				3	5	5				
CHAP Ministries	Graham	(928) 792-3100		10					5	3	2	
Cornerstone Mission	Mohave	(928) 757-1535		20					17	17		
Mohave County CED vouchers	Mohave	(928) 753-0723				0						
SSIC of Lake Havasu vouchers	Mohave	(928) 453-5800				0			3	1	2	
Bread of Life Mission	Navajo	(928) 524-3874	6	25	2	1	1	4	27	20	7	
SA White Mtn. Outpost vouchers	Navajo	(928) 368-9953				1	2	1	2	1	1	
CAHRA - DreamCatcher vouchers	Pinal	(520) 466-1112	10	6		2	5	5	6	3	3	
Crossroads Mission Nogales	Santa Cruz	(520) 287-5828		22					15	15		
Catholic Charities Cottonwood	Yavapai	(928) 634-4254	4	2		2	2	2	2	1	1	
Cath Charities Cottonwood vouchers	Yavapai	(928) 634-4254				0			3	3		
Catholic Charities Prescott	Yavapai	(928) 778-2531	4	2		1	2	3	1		1	
Open Inn - Turning Point Youth Center	Yavapai	(928) 778-7900			7							3
Prescott Area Women's Shelter	Yavapai	(928) 778-5933	5	13		3	3	4	4		4	
Project Aware Men's Shelter	Yavapai	(928) 778-7744		10					10	10		
Crossroads Mission Yuma	Yuma	(928) 783-9362	28	102		4	6	6	47	31	16	
Emergency Shelter (non-DV) totals			85	317	17	29	41	46	225	160	65	6

Balance of State Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Emergency Domestic Violence Shelter	County	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
			Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Catholic Comm Svcs - Forgach Hs.	Cochise	(520) 448-9096	36	4	0	9	9	13	4	0	4	0
Cath. Comm Svcs - House of Hope	Cochise	(520) 364-2465	24	1		3	3	10	1		1	
Northland Family - Halo House	Coconino	(928) 233-4306	12	12		4	4	4	12		12	
Page Regional - Another Way	Coconino	(928) 645-5300	39	1		3	3	9	1		1	
Horizon Human Svcs - Safe Home	Gila	(928) 402-0648	7	4		1	1	4	4		4	
Time Out Shelter	Gila	(928) 468-8635	25	3		5	5	10	3		3	
Mt. Graham Safe House	Graham Greenlee	(928) 348-9104	20	3		5	5	14	2		2	
Colorado River Regional Crisis Shelter	La Paz	(928) 669-8620	6	6					2		2	
Kingman Aid to Abused - Shelter 1	Mohave	(928) 753-6222	27	3		1	1	1	3		3	
SSIC Lake Havasu - Sally's Place	Mohave	(928) 453-5800	16	10		2	2	6	5		5	
WestCare - SafeHouse	Mohave	(928) 763-7233	24	2		6	6	7	2		2	
Alice's Place	Navajo	(928) 289-3003	6	2		1	1	1				
Salvation Army White Mtn. SAFE House	Navajo	(928) 367-6017	28	3		2	2	3	3		3	
Tohdenesshai Shelter Home	Navajo	(928) 697-3635	12			2	2	4				
Against Abuse - La Casa de Paz	Pinal	(520) 836-1239	32	12		8	8	19	12		12	
Cath Comm Svcs - Nuestra Casa	Santa Cruz	(520) 287-2107	10			4	4	7				
ValleyYouth Org.- Stepping Stones	Yavapai	(928) 772-4184	9	6		2	2	4	6		6	
Verde Valley Sanctuary -	Yavapai	(928) 634-2511	24	4		3	3	3	4		4	
Catholic Comm. Svcs. - SafeHouse	Yuma	(928) 782-0077	32	28		4	4	6	6		6	
Emergency DV Shelter totals			389	104	0	65	65	125	70	0	70	0
Emergency Shelter totals			474	421	17	94	106	171	295	160	135	6

Balance of State Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Transitional Housing	County	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
			Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
New Hope Ranch - Bunkhouse	Apache	(928) 337-5060		5					3	3		
Old Concho CAC - ACT	Apache	(928) 337-5047	22	10		4	5	7	6	4	2	
Open Inn - Children's Ctr TLP	Cochise	(928) 778-7900	3	2		1	2	1	1	1		
TMM - Family Journey Cochise	Cochise	(520) 322-9557	6			2	2	4				
Verhelst Recovery House	Cochise	(520) 432-3764		10					9	9		
Women's Trans. Proj. - Renaissance	Cochise	(520) 432-1771	9	9		1	1	2	2		2	
Bothands - Sharon Manor	Coconino	(928) 773-1882	45	8		15	16	25	6		6	
Catholic Char. - Cedar Rose	Coconino	(928) 214-7154	22			4	8	9				
Sunshine Rescue - Men's Shelter	Coconino	(928) 774-3512		7					7	7		
CHAP Ministries	Graham	(928) 792-3100	6			1	2	4				
TMM - Family Journey Graham	Graham	(520) 322-9557	9			2	3	6				
SSI Council - Transitional House	Mohave	(928) 453-5800	14	2		3	3	5	1		1	
WestCare AZ - Blossom House	Mohave	(928) 763-1945	8	4		4	4	4	3		3	
WestCare AZ - Diamond House	Mohave	(928) 763-1945		7					7	7		
Old Concho CAC - Navajo Co.	Navajo	(928) 337-5047	35	5		8	11	12	3	2	1	
Old Concho CAC - Winslow DES	Navajo	(928) 337-5047	6	1		2	2	4	1	1		
CAHRA DreamCatcher	Pinal	(520) 466-1112	51	5		13	16	35	5	5		
Horizon Human Svcs	Pinal	(520) 836-1675		6					6	3	3	
Catholic Char. Cottonwood	Yavapai	(928) 634-4254	27			6	10	10				
Catholic Char. Prescott	Yavapai	(928) 778-2531	4			1	1	1				
Open Inn - Turning Point TLP	Yavapai	(928) 778-7900	8	2		2	4	4				
Open Inn - Youth Crisis & TALP	Yavapai	(928) 778-7900			6							1
Project Aware - Falk House	Yavapai	(928) 778-7744		4					4	3	1	
US Vets Initiative - VIP Freedom Hs.	Yavapai	(928) 445-4860		58					51	51		
Women in New Recovery	Yavapai	(480) 464-5764		35					10		10	
W. Yavapai Guidance Ctr - Div. St.	Yavapai	(928) 445-5211		4					3	2	1	
Crossroads Mission - Harmony Hs.	Yuma	(928) 783-5906		5					5		5	
Crossroads Mission - Serenity Hs.	Yuma	(928) 783-9362		13					9	9		
EXCEL Group - Orange Ave.	Yuma	(928) 783-4939		11					6	3	3	
Transitional Housing (non-DV) totals			275	213	6	69	90	133	148	110	38	1

Balance of State Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Transitional DV Housing	County	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
			Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
New Hope Ranch	Apache	(928) 337-5060	14	1	0	1	1	3	1	0	1	0
Cath Comm Svs - Forgach Bridges	Cochise	(520) 448-9096	9			1	1	2				
Time Out	Gila	(928) 468-1611	10			2	2	7				
Mt. Graham Safe House	Graham Greenlee	(928) 348-9104	12			0						
Colorado River Regional Crisis Shelter	La Paz	(928) 669-8620	8	2		1	1	1	2		2	
Kingman Aid to Abused	Mohave	(928) 753-6222	5			1	1	3				
WestCare AZ - Legacy House	Mohave	(928) 763-7233	11	2		3	3	6	2		2	
Against Abuse - Tres Casitas	Pinal	(520) 836-1239	22			1	1	3				
ValleyYouth Org. - Stepping Stones	Yavapai	(928) 772-4184	13	2		3	3	7	2		2	
Verde Valley Sanctuary	Yavapai	(928) 634-2511	14			1	1	2				
Transitional DV Housing totals			118	7	0	14	14	34	7	0	7	0
Transitional Housing totals			393	220	6	83	104	167	155	110	45	1

Balance of State Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Permanent Supportive Housing	County	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
			Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
SEABHS - Casas Primeras	Cochise	(520) 586-3850		22					14	7	7	
SEABHS - HOGAR	Cochise Santa Cruz	(520) 586-3850	2	16		1	1	1	17	7	10	
SEABHS - Shelter Plus Care	Cochise Santa Cruz Graham Greenlee	(520) 586-3850	3	43		1	3	3	43	17	26	
Catholic Charities - Cedar Rose	Coconino	(928) 214-7154	20			5	7	8				
Catholic Charities - Flagstaff Cares	Coconino	(928) 214-7154		12					12	7	5	
Guidance Center - Dale House	Coconino	(928) 714-6434		6					6	3	3	
Guidance Center - Heart Prairie	Coconino	(928) 714-6434		12					12	4	8	
Guidance Center - Inverrary	Coconino	(928) 714-6434		8					8	6	2	
Guidance Center - Lewis	Coconino	(928) 714-6434		6					6	5	1	
Guidance Center - Ponderosa House	Coconino	(928) 714-6434		12					12	4	8	
Open Inn - Housing AZ Youth	Coconino	(928) 527-1800	4	3		2	2	2	3	2	1	
EXCEL Group - S+CII La Paz	La Paz	(928) 783-4939	25	20		6	9	16	18	5	13	
EXCEL Group - Yuma/La Paz	La Paz	(928) 783-4939		5					4	2	2	
Mohave Co. - SHP	Mohave	(928) 753-0723	15	20		5	7	8	22	16	6	
Horizon Human Svcs	Pinal	(520) 836-1675		12					12	5	7	
Open Inn - Housing AZ Youth	Yavapai	(928) 778-7900	5	2		2	3	2				
US Vets Initiative - Victory Place	Yavapai	(928) 445-4860		6					4	4		
W. Yavapai Guid. Ctr. - Manzanita	Yavapai	(928) 445-5211		7					7	3	4	
EXCEL Group - PH Yuma	Yuma	(928) 783-4939	22	14		6	12	13	14	5	9	
EXCEL Group - S+C Yuma	Yuma	(928) 783-4939	18	22		4	6	12	22	9	13	
Permanent Supportive Housing totals			134	269	0	38	59	76	255	124	131	0

HPRP Homeless Assistance	County	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
			Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Mohave Co. Comm. Svcs	Mohave	(928) 753-0723	4	1	0	1	2	2	1	0	1	0
HPRP Homeless Assistance totals			4	1	0	1	2	2	1	0	1	0

Totals all housing categories			1,005	911	23	216	271	416	706	394	312	7
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Balance of State Continuum of Care 2010 Point-in-Time Shelter Survey Summary

110 programs	Households with Dependent Children					Households without Dependent Children				
	Families with children	Adults in families	Men	Women	Children	H'holds	Adults	Men	Women	Youth on Own
Emergency	94	106	12	94	171	294	295	160	135	6
Transitional	83	104	20	84	167	153	155	110	45	1
Permanent Supportive	38	59	16	43	76	239	255	124	131	0
HPRP Homeless*	1	2	1	1	2	1	1	0	1	0
2010 totals	216	271	49	222	416	687	706	394	312	7
2009 totals	220	270	53	217	455	775	801	460	318	23

	Special Populations (adults only)										
	CHL	Vets	DV	SMI	Chronic Sub Abuse	SMI & Sub Abuse	Devel. Disab	Older	Phys Disab	Chronic Physical Illness	HIV AIDS
Emergency	84	45	147	58	105	25	20	18	56	47	1
Transitional		57	56	22	62	42	3	1	21	8	1
Permanent Supportive		12	17	132	16	104	9	4	3	19	0
HPRP Homeless*		0	0	0	0	0	0	0	1	0	0
2010 totals	84	114	220	212	183	171	32	23	81	74	2
2009 totals	98	123	214	262	191	163	44	53	126	74	5

Population Summary	2010		2009
Adults in families	271	nc	270
Dependent children	416	(-9%)	455
Single adults	706	(-9%)	778
Youth on Own	7	(-70%)	23
Total persons	1400	(-8%)	1526

	2010		2009
Emergency	578	(-16%)	685
Transitional	427	(-12%)	487
Permanent Supportive	390	(+10%)	354
HPRP Homeless*	5	(+100%)	0
Total persons	1400	(-8%)	1526

Capacity Summary							
	Family Units	Family	Individual Adult	Youth	2010 capacity	% chg	2009 capacity
Emergency	126	474	421	17	912	nc	910
Transitional	128	393	220	6	619	(-7%)	662
Permanent Supportive	43	134	269	0	403	(+13%)	357
HPRP Homeless*	2	4	1	0	5	(+100%)	0
Total capacity	299	1005	911	23	1939	(+0.5%)	1929

* Note: HPRP (Homelessness Prevention and Rapid Re-Housing Program) is a new program, reported separately in accordance with U.S. HUD 2010 Housing Inventory Guidance.

Maricopa Continuum of Care 2010 Homeless Shelter Survey Profile

Emergency Shelters	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
CASS Men's Outreach Shelter	(602) 256-6945		325					325	325		
CASS Single Adult Shelter	(602) 256-6945		415					439	331	108	
CASS Vista Colina	(602) 870-8778	120			33	49	61				
Catholic Social Svcs - Peoria	(623) 486-9868	16	0		3	3	11				
Church on the Street	(602) 257-8918		75					51	51		
City PHX - Watkins Family & Women's	(602) 494-7044	60	120		17	18	27	111		111	
City of Phoenix - Voucher Program	(602) 494-7044				0						
Family Promise of Grtr Phoenix	(602) 294-0222	16			3	4	7				
Gift of Mary Home	(602) 254-8424		20					16	6	10	
New Leaf - East Valley Men's Center	(480) 610-6722		67					67	67		
New Leaf - La Mesita Family Shelter	(480) 834-8723	120			27	40	60				
Phoenix Rescue Mission - Emergency	(602) 346-3384		118					97	97		
Respite Shelter for Men	(602) 870-4353		9					9	9		
Salvation Army - Kaiser Family Center	(602) 267-4139	113			25	40	62				
Spirit of God Ministries - 12th Ave	(602) 272-3662		12					6	6		
Tempe CAA - I-HELP	(480) 350-5893		37					37	30	7	
Tumbleweed - Open Hands	(602) 271-9904			12							4
UMOM New Day Center Family	(602) 889-0671	231			62	89	143				
Emergency Shelter (non-DV) totals		676	1,198	12	170	243	371	1,158	922	236	4

Maricopa Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Emergency Domestic Violence Shelters	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Cath. Charities - My Sister's Place	(480) 821-1024	23	2	0	8	8	14	2		2	0
Chrysalis Phoenix	(602) 944-4999	7	9		3	3	3	9		9	
Chrysalis Scottsdale	(480) 481-0402	16	8		7	7	10	8		8	
CPLC De Colores Crisis	(602) 269-1515	58	1		17	18	40	1		1	
Eve's Place	(623) 853-6930	26	12		6	6	13	10		10	
Harmony House	(602) 299-8689	6			4	4	5				
New Leaf - Autumn House	(480) 835-5555	18	4		5	5	9	3	1	2	
New Leaf - DVSTOP voucher	(480) 890-3039				0						
New Leaf - Faith House	(480) 733-3019	10	6		1	1	2	2		2	
New Life Center	(623) 932-4404	84	20		20	20	46	17		17	
Salvation Army - Elim House	(602) 267-4185	45	5		7	7	23	2		2	
Sojourner Center - Heritage Campus	(602) 296-3337	68	16		13	13	13	7		7	
Sojourner Center - Hope Campus	(602) 296-3337	106	40		30	30	74	33		33	
UMOM New Day Centers	(602) 889-0671	56	4		11	11	38	1		1	
Emergency DV Shelter Totals		523	127	0	132	133	290	95	1	94	0
Emergency Shelter Totals		1,199	1,325	12	302	376	661	1,253	923	330	4

Maricopa Continuum of Care 2010 Homeless Shelter Survey Profile *(continued)*

Transitional Housing	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
A&A Cottages - Caballero House	(480) 792-0265		4					2		2	
A&A Cottages - Empower House	(480) 792-0265	4	4					4		4	
Andre House	(602) 255-0580		11					5	5		
Cath Soc Svcs - Dignity House	(602) 361-0579		16					9		9	
Cath Soc Svcs - Peoria	(623) 486-9868	20			4	5	9				
Childhelp - The Bridge	(602) 589-5556	25			5	5	10				
Community Bridges - Center for Hope	(480) 461-1711	22	10		14	14	18	10		10	
Crossroads - Flower	(602) 249-8002		60					51		51	
Crossroads - East	(602) 249-8002		40					40	40		
Crossroads - Midtown	(602) 249-8002		32					31	31		
Crossroads - West	(602) 249-8002		50					50	50		
Family Promise Grtr PHX	(602) 294-0222	19			4	6	12				
Florence Crittenton TLP	(602) 274-7318	14	3		4	4	4	3		3	
HomeBase - Nicholas Transitional	(602) 263-7773		25					22	16	6	
Homeward Bound Scattered Site	(602) 374-8725	218			56	86	100	3	1	2	
Homeward Bound Thunderbirds Village	(602) 374-8725	213			68	68	111				
House of Compassion	(602) 316-5644	10	3		2	5	8				
House of Refuge	(480) 988-9242	230	19		69	74	137	13	4	9	
House of Refuge Sunnyslope	(602) 678-0223		35					31	31		
Labor's Community Services	(602) 263-5741	220			36	49	97				
Maggie's Place - (3 sites)	(602) 262-5555		42		7	7	7	8		8	
NAFI - Desert Esperanza (4 sites)	(602) 553-7311		17					15	12	3	
New Leaf - East Valley Men's Shelter	(480) 610-6722		16					16	16		
Phoenix Dream Center	(602) 346-8700		240					155	123	32	
Phoenix Rescue Mission - Transitional	(602) 346-3384		8					2	2		
Phoenix Shanti Group	(602) 279-0008		20					17	16	1	
Save the Family	(480) 898-0228	364			76	82	155				
St Vincent De Paul - Ozanam Manor	(602) 495-3050		49					48	33	15	
Southwest BH - HOPWA Transitional	(602) 285-4278	20	35		3	4	4	32	27	5	
Southwest BH - The Haven	(602) 258-1542		16					15	8	7	
Teen Challenge - PHX Men's Center	(602) 271-4084		62					45	45		
Tumbleweed START/GHP	(602) 271-9904		10					6	2	4	
Tumbleweed Young Adult Program	(602) 271-9904	20		20	4	4	4				10
UMOM New Day - Transitional Family	(602) 889-0671	174			45	60	89				
US Vets - VIP	(602) 305-8585		70					65	62	3	
Women in New Recovery	(480) 464-5764		50					28		28	
WINR - Alternative Living	(480) 464-5764		60					53		53	
Transitional Housing (non-DV) totals		1,573	1,007	20	397	473	765	779	524	255	10

Maricopa Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Transitional Domestic Violence Housing	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Area Agency on Aging - DOVES	(602) 264-2255		15	0	0			15	0	15	0
Cath Charities - Pathways	(480) 821-1024	14			2	2	10				
Chrysalis	(602) 944-5335	38	4		5	5	10	4		4	
CPLC - De Colores/City of PHX	(602) 269-1515	54			9	9	28				
Harmony House	(602) 299-8689	16						2		2	
New Leaf - Faith House	(480) 733-3019	64			10	10	21				
Sojourner Ctr - Heritage Campus	(602) 296-3337	34	6		5	5	11	3		3	
Sojourner Center - SLP Campus	(602) 296-3337	32	11		12	12	27	2		2	
Transitional DV Housing totals		252	36	0	43	43	107	26	0	26	0

Transitional Housing totals	1,825	1,043	20	440	516	872	805	524	281	10
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Permanent Supportive Housing	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
A&A Cottages - Housing AZ Youth	(480) 792-0265	8	18	0	3	5	3	18	11	7	0
AZ Behavioral Health Family & Singles	(602) 712-9200	815	1428		238	345	470	1428	776	652	
AZ Housing Inc. - Steele Commons	(602) 258-3876		84					83	64	19	
NAC - Catherine Arms	(602) 443-0298	60			2	3	2				
NAC - Pendleton Court	(602) 443-0298		8					2		2	
NAC - Stepping Stones	(602) 443-0298		44					37	33	4	
NAC - Sunrise Circle	(602) 443-0298	35	30		6	7	9	19	14	5	
NAFI Pinchot Apts	(602) 553-7311	54			18	18	37				
Phoenix Shanti Group	(602) 279-0008	10	6		1	2	2	6	6		
Recovery Innovations - Another Chance	(602) 284-1217		125					119	69	50	
Southwest BH - Brookside	(602) 545-1782	4	8					11	10	1	
Southwest BH - HOPWA Permanent	(602) 285-4278	12	23		3	5	4	26	22	4	
Tumbleweed - Housing AZ Youth	(602) 271-9904	6	12		3	3	3	9	4	5	
UMOM Lamplighter Place	(602) 889-0671		16					13	8	5	
US Vets - Sunset Harbor	(602) 305-8585		17					17	17		
Veterans Admin. - HUD-VASH	(480) 464-5764	62	104		19	28	34	104	93	11	
WINR Achievers	(480) 464-5764		10					5		5	
Permanent Supportive Housing totals		1,066	1933	0	293	416	564	1,897	1,127	770	0

Maricopa Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

HPRP Homeless Assistance	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
A&A Cottages - HPRP	(480) 792-0265	2	3	0	1	1	1	3	1	2	0
City of PHX - HPRP	(602) 494-7044	46	5		10	16	30	5	2	3	
Homeward Bound - HPRP	(602) 374-8725	38			11	13	25				
HPRP Homeless Assistance totals		86	8	0	22	30	56	8	3	5	0

Safe Haven Housing	Phone	Bed Capacity			H'holds w/ Dependent Children			H'holds w/out Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
NOVA Safe Haven	(602) 528-0758	0	25	0	0	0	0	25	18	7	0
Safe Haven Housing total		0	25	0	0	0	0	25	18	7	0

Totals all Housing Categories		4,176	4,334	32	1,057	1,338	2,153	3,988	2,595	1,393	14
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Pima Continuum of Care 2010 Homeless Shelter Survey Profile

Emergency Shelter	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Comin' Home Halfway House	(520) 322-6980		7					7	7		
Flowing Wells Winter Shelter	(314) 803-6735		60					56	55	1	
Giving Tree - GTHT voucher	(520) 320-5437				2	2	6				
Gospel Rescue - Men's Shelter	(520) 740-1501		104					104	104		
Gospel Rescue - Women's Shelter	(520) 690-1295	12	12		3	3	5	12		12	
Jackson Ctr - Proj. Advent voucher	(520) 838-3300					0		0			
New Beginnings - Family Shelter	(520) 325-8800	45			12	12	18				
Open Inn - Crisis Assist. & Shelter	(520) 670-9040		5					5	2	3	
Open Inn - Linden & Louis	(520) 318-9100			3							3
Our Family Services - Reunion House	(520) 323-1708			8							8
Primavera Fdn - Greyhound Family	(520) 622-8900	51			16	21	38				
Primavera Fdn - Men's Shelter	(520) 623-4300		100					93	93		
Primavera Fdn - P&I voucher	(520) 622-8900					0		0			
Salvation Army - Hospitality House	(520) 622-5411	23	68		5	6	5	30	20	10	
Salv. Army - Copper Cactus voucher	(520) 622-5411				2	3	3	2	1	1	
TPCH - One Step Beyond	(520) 745-9443		14					11	11		
TPCH - Oper. Deep Freeze	(520) 745-9443		80					50	50		
TPCH - Project Hospitality	(520) 745-9443		35					34	27	7	
Emergency Shelter (non-DV) totals		131	485	11	40	47	75	404	370	34	11

Emergency Domestic Violence Shelter	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Emerge - Crisis Center	(520) 795-8001	32	22	0	7	7	17	17	0	17	0
Emerge - Renewal Center	(520) 795-8001	31	21		9	9	16	17		17	
Emergency DV Shelter totals		63	43	0	16	16	33	34	0	34	0

Emergency Shelter totals		194	528	11	56	63	108	438	370	68	11
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Pima Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Transitional Housing	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
AZ Housing & Prev. - New Chance	(520) 795-0107		18					16	9	7	
Comin Home - Advent	(520) 322-6980		16		1	1	1	13	13		
Comin Home - Desert Hope	(520) 322-6980		29					24	22	2	
Comin Home - Second Tour	(520) 322-6980		25					25	21	4	
Comin Home - VIP II	(520) 322-6980		20					8	8		
Comin Home - VIP VETS	(520) 322-6980		16					13	11	2	
COPE - Bridges - Casa de Anna	(520) 624-3310		29					26	14	12	
Esperanza En Escalante	(520) 571-8294	15	47		5	6	9	45	44	1	
Giving Tree - GTHMS	(520) 320-5437	67	35		21	26	42	34	19	15	
Gospel Rescue Mission - Men's TH	(520) 740-1501		28					28	28		
Gospel Rescue Mission - Women's	(520) 690-1295	15	4		1	1	1				
La Paloma - EYMA	(520) 398-5480	4			2	1	3				
New Beginnings - Bridges	(520) 325-8800	81			14	14	20				
New Beginnings - La Promesa	(520) 325-8800	233			36	38	107				
New Beginnings - Mariposa	(520) 325-8800	55			10	11	15				
Old Pueblo - Casa Santa Clara	(520) 546-0122		81					82	82		
Old Pueblo - Men in Transition	(520) 546-0122		12					12	12		
Old Pueblo - New Chance	(520) 546-0122		24					24	12	12	
Old Pueblo - Oasis Hs. For Women	(520) 546-0122		19					20		20	
Old Pueblo - Oasis Project	(520) 546-0122	30	18		8	11	16	16	16		
Old Pueblo - Veterans SATP	(520) 546-0122		22					16	14	2	
Old Pueblo - Veterans G&PD	(520) 546-0122		23					23	22	1	
Open Inn - Bridges	(520) 670-9040	4	3		2	2	2	3	2	1	
Open Inn - CASA	(520) 670-9040	7	6		2	2	5	7	4	3	
Open Inn - La Casita	(520) 670-9040	2	6		1	1	1	6	1	5	
Open Inn - LGBT-TLP	(520) 571-9253	7	5		3	3	4	5	4	1	
Open Inn - TALP	(520) 571-9253	4		6	2		4				4
Open Inn - Your Place	(520) 670-9040	2	2		1	1	1	2	1	1	
Our Family - El Portal (was Bridges)	(520) 323-1708		2					2	2		
Our Family - Common Unity	(520) 323-1708	48			20	20	28				
Our Family - King Road	(520) 323-1708	15			3	3	5				
Our Family - La Casita	(520) 323-1708	3	10		1	1	1	7	2	5	
Our Family - Teens in Trans RHY	(520) 323-1708	24			8	16	8				
Pio Decimo Center	(520) 624-0551	80			20	26	41				
Primavera Fdtn - Bridges	(520) 882-5383	25	5		7	12	13	5	5		
Primavera Fdtn - CASA I	(520) 882-5383	18			5	5	8				
Primavera Fdtn - CASA II	(520) 882-5383	38			9	12	27				
Primavera Fdtn - Casa Paloma	(520) 882-5383		9					9		9	

Pima Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Transitional Housing(continued)	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Salvation Army - DES Transitional	(520) 792-1111	37	3		8	11	26	3	2	1	
Salvation Army - Hospitality Hs. Trans.	(520) 622-5411		19					1	1		
Salvation Army - RAPP	(520) 622-5411		6					2	2		
Salvation Army - SAFE ADVENT	(520) 792-1111	17	5		6	7	10	5	3	2	
Salvation Army - SAFE CASA I	(520) 792-1111		9					9	8	1	
Salvation Army - SAFE CASA II	(520) 792-1111	24	3		7	8	16				
So. AZ AIDS Fdtn - HOPWA Comp	(520) 628-7223	3	2					3	2	1	
TMM Fam Svcs - Family Journey	(520) 322-9557	59			11	13	26				
Transitional Housing (non-DV) totals		917	621	6	214	252	440	552	428	124	4

Transitional DV Housing	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Emerge - Wings of Freedom DV	(520) 795-8001	24	4	0	3	3	9	3	0	3	0
Old Pueblo - Casa Mariposa DV	(520) 546-0122		11					11		11	
Transitional DV Housing totals		24	15	0	3	3	9	14	0	14	0

Transitional Housing totals		941	636	6	217	255	449	566	428	138	4
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Pima Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Permanent Supportive Housing	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
CODAC - SPC2	(520) 327-4505		12	0				12	8	4	
CODAC - SPC/TRA	(520) 327-4505	43	64		15	17	26	63	27	36	1
CODAC - SHP	(520) 327-4505	23	21		6	8	15	16	11	5	
CODAC - Solitude	(520) 327-4505	4	24		2	2	2	24	19	5	
Comin Home - El Portal	(520) 322-6980		3					3	3		
Comin Home - Pathways	(520) 322-6980	2	4		1	1	1	3	1	2	
Comin Home - Second Tour	(520) 322-6980		4					4	4		
Comin Home - S+C III	(520) 322-6980	2	14		1	1	1	17	13	4	
Comin Home - S+C IV	(520) 322-6980	2	25		1	1	1	29	28	1	
Compass HC - Libertad	(520) 888-3361	8	14		3	2	6	17	11	6	
Compass HC - Safe Harbor II SHP	(520) 620-0188		18					16	14	2	
Compass HC - Vida Nueva SPC	(520) 888-3361	19	14		2	2	2	13		13	
COPE - Life Works	(520) 624-3310		32					32	20	12	
COPE - S+C TRA-PIMA	(520) 624-3310	15	35		4	6	8	26	13	13	
COPE - SPC2	(520) 624-3310	15	55		6	5	9	49	21	28	
Esperanza En Escalante S+C	(520) 571-8294		11					11	11		
Giving Tree - GTAP	(520) 320-5437	12	4		5	7	14	6	2	4	
La Frontera/CPSA - Pathways	(520) 690-1295		6					6	4	2	
La Frontera/CPSA - SPC-TRA-Pima	(520) 404-8504	6	45		2	3	3	39	19	20	
La Frontera - SPC3	(520) 404-8504	26	14		4	6	5	14	9	5	
La Paloma - HAYP	(520) 398-5480	10	6		4	6	4	3	2	1	
Open Inn - HAYP	(520) 670-9040		13					13	10	3	
Our Family - Teens in Trans HAYP	(520) 323-1708	6	5		1	1	1	4	1	3	
So.AZ AIDS Fdtn - HOPWA	(520) 628-7223		6					6	4	2	
So.AZ AIDS Fdtn - HOPWA Comp	(520) 628-7223	70	28		20	40	36	28	23	5	
So.AZ AIDS Fdtn - HOPWA Formula	(520) 628-7223	2	6		1	2	1	6	4	2	
So.AZ AIDS Fdtn - SPC II	(520) 628-7223	36	37		13	19	26	30	27	3	
So.AZ AIDS Fdtn - SHP Pathways	(520) 628-7223		6					6	6		
So.AZ AIDS Fdtn - SHP PHOP I	(520) 628-7223	5	16		2	3	2	16	13	3	
So.AZ AIDS Fdtn - SHP PHOP II	(520) 628-7223	2	5		1	1	1	5	4	1	
So.AZ AIDS Fdtn - SHP Savoy	(520) 628-7223		14					14	10	4	
TMM Family Svcs - SPC 3	(520) 322-9557	18	4		4	11	7	4	1	3	
Veterans Admin. - HUD-VASH	(520) 792-1450	30	110		6	12	15	69	63	6	
Permanent Supportive Housing (non-DV) totals		356	675	0	104	156	186	604	406	198	1

Pima Continuum of Care 2010 Homeless Shelter Survey Profile (continued)

Permanent Supportive Domestic Violence Housing	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
Emerge - Wings of Freedom DV	(520) 795-8001	32	4	0	7	7	11	2	0	2	
Emerge - SHP DV	(520) 795-8001	28	8		3	3	11	3		3	0
Permanent Supportive DV Housing totals		60	12	0	10	10	22	5	0	5	0

Permanent Supportive Housing totals	416	687	0	114	166	208	609	406	203	1
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HPRP Homeless Assistance	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
City of Tucson	(520) 837-5363	12	0	0	4	5	7	0	0	0	0
Pima County	(520) 837-5363	8			2	4	4				
HPRP Homeless Assistance totals		20	0	0	6	9	11	0	0	0	0

Safe Haven Housing	Phone	Bed Capacity			# H'holds w/ Dependent Children			# H'holds w/o Dependent Children			
		Family Beds	Single Adult	Youth on Own	Families	Adults	Children	Adults	Men	Women	Youth on Own
La Frontera – Sonora House	(520) 404-8504	0	15	0	0	0	0	15	10	5	0
Safe Haven Housing totals		0	15	0	0	0	0	15	10	5	0

Totals all Housing Categories	1,571	1,866	17	393	493	776	1,628	1,214	414	16
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HUD Housing Data Exchange 2010 Housing Inventory Summary for 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 (see note)	Unmet Need - Individual Beds	Unmet Need - Family Beds	Total Unmet Needs
Emergency Shelter										
Maricopa	33	1,410	1,227	2,637	1,961	1,429	73%	1,199	1,228	2,427
Pima	19	342	235	577	473	431	91%	215	334	549
Rural/Balance of State	45	433	464	897	394	373	95%	790	969	1,759
Totals	97	2,185	1,926	4,111	2,828	2,233	79%	2,204	2,531	4,735
Transitional Housing										
Maricopa	40	756	1,834	2,590	2,329	2,145	92%	1,350	2,464	3,814
Pima	51	620	944	1,564	1,496	1,435	96%	514	614	1,128
Rural/Balance of State	37	224	389	613	466	423	91%	773	1,046	1,819
Totals	128	1,600	3,167	4,767	4,291	4,003	93%	2,637	4,124	6,761
Permanent Supportive Housing										
Maricopa	21	1,994	1,077	3,071	2,999	2,819	94%	4,112	2,267	6,379
Pima	36	687	416	1,103	1,007	884	88%	129	34	163
Rural/Balance of State	24	275	155	430	430	430	100%	594	468	1,062
Totals	81	2,956	1,648	4,604	4,436	4,133	93%	4,835	2,769	7,604
HPRP Homeless										
Maricopa	3	8	86	94	94	94	100%			
Pima	2	0	20	20	20	20	100%			
Rural/Balance of State	1	1	4	5	5	5	100%			
Totals	6	9	110	119	119	119	100%			
Safe Haven Housing										
Maricopa	1	25	0	25	25	25	100%	0	0	0
Pima	1	15	0	15	15	15	100%	15	0	15
Rural/Balance of State	0	0	0	0	0	0	0%	0	0	0
Totals	2	40	0	40	40	40	100%	15	0	15
Statewide Totals	314	6,790	6,851	13,641	11,714	10,528	90%	9,691	9,424	19,115

Notes:

- 1) Due to capacity changes during the reporting year, year-round bed capacity totals do not correspond with capacity totals shown in the shelter survey tables in this report.
- 2) Calculation of the percentage of year-round beds covered in the Homeless Management Information System (HMIS) excludes domestic violence beds. Domestic violence shelters do not participate in HMIS. 3) U.S. HUD does not require unmet need calculations for Homeless Prevention and Rapid Rehousing (HPRP) programs.

**January 26, 2010 Point-in-Time count of homeless
(McKinney-Vento eligible) Students reported by local school systems**

County	Sheltered	Unsheltered	Doubled-Up	Hotel/Motel	Unknown	totals
Apache	6	0	0	0	0	6
Cochise	60	2	469	3	5	539
Coconino	52	8	193	63	1	317
Gila	34	13	397	2		446
Graham	0	0	0	0	0	0
Greenlee	0	0	0	0	0	0
Maricopa	1413	201	7082	190	116	9002
Mohave	64	17	601	31	1	714
Navajo	6	6	185	27	29	253
Pima	756	44	1681	49	1	2531
Pinal	137	36	473	17	4	667
Santa Cruz	2	1	30	1	4	38
Yavapai	158	7	616	7	11	799
Yuma	26	0	51	2	2	81
La Paz	2	0	1	0	0	3
TOTALS	2716	335	11779	392	174	15396

Note: Data reported by ADE State Coordinator for Homeless Education

Number of McKinney-Vento eligible students by Grade and County - SFY 2010

County	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Apache County	1	2	4	3	0	2	1	16	12	24	0	0	0	0	65
Cochise County	3	76	58	74	64	49	68	44	49	61	57	43	45	69	760
Coconino County	10	52	32	56	50	49	52	51	46	49	58	62	57	83	707
Gila County	6	78	93	78	34	39	40	37	36	23	39	36	40	44	623
Graham County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greenlee County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LaPaz County	0	5	3	6	3	1	0	2	2	0	1	2	1	1	27
Maricopa County	172	1645	1480	1438	1387	1292	1206	1150	1171	1209	1686	1479	1517	1793	18625
Mohave County	14	98	94	87	88	82	79	72	77	53	61	49	53	101	1008
Navajo County	2	43	38	29	43	31	39	41	24	27	45	24	38	48	472
Pima County	50	370	382	387	364	345	323	333	291	334	474	365	369	529	4916
Pinal County	18	102	83	102	89	78	87	68	77	88	68	82	81	154	1177
Santa Cruz County	1	22	0	6	9	7	6	8	6	4	10	3	6	5	93
Yavapai County	17	218	194	170	169	174	150	160	150	147	80	58	54	92	1833
Yuma County	4	24	23	23	23	20	11	15	17	21	5	11	7	12	216
Total	298	2735	2484	2459	2323	2169	2062	1997	1958	2040	2584	2214	2268	2931	30522

Note: Data reported by ADE State Coordinator for Homeless Education

Annual Point in Time Street Count - January 26, 2010: Maricopa and Pima Counties with January 2009 Street Count Data from Other Counties

County	Individual Men	Individual Women	Individual gender unknown	Unaccompanied Youth	Total Individuals	Total and % Reported Chronically Homeless		Number of Families	Number of Adults in Families	Number of Children in Families	Total Number of People In Families	Total Unsheltered Homeless Persons
Maricopa	1967	439		181	2,587	615	24%	47	87	55	142	2,729
Pima	1007	174	178	143	1502	465	31%	22	28	31	59	1,561
2010 Totals	2974	613	178	324	4,089	1,080	26%	69	115	86	201	4,290

January 2009 Street Count Data Reported by Balance of State												
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
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
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
2009 Totals	1,295	267	0	66	1,628	346	21%	111	221	215	436	2,064

Note: Counties in the Balance of State Continuum were not required to conduct Street Counts in January 2010; 2009 data is shown for those counties.

Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT

Appendix F
Executive Order 2010-3

EXECUTIVE ORDER 2010-03

Continuing the Governor's Interagency and Community Council on Homelessness
as the Governor's Arizona Commission on Homelessness and Housing
(Amending and Superseding Executive Order 2004-13)

WHEREAS, an estimated 30,000 people experience homelessness each year in the State of Arizona and of that total, families comprise approximately 30 percent of the homeless population; and

WHEREAS, an estimated 10 percent of the homeless population has been homeless for more than one year, many homeless individuals and families are turned away from homeless shelters due to a lack of capacity, and many have experienced repeated incidents of homelessness over the past three years; and

WHEREAS, multiple state agencies bear the responsibility of serving the homeless and those who are at risk of homelessness; and

WHEREAS, ending homelessness requires collaboration among state agencies, local governments, the private sector and service provider networks to coordinate program development, deliver essential services and provide housing; and

WHEREAS, ending or reducing homelessness contributes to economic development and improves the overall quality of life within our communities;

NOW, THEREFORE, I, Janice K. Brewer, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and laws of this State, hereby order and direct as follows:

1. The *Arizona Commission on Homelessness and Housing (Commission)* shall serve as a statewide homelessness planning and policy development resource for the Governor and the State of Arizona.
2. The *Commission* shall oversee the implementation and progress of the Housing Arizona State Plan to prevent and end homelessness, and revise the State Plan as needed.
3. The *Commission* shall be chaired by the Governor of the State of Arizona, and in his/her absence, co-chaired by the Directors of the Department of Economic Security and the Department of Housing, each of whom shall have the power to convene the *Commission*.
4. The *Commission* shall be comprised of at least thirteen (13) members, each of whom shall be appointed by the Governor, and serve, without compensation, at the pleasure of the Governor.

Membership shall include the Directors of the following governmental entities:

- Arizona Department of Housing
- Arizona Department of Economic Security
- Governor's Office for Children, Youth and Families
- Arizona Department of Corrections
- Arizona Department of Public Safety
- Arizona Department of Health Services
- Arizona Department of Veterans' Services

Membership shall include a combination of at least six (6) representatives to be chosen by the Governor from among the following:

- Arizona Department of Education
 - Arizona Early Childhood Health and Development Board
 - Business community
 - Non-profit community
 - Faith-based community
 - Housing Developer or housing authority
 - Homeless or housing advocacy organization
 - Homeless Emergency Shelter provider
 - Permanent Supportive Housing program
 - Homeless youth program
 - HUD Continuum of Care
 - Local government leader(s)
 - Homeless or formerly homeless
 - Governor's Youth Commission
5. Members of the *Commission* shall either attend meetings and vote in person or send an officially designated alternate. Alternates shall have been delegated by the member with full authority to vote and otherwise act on behalf of the member.
6. The *Commission* shall be supported by a work group to assist with its duties and make recommendations about its work. The work group shall report its activities and recommendations to the *Commission*. The work group shall be comprised of staff from each state agency represented on the *Commission*, representatives of the state's continuum of care organizations, a statewide homeless advocacy group, and other public and private entities as determined by the *Commission*. The work group shall also assist the *Commission* in reaching out to local communities regarding the state's plan to prevent and end homelessness.
7. The *Commission* may also form a Community Advisory Board to provide the *Commission* with perspective on community-specific issues throughout Arizona. This board will focus primarily on rural communities but will seek input from each of the fifteen counties.

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


GOVERNOR

DONE at the Capital in Phoenix, Arizona this 13th day of January in the Year Two Thousand and Ten and of the Independence of the United States of America the Two Hundred and Thirty-Fourth.

ATTEST:



SECRETARY OF STATE



Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

2010 ANNUAL REPORT

Appendix G
Resources and Links

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**
(<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=2348>)
 - 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**
(<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=12284>)
 - Short-Term Crisis Services
- **Domestic Violence Intervention**
(<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=2324>)
 - Emergency and Transitional Domestic Violence Shelter contracts

Arizona Department of Education - Education for Homeless Children & Youth

(<https://www.azed.gov/GME/default.asp>)

- Grants for State and Local Activities

Arizona Department of Health Services - Division of Behavioral Health Services

(www.azdhs.gov/bhs)

- Projects for Assistance in Transition from Homelessness (PATH)
- Shelter Plus Care

Arizona Department of Housing

[\(www.housingaz.com/\)](http://www.housingaz.com/)

- 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

Arizona Department of Juvenile Corrections

[\(www.juvenile.state.az.us\)](http://www.juvenile.state.az.us)

Arizona Department of Veterans' Services

[\(www.azdvs.gov\)](http://www.azdvs.gov)

Arizona Health Care Cost Containment System (AHCCCS)

[\(www.ahcccs.state.az.us\)](http://www.ahcccs.state.az.us)

- Healthcare Group of Arizona
- KidsCare
- Long-Term Care

Arizona Supreme Court

[\(www.supreme.state.az.us/azsupreme/\)](http://www.supreme.state.az.us/azsupreme/)

Government Information Technology Agency

[\(www.gita.state.az.us/\)](http://www.gita.state.az.us/)

Governor's Interagency & Community Council on Homelessness

[\(www.housingaz.com/ICCH\)](http://www.housingaz.com/ICCH)

Governor's Office for Children, Youth and Families

[\(www.governor.state.az.us/cyf\)](http://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:

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. AzCADV's mission is to lead, advocate, educate, and collaborate to end domestic violence in Arizona. AzCADV 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 and legislative systems, and other organizations regarding the needs of domestic violence victims. AzCADV offers training and technical assistance and has experience providing training on domestic violence for homeless serving organizations.

Website: www.azcadv.org

Arizona Coalition to End Homelessness (AzCEH)

AzCEH 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, AzCEH 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 non-profit 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 the People's Information Guide, available in print or online in English and Spanish, listing social service resources statewide, eligibility requirements, and instructions on how to apply. Other ACAA efforts include the Home Energy Assistance Fund, weatherization outreach, rate case intervention, community mobilizing, Nutrition Assistance outreach and the Arizona Self Help prescreening website.

Website: www.azcaa.org

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. The Association’s Arizona Statewide Gleaning Project distributed more than 45 million pounds of produce and other foods to food banks for hungry Arizonans in 2009-10. AAFB also hosts, in collaboration with other organizations, 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 Housing Alliance

The Arizona Housing Alliance is a statewide non-profit 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 2011 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)

ECH “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 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 volunteer 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)

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/)

Homelessness in Arizona
Efforts to Prevent and Alleviate Homelessness

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Appendix H
Glossary of Terms

GLOSSARY OF TERMS

Chronic Homelessness

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Chronic%20homelessness

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Continuum%20of%20care

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Co-occurring%20disorder

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

Discharge planning

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Discharge%20planning

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Family%20homelessness

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Harm%20reduction

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)

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Homeless%20Management%20Information%20System.%20HMIS

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Housing%20first

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Permanent%20supportive%20housing

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Reentry

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Section%208

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

http://www.endlongtermhomelessness.org/advanced_search.aspx?searchTerm=Voluntary%20services

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.

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This report and past reports can be accessed at
<https://www.azdes.gov/appreports.aspx?category=147&menu=28>

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