

Maricopa County Regional Shelter Overview

FACT: Homelessness is solvable! Our community of providers working together alongside a community that is educated about the facts of homelessness CAN solve homelessness in the region.

This Regional Shelter Overview provides a snapshot of the regions' sheltered homeless population using data gathered through the Homeless Management Information System (HMIS). This overview provides a framework that can help in better understanding the complexity of homelessness in the community.

The U.S. Department of Housing and Urban Development (HUD) defines homelessness as "lacking a fixed, regular and adequate night-time residence or having a primary night-time residency that is supervised publicly or privately operated shelter designed to provide temporary living accommodations". It is estimated that there are more than 14,000 people are sheltered in the homeless shelter system each year throughout Maricopa County. By better understanding the complex issues of homelessness we will be able to successfully direct funding and resources to solutions that will prevent homelessness, when possible, and quickly solve homelessness for those who end up on the streets or in shelters.

The following provides an overview of the most common subpopulations of sheltered individuals and families within the emergency shelter and transitional housing programs within the region. This overview can help to better understand the sheltered population as a whole, inform practice, and help shape the delivery of homeless services within the community. Utilizing this information along with other valuable data like the Point-in-Time (PIT) counts, and surveys gathered by local initiatives, we can develop housing and services solutions to ensure that no Arizonan is without an adequate place to live.

Subpopulation: Homeless Families

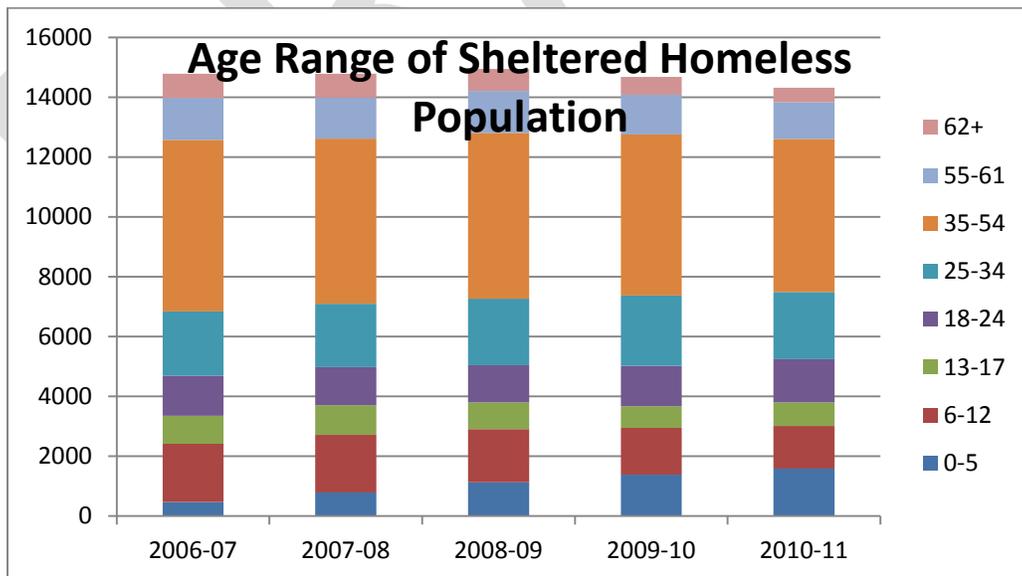
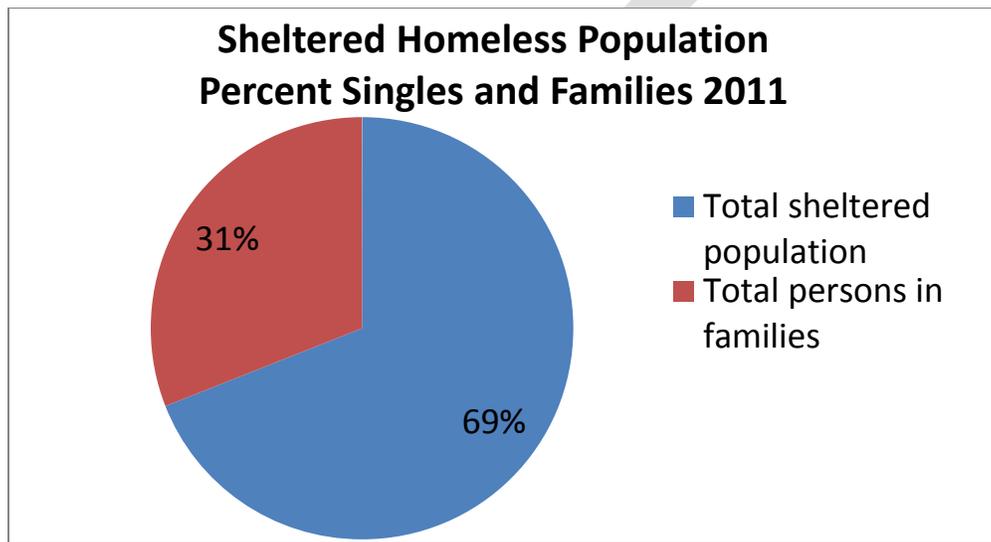
FACT: Thirty-one percent of the region's sheltered homeless population consists of homeless families. Homeless prevention for families at risk of becoming homeless can provide much needed stability for families and children.

FACT: Prior to becoming homeless, children in families that are doubled-up (sharing housing with family or friends) have increased 26 percent (since 2006).

FACT: There has been a marginal decline in the overall sheltered population of homeless families (since 2006) but the number of children in families has increased significantly.

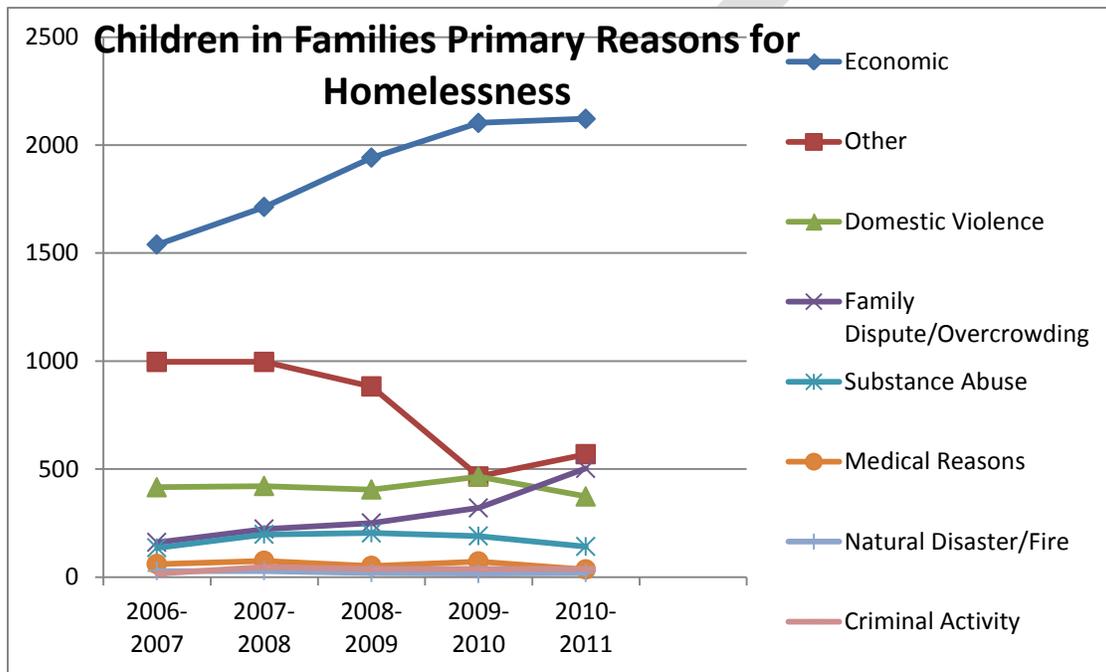
FACT: The number of children in shelters ages 0-5 has more than tripled since 2006.

FACT: Economic reasons like evictions job loss are the most prevalent cause of family homelessness in shelters throughout the region.

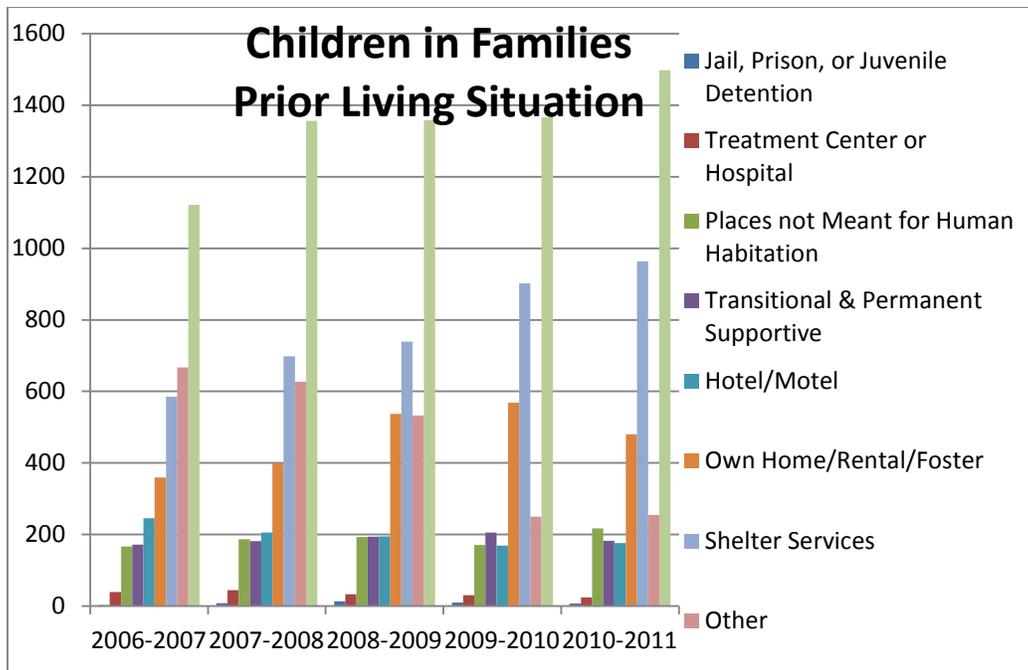


Families experiencing homelessness move frequently and many are doubled-up in overcrowded apartments with relatives or friends. Once in shelter, families must quickly adjust to

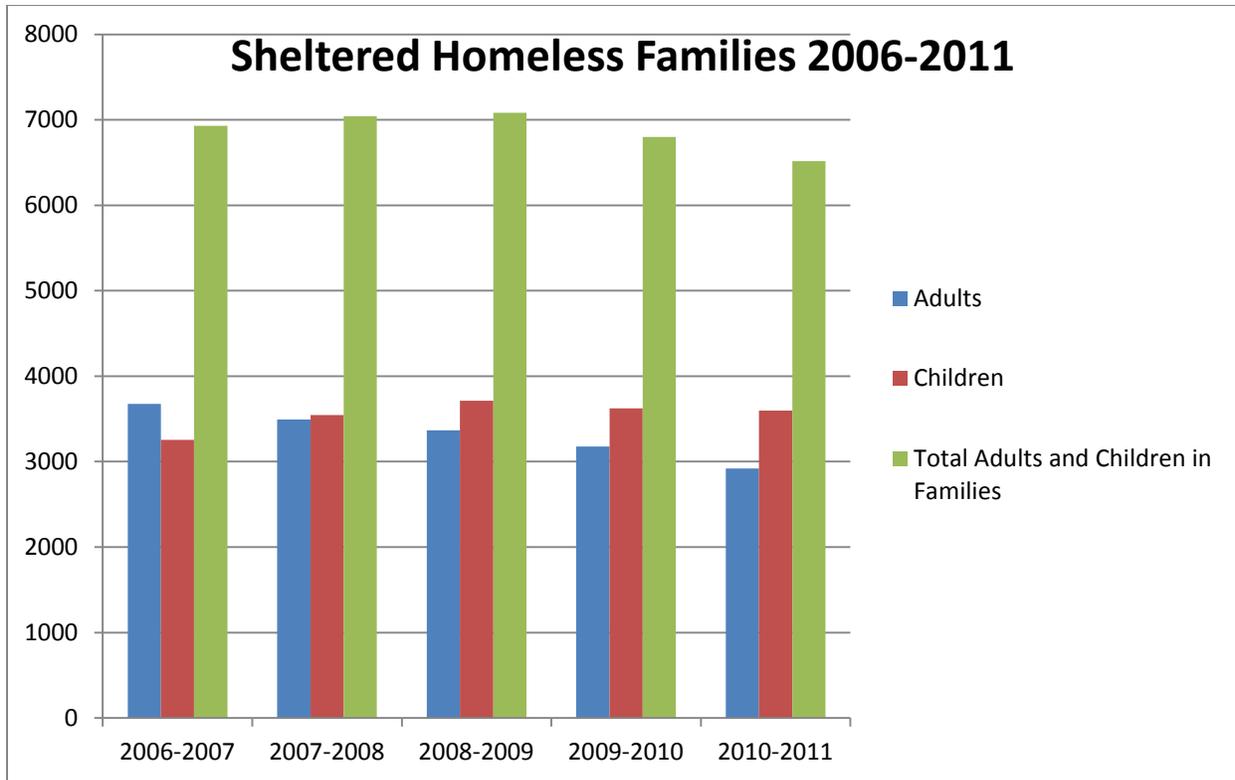
overcrowded, difficult, and uncomfortable circumstances. Though the region has many dedicated staff working in family shelters, many are crowded, noisy, and lack privacy. Homelessness increases the likelihood that families will separate or dissolve, which may compound the stress felt by the family. Considering the stress families experiencing homelessness are dealing with, a focus on preventing family homelessness and Rapid Re-housing for families who have become homeless are ways in which the community can help alleviate the stress these families face. In addition, providing child care, stable schooling and housing are important for child well-being.



As many service providers in the community focus on providing services to homeless families, efforts to provide access to child care and services for parents is also fundamental. Importantly, increasing the supply of affordable housing is a key component of initiatives to reduce homelessness experienced by families. Homeless prevention for at-risk families with children is a critical component of the region’s plan to prevent and end homelessness. According to the United States Interagency Council on Homelessness (USICH) *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, “homeless school age children are more likely than similar age children in the general population to have emotional problems such as anxiety, depression, withdraw, and manifestations of aggressive behavior. Repeated school mobility leads to decreased academic achievement, negatively impacting both the child’s and schools overall performance” (USICH, p. 13).



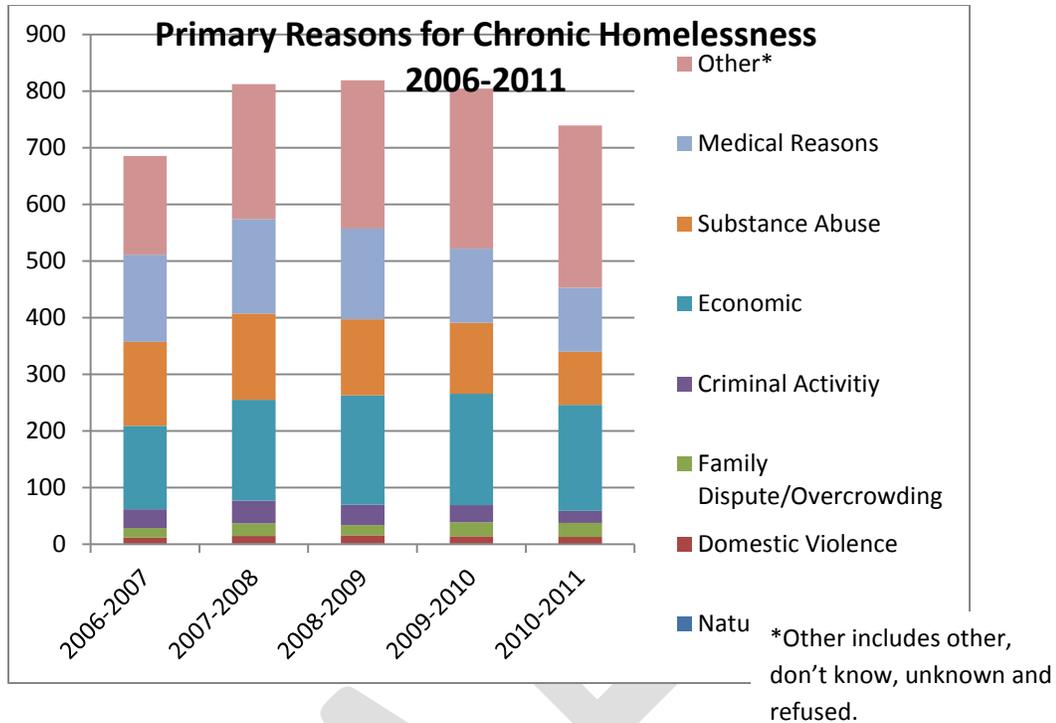
As providers in the community address the needs of children, within families, experiencing homelessness, prevention, maintaining housing stability and providing supportive services for families will remain important areas of focus. There are high costs related to families experiencing homelessness. “The first is the high cost of the homeless system itself. The cost is significant for a family to live in emergency or transitional shelter. But there are others costs as well, including transporting children to and from schools and other strains on the education system caused by high mobility” (USICH p. 14). As the region seeks to address these issues, there needs to be continued focus on collaboration and cooperation among service providers to ensure resources are being allocated effectively, ensuring that meaningful services to families experiencing homelessness are being delivered.



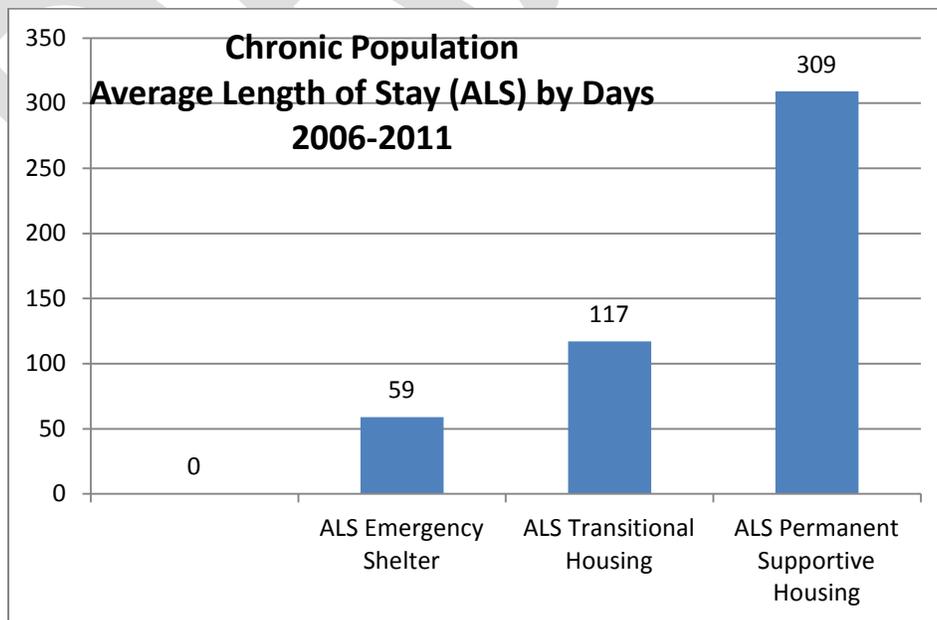
Subpopulation: Chronic Homelessness

FACT: The chronically homeless make up around five percent of people in shelters but consume more than 50 percent of the resources.

Persons who are chronically homeless in Maricopa County spend an average of 176 days (or nearly six months) in emergency shelter and transitional housing. Emergency shelter is needed to ensure people experiencing homelessness are not sleeping in places not meant for human habitation. However, rapidly moving individuals from emergency shelter to permanent housing can provide better outcomes for individuals experiencing homelessness. Once placed in permanent housing, there is a high housing retention success rate as long as supportive services are provided to meet the needs of the person housed.



Individuals experiencing chronic homelessness are an extreme e community. Chronic homelessness means that an individual or family has experienced homelessness continually for one year or more, or has experienced homelessness more than four times in the past three years. National programs like the *100,000 Homes Campaign* aim to assess the vulnerability of people who are chronically homeless and can help reduce taxpayer costs of emergency medical treatment and long term shelter services through Permanent Supportive Housing programs.



Many agree that ending chronic homelessness requires permanent housing with supportive services, and policies aimed at preventing people from becoming chronically homeless. Housing first is a successful model for housing people who experience chronic homelessness in permanent supportive housing using a housing first approach. Permanent Supportive Housing combines affordable rental housing with supportive services such as case management, mental health and substance abuse services, life skills, health care, and employment. The housing first approach is a client-driven strategy that provides immediate access to an apartment without requiring participation in psychiatric treatment or treatment for sobriety. After settling into their apartments, clients are offered a wide range of supportive services that focus primarily on helping them maintain their housing.

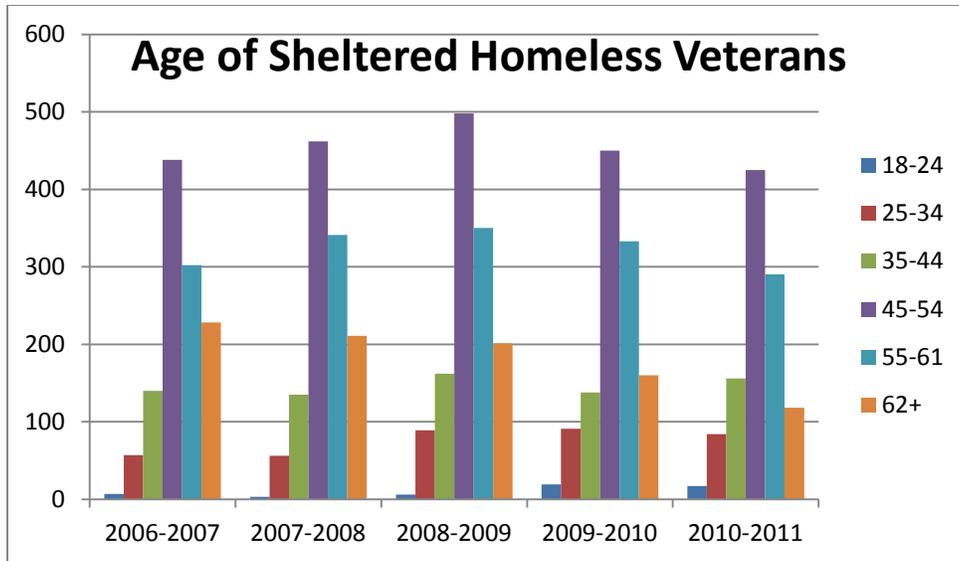
Focused efforts on homelessness prevention can reduce chronic homelessness by providing solutions for people on the verge of becoming homeless. Persons who become chronically homeless are often already accessing numerous services within the system, providing an opportunity to target resources in effective ways to prevent them from becoming homeless. Promising strategies focus on people who are leaving hospitals, psychiatric facilities, substance abuse treatment programs, and jails. New provisions in the HEARTH Act and subsequent Emergency Solutions Grant (ESG) funding is focused on prevention and rapid re-housing which can be used to target resources toward chronic homelessness in the region.

Efforts to house the region's most medically vulnerable individuals are reflected through initiatives like *Project H3: Home, Health, Hope* and *Project H3: Vets*. Both have had great success in housing chronically homeless and medically vulnerable persons in Permanent Supportive Housing programs throughout the region. *Project H3: Home, Health, Hope* has housed 46 chronically homeless and medically vulnerable persons. The housing retention rate of those housed is 93 percent. *Project H3: Vets* has successfully housed 55 chronically homeless and medically vulnerable veterans with the goal to house 75 veterans.

Subpopulation: Homeless Veterans

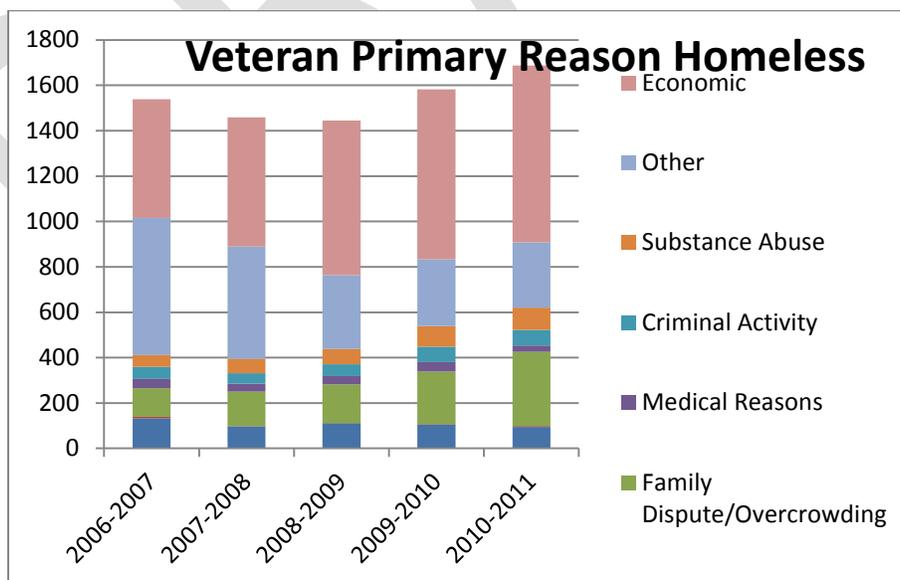
FACT: There has been a gradual 30 percent decline in 55+ homeless veterans in homeless shelters, since 2006. On the contrary, there has been a 36 percent increase in the number of homeless Afghanistan and Iraqi veterans in shelter age 18-34 upon returning from the current wars.

FACT: Forty-six percent of sheltered veterans indicate that economic factors led to them becoming homeless. Unemployment numbers for returning Afghanistan and Iraqi Veterans is 13 percent for men and 22 percent for women (BLS/DOL).



There are a complex set of factors influencing all homelessness such as shortage of affordable housing, decent income levels, and affordable healthcare, but a large number of homeless veterans live with lingering effects of Post-traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), which can be exacerbated by a lack of family and social support networks and other factors that may lead to homelessness.

Economic factors continue to be the primary reason for homelessness among veterans. Unemployment numbers for returning Afghanistan and Iraqi veterans is 13.1 percent for men and 21.6 percent for women (BLS/DOL).



The Phoenix Veterans' Administration (VA) Compensated Work Therapy Program focuses on veterans' vocation rehabilitation programs that endeavors to match and support work ready

veterans in competitive jobs. The Phoenix VA Vocational Rehabilitation and Employment (VR&E) Vet Success Program targets veterans with disabilities to help them with employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance. Department of Labor (DOL) VETS program focuses on working with employers to hire veterans. DOL administers three grants; workforce training program, homeless veteran reintegration program, and incarceration veterans' transition program to help veterans return to employment from jail or prison and homelessness.

Programs such as HUD-VASH have provided housing solutions focused on chronically homeless Vietnam Era veterans. In addition to the increase in the number of veterans aged 18-34, according to the USICH, "there is an increasing number of Iraq and Afghanistan Veterans who are women and who are homeless or at risk of becoming homeless. Many are caring for young children, and many have experienced sexual abuse or trauma during and/or before military service. For all Veterans, greater attention is being paid to their families and children" (USICH, p. 20).

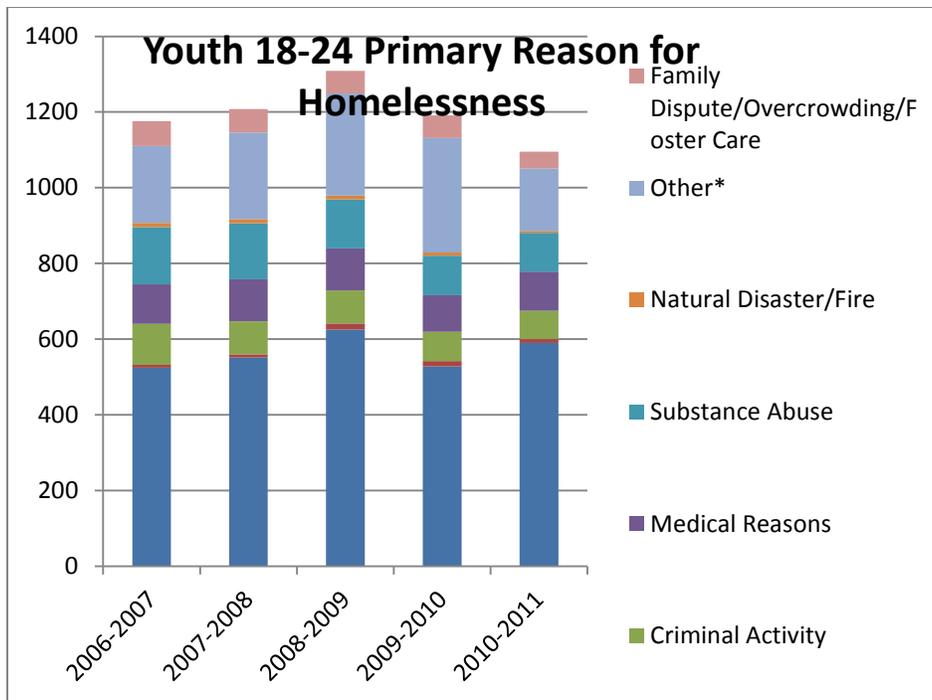
Subpopulation: Unaccompanied Youth

FACT: Unaccompanied youth (between the ages of 18-24) represent nine percent of the total homeless population in the region.

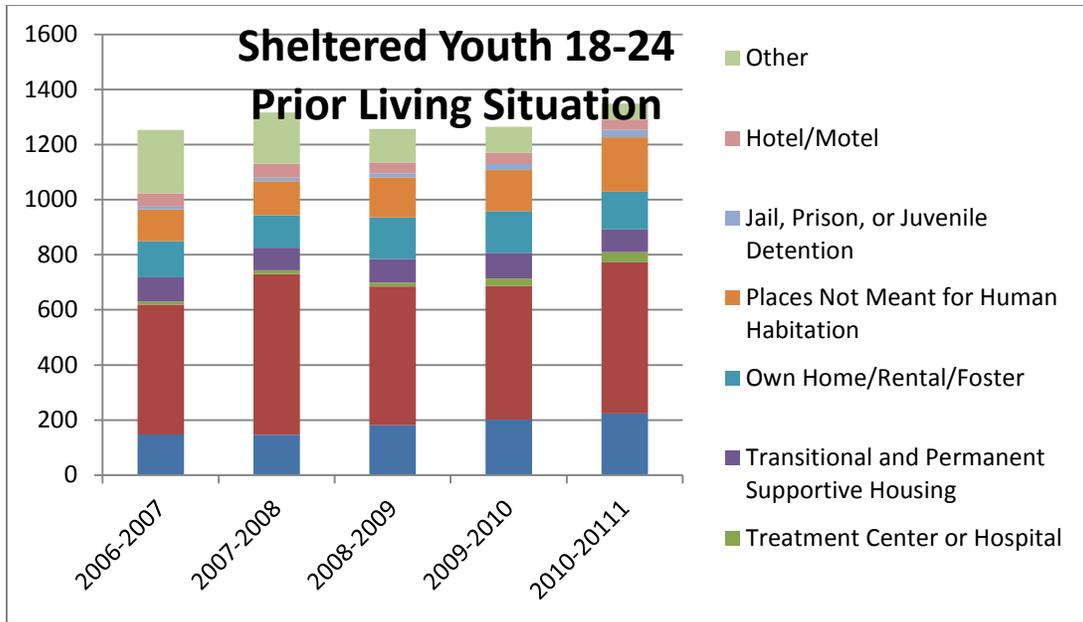
FACT: The percent of unaccompanied youth who report being doubled-up with family or friends prior to becoming homeless increased by 15 percent from 2006 to 2011.

FACT: Fifty-four percent of homeless unaccompanied youth indicate that economic factors led to them becoming homeless.

Unaccompanied youth are homeless young adults between the ages of 18-24. In the region, unaccompanied youth represent nine percent of the total sheltered homeless population. The number of youth in doubled-up housing situations makes this population very difficult to accurately count. Efforts to partner with drop-in centers and youth homelessness providers can provide a more holistic view of this population within the community. Local providers are working with models to try to reunite families and develop independent living skills for youth who are living on their own. Job training and education, as well as counseling, are fundamental to the success of these programs.



Thirty-one percent of the 18-25 homeless population is living in places not meant for habitation or in emergency shelters. Factors that can lead to youth homelessness include aging out of foster care, family disputes that can include physical, mental, or sexual abuse. Nearly 41 percent of unaccompanied youth are doubled-up. In many situations, these highly unstable housing situations can lead to additional abuse and place these youth in risky situations. Focusing on programs that help provide stable and secure housing along with supportive services and job training and education can work to provide successful outcomes for youth facing homelessness in the region.



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