Point in Time Homeless Count Analysis
August 2017

Table of Contents

Executive Summary 2

Introduction 4

Methodology 4

Data Analysis 7

Figure 1: Overall 2017 PIT Count Results 7

Figure 2: 2013-2017 (Unsheltered) Populations by Municipality 8

Figure 3a: 2016-2017 (Unsheltered) General Locations of Homeless Populations 9

Figure 3b: 2017 General Locations of All PIT Count Persons 10

Figure 3c: 2015-2017 (Unsheltered) Locations of Homeless Populations - Map 11

Figure 4: 2017 Total Homeless Populations by Gender 12

Figure 5: 2017 Total Homeless Populations by Age 13

Figure 6: 2017 Total Homeless Populations by Ethnicity 14

Figure 7: 2017 Total Homeless Populations by Race 15

Figure 8a: 2016 and 2017 Subpopulations of Homeless 16

Figure 8b: 2017 (Unsheltered) Conditions Preventing Holding a Job or Living in Stable Housing 17

Figure 9: General Homeless Families and Singles, 2016 and 2017 18

Figure 10: Chronic Homeless Families and Singles, 2016 and 2017 19

Figure 11: Veteran Homeless Families and Singles, 2016 and 2017 19

Figure 12: Youth (18-24 yrs.) Homeless Families and Singles 2016 and 2017 20

Methodology Recommendations 21

Limitations 22

Conclusion 23

Special Thank You 24

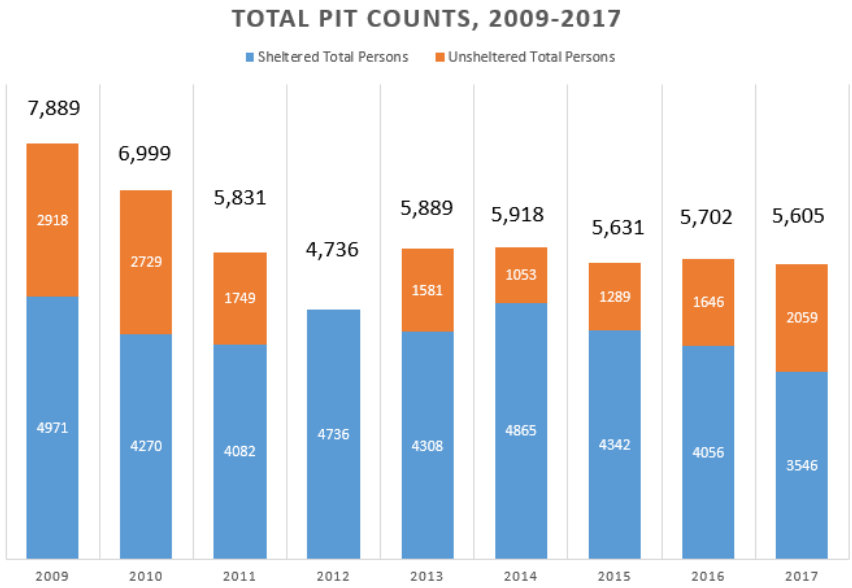
Appendix 26

Executive Summary

The yearly Maricopa Regional Point in Time Homeless Count (PIT Count) stems from partnerships between the Maricopa Regional Continuum of Care (CoC) and communities throughout the region. The Maricopa Association of Governments (MAG), a council of governments, staffs the CoC and serves as the hub of collaboration between the CoC and local communities to devise a count that estimates the numbers of people experiencing homelessness throughout the Maricopa County Region. Each local community is essential to the goal of coordinating volunteers to engage with people experiencing homelessness. The partnerships between the CoC and local communities enable the CoC to systematically assess the pervasiveness of homelessness in the region as required by the HEARTH Act. Ultimately, the coordinated efforts of each local community with the CoC mitigate homelessness throughout the region, with the eventual goal of ensuring that homelessness in the Maricopa County Region is rare, brief, and non-recurring.

To quantify the needs of the community, the PIT Count serves as a one-night snapshot of the number of people experiencing homelessness in Maricopa County. This count is part of a national effort to identify the extent of homelessness throughout the country. Every January, volunteers and outreach teams from local communities collaborate to survey and count the number of homeless persons in their respective locations. These PIT Count include both sheltered and unsheltered homeless populations. With the information provided by the PIT Count, the Maricopa Regional Continuum of Care and local communities can determine how best to address homelessness.

As shown by the PIT Count totals from 2009-2017, the overall numbers of homeless persons have remained consistent throughout the past several years. The ability to flatline the count, despite hosting the fastest growing county in the nation, is indicative of the successful work done in Maricopa County to curb homelessness. Between July 2015 and July 2016, Maricopa County expanded by more than 81,000 people, an average daily increase of more than 220 people. In contrast to other fast growing communities like Los Angeles and Seattle, we feel fortunate to be holding steady in our overall homeless numbers. Maintaining steady numbers is a



major accomplishment when we might expect that our region would mimic other western communities with big population increases. Concerted, coordinated efforts of devoted community partners in response to the PIT Count have allowed the region to expand dedicated housing units for those experiencing homelessness and target services to those most in need.

However, despite the consistency in the total numbers of homeless persons in the region,[1] the number of unsheltered people has increased greatly, from 1,646 in 2016 to 2,059 in 2017. There are two possible explanations as to why this has occurred. First, there were more volunteers participating in the street count in 2017, which could have led to more effective enumeration of homeless individuals and families. Second, as the county has grown and the economy has improved, there has been an insufficient supply of affordable housing. As a result, individuals and families find it more difficult to locate affordable housing units on their own, likely resulting in both individuals and families experiencing homelessness for the first time. Feedback from homeless service providers indicate that there may be additional barriers to affordable housing like stricter background checks, higher income requirements and landlords refusing housing vouchers.

It is important to keep in mind throughout this report that the PIT Count is a one-day slice of the entire narrative of homelessness throughout the county. There are other resources that can be combined with the PIT Count to fully understand the extent of homelessness in the Maricopa County Region and to make accurate and effective recommendations for the future.

This PIT Count report outlines noteworthy aspects of the PIT Count, including some important changes in methodology and prominent results in 2017. The goal of the PIT Count and this report is to provide the Continuum of Care and local communities an understanding of needs within the region.

[1] There was a marginal decrease of 1.7% in the overall PIT count total from 2016 to 2017 due to a challenge in data collection from 3 unresponsive agencies for the sheltered count in 2017.

Introduction

GENERAL

Every year, the Maricopa Regional Continuum of Care and local communities facilitate the planning process for the regional Point in Time Homeless Count. The PIT Count serves as a one-night snapshot of homelessness in the region and includes both an unsheltered and sheltered count.

This PIT report will summarize the background, research methodology, results, and limitations of the 2017 PIT Homeless Count. The purpose of this report is to share the results of the count with the community, to explain the methodology used, and to offer an analysis of the findings.

Hundreds of volunteers throughout the region cooperate in groups to identify and count unsheltered persons experiencing homelessness in the county for the PIT Count each year. Simultaneously, shelters in the region connected to the local Homeless Management Information System (HMIS) submitted data on persons staying in their shelters. The sheltered PIT Count collects data from emergency shelters (ES), transitional housing (TH), and Safe Haven (SH) programs.

For shelters in the region not connected to the local HMIS, a shelter count form is distributed to be filled out and returned. Likewise, for the night of the count, a Housing Inventory Count (HIC) must be submitted that takes an inventory of bed and unit capacity of providers, TH and SH programs that offer beds and units dedicated to serving persons who are homeless. The HIC and sheltered PIT Count are designed to occur simultaneously to determine gaps in housing need.

Data from the street and shelter count are collected to measure homelessness on a national and local scale and then published on the HUD Homeless Data Exchange (HDX) website. As part of the Annual Homeless Assessment Report (AHAR), the data are provided to Congress annually. The AHAR is used by HUD, Congress, additional federal departments, and the general public to understand the nature and extent of homelessness. The AHAR also is an important measure of local and national progress toward ending homelessness.

METHODOLOGY

Each Continuum of Care throughout the nation conducts a PIT Homeless Count, utilizing HUD recommended practices and a variety of methodologies based on local demographic and geographic characteristics. Given the large geographic area of the Maricopa County Region specific methodologies were adopted for the count to ensure efficiency and effectiveness. With 9,223 square miles to cover for the PIT Homeless Count, and 27 municipalities involved in the planning process, a combination of non-random sampling and extrapolation were used, with a focus on prioritizing resources where homeless persons congregate.

The Maricopa Regional Continuum of Care PIT Count included three surveys in the count to identify geographic and demographic data: (1) an in-person interview with a brief survey for approachable unsheltered persons; (2) an observation survey for unsheltered, but unapproachable, unwilling, or sleeping persons; and (3) a survey for shelters to count clients on the night of the count.

Because it has the largest homeless population and a vast geographic area, the City of Phoenix uses an extrapolation formula. They counted homeless populations in high and low density grids and extrapolated numbers for uncounted areas based on the previous year's high/low density designations. All other cities used a direct census method that counted the number of usable surveys completed by volunteers and outreach teams.

To ensure that the data collected are as accurate as possible, including reaching an unduplicated total, the CoC HMIS lead compared personally identifying information (PII), such as name, date of birth, and Social Security number. Furthermore, the sheltered and unsheltered counts were planned to occur at the same time in a "blitz" format to avoid double counting. Also, the interview questions contained a screening question (e.g. "Have you already completed a count survey?") to ensure that duplication did not occur.

On the morning of January 24, 2017, more than 300 volunteers and surveyors reached out to homeless men, women, and children staying in shelters and sleeping on the street. Our volunteers were extensively trained before the count. Compared to last year, several cities increased their number of volunteers. For example, the City of Tempe enhanced the number of volunteers (and homeless service providers) engaged in the count from 7 in 2016 and 70 in 2017.

In addition to adding more volunteers to the PIT Count, three communities (Phoenix, Mesa, and Tempe) used general funds from outreach contracts, which added to the number of outreach workers during the count. These outreach teams focused on areas where previous counts identified high numbers of unsheltered persons, leading to a more directed method of counting. Of the 79 outreach teams in Phoenix, 30 were from Community Bridges, Inc., an agency that provides outreach for the region. The City of Tempe contributed 10 teams of outreach workers and the City of Mesa resourced 5 teams of professional outreach workers.

Furthermore, outreach teams specifically focused on counting youth and families. The CoC's Youth Collaborative hosted two magnet events for youth populations experiencing homelessness for targeted recruitment and tailored engagement. Additionally, the coordinated entry system reached out to

families who were already known to be experiencing homelessness to ensure they were included in the count.

Again, it is vital to note that homelessness is more prevalent than is captured by the Point in Time count, which is a one-night snapshot of homelessness in the county. Other data sets, in conjunction with the PIT Count, can provide a more comprehensive understanding of homelessness throughout the region.

CHANGES IN METHODOLOGY IN PAST YEARS

A general timeline of the process through which the PIT Count evolved from 2009-2017 is below:

2009-2011 – The PIT Count used a visual tally for the unsheltered counts; no interviews were conducted.

2011 – A heavy rain led up to the day of the count, and continued on the day of the count. This may have contributed to a reduction in the unsheltered count.

2012 – There was no count, as the Maricopa Regional CoC decided not to conduct a count this year and to focus efforts on refining the PIT Count methodology.

2013 – The methodology was significantly changed from a tally to an in-depth survey. Furthermore, the time changed from a night time count to an early morning count.

2014 – The survey became more detailed due to HUD data collection requirements.

2015 – The Super Bowl was held in Phoenix/Glendale, so the count was moved to the end of February. The Men's Overflow and Parking Lot data was reclassified from sheltered to unsheltered.

2016 – A magnet event was held for homeless youth for the first time.

2017 – More volunteers participated in the count as well as outreach. The count also prioritized counting homeless families and youth and asked a more comprehensive question on gender identity.

Changes in methodology from PIT Counts from prior years led to a particularly successful 2017 PIT Count. Particularly, as mentioned, along with more outreach and volunteer teams who volunteered with the unsheltered count throughout the region (especially in Phoenix, Mesa, and Tempe), special efforts were made to count homeless families and youth. The Maricopa Regional CoC will continue efforts to refine the methodology to ensure that the PIT Count is as accurate, efficient and sensitive as possible.

Data Analysis

GENERAL ANALYSIS

Figure 1: Overall 2017 PIT Count Results Table

2017 Count Results						
	Sheltered			**Unsheltered**	**Total**	**Percentage Change from 2016**
	Emergency Shelter	**Transitional Housing**	**Safe Haven**	**Street**		
Total Number of Persons	2254	1271	21	2059	**5605**	**-1.7%**
Subpopulations						
Homeless Singles	1254	471	21	2020	**3766**	**+6.0%**
Homeless Families	259	228		8	**495**	**-20.7%**
Total persons in homeless families (# of children in fam.)	969 (611 children)	800 (517 children)		31 (16 children)	**1800 (1144 children)**	**-13.7%**
Households with Only Children	31	0		8	**39**	**-40.1%**
Homeless Youth (18-24 yrs.)	120	73		133	**326**	**-17.5%**
Chronic (Non-Vet) Homeless	302		7	630	**939**	**+26.0%**
Chronic Homeless Veterans	16			71	**87**	**-6.5%**
Homeless Veterans	125	216		148	**489**	**+8.7%**

Figure 1 depicts the overall trends from the 2017 PIT Count. The numbers of some populations decreased from 2016 to 2017, including the total number of homeless persons, homeless families, households with only children, homeless youth, and chronic homeless veterans. However, other populations saw increases in their total numbers, particularly homeless singles, chronic (non-vet) homeless, and homeless veterans. Overall, the total number of homeless persons determined from the PIT decreased by 1.7 percent from 2016 to 2017, for a total of 5,605 persons in 2017. Of these individuals and families, 3,546 were sheltered and 2,059 were unsheltered.

Because the PIT is only a one-night snapshot of homelessness in the county, it is subject to fluctuations. For example, some shelter providers did not provide data on their services, which resulted in a lower

2017 sheltered count. Therefore, PIT reports must be supplemented with other sources to provide a more comprehensive picture of homelessness in the region.

Figure 2: 2013-2017 Unsheltered Populations by Municipality

	Municipality	2017	2016	2015	2014	2013
	Apache Junction	0	0	0	0	0
	Avondale	27	37	20	12	5
	Buckeye	0	0	0	0	0
	Carefree	0	0	0	0	0
	Cave Creek	0	2	1	0	0
	Chandler	27	14	31	18	20
	El Mirage	0	0	0	0	7
	Fountain Hills	0	0	0	0	0
	Gila Bend	7	9	0	0	0
	Gilbert	2	1	1	0	0
	Glendale	57	44	25	39	16
	Goodyear	7	7	1	2	4
	Guadalupe	0	8	0	5	12
	Litchfield Park	0	0	0	0	0
Third Largest	Mesa	130	95	155	55	42
	Paradise Valley	0	0	0	0	0
	Peoria	22	31	30	13	0
Largest Population	Phoenix	1508	1235	994	771	1339
	Queen Creek	1	1	0	0	0
	Scottsdale	50	67	0	39	11
	Surprise	16	6	7	0	0
Second Largest	Tempe	202	88	24	97	125
	Tolleson	0	0	0	2	0
	Wickenburg	1	0	0	0	0
	Youngtown	2	1	0	0	0
	Total	2059	1646	1289	1053	1581

Figure 2 identifies the total unsheltered count for each municipality that participated in the street count from 2013 to 2017. The municipality with the most substantial homeless population throughout the years has consistently been Phoenix, followed by Tempe and Mesa, each of which are highlighted and emphasized. These same communities increased the number of outreach groups and volunteers participating in the PIT Count in 2017. PIT values for Phoenix in this figure are client data supplemented with an extrapolation method.

The unsheltered count decreased substantially from 2013 to 2014, but has increased steadily since that year. From 2016 to 2017, the unsheltered population count increased by 25%.

Figure 3a. 2016-2017 General Locations of Unsheltered Populations

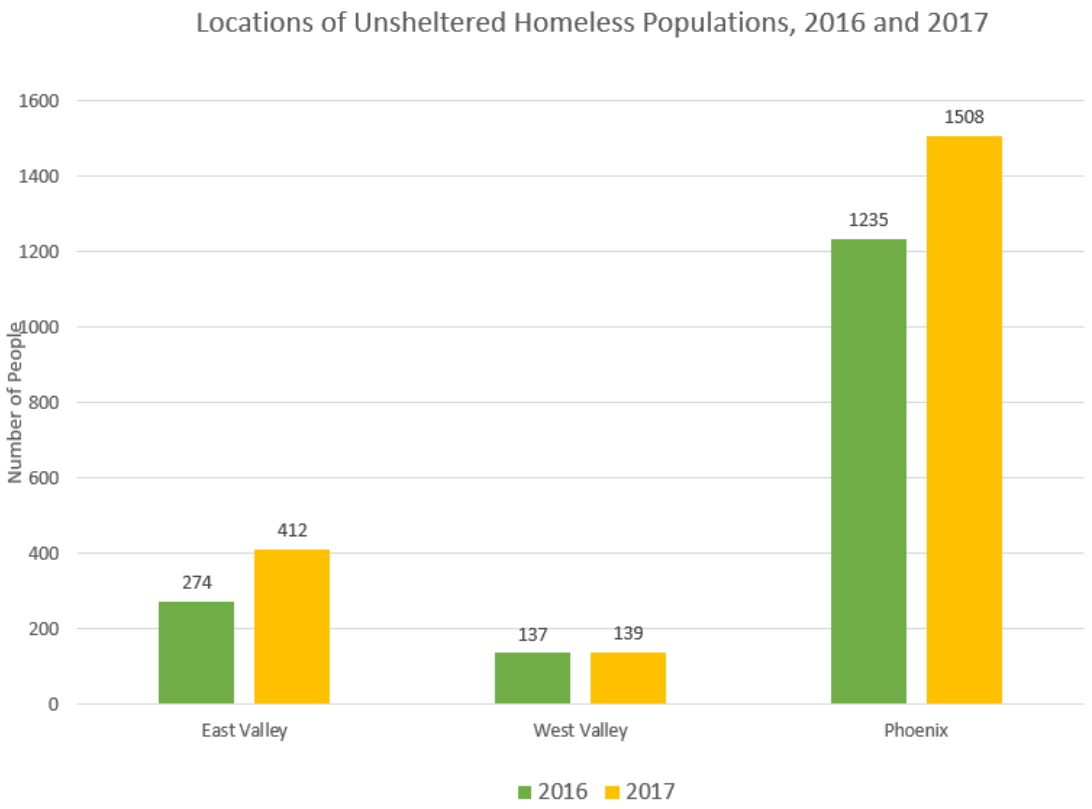


Figure 3a depicts the disparity between the unsheltered populations residing in different locations within Maricopa County. Phoenix contains the vast majority of homeless individuals (~73%).[2] Notably, there is a large difference between the East and West Valleys,[2] with the East Valley containing a 13% larger unsheltered homeless population than the West Valley in 2017. Comparing population counts between the East and West Valley, 1,610,000 people reside in the East Valley, whereas 830,000 people reside in the West Valley (Official 2016 Population Count Estimates). Because approximately twice as many people live in the East Valley, a larger number of people experiencing homelessness is likely reflected in the larger population, which could explain the stark difference in homeless persons between East and West Valley.

Furthermore, in 2017 Tempe (East Valley), which contained the second largest unsheltered population after Phoenix, underwent a methodology change. Tempe increased the number of volunteers, outreach staff, and different training and leadership, which could explain the reason why more people experiencing homeless were found in the East Valley, and could also explain the steep increase in homeless persons from 2016 to 2017 in the East Valley. The West Valley had no such shift in methodology, and could be why numbers stayed stagnant between 2016 and 2017.

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[2] PIT values were extrapolated for Phoenix.

[3] **East Valley** includes: Mesa, Chandler, Tempe, Gilbert, Scottsdale, Fountain Hills, Queen Creek, Apache Junction, Guadalupe, Paradise Valley, and Carefree. **West Valley** includes: Avondale, Buckeye, Glendale, Goodyear, Litchfield Park, Peoria, Surprise, Tolleson, Youngtown, Wickenburg, Gila Bend, El Mirage, and Cave Creek.

Figure 3b: 2017 General Locations of All PIT Count Persons

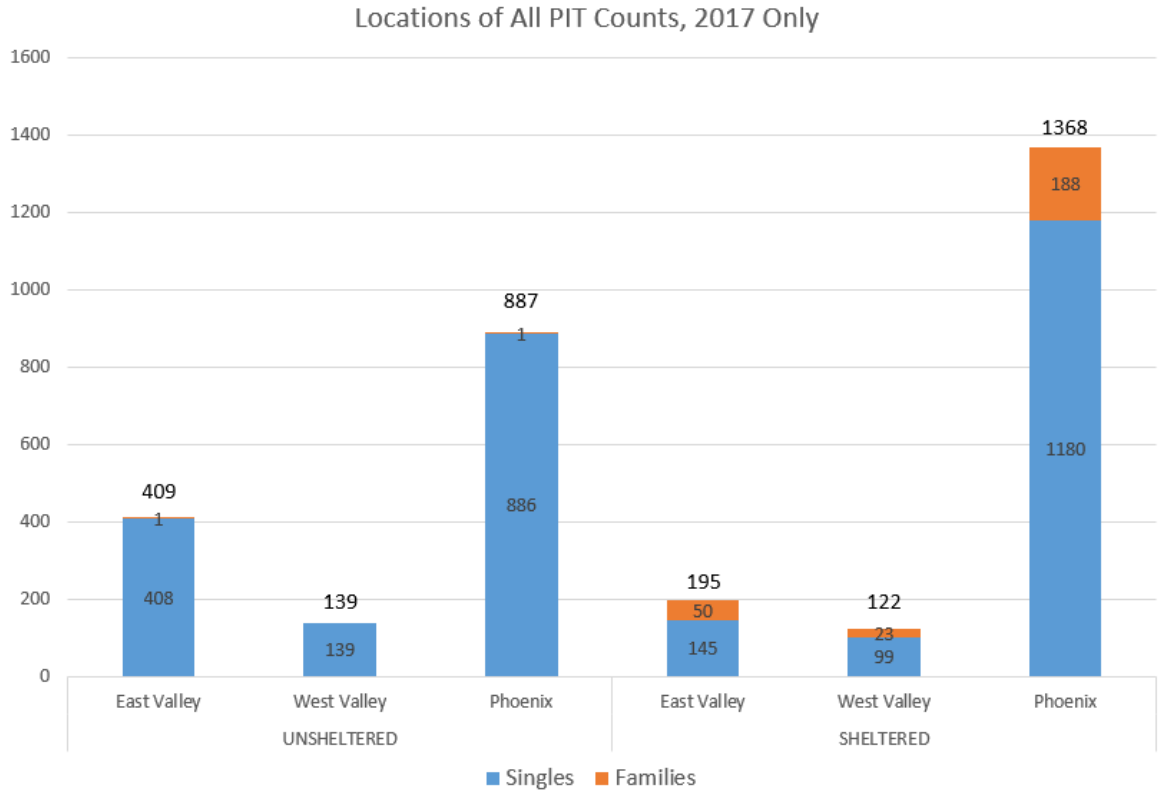
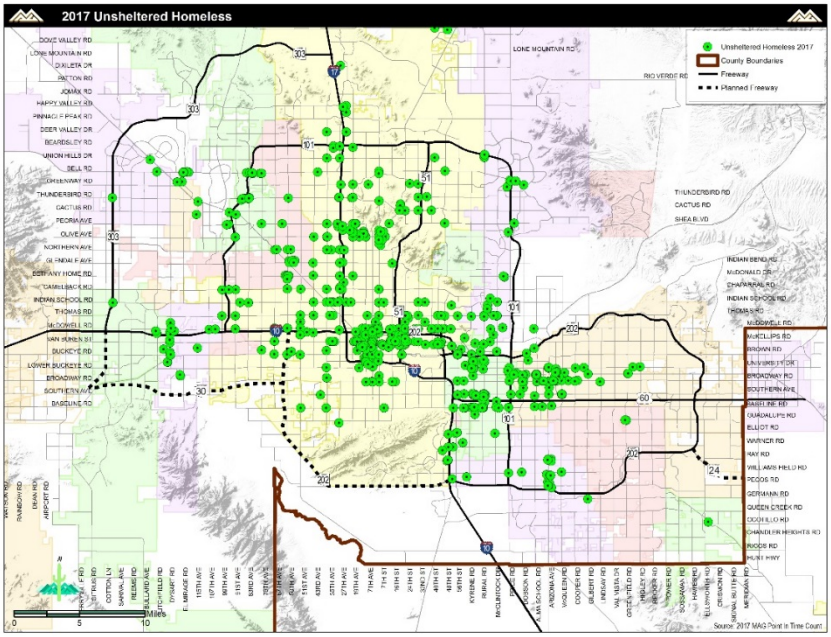


Figure 3b offers a more in-depth picture of PIT Count 2017, specifically the locations of unsheltered and sheltered singles and families. This offers a similar trend as Figure 3a, where the East Valley has more sheltered and more unsheltered individuals and families than the West Valley. In addition, similarly to the 2016 and 2017 comparison in Figure 3a, Figure 3b also demonstrates that Phoenix has substantially more homeless singles and families than the other two locations. For this Figure, the values for Phoenix were not extrapolated so that the numbers could be consistently compared.

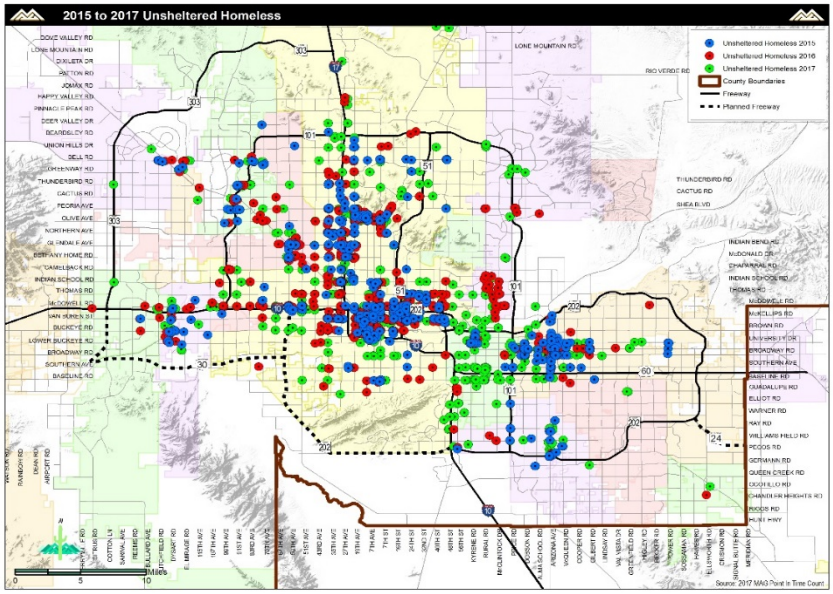
Figure 3c. 2015-2017 Locations of Unsheltered Homeless Population – Map

Figure 3c depicts the locations of the unsheltered homeless population for the last three years on a visual map, and demonstrates that the bulk of the unsheltered homeless population resides in the City of Phoenix. There is scatter in all directions for years 2015-2017.

2017 only:



Overlay: 2015, 2016, 2017



DEMOGRAPHICS

Figure 4: 2017 Total Homeless Populations by Gender

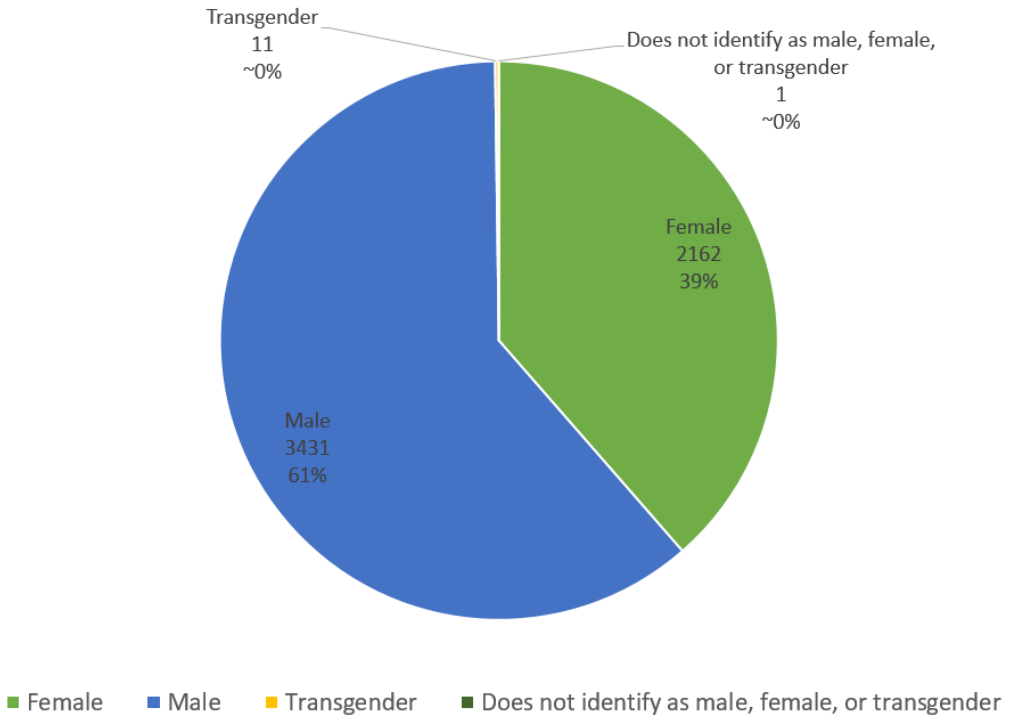


Figure 4 depicts the genders of all persons identified as homeless during the 2017 PIT Count, including extrapolated data from Phoenix. The overall data trend is consistent with 2016 with the majority of the homeless population identifying as male. For the 2015 Count, HUD was seeking data on individuals that identified as transgender. In 2017, 11 individuals identified as transgender from the total PIT population.

There were three transgender individuals in the unsheltered count in the unsheltered count. Of the three transgender individuals, two were young adults (age 18-24 yrs.) and one was an adult (25+ yrs.). Recently in 2017, the response choice of "Does not identify as male, female, or transgender" was added. In 2017, 1 individual did not identify as male, female, or transgender, and was an unsheltered individual aged 25+. Demographic information (age, race, etc.) was not provided for the sheltered count on individuals identifying as transgender or not identifying as male, female, or transgender. Although these two categories appear as relatively small percentages, they are an important subset of the PIT Count to consider. Evidence suggests that LGBT individuals (especially youth) face homelessness at a disproportionate rate.

Figure 5: 2017 Total Homeless Population by Age

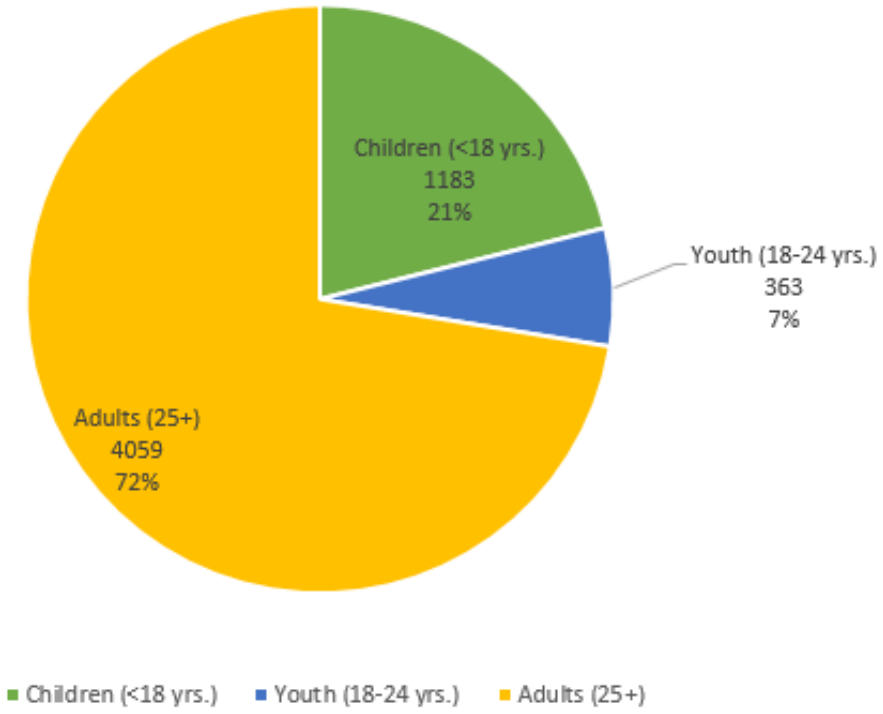


Figure 5 depicts the general age ranges and their compositions in the total 2017 PIT Count homeless population, using extrapolated data just for Phoenix. Adults made up the large majority at 72%. The number of children followed at 21%. Of the 1,183 children found, 1,144 were accompanied in a family. The remaining 39 were unaccompanied (approximately 3% of the total population of children). Lastly, the smallest age range covered youth aged 18-24 years old at 7% of the total population. These values are consistent with data gathered in previous years.

Overall HMIS numbers are generally similar to the numbers explored here. Out of the total number of persons passing through HMIS from 2014-2015 (32,444), 64% are adults 25 years old and above. Approximately 27% are children and 10% are youth. In general, there are slightly fewer adults and more children and youth in the HMIS data set.

HUD defines "elderly" as adults 62 years of age and above. In total, 177 individuals were age of 62 and older (78 in unsheltered, 62 in emergency shelter, 37 in transitional housing). These values of elderly persons were taken from non-extrapolated sheltered and unsheltered persons throughout the region. Of the non-extrapolated values, elderly persons make up 5.6% of the PIT Count homeless population.

Figure 6: 2017 Total Homeless Populations by Ethnicity

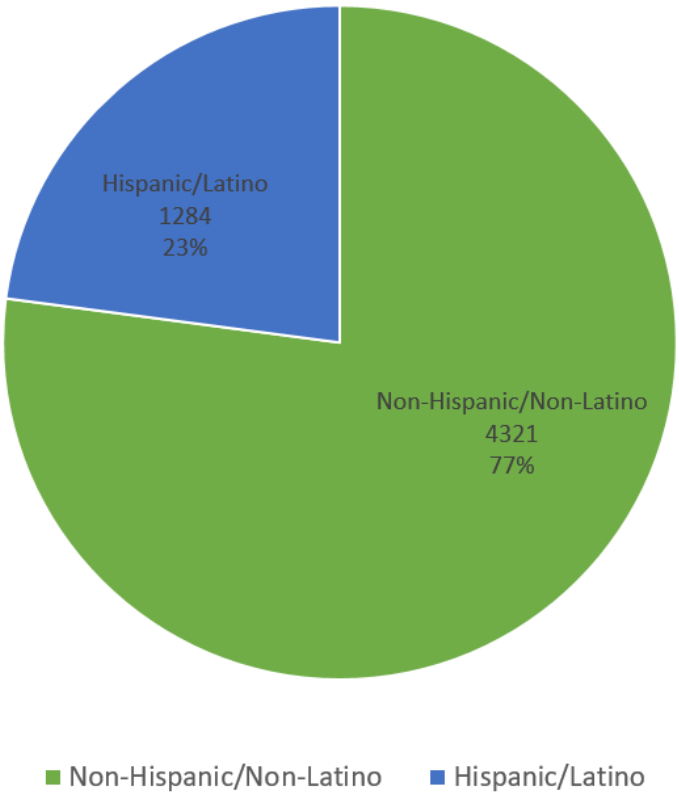


Figure 6 depicts the ethnicities of homeless persons in the 2017 PIT Count, which consists of Hispanic/Latino persons and Non-Hispanic/Non-Latino persons. Approximately ¼ of these persons identified as Hispanic/Latino, whereas the other ¾ of persons identified as Non-Hispanic/Non-Latino.

There is not a large disparity between the Hispanic/Latino composition of the homeless population as compared to the general census population of the region encompassed by the CoC. Hispanic/Latino persons make up 30% of the 2015 ACS Census data, and make up 23% of the homeless population.

Figure 7: 2017 Total Homeless Populations by Race

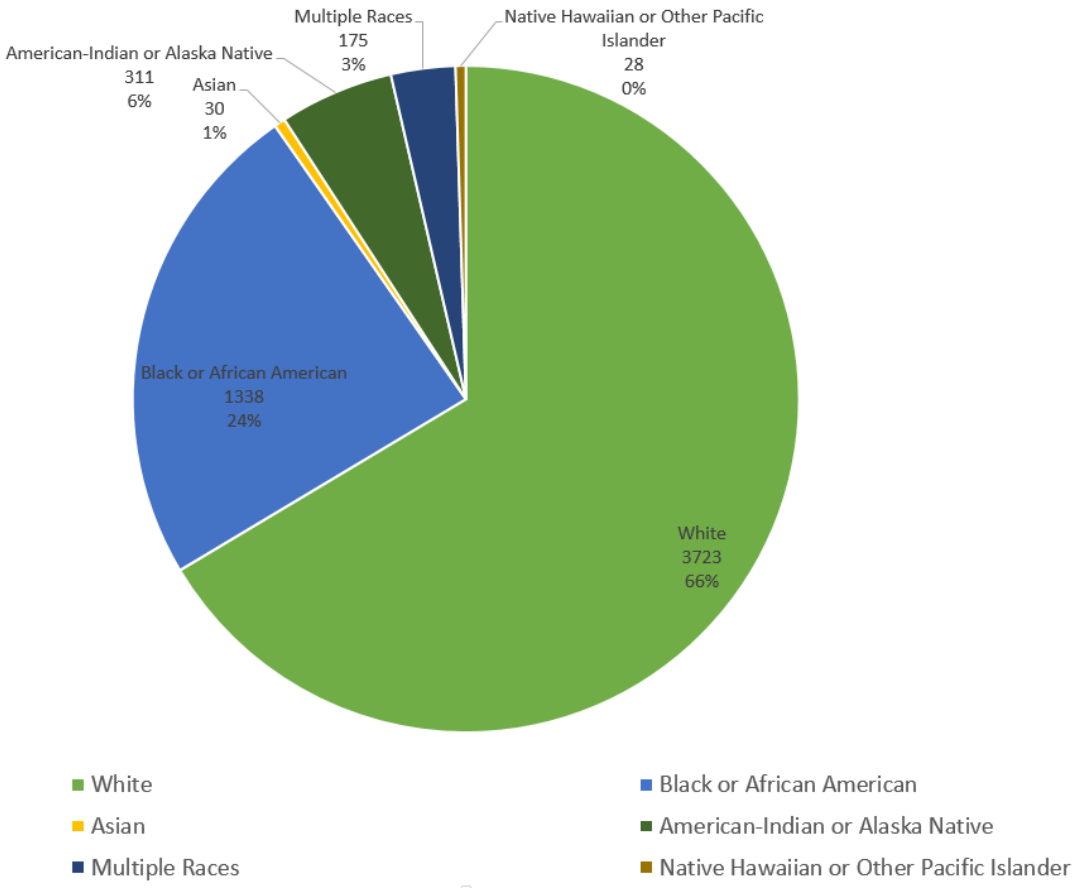


Figure 7 depicts the races of the total homeless populations for the 2017 PIT Count including extrapolated data from Phoenix. The overall data trend is consistent from that of 2016, where the majority of the population identifies as White, at 66%. The second largest group identified as Black or African American at 24%. Together, these two races accounted for 90% of the PIT Count homeless population. The other race categories, including American-Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Multiple Races together accounted for approximately 10% of the 2017 PIT Count.

Racial disparities are evident when comparing the racial composition of the 2017 PIT Count homeless population to general county census data. In the ACS 2015 Census data, Black/African-American individuals made up 5.5% of the general county population, whereas Black/African-American populations made up 24% of homeless populations. Similarly, Native Americans made up only 1.6% of the census count in the general county, but represented 6% of the homeless population. These populations are homeless at a clear disproportionate rate when compared to general county census counts.

Figure 8a: 2016 and 2017 Subpopulations of Homeless Persons

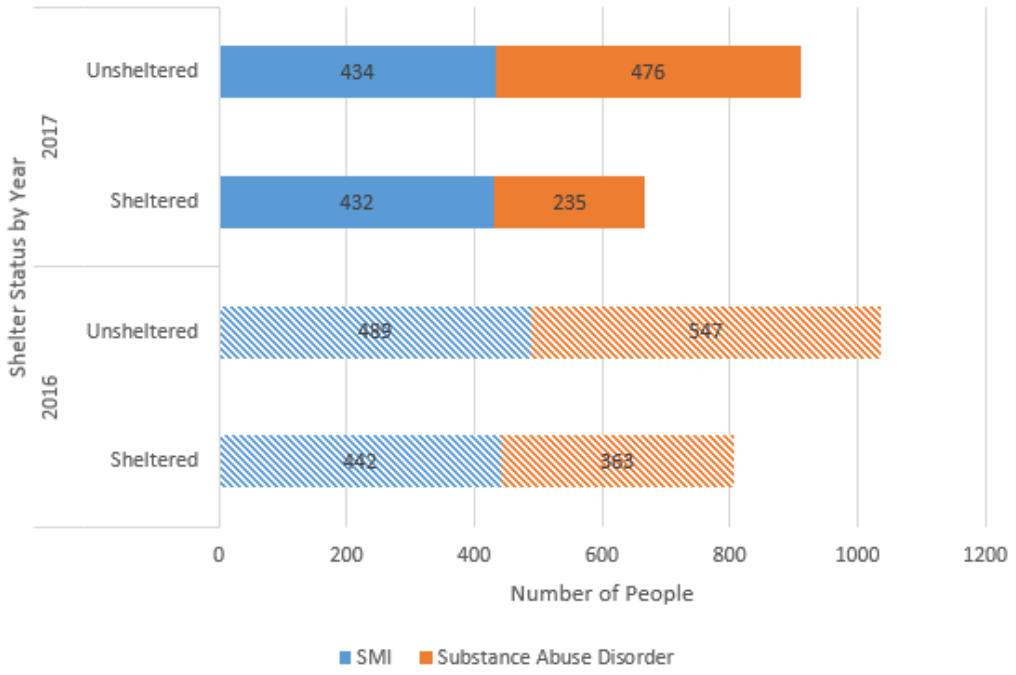


Figure 8a shows the percentage and number by housing status of persons with serious mental illness and substance abuse disorders, two major subpopulations identified by HUD. The total number of persons who identified as having a serious mental illness in a self-report decreased by 7%from 931 in 2016 to 866 in 2017. The total number of persons who identified as having a substance abuse disorder in a self-report decreased by 22%, from 910 in 2016 to 711 in 2017. However, it is important to note that these numbers are reflective of how comfortable people surveyed felt regarding disclosing this sensitive information during a public PIT Count. Because serious mental illness and substance abuse are self-reported, it does not necessarily mean that the number of people with these issues decreased.

In Arizona the 2014 census demonstrates a 4.1% frequency of serious mental illness compared to 15% in the PIT Count homeless population. In addition, there is a 6.2% frequency of substance abuse in the general population compared to 13% in the PIT Count homeless population. Furthermore, these data do not completely capture the numbers of individuals suffering from substance abuse disorders and serious mental illness in the general homeless population, as there are many who are not documented in the PIT Count.

HMIS reports of homeless persons (which include Emergency Shelters, Transitional Housing, Safe Havens, street outreach, and coordinated entry) offer a different analysis in the change in number of homeless persons identifying with substance abuse and serious mental illness. In a 6-month period of tracking substance abuse in homeless persons in HMIS from 2015-2016, approximately 2,836 persons identified with substance abuse disorders. This number jumped to 3,278 in the same 6-month period from 2016-2017, a 15% increase.

Similarly, in a 6-month period of tracking mental illness in homeless persons in HMIS from 2015-2016, approximately 4,648 persons identified with mental illness. This number jumped to 5,012 in the same 6-month period from 2016-2017, an 8% increase.

As such, the HMIS data differs from analysis stemming from the PIT Count surveys, which again reflects that data from the PIT Count represents a one-night estimate of homelessness in the region. Furthermore, due to the self-report nature of the question on the PIT survey, there may be fluctuations between yearly PIT counts that may not necessarily reflect the status of homeless persons and the disabilities affecting them in the region.

Furthermore, data from the PIT Count could be supplemented with jail data, behavioral health data, healthcare data and other homelessness data (including coordinated entry data, AHAR data, and other HUD data). These supplemental sources can provide a better understanding of the prevalence of these disabilities in the homeless population. Data are also available for HIV and Domestic Violence populations.

Figure 8b: 2017 (Unsheltered) Conditions Preventing Holding a Job or Living in Stable Housing

355/1437 = 24.7% of total unsheltered persons responded "Yes" to this question, based **entirely** on **self-report**.

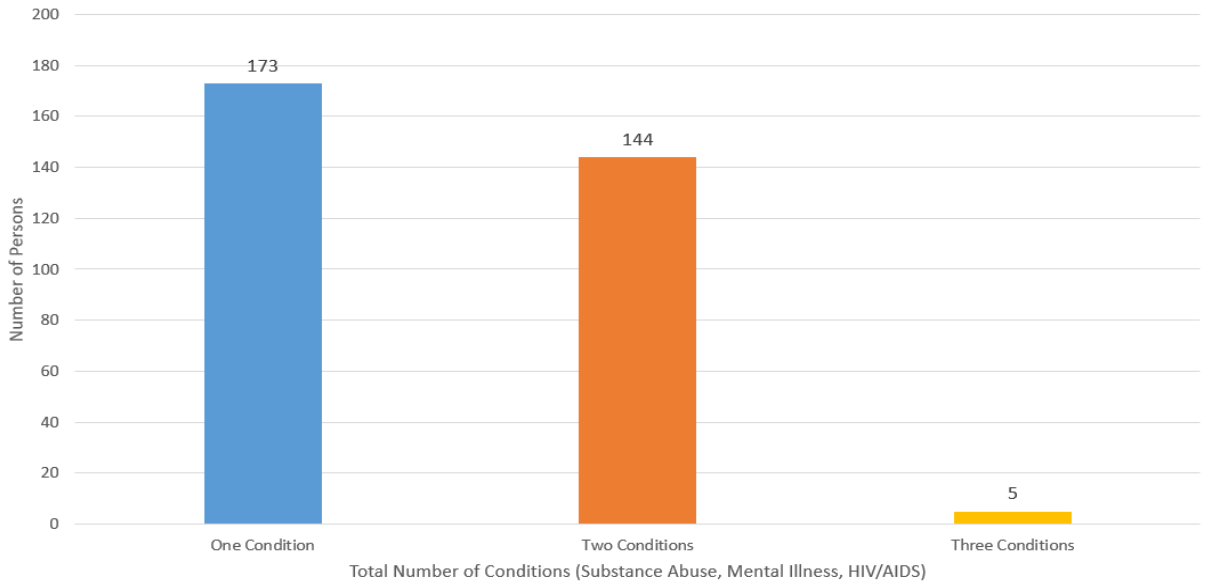


Figure 8b shows the number of individuals who responded "yes" when asked whether they faced any conditions that kept them from holding a job or living in stable housing. Question 15 of the interview-based unsheltered survey asks: "Do any of the situations discussed [in previous questions] keep you from holding a job or living in stable housing?" The follow-up, Question 16, is "Which situations? Choose all that apply." The response options included the 3 major HUD category conditions (1) substance abuse (drug abuse, abuse of prescription medication, and alcohol abuse), (2) mental health

(PTSD, developmental disability, mental illness), and (3) HIV/AIDS, as well as traumatic brain injury, ongoing medical condition, physical disability and domestic violence.

Follow-up data on individuals reporting more than one condition exists for the three major HUD categories, as information was only available for these three categories. Two of the three major categories, substance abuse and serious mental illness, fall within the subpopulation category in Figure 8a, which indicates these factors may be related to homelessness.

Approximately 50% of individuals who responded "yes" reported one HUD major category condition. Of those, 111 disclosed that their condition was substance abuse, 60 disclosed that their condition was mental illness, and 2 disclosed that their illness was HIV/AIDS.

40% of individuals who responded "yes" reported 2 HUD major category conditions. Of those, 143 of these individuals responded that these conditions were co-occurring substance abuse and mental illness. 2 people experienced a combination of substance abuse / mental illness and HIV/AIDS.

Approximately 1.5% (5) who responded "yes" reported all 3 HUD major category conditions.

Approximately the remaining 10% consists of individuals who had the other disabilities encompassed in the PIT survey (traumatic brain injury, ongoing medical condition, physical disability, or domestic violence).

POPULATION COUNTS

Figure 9: General Homeless Families and Singles, 2016 and 2017

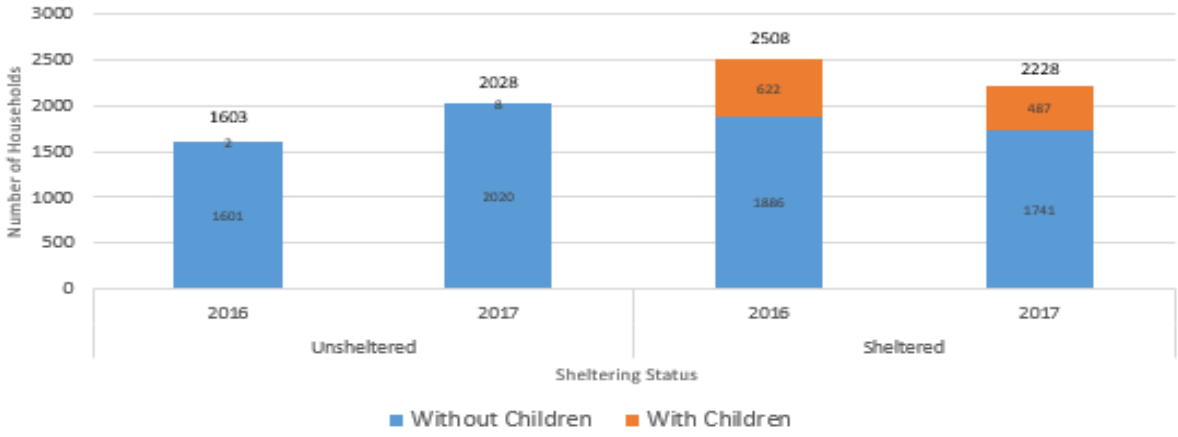


Figure 9 demonstrates the general trends of homeless families and singles in Maricopa County in 2016 and 2017. There were a proportional number of households in both sheltered and unsheltered locations. However, a larger proportion of families were sheltered than unsheltered (22% of sheltered households were families, while less than 1% of unsheltered households were families in 2017). This trend has remained consistent from 2016 to 2017, but overall unsheltered numbers have increased in this period and sheltered numbers have decreased. There are explanations to why this may have been the case (see Introduction).

Figure 10: Chronic Homeless Families and Singles, 2016 and 2017

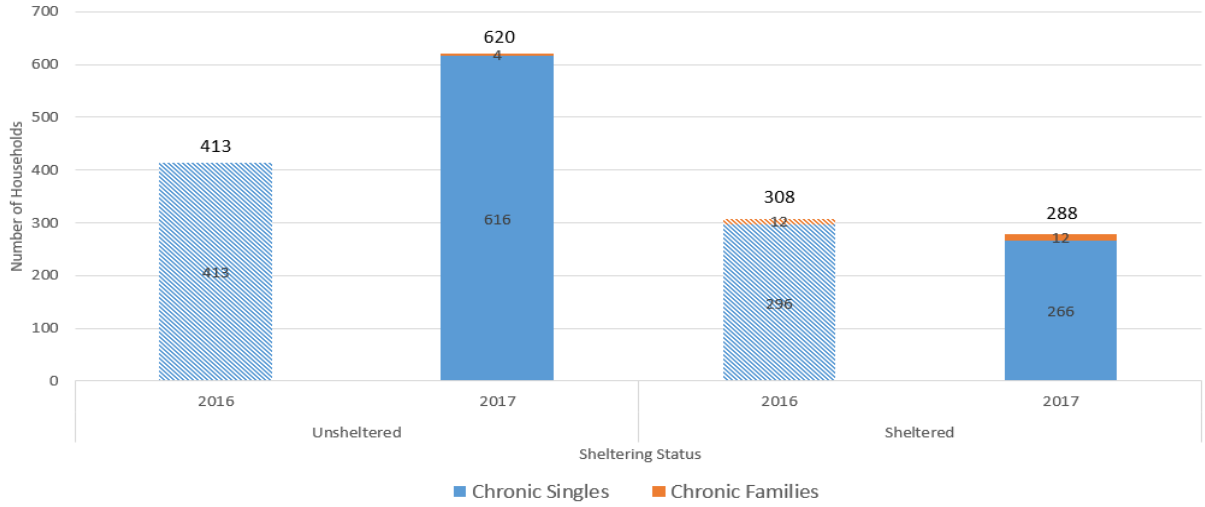


Figure 10 depicts the unsheltered and sheltered status of chronic homeless families and singles in 2016 and 2017. Unsheltered numbers of chronic homeless singles have increased substantially since 2016, and there are now 4 chronic homeless families in the PIT Count who are unsheltered. However, sheltered numbers have stayed fairly stagnant, decreasing slightly for singles and staying consistent for families. This could be indicative of a lack of shelter for chronic singles and families going into 2017, resulting in larger numbers of chronic homeless households who are unsheltered.

Figure 11: Veteran Homeless Families and Singles, 2016 and 2017

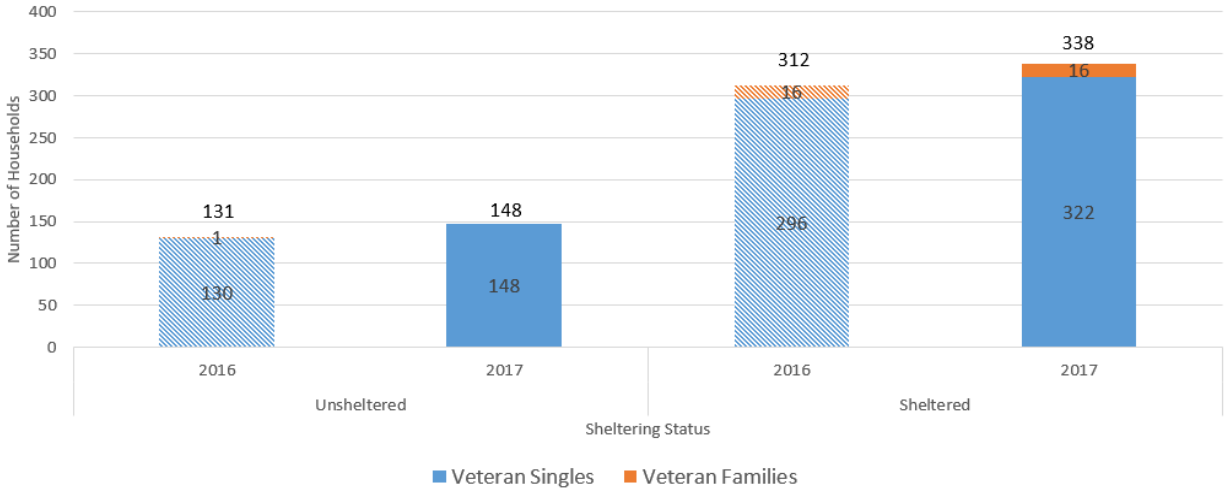


Figure 11 depicts the unsheltered and sheltered status of veteran (non-chronic) homeless families and individuals in 2016 and 2017. A majority of the veteran population in 2016 was sheltered (70%), with 16 out of the 17 families sheltered. Veterans had a very consistent trend from 2016 to 2017, where a similar proportion of the veteran population was sheltered in 2017. In 2017, however, there were no veteran families in unsheltered locations.

Figure 12: Youth (18-24 yrs.) Homeless Families and Singles, 2016 and 2017

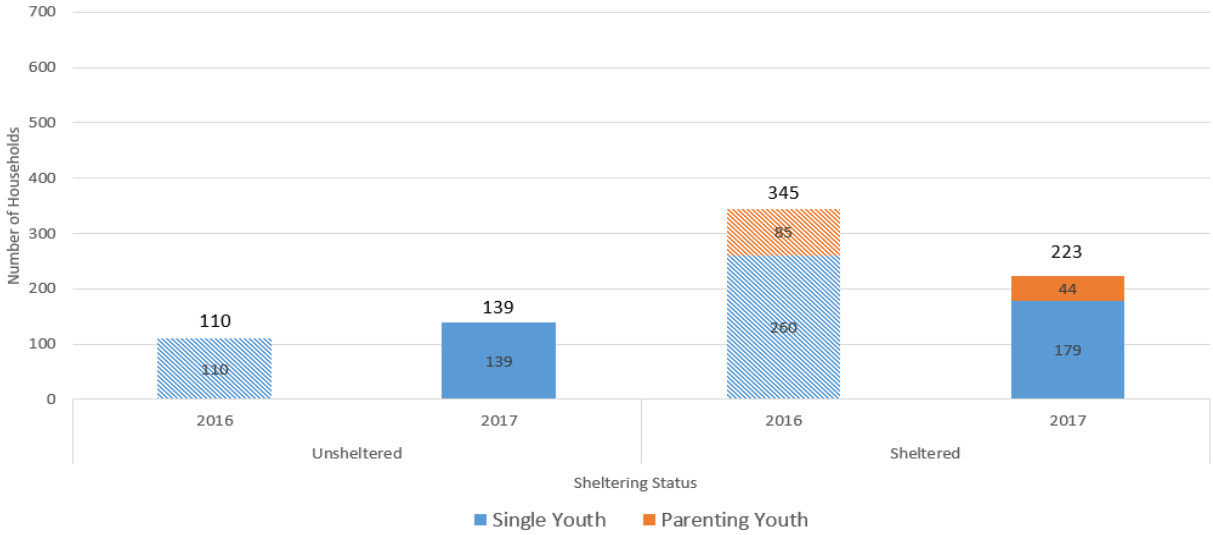


Figure 12 depicts the unsheltered and sheltered status of youth homeless families and individuals in 2016 and 2017. A majority of the youth population in both 2016 and 2017 were sheltered. All parenting youth were sheltered in 2016 and 2017, and the total number of parenting youth decreased from 2016 to 2017. The number of unsheltered youth increased from 2016 to 2017, and the number of sheltered youth decreased substantially.

Methodology Recommendations

- Increase Coverage
    - Consider changing from extrapolation to direct census method in Phoenix to achieve a consistent methodology and to potentially increase reliability.
    - Continually increase the number of volunteers to cover more geographic area.
    - Explore adding more coordinated entry access points for individuals and families facing homelessness to curb street homeless numbers.

- Continue to Refine Survey
    - Implement an electronic survey for enhanced data quality and resource allocation.
    - Add an age category for adults 62 and older to capture how much of the street homeless population is elderly, according to the HUD definition.
    - Refine survey to ask about specific sexual orientation/gender identity for youth (18-24 yrs.) who are nationally more at risk for violence related to sexual orientation/gender identity.
    - Consider adding a question on the survey for youth aged 18-24 to determine if they were ever homeless as a child.
    - Consider adding a question to the survey that determines where the homeless individual was on the same day the previous year to discover whether this is a native or migratory population.
    - Consider adding a specific question on opioid addiction given the current opioid public health emergency in Arizona so the CoC can link the homeless population to the services they need.

- Integrate other Data Sources
    - Integrate PIT Count data with other HUD data, including the AHAR and HIC to determine where gaps lie.
    - Integrate data from other systems of care with PIT Count data. Poll hospitals, treatment programs and jails for homeless numbers on the night of the count.

Limitations

While the PIT Count provides valuable information about homelessness in the region, it is an evolving process with several limitations to keep in mind.

First, it is especially difficult to capture the extent of family and youth homelessness during a one-night count because family and youth homelessness is often a "hidden" issue. Because many families live in their cars, volunteers may not be able to spot them and family homelessness may be disguised as travel. Youth do not typically congregate in areas where homeless adults and often are integrated into larger youth groups—those experiencing homelessness and those not—and may not be easily identified by volunteers. Both families and youth may fit the definition of homelessness under other programs (doubling up, couch-surfing, etc.) and are not included in the HUD numbers but do represent the vulnerability of these populations.

Internal to the PIT Count, some of the surveys could not be counted due to insufficient or inaccurate information. Out of the 2131 surveys counted throughout the PIT, there were 72 unusable surveys, which amounts to approximately 3% of the total counted surveys, and slightly over 1% of the total homeless population in the count. It is not expected that these values affect the conclusions reached from the PIT Count, but are notable nonetheless.

External to the PIT Count, if Maricopa County was not currently experiencing an affordable housing crisis, perhaps the overall PIT numbers would be even lower. Specifically in 2017, these factors were different from those that the community had seen before. For example, as the economy improves, housing costs in the area have skyrocketed, making affordable housing scarce. This has created a more difficult obstacle to placing individuals and families into affordable housing, as many landlords are raising barriers, such as background checks and income limits, with clients with vouchers. Other landlords who previously accepted vouchers no longer accept vouchers of any kind.

The size of Maricopa County makes it difficult to identify all persons experiencing homelessness. Data collected and analyzed are a general representation of a one-night snapshot in the region. These counts are not a final say in the demographics of the homeless population in Maricopa County, but do provide a representation of total populations. There are more people who experience homelessness over the course of the year than on any given single night.

As a result, PIT Homeless Counts tend to under-represent short-term homelessness and over-represent individuals who have experienced homelessness for a long time. The PIT Count should work hand in hand with the AHAR and HMIS, both of which demonstrate the number of people served through the homeless services systems throughout the year. These collaborations provide a larger picture of homelessness in the county, acting as support to the one-night snapshot the PIT provides.

Conclusion

MAG and local participating municipalities coordinated a successful 2017 PIT Homeless Count. The widespread collaborative effort allowed critical data to be collected and analyzed to communicate a general snapshot of homelessness in the region.

Several conclusions can be reached regarding general trends of homelessness over the past several years. Overall there was a 2% decrease in total number of homeless persons from 2016 to 2017. While the number of unsheltered persons increased by 25%, the number of sheltered persons decreased by 13%. A continued collaborative efforts will ensure that these data are used to determine an effective plan and solutions to provide affordable housing to all homeless singles and families in Maricopa County.

Homelessness is a complex, recurring issue in the region. Planning efforts for the annual PIT Homeless Count have been enhanced each year as more resources are made available, and recruitment efforts for volunteers continue to improve. In addition, the partnership between MAG and municipality PIT Count coordinators is growing stronger in an effort to unify planning efforts. With the coordination, planning efforts, and initiative of the Continuum of Care, including MAG, supporting communities, and agencies, the region will continue to collaborate on efficient and effective approaches to provide housing and end homelessness regionally. Homelessness remains a complex and challenging issue, and solving the problem will take commitment and alignment of resources. Ending homelessness in the region remains the top priority for the Maricopa Regional Continuum of Care.

Special Thank You

The parties listed below were integral in the planning process of the 2017 PIT Homeless Count.

Municipality: Coordinator

City of Avondale: *Donna Gardner*

City of Buckeye: *Bill Savage*

Town of Carefree: *Stacey Bridge-Denzak*

Town of Cave Creek: *Tom Clark*

City of Chandler: *Niki Tapia & Leah Powell*

City of El Mirage: *Sgt. Chris Culp*

City of Fountain Hills: *Ken Valverde*

City of Gila Bend: *Kathy Venezuela*

Town of Gilbert: *Robert Kropp*

City of Glendale: *Renee Ayres-Benavidez*

City of Goodyear: *Christina Plante & Sgt. Alison Braughton*

Town of Guadalupe: *Crystal Martinez*

City of Litchfield Park: *Sonny Culbreth*

City of Mesa: *Emily Greco*

City of Peoria: *Jack Stroud & Carin Imig*

City of Phoenix: *Scott Hall*

Town of Queen Creek: *Joe La Fortune*

City of Scottsdale: *Greg Bestgen & Gene Munoz Villafane*

City of Surprise: *Christina Ramirez*

City of Tempe: *Kimberly Van Nimwegen & Brian Ornelas*

City of Tolleson: *Janey Montoya & Adriana Morado*

City of Wickenburg: *Lieutenant Amy Sloan*

City of Youngtown: *Gregory Arrington*

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Shantae Smith, *Community Information and Referral*

Margaret Kilman, *Maricopa County Human Services Dept.*

Joan Serviss, *Arizona Housing Coalition*

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John McCamman, *UMOM Family Housing Hub*

Nicky Stevens, *Save the Family*

Brent Babb, *Salvation Army*

Veteran Count Coordinators

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Jennifer Gerrib, *Dept. of Veteran Affairs*

Jeff Willgale, *VA Medical Center*

Michael Biggs, *US Vets Inc.*

Michelle Ploof, *Community Bridges*

Damian Hudson, *Community Bridges*

Anne Marie Johnston, *Community Bridges*

Joe Razo, *Basic Mission*

Youth Count Coordinators

Stefanie Smith, *Native American Connections*

Michael Lafitte, *Native American Connections*

David Garrett, *One·n·Ten*

Stacey Jay Cavaliere, *One·n·Ten*

Victor Rojas, *Tumbleweed*

MAG would also like to thank the Maricopa Regional CoC Board, Committee and Data Subcommittee for their input on this report.

Appendix: Glossary of Terms

Continuum of Care
An administrative geographical unit; the local or regional body that coordinates funding and services for homeless people.
Continuum of Care Program Competition
HUD makes funding available to homeless provider programs. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter
Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.
Homeless
An individual who lacks a fixed, regular, and adequate nighttime residence, as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; 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.
Homeless Family
A household with a head-of-household and youth under 25 years of age.
Homeless Management Information System (HMIS)
A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Household
All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.
Housing Inventory Count (HIC)
The HIC is a snapshot of a Continuum of Care's housing inventory on a single night during the last ten days in January. It should reflect the number of beds and units available on the night designated for the count that are dedicated to serve persons who are homeless. Beds and units included on the HIC are considered part of the Continuum of Care homeless system.
McKinney-Vento Homeless Assistance Grants
The largest federal investment in homeless assistance, and is responsible for funding many local shelter and housing programs.
PIT Homeless Count (PIT Count)
Continua of Care are required to conduct an annual count of homeless persons who are sheltered (i.e. persons in emergency shelter, transitional housing, and Safe Havens on the night of the count) and unsheltered.
Transitional Housing
A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.
U.S. Department of Housing and Urban Development
Established in 1965, HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships — particularly with faith-based and community organizations — that leverage resources and improve HUD's ability to be effective on the community level.