

PLAN TO END HOMELESSNESS

PIMA COUNTY, ARIZONA



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Homeless

Spring 2006

DEDICATION

This Plan is dedicated to the men, women and children who live and sometimes die on the streets of Pima County. Each year a memorial prayer service is held for those buried in a Paupers' Field. Our hope is that in the future, our prayers are in celebration of life.



We want to acknowledge and honor the work of two long-time community advocates.

Craig Bradford Snow (1947-2006)

He began the ten year planning process and provided dedicated service and wise counsel to the Tucson nonprofit and public sectors for many years.

Paul Brady Sullivan (1942-2005),

larger than life Irishman, pioneered the housing and employment partnerships for the homeless and fought for living wage jobs as the way out of poverty.

We thank them for their lives' work and we miss them.

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PLAN TO END HOMELESSNESS

PIMA COUNTY, ARIZONA

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ACKNOWLEDGMENTS

The authors and sponsors of this *Plan to End Homelessness* wish to thank the following people for sharing their time, insights and expertise. Their input was invaluable and we are deeply grateful.

Tucson Planning Council for the Homeless, Pima County, City of Tucson, Arizona Department of Housing

Cindy Abril, *City of Tucson*

Jerry Anderson, *Southern Arizona AIDS Foundation*

Trevor Atwood, *Information & Referral Services*

John Barnes, *Salvation Army*

Dia Barney, *COPE Behavioral Services*

Nancy Bissell, *Community Advocate*

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Beth Cochran, *Primavera Foundation*

Michael Craig, *Craig Associates*

Rick Elliot, *Primavera Foundation*

Brian Flag, *Casa Maria*

Captain Mike Garrigan, *Tucson Police Department*

Jerry Howard, *Primavera Foundation*

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Judy Kidney, *Casa de Ana*

Sharon Kraych, *RAPP*

Susan Lax, *La Frontera Sonora House*

David Longoria, *Pima County CDNC Department*

Lujet McCullough, *First United Methodist Church*

Peggy Morales, *City of Tucson Section 8*

Steve Nelson, *Jackson Employment Center*

Stephania O'Neill, *COMPASS Healthcare*

Paul Pattison, *Primavera Foundation*

Val Quadros, *La Frontera / SHARP*

Lynn Ratener, *Family Counseling Agency*

Jill Rich, *Realty Executives*

Ed Schlitz, *Tucson Police Department*

Patti Scott-Lopez, *Primavera Foundation*

Jenny Sirnio, *Suntran*

Pam Sorok, *Tucson Medical Center*

Mary Pat Sullivan, *Comin' Home*

Martha Trenna Valado, *University of Arizona*

Billy Vertz, *Comin' Home*

Gary Williams, *Gospel Rescue Mission*

Marcos Ysmael, *Pima County CDNC Department*

Robbie Aefirvic, *Gospel Rescue Mission Bethany House*

Teresa Arroyo, *Casa Paloma*

Dawn Barkman, *Pima County Sheriff Department*

Sherry Barnes, *Tucson Centers for Women and Children*

Pat Benchik, *COPE Behavioral Services*

Don Blascak, *Interfaith Coalition for the Homeless*

Jerry Brillo, *Salvation Army Hospitality House*

Jim Caldwell, *Kino Hospital*

Beth Carey, *Southern Arizona AIDS Foundation*

Mark Clark, *CODAC Behavioral Health Services, Inc.*

Katie Coyle, *CODAC Behavioral Health Services, Inc.*

Hon. Jennifer Eckstrom, *City of South Tucson*

Pam Fine, *Tucson Unified School District*

Norma Gallegos, *Pima County Community Action Agency*

Melissa Hartman, *City of Tucson Community Services*

Vic Hudenko, *Housing Consultant*

Kevin Jackson, *Our Town Family Center*

Robert "B.J." Johnson, *RAPP*

Nick Jones, *Old Pueblo Community Foundation*

Margaret Kish, *Pima County CDNC Department*

Edie Lauver, *Interfaith Coalition for the Homeless*

Tomás Leon, *Youth On Their Own*

Anne Maley, *Southern Arizona AIDS Foundation*

Noe Mendoza, *Tucson Police Department*

Marlene Moreno, *Traveler's Aid Society*

Emily Nottingham, *City of Tucson Community Services*

Gordon Packard, *Community Advocate*

Darrell Peoples, *Open Inn*

Teresa Ragsdale, *Primavera Foundation*

Vicki Reza, *Tucson Police Department*

Arriana Round, *Casa Paloma*

Lee Scott, *First United Methodist Church*

Dave Shapiro, *TPCH Discharge Planning Committee*

Bob Smith, *COMPASS Healthcare*

Felice Stewart, *Gospel Rescue Mission*

Marlene Timm, *First United Methodist Church*

T. Van Hook, *RISE*

Bertha Villegas-Kinney, *Rehab Services Administration*

Pam Williams, *Pio Decimo*

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EXECUTIVE SUMMARY

This Pima County, City of Tucson and Tucson Planning Council for the Homeless *Plan to End Homelessness* was almost complete when Hurricane Katrina deluged the Gulf Coast. As in many parts of the country, the response in our community to this natural disaster was rapid, generous and well coordinated. There was tremendous political leadership, volunteer and faith-based assistance and donations from many businesses to support the efforts of the nonprofit agencies and local governments who work in this arena every day of the year.

Some said this outpouring was because these homeless were seen as “deserving”, cast out by floods and wind. But no one deserves to be without a roof over her head. No school child says, “When I grow up, I want to be homeless,” and none of us ever thinks it will happen to us. Yet each day in Tucson, without drama or media fanfare, individuals and families ebb into homelessness due to loss of a job, loss of a wage earning spouse, mental illness, physical disability, or general lack of financial and social resources.

In Pima County, it is estimated that over 4000 people are homeless on any given night; 1,794 are sheltered, 2,414 are unsheltered. Most of these people are adults, but agencies are reporting more families with children. The rapid increase in housing costs without a similar increase in income has made Tucson very unaffordable. Subpopulations among the homeless include victims of domestic violence, teens aging out of foster care, young parents with limited means, and people with addiction disorders.

In addition to the private misery and suffering of life on the streets, homelessness costs all of us. A few chronically homeless individuals can run up thousands of dollars in public safety time and uncollectible ambulance and hospital bills. Scattered desert camps have environmental impacts that must be cleaned up by Pima County.

For over two decades agencies have offered housing, substance abuse treatment, job training and placement, and other support services to move people out of homelessness, and many have succeeded in becoming more self-sufficient. Yet many people remain on the street, sometimes for long periods of time. Over the past 25 years, we have gotten much clearer about the complex causes of chronic homelessness and have seen strategies that are more effective in breaking the cycle than a brief shelter stay or a sandwich. While these earlier responses were appropriate then, now we recognize the need for more permanent housing with support services to prevent a return back to the streets. We want to build on the many programs, services and relationships that have developed over many years.

This Plan has been developed under the direction of the Tucson Planning Council for the Homeless with the support of Pima County and the City of Tucson. However, homelessness is a community-wide issue and requires a community response.

Some of the recommendations are focused on a government response, particularly at the local level. Others address more participation by individuals, faith-based groups and businesses.

This Plan has a bias for rapid re-housing or Housing First. The Housing First model places homeless individuals or families in permanent supportive housing with wrap-around services dictated by the needs and desires of the homeless household. The services vary and generally decrease over time.

The homeless population in Tucson is not monolithic, and the solutions to ending homelessness are many and varied. The primary recommendations of this plan include:

- **PREVENTION**

Increase funds from the Arizona State Department of Housing for Emergency Rent and Utility Assistance by \$250,000 a year.

Increase the number of affordable housing units for the elderly by 50 new units a year using HUD 202 or other designated funds.

- **EMPLOYMENT**

Engage the business community in offering jobs and training opportunities to formerly homeless individuals.

Provide a variety of job training placements with various levels of structure.

- **HOUSING**

- Permanent Supportive Housing

Build or buy a facility to house 20 individuals with serious mental illness in a low-demand setting with day care capacity for additional individuals. The concept is to reproduce a supportive group setting similar to the Sonora House.

Build or buy 25 new permanent supportive housing units a year for five years with appropriate support services.

- Transitional Housing

Build or buy 50 new transitional rental units for families over the next three years. Fund services to allow them to achieve self-sufficiency in two years.

Construct or renovate 10-20 beds to house 18-24 year olds with employment, life skills, counseling, education and other services so they can transition to healthy adulthood.

Create an additional 30 “dry” aftercare beds for 90 days-one year for those leaving detoxification.

Increase the number of vouchers for tenant-based rental assistance for homeless households.

Negotiate with landlords for a declining subsidy as families stabilize.

- **SUPPORT SERVICES**

Fund and publicize substance abuse treatment for youth and young adults in a setting appropriate for them.

Add 5-10 new triage beds to the existing detoxification facility operated by Compass Health Care to reduce the bottleneck in accessing detox.

Create 10-15 respite care beds, either new or within an existing shelter or homeless agency, for homeless individuals recovering from serious illness or surgery. Provide medically appropriate staff.

- **PRIVATE SECTOR ENGAGEMENT**

Enlist volunteers from faith communities, high schools, colleges and clubs to contribute time and money to agencies and in direct service to youth or adults.

Recruit donations of time, expertise, goods and services from businesses, large and small.

Strengthen the link between homeless-serving agencies and local employers for jobs, apprenticeships and on-the-job training.

- **TRANSPORTATION**

Identify a dedicated funding source for bus passes that agencies can widely distribute.

Advocate for increased hours and routes for Sun Tran to allow for increased employment opportunities.

- **COLLABORATION/COORDINATION**

Incentivize mergers and other levels of coordination that reduce administrative costs and increase money for direct services.

- **DATA GATHERING**

Support widespread implementation of the Homeless Management Information System to track outcomes and progress.

- EDUCATION

Using the media, speaker's bureaus and other mechanisms, improve public understanding of the causes and solutions of homelessness.

Internally at TPCH, conduct peer education for new staff or as new programs and services become available.

Continue training on issues of mental illness and available resources for public safety personnel in all local jurisdictions.

- PILOT PROJECTS

Design a small pilot housing community for grandparents raising grandchildren with support services.

Design a small pilot housing community for gay/lesbian youth to help them transition to self-sufficiency in a safe and sensitive environment.

Many other communities have embraced their Ten Year Plans with vision, courage and passion. They have engaged new partners and tried new approaches to end homelessness.

The Tucson Planning Council for the Homeless will be monitoring progress toward these goals. They will also be using their resources to publicize the Plan. They are committed to educating the public and increasing awareness about this complex issue.

We just need to begin. We cannot expect different results from the same actions. Tucson will be stronger, safer, healthier, and more attractive if we are able to house all of our residents.



Mission Statement

On behalf of the citizens of Pima County, the mission of the Plan-to-End-Homelessness Committee is to develop, launch and communicate a plan to eliminate current and prevent future homelessness in Pima County that can be embraced by local government leaders and owned by the wider community.

Vision

Over the last 25 years our cities and towns have become complacent about people sleeping in parks, bedrolls under freeway bridges, and panhandlers in front of businesses. It has become a feature of 21st century American life. This individual suffering and community disintegration should not represent normalcy. Although homelessness is a complex issue, other communities are proposing new solutions and having results. We want to join them.

Our Vision for Pima County/Tucson is that we will see Homelessness Eliminated:

- *It will be a shared value that people should not sleep on the street.*
- *Homeless Veterans, people with mental illness, and other vulnerable adults will think permanent housing with support services the preferable housing choice over desert camps.*
- *Parents and children will have more stable, secure housing options than living in their cars.*
- *Teens on their own will have more productive opportunities to live, work and learn than panhandling merchants and customers in retail areas.*
- *The vulnerable elderly, and grandparents raising grandchildren, will have housing security in their old age.*
- *The large systems that release people to the streets and the agencies that receive them will have more coordinated linkages in the discharge process.*
- *The research and data collected about the causes, numbers and evidence-based solutions to homelessness will assist with accurate planning and public education.*
- *The pillars to support ending homelessness will include, not just housing options, but employment, medical care and behavioral health treatment, transportation and other support services, in a complementary and coordinated way.*
- *Public education, media attention and community support will impact public perceptions, assumptions and prejudice so that wide segments of the community, including business and church leaders, elected officials, colleges and private foundations will partner to offer their solutions and financial resources.*

Guiding Principles

As we develop new housing models and restructure limited resources, we will gain more than we lose.

Pima County has a system of relationships, short-term shelters and transitional apartments that have evolved over many years. These include support from many faith-based congregations and volunteer and philanthropic contributions. As we pursue different models of housing and services, we want to honor the past efforts and build on them, not destroy the fragile links already in place.

Our efforts will be based on a resiliency model that utilizes the assets of the individual, rather than trying to fix the deficits.

Every person, young or old, healthy or ill, has strengths and talents. If we build upon the assets, our chances of successful reintegration and recovery will be greatly increased.

Our bias is Prevention. It is much more effective and efficient to keep people housed than to try to re-house them after periodic or chronic homelessness, which is particularly traumatic for children.

Our efforts will be consumer-centered, respectful and culturally sensitive. We recognize that many of the chronic homeless are very frail and have had numerous system failures in the past. Our approach is to re-engage them in making healthy choices to maximize their self-sufficiency.

Outcome-Driven. Our efforts need to be clearly measurable and cost-effective. They need to make a difference.

Based on present realities, but future oriented.

While we are planning for what exists at this point in time, we are keeping our eye on the ball in front of us. Many factors can impact the numbers and changing demographics of the homeless population. These may include: reductions in mainstream programs such as Food Stamps, Medicaid, rental assistance or an economic downturn which affects the unemployment rate. It also may be “new” populations of homeless, such as soldiers returning from Iraq with post traumatic stress disorder and for the first time significant numbers of young, wounded female soldiers. While we can’t always predict the future, we want to be prepared and remain flexible.

Planning Process

In the fall of 2004, Phil Mangano and Eduardo Cabrera of the Inter-Agency Coalition to End Homelessness visited Tucson to kick off the Ten Year Plan with Mayor Bob Walkup and present a check to RISE’s award winning Lifeworks program. Shortly thereafter, the Mayor passed on leadership of the Plan to End Homelessness to the City Community Services Department and the service providers of TPCH because of their expertise on local homeless issues. TPCH established a standing committee to develop the plan and oversee the work of a consultant.

The current consultant, funded in collaboration by Pima County, the City of Tucson and the Arizona Department of Housing, began in February 2005. In May 2005, Pima County hired a graduate student intern from the University of Arizona. The Ten Year Plan Committee has met regularly to offer expertise, review drafts, and generally provide guidance and input. The process has included a number of key informant interviews as well as extensive research on the causes of homelessness and effective interventions. Speakers with special expertise on subpopulations have also presented to the Committee. Although this team did not formally interview homeless people, it did rely heavily on in-depth interviews that a graduate student conducted with 60 chronically homeless individuals in 2003-2004. These interviews identified the barriers to service use as seen from the consumers of those services.

The State of Arizona has had strong leadership from the Governor’s Office and Department heads and has devoted substantial resources to developing the State Plan to End Homelessness. TPCH and the Pima County and City of Tucson Consortium have developed this plan to complement the State’s Plan and to be congruent with Tucson’s existing Continuum of Care and Consolidated Plan.



The Experience of Homelessness and the Cost of Inaction

Why talk about ending homelessness? For some, the answer will be self-evident: no one should have to live on the streets. Others will want to see proof that people without a place to live deserve help, and that this Plan offers feasible, cost effective ideas for change. Though we are guided by the proposition that homelessness is an unacceptable injustice, we also recognize the drive for practical and cost effective thinking. The cruel realities of homelessness and resulting strains on our social service system force us to consider both. Why end homelessness? Because the cost of inaction is too great.

- *Those who are homeless experience AIDS infection rates about 10 times greater than those of the general population.*
- *Homeless women experience sexual assault approximately 20 times more than women in general.*
- *Homeless people have tuberculosis rates about 100 times greater than the population at large.*
- *The average age of death for a homeless man was 53 in 1998.¹*

Life on the streets is not only costly for those whose lives are cut short, but also for public health systems, law enforcement systems, and emergency shelters. In the case of the “chronically homeless,” repeated visits to the emergency room, detoxification facilities, emergency shelters, and local jails utilize enormous resources while often failing to alter negative behaviors. The cost of housing and providing supportive services is comparable—and in some cases actually smaller. Housing for the homeless is not only a moral issue; it is also an economic one.

- *In King County, Seattle, a 2003 study of 24 homeless persons—all high utilizers of public health systems—found they cost the County \$1,187,746 – or \$49,489/person—in just one year.*
- *227 chronically homeless adults were followed throughout San Diego’s public systems for 18 months. They accounted for: 2,358 hospital visits, 1,745 trips by ambulance, numerous police pick-ups and detox transports, and \$6 million in health care costs alone, or \$26,431 per person.*
- *A 1999-2003 study of 119 homeless “high utilizers” in Boston found that this group made 18,384 E.R. visits, had 871 medical hospitalizations, and 836 respite admissions, costing \$25,000 per person in Medicaid alone.*
- *Permanent supportive housing has positive outcomes for the individuals and for the tax payers. In New York, 4,679 homeless adults with serious mental illness were placed in service enriched housing. Savings on the typical \$40,449/year bill in public services for these individuals covered 95% of the cost of building, operating, and providing supportive services for this project.*
- *A San Francisco program housing seriously mentally ill adults with concurrent addiction disorders showed that stable housing and supportive services led to a 57% reduction in hospital inpatient bed use, a 58% reduction in emergency room use, and reduction in the length of psychiatric hospitalization.*

The fiscal and social wisdom of homelessness prevention is even more clear-cut. When a person or family is evicted, everyone pays: shelters, who take the evicted parties in; the evicted, in the increased costs associated with their poor rental record; families, and especially children, from the destabilizing and potentially dangerous effects of shelter life; and landlords, for whom the eviction process is also quite expensive. These costs can be avoided by catching individuals and families before they fall into the shelter system. One survey, for instance, found that while cash assistance programs, which prevent families from becoming homeless, provided an average of \$440; this was less than 15% of the cost of placing them in a homeless shelter.²

“It is often less expensive to help a person or family avoid homelessness than it is to let them become homeless and then provide them with emergency shelter, other homeless services, and help getting out of homelessness.”³

TERMINOLOGY

Continuum of Care (CofC)

Continuum of Care (CofC) is a HUD-initiated system of coordinated community planning and care for homeless persons. The Continuum refers to the entire care system, from shelters to permanent supportive housing to substance abuse treatment and job training. Tucson Planning Council for the Homeless (TPCH) functions as the coordinating and planning body of Pima County's continuum of care.

Shelters / Emergency Housing

The shelter system offers crisis and emergency housing to families and individuals both for short-term (3-5 nights) stabilization and longer transitional periods. Generally, the first few evenings of a shelter stay are “no strings attached,” after which continued residence is contingent upon signs of progress towards self sufficiency like employment training, counseling, or engagement with the health care system. Shelters often serve targeted populations, like domestic violence victims, single men, or families.

The shelter system involves not only single buildings operated by social service agencies, but also motels. Individuals and families are often sent, with vouchers, to agency-rented or agency-contracted motels late at night, on weekends, or when shelters are full.

Transitional Housing

Transitional housing is a short (2 week) to medium (2 year) term system generally offered in tandem with supportive services including job training, counseling, treatment, and case management. The housing can operate as a single site, communal residence; separate apartments in a single building complex; or a subsidized private rental apartment in any location. It is generally subsidized by agency grants, with residents paying a set amount or percentage of the rent each month.

Transitional housing is meant to offer families and individuals time to stabilize, save money for an independent future, train for employment, or receive counseling and treatment.

Permanent Supportive Housing

For those with disabling conditions, permanent supportive housing offers not only affordable housing, but also ongoing supportive services. Levels of attached service support vary from 24-hour on-site supports to outpatient counseling and case management. Likewise, the housing model varies from scattered site, subsidized private rental apartments to single-site complexes with communal living areas. Intensity of support and level of independent living often evolve throughout the course of a tenant's progress from crisis to self-sufficiency.

Most permanent supportive housing falls under the Arizona Tenant Landlord Act, with leases held in a household's name rather than by a nonprofit agency. Although units funded by Shelter Plus Care and the Supportive Housing Program are considered “permanent supportive,” in most cases they function via annual or biennial grants. This introduces uncertainty and instability into housing funded by these subsidies, often making it more temporary or transitional than intended.

Permanent Affordable Housing

Permanent affordable housing refers to any non time-limited housing consuming 30 percent or less of a household's income.

Federally funded Section 8 vouchers currently subsidize “unaffordable” rents for over 4000 low-income Pima County families. The Cities of Tucson and South Tucson also operate a combined total of about 1700 units of conventional public housing. These and other local, state and federal subsidized rental programs have long waiting lists and little turnover. In the last year, the City of Tucson has decreased the number of households served by about 500 to adjust to federal cuts in the Section 8 program.

Housing First

Housing First is a model that stresses moving people as quickly as possible from emergency or crisis services into permanent affordable housing. While program elements vary— from single site supportive housing units to scattered site private rentals with time-limited case management—all housing first programs are underpinned by the belief that permanent affordable housing promotes long term stability and makes clients more responsive to care and interventions.

The length and intensity of follow-up support a program offers depends on its clients' needs. Generally, families receive 6 months to a year of case management and are then transitioned into mainstream services. Individuals with serious illnesses or disabilities are offered indefinite supports. Housing first programs tend to require limited service participation and sobriety from clients, particularly in housing for long-term homeless individuals with addiction or mental health disorders. They also tend to offer home-based services.

The housing first model is primarily targeted to chronically homeless individuals who have not benefited from other programs and families homeless due to a one-time event or for economic reasons. Some housing first programs also target families with serious barriers to re-housing.

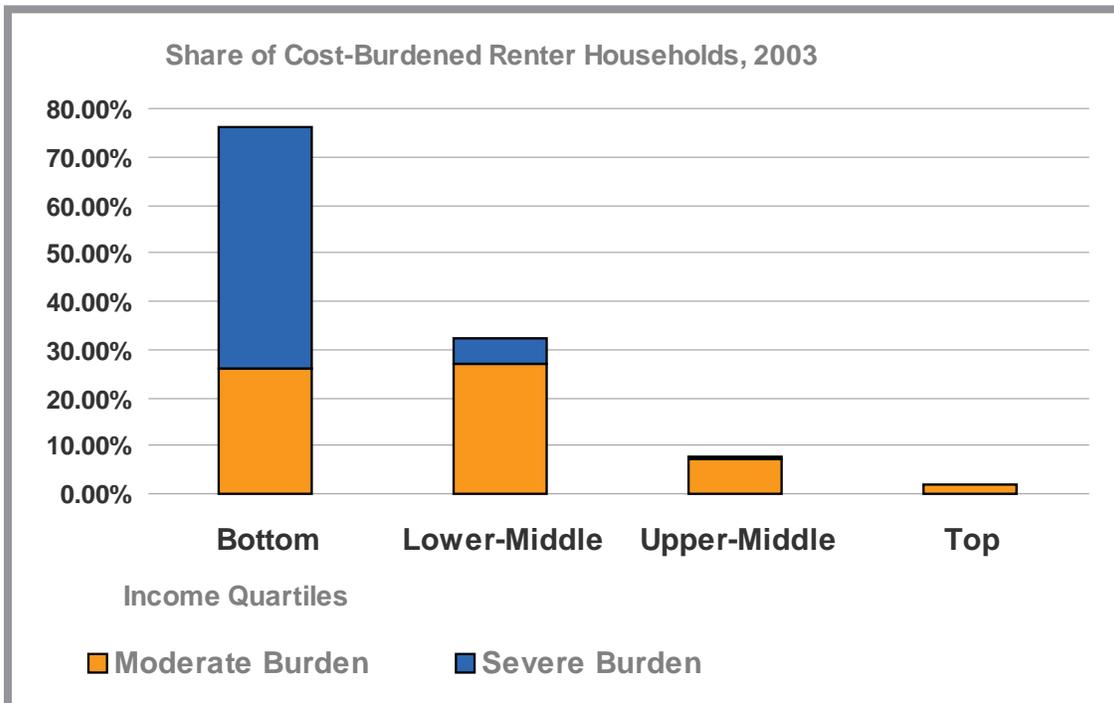
Homeless advocates and experts, as well as state and federal funders increasingly favor this Rapid Rehousing model for both periodic and long time homeless.



NATIONAL CONTEXT

How many people are homeless in America? Even this simple question has a complicated answer. Counting those who are homeless is notoriously difficult: many homeless persons remain purposely hidden and do not engage in official service delivery systems, others are temporarily staying with family and friends, and still others might be incarcerated or in the hospital at the time of a count. Definitions pose another problem: while those “doubled up” in uncomfortable or precarious situations are not officially homeless, many argue that individuals and families should not have to spend a night at the shelter to prove they are truly in need of housing. The question of when—or period of enumeration—also makes an enormous difference. Most counts of the homeless are for any given point in time—a night, or perhaps even a week. These counts, however, only poorly reflect the entire population that moves in and out of homelessness over the course of an entire year. This is because the majority of people who become homeless move into stable housing quickly, while a smaller number either return to homelessness multiple times a year or remain homeless for years at a time. “One obvious implication,” write sociologists Wright, Rubin and Devine, “is that the number of people destined to experience an episode of homelessness over any extended time period is larger, and probably quite a bit larger, than the number of people who happen to be homeless on any particular day.”⁴ As a result, demographic information on the homeless often exaggerates “chronic homelessness,” veteran status, and disabling conditions like substance abuse.

So what is our best guess about the number of people homeless? In 1996, one study estimated that over 460,000 individuals were homeless on a given night, and between 2.3 and 3.5 million over the course of a year.⁵ That national estimate has shifted little in the last decade⁶, though some believe the number of homeless persons has continued to grow.



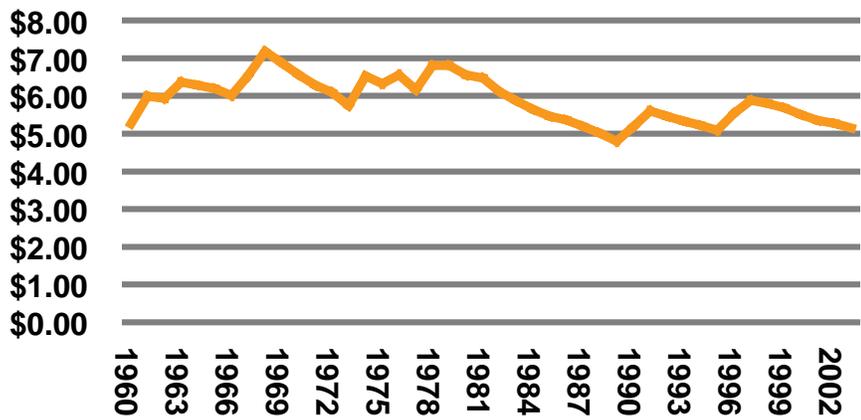
Source: Data from Harvard's Joint Center for Housing Studies' "State of the Nation's Housing 2005" (<http://www.jchs.harvard.edu/publications/markets/son2005/son2005.pdf>)

**The Housing Affordability Gap:
Poverty, Wages, Benefits, & the High Cost of Housing**

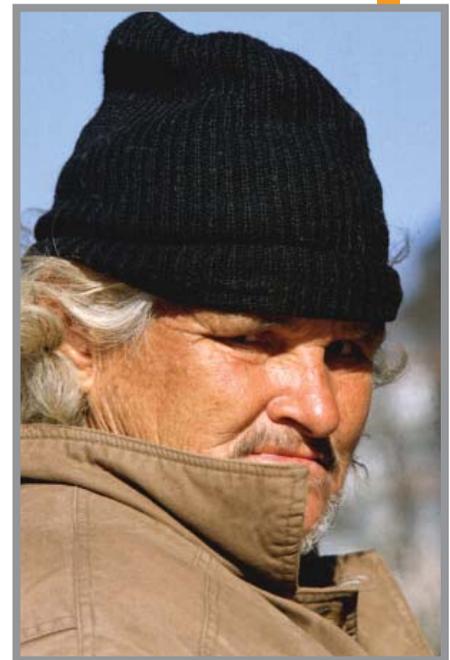
Housing affordability is not just about the price of renting or owning a home. When wages fall, even stable housing prices can become excessive. “Affordable housing shortage” refers, then, not only to the availability of low-price homes, but also to the economic conditions which bring those homes within reach of potential renters and buyers.

In our economy, the combination of high housing costs, wage stagnation among median and low-income earners, and changes in family dynamics has created a serious affordability gap over the last 35 years. On the supply end, single room occupancy hotels in “skid rows” all across the country were destroyed, eliminating a source of cheap—if low quality—housing for many poor, single adults. At the same time, casual day labor was increasingly replaced by “temporary” help agencies and mechanization, depriving many of their main subsistence strategy.⁷ Since the 1960s, minimum wages have stagnated and even seen a slight decline, while long term unemployment has become more prevalent. Manufacturing jobs have increasingly been replaced by service sector employment, which offers lower wages, fewer benefits, and decreased job security. The number of single parent households has also grown substantially, the majority of those headed by women. This last development has eroded housing security on at least two fronts: it has meant less income, and thus higher rates of poverty, for single-parent families; and it has increased the number of households in competition for low-price rentals.⁸ The result of these combined trends has been a sharp widening of the gap between housing prices and spending power. In 1970, there was a surplus of 300,000 affordable housing units available nationally. By 2001 there were 4.7 million more low-income households than affordable housing units.⁹ This loss of affordable housing options is a major factor in homelessness and the mobility of those seeking a safe and inexpensive place to live impacts destination communities such as Tucson. Today, five million American households either see 50% of their income consumed by housing costs (the federal standard is 30%) or live in severely substandard conditions.¹⁰

**The Real Value of the Minimum Wage Over Time
(2003 Dollars)**



Source: Economic Policy Institute, Real and current values of the minimum wage, 1960-2003, (http://www.epinet.org/datazone/05/minimum_wage.xls)



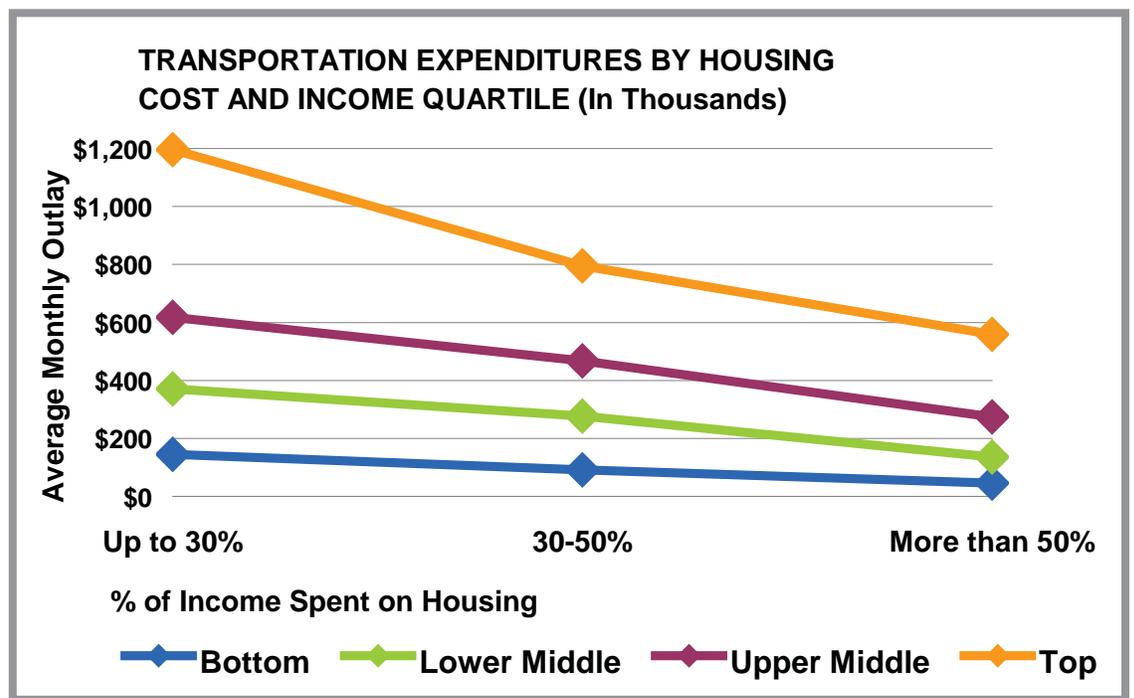
Housing cost burden: rent which exceeds 30% of a household's income
Severe housing cost burden: rent which exceeds 50% of a household's income

“Growing shares of low- and moderate-wage workers, as well as seniors with fixed incomes, can no longer afford to rent even a modest two bedroom apartment anywhere in the country... nearly one in three American households spends more than 30 percent of income on housing, and more than one in eight spend upwards of 50 percent.”

According to Harvard’s Joint Center for Housing Studies, *growing shares of low- and moderate-wage workers, as well as seniors with fixed incomes, can no longer afford to rent even a modest two bedroom apartment anywhere in the country... nearly one in three American households spends more than 30 percent of income on housing, and more than one in eight spend upwards of 50 percent.*¹¹

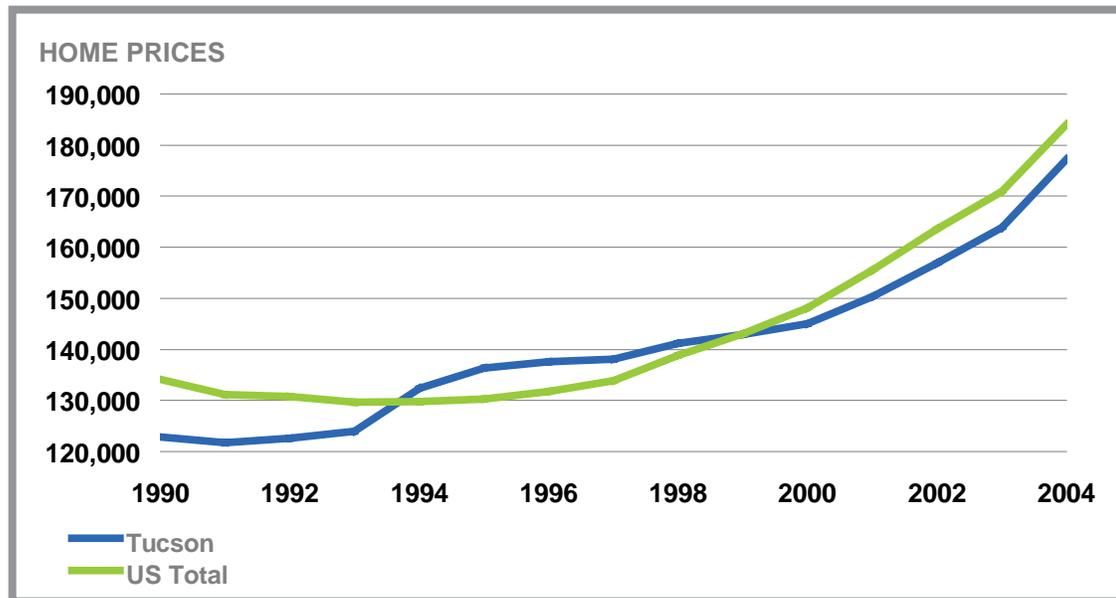
Among the very low income, this problem is even more severe. 70 percent of the bottom income quartile is cost-burdened and 44 percent spend more than 50 percent of their income on housing.¹²

These numbers actually tell a modest story, because they miss the critical tradeoffs which millions make to keep themselves housed. Housing costs exist in a precarious balance with other necessities, one which can easily be tilted by health crises, car repairs, and other minor disasters. And this balance can be harsh indeed: in 2001, elderly individuals who spent a small portion of their income—less than 20%—on rent also spent about \$195 monthly on healthcare, while their severely cost burdened counterparts squeezed their healthcare costs down to \$64/month.¹³ Many others—about 2.5 million Americans—trade in safety and comfort by residing in crowded or “structurally inadequate” housing. Others still are moving farther and farther away from their jobs in search of a more affordable market, which leads not only to longer commuting times, but also to higher transportation costs. In fact, among those in the lowest quartile of spenders nationally, people living in affordable housing spend about \$100 more on transportation monthly than those who are severely cost-burdened by their housing.¹⁴



Source: Data from Harvard’s Joint Center for Housing Studies’ “State of the Nation’s Housing 2005” (<http://www.jchs.harvard.edu/publications/markets/son2005/son2005.pdf>)

Even homeowners are being pushed further toward the edge of stability. Between 2000 and 2003, 3,127,000 homeowners were added to the ranks of the cost-burdened, a 21% increase.¹⁵



Source: Data from Harvard's Joint Center for Housing Studies' "State of the Nation's Housing 2005" (<http://www.jchs.harvard.edu/publications/markets/son2005/son2005.pdf>)

Family Estrangement

Homelessness generally occurs in the context of weak social ties. Many homeless people have no contact with parents, siblings, or even their own children. A disproportionately high number of homeless persons report never having been married, and those who have been married are largely separated or divorced. A great number of the homeless report childhood physical, sexual, or emotional abuse. The majority was raised by single parents, other family or in foster care—environments which on average provide fewer financial resources or imply at least periods of instability. More than half report substance-abusive fathers, a quarter report substance-abusive mothers, and two thirds report substance-using siblings. People with addiction disorders report the least family contact, likely a complicated mix of their own alienating behavior and dysfunctional relationships, which reach far back into family history. As Wright, Rubin and Devine argue, "In a deep sense, many homeless adults have been literally homeless and family less since birth."¹⁶

While people don't become homeless merely because they have few places to turn for help, the loss of that potential safety net can make the difference between the streets and a friendly couch in moments of crisis.

Drug Use & Mental Illness

The prevailing stereotype of a homeless person has long been a drunken, "crazy," single man. While this stereotype is far from accurate—many families become homeless, as do many people without addiction or mental health disorders—we must be honest about the very real context of substance use and mental illness in the homeless community.

Though research has suggested widely varied rates of mental illness in the homeless community, Wright, Rubin and Levine estimate that about one in three homeless people are mentally ill in a "clinically significant sense."¹⁸ Why does one third of the population dominate the popular imagination? One clear explanation: the very rational survival strategies many homeless employ—urinating in the street because we have so few public restrooms in this country, or rummaging in garbage cans for food because hunger is a worse alternative—register as abnormal, bizarre, or "crazy" to the observer. But desperation is not mental illness—it is merely a reflection of how poorly we have managed to meet the basic needs of so many people.

“... the lack of attachment to family and the ensuing absence of a familial ‘safety net’ upon which persons can rely in times of crisis are ... an inherent part of the process by which people become homeless.”¹⁷

And what of those with serious mental illness? Established myth holds that thousands of mentally ill persons were released from psychiatric facilities in the 1980s, and that these people became the bulk of today's homeless population. In fact, mental hospitals began releasing patients in earnest in the 1960s—far before homelessness became a serious or growing national problem. And hospitalizing thousands of adults against their will is certainly not the answer to the “homeless problem.” Rather, homeless mentally ill persons have very basic needs that we as a nation do not meet. They need access to social benefits and housing subsidies, because many cannot work or cannot work full time. They need on-site or convenient supportive services, particularly as they stabilize in housed life. And – like all low-income people – they need an adequate supply of safe, low-cost housing.

The story on substance use is slightly different. As of 1998, alcohol abuse rates among the nation's homeless were estimated to be above 40%, and at minimum 5-30% of homeless individuals were utilizing drugs other than alcohol. Those rates have likely risen in the seven intervening years. Even in 1998, some evidence suggested higher substance use rates. A 1994 drug test in all of New York's general purpose shelters found that 66% of single adults had traces of cocaine in their urine, and around that time evidence suggested that between one-third and ½ of the homeless were frequent crack users.¹⁹ As methamphetamine takes over as the nation's leading drug epidemic, little hard data has yet been accumulated about the effects of that epidemic on homeless populations.

Addiction is difficult to confront as part of the context of homelessness. It is deeply tied to co-occurring and untreated mental health issues; limited income, employment and affordable housing options; and the rigors of life on the streets. And it is also, regrettably, a clear cause of continuing homelessness. In one study in New Orleans, the average homeless substance abuser had income which exceeded the federal poverty line and was spending almost \$600 a month on drugs and alcohol, which accounted for 64% of total income for men and 71% for women. Among the participants in the study, higher incomes led—without fail—to higher drug consumption.²⁰



TUCSON CONTEXT & HOMELESS DEMOGRAPHICS

Pima County, at 9,185 square miles and almost a million residents, is rural in geography, but urban in population. Only 4.5 percent of the county is incorporated, but 65% of its population lives in incorporated areas. This underdeveloped land is ideal for outdoor living, which in combination with Tucson's mild winters makes the area a magnet for homeless travelers. Moreover, Tucson is considered a relatively friendly locale for the homeless because of the availability of food, clothing, health care, and emergency shelters. Police response is generally focused on criminal activity as opposed to more widespread harassment of those living on the street, and drugs in Pima County are plentiful and cheap. The major metropolitan area of Tucson contains most of the services. The incorporated towns within the County include Marana, Oro Valley, Sahuarita and the City of South Tucson. South Tucson has about 5800 inhabitants and contains a number of the homeless serving agencies within its jurisdictional boundaries. The isolated rural communities have limited crisis services, food pantries and emergency rent and utility assistance through Pima County, but generally families will need to come into Tucson for a full continuum of support. Tucson is located an hour (70 miles) from the Mexican border cities of Nogales, Arizona and Nogales, Sonora and 15 areas of Pima County have federal colonias designation. The Arizona/Mexico border has a constant stream of undocumented people coming through the community, some looking for work here, and others just passing through on their way to construction sites or meat packing plants in the Midwest or South. An estimated 5%, or approximately 500,000 of the total undocumented population of 10.3 million in the U.S. reside in Arizona (source: Pew Hispanic Center). The county contains two Native American tribal communities: the very large Tohono O'odham Reservation with its 11 districts spread over 4,461 square miles (about the size of the State of Connecticut), and a population of approximately 27,500 scattered and isolated in the desert near the international border; and the smaller Yaqui community (1.4 square miles and a population of 12,900) with its tribal headquarters west of metropolitan Tucson and urban communities in South Tucson, Marana and a Tucson neighborhood near I-10. Arizona and Pima County continue to be among the fastest growing areas of the country, so the infrastructure needs and demands are outpaced in most arenas including roads, schools, police protection and social services.

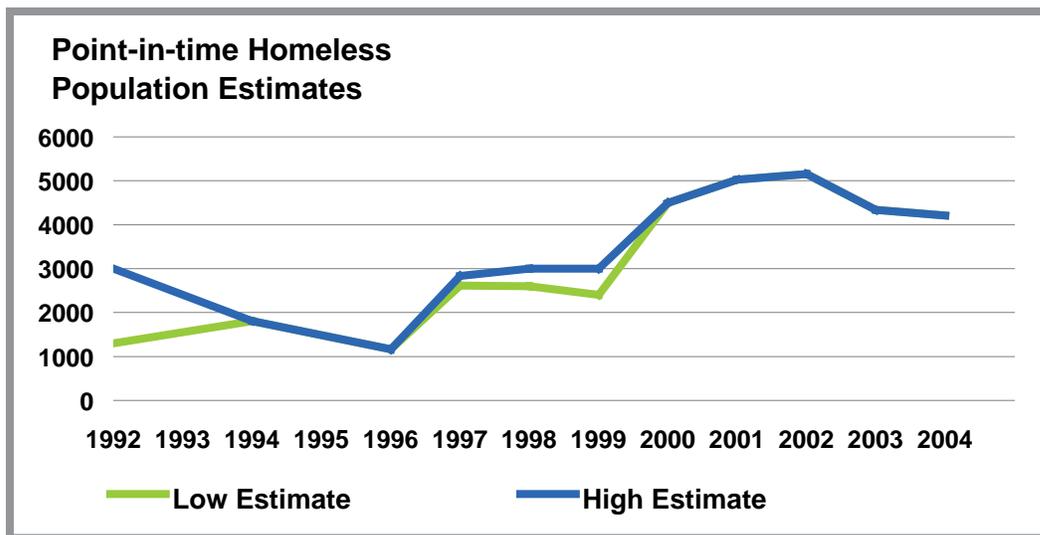
The University of Arizona, with its 36,000 students, and the multi-campus Pima Community College with an enrollment over 80,000 are both valuable resources and major area employers. In fact, most of the large employers in Pima County are public sector entities like local governments, military bases and school districts. The Tucson economy is dominated by service industries, particularly in the area of tourism. Recent years have seen an increase in the high tech manufacturing sector and construction continues to be a major component in this high-growth locale.

Counts

While Tucson's continuum of care has evolved dramatically over the last two decades, its record-keeping still falls short. Good statistics on homelessness are notoriously difficult to produce, in part because many homeless people do not want to be found, residing in hidden washes, abandoned buildings, and mountain encampments, and rarely, if ever, visiting service providers. The unsheltered homeless population—of necessity—occupies a great deal of Tucson's terrain, and at any moment can be found in multiple alleyways, parks, camps, streets, or feeding sites. Combined with the limited resources of local service organizations, these conditions make getting a totally accurate point-in-time count impossible. Over the years, however, many have worked hard to develop a better picture of Tucson's homeless households and their needs.

By all accounts, Tucson's homeless population has grown in the last decade. On any given day in 1997, University of Arizona researchers estimated that 2,600-2,800 people were homeless in the city.²¹ By 2002, during a period of large layoffs and rising unemployment, the daily population had climbed to an estimated 5,100 people.²²

There is anecdotal evidence that homelessness exists in rural Pima County with people sleeping in their trucks or in the desert. Services, however, are almost non-existent outside the metro area. Therefore, the statistics do not capture those in small towns or more remote areas in the vast unincorporated areas.



Local Context of Homelessness

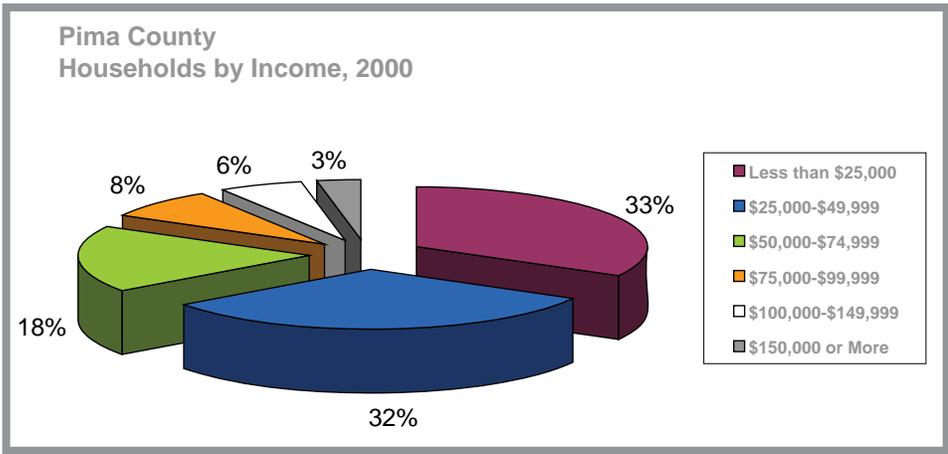
One clear cause of this increase is that incomes have not kept up with the rising cost of housing. In 1998, 44% of Tucson renters were unable to afford a 2-bedroom apartment at fair market rent.²³ In 2003, the National Low Income Housing Coalition estimated that 52% of Tucson renter households were cost burdened by their housing, and Arizona ranked as the 7th most unaffordable renter state in the nation.²⁴ By 2005, a person earning the minimum wage (\$5.15 per hour) had to work 112 hours per week in order to afford a two-bedroom unit at Tucson's fair market rent.²⁵ Put another way, the hourly wage needed to afford the average two-bedroom unit in Tucson is \$14.35 in 2005.

It is also clear that living costs in general have outstripped wage increases for the lowest earners in the area, pushing those at the margins of economic stability further towards the edge. Wages for the 10th percentile of earners in Pima County increased by 7.44% between 2000 and 2004, but during that same period the Consumer Price Index (CPI)—the most important measure of inflation—went up by over 9.5%. The CPI for medical care soared by a whopping 21.24%, signifying an enormously increased health cost burden. Even median earners, who saw their wages increase by about 18% between 2000 and 2004, could not keep up with the astronomically rising cost of health care.²⁶

Tucson faces additional difficulties because its mild weather, large swaths of undeveloped land, and placement on a major east-west route to California attract scores of homeless workers. Because so many do not succeed in finding jobs, they are stranded here during the summer heat, which can be just as life-threatening as the frigid temperatures common during Northern winters. In the year ending October 2005, 231 individuals were buried in the County Cemetery; thirty-four of these men and women were unnamed and unmourned. The constant influx of new homeless families is clearly also an additional burden on an already overtaxed service system.

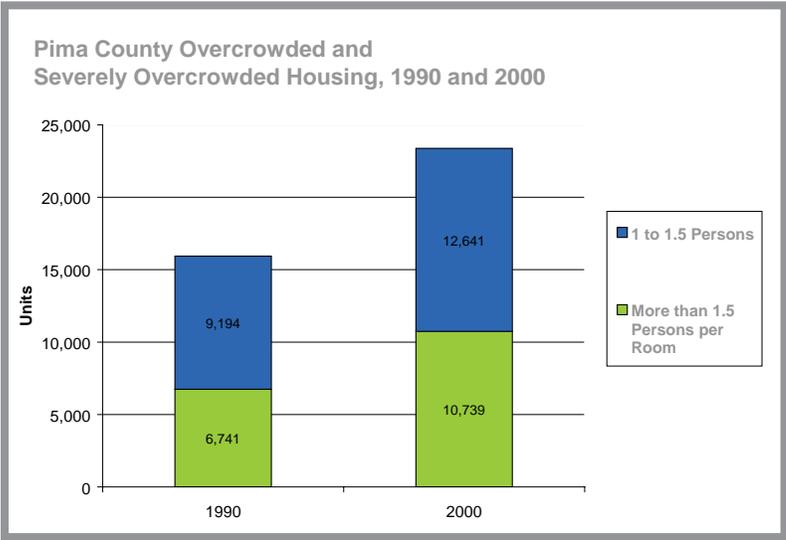
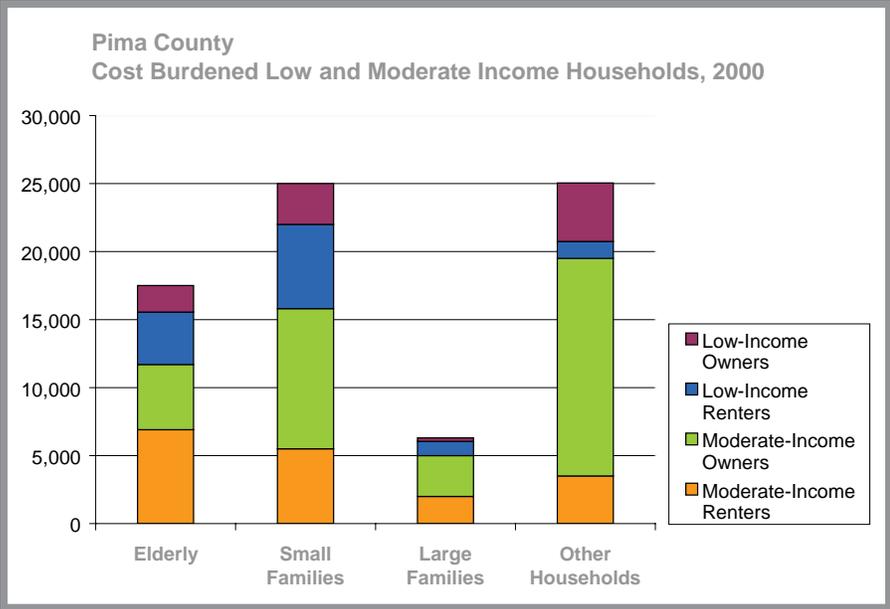
Despite these challenges, Tucson has managed to decrease bed shortages in its homeless housing system substantially over the last seven years. Between 1998 and 2004, our combined emergency, transitional, and permanent supportive bed capacity for families rose 51%, while it jumped by 63% for individuals. These numbers do not include the hundreds of people who've received aid becoming homeowners or independent renters in the private market. As a result of these efforts, bed gaps for individuals decreased by 45% while they dropped 57% for families.²⁷ In 2004, 810 individuals and 228 families remained unsheltered—an enormous decrease since the 1990s, but still—clearly—an unacceptable number.

The following graphs developed for the 2005 *Pima County/City of Tucson Consolidated Plan* highlight the issues of low-income, cost-burdened households and overcrowding. Additionally, some older homes are substandard with failing roofs, plumbing, or electrical systems. Mobile homes, often an affordable option, are potentially unsafe and vulnerable to fire or extreme weather conditions. Almost half, 48%, of mobile homes are pre-1978 and do not meet the federal standards. Substandard homes that are condemned may result in homelessness for the occupants.

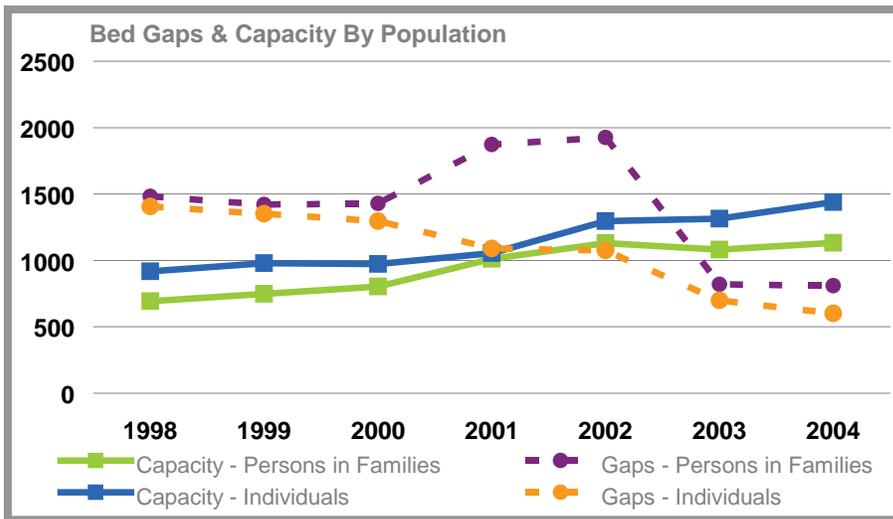


- Over 110,000 households in Pima County, 1/3 of the total, have household incomes that are less than \$25,000 per year.
- 132,800 households in Pima County are low-or moderate-income. This represents 40% of the households in the county.

- 74,456 of the 331,241 households in Pima County are cost-burdened low or moderate-income households (22.5%).
- “Other” households (single, non-elderly persons) are the largest segment of cost-burdened households represented in this chart.



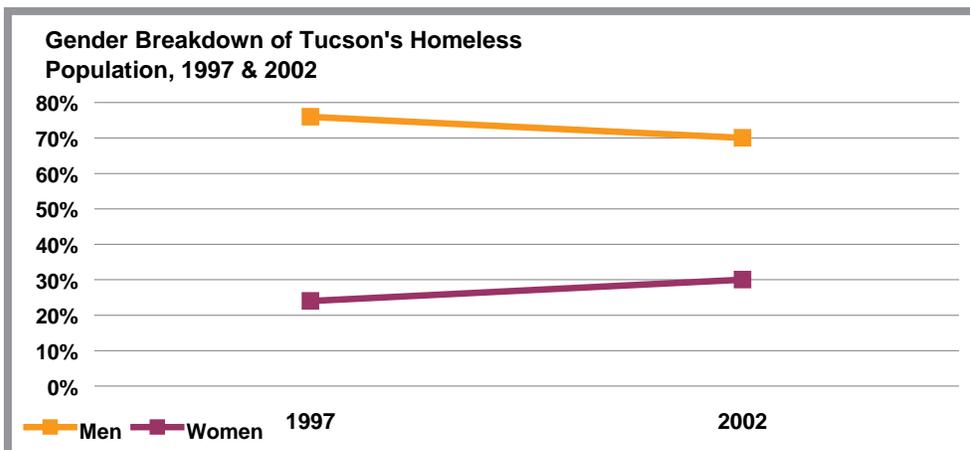
- Households living in overcrowded conditions increased by 47% in the 1990s.
- Of the 23,380 overcrowded households in 2000, 46% were living in severely overcrowded conditions.
- HUD defines units with 1 to 1.5 persons per room as overcrowded
- Units with more than 1.5 persons per room are considered severely overcrowded.
- As evidence of need there were over 1,900 responses to housing and property complaints in 2004.



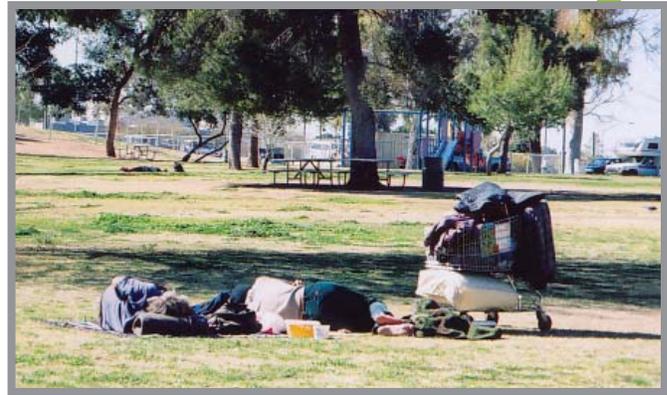
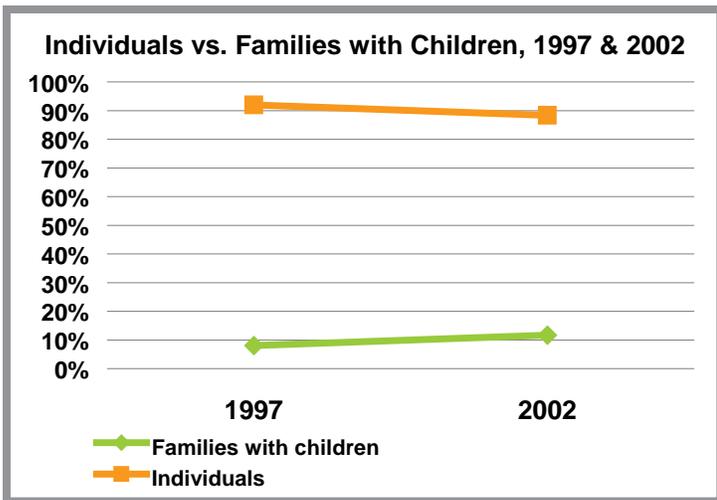
A Sketch of Tucson's Homeless

People who are homeless are generally divided into Single Adults, Families, or Youth. In 1997 and 1998, University of Arizona researchers conducted a study of Tucson's homeless population,²⁸ finding the majority to be between 30 and 49 years of age, male (76%), and white (58%). Hispanics—composing about 30% of Tucson's overall population—were underrepresented among the homeless (at about 14%), while African Americans—about 3 percent of Tucson's population—were a whopping 13% of the city's homeless. About a third of respondents had alcohol problems or were physically disabled, and about a quarter were either mentally disabled or experienced drug problems. Nearly 40% of respondents were veterans.

More recent data from a study by former University of Arizona researchers²⁹ suggests similar racial and ethnic breakdowns, slightly higher substance use and disability rates (36-40%), and greater levels of serious mental illness (31% of study respondents had been hospitalized for mental health problems). Approximately 30% of all respondents were female, resonating with providers' common perception that women are increasingly represented in the ranks of Tucson's homeless population. The study also suggested that fewer veterans remain homeless in Tucson—about 29%—while a less scientifically derived estimate from Tucson's 2004 Continuum of Care report put veterans at less than 5% of the homeless population. In 2005, service providers have also noted an increase in the number of families with children who are less likely to be identified in a street count and an influx of new veterans from Iraq and Afghanistan. The McKinney-Vento definition for homeless youth is a bit more lenient than for adults; many young people are in unstable housing situations, but may not show up in the surveys.



Derived from Snow & Shockey 1998 and Holschuh & Stewart 2002



Derived from Snow & Shockey 1998 and Holscuh & Stewart 2002

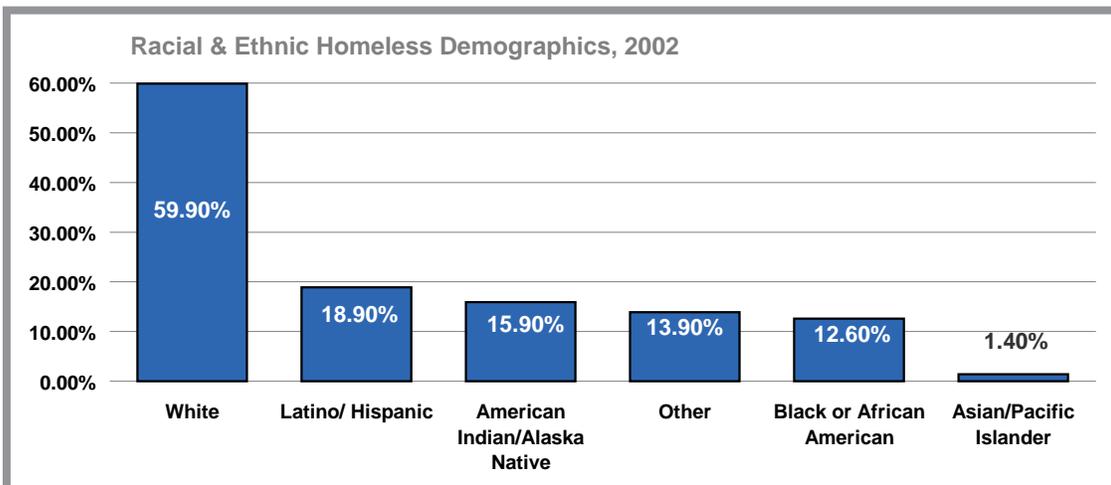
Historical Response To Homelessness In Tucson

As in other parts of the country, homelessness in Tucson really became a pressing social issue in the early 1980s. Manufacturing jobs began to disappear, people with mental illness were released from state hospitals with few independent or community resources to support them, and many single room occupancy (SRO) hotels and other inexpensive housing were demolished to make room for redevelopment. Tucson has had a broad-based response to homelessness since the early 80s, and many committed people have worked long and hard to provide housing and services to those on the streets. Over the years, Tucson's trailblazing initiatives have evolved into a coordinated and progressive force. As we develop recommendations for the future, we want to honor and acknowledge the past and build upon the many efforts and assets already in place.

Faith-Based

Many early responses to homelessness were faith-based. Ray Chastain, a yardmaster for the Southern Pacific Railroad, founded the Gospel Rescue Mission as a shelter in 1953. In 1992, Gospel established Bethany House to serve women and children

The Salvation Army has had a long presence in Tucson, providing meals, shelter beds and transitional housing and is a major player in Winter Shelter.



Derived from Snow & Shockey 1998 and Holscuh & Stewart 2002

Around 1980, Reverend Roland Brammier founded Traveler's Aid in Tucson as a spin-off of Tucson Metropolitan Ministry at St. John's Methodist Church, where it remains 25 years later. Traveler's Aid has grown to be a non-sectarian full service case management agency providing the array of housing options from emergency shelter to permanent housing. It currently houses over 300 individuals a night. Rev. Brammier was active in many other efforts to improve the lives of those on the street or struggling with mental illness.

In 1983, Fr. David Innocente, a Catholic priest, opened Casa Maria, a Catholic Worker community, to feed the poor and homeless. Over 20 years later, Casa Maria, located on the border between the Cities of Tucson and South Tucson, still feeds hundreds daily and offers showers and laundry facilities—all without any government funding.

An effort that helped mobilize the larger Tucson community and increased public awareness of the issue, began in 1982 with a soup kitchen started by two parishioners of St. Michael's and All Angels' Episcopal Church. Although this kitchen was closed a few years later due to lawsuits and neighborhood opposition, it opened their eyes and the hearts and the pocketbooks of many Tucsonans to the plight of the homeless. These pioneers, Gordon Packard and Nancy Bissell, formed the secular nonprofit Primavera Foundation. They were able to draw on their own social activist congregation, local student groups and artists, and the broader community for volunteers and donations. Primavera became the most well known homeless agency in Tucson, thriving on the energy and the work of thousands of volunteers. It received a Hands Across America Grant to open a men's shelter in 1986, for which volunteers provided—and in fact still provide—hot delicious meals 365 days a year. Primavera also began the first permanent residence for homeless individuals with mental illness in an old South Tucson hotel that many of its future residents helped to rehabilitate. Later, it received a large Mott Foundation grant for Primavera Works, which links the homeless to temporary and long-term employment.

In 1989, with a Gannet Foundation Grant as seed money, Primavera Builders became another model program, combining job training for the homeless – and later crews of high school students and women – with low-income first-time homebuyers' need for affordable homes. This program worked collaboratively with local banks, construction companies and Pima Community College. Over the years, Primavera Builders has built or renovated over 100 homes and trained hundreds of individuals in carpentry, electrical work and plumbing. In 2002, Primavera opened the Jim and Vicki Click Primavera Builders Training Center in the City of South Tucson. Jim Click, a local businessman and philanthropist, helped raised a million dollars to build this center.

Primavera continues to be a moral compass, linking services to the homeless to larger issues of economic injustice and social marginalization. It has received numerous national awards for its innovation and ability to involve the larger community in the concerns of the poor and homeless.

The Interfaith Coalition for the Homeless, in partnership with St. Mark's Presbyterian Church and the Tucson Board of Realtors, created the Tucson Shalom House, the first transitional shelter and support services program in the community for mothers and children who were homeless for reasons other than domestic violence. The Tucson Board of Realtors formed the Hearth Foundation to provide ongoing support for this very successful program, now called New Beginnings for Women and Children.

Caridad is a creation of a number of congregations active in the Pima County Interfaith Coalition. It is now housed at Holy Family Church and provides meals and other services to low income and homeless individuals and families. This program took up some of the slack when the Toole Avenue soup kitchen was closed.

While many of these early efforts were faith-based, other nonprofits with particular expertise have also provided services for many years. All of these agencies receive substantial public financial support from local governments, the state and the federal government. These efforts are coordinated and all entities cooperate in service delivery and funding applications.

This list is not exhaustive. It does not include private contributions or foundation grants. Other public funds from the Veteran’s Administration, Housing Opportunities for People with AIDS (HOPWA), and the Substance Abuse Mental Health Services Administration (SAMHSA) are not reflected in this chart.

IN 2005, FUNDING FOR THE HOMELESS IN PIMA COUNTY INCLUDED:	
Pima County Outside Agency Program	<i>Shelter and Care Management: \$629,074</i>
Pima County Affordable Housing Program	<i>Emergency Shelter Grant: \$112,189</i>
Pima County Community Action Agency	<i>Homeless Prevention: \$1,232,337</i>
City of Tucson Emergency Shelter Grant & Community Development Block Grant	<i>Shelter: \$396,166 Transitional Housing: \$231,000 Prevention: \$134,127</i>
State of Arizona	<i>Emergency Shelter Grant: \$68,789 Prevention: \$241,770 Department of Economic Security: \$659,899</i>
Federal	<i>Continuum of Care: \$6,016,846</i>

Special Populations

By the mid-1980s, Tucson had developed a number of options for women and families fleeing domestic violence situations. Brewster Center, Tucson Centers for Women and Children and the AVA Program at the YWCA all offered shelter beds, counseling, legal assistance and other support in secure and confidential settings. One of these programs was housed at a former convent next to a Catholic church.

In the mid-1970s, the Local Alcohol Rehabilitation Center (LARC) opened in South Tucson as a community response to the issue of public intoxication. Prior to that time, if law enforcement officers encountered someone clearly very inebriated on the street or in a park, he or she was taken to the jail-based “drunk tank.” Although many people only stayed the night to dry out, some began treatment programs or joined AA to begin longer periods of sobriety. LARC evolved into Gateway and then Compass Health Care, a treatment program that offers transitional housing options for women and men as well as detoxification beds to begin the process.

By the late 1980s, many agencies in Tucson were taking advantage of the HUD Transitional Housing Program (TH), which provided funds to build or purchase facilities to house the homeless. Two agencies that serve veterans – Comin’ Home and Esperanza en Escalante – started at this time. They developed relationships with the VA Medical Center and active and retired military organizations, as well as local businesses.

Another partnership utilized a Shelter Plus Care grant award to house people with serious mental illness, chronic substance abuse or HIV. By 1993, the City of Tucson and its five collaborating agencies, had not only received one of the first grants for supportive housing in the nation, but were also outperforming expectations by operating more than the 100 beds for which they were funded. A number of behavioral health agencies began to provide housing for their clients, a trend which has continued and expanded.

By the early 1990s, Tucson and the rest of the nation were faced with a new cause of homelessness, AIDS. Again, the community responded, purchasing a number of small apartments and obtaining a HUD 811 grant for the construction of a small apartment complex to house those disabled by the disease.

The Winter Shelter Program, begun in the 1980s as a response to death on the streets, is a wide-ranging faith-based effort which draws on the efforts of over 50 congregations and social service agencies. Winter Shelter has three components: Operation Deep Freeze, Project Hospitality and—more recently—One Step Beyond.

Operation Deep Freeze is “called” by a team that includes agency staff and the Tucson Police Department when the temperature is expected to go below 32 on a dry night and 35 if it is raining. The police, social service agencies and numerous congregations work together to assure that all the city’s homeless have access to shelter. The Salvation Army plays a major role, setting up overflow cots for those who cannot be accommodated in church sanctuaries or halls and preparing meals. There are always nurses available, and those with serious medical conditions are referred to hospitals or receive medical attention from doctors. Agencies also offer long-term services to all those housed on these cold nights. People who are intoxicated are offered services at Compass, an agency that provides detox beds.

The Interfaith Coalition for the Homeless coordinates *Project Hospitality*. Participating congregations, 39 this year, provide long-term beds on a prescheduled, rotating basis from November 28 – February 28. Many of the congregations prepare wonderful home cooked meals, show movies, and offer case management to connect people with other resources and services.

One Step Beyond is a congregation-based extended stay program for those willing to participate in more intensive case management. The program currently serves veterans; some have just begun employment, and others are in treatment programs.

Other Services

In the early-1980s, El Rio Clinic, a comprehensive community-based health facility that had been serving low income and minority residents for over 30 years, received a Robert Wood Johnson Health Care for the Homeless Grant followed by ongoing funding from the Department of Health and Human Services which effectively initiated homeless health care in Tucson. In addition to services at clinic sites, nurse practitioners pay weekly visits to shelters, food programs, and transitional housing units for teens, women and other special populations. They provide primary care to hundreds of homeless people and are able to diagnosis and refer for more serious illnesses. The University of Arizona Medical School has also trained interns and residents in shelters and other sites.

In 1986, the Pima County Community Services Department started an employment program for the homeless. This program emphasized job readiness and job search. After evolving into the Jackson Employment Center, the program partnered with Traveler’s Aid, which provided housing for those in job search or the first weeks of employment. One of their joint projects was the construction of a new SRO, the Catalina Hotel, to replace an SRO demolished to make room for a road into downtown. Over the years Jackson has expanded its partnerships with agencies serving youth, veterans, people with mental illness and those with addiction disorders.

Politics and Structure

Initially, some elected officials were hesitant in their response to homelessness because of neighborhood fears and complaints about siting shelters, food programs, and other homeless services. As awareness grew about the complexity of this issue, and because local activists and advocates pressed tirelessly for just and humane homeless policies, both the City of Tucson and Pima County have become supportive of efforts to house the homeless. They have devoted CDBG funds for both operating and acquisition/rehabilitation of existing buildings. The local jurisdictions also provide technical assistance to nonprofit agencies and actively encourage collaborations and partnerships.



In 1984, the city established the Neighborhood Emergency Transitioning (NET) Project, a community board funded by state and local government and the United Way, to develop an effective response to the growing homeless problem. After three years of work, NET made a comprehensive report to the city. A core of its members—a broad-based coalition of public, business, nonprofit and faith-based representatives—decided to formalize their coordination and commitment, and formed the Tucson Planning Council for the Homeless (TPCH) in 1987.

In 1995, TPCH and local officials developed an official structure of working relationships among city and county government and nonprofit service providers that has become the foundation of our Continuum of Care. This structure—based on input from over 50 public meetings—makes TPCH the lead entity for all homeless program planning and policy development. The diverse TPCH membership, which includes nonprofit service providers, City and County officials, state and regional agencies, members of the faith community, and law enforcement, divides its considerable work among a number of committees which meet at least once monthly. The general group also meets regularly, coordinating all aspects of Tucson’s homeless response. The Interfaith Coalition for the Homeless acts as the fiscal agent for TPCH, administers and monitors contracts, and supervises preparation for the annual Continuum of Care. TPCH oversees the *Need Help* pocket pamphlet for homeless households.

Information and Referral Services administers the contract to develop and implement HMIS, operates a 24-hour referral hotline, and publishes the biennial *Directory of Human Services*.

The Tucson Planning Council for the Homeless standing committees include:

- *Continuum of Services Committee*
Gathers and analyzes data (including gaps analysis) on the inventory and occupancy rates of available beds and services, using this information as a planning tool. The committee is also responsible for coordinating the development of the HUD Continuum of Care Application. Some members also participate on both the local and state 10-year Plan-to-End Homelessness committees.
- *Education Committee*
Promotes the Tucson Planning Council for the Homeless mission through community-wide education. The committee works to increase community awareness and support related to homeless people, homeless issues, the Tucson Planning Council for the Homeless and service provider organizations. The committee also plans the biennial “How To’s of Helping the Homeless” conference.
- *Legislative Committee*
Monitors federal, state and local legislation and actions related to homelessness and poverty. The committee makes reports to the full membership and asks for specific action to be taken by members.
- *Discharge Planning Committee*
Works to facilitate coordination between institutions discharging homeless people into the community (i.e. prisons, hospitals, nursing homes etc.) and homeless service providers.
- *The Winter Shelter Committee*
Expands the number of shelter beds in Tucson during winter months to protect the health and safety of people who are homeless. The effort involves up to 20 agencies, the Tucson Police Department, and 33 local religious congregations and provided 19,250 bed nights of additional shelter in 2004.
- *Homeless Youth Committee*
Plans, organizes, implements and evaluates services to homeless youth. The committee identifies gaps in services and develops collaborative partnerships that address the needs of young people.

- *Evaluation Committee*

Participates on the State Evaluation Committee and the implementation of the Self-Sufficiency Matrix.

- *Plan-to-End-Homelessness Committee*

Works with a broad range of local and state-level stakeholders to develop a plan with strong community support and connections to state and county policies. This committee will be absorbed into the Continuum of Services Committee to monitor progress toward goals and recommendations after the Plan is complete.

If we fast forward to 2006, many of Tucson's early nonprofits have matured and grown more sophisticated in their approach as the body of knowledge on homelessness grows and new treatments become available. Tucson Planning Council for the Homeless (TPCH) has 39 members, representing housing providers, behavioral health agencies, faith communities, law enforcement, state and local governments, foundations and businesses. TPCH is also linked to the broader community through the Boards of its member agencies and its participation in national advocacy groups and trade organizations.

Service agencies have improved coordination with each other, local hospitals, schools, and the Tucson Police Department (TPD). The City Community Services Department has worked with the TPD to develop more effective protocols for handling homeless encampments and the TPD has improved training for officers dealing with people who are homeless. In the face of a rising homeless population, Tucson has reduced the number of unsheltered individuals and families by continually building up its housing capacity. Pima County has also been consistently successful in obtaining funding through Continuum of Care applications and other competitive homeless-related grants. And smaller, often faith-based providers like individual churches—many of whom do not participate in the formal TPCH structure—have continually stepped up to the plate to fill gaps and respond to urgent community needs. These developments have put Tucson and Pima County at the forefront of national policy trends.

GENERAL RECOMMENDATIONS

While metropolitan Tucson has made great strides in the last 25 years in committing resources, creating housing units and addressing the multiple needs of those without a place to live, homelessness still persists. The innovative resources we already have here in Tucson must be supported, continued, and in some cases expanded. Without some changes, however, we will continue to fall short of addressing the full causes and consequences of homelessness.

We cannot take homelessness out of the larger context of poverty, lack of affordable housing, low wages, low educational attainment, racial and ethnic discrimination, gender dynamics and other factors that drive poverty, inequality, and housing instability. We cannot pretend that our proposals will counter the broader issues of wage injustice, rising housing prices, and insufficient Federal supports for the disabled. We cannot pretend that millions of dollars will rise up to meet our ideas, because in fact our resources are shrinking every year. Neither can we claim that housing without services will address the complex root causes of homelessness, and that constructing buildings to warehouse the homeless is the solution to our problems. Instead we must carefully leverage the funding we still have, seek greater efficiency, find innovative ways to confront new and evolving challenges, improve coordination, continue to link housing with supportive services, build on existing resources, develop a more outcome-driven approach, and generate greater private sector support.

Homelessness is a community issue and while there is a critical role for businesses, academia and the faith-based communities to play, the major efforts to end homelessness and provide appropriate services will continue to fall to federal, state and local governments. If they are unable to play that role due to conflicting budget priorities, we can expect homelessness to continue and indeed to increase.

Prevention

Background & Existing Resources

For 20 years, Pima County has had a data-linked rent and utility assistance program, administered through the Pima County Community Action Agency, with 30 agency partners throughout urban and rural areas of the county. In addition to one-time emergency assistance funds, applicants receive case management and budgeting assistance and referrals to other services. Each month these funds run out quickly leaving many families without assistance and at risk of homelessness. The State of Arizona began funding prevention services about five years ago. In 2005, in recognition of the importance of homelessness prevention, the Arizona Department of Housing awarded \$140,175 to Pima County and its partners and another \$94,000 to Arizona Housing And Prevention Services.

Challenge/Gap

Although the Pima County Community Action Agency Emergency System (ESN) provided rent/mortgage eviction prevention assistance to 1,886 households in FY 2003-2004 at a cost of almost \$950,000, it is woefully underfunded and oversubscribed. In partnership with the utility companies, another 5,658 families received utility deposit or assistance to prevent service termination. The limited amount of funds for case management restricts the ability to do in-depth work with the families on budgeting and referral follow-up.

Goal

Increase funds for and accessibility to programs providing emergency rent, mortgage and utility assistance.

Objectives

- Using existing networks and new partnerships, advocate for an increase in federal and state funds for Emergency Assistance (EA) from LIEAP, FEMA and other sources
- Strengthen existing and develop new relationships with agency partners to improve coordination and increase efficiency
- Develop and strengthen relationships with mortgage lenders, landlords and utility companies to increase private sector cooperation and philanthropy with emergency assistance
- Develop a media/public awareness campaign on eviction prevention to both improve opportunities for private sector cooperation and increase public support for eviction prevention

Benchmarks

- Increase rent, utility and case management funds by \$250,000 a year on the base already funded by ADOH allowing approximately 500 additional families to be served
- # of People Receiving Assistance For Eviction Prevention
- Increased Use Of Bill Check Offs For Contributions
- # of New Partnerships Formed And Outcomes For Applicants
- Increase in the number of participants in ECAP and United Way campaigns designating homeless providers for their contributions

Maximizing Existing Resources

Background

With the growing number of agencies and the wide range of services provided to homeless households, it is important to reduce duplication and improve coordination of services. Each of these agencies has administrative costs in accounting; human resources including hiring, training, benefits and payroll; management information development, maintenance, and technical assistance; purchasing; and facilities maintenance and management. In the past year, one group of agencies has researched combining elements of their back-office operations and two other agencies serving homeless youth have begun a structural merger. In the first case, there were barriers to completing these efforts, but valuable lessons were learned. Our Town and Family Counseling Agency have overcome board and staff concerns to form a new entity, Our Family.

These mergers can better allocate resources to program participants and achieve some operational efficiency. The City of Tucson, Pima County, United Way and the Community Foundation for Southern Arizona are all supportive of increased collaboration among agencies serving similar populations.

Challenge/Gap

As funding becomes more scarce, it is essential to dedicate as much of it as possible to direct services.

Goal

Reduce administrative and other operating costs so that service dollars are maximized.

Objective

- Convene a local funder forum on integrating administrative functions across agencies utilizing the expertise of the Executive Directors of those agencies involved in this year's administrative consolidation study: SAAF, Wingspan, Planned Parenthood and SACASA, as well as Board and staff from the newly merged Our Family Services, Inc.

Benchmark

- Homeless serving agencies will attend this forum and begin work groups of Board and staff to pursue streamlining their administrative functions or developing a Management Services Organization (MSO).

Objective

- Work with local governments and other local funders to incentivize mergers and collaborations by funding start-up and conversion costs. Hire an intern to research and assist in this project.

Benchmarks

- # of new collaborations.
- # of mergers in progress or completed by 2010.

Leveraging Volunteers and Funding

Background & Existing Resources

Many Tucson businesses have been generous with donations of food, goods, or items for charity auctions. In the early 1980s, homeless agencies built an enormous volunteer base that contributed extensive time and money. Many agencies rely on their volunteers for individual mentoring, intake, tutoring, cooking and serving food, and a wide variety of other activities. While an impressive number of volunteers are still mobilized, many others have aged or moved on to other pressing social issues. This includes many faith-based groups, who have begun focusing their social justice efforts on immigration and border concerns.

We do, however, have a large and as-yet-untapped potential volunteer base. Pima County is a high-growth area with thousands of newcomers arriving every year – especially to Marana and Oro Valley. Many of these new residents are retirees from other parts of the country, who often join local congregations, but have not yet been hooked into service work. We also have a new generation of clergy whose energy would be enormously valuable in driving new volunteerism among retirees and others, but who have not yet become engaged with homeless issues. The University of Arizona and Pima Community College have still more resources. Hundreds of students at these schools might be available as interns and volunteers, including graduate students with expertise in administration, accounting, management, program design, workforce development, counseling, and political advocacy.

The annual Hope Fest held each October provides a one-stop collection of services for both those who are homeless as well as low-income working families. People can access public programs, food staples, and preventative medical care. San Francisco is exporting its Project Connection concept, held quarterly, which involves hundreds of volunteers from veterinarians to barbers. They have found that people are not suffering from compassion fatigue, but are looking for ways to volunteer their skills in a meaningful, organized manner.

In response to Hurricane Katrina, large number of volunteers offered time and all manner of assistance from homes to haircuts to the evacuees in Tucson. Local businesses offered jobs and donated furniture and household items to help establish people in their new housing.

Challenge/Gap

Nonprofit agencies are always short on financial resources and need the expertise and time of volunteers. They also need in-kind donations of goods and materials and unrestricted funds to supplement their government funding.

Goal

Re-enlist faith communities and other volunteers in homeless issues and engage new congregations and individuals in contributing more time and money to nonprofit agencies serving people who are homeless.

Objective

- Draw on the leadership of “deans” in the faith communities, both clergy and volunteers, to convene a forum on issues facing the homeless community and develop an agenda for involvement.
- Engage the Volunteer Center in Hope Fest planning to expand number and type of volunteers.

Benchmarks

- Increased donations from faith-based groups or new individuals.
- Increased number of volunteers to assist with intake at shelters or meal preparation and delivery, fund raising efforts, or Board activities of individual agencies.

Objective

- Better utilize college interns and volunteers for special projects, coordinating activities, recruiting new volunteers, identifying funding sources and other tasks.

Benchmarks

- Increase the number of college interns and volunteers at both individual agencies and the TPCCH partnership.
- Track the results of projects initiated or completed by interns in terms of increased funding, volunteers or other measures that increase agency capacity or resources.

Objective

- Engage business leaders from across the spectrum to lend leadership, donated goods and services and to encourage volunteerism among their employees.

Benchmark

- # of new businesses offering expertise and in-kind or financial assistance to homeless individuals or homeless serving agencies.

Transportation

Background

Inadequate transportation is a major barrier to services, housing and employment for people who are homeless in Tucson. The public bus system ends service at 8 p.m., and the wait at transfer points is often quite long. The city is large and sprawling, and busses do not reach many major employers—particularly those located outside city limits. As a result, workers for distant construction sites and resorts, and even those working night shifts in the middle of town, have few affordable transit options. The voters approved a County-wide, Regional Transportation Plan in May 2006 and a sales tax increase to fund it. This plan includes new express routes and new circulation to the outlying communities of Marana, Oro Valley and Sahuarita as well as the high growth southeast corridor of metropolitan Tucson.

In combination with the highly specialized and geographically spread services Tucson offers, the state of the city’s transportation forces many homeless Tucsonans spend all day traveling from site to site just to meet their basic needs. There is little time left or adequate transportation to seek jobs or housing in addition to this travel burden. For those who cannot access free or subsidized bus passes (some grants allow limited funds to go toward bus passes or car repair, but demand often exceeds supply), the travel burden is even greater.

Pima County received a HUD Best Practice Award for its creativity in the development and use of community linkages. Jackson and its partners were honored for their work in providing housing and educational opportunities to youth 16-21.

Sun Tran, the local transit company, has authorized over 100 nonprofit agencies to utilize special bus passes serving low-income residents. Monthly passes are \$12 and two “low-income” rides cost a \$1. Sun Tran is more generous and receives fewer subsidies than many other public transportation systems throughout the country, and will be initiating a fare review process soon to reevaluate these low income passes. This likely means an imminent fare hike for low-income riders.

Jackson Employment has an SHP grant-funded pool to purchase items that reduce barriers to employment. They use these funds for uniforms, tools and transportation assistance. Jackson is able to provide bikes to some participants for their job searches or commutes. Tucson is considered a bicycle-friendly community; it is fairly flat within the central city and has bike paths on many major arterial streets. However, it is also over 100 degrees during the day from May into October. This heat makes it difficult to ride long distances and show up looking cool, crisp and professional for work. Bikes are also unsuitable transportation for a parent with small children attempting to get to childcare or appointments.

Although a few agencies have donated or purchased vans to help meet the transportation needs of their clients, the high cost of insurance and driver usually limit interest in this option. Sharing vans between agencies has been examined, but the logistics are usually prohibitive.

Challenge/Gap

The lack of viable transportation options and the dispersed nature of services in Tucson make service accessibility difficult for many people who are homeless.

Goal

Reduce transportation barriers by as many means as possible.

Objectives

- Develop a dedicated funding source to provide bus passes that could be shared by all homeless serving agencies. Pilot request 100 a month with increases after evaluation.
- Advocate for increased hours and transit routes as part of the Regional Transportation Plan.
- Develop a pool of volunteer chauffeurs willing to take people to appointments especially in places that buses do not go.
- Explore the limited use of taxi vouchers for families with small children or people with disabilities.
- Increase the number of partnerships with reputable mechanics to repair older purchased or donated vehicles.

Benchmarks

- People in employment and housing programs will not identify transportation as a major barrier to service accessibility.
- Those obtaining bicycles will reduce their missed appointments, training classes or work and will be able to continue their case plan to stability.
- The proposed Regional Transportation Plan will have increased hours of service and expanded routes in the newly funded package.

Employment

For most people, stable employment with adequate wages and benefits is the only path back to housing. For those with housing, maintaining employment at decent wages and benefit levels is just as critical. Families with few savings can be pushed over the edge by just a few weeks of unemployment or large medical bills, but even people with greater financial stability lose their jobs, encounter huge medical expenses, or experience other crises that erode savings and make rent or mortgage payments impossible. In short, employment is a core strategy for both preventing and ending homelessness. While we cannot control the larger economic forces that create and erode jobs in this community, we can prepare people for employment and develop some new jobs via micro enterprise.

Jackson Employment Center is a Pima County One Stop career development program that serves homeless adults and youth through integrated case management and employment training. It works in partnership with local housing and behavioral health agencies as well as local churches, and offers services tailored to diverse populations including ex-offenders, veterans and people with mental illness. Of the 536 people Jackson served in the 2003-2004 fiscal year, over half were women. The key to the employment success at Jackson is the SHP funded partnerships with the transitional housing programs serving multiple populations.

Jackson's case managers work with clients to stabilize those entering the program in crisis and address their basic needs. The program fosters job "readiness" by replicating an employment environment with a strict structure and offering a two-week training on employability skills stressing attitude, attendance, "dressing for success," and other issues of self-presentation. By utilizing local resources like Pima College, Jackson also connects clients with a range of job skills, from basic literacy to construction or nursing. Clients then must engage in a self-directed job search utilizing the program's research resources and call center, and are encouraged to take jobs that meet their skill level and pay above minimum wage. Once clients have obtained a job, Jackson provides follow-up care, including mediation at new job sites to avert new episodes of unemployment. The program's placement rate varies by population from 50 – 78%.

Dot Kret and Associates (DKA) is a private agency providing training and support to people with disabilities and others with significant barriers to employment. This program also partners with housing providers. Last year, DKA was awarded a HOPE grant by HUD/HHS/VA to increase resources and training to assist homeless persons with disabilities in obtaining Social Security benefits.

Primavera Works provided temporary work opportunities for 317 people last year and offered services to an additional 250. The work crews provided 31,412 hours for local businesses, residential and municipal customers. Of the 608 who left the program, 48% or 290 individuals went into full time work.

RISE is a Community-Based Development Organization (CBDO) that provides vocational services for low-income or unemployed persons who are homeless or at risk of homelessness. RISE partners with a local behavioral health agency to deliver career/educational counseling, job shadowing, resume preparation, self-presentation skills, job search assistance, and supportive counseling. The program avoids displacing other low-income Tucson workers by creating new jobs in niche areas. In one innovative partnership, RISE worked with downtown businesses to develop recycling, light landscaping, and office cleaning ventures. These enterprises allow RISE to reduce its reliance on government funding while beautifying downtown areas and providing valuable job training opportunities for many program clients. The program has also been very effective in obtaining large private donations. Last year 65 individuals obtained full-time community employment after training.

RISE has been honored by both NAHRO and Arizona Clean and Beautiful. In May 2004, RISE was profiled in People Magazine for its recycling innovations.

For some people with physical or mental disabilities, entrepreneurship or self-employment may be an option. The State Vocational Rehabilitation Department has resources to assist those with a viable business plan, including counseling and subsidies.

Despite these award-winning services, Tucson is not fully meeting existing employment needs. First and foremost, there are simply not enough living wage jobs for people with little education. All the job-training programs in the world cannot force employers to offer living wages and decent benefits to their employees. Even in the area of job training, gaps exist. Jackson's strict style is highly effective for most of its clients, but there are some populations—particularly youth—who need a less structured employment program. For others, the “red tape” or perceived complexities involved in applying to any job-training program are overwhelming. And finally, ex-offenders face the greatest barriers of all, with few employers willing to give them a second chance at a stable life.

Challenge/Gap

Some homeless people do not access available employment programs due to their highly structured nature or perceived complexities or red tape in the application process.

Goal

Maintain a range of job training options suited to the varied needs of homeless, unemployed, and low-income Tucsonans.

Objectives

- Provide additional employment services slots in a minimally structured environment by building on existing organizational resources.
- Begin a dialogue between innovative programs like RISE and the rest of the service community to emulate the program's success in obtaining private donations, creating new jobs, and effectively training and placing people with serious barriers to employment.

Benchmarks

- Additional employment services slots created.
- Increase in the number of people trained or placed in jobs.
- Completion rates for all job training and placement programs.
- Job placement and retention rates for those receiving employment services.
- Amount of additional donations from the private sector.

The Homeless Management Information System (HMIS)

Background

An efficient, effective service system depends on accurate information—about clients, the local service community, and the overall homeless population. Though Tucson has refined its data collection over the years, it is still limited to inexact estimates of homeless demographics, bed and service gaps, and client and program outcomes. The newly HUD-mandated Homeless Management Information System (HMIS) will allow us to base community and organizational decisions on more precise and consistent data, leading to better outcomes for clients and more efficient use of our limited resources.

In 2001, Congress directed HUD to begin collecting unduplicated homeless counts, service usage patterns, and program outcome data across the country by 2004. By 2007, most of Tucson's HUD funding will be tied to our participation in this system. Already, 25 organizations, defined as user groups or programs, have been trained to use HMIS and 17 are online. By January 2006, 5,217 homeless clients had been entered into the Tucson HMIS database. Information & Referral Services, which administers our system, has also begun making HMIS participation more viable by offering hardware and Internet connection assistance. Recent improvements in our local software package should further reduce barriers to participation. The Arizona Department of Housing and the Department of Economic Security are also using HMIS in their funding decisions for homeless services.

While some agencies are embracing the potential of HMIS, there has been some resistance to change. Some agencies have been reluctant to participate because of the perceived reporting burden inherent in HMIS on data entry staff members. There are also concerns about client confidentiality and shared information across agencies. Also of concern are the technological barriers to optimum system usage, both because early versions of Tucson's software contained serious flaws and because functions like adding new categories are difficult to master. The system can be complicated, especially for new users, and particularly in capturing the status of homeless families with multiple household members.

Though HMIS offers broad data options, we are only required to report client demographics, former address, type of housing, and program entry/exit dates. This information will enable Tucson agencies to minimize service duplication and client paperwork burdens, assess service usage history and individual outcomes, evaluate city and program-level performance and service gaps, and ultimately provide far more effective and coordinated case management. HMIS will also allow for real time measurement of local service utilization and homeless demographics, automate point-in-time shelter counts, and produce standardized reports on program outcomes. This data will empower the community to determine systemic gaps, emerging needs, and the effectiveness of different housing and service models.

HMIS is also being utilized as a planning tool at the State level with the Arizona Evaluation Project. The Arizona Department of Economic Security will analyze data from all three Continuums of Care (Tucson/Pima, Phoenix/Mesa/Maricopa, and the 13 rural counties), creating a statewide system to track demographic trends and service usage. The collected information will also be used to determine program outcomes via a "self-sufficiency matrix" the state is developing to measure individual progress from crisis to independence.

Challenge/Gap

Insufficient data to assess community needs, system efficiency, or program outcomes; insufficient data to effectively coordinate services between or among agencies; excessive paperwork burdens for homeless clients, who must report the information to every agency they visit.

Goal

Data-driven community planning and service coordination, along with decreased paperwork burdens for Tucson's homeless clients.

Objective

- Support implementation of HMIS. Engage the service community in dialogue about HMIS's emerging role in the planning process and its potential to improve service coordination.

Benchmarks

- Publicly funded Tucson homeless-serving agencies will be utilizing HMIS by 2007.
- The community will develop a plan to utilize HMIS data in planning and coordination by 2007.
- HMIS data will be a foundation for planning and funding decisions by 2010.

CONTINUUM OF SERVICES IN PIMA COUNTY

Over 60 organizations provide services and housing to homeless or near homeless individuals and families. Generally, these agencies work in a case management/advocacy model that links need to programs. The Plan recommends increases to those services which are oversubscribed.

Some of the services include:

Housing

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing

Support Services

- Mental Health Treatment
- Drug and Alcohol Abuse Treatment
- Child Care
- Education/Employment
- Transportation
- Life Skills Training

Prevention

- Rent/Mortgage/Utility Assistance
- Emergency Home Repair
- Employment/Training
- Crisis Intervention
- Basic Needs Assistance – Food/Clothing/Gas

Outreach

- Mobile Medical
- Street Outreach Teams
- HIV Testing
- Drop-in Centers
- Soup Kitchens

Public & Internal Education, Advocacy, & Coordination

Background

Tucson activists, advocates, and members of the service and homeless communities have worked for many years to educate the public about the causes and consequences of homelessness. The Phoenix-based Arizona Coalition to End Homelessness advocates for state funding and supports or opposes legislation impacting the homeless. Despite these efforts, ignorance remains, affecting community funding priorities and responses to the siting of homeless facilities.

The Education Committee of Tucson Planning Council for the Homeless—whose membership was quite sparse for some time—has recently been reinvigorated with new involvement, and will now have increased capacity to take on public education efforts.

This committee is also the logical place to tackle communication and education within the TPCH membership. Currently, there is little regular discussion about evolving service or treatment capacity among TPCH agencies. TPCH meetings have evolved to deal largely with funding issues, and without a structured forum to share information; under-funded/oversubscribed organizations tend to protect their limited resources by keeping them unpublicized. Not all agency staff members attend TPCH meetings, and turnover within agencies further erodes communication among them. As a result, most agencies serving or interacting with the homeless (from the police to shelters to youth service and behavioral health agencies) have limited up-to-date knowledge of the resources available to their clients throughout the service system.

Challenge/Gap

Educating the public regarding the causes and consequences of homelessness.

Goal

Improve public awareness and communication with policy-makers, local businesses, and neighborhood associations.

Objective

- Support the Education Committee in its public education efforts.

Benchmark

- Policymakers, neighborhood associations, landlords, and local businesses will be more sympathetic to siting homeless facilities and more willing to embrace new residents or employees that were once without stable homes.

Challenge/Gap

Due to turnover and lack of training mechanisms,TPCH member agency staffs, including local law enforcement, are unaware of the full range of resources available to homeless clients.

Goal

Remove barriers to resource utilization by improving communication among TPCH member agencies.

Objective

- Encourage the Education Committee to develop a structure for internal communication about existing evolving service resources.

Objective

- Continue to widely publicize the Information and Referral Affordable Housing list availability and the State Housing Department web based list of low cost rentals.

Benchmarks

- Within one year,TPCH member agencies will regularly contribute to whatever information hub or communication channel the Education Committee develops.
- Member agencies (at all levels) will be fully aware of each other's evolving programs and service options.

The Tucson Police Department has made tremendous strides in educating its force about dealing with the homeless, offering both a short course in the Police Academy and a voluntary 40-hour course for all their officers. However, there is still imperfect communication between officers/divisions and the rest of the homeless serving community about evolving programs and capacity. Officers need up-to-the-minute information about the programs available to those they encounter on the street and the workings of Tucson's full continuum of care.

Challenge/Gap

An ongoing mechanism is needed to train law enforcement officers from all jurisdictions on referral options.

Goal

Assure that all public safety employees are well versed in behavioral health issues and resources.

Objective

- Working with CPSA and other TPCH members offer additional training on mental illness and community resources on an ongoing basis to all local law enforcement agencies.

Benchmarks

- Police officers and Sheriff deputies will be able to identify strategies and partners to strengthen their response option to homeless people with behavioral health issues.

Subpopulations

The above recommendations benefit the general population of homeless individuals and low-income families at risk of becoming homeless. Specific subpopulations may require long term housing assistance with services to break the cycle.

Homelessness is a complex issue, but one we have the power to confront. The causes vary widely: job loss, family illness, low wages, poor money management skills, mental or physical illness, lack of affordable housing, high utility costs, domestic violence or abuse, chronic substance abuse, discharge from jails or prisons, frequent moves, discrimination, lack of education or coping skills, or any combination of these problems.

The vast majority of single adults who enter emergency shelters –80%– are homeless only once or twice in their lifetimes, stay in a shelter system for about a month, and never return.³⁰ These “episodic homeless” are often young with few accumulated resources or have experienced an economic shock like job loss or serious illness. Others –about 20% of single adult shelter users—have longer or more recurrent episodes of homelessness. These “chronically homeless” individuals experience frequent or prolonged bouts on the street, often for many years.³¹ While families fall into both usage patterns, they are largely seen – and defined by HUD—as part of the “episodic homeless” population.

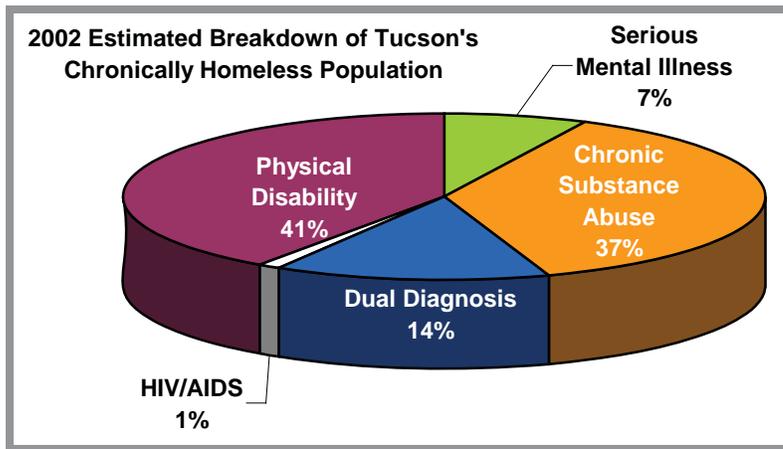
From	Cause/Issues	To
Home Institutions/ Correctional/ Medical/Psychiatric Other State	Domestic Violence	Domestic Violence Shelter
	Financial Issues	
	Health Or Substance Abuse Issues	Homeless Shelter
	Unsafe Current Home/Environment	Streets
	Loss Of Relationships	Living In Car
	Lack of education and/or coping skills	Living In The Forest Or Desert
	Arriving From Another State Without Resources	Moving From Family/Friend To Family/Friend

Modified From State Ten Year Plan for Services³²

Chronic Homelessness

The federal government defines the chronically homeless person as “an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.” Many feel that this definition excludes too many people who have been on the street for a long time. Some of them may have no disability or are unwilling to acknowledge a disabling condition. Others are not “unaccompanied,” but traveling with a spouse or partner or with other family members, including children.

The chronically homeless disproportionately experience serious mental illnesses, physical disabilities, and addiction disorders—or combinations of the three. Recent findings from Tucson’s Homeless Management Information System suggest that the city’s chronic homeless have three times more disabling conditions than the general homeless population—most commonly addiction disorder.³³ A 2002 study by former University of Arizona researchers found that nearly half of chronically homeless respondents had a physical disability or chronic substance use problem, while 58% of those homeless a year or more were enrolled with a mental health provider.³⁴ And in a 2004 survey of the chronically homeless guests of winter overflow shelters, 56% reported having disabling conditions.³⁵



The chronically homeless may also have histories of hospitalization or incarceration and have long periods of unemployment. This population consumes a disproportionate number of shelter days and is often the primary focus of public and policy attention. The chronically homeless are the most visible face of homelessness in parks and libraries, downtown shopping areas and bus or train stations. They utilize extensive public resources, especially in the law enforcement and health care systems. The chronically homeless are frequently difficult to engage in services, often resisting shelters and detoxification facilities. They may distrust government-funded programs, be reluctant to share their Social Security numbers or other personal information, or maintain resentment about past treatment, strict program requirements, and excessive paperwork burdens. Social groups are an important part of life on the streets. Most housing programs have strict rules about occupancy and some have curfew or other requirements perceived as “red tape”. Achieving compliance with these restrictions is often ineffective and contributes to the revolving door. Outreach workers may spend months or even years providing water and other necessities and building up trust with an individual before he or she will consider entering housing or accepting services.

Low-Demand Housing for the Chronically Homeless with Mental Illness and Dual Diagnosis

Background & Existing Resources

Tucson has one Safe Haven program that provides housing for seriously mentally ill persons not enrolled in the behavioral health system. Sonora House offers 15 bedrooms to both men and women, and operates on a “low demand” model, requiring minimal service and sobriety compliance from its residents. It also operates a day program, which provides “low-demand” day shelter (along with hot meals and supportive services) for 15 additional unhoused seriously mentally ill Tucsonans. The day program is desperately needed, as most shelters are not open during the day and Tucson heat can pose serious health risks to those outdoors. Sonora House has communal space and shared chores. It allows people to make the transition in companionship, not isolation. Tucson has few other portals into stable housing and supportive services for seriously mentally ill homeless persons who are resistant to mandatory service or sobriety requirements. There are many additional people on the streets that could benefit from such low demand and all-day housing.

A number of agencies operate Shelter Plus Care or Supportive Housing Program units, generally in scattered private market rental communities. These programs offer permanent supportive housing for people with serious mental illness, chronic addiction disorders, HIV/AIDS or other disabilities. While these programs are considered permanent supportive housing, their HUD contracts are only for a year or two. These housing options operate at full capacity and the community would be able to fill more units easily if support services for the residents were in place.

Challenge/Gap

Day shelter and low-demand housing for homeless individuals with serious mental illness is inadequate.

Goal

Provide an additional low-demand facility that both houses the chronically homeless with mental illness and serves as a low-demand day center.

Objectives

- Build or acquire and rehabilitate a complex suitable to house up to 20 individuals with common space for shared meals, meeting rooms, respite rooms and office space.
- Identify a funding source for ongoing maintenance and service delivery.

Benchmarks

- The construction or rehabilitation of the facility.
- Implementation and continuation of appropriate services.
- The number of individuals served who attain greater self-sufficiency (as measured in the self-sufficiency matrix).

Challenge/Gap

Insufficient number of permanent supportive housing units with appropriate level of services.

Goal

Increase the supply of permanent supportive housing units with the necessary support services for people with mental illness or other disabling conditions.

Objective

- Continue to apply for the maximum number of Shelter Plus Care, Supportive Housing and other federal supportive housing funds as possible.

Objective

- Using state and local funds, build, rehab or issue tenant based rental assistance to provide 25 new supportive housing units with wrap around services a year for the next five years.

Benchmark

- # of new permanent supportive housing units added to the inventory in Pima County.

Families

In 2004, over 1000 families were homeless on any given day in Arizona, about two thirds of them headed by single females.³⁶ Generally, families face a crisis that propels them into homelessness. Most were already poor and had no cushion to sustain job loss, major vehicle repairs, illness, and other financial shocks. Others—about 15-20%—have fled domestic violence situations. Nation-wide, millions of families live in substandard housing, and many become homeless when their apartments are condemned or their heating/cooling systems break down. Homeless families often have limited support systems, which in combination with their relative poverty makes it difficult to weather a crisis. They tend to be young, and either pregnant or parenting an infant.³⁷ They may need support with parenting skills, money management, job training, substance abuse treatment, or simply in finding safe, affordable housing.

Families fleeing domestic violence have especially urgent needs. Some of these families may need to restart their lives from scratch. They need safety from their abusers, but also income, health care, trauma counseling, permanent affordable housing and a host of other supports. Many women without this financial and emotional support will return to their abusers. Unfortunately, the key to their continued success and safety—domestic violence shelters—are often full and have to turn victims away.

Being homeless is particularly hard on children, whose emotional and physical health and academic performance are deeply affected by unstable living conditions. Constant moves can set a child back years in her education. According to the National Association for the Education of Homeless Children and Youth, every time a student changes schools means a four to six month academic recovery, and highly mobile students tend to have lower test scores and overall academic performance than their more stable peers.³⁸ And while the McKinney-Vento Act mandates that districts keep students stable in their old schools when their families become homeless, this often means hours a day in transit—a burden which can outweigh the problems posed by changing schools.

Homeless families face further difficulties in emergency shelter. Safety and logistical concerns force many shelters to restrict access by gender, meaning families must often break up to find lodging. In 2003, the U.S. Conference of Mayors reported that in 60% of surveyed cities, families might have to separate to find shelter.³⁹ Shelters might also require residents to remain outside during daytime hours, which poses obvious problems for those with very young children.

Multiple Tucson agencies report that they have recently seen an increase in family homelessness. There are a number of local agencies serving victims of domestic violence and others that serve low-income single women or those with children. Most of these programs operate at capacity throughout the year.

Challenge/Gap

There are insufficient housing options for low income families and families experiencing homelessness.

Goal

Increase the number of supportive or transitional housing units for families made homeless by a variety of factors.

Objectives

- Build or acquire and rehabilitate an additional 50 units of transitional housing for low-income families or women, with or without children over the next three years.
- Fund appropriate support services to allow these families to achieve independence within two years

Goal

Increase the number of affordable private market rentals available to low-income families on the verge of or exiting homelessness.

Objectives

- Develop a pilot project aimed at replicating the success of other localities and agencies—for instance Hennepin County, MN or the Salvation Army in Columbus, OH—in expanding the affordable private rental market. By developing relationships with private landlords, and offering rent or damage guarantees in exchange for reduced rental costs, several programs and localities have been able to “create” hundreds of additional affordable units. Such programs have become so popular with landlords that many now actually request to become program participants. A vacancy rate of 8% may motivate some landlords to participate. If successful, this model could be extended to other subpopulations.
- Identify agency or agencies willing and able to take on this pilot project.
- Identify funding source or appropriate reallocation of funds for agencies engaging in this new function.

Benchmarks

- Reduction in the # of homeless families and children.
- Those assisted in the supportive transitional housing will remain stably housed for a period of three years.

Youth

In Arizona, about 1780 youth less than 18 years of age are homeless at any given point in time, while Arizona schools estimated that they had nearly 15,000 homeless students in the 2003-2004 academic year.⁴⁰ An indeterminate number of 18-24 year olds also live on the streets; while by most legal definitions they are technically adults, this population’s needs are similar to their younger counterparts. Young people may find themselves on the street for a number of reasons. Some are fleeing abusive households or rejecting family rules. Others have been cast out of their homes for real or perceived misconduct. LGBT (Lesbian, Gay, Bisexual and Transgender) teens are especially likely to face abuse, harassment, or outright rejection by their families, and thus compose a hugely disproportionate number of homeless youth—somewhere between 20 and 40%.⁴¹ Many other homeless youth between the ages of 18 and 24 have aged out of the State Foster Care System and have nowhere to go. They may lack jobs, savings, family support, strong academic skills and other resources to make a smooth transition to adult responsibility. Young couples or young parents may have low wage jobs, no credit or rental history and other barriers to both employment and stable, safe housing.

Those under 18 cannot sign leases or otherwise enter into contracts. Most youth do not have any credit history and have few resources to save for a deposit and first month's rent. Tucson youth service providers also report an explosion of methamphetamine use—a trend mirrored nationally. Drug abuse can be both a cause and consequence of homelessness, but in either case can lead to a downward spiral as youth engage in ever-riskier behaviors to support their habits. In part because of rampant drug use on the street, once a youth has been homeless and living in survival mode, getting him or her reunited with family or hooked into employment and housing is really difficult; the longer a youth has been homeless, the more thorny this process becomes. Early interventions with homeless youth are thus extraordinarily important, even in the case of those who are merely “couch hopping” and not visibly “homeless.”

Background & Existing Resources

There are number of agencies that have programs for teens or young adults or serve youth as their primary focus. Open Inn has scattered site units where young people hold leases in their own names and provides five housing units via the City of Tucson Bridges Program. Youth on Their Own (YOTO) served 500 youngsters (mostly between 14 and 18) last year with monthly stipends as they worked toward their high school diplomas. It also provided first month's rent and deposit money, along with help brokering apartments or referrals to other agencies or host families. La Paloma operates seven group homes for about seventy 12-18 year olds in the foster care system; some are also in the juvenile correction and/or the behavioral health systems. The program also provides extensive supports and behavioral health intervention. Our Town Family Center has offered homeless adolescents case management, skills classes, and transitional housing. They also operate a downtown nonalcoholic, live music club for teens. Family Counseling Agency's Teens in Transition Program works with over 45 local high schools, charter schools, and magnet schools to help kids graduate from high school with extensive case management supports, bus passes, food boxes, medical care, and training. They also provide a comprehensive transitional living program for pregnant or parenting young women ages 18-21 and their children. Our Town and Family Counseling merged in 2005; they are now doing business as Our Family Services. While LGBT youth do not have specialized housing which might serve as a “safe space” here in Tucson, Wingspan does provide other support under the auspices of the Eon Youth Lounge. The Interfaith Coalition for the Homeless partners with other youth serving agencies to offer mentoring and sports physicals to teens in the central core of Tucson.

The youth served by Tucson agencies often have parents in jail, dead or with serious addiction disorders and unable to care for them. They may be bruised from years of abuse, developmentally immature, have developed survival skills unsuited to productive adult life, or have never had the opportunity to learn basic coping skills. Whether they are “legally” adults (i.e. over 18) or not, these youth are at best uncomfortable, and at worst subject to victimization, in adult shelters or service environments. While Tucson's youth services are extensive, they are not enough to meet these needs. Youth 18-24 have few, if any, emergency and transitional housing options. Youth of all ages have almost no affordable addiction treatment options: in part because there is little funding to serve them, in part because agencies which do offer youth treatment are oversubscribed, and in part because youth simply do not feel comfortable engaging in therapeutic environments with older adults. LGBT youth, many of whom have already been victimized, have no dedicated, safe emergency or transitional housing alternatives. And all youth making a transition to independence need serious—and now seriously underfunded—life and job skills training, adequate housing, and often counseling.

Challenge/Gap

Emergency and transitional housing for young adults (18-24).

Goal

To reduce the number of young adults on the street or in emergency shelters and to provide them with the resources to transition to self-sufficiency.

Objective

- Construct or renovate facilities that will accommodate up to 20 young adults (18-24) with appropriate wrap around services to move them quickly into employment.

Benchmark

- The number of young adults that successfully transition from the program into employment and further education and are able to afford their own apartments.

Note: University of Arizona architectural students frequently do senior year design projects for nonprofit agencies, neighborhood associations, and local governments, including tribes. These students would be a perfect resource to develop creative concept options geared towards housing young people. This could be accomplished via the community partnership already established between the school and public entities. Also note that this is the type of project that appeals to the private sector, and as such could feasibly be funded via donations from local individuals and businesses.

Challenge/Gap

Discharge from the foster care system does little to foster successful adulthood, including stable employment and housing, for its participants.

Objective

- Begin a pilot program for 18-21 year olds aging out of foster care. Six months prior to discharge, engage them in life-skills education; set up residence in safe, affordable housing; connect them with employment or training; and have mentors aid them in the transition to adult life.

Benchmark

- # of youth making a successful transition to stable housing within two years.

Challenge/Gap

Housing for specialized populations of youth (<18, 18-24), particularly LGBT youth, who often encounter harassment or worse in mixed settings.

Goal

Design a small pilot project for gay/lesbian/transgender youth to help them transition to self-sufficiency in a safe and sensitive environment.

Objective

- Acquire a group home setting that could accommodate 5-7 young people with appropriate educational, employment and counseling services.

Benchmark

- The successful “graduation” of these young people to independent, secure lives.

Challenge/Gap

Limited affordable substance abuse services for adolescents and young adults as well as a concern from providers that if they widely publicize existing services they will be overwhelmed with demand.

Goal

Adequate and well publicized substance abuse treatment options for adolescents and young adults.

Objectives

- Work with/in Youth Services Committee to seek funding for and identify culturally appropriate behavioral health agency to administer a youth-targeted substance abuse treatment program.
- Within the context of CPSA and its provider agencies, increase outreach to youth-serving agencies so they are aware of existing treatment programs for low-income youth.

Benchmark

- Homeless youth will be able to access substance abuse treatment.

Challenge/Gap

Money for already over-capacity youth services has been reduced over recent years, largely due to a dry-up of Federal funding sources.

Goal

Continue to advocate for service funding for teens and young adults to support their successful transition to education, employment, housing, meaningful relationships and a healthy lifestyle.

Objective

- Engage the private sector in sponsoring and supporting first chance programs so youth do not become chronic users of the public health, law enforcement or shelter systems.

Benchmark

- Amount of private sector funding raised to support programs serving teens and young adults.

Elderly

Homeless adults are surprisingly young—the average age in most studies falls in the low to middle thirties.⁴² This is likely for two reasons: 1) eligibility for many benefits begins at age 65, helping many get off the streets and 2) high mortality rates among the homeless means that few are likely to survive into very old age.⁴³ Their relatively small size within the larger homeless population does not, however, make the elderly person's needs any less urgent or severe.

Between 2002 and 2003, Arizona experienced a 9% increase in elderly individuals receiving services from transitional housing or shelters.⁴⁴ Many factors can lead to housing instability: prolonged illness decimates savings and other assets; “second parenthood” of one's grandchildren due to the death, illness, incarceration or instability of their parents can be an enormous drain; and increased utility costs can chip away at already limited spending power. These financial, emotional and physical burdens may push vulnerable families off the precipice. Moreover, the elderly disproportionately find themselves in poor physical health, and—like millions of other Americans—choosing between their prescriptions and their rent payments.

Challenge/Gap

An increasing number of elderly are showing up in women's shelters or other programs for the homeless.

Goal

Increase the number of affordable units for the elderly, with or without dependents.

Objective

- Using HUD 202 or other designated funds, increase the supply of units specifically geared to elderly low-income residents by at least 50 a year.

Benchmark

- Reduction in the number of elderly that rely on shelters or appear in homeless agencies.

Objective

- Research the number of elderly households raising grandchildren or with other minor dependents.
- Design a pilot program to meet this need that could utilize shared resources and feature respite child care and other specialized services.

Benchmark

- # of elderly families with children that are stabilized and thriving in this environment.

Institutional Releases

Background

Each day in Tucson, people leave jails, prisons and mental health facilities without a home or a job. Each day, 18-year olds age out of the foster care system and enter the adult world with few resources and little education. This funnel into homelessness from public institutions has been a major problem for years, and though many have worked to improve the discharge process, we still have a long way to go. Since many discharging entities are controlled by various state level departments, the Arizona Interagency and Community Council on Homelessness is taking the lead on improving discharge planning, especially from the prison system. The State Plan calls for the Department of Corrections to focus their use of substance abuse rental assistance funds to promote sobriety and maximize effectiveness.

About 20% of the offenders released from the Arizona State prison system in 2004 went to either private group homes or the streets. Re-housing this population is extremely difficult. Many of those released from prison will be unable to pay security deposits or first month's rent.

People leaving the correctional system need both stable housing and employment immediately upon release. They face a serious obstacle in the form of the Arizona Crime Free Housing Statute. This lease provision used by many property management companies often precludes ex-offender from obtaining a rental agreement due to their previous incarceration. The law prevents many potentially responsible renters from finding housing because it does not take type or severity of criminal records, prison conduct, or time elapsed since an offense, into account.

Public housing and other subsidized housing programs also follow these provisions. Former inmates may not stay in subsidized housing without putting their relatives or friends at risk of losing their subsidies.

Sex-offenders and ex-offenders with addiction disorders or co-occurring mental illness have the most difficult time leaving homelessness. Sex offenders are generally banned from subsidized housing for life. The lack of stable housing options for this population is often cited as one of the causes of criminal recidivism.

Neither scattered-site private subsidized rentals nor a concentration of ex-offenders in an agency-operated complex are smart, easy or politically viable housing choices for this most difficult population.

Employment is also critical for those coming out of prison or jail. Without a job, the rigors of survival will lead many right back to prison. Women inmates in particular may lack job skills or previous employment experience. Those with drug offenses are banned from receiving higher education grants, food stamps or TANF cash benefits. These punitive measures impact ex-offenders long after they have served their time and make the transition to self-sufficiency for them and their children extremely difficult. Ex-offenders also have great difficulty finding employers who will hire them. While Jackson Employment Center, Primavera Works and RISE support ex-offenders with employment preparation or training, cooperation from the private sector is needed to ensure that jobs will be available for those released from jail and prison.

On the state level, the Arizona Crime Free Housing Statute is under review. Locally, the Discharge Planning Committee has recently developed a booklet called "Getting Out" assisting those exiting the correctional system.

Those released from hospitals face a different set of issues. Local hospitals coordinate discharge fairly well with shelters and behavioral health agencies, but have nowhere to send people in need of respite care. At least one shelter (Primavera) has medical staff visit its facilities weekly, but not a single Tucson shelter has the capacity to provide consistent medical care to those recovering from serious illness or surgery.

Challenge/Gap

Discharge planning from major systems such as correctional institutions, hospitals and psychiatric facilities is inconsistent, intermittent and lacks adequate tracking.

Goal

Work closely with State Agencies in their State Interagency Plan efforts to improve discharge planning from institutional settings.

Objectives

- Support the recommendations of the State Interagency Council and work to implement them in Pima County
- Support the work of the TPCD Discharge Planning Committee, especially with the Pima County jail. Use HMIS to gather data on release and placement
- Create a 24/7-response team, as hospital releases occurs at all hours
- Policy Change or Enforcement so that licensure is tied to compliance with appropriate discharge planning
- Widely distribute the booklet, “Getting Out”, to Pima County Jail inmates as well as those in the State prison system
- Expand and publicize the Primavera program to work with employers giving ex-offenders another chance

Benchmarks

- Discharges to unstable housing options decreases by 50% over the next three years

Challenge/Gap

Limited employment options for ex-offenders

Goal

Expand opportunities for ex-offenders to find stable employment

Objective

- Enlist the support of City and County elected officials so that the WIB, TREC and other economic development engines address the employment needs of ex-offenders (former inmates)

Benchmark

- # of former inmates finding and maintaining legal, stable employment
- # of new businesses willing to offer jobs to former inmates

Challenge/Gap

Absence of respite care for homeless persons recovering from serious illness or surgery.

Goal

Create a respite care facility.

Objective

- Utilizing existing resources, locate an appropriate space and agent to develop 10-15 respite care beds with appropriate medical supervision

Benchmark

- The completion of a respite care facility/sub-facility within 3 years

Veterans

Many veterans suffer from posttraumatic stress disorder that manifests long after the return from combat. Others experience more immediate physically or mentally disabling conditions, or are thrown off by the economically and socially jarring return to civilian life. Many of the veterans currently in the homeless population are from the Viet Nam era. The current conflicts in Iraq and Afghanistan and the high number of wounded soldiers foreshadow a new veteran population entering homeless shelters, medical centers and treatment facilities. Local providers have already started to see a trickle of these new veterans seeking a broad range of services. Also, for the first time, these conflicts have produced a large number of female veterans who may require a different approach and targeted services.

The local Veteran's Administration Medical Center has a waiting list for some of its homeless services. Other programs may be reluctant to take veterans, feeling their limited slots should go to those without the benefits afforded to veterans. Low demand "damp" housing would assist many chronically homeless veterans and the VA is a potential revenue source to expand this housing option.

Employment programs can be very effective for this population. The Homeless Veterans Reintegration Program serves about 100 former veterans a year and has a 73% job retention rate after six months. It links housing and employment training components and utilizes the services of the VA Hospital.

People with Serious Mental Illness and/or Physical Disabilities

It is estimated that about a third of homeless adults have spent time in a mental institution. This is about three times the rate of extremely poor non-homeless persons and six times the rate of the general public.⁴⁵ While serious mental illness is often an antecedent of homelessness—a huge portion of those discharged from mental hospitals is either immediately or eventually homeless—the reverse is also frequently true. Living on the streets can cause or exacerbate a variety of mental problems, including depression and paranoia.

Some individuals with mental illness can live independently with minimal services. Others need much more intensive and sometimes fluctuating support. And because many people with serious mental illness are dually diagnosed with an addiction disorder and some may also have physical health problems, the type of services required and independence possible vary significantly. Living on the street for prolonged periods of time, ages people, prematurely. They are at increased risk for a number of serious illnesses, including tuberculosis and other respiratory infections. Multiple housing options with adequate staff support are needed to ensure appropriate options.

Obtaining Disability Payments

Many individuals who have been homeless for long periods of time are eligible for Social Security disability payments, but have not applied or have been denied on initial application. Many of these applicants are mobile and do not stay in one place long enough to complete the application process or are unable to keep medical appointment to assess their physical and mental condition for disability.

While case managers in almost all homeless-serving agencies are willing and able to assist in this process, it is estimated that it takes 30 hours to prepare the necessary documentation, write a disability report and submit it to the Social Security Administration. People who have been on the street for a long time may exhibit multiple medical issues including: hypertension, diabetes, respiratory problems, chronic liver disease, dehydration, infections, serious oral health issues, as well as a variety of behavioral health issues. Due to the complex nature of these co-occurring illnesses, the evaluation of these patients may require extensive physician time and lab work. Tucson is fortunate to have two well-qualified entities to conduct medical evaluations for disability applications. The Veterans Administration Medical Center evaluates veterans and the El Rio Health Care for the Homeless Program assesses non-veterans.

In some pilot programs, homeless serving agencies are able to obtain "presumptive" benefits for those who will eventually be enrolled in SSI. DKA has one of these grants to assist individuals in obtaining disability payments; other agencies refer applicants to them. People who have presumptive disability are able to receive SSI benefits for six months while their status is determined. However, coordinating the entire application process is still made difficult by applicants' lack of a fixed address and telephone number. Homelessness may also be a barrier to obtaining medications or adhering to a medical regimen, which can exacerbate a person's level of disability. Without SSI or SSDI payments, many of these individuals will have no income source at all. This also places a burden on their supportive housing programs, which rely on some rental payment from residents to defray operating costs.

Challenge/Gap

Many people with disabilities are not accessing the income support programs for which they are eligible.

Goal

Increase the number of homeless people receiving Supplemental Security Income or Social Security Disability.

Objective

- Continue to seek grants that train case managers and physicians in assisting their clients/patients in obtaining disability payments
- Advocate with Congress and the Social Security Administration to recognize presumptive eligibility for those who have been hospitalized, jailed or who have been diagnosed with chronic and debilitating physical or mental illness

Benchmark

- Increase in the number of homeless individuals with disabilities receiving SSI or other income maintenance disability payments

People with Addiction Disorders

In a 2003 state survey, 21% of homeless adults in families had substance issues, as did 47% of single homeless adults.⁴⁶ This population is also a large component—about half, in fact—of the chronically homeless and may be undercounted since many surveys rely on self-reports. Many in this population may not be in treatment or in the behavioral health system at all. Many are transient and have not stayed in one place long enough to access care. This population often cycles in and out of shelters and halfway houses and often ends up in jail. Even for those in treatment, relapse is common. While the national trend has long called for sobriety requirements in shelters and other housing or treatment programs, many programs are now incorporating a harm reduction model that allows people to remain in housing while they consider treatment or strive, sometimes unsuccessfully, for some level of sobriety. In Tucson, a number of housing with treatment programs have begun to follow this more “low demand” model for housing substance users.

Background/Existing Resources

The local detoxification facility is run by COMPASS Healthcare. While the whole facility is rarely occupied to capacity, limited slots for those needing serious medical supervision are often full. As a result, many are turned away from services.

Those who enter the facility in inebriated, fragile condition begin their stay in “extended triage,” a 12-chair area with intensive medical monitoring. Until they stabilize, clients must either stay in extended triage or can be moved to “level 1” detoxification, which is also medically supervised. However, there are only 16 beds for level 1 detoxification, and those beds are often full. While there is frequently space available in the less intensive detox area (“level 2”), clients who need medical supervision cannot be shifted to it. As a result, law enforcement officers, who—in place of the old “drunk tank”—now attempt to bring publicly inebriated persons to COMPASS for detox, are frequently told the facility is “full.”

As methamphetamine use continues to skyrocket in Tucson, the bottlenecks in extended triage are likely to worsen.

The other area of bottleneck is at the stage of discharge. Clients in early recovery are highly vulnerable, and can easily slip back to companions and situations that contributed to their original substance use. They need structured, supportive residential environments in which to stabilize. The first barrier is insufficient residential, treatment, or halfway house options. The second is that to complete a discharge, COMPASS must involve the case managers of clients already enrolled in the behavioral health system. Due to poor communication or coordination, there are often serious delays in this process.

For clients who are already patients in the mental health system, coordination between their case managers and COMPASS needs to be strengthened. If they do not already have a RHBA system case manager from a provider agency, there needs to be housing available for them. If the person discharged from Compass, does not qualify for AHCCCS, some structured recovery housing must be made available.

Challenge/Gap

Access to detoxification services and supportive housing for people in recovery.

Goal

To add to the capacity of the existing detoxification system to stabilize people throughout the recovery process.

Objective

- Add an additional 5-10 triage or short-term beds to the existing detoxification facility.

Benchmarks

- Community referring agencies and law enforcement will report adequate intake capacity into detox.
- Patients will move smoothly from the assessment stage into the next phase of detoxification.

Objective

- Public Safety officers from the City of Tucson, South Tucson, Marana and Pima County will receive training and education on the detox facility and the protocol for taking people who are publicly inebriated to the facility for intake and assessment.

Benchmark

- The increased number of successful transports by public safety personnel of the intoxicated to the detox facility.

Objective

- Creation of 30 additional “dry” after-care apartments for periods 90 days to one year for those leaving the detox facility. These could be within the existing behavioral health system or with additional units created and adequately staffed.

Benchmark

- The success rate of those who continue their recovery process.

Objective

- Expand existing small, pilot project under the auspices of one of the Behavioral Health Providers as a “wet” alternative to the detoxification facility for to remove the chronically and serially inebriated people from the street who are not ready to begin sobriety.
- Develop “slots” for women and couples. The current program only serves single men.

Benchmark

- # of inebriated people removed from the streets.
- # who accept services and remain housed.



Cost/Funding Partnerships

Tenant Based Rental Assistance is approximately \$550 per month, per resident.

New construction of acquisition/rehab can vary from \$80,000 – \$100,000 a unit depending on density, land cost and other factors. Operating, including insurance, maintenance, utilities, monthly vendor contracts and other costs associated with operating rental housing can run several hundred dollars a month.

Two agencies surveyed average about \$600/month per unit to operate their apartment complexes. Some of this cost is offset by tenant rent. Residents pay a portion of their employment earnings or disability checks toward the rent.

A much more staff intensive Safe Haven model would run \$1,500 per resident, per month. However, the cost of “managing” the chronically homeless person on the street can quickly exceed this figure in hospital, ambulance, jail, and law enforcement costs.

Case Manager salary, benefits, phone, computer, transportation and other related costs to serve 25 persons with serious mental illness or dual diagnosis is approximately \$43,000 a year.

Other Support Service costs vary by need and nature, but can be substantial, especially for people with multiple issues and barriers.

Housing development projects often require multiple funding sources. Frequently, one funding source will leverage others, each with separate reporting requirements and guidelines. The most restrictive regulations apply to the entire project. Because those served by these projects generally cannot pay enough rent to sustain debt service, project capital funding must either come via grants and there must often be an ongoing subsidy for operating costs.

The Development Design Group has built a number of small complexes with 4-5 units. Each unit has four bedrooms. Each resident, generally clients of COPE, has a private bedroom and bath; the kitchen and living room are shared common space. The Casa Bonita projects have the following funding sources:

- Tax Credit Equity: \$4,000,000
- City of Tucson HOME funds: \$500,000
- Arizona State Housing Trust Funds: \$400,000
- Federal Home Loan Bank Affordable Housing Program: \$480,000

The conversion of the historic Curley School in Ajo, Arizona is an example of the multiple layers of funding these projects require. This project, a partnership of Pima County and the nonprofit International Sonoran Desert Alliance, is a live/work family housing development for 30 artists to be completed in phases. Although this is not a homeless project, it is designed as affordable housing and shows the complexity of developing low income housing even without services or operating subsidies. The conversion renovation will take at least a year to complete; the total project cost is over \$8 million.

The current lenders in the project include:

- State Low-Income Housing Tax Credit Equity: \$5,465,126
- Pima County General Obligation Bonds: \$500,000
- Pima County HOME Funds: \$500,000
- Federal Home Loan Bank Affordable Housing Program through Bank of Tucson: \$200,000
- City of Tucson HOME Consortium CHDO Funds: \$200,000
- Arizona Housing Fund: \$750,000
- Both State of Arizona Housing Trust Funds,
State HOME funds
- State Heritage Fund (Pending): \$100,000

ADDITIONAL RECOMMENDATIONS

Various committee members floated ideas which warrant further exploration and development:

- Explore the feasibility of a combined intake or one-stop center staffed by representatives from various agencies to reduce the “run around” time.
- Develop a mobile response team that is available 24/7 to support law enforcement and all homeless serving agencies. This team would be able to do intake and referral to the appropriate services. It would be a mobile “no wrong door”.
- Develop a campground with trailers or mobile homes for those who prefer to live more outside. Services from both professional staff and volunteers could be brought on site. Residents could pay on a sliding scale. This approach would help meet the social needs for those who have been on the street for a long time and who feel too confined to live in a built structure.
- Other communities have dedicated funding sources, such as a targeted sales tax, to provide homeless services. Research the options of a dedicated local funding source for homeless programs.
- Traveler’s Aid has limited capacity in emergencies to authorize one-night vouchers (which generally go to families). Contact is made through Information and Referral. If this resource were more widely known, it would require additional funds to meet the demand.
- The City of South Tucson has a number of homeless serving agencies within its borders. Develop a mechanism for periodic meetings between City staff and agencies to educate each other on needs and programs.
- Deepen the relationship and shared information between TPCH and the Tucson Fire Department, especially the new Alpha Truck Response Team for minor medical interventions.

CONCLUSION

TPCH will be hiring someone to monitor progress toward meeting the goals set forth in this Plan. They will issue an annual report to measure progress. This consultant will be supported by the Committees of TPCH, particularly the Continuum of Services Committee. This group will modify the Plan as needed and publicize successes. Progress will be captured by the City and County annual reports required by HUD.

TPCH has received a small DES grant to calculate costs to some of the services used by homeless individuals or families. This information will further assist in planning and implementation for the most efficient and effective use of resources.

Implementing the recommendations in this Plan will take a continued, serious effort from all sectors. As Tucson continues to grow, housing costs continue to escalate and wages remain stagnant, the issue of homelessness will not disappear. If we continue to avert our eyes and ignore the root causes of chronic and periodic homelessness, it will only grow worse, impacting more families and neighborhoods.

The only solution is sustained efforts to build more affordable housing, have more employment opportunities and living wage jobs, and offer an array of support services. If we do a better job of preventing homelessness and early intervention with those on the streets, we can truly move to end homelessness.

APPENDICES

Glossary

Affordable Housing: Housing whose total costs—including utilities, rent and mortgage expenses—do not exceed 30 percent of an occupant's gross income.

Case Management: A system of locating, coordinating, advocating and monitoring services for people with a wide array of needs. Case managers assist individuals in identifying goals and developing plans to achieve greater self-sufficiency through linkages with community resources.

Chronic Homeless Person: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

Consolidated Plan: A document written by a state, local government or consortium (as in the City of Tucson and Pima County), and submitted every five years to the U.S. Department of Housing and Urban Development with annual interim updates. It describes the housing needs of low and moderate-income residents, outlines strategies to meet these needs, and prepares an inventory of resources available to implement the strategies.

Continuum of Care: A local consortium of agencies that provides a comprehensive system for delivery of services to the homeless. Continua typically include homeless service providers and representatives from local law enforcement, hospitals, government, churches, etc.

Community Development Block Grant: A federal block grant program administered by HUD and provided to local communities to support community development through acquisition, construction, rehabilitation and operation of public facilities and housing.

Disability: A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, speaking, walking, seeing, hearing or learning.

Disabling Condition: A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability.

Discharge Planning: Activities designed to facilitate and coordinate the release and after-care needs of homeless individuals from any publicly funded institutions or systems of care following any length of stay.

Domestic Violence: Physical, emotional or verbal abuse resulting in bodily injury, assault, or the infliction of fear of imminent harm among family or household members.

Emergency Shelter: A facility designed to provide overnight accommodations for a short period of time, usually up to 30 days.

Fair Market Rent: The maximum allowable rent per state, county or urban area determined by HUD for housing programs, which they fund. Fair market rent is also the payment standard used to calculate subsidies under the Rental Voucher program.

Homeless Management Information System (HMIS): A coordinated, computerized system utilized to compile demographic data and track homeless clients through the service delivery system.

Homeless Person: A person lacking fixed, regular and adequate nighttime residence; a person sleeping in a place not meant for human habitation or in an emergency shelter; a person residing in transitional housing for homeless persons who originally came from the street or an emergency shelter; a person being released from an institutional situation having resided in the institution for more than 30 days and having no fixed permanent residence to which he or she can return; a person who has been evicted and does not possess the resources to obtain permanent housing.

Homeless Prevention: Financial, educational, or service-related assistance utilized to prevent the loss of housing.

Homeless Youth: The McKinney Vento Act defines a youth as one who is under age 18 who meets the definition of a homeless person, while many homeless youth agencies serve those between ages 18 and 24. For the issues affecting homeless young people in the age 18-24 category, please see the section on youth in the body of this Plan.

Household: An entity that includes all the people who occupy a housing unit.

Housing First: Rapid placement of individuals and families in permanent housing with wraparound support services.

Housing Subsidy: Funds typically paid from federal or other sources to help make a housing unit affordable to a low-income household. The subsidy is the difference in the amount of the rent that is affordable to the tenant and the actual rent amount.

HUD: The U.S. Department of Housing and Urban Development, a federal agency responsible for administering a variety of government-subsidized housing and related programs.

Mainstream Services: Government-funded programs designed to meet the needs of low-income people. Examples include Temporary Assistance to Needy Families (TANF); Supplemental Security Income (SSI), a state administered program for people with disabilities; supplements such as Food Stamps and Women, Infants, and Children (WIC); Medicaid and other health service programs, including Veterans Health Assistance, Workforce Investment Act, and housing subsidy programs such as Section 8 and public housing.

Public Housing: Federally funded housing program for low-income households administered by HUD. Public housing units are owned and operated by the local Housing Authority. The amount of rent paid by the tenant is determined as 30% of the adjusted household income.

Section 8: Federal program operated by HUD. This is a subsidized housing program that makes housing affordable for the low-income. The subsidy is paid to the landlord of the client's choosing and is the difference in the amount determined affordable for the client (30% of adjusted household income) and the amount of the market rent.

Shelter: Housing, with varying levels of services and case management, for people who are homeless.

Permanent Supportive Housing: Permanent, subsidized housing that has on-site supportive services.

Supportive Services: Services such as case management, medical or psychological counseling and supervision, childcare, transportation, and job training provided for the for the purpose of facilitating people's stability and independence.

Temporary Assistance for Needy Families (TANF): The primary cash assistance federally funded welfare program for families with children. Both the federal government and the State of Arizona have restricted the length of time a family may receive TANF benefits and encourage case managers to move recipients into employment as rapidly as possible.

Transitional Housing: Living units that provide temporary housing support (one month to two years) along with case management and training to foster self-sufficiency and independent living.

FINANCIAL RESOURCES TO ASSIST HOMELESS POPULATIONS

This chart was modified from the Funding Matrix in the State of Arizona Plan to End Homelessness. It provides information on possible or potential financial resources for capital, operating or services to assist various homeless populations. Most of these funds are not “homeless-exclusive”. They can be used to support a wide variety of affordable housing or services to low-income families or individuals. Some funds can only assist people with disabilities; others may only be used for families experiencing domestic violence. These funds tend to be competitive and oversubscribed. The amount of funding available varies year to year. Many of these funds while administered at the State or local level are federal in origin.

ADMINISTERING AGENCY	PROGRAM/ SOURCE	CAPITAL, OPERATING SERVICES	HOMELESS SPECIFIC	FUNDING ALLOCATION
Arizona Department of Housing	Community Development Block Grant (CDBG)	C, O, S		\$13,432,908
	HOME Investment Partnership	C		\$8,764,320
	Housing Opportunities for Persons with AIDS (HOPWA)	C, O, S		\$164,000
	Low Income Housing Tax Credits (LIHTC)	C		\$12,172,095
	State Housing Trust Fund	C, O		\$23,946,921
	McKinney Vento	C, O, S	✓	\$9,272,223
Arizona Department of Corrections	Drug Treatment and Education Fund (DTEF)	O, S		\$2,200,000
	Job Developers	S		\$113,437
Arizona Department of Public Safety	Victims of Crime Act (VOCA)	S		\$6,600,000
Department of Health Services	Community Mental Health Service Block Grant (CMHS)	S		\$7,863,945
	Community Placement (Non Title 19)	C, O, S		\$4,684,133
	Correction Officer Offender Liaisons (COOL)	O, S		\$194,400
	Projects for Assistance in Transition from Homelessness	S	✓	\$1,306,667
	Rural Safe Home Network	O, S		\$1,685,611
	Shelter Plus Care Service Match	S	✓	\$9,000,000
	Substance Abuse Prevention Treatment Block Grant	S		\$31,857,026
Governor's Office of Children, Youth, and Families	Violence Against Women Formula Grant (STOP)	O, S		\$1,309,751
Arizona Department of Economic Security	Domestic Violence Prevention	O, S		\$2,508,000
	Domestic Violence Shelter Fund	O, S		\$1,571,000
	Emergency Shelter Grant (ESG)	O, S	✓	\$807,847
	Homeless Trust Fund	O, S	✓	\$15,000
	Low-Income Home Energy Assistance Program	O, S		\$7,431,164
	Social Services Block Grant	O, S		\$2,840,000
	State Homeless Line Item	O, S	✓	\$1,155,400
	Temporary Assistance for Needy Families	O, S		\$12,742,917
	Utility Repair, Replace, and Deposit	O, S		\$1,339,168
Veterans Administration	Community-Based Funding	O, S	✓	\$1,200,000

FINANCIAL RESOURCES TO ASSIST HOMELESS POPULATIONS (continued)

ADMINISTERING AGENCY	PROGRAM/SOURCE	CAPITAL, OPERATING SERVICES	HOMELESS SPECIFIC	FUNDING ALLOCATION
Pima County	Emergency Shelter Block Grant	O, S	✓	\$112,189
	Community Development Block Grant	C, O, S		\$2,605,585
	Outside Agency Program	S		\$629,074
	Housing Opportunities for People with AIDS (HOPWA)	O, S		\$315,148
City of Tucson	Emergency Shelter Block Grant	O, S	✓	\$271,603
	Community Development Block Grant	C, O, S		\$6,468,684
	Housing Opportunities for People with AIDS (HOPWA)	C, O, S		\$389,000
Pima County/City of Tucson Consortium	HOME	C		\$4,164,752
Pima County/City of Tucson/Tucson Planning Council for the Homeless	Continuum of Care	C, O, S	✓	\$6,016,846



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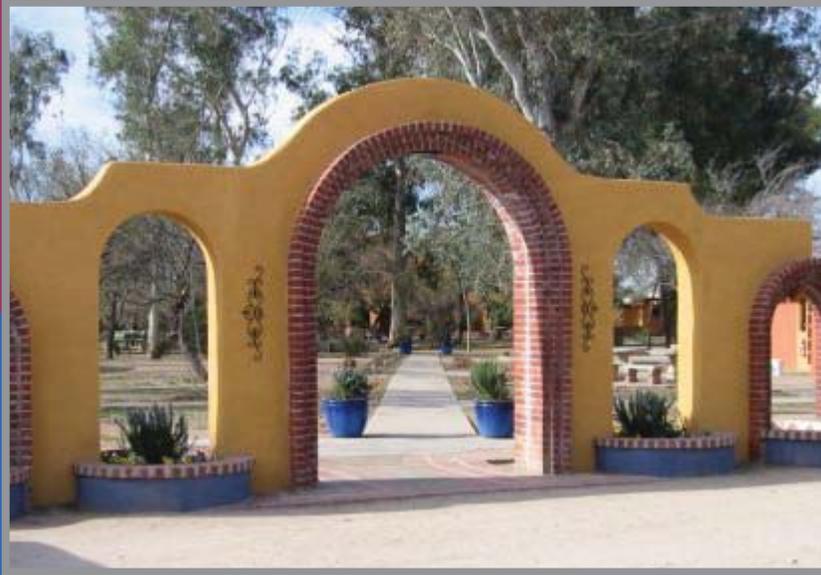
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